

**“Real work for good pay and a community to belong to”: Creating Alternative Workplaces for
People with Mental Illness**

“Real work for good pay and a community to belong to”: Creating Alternative Workplaces for
People with Mental Illness

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ABSTRACT

In recent years, paid work has taken on greater meaning for people living with mental illness. Paid work offers the chance to earn a wage, as well as opportunities for improved self-esteem, greater community participation and can reduce the chances of re-hospitalization. Although employment can offer many rewards, access to mainstream employment for people with mental illness remains been difficult as they often face discrimination and a lack of workplace accommodation. One response to these challenges has been the creation of social enterprises as ‘alternative spaces’ of employment for people with mental illness. Social enterprises are organizations with an entrepreneurial orientation whose focus is building social capacity rather than profit maximization. However, relatively little is known about the kinds of organizations that exist for people with mental illness in Ontario. This thesis uses data from key-informant interviews with organizations across Ontario to document the types of social enterprises that exist. The analysis also critically examines the strategies used by organizations to create jobs that are both suitable for people with mental illness, but also conducive to the ongoing success of the social enterprise.

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Table of Contents

	Page
Abstract	iv
Acknowledgements	v
List of Tables and Abbreviations	ix
Chapter One: Introduction to Study	1
1.1 Background and Research Rational	1
1.2 Research Questions and Objectives	2
1.3 Research Context and Contributions	3
1.4 Definitions of Key Terms	4
1.5 Organization of Thesis	6
Chapter Two: Literature Review	8
2.1 Introduction	8
2.2 Problems Surrounding Mainstream Employment	8
2.2.1 A Neo-Liberal Framework and Employment	11
2.3 A Review of the Social Economy	13
2.3.1 The Social Economy	13
2.3.2 Social Economy's Relationship to Mainstream Markets	15
2.3.3 The Social Economy in a Canadian Context	18
2.4 Social Enterprises	19
2.4.1 Social Enterprises Working with People with Mental Illness	20
2.5 Benefits of Working with a Social Enterprises	23
2.6 Challenges of Working with a Social Enterprises	26
2.7 Conclusion	29
Chapter Three: Conceptual Framework	31
3.1 Introduction	31
3.2 The Origins and Principles of the Social Model	32
3.2.1 Impairment/Disability Binary	33
3.2.2 Collective Identity	34
3.2.3 Historical-Materialist Approaches	35
3.3 Importance and Shortcomings of the Social Model	37
3.3.1 Positive Impacts of the Social Model	37
3.3.2 Limitations of the Social Model	39
3.4 Approaching the Limitations	42
3.4.1 A Post-Structuralist Reading of the Social Model	42
3.4.2 A Feminist Reading of the Social Model	44
3.5 Conclusion and Framework Used	45

Chapter Four: Methodology	48
4.1 Introduction	48
4.2 Context	48
4.3 Creation of the Database and Recruitment of Respondents	49
4.4. Research Design and Methodology	51
4.4.1 Semi-Structured Interviews	51
4.4.2 Ensuring Rigour	53
4.5 Analysis	55
Chapter Five: Analysis of Organizational Features	57
5.1 Introduction	57
5.2 Start Dates	57
5.3 Motivations	59
5.4 Mandate	62
5.4.1 Changes to Mandate	65
5.5 Business Structure	66
5.5.1 Business Status	66
5.5.2 Governing Board	67
5.5.3 Employee Input into the Business	68
5.6 Work Activity	69
5.7 Enterprise Size and Workforce	71
5.8 Employee Status	73
5.9 Finances	75
5.9.1 Initial Funding	75
5.9.2 Yearly Budgets	76
5.9.3 Current Sources of Funding	77
5.10 Social Purpose Mission	79
Chapter Six: Analysis of Jobs Provided and Accommodations	83
6.1 Introduction	83
6.2 Hiring and Interview Process	83
6.3. Hours Worked	87
6.3.1 Determinants of Hours Worked	88
6.4 Wages	91
6.4.1 Minimum Wage Versus Below Minimum Wage	91
6.4.2 Changes to Wages	92
6.4.3 Determinants of Wages	93
6.5 Length of Employment	96
6.5.1 Reasons for Leaving Work at a Social Enterprise	98
6.6 Workplace Accommodations	101
6.6.1 Short and Long-Term Time Off	101
6.6.2 Flexibility	103
6.6.3 Job Suitability	105
6.6.4 Physical Accommodations	108

6.6.5 Accommodations Beyond Work	108
Chapter Seven: Challenges and Benefits Found Among Social Enterprises	110
7.1 Introduction	110
7.2 Challenges Facing Social Enterprises	111
7.2.1 Balance	112
7.2.2 Funding	115
7.2.3 Staffing	119
7.2.4 Struggle to Earn a Revenue	120
7.2.5 Demand for Goods and Services	121
7.2.6 Promotion and Marketing	122
7.2.7 Customer Perceptions	123
7.2.8 Transportation	123
7.3 Opportunities Facing Social Enterprises	125
7.4 Benefits for Employees Working at Social Enterprises	127
7.4.1 Social Interaction	127
7.4.2 Supportive Environment	129
7.4.3 Type of Work, Employee Training and, Experience	130
7.4.4 Earning a Wage	131
7.4.5 Work as Recovery	132
7.4.6 Increased Self-Esteem	133
7.5 Disadvantages for Employees Working at Social Enterprise	133
7.5.1 Disability Benefits	133
7.5.2 Stigma	136
7.5.3 Wages and Hours	137
Chapter Eight: Conclusion and Discussion	139
8.1 Introduction	139
8.2 Summary of Key Findings	139
8.3 Contributions of Study	143
8.3.1 Empirical Contributions	143
8.3.2 Conceptual Contributions	144
8.3.3 Policy Contributions	146
8.4 Limitations of Study	148
8.5 Approaching the Limitations and Directions for Future Research	149
8.6 Conclusion	151
Bibliography	153
Appendix A	161
Appendix B	163
Appendix C	167
Appendix D	172

List of Tables

	Page
Table 4.1 Respondents, the Numbers of Businesses and Their Location	51
Table 5.1 Start Dates of Twenty Organizations in Ontario	58
Table 5.2 Type of Twenty Organizations in Ontario	58
Table 5.3 Business Status of Twenty Organizations in Ontario	67
Table 5.4 Range and Representation of Work Activities	70
Table 5.5 Number of People Working Across Eighteen Organizations	72
Table 5.6 Classification of People Working at Twenty-One Organizations	74
Table 5.7 Range of the Twenty Organizations' Budgets	76
Table 5.8 Sources of the Organizations' Budget	77
Table 6.1 Length of Employment Across Twenty Organizations	97
Table 7.1 Challenges Faced by Social Enterprises	111

List of Abbreviations

- CSDI:** Consumer-Survivor Development Initiative
- LHIN:** Local Health Integration Network
- MTCU:** Ministry of Training, Colleges and Universities
- ODSP:** Ontario Disability Support Program
- OW:** Ontario Works
- UPIAS:** Union of Physically Impaired Against Segregation
- WRB:** Work Related Benefits

Chapter One

Introduction

1.1 Background and Research Rationale

In the last twenty years government policies in liberal welfare states such as Canada, the United Kingdom and, the United States have begun moving disabled workers into mainstream paid employment (Browne and Welch 2002; Wilton 2004b; Thornton, 2009; Edwards 2010). While such a transition can signal inclusion for disabled people (Hall and Wilton 2012), current literature notes that this move has been fraught with problems in which workers experience difficulty finding jobs, earning a living wage, workplace discrimination and lack of accommodations (Wilton 2004a; Hall 2005; Thornton 2009; Irvine 2011).

People with mental illness as one group within the disabled population have found it particularly difficult to find employment. People with mental illness compared to individuals with physical, intellectual or learning disabilities have faced particular difficulties in relation to finding and securing paid work in both North America and Europe (Hall and Wilton 2012; Rosenheck et al. 2006; Marawaha et al. 2007). In fact, less than half of the 2.3 percent of Canadian adults reporting “psychological disabilities” were in the labour market in 2006, while the unemployment rate for this population was 14.3 percent compared with the 10.4 percent for all disabled adults and 6.8 percent for non-disabled adults (Statistics Canada 2008). These statistics correspond to the earlier findings of Bricout and Bentley (2000) who state it is people with mental illness who face the highest rates of unemployment within the disabled population.

A key problem facing people with mental illness is the social and spatial structure of mainstream employment which is based on non-disabled norms (Gleeson, 1999; Wilton 2004a). Currently, policy schemes in Canada are concentrated on the employability of people with

mental illness, with significantly less focus given to the changing structural conditions in which the work is carried out (Wilton, 2004b). In Canada, the provision of certain forms of accommodations to disabled workers has actually decreased in recent years (Statistics Canada, 2008). Studies also support that employers have little knowledge over what accommodating methods would entail for individuals with mental health problems (Bricout and Bentley, 2000; Unger and Kregel, 2003), while those with mental illness fear that revealing their diagnoses may lead to discrimination and/or dismissal (Goldberg et al., 2005; Wilton, 2006). Understanding how to create accommodating workplaces for people with mental illness remains a particular challenge.

1.2 Research Question and Objectives

In this context where there has been a greater push for people with mental illness to find and secure employment, mainstream employment often remains an exclusionary space for people with mental illness. It is due to this that social enterprises are increasingly being looked to as alternative workplaces for people with mental illness. Social enterprises which are part of the larger social economy have emerged as businesses with an entrepreneurial orientation whose prime interest lies in building social capacity among marginalized groups and not profit-maximization (Amin et al. 1999; Amin et al. 2002; Amin 2009a; Buckingham et al. 2011). This thesis is therefore informed by the central question: what are the types of social enterprises in Ontario that exist for people with mental illness and what strategies do they use to create workplace accommodations for people with mental illness? Through this question the corresponding aims of this study are:

1. To develop a comprehensive database of the social enterprises in Ontario that exist for people with mental illness.

2. To examine how the efforts of different social enterprises give rise to different practices, workplaces and, employee experiences and to identify the extent to which social enterprises can be thought of as enabling workplaces.
3. To identify the extent to which social enterprises be thought of as enabling workplaces for people with mental illness by assessing the challenges and opportunities of operating these businesses as well as the disadvantages and benefits of working for them.

1.3 Research Context and Contributions

The context of this research and its contributions can be seen in empirical, conceptual and, policy terms. Empirically, there is currently little understanding of the range of social enterprises that exist for people with mental illness. Academic research undertaken on social enterprises and people with mental illness in North America is noted by Davidson (2009) to be the early stages with the majority of research being conducted in the fields of Occupational Therapy and Psychiatry (Krupa 1998; Crane 1999; Lal and Mercier, 2002; Kirsh et al., 2006; Corrigan et al., 2008) and relying primarily on quantitative data (Kirsh et al. 2006). The lack of research on social enterprises working with people with mental illness from a geographic perspective highlight the substantial gaps in the literature this study aims to fill.

Conceptually, the results of this research will contribute to ongoing debates on how to evaluate paid employment for people with mental illness (Hall, 2005; Parr 2008). While some academics argue mainstream workplaces have been sites of inclusion as they offer financial gain, social contact and self-worth, other scholars claim that people with disabilities, participation in mainstream settings has been stressful and full of exclusionary practices. Within this debate, social enterprises raise important questions about the extent to which the push for inclusion

should recognize that some people with disabilities benefit from access to non-mainstream environments. Results will thus provide an opportunity to theorize how ‘enabling’ spaces may be distinct from ‘inclusive’ spaces.

In policy terms, the research will contribute important lessons on two fronts. First, on an organizational front, this research will assess how social enterprises create workplaces and job opportunities for people with mental illness that challenge some of the exclusionary practices found in mainstream employment. The dissemination of results among participants and other interested social enterprises can facilitate information sharing and the adaptation of successfully strategies between organizations. Second, the research will in part discuss the wages provided to employees with a mental illness among social enterprises many of whom also rely on Ontario disability benefits namely Ontario Disability Support Program (ODSP). As ODSP offers an incentive allowance for individuals with a mental illness in the workplace, the research will contribute an assessment as the extent to which the incentive allowance and its guide outlining principles enable or disable individuals with a mental illness access employment.

1.4 Definitions of Key Terms

A number of different terms are used through this thesis which require clarification. Four key terms including disability, mental illness, social economy and, social enterprises will be briefly defined. While subsequent chapters will define these terms in greater detail, this chapter will provide an introduction to these terms.

First, ‘disability’ is a complex umbrella term that has been theorized through two different models. First, the medical model of disability asserts that disability is the consequence of an individual’s impairment thus focusing on clinical diagnosis in which the body and/or mind

fails to meet the normal ideals of form, ability and, mobility (Butler and Parr 1999; Shakespeare and Watson 1997; Oliver 1996). The social model of disability, however, puts forth that disability is a state of exclusion that is socially produced due to an individual's impairment (Gleeson 1999). This thesis adopts the definition of disability under the social model.

Similar to 'disability', the term 'mental illness' is also broad reaching and will be understood through the social model of disability. The umbrella term 'people with mental illness' will be used rather than specific psychiatric diagnosis in order to focus on the collective social experiences of such people in the workplace. Parr (2008) defines mental illness as an identity constructed first by medical discourses and then isolated in institutions and more recently community settings as a result of psycho-social stigmatization and ableism. Ableism is a set of ideas, practices and, social relations that assume able bodieness and, as consequence, cast people with disabilities and more specifically mental illness as that which is 'other' (Parr 2008). Moreover, a key factor of the exclusion that has been presumed of people with mental illness is that such people almost always require some sort of avoidance, confinement and, control (Parr 2008). The term 'people with mental illness' is also used in order for the person to precede their mental state in acknowledgement of individuality beyond diagnostic classifications (Wolch and Philo 2000; Parr 2008).

Another important term of this study is the 'social economy'. In its broadest definition, the social economy comprises mostly non-profit businesses designed to accommodate social needs (Amin et al. 2002; Mendell 2003; Laville et al. 2007; Amin 2009b; Pearce 2009). Additionally, the social economy is most often led by third sector organizations, those which exist between the public and private sectors, and encompass a range of services including

training and skill development, housing and, welfare consumer services (Amin et al. 2002; Mendell 2003; Laville et al. 2007; Noya and Clarence 2007; Amin 2009b; Pearce 2009).

The final term to be defined is ‘social enterprises.’ Social enterprises are businesses that are part of the larger social economy and while many are non-profit others are private enterprises with strong social missions (Amin et al. 1999; Amin 2009a; Buckingham et al. 2011). More specifically, social enterprises are businesses with an entrepreneurial orientation but:

their prime interest does not lie in profit-maximisation, but in building social capacity (e.g. through employing or training socially disadvantaged groups) and responding to under-met needs ... and in the process creating new forms of work (Amin et al. 2002: 1).

1.5 Organization of Thesis

This thesis is organized into eight chapters. Chapter Two provides review of the relevant and available literature of the geography of the social economy with a specific focus on Canada and organizations working with people with mental illness. Chapter Three will outline the social model of disability which is used as the conceptual framework of this study. Chapter Four outlines the research design and methodology used for this qualitative study and will include a discussion of the recruitment of participants, formulation of the interview guide and, coding process. Chapters Five, Six and, Seven will present the results of the qualitative data collected. More specifically, Chapter Five provides an overview of the organizations interviewed while Chapter Six assesses how the jobs provided by social enterprises are able to balance the demands of the business while accommodating needs of their employees with a mental illness. The final results chapter will analyze the challenges and benefits of operating and working at a social enterprise at both an organizational and employee level. The final chapter concludes with a

summary, discussion of the theoretical and policy contributions of the analyzed results, limitations of the study and, suggestions for further research.

Chapter Two

Literature Review

2.1 Introduction

This literature review will first examine the problems with mainstream employment that have excluded those with disabilities, it will then move to an analysis of the social economy and more specifically social enterprises, which attempt to address many of the disadvantages found within mainstream employment. Following will be an assessment of the benefits and challenges that arise from working with a social enterprise. The following review will be framed primarily within a Canadian context. It will also have an explicit focus on people with mental illness, as one group within the larger disabled population. While at times this review will discuss specific diagnostic groups, the term ‘mental illness’ will most often be used to address the collective experiences of such people in the workplace.

2.2 Problems Surrounding Mainstream Employment

While lower education rates and skill deficits are cited as barriers to mainstream employment for people with mental illness, one of the most commonly noted challenges to mainstream employment is the illness itself (Hall 1999; Baron and Salzer 2002; Statistics Canada 2008; Irvine 2011; Hall and Wilton 2012). Serious mental ill health is associated with numerous attributes that are significant impediments to gaining employment. These include the manifestation of psychiatric symptoms, a range of interpersonal skill deficits and, disabling cognitive deficits which can in turn affect their interviewing skills and ability to organize thoughts and decrease work performance (Hall 1999; Baron and Salzer 2002). It is noted that the impact of illness on work is most evident among people with schizophrenia as this illness is associated with some of the most debilitating symptoms including hallucinations, delusions, paranoia, hostility and, lack of motivation (Anthony et al. 1995; Baron and Salzer 2002). This

has resulted in people with schizophrenia having the lowest employment rates over that of any other diagnostic group (Anthony et al. 1995; Bricout and Bentley 2000; Baron and Salzer 2002).

While the diagnostic condition of people with mental illness no doubt influences their access to mainstream employment, in the past two decades significant improvements have been made in the fields of drug and cognitive behavioural therapy thus downplaying the effects of a person's mental illness in relation to their ability to find and secure paid work (Baron and Salzer 2002).

While new medication is better able to reduce the symptoms of a person's illness that may inhibit their capacity to work (Baron and Salzer 2002), cognitive behaviour therapy is also found to be a positive treatment for conditions associated with psychosis (Garety et al. 2000; Bell and Bryson 2001; Baron and Salzer 2002). Baron and Salzer (2002) report that although both these advancements offer help to manage a person's illness, they cannot completely cure the impairment and its associated symptoms as a barrier to employment.

A second major problem facing disabled people is that the social and spatial organization of contemporary work remains, for the most part, based on non-disabled norms (Gleeson 1999; Wilton 2004a). Policy schemes in Canada and the UK have concentrated primarily on the employability of disabled people, with much less thought given to the challenging organizational structure in which the work is carried out (Drake 2000). While workplace accommodations are defined as modifications to the job or the workplace setting that can enable a person to participate in the workplace, the provision of certain forms of accommodations has actually diminished in recent years (Statistics Canada 2008). Once again, people with mental illness face particular difficulties in this regard. While cost has been thought of as a reason for the lack of accommodations within the workplace, it is reported that this is more to do with the fact that

employers actually have little understanding of what reasonable accommodation for people with a mental illness would entail (Bricout and Bentley 2000; Unger and Kregel 2003).

Related to the lack of knowledge of appropriate accommodations on behalf of employers, employees also fear that revealing their mental illness will result in discrimination and/ or dismissal (Goldberg et al. 2005; Wilton 2006; Irvine 2011). Disclosure of a person's mental illness is an important issue surrounding employment and while it may not be discussed in overtly medical language, it often depends on whether people perceive revealing their diagnosis will improve or hinder their access to paid work, as well as their experiences within the workplace (Goldberg et al. 2005; Wilton 2006; Irvine 2011). Irvine (2011) reports four considerations around workplace disclosure: first, whether to disclose at all; second, when and how to disclose; third, what and how much to disclose; and fourth, to whom to address disclosure. Turning to how disclosure occurs, there is a specific distinction between voluntary and involuntary processes (Goldberg et al. 2005; Irvine 2011). More specifically, disclosure can be *selective* in that it is revealed among a restricted group, it can also be *indiscriminate* so as to making no effort to conceal one's diagnosis and, it can also be *broadcasted*, a method which seeks opportunities to disclose with the purpose of educating others (Irvine 2011).

The question of why people with mental illness choose to either disclose or not disclose their condition is complex and relates to the perceived costs and benefits of such a decision (Goldberg et al. 2005; Wilton 2006; Irvine 2011). While the benefits to disclosure include access to specialist support and can aid in the reduction of stress and the negative psychological impact of concealment, the limitations include being perceived by employers and colleagues as less competent, reliable and, less likely to cope within the workplace, as well as being dismissed from one's post (Goldberg et al. 2005; Irvine 2011). It is these perceived costs of disclosing one's

mental illness that often outweigh the benefits (Goldberg et al. 2005; Irvine 2011). As a result of the limited understanding of appropriate accommodations on the part of employers and the reluctance to disclose one's mental illness that remain a key obstacle in understanding how to create supportive work settings for people with mental illness.

2.2.1 A Neo-Liberal Framework and Employment

With the election of conservative provincial and federal governments in Canada in the 1980s and 1990s, a neo-liberal policy agenda has been ushered which has encouraged moving disabled people into mainstream employment (Browne and Welch 2002). It is important to first define neo-liberalism in order to understand how this political agenda has become the third key barrier to mainstream employment for disabled people. According to neo-liberalism, a completely capitalist society offers greater freedom than any other social system by freeing citizens from the control of the state and dependence on others, and places everyone on an equal scale with respect to the market economy (Browne and Welch 2002; Harvey 2005; Graefe 2006a). In short, neo-liberal economic policy revives elements of classic liberalism and promotes privatization while also rejecting social rights, social citizenship and, the welfare state (Browne and Welch 2002; Harvey 2005). The market, however, does not always attain the objectives that liberal policy has put in place, rather it only values actions that are profitable for private business (Browne and Welch 2002; Graefe 2006; Graefe 2006a). It is for this reason that the neo-liberal market economy has been the subject of much criticism.

In the neo-liberal context paid work is a key marker of both active citizenship and social inclusion (Wilton and Schuer 2006; Parr 2007; Hall and Wilton 2012). In this context, access to employment has become a site of social value, both in terms of the financial rewards as well as

the social status that result from one's presence in the workplace and thus contribute to one's self-esteem (Browne and Welch 2002; Wilton and Schuer 2006; Edwards 2010). The neo-liberal agenda which privileges paid employment as a symbol of citizenship has also intensified the costs associated with failing to enter the workplace (Browne and Welch 2002; Wilton and Schuer 2006).

One of the key features of neo-liberalism is the replacement of the traditional welfare system with 'workfare' programs that impose mandatory work requirements for people who receive welfare benefits, highlighting that these schemes are necessary as incentives for disabled people to find work and avoid welfare dependency (Amin et al. 1999; Hall 1999; Wilton 2004b; Hyde 2000; Peck and Tickell 2002; Baron and Salzer 2002; Edwards 2010). Disabled people, particularly those with mental illness, have been significantly affected by the shift towards policies aimed at labour market involvement and an ideology of personal responsibility (Baron and Salzer 2002; Edwards 2010).

In 1995, the Progressive Conservative government began to reform the existing Ontario welfare system (Browne and Welch 2002). This led to the creation of a workfare program Ontario Works (OW) as well as the introduction of the Ontario Disability Support Program (ODSP) (Wilton 2002; Wilton 2004b). While ODSP was ostensibly established as a support which disabled people require to be fully active in society, a closer examination of the program points to a number of problems (Wilton 2004b; Wilton 2004c; Wilton and Schuer 2006).

The problems surrounding ODSP related specifically to the unemployment of people with disabilities are evident through an examination of the system's rules and stipulations around work. Under a neo-liberal framework, benefits such as OW and ODSP place considerable emphasis on employment however there are two key problems with regards to access to

employment for people with mental illness. First, legislation aimed at mandating workplace accommodations has been slow to appear and second, earned income rules pose challenges and disincentives for recipients (Brown and Welch 2002). For instance, in program terms, individuals on ODSP who are earning a wage must report their income and a clawback of fifty percent of the earned income or fifty cents on the dollar ensues. However employees still receive their work related benefits (WRB) of a hundred dollars every month. While WRB are intended as a reward for working regardless of the number of hours, the reality is that the system of ODSP can be penalizing to some (Stapleton et al. 2011). For example, if an individual is earning under a hundred dollars a month they would come out ahead, however if someone were earning a hundred dollars or over they either break even or lose money (Stapleton et al. 2011). In Wilton's (2004c) study of the transformation of Canada's welfare state and its impacts on the lives of people with mental illness living in residential care facilities, he found that of the 22 people who participated in the study, 11 people reported they were unemployed. When discussing their unemployment, many participants expressed an interest in working, however they were concerned about the rules governing employment income while on social assistance as ODSP regulations allow people a certain amount per month without incurring penalties (Wilton, 2004c). In summary, it is the processes of exclusion including the illness itself, the nature of work and, stigma as well as the neo-liberal contest which emphasizes paid work however focuses on individual employment which gives little focus to changing nature of work and the social barriers found in mainstream employment.

2.3 A Review of the Social Economy

2.3.1 The Social Economy

For this reason other non-mainstream sites of employment may offer more potential for inclusion. In order to examine social enterprises, it is first necessary to analyze the context in which they emerged. Amin et al. (2002) note that by the mid 1970s Fordism, a capitalist model dominant from the 1950s to the mid 1970s, had been vulnerable under the pressures of rising global costs and decreased demands for mass produced goods. Furthermore, during this time, there were two reasons for interest in the social economy: first, with deindustrialization came massive unemployment; and second, growing demands on the welfare state (e.g. in response to high unemployment) put a strain on the resources available to meet these demands (Amin et al. 2002; Tremblay et al. 2002).

While the term ‘social economy’ dates back to nineteenth century France (Mendell 2003; Laville et al. 2007), it was only as recent as the 1990s that the term entered in the English speaking academic and policy discussion (Amin et al. 2002; Graefe 2006a). In its most basic definition, the social economy consists of mostly non-profit business initiatives designed to meet social needs (Amin et al. 2002; Mendell 2003; Laville et al. 2007; Amin 2009b; Pearce 2009). The social economy is usually run by third sector organizations, which exist between the public and private sectors, and cover a range of services including training, housing, welfare consumer services and, environmental upgrading (Amin et al. 2002; Laville et al. 2007; Amin 2009b; Pearce 2009). While social economy organizations may operate as efficient businesses, “their prime interest does not lie in profit-maximization, but in building social capacity” (e.g. through employment or training socially disadvantaged groups) and responding to under-met needs ... and in the process creating new forms of work” (Amin et al. 2002: 1).

In addition to responding to the needs of society’s most vulnerable, the social economy has three other defining features. First, while some businesses have successfully developed

independently from public funds, the majority of social economy organizations are heavily dependent upon government funds and thus cannot be thought of without reference to the state or mainstream employment (Amin et al. 2002). While Amin et al. (2002) report that the social economy differs from the public sector in the way it uses and distributes resources, Pearce (2009) notes that such organizations also retain assets generated by the business and that profits are not distributed between members or directors for private gain. The second feature relates to the issue of governance, as Leville et al. (2007) state that in some cases, social economy organizations are not only provided by the non-profit sector but also by private enterprises with shareholder agreements that force the majority of shareholders to agree to social objectives undertaken by the business. Moreover, decision-making within social economy organizations must be democratic in form as decisions are taken to the governing board of directors before they are enacted (Mendell 2003; Pearce 2009). The final feature of the social economy is the fact that it has a specific local orientation which ultimately depends on the economic, cultural and, institutional context in which it develops (Amin et al. 2002; Leville et al. 2007; Amin 2009b). Mendell (2009), Hausner (2009) and, Buckingham et al. (2011) argue that the success or failure of such organizations cannot be understood without understanding local geographic circumstances.

2.3.2 Social Economy's Relationship to Mainstream Markets

While the definition of the purpose of the social economy remains, for the most part, uniform, there is far less consensus about the relationship of the social economy to the mainstream markets (Amin 2009a; Amin 2009b). Many governments and public policy actors believe that the social economy can reintegrate the socially excluded back into the mainstream economy (Amin et al. 1999; Amin et al. 2002; Amin 2009a; Amin 2009b; Pearce 2009). Such people argue that this should be done by unlocking the capabilities of people bypassed by

markets and states, and help them to become future workers and social actors. In this view, although the social economy is looked at as part of the third sector, the social economy is relied upon as a safety net to the state, a parallel system to states and markets (Amin 2009a; Hudson 2009). In countries such as Britain and Denmark with established welfare states, government interest in the social economy is tied to the reduction of state obligations by stimulating a “social market for welfare” (Amin et al. 2002; Amin 2009a: 33; Amin 2009b). The welfare to work initiative in the UK has reinforced labour market inequalities and high unemployment rates leading people to turn to the social economy for work. This initiative also risks turning the social economy into a tool for inserting some members of the unemployed population back into the mainstream market as well as a tool of surveillance and control over those who fail to make this transition (Amin et al. 2002). Critics see this shift as a challenge to the survival of the social economy by forcing already struggling ventures facing tough welfare cuts to compete in the marketplace (Amin et al. 2002; Amin 2009a; Amin 2009b; Edwards 2010). Moreover, Amin et al. (2002) conclude from their study of the social economy in the UK, that there is limited success in the social economy as it is hampered in many instances by poor funding, stretched resources and, limited survival prospects.

On the other hand, many people within the social economy view it as a distinct and alternative system working first to meet needs and build social capacity before anything else (Amin et al. 2002; Amin 2009; Pearce 2009; Hall and Wilton 2012). Hall and Wilton (2012: 9) conceptualize such an alternative employment environment as one in which people “imagine and, more importantly, perform ... economic activities in a way that marks them out differently from the dictates and conventions of the mainstream economy”. Additionally, although some see the social economy as a legitimate alternative to the mainstream in providing great benefit within

the local communities, the same people conclude it cannot be a substitute for the state to abandon their responsibilities in the provision of local need and regeneration (Amin et al. 1999; Amin et al. 2002; Young 2002; Hudson 2009). Amin et al. (2002) report that the social economy cannot be a replacement for welfare provision due to its own limitations, but also because of the different capacities of people and places to develop social economy activities. For instance, the most disadvantaged people have the least chance of developing social economy organizations as the severity of their problems cannot be tackled solely by local communities (Amin et al. 2002). Likewise, Amin (2009a) argues that the role of the social economy should not be to return the socially disadvantaged back to the mainstream economy, as this move is misguided, overly ambitious and, undermines the social economy as an alternative system. Countries such as Canada ¹, Italy and France, are examples of where the social economy is viewed as an alternative to the mainstream economy (Mendell 2003; Leville et al. 2007; Amin 2009a; Amin 2009b). In these countries, the neo-liberalization of the state has been less pronounced, and an active social economy movement has succeeded in obtaining public and policy influence, in which the state response has been less active (Mendell 2003; Amin 2009a; Amin 2009b; Borzaga and Depedri 2009).

Hudson (2009) puts forth a third view of the social economy. While this perspective of the social economy greatly overlaps with the second one, it differs in one very important respect – it emphasizes the “disruptive qualities and radically transformational potential of the social economy to prise open the possibilities of a post-capitalist future” (Hudson 2009: 508). In this view, the social economy seeks potentially at least to challenge the dominance of the mainstream and suggests alternative arrangements and definitions of the economic and social (Hudson 2009).

¹ Although Canada is cited, this is particularly relevant to Quebec.

From this perspective, the social economy is seen as representing alternative definitions of economy and economic purpose by distinguishing that the economy is always ‘social’ and in that sense relations between the economic and social in the social economy needs to be drastically recast as part of a more complete process of socio-economic transformation (Amin et al. 2002; Hudson 2009).

2.3.3 The Social Economy in a Canadian Context

Turning to a more detailed analysis of the Canadian social economy, it is clear that the social economy has developed at different paces among the provinces. When thinking about the social economy in Canada, it is Quebec which often stands out because of the long and thriving presence of the social economy (Theriault et al. 2002; Vaillancourt et al. 2002; Mendell 2003; Graefe 2006; Graefe 2006a; Leville et al. 2007; Mendell 2009). Within Quebec, reference is made to the ‘solidarity economy’, which depending on its location can differ in meaning (Leville et al. 2007). In Quebec, ‘solidarity economy’ is linked to cooperatives, non-profit enterprises and, community economic development (Mendell 2003; Leville et al. 2007; Mendell 2009). At times, the term is used in association with the term social economy, while at other times it is used in opposition to it, most notably where the social economy is seen as composed of established organizations, while the solidarity economy mainly refers to non-established citizens’ schemes concerned with finding with new paths of economic development (Mendell 2003; Leville et al. 2007; Mendell 2009).

In contrast to the Quebec model, the social economy in other Canadian provinces has taken a different path to development. In Ontario, for example, Browne and Welch (2002) report that developing the social economy has been met with difficulty especially during the mid 1990s under a conservative government. Nevertheless, the social economy in Ontario has been able to

assist those in greatest need while also alerting the population to growing social crises (Browne and Welch 2002). With respect to mental health specifically, earlier funding provided by the Liberal government through the Ministry of Health established the Consumer-Survivor Development Initiative (CSDI)².

Eight businesses were funded under the Consumer-Survivor Development Initiative (Trainor and Tremblay 1992; Crane 1999). With the formation of the Ontario Council of Alternative Businesses to represent these enterprises, one central body was able to promote economic development as a mental health strategy (Crane 1999). Crane (1999) reported that Ontario now has one of the most organized and densely concentrated of consumer-survivor businesses (businesses within the larger social economy made up entirely of people with mental illness) in North America.

2.4 Social Enterprises

Within the wider social economy, social enterprises exist as businesses motivated by a strong social objective (Amin et al. 1999; Amin 2009a; Buckingham et al. 2011). It is agreed within the literature that a single model of social enterprise or model of best practice encouraged through standardized policy interventions does not exist (Amin et al. 2002; Amin 2009a; Buckingham et al. 2011). What defines a successful social enterprise varies greatly between organizations, with targets such as building client-confidence and, increasing participation often at odds with government policy expectations measured in terms of specific quantifiable outcomes related to job training and employment as well as financial sustainability (Amin et al. 2002; Buckingham et al. 2011).

² Consumer-survivors is a term associated with those who have or are currently accessing mental health services.

However, there is a consensus throughout the literature of three defining features of a social enterprise (Amin et al. 1999; Buckingham et al. 2011). First, social enterprises are private in nature even if they have some public sector involvement (Amin et al. 1999). The second feature relates to organizations having a high degree of managerial autonomy from other public and private actors (Amin et al. 1999). The final common feature among social enterprises is that although they can take any legal form they should include such clauses as a non-profit status, user, worker and, community participation in management and, a democratic management structure (Amin et al. 1999; Pearce 2009). In addition to these features, Buckingham et al. (2011) report that all social enterprises deal with the relationship between demand (need for activities in an area) and supply (capacity of local actors to establish and run social enterprises). Moreover, social enterprises' ability to meet these needs is dependent upon the capacity of the local population to develop and use the resources available to them (Amin et al. 2002; Buckingham et al. 2011).

2.4.1 Social Enterprises Working with People with Mental Illness

Although there is limited research on the social enterprises working with people with mental illness, the following will draw together findings from the available literature. While the definition and common features of a social enterprise are, for the most part, standard throughout, there are many different types of work initiatives that exist for people with mental illness. Kirsh et al.'s (2006) study reveals three types of work initiatives for people with mental illness in Canada, agency-operated businesses, affirmative businesses and, consumer-survivor businesses. With regards to research on social enterprises working with people with mental illness past research is limited in two respects. First, there has been extensive focus on case studies of single organizations (Hartl 1992; Trainor and Tremblay 1992; Krupa 1998; Krupa et al. 2003). Second,

while Kirsh et al. 2006 have moved beyond a case study approach to examine the work initiatives for people with mental illness across Canada, the authors' research did not collect primary data on the experiences within these workplaces.

Much of the literature on organizational types of social enterprises concentrates around consumer-survivor businesses (Hartl 1992; Trainor and Tremblay 1992; Krupa 1998; Crane 1999; Vittala 1999; Kirsh et al. 2006). *Consumer-survivor businesses* are entrepreneurial ventures that provide goods and services to the public and are completely staffed and run by people with mental illness (Krupa 1998; Kirsh et al. 2006). Generally consumer-run businesses have originated with consumer groups who develop the opportunity for consumers to meet to discuss the conditions of their lives and possible solutions to their problems (Krupa 1998). Consumer-survivor businesses begin by bringing people together and building the energy, self-confidence and, commitment it takes to run a business (Krupa 1998; Kirsh et al. 2006).

There is a distinct organizational structure to consumer-survivor businesses. The governance of a consumer-survivor business is typically designed to involve workers in the everyday decisions of the development, operation and, direction of the organization (Krupa 1998). Consumer control and power sharing within the organization provides the opportunity to become involved in a variety of tasks and the potential for advancement within the operation, even if the person's job is based around routine work (Krupa 1998).

Agency-operated businesses are "businesses owned by health and rehabilitation agencies that provide paid employment opportunities for people with mental illness who have been marginalized from the community labour force" (Kirsh et al. 2006: 177).

Affirmative businesses are defined as jobs within sustainable commercial organizations, which are usually developed through a partnership between people with mental illness, business

people and, vocational service providers (Krupa et al. 2003; Kirsh et al. 2006). Affirmative businesses use a community economic development approach to counteract labour force conditions of individualism, competition and, profit generation that perpetuate employment disadvantage (Krupa et al. 2003). Such enterprises are entrepreneurial ventures that focus on the strengths of consumers as a collective and eliminate disadvantage by creating job opportunities and workplaces that meet the needs of the workers (Krupa et al. 2003; Kirsh et al. 2006). The success of an affirmative business is assessed by economic sustainability and the wellbeing of the employees (Krupa et al. 2003). Such measures of employee wellbeing rest on four pillars: first, increased employment opportunities; second, level of personal involvement and ownership; third, improvement of “real life conditions”; and fourth, a meeting or exceeding standards for “fair” employment (Krupa et al. 2003: 360).

While these three types of social enterprise differ on their organizational classification, they do, however, share similar features. Among agency-operated, affirmative and, consumer-survivor businesses, paid work is often cited as an important factor and is commonly emphasized as a key goal of such businesses (Vittala 1999; Kirsh et al. 2006). Another fundamental goal of all three types of social enterprises is to change the condition of the lives of people working with the enterprise and improve them through employment (Krupa 1998; Crane 1999).

While there is diversity among the types of social enterprises, the type of work offered by these organizations remains, for the most part, uniform. Kirsh et al. (2006: 185) refer to “4F jobs – food, filth, filling, and flowers” when discussing the range of traditional work options available to people with mental illness working with a social enterprise. However, Kirsh et al. (2006) report that the nature and range of work opportunities have increased substantially. The authors note that the range in types of jobs offered has grown to include second-hand retail clothing

stores which offer job training and support, as well as an array of business services including food services, courier work, furniture refinishing and landscaping and gardening organizations (Kirsh et al. 2006; Parr 2007). However, despite the growth in availability of type of work, there are sectors such as academic and public service which seem to be absent from the range of work options (Kirsh et al. 2006). Additionally, few of these employment opportunities outlined are anything more than low status, entry level positions offering routine work, which is characteristic of the jobs found by people with mental illness within mainstream employment (Baron and Salzer 2002; Kirsh et al. 2006).

2.5 Benefits of Working with a Social Enterprise

The literature has noted three benefits for people with mental illness within social enterprises: first, it promotes recovery; second, it provides job satisfaction; and third, it delivers many of the needed workplace accommodations that mainstream employment is not able to offer (Trainor and Tremblay 1992; Krupa 1998; Crane 1999; Dunn et al. 2008; Borzaga and Depedri 2009). The issue of employment as recovery will first be addressed. As previously outlined, under the neo-liberal agenda, paid work is a key symbol of active citizenship and social inclusion (Wilton and Schuer 2006; Parr 2007; Hall and Wilton 2012), however, to people with mental illness, employment (in either the social economy or in the mainstream market) has an even greater meaning. Dunn et al. (2008) conducted a study in which the authors qualitatively analyzed through semi-structured interviews with twenty three participants each at advanced levels of recovery from a serious mental illness the importance and meaning of traditional employment. The results from this study demonstrate that employment has a personal meaning and work also promotes recovery (Dunn et al. 2008). More specifically, participants reported that employment fostered pride and self-esteem, offered financial reward, provided coping strategies

for psychiatric symptoms and thereby assisted in the process of recovery (Dunn et al. 2008). Participants also discussed the value of “giving back” and that the daily routine of work both of which provided a “stabilizing” quality all which supported the recovery process (Dunn et al. 2008).

Similarly, research suggests that working with a social enterprise has helped not only in the recovery process, but it has also aided in managing the symptoms associated with mental illness (Trainor and Tremblay 1992; Krupa 1998; Crane 1999; Krupa et al. 2003). When examining the experiences of those working at VOCEC, a not for profit organization using the resources of a sheltered workshop to evolve affirmative businesses for people receiving mental health services, Krupa et al. (2003) report that this organization has had a tremendously positive impact on assisting in the recovery process. Krupa et al. (2003) report that participation in the businesses of VOCEC is associated with limiting depression and alleviating the intensity of mental ill health symptoms. Moreover, working with social enterprises that have a focus on building social capacity among people with mental illness, facilitates an atmosphere of acceptance of the illness (Trainor and Tremblay 1992; Krupa 1998; Krupa et al. 2003). Such organizations are credited as a form of ‘therapy’ because of their potential to provide a context for self-management of the illness, and to cope with particular impairments (Krupa 1998; Krupa et al. 2003). In Krupa et al.’s (2003: 363) study, one respondent reported: “I have very bad schizophrenia with people in general, but I’m starting to work with everyone. So, I’m coping with it a lot more now than I did before I came here. I get irritated easily and this job is kind of like helping me to deal with society in a less erratic way”. Also, research on consumer-survivor businesses indicate that employees reported fewer hospitalizations, fewer days in hospital and, fewer crises after they begin working (Crane 1999). In Hartl’s (1992) study of A-Way Express

Courier Service, a consumer-survivor business in Toronto, he reported that rehospitalization rates among employees were below one percent.

The second benefit of working with a social enterprise is a high job satisfaction rate (Borzaga and Depedri 2009). In Borzaga and Depedri (2009) report on job satisfaction among employees working with social enterprises in Italy, the authors' noted high levels of satisfaction with particular aspects of work such as the relationship with volunteers, colleagues and, superiors as well as the social usefulness of work, job security and, the job as a whole (Borzaga and Depedri 2009). Job satisfaction is highly influenced by perceived fairness in which the work is conducted and by worker's motivations (Borzaga and Depedri 2009).

The third benefit of working with a social enterprise is that these organizations are better able to offer workplace accommodations that are often not found within mainstream employment. While social enterprises allow people who might otherwise be deemed 'unemployable' a chance to enter the workforce, they also provide flexibility in the workplace (Vittala 1999). Although the exact nature of the accommodations depends on the features of the business, many of the accommodations provided by social enterprises relate directly to the features and symptoms of mental illness (Crane 1999; Krupa et al. 2003; Kirsh et al. 2006). For instance, Krupa et al. (2003) list common features such as days off, scheduling flexibility, fewer hours on a shift and, working at one's own pace as accommodations that tailor work around the needs and symptoms of a person's mental illness.

One of the most commonly cited benefits to emerge from social enterprises is their capacity to build a supportive work environment (Crane 1999; Vittala 1999; Krupa et al. 2003). In Krupa et al.'s (2003) study of VOCEC, One employee reported on their experiences: "When I wasn't working here, I was sitting at home all the time, drinking, getting depressed looking at four

walls, getting sicker, going to the hospital more often. Since I've met people down here I've been pretty good. I get encouraged to come back to work the next day. That's what's made a difference in my life." Characteristic among all types of social enterprises is an environment which promotes a sense of unconditional acceptance and understanding (Vittala 1999; Krupa et al. 2003; Kirsh et al. 2006). As well as creating a caring and compassionate workplace that is flexible enough to accommodate employees' needs, Crane (1999) and Kirsh et al. (2006) argue that when people with mental illness are working and in contact with customers, this is considered one of the best methods to combat the stigma surrounding mental illness.

2.6 Challenges of Working with a Social Enterprise

While social enterprises are credited with aiding the recovery process, providing job satisfaction and, providing workplace accommodations, they also face many challenges. These challenges include the tensions that arise when balancing the social and economic objectives of the business, attempts at financial self-sustainability and, the limited scope of activities among social enterprises. Social enterprises, like mainstream business ventures, have clearly defined economic goals, however, they have the added pressure of meeting social needs, and therefore such organizations are often left to make modifications (either to meeting social or economic objectives) to the way in which they operate (Amin et al. 2002; Hudson 2009). Such modifications are frequently a key source of contention (Hudson 2009).

The tensions that arise when attempting to balance the social and the economic can be seen in a number of different ways. First, for those organizations that find the 'economic' function of social enterprises is in competition with the prices at which mainstream businesses set for the sale of their goods and services, a common solution is to bring in new 'professional' managers (e.g. people with successful careers in the public sector) who use their business skills

to manage a social enterprise (Seanor and Meaton 2007; Hudson 2009). However, the process of “professionalization” has an impact on the balance the social versus the economic (Hudson 2009: 505). Often as a result, the action of developing the economic capacity of the business alters the organization of work, which in turn run counter to the original social objectives of the enterprise (Hudson 2009). Second, organizations mixing business driven ambitions and ethically driven objectives that seek to address unmet social needs but lack a clear cut understanding of the difference between them have had to sacrifice one of their goals or have “come unstuck and fallen between two stools” because of the competitive goals of organizations both demanding attention (Hudson 2009: 505). For instance, enterprises with a strong social purpose mission may be forced to lower wages or opportunities for job training because the product is commercially non-viable. Conversely, business-driven ventures may be forced by funding agencies to change direction because of poor social achievements (Amin et al. 2002; Hudson 2009).

When it comes to social enterprises working with people with mental illness, less is known within the literature in terms of how these tensions are played out particularly among consumer-survivor businesses. As consumer-survivor businesses are staffed and run entirely by people with mental illness it is quite possible, although not always the case that they lack staff with business experience (Krupa 1998). Moreover, these organizations face tensions of controlling the demand for the business product to maintain a sense of community within the business (Krupa 1998). The extent to which consumer-survivor businesses focus on the development of social or economic issues is locally determined (Krupa 1998) and for this reason, the struggles of sustaining social and economic commitments is an ongoing source of internal conflict (Krupa 1998; Amin et al. 2002; Hudson 2009).

The second challenge facing social enterprises is the issue of self-sufficiency. Amin et al.'s (1999) study of social enterprises in Britain reveal that the availability of most funds on only an annual basis, changing criteria for eligibility and, challenging administrative and supervision requirements make medium to long term financial planning extremely difficult. The constraints of localized economic regeneration efforts raise the prospects that what are being created are "ghetto economies" which can do nothing more than ensure the short term recirculation of grant funds and the limited disposable income available to local people (Amin et al. 1999: 2043; Amin et al. 2002). While this does in some instances represent an improvement in the economic lives of poorer communities, without changes in the structure of current funding arrangements or the opening of private investment to allow the development of longer term planning and the accumulation of community owned capital, there are few prospects for social enterprises to be financially independent (Amin et al. 1999).

As previously outlined, depending on how the social economy is viewed, the scope of activities and positions within work among social enterprises is extremely small which in turn affect employees (Kirsh et al. 2006). As the scope of employment activities is limited, local markets are quickly saturated with similar goods and services (Amin et al. 1999; Kirsh et al. 2006). In turn, local markets can only absorb a certain number of people being trained in the same skills which often do not reflect the needs of the formal labor market (Amin et al. 1999). The same limited range of activities serves the same set of local needs and competes against each other for the same limited local income (Amin et al. 1999). Similarly, the restriction on spending power further limits the possibility of diversifying into new goods and services (Amin et al. 1999; Amin et al. 2002). The problems of the scope of job activities, the resulting competitiveness among organizations providing similar goods and services and, the fact that

employee wages are the result of the revenue generated by the businesses as well as taking into consideration the entry-level positions of these jobs, have resulted in employees receiving minimum wage (Hartl 1992; Amin et al. 1999; Kirsh et al. 2006).

2.7 Conclusion

This review has gone through the available literature to outline the factors limiting people with mental illness in mainstream employment. Such factors include the mental illness itself, the lack of workplace accommodations and disclosure and, a neo-liberal framework which prioritizes ‘abled’ workers while simultaneously disadvantaging disabled people from paid employment. The review then went on to examine the nature of the social economy, which exists between the public and private sectors and emerged to meet the needs of those who have found themselves left out of the traditional market economy. As outlined in this review, some governments and policy makers in countries such as Britain and Denmark see the social economy as running parallel to states and markets, while people within the social economy see it as an alternative system complete with its own value system. Also included in this review was a discussion of social enterprises with a specific focus on agency-operated, affirmative and, consumer-survivor businesses. While the literature has demonstrated that working with a social enterprise aids in the recovery process, provides a high level of job satisfaction and, often provides accommodations that are needed by employees, it also points out tensions within the social economy. Such tensions include balancing the social and economic commitments of the business, challenges of self-sufficiency and, the range of organizational activity.

This literature review has shown that while there has been some research on the social economy in relation to mental health, questions are still left to be answered. These questions include an understanding of *what* practices social enterprises use to provide the workplace

accommodations and *how* these practices give way to creating accommodating workplaces. Additionally, questions also arise with regards to the types of challenges that arise as a result of providing accommodations. Specifically, this thesis seeks to help fill these gaps in the literature by outlining the range of social enterprises that exist in Ontario for people with mental illness and how different types of organizations lead to different business practices, workplaces and, employee experiences that are enabling and/or inclusive for people with mental illness.

Chapter Three

Conceptual Framework

3.1 Introduction

While the previous chapter reviewed the available literature on mental illness and employment, more specifically employment within social enterprises, this chapter will set out the conceptual framework for this thesis. The social model of disability is used as a conceptual framework in this thesis to evaluate the ability of social enterprise organizations to enable and/or disable people with mental illness. As problems of disability have traditionally been explained as divine punishment, moral failing or in post-Enlightenment terms as a biological or medical defect, people have therefore failed to engage with the “disabling” practices produced by society (Shakespeare 2006). However, during the 1970s and 1980s, disability activists and scholars began to analyze the oppression within capitalist societies leading the Union of Physically Impaired Against Segregation (UPIAS) to make the key distinction between impairment, as a physical condition and, disability, as the socially imposed state of exclusion which impaired people may endure (Gleeson 1999). It is this characterization that has become the cornerstone of the social model of disability, which emphasizes the role of social processes in marginalizing people with different impairments. From its early conception, the social model has been closely aligned to political struggles for anti-discrimination legislation and civil rights on behalf of those who are physically impaired; however the model has since expanded to consider learning disabilities and mental illness (Goodley 2001).

This chapter is divided into three major parts. The first offers an overview of the social model, which grew as a reaction to the ‘medical model’ of disability. Also included in this discussion is an outline of the model’s three defining features: the belief that societal processes ‘construct’ disability, a focus on the collective identity of disability, and the model’s materialist

origin. Second, the chapter analyses the contributions of the social model, mainly its ‘liberating’ understanding of the production of disability and in turn how it has been used to advocate on behalf of people with disabilities. Following is an examination of the model’s limitations including its failure to engage with the issue of impairment, the binary distinction between impairment and disability and, its rigid treatment of disabled identity. The third section will examine how advocates of the social model have approached these limitations by drawing on the sociology of impairment as well as post-structuralist and feminist theory.

3.2 The Origin and Principles of the Social Model

The social model of disability originated in Britain during the 1970s and early 1980s, when the UPIAS was campaigning for an alternative to the medical model of disability (Barnes et al. 1999; Tregaskis 2002; Oliver 1996). The UPIAS formed after Paul Hunt, a former resident of the Lee Court Cheshire Home, wrote to *The Guardian* newspaper in 1971, proposing the establishment of a consumer group of disabled residents of institutions (Shakespeare 2006). This small group of disabled people was inspired by Marxism and rejected the liberal and reformist campaigns of more mainstream disability organizations such as the Disablement Income Group and the Disability Alliance (Shakespeare 2006). When they published their manifesto *Fundamental Principles of Disability* in 1976, the UPIAS located the responsibility for disability within society’s failures: “In our view it is on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society” (Barnes et al. 1999: 30). Emerging from this publication was an understanding disability as an artificial and segregating social construction that described a form of oppression towards individuals with impairments who do not conform to traditional norms of appearance, behaviour and, economic performance (Tregaskis 2002). While it began as

a political movement, academics such as Vic Finkelstein and later Colin Barnes among others have developed a theoretical basis for the model while it was Michael Oliver who coined the term, “social model of disability” (Tregaskis 2002). Although the social model has traditionally centered on physical disabilities, gradually both activists and academics have extended their focus to intellectual and mental illnesses in order to gain a more complete understanding of those affected by society’s exclusionary processes (Goodley 2001; Hall and Kearns 2001).

3.2.1 Impairment/Disability Binary

The first key feature of the social model is its movement away from focusing on medical classifications of disability to an understanding of the societal structures that disadvantage people with impairments. The social model emerged as an alternative to the ‘medical model’ of disability, which in short, emphasizes the clinical diagnosis in which the body is conceptualized as failing to meet normal standards of form, ability and, mobility (Butler and Parr 1999; Shakespeare and Watson 1997; Oliver 1996). While research undertaken within the medical model has made valuable contributions, particularly in relation to the development of specific technologies which concentrate on ‘fixing’ or rehabilitating one’s medical condition, it also has its shortcomings. Academics have criticized the medical model for locating the problems of disability wholly within the individual, thereby failing to engage with questions of how society excludes people with impairments (Butler and Parr 1999).

Similar to feminist theories, which distinguish between sex as biology and gender as a social construction, the social model asserts this same classification (Bondi and Davidson 2003). More specifically, impairment is defined as, “lacking all or part of a limb, or having a defective limb, organism or mechanism of the body” (Butler and Parr 1999: 4). On the other hand, in 1976 the UPIAS was the first to classify disability as “the disadvantage or restriction of activity caused

by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities” (Butler and Parr 1999: 4). While these two terms are thought to be conceptually different, there is a fundamental intersection between them. For instance, disability is not necessarily a consequence of impairment and impairment is not a sufficient condition for disability, however impairment is necessary for disability. According to the social model, only people who have or are presumed to have an impairment are labeled as disabled (Tremain 2005; Oliver 1996).

While the social model of disability has been traditionally used to understand the experiences of people with physical disabilities, in recent years there has been a shift as people with non-physical disabilities have begun to carry out research on intellectual disability and mental illness (Goodley 2001; Williams and Heslop 2005). The application of the social model to the study of mental illness orients research towards an assessment of the complexity of the social restrictions faced by people with mental health issues and the subsequent disadvantages they experience (Mulvany 2000). This focus directs attention away from previous conceptions of mental ill health which were concerned with diagnostic categories and issues of stigma (Mulvany 2000). Erving Goffman’s work on stigma (1961) narrowly centers on “the phenomenon whereby an individual with an attribute is deeply discredited by his/her society and is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity” (Barnes et al. 1999: 47). Therefore, whether the social model is applied to physical disability or mental illness, it moves beyond physical and psychiatric treatment to an examination of the social barriers that either intentionally or unintentionally restrict people with impairments (Mulvany 2000; Williams and Heslop 2005).

3.2.2 Collective Identity

It is the social model's shift away from an individualized, medical viewpoint in order to emphasize the collective identity of disability that becomes the second defining principle of the social model. By concentrating on a person's functional limitation and its resulting consequences, such as an inability to wash or dress oneself, an impaired person is labeled as an "invalid" (Barnes et al. 1999: 21). As a result, not only does a person's impairment become their defining feature, it becomes part of their "personal tragedy" (Barnes et al. 1999: 21; Oliver 1996; Shakespeare 2006). Accordingly, a key problem of the medical model is its treatment of disability as only a personal problem.

For disability theorists, the social model provides an opportunity to move away from individual identifications to view disability as a collective experience. The social model identifies all people with a disability under the same collective identity in order to concentrate on their exclusionary experiences which are lived and produced in society (Beresford 2004). Although it can be difficult at times to forge the many different types of disability individuals experiences under a single identity, attempting to do so allows activists to campaign for the rights and liberties of all individuals with disabilities (Oliver 1996; Barnes et al. 1999). As Julie Mulvany (2000) puts it, a focus on political action gives disabled people a feeling of self-worth, as well as offering them a unified identity and stronger political organization. Moreover, by politically mobilizing under a unified view of disability, the social model has had a tremendous impact on public policy, disability politics and, disabled people's own understanding of their place in society (Beresford 2004).

3.2.3 Historical-Materialist Approaches

The final defining characteristic of the social model is its broadly historical-materialist approach in outlining the forces within society that produce disability oppression. Materialists

argue that disability is a social experience which emerges from the particular ways in which society organizes its fundamental activities such as work, transport, leisure, education and, domestic life (Gleeson 1999). The analyses of Paul Abberley, Lennard Davis, Michael Oliver, Colin Barnes and Vic Finkelstein all highlight the ways in which disability is a social problem that is directly linked to the changing mode of production (Gleeson 1999; Barnes et al. 1999). This relates back to the Marxist classification of distinctive stages of development in the division of labour and forms of ownership, which takes into account political and ideological factors (Barnes et al. 1999). The historical-materialist perspective also opens up the possibility of liberating politics fixed on the goal of overcoming the oppression of disability. Materialists suggest that impairment has not always been associated with “dependency”, and that material change may liberate disabled people from contemporary forms of oppression (Gleeson 1999: 26). It is argued that impairment is not limited to a select section of society, but rather, it is fundamental to the human experience while disability, on the other hand, is a human construction (Gleeson 1999). While changing attitudes is an important step in overcoming social oppression, on its own, it is an insufficient step towards the creation of a non-disabling society (Gleeson 1999; Oliver 1996).

Moreover, Gleeson (1999) argues that a historical-materialist interpretation underlying the social model should draw from a wider historical-geographic account of embodiment. He argues society has specific historical-geographical boundaries and the socialization of lived experience can take very different forms in different times and places. Therefore, how disability is constructed and interpreted has a specific time-space axis.

While not specifically working with the social model, Michel Foucault’s *History of Madness* (2006) offers a similar reading of how ‘madness’ has been embodied over different

times and places in order to be thought of as mental illness. *History of Madness* (2006) remains a key text in the anti-psychiatric movement which launched an inquiry into how different societies in different periods and places have developed specific social apparatuses of power which identify and respond to madness. Foucault (2006) distinguishes three periods in the separation between madness and reason: first, the Renaissance period in which the relationship between reason and madness was transformed into a reflection on wisdom; second, the Classical Age in which social institutions of confinement are created; and third is the modern experience of madness in which madness is thought of as a disease. Each of these periods reflects a different mode of production through which society creates a different system of exclusion. (Khalifa 2006). Moreover, Parr and Philo (1995) argue that whether or not people are perceived to have a form of madness or mental illness, it is the socio-economic hardships inflicted on the lower classes by industrial capitalism that is most often the source producing distress in vulnerable individuals. Such thinking is needed to usher in a materialist or “externalist” explanation of mental illness that argue mad identities have little to do with an individual’s mental condition and everything to do with the processes (e.g. policing and governance in Foucauldian analysis) of the groups constructing such labels (Parr and Philo 1995: 208).

3.3. Importance and Shortcomings of the Social Model

3.3.1 Positive Impacts of the Social Model

Advocates of the social model note two central contributions it has made in advancing the study of disability: first, it separates people from their impairments; and second, it identifies barrier removal as an academic strategy to fight social oppression. Beginning with the first advantage, the social model has been able to assist in strengthening and re-establishing a positive self-identity among individuals with impairments as it argues it is not these people and their

impairments that are the problem, but rather it is society that is at fault and needs to change (Shakespeare 2006). Previous labels such as “invalid” reinforce a focus on both the impairment and a sense of personal deficit or failure (Shakespeare 2006). Liz Crow, a disabled writer gives an account of her interest in the social model:

My life had two phases: before the social model, and after it. Discovering this way of thinking about my experiences was the proverbial raft in stormy seas ... This was the explanation I had sought for years. Suddenly what I had always known, deep down, was confirmed. It wasn't my body that was responsible for all my difficulties, it was external factors, the barriers constructed by the society in which I live. I was being dis-abled – my capabilities and opportunities were being restricted – by prejudice, discrimination, inaccessible environments and inadequate support. Even more importantly, if all the problems had been created by society, then surely society could un-create them. Revolutionary! (Crow 1996: 55)

Edward Hall (1999) comments on Crow's personal reflection on the social model in order to argue the model's strength is that it disconnects people from medical diagnosis and allows them to view their impairments as something other than a personal limitation or failure. Thus in the context of the social model, disability is relocated from the individual to the societal obstacles which 'disable' and in this sense impaired people no longer have to feel self-pity over their condition, they can feel anger or pride (Shakespeare and Watson 2002).

While the first positive outcome of the social model is its ability to identify social barriers as the cause of social exclusion, the second establishes a clear political agenda for social change. As people with disabilities begin to think of themselves in a more positive light, it is argued they may be more empowered to come together to work for equality and civil rights (Shakespeare and Watson 2002; Shakespeare 2006). This approach places responsibility on society to remove the constraints which have been imposed and to enable people with disabilities to participate. In Britain, for example, disability activists have drawn upon the social model to point to certain forms of discrimination against people with disabilities and used this evidence as the foundation

by which to establish the 1995 Disability Discrimination Act (Barnes et al. 1999). This Act made it formally unlawful to discriminate against people with disabilities, including those with mental illness, in relation to employment, education and, transportation (Barnes et al. 1999; Parr 2008). Following the enactment of this legislation, services, public buildings and transportation are required to be accessible to people with impairments (Shakespeare 2006). Moreover, in a Canadian context, in 2000 the Supreme Court of Canada ruled that disability must acknowledge the wider social experiences in which societal attitudes and processes can lead to disablement (Ontario Human Rights Commission 2000).

It is seen from these examples that the social model is a tool from which to launch social reform and thereby surpasses being simply a theory, concept or idea (Shakespeare 2006).

While the social model has had an important impact in both Britain and Canada, political gains have also been made in an international contexts. Concepts of the social model have also been incorporated into the UN's Convention on the Rights of Persons with Disabilities (CRPD). In May 2008 the CRPD came into force and is the first general UN human rights convention to focus solely on the protection of the human rights of those with disabilities (Harpur 2012). Moreover, the CRPD has embraced the social model as a framework from which they introduce their agenda as the CRPD also distinguishes impairment from 'disablement' brought on by society (Harpur 2012). As demonstrated through the example of the CRPD, the social model moves beyond theory to exert a great deal of influence over international legislation in fighting for and protecting the rights of people with disabilities.

3.3.2 Limitations of the Social Model

While the social model offers a chance for those with impairments to re-conceptualize their identity and a device to politically campaign for social inclusion, the model also has its detractors. Critics of the social model have noted three major limitations: first, the neglect of impairment as an important aspect in many disabled people's lives; second, the simplistic distinction between impairment and disability; and third, the assumptions that all disabled people are an oppressed group by emphasizing a collective disabled identity. Beginning with the absence of the role impairment plays in the lives of individuals with disabilities, the social model so strongly disowns personal, medical perspective that it risks implying impairment is not a problem (Shakespeare and Watson 2002). While Liz Crow supports the social model in its ability to liberate disabled people from the thinking that it is their medical condition that is the root of their exclusion, she also states:

As individuals, most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake of our physical and emotional well-being, and, subsequently, for our capacity to work against Disability. (Shakespeare 2006: 200)

Hall (1999: 144) argues that such experiences of disabled people must be acknowledged and “reclaimed” from the individual, medical perspective of disability in order to “renew” the social model. Moreover, allowing the experiences of people, their bodies, their weaknesses and, their pain into the interpretations of disability, will allow the social model to reflect the everyday experiences of disabled people (Hall 1999; Thomas 2004a).

Related to the issue of overlooking the role of impairment is the simplistic binary distinction between impairment (biological) and disability (social). Researchers studying disability argue that it is impossible to clearly separate the impact of impairment from the impact of social barriers. Shakespeare (2006) claims the social model treats impairments as an

unsocialized and universal concept, however he argues that impairment is always social. He demonstrates this point with the example of Multiple Sclerosis, a chronic illness in which a person may find themselves depressed over both the reaction to the diagnosis of their impairment and the reaction to being excluded based upon their impairment. This example suggests that while impairment and disability are fundamentally two distinct entities under the social model, in reality there is often a great interplay between one's internalized reactions towards their impairment and the exclusion they may face as a result of their impairment. Similarly Carol Thomas (2004a: 574) argues that activities which exclude people with disabilities have to be understood as a product of many "bio-psycho-social forces" and this together is what must inform the constructions of disability.

The final limitation of the social model is its insistence that the entire impaired population is an oppressed group. Implicit in the social model is that all people with impairments face some form of social exclusion and consequently are labeled as "disabled" (Shakespeare 2006; Barnes et al. 1999). However, this classification presents a number of problems. First, not all impaired people see themselves as disabled, either in terms of the medical or social models perhaps in part due to the visibility or severity of their impairment (Shakespeare and Watson 2002). Also, the social model requires self-identification as a disabled person, however some people may not self-identify themselves as disabled. Some people, such as those with mental illness, do not always display outwardly recognizable attributes of their condition unlike wheelchair users and therefore may not feel the social prejudice many other impaired people experience (Barnes et al. 1999). Important to this distinction is that those who do not recognize their social oppression are not accounted for under the social model as they do not have a political identity (Shakespeare and Watson 2002). Second, by focusing on a unified disabled

identity and locating the burden of responsibility for change at the social level, the social model downplays the capacity for individual agency and moves towards a new victim mentality, not of personal medical inadequacy, but of social failing (Rhodes et al. 2008). In this instance, a disabled individual is unable to personally change the societal oppression they may endure, rather change can only occur through collective mobilization (Rhodes et al. 2008). Third is the issue of multiple identities. For instance, research on disabled sexuality has found gay people who prioritize their sexual identity and ignore their experience of impairment are not represented under this model as the social model has not proved very effective in reconciling the dimensions of gender, race, sexuality and, other identities alongside disability (Shakespeare and Watson 2002).

3.4 Approaching the Limitations

3.4.1 A Post-Structuralist Reading of the Social Model

Beginning with the neglect of impairment in the everyday lives of disabled people, Crow (1996), Hall (1999) and, Mulvany (2000) argue that the time has come to reclaim impairment from medicalized conceptions in order for the social model to gain a more complete understanding of the embodied and lived experiences of this population. Academics have looked to a sociology of impairment as a method to avoid perpetuating the idea of impairment as a naturalistic given (Tregaskis 2002). Such a method would entail a post-structuralist deconstruction of the medicalized language surrounding impairment (Hughes and Paterson 1997). Post-structuralism can be useful in theorizing impairment out of a medical frame of reference as it argues if medical language produces impaired bodies, then such language can be deconstructed. As meaning follows the diagnostic label and its iteration produces a particular type of body or mental state with its corresponding signs, symptoms, behaviours and, normative

expectations, then impairment can be thought of as a set of socialized practices and performances rather than a state of being (Hughes and Paterson 1997).

While post-structuralist theory is one way to reclaim impairment from medical labels, critics argue that this approach often portrays mental illness as the product of discourse (Mulvany 2000). Instead of taking a solely post-structuralist approach towards impairment, Hughes and Paterson (1997) suggest that to reconcile impairment within the social model a phenomenological reading of impairment must also be adopted. They argue that the impaired body is not just experienced, it is also the basis of experience. The impaired body frames a particular point of view of the world and disability is, therefore, experienced from the perspective of impairment (Hughes and Paterson 1997). Taking this argument further, a phenomenological sociology of impairment would offer a paradigm in which “the social is embodied and the body is social” (Hughes and Paterson 1997: 463). When applying this argument to the concepts of impairment and disability, it calls for a slight redefinition of the social model: disability is embodied and impairment is social (Hughes and Paterson 1997). This reading demonstrates both ways to reconcile impairment under the social model as well as prefacing the point that impairment and disability are not as dichotomous as previously outlined.

Turning to the second identified limitation of the social model, the simplistic binary between impairment and disability, a post-structuralist reading presents one approach to overcoming this distinction. Thomas (2004b) argues that this separation cannot be maintained as people are disabled both by social barriers and their impairments. In turn, a post-structuralist reading has been suggested as a way of moving past this binary. One way of breaking the impairment-disability binary is through a deconstructionist method which allows for, and encourages, shifts and breaks with previous ideas, point of views, attitudes and, vocabulary to

reveal a series of differences (Barry 2009; Cloke and Johnston 2005). Geographically, the concept of third space provides an opportunity to transcend the impairment-disability binary (Cloke and Johnston 2005). More specifically, the concept of third space asserts that the uniqueness of a particular situation or actor can be understood as a “hybrid” in order to move past the constraints of binaries and to enable the rise of new structures by which old organizations of authority can be challenged (Bhabha 2001; Cloke and Johnston 2005). In this vein, Thomas (2004b) suggests it would be best to move towards the idea of a continuum in which impairment and disability are not dichotomous, but rather describe different places on a continuum, or different aspects of a single experience.

3.4.2 A Feminist Reading of the Social Model

Approaching the third limitation, the issue of disabled identity, Morris (1991), Thomas (1999) and, Tregaskis (2002) have offered a feminist account of disabled people’s exclusion in order to bring personal experience into the social model. Thomas (1999) asserts that disability is a social relational construct in the same way as is patriarchy, and demonstrates how both have been used as tools of oppression, against disabled people and women. It is also suggested that since the disabled people’s movement (especially the academic part of it) is dominated by men - who at times tend to prioritize work over other issues such as relationships - has in turn led to the exclusion of disabled people’s personal experience from the social model (Tregaskis 2002; Morris 1991). In feminist readings, however, aspects of personal experience are seen as crucial in exposing existing mainstream value judgments about disabled people’s lives, in which impairment is seen as public property and “as fair game for debate” (Tregaskis 2002: 464). Moreover, Morris (1991), Thomas (1999) and, Tregaskis (2002) argue for the importance of personal experience as a way of understanding the social world as they state that maintaining a

public/private division in deciding which elements of disabled people's lives should and should not be discussed publically will simply allow oppressive practices to continue (Tregaskis 2002). By bringing in personal experience into the social model, it is suggested that the model widens its definitions of disabled identity and allows room for people who traditionally did not see themselves as disabled as defined by the social model to assert individual agency over their situation. One possible suggestion as to how this can be achieved would be to encourage a more open and frank dialogue of individual experiences of disability among those who subscribe to the social model.

A feminist reading of the social model also offers a way to incorporate multiple identities alongside disability. It has been seen as problematic for the social model to concentrate solely on the "disabled identity" so as not to consider the other markers of identity such as gender, race, class and, sexuality (Shakespeare and Watson 2002: 5). To assume that disability will always be key to one's identity is to repeat the error made by those from the medical model perspective who characterize people by their impairment (Shakespeare and Watson 2002). Rather, it is useful to borrow ideas from feminist theory on how to reconcile multiple identities. Bondi and Davidson (2003) suggest that gender cannot be treated as an individual entity of one's identity, rather it is bound up with other dimensions of personal experience including class, race, age, sexuality and, disability. By applying this frame of thought to the social model, disability can be understood alongside other elements of one's identity.

3.5 Conclusion and Framework Used

This chapter began by tracing the origins of the social model of disability back to Britain in the 1970s and 1980s as a political movement campaigning for the equality and civil rights under the UPIAS. It was noted that the model's three defining features are its movement away

from the medical model of disability, its focus on collective identity and, a strong belief in materialist processes as the root of socially exclusionary practices. An important distinction under the social model has been its characterization of impairment as a functional limitation and disability as product of social oppression. While this distinction is the cornerstone of the social model, this chapter moved to illustrate both its strengths and shortcomings. Beginning with its strengths, the social model has liberated disabled people from the idea that it is their impairments that exclude them from society as well as allowing for activists to identify the disabling societal processes in order to challenge them and campaign for political change. Conversely, what serves as the strengths of the social model have also become its weaknesses which include the model's neglect of impairment, its binary distinction between impairment and disability and, its rigid treatment of disabled identity. In response to these limitations, this chapter drew upon the sociology of impairment as well as post-structuralist and feminist theory in order to renew the social model to one which considers impairment, looks past the binary and, is more flexible in its view of disabled identity.

While disability, and more specifically mental illness, has been theorized a number of ways in the past, studying oppression through the social model allows for an understanding of the material structures and processes excluding this group and offers an opportunity to challenge them in an attempt to politically, economically and, socially integrate into the mainstream population. In the context of this thesis, the social model of disability provides a framework through which social enterprises employing people with mental illness can be conceptualized. First, as noted the social model distinguishes between impairment as a functional limitation and disability as the product of social oppression. Examining mental illness through this lens allows for an examination of the enabling and/or disabling forces experienced by employees with a

mental illness within social enterprises. Second, as discussed in this chapter the concept of third space, allows for an understanding of social enterprises as an alternative space or hybrid in contrast to mainstream employment for people with mental illness (Bhabha 2001; Cloke and Johnston 2005). Specifically, the concept of third space allows for the view of social enterprises as a hybrid which provides a space for employment similar to that of mainstream employment with the added benefit of the provisions of the accommodations needed by employees with mental illness. By thinking of social enterprises in these terms this thesis examines the extent to which social enterprises can be thought of as ‘enabling spaces’.

Chapter Four

Methodology

4.1 Introduction

This chapter details the research design and methods used to answer the central research question of this study: what are the types of social enterprises in Ontario that exist for people with mental illness and what strategies do they use to create workplace accommodations for people with mental illness? Additionally, the aims of this thesis are:

1. To develop a database of the social enterprises in Ontario that exist for people with mental illness.
2. To examine how the efforts of different social enterprises give rise to different practices, workplaces and, employee experiences and to identify the extent to which social enterprises can be thought of as enabling workplaces.
3. To assess the challenges and opportunities of operating social enterprises for people with mental illness as well as the disadvantages and benefits of working for them.

4.2 Context

Ontario was the chosen site of study for this research project for three reasons. First, due to the strict time limitations of this study a national survey of social enterprises providing to people with mental illness would not be feasible. Second, Ontario was selected as opposed to another Canadian province as the number of social enterprises working with people with mental illness in Ontario greatly outnumbers those found in other provinces.

The third reason for selecting Ontario as the site of study is contextual. For instances, organizational funding opportunities, the structure of social assistance programs and labour market conditions will likely have an impact on social enterprises (Vaillancourt and Tremblay

2002). For example, there is significant difference in the levels of social assistance for people with disabilities between provinces with support in Ontario being fifty percent greater than in Alberta (National Council of Welfare 2008). Similarly, employment rates among people with disabilities vary between provinces. In 2006, the unemployment rate for all people with disabilities in Alberta was 5.5 percent, compared with 10.2 percent in Ontario (Statistics Canada 2008). This figure exemplifies the need for research to be conducted within the Ontario context.

4.3 Creation of Database and Recruiting Respondents

Prior to the creation of the database and the recruitment of respondents, the McMaster University Research Ethics Board approved this study in July 2011³. Also approved for this study were the contact letter, statement of informed consent and, interview guide (Appendices A, B and, C). Following ethics approval, I began the creation of the database of social enterprises in Ontario working with people with mental illness. Two criteria were used in selecting the social enterprises as sites of study. The first was a focus on organizations providing *paid* employment from other work incentives that offer unpaid work, although it is understood that some social enterprises are part of larger multi-functional organizations. The second criterion was a focus on organizations who were *primarily* but not *exclusively* engaged with people with mental illness. The creation of the database drew upon several strategies. First, Dr. Bonnie Kirsh at the University of Toronto provided a preliminary list of organizations identified in her 2006 study (Kirsh et al. 2006). Subsequently, an Internet search was conducted to identify further organizations. While this was a useful strategy in finding additional social enterprises there were limits to this approach as smaller organizations are unlikely to have a web presence. This led to inquiries being made with organizations (e.g. Canadian Mental Health Association, psychiatric

³ This study received ethics approval before the start date of this Master's thesis as this study is one part of a much larger research project being conducted on social enterprises within Canada.

hospitals) across the province which had knowledge of local social enterprises. Finally, as new organizations were found, snowballing techniques were used to identify other organizations known to staff.

The creation of this database served two purposes. One, this database served as guide outlining the number of social enterprises in Ontario serving people with mental illness. Two, the database was a step to proceed to the next stage of this research project. By gathering a database of organizations it also identified the respondents for the next stage of this research, the semi-structured interviews.

Twenty organizations were found in Ontario, however seven of these were parent organizations to two or more businesses, therefore in total forty social enterprises providing work to people with mental illness are known in Ontario. The parent organizations managing multiple businesses are as follows: K09 and K19 (both managing two businesses), K41 (managing three businesses), K06 (managing four businesses), K31 (managing six businesses) and, K38 (managing nine businesses). The final organization managing multiple businesses is K23 which manages K25 and K26 as well as another social enterprise not interviewed. Finally, while K08 and K22 are separate organizations they have joined in partnership to operate a business. While acknowledging that seven organizations manage multiple businesses, in subsequent chapters organizations with multiple businesses will be discussed as single organization, except in cases where details about individual businesses are especially pertinent. A full list of respondents can be seen in Table 4.1.

As this study is geographic in nature it is important to have an understanding of where the social enterprises are located within Ontario. Specifically, it is of great importance to know where social enterprises working with people with mental illness are located so as to understand

the local context in which they have emerged and exist as well as the needs of people with mental illness in these areas. For the purposes of anonymity, the actual city or town in which businesses are based will not be discussed, however will be classified as either a large city, mid-size city or town. In the context of this study, a large city is defined as cities in which the population is over a million, whereas mid-size cities are under a million people and a town is under 60, 000 people. A full list of where businesses are based can be seen in Table 4.1.

Respondent ID	Status	Location
K03	Stand Alone Business	Large City
K04	Stand Alone Business	Large City
K05	Stand Alone Business	Mid- size City
K06	Parent Organization Managing Four Businesses	Large City
K08	In Partnership with K22	Town
K09	Parent Organization Managing Two Businesses	Large City
K13	Stand Alone Business	Large City
K19	Parent Organization Managing Two Businesses	Mid- size City
K22	In Partnership with K08	Town
K23	Parent Organization Managing Three Businesses	Large City
K25	Managed Under K23	Large City
K26	Managed Under K23	Large City
K28	Stand Alone Business	Town
K31	Parent Organization Managing Six Businesses	Mid- size City
K34	Stand Alone Business	Large City
K36	Stand Alone Business	Mid-size City
K37	Stand Alone Business	Mid- size City
K38	Parent Organization Managing Nine Businesses	Mid- size City
K39	Stand Alone Business	Large City
K40	Stand Alone Business	Town
K41	Parent Organization Managing Three Businesses	Mid- size City

Table 4.1: Table Representing the Respondents, the Numbers of Businesses and Their Location

4.4 Research Design and Methodology

4.4.1 Semi-Structured Interviews

A qualitative research approach is used in this research as it provides opportunities for an in-depth discussion of the nature of social enterprises and methods involved in providing workplace accommodations (Limb and Dwyer 2002). The form of qualitative research this project will use is semi-structured in-depth interviews. Interviews are used to collect the data as they allow people with disabilities to ‘tell their story’ in their own words (Laws and Radford 1998).

Having established a database of social enterprises in Ontario for people with mental illness, this study proceeded to the next stage of conducting telephone interviews with representatives of the identified social enterprises. Respondents from all but two of the social enterprises that were listed in the database agreed to participate in this study allowing for twenty-one semi-structured interviews. Interviews were conducted over the telephone as many organizations were hours away from where this study is being conducted and it was not feasible to travel to these sites. Interviews were conducted with senior staff such as the managers and executive directors of the businesses who oversee the daily operations of identified social enterprises. As outlined in Appendix C, interview questions followed a pyramid structure beginning with easy to answer questions about the respondent’s position and duties, moving to questions that require deeper reflection and, closing with general questions about social enterprises (Dunn 2010). Interview topics were broad ranging (e.g. history of the business, its size, work activity, wage rates, hours worked, organizational structure, workplaces accommodations, funding and budgets and, governance and decision making) but had an explicit focus on the spatial arrangement of work and contextual influences shaping the evolution of the organization. Interview questions were phased to avoid ambiguity.

Social enterprises were first contacted by email and followed up with a telephone call a few days after to address any questions, confirm participation and, schedule a time for an interview. A spreadsheet was created to keep track of organizations contacted and record participation. As identified in the contact letter template in Appendix A and the statement of informed consent in Appendix B, every effort was made to communicate the purpose of the interviews as well as the respondent's rights. Having such detail in both documents is done to establish rapport and trust and to proceed ethically with the research (Dunn 2010).

Interviews were conducted in a manner to ensure ethical research practices. In lieu of signing a hardcopy of the consent form, participants were asked to verbally consent prior to the interview, and this consent was recorded. The first interview of this study was conducted together with the researcher, the researcher's supervisor and, a research assistant working on the larger project on which this study is based. This was done in order to familiarize all involved with the parameters of this study and, for the benefit of the researcher who as a first time qualitative researcher did not have any previous interview experience. Additionally, this was done to pilot test the interview guide to ensure it could be conducted with the outlined 60 minutes and refining the interview guide before proceeding with the remaining interviews. Furthermore, interviews were also audio recorded and transcribed verbatim after the interview occurred. This was done for two reasons. First, as previously discussed, it was done as a way to refine the interview guide and, second, it was a helpful preliminary step in distinguishing points of similarity and difference in the data as it was collected.

4.4.2 Ensuring Rigour

To ensure the accuracy of this project, rigour was carefully considered during the early stages of research design. This project uses Baxter and Eyles' (1997) four criteria for evaluating

qualitative research: credibility, transferability, dependability and, conformability. First, building credibility is established by making sure that all the identified types of social enterprises are represented within this study (Baxter and Eyles 1997). Second, transferability involves determining how the research will fit within contexts outside the study. This will be approached by discussing the findings of this study in an Ontario context to the wider available literature on social enterprises. Additionally, during the first read through of transcripts, transcripts belong to the larger study on which this project is based were read to assess whether the initial themes observed among the Ontario social enterprises were also common among those throughout Canada. Third, by having verbatim transcripts and audio recordings, the dependability of this study will be strengthened (Baxter and Eyles 1997). Fourth, in order to confirm accuracy, the research established and analyzed codes alongside her supervisor. This allowed for cross-checking to ensure all important themes expressed in the data were realized.

In addition to Baxter and Eyles' (1997) criteria for establishing research rigour, consideration is also given to the different power relationships that exist between the researcher and the people at the centre of this study in relation to our social structure. Academic researchers have drawn attention to the asymmetrical research relationships and privilege role of the researcher when conducting qualitative research around groups with less agency such as people with disabilities or children (Dowling 2010; Hemming 2008; Chouinard 2000). In order to create a more equal relationship, the following measures were taken. First, I was constantly aware of and understanding that such power relationships occur and, second, I was critically reflective upon her research practices so as not to take advantage of employees' marginalized position (Limb and Dwyer, 2002; Dowling 2010).

In addition to ensuring rigour through research design and practices, a timely dissemination of research results will be provided to participating social enterprises and to provincial mental health organizations. A common question among geographers is how researchers can 'give back' to the communities they study (Heller et al. 2011; Chouinard 2000). Chouinard (2000) identifies methods of sharing resources and research results with participants with disabilities and organizations engaged with people with disabilities as a key way to prevent exclusionary control and use of knowledge that research produces. Thus when distributed, this study's results can facilitate information sharing and a transfer of strategies between social enterprises.

4.5 Analysis

To analyze the collected data a thematic coding analysis of transcribed interviews was conducted. Coding is used in order to organize the amount of information gathered through the interviews (Cope 2010). The aim of coding as a process of analysis is to develop and record the themes which emerge once having read the transcribed interviews. Three stages were used in the coding process. First, an initial read through of all twenty-one transcripts was done to draw out major themes and develop macro codes. Preliminary macro codes include organizational features, strategies used to create accommodating work environments and the challenges and benefits found among social enterprises at both an organizational and employee level. The second stage of the coding process involved a further read through of transcripts was undertaken with the purpose of establishing sub-codes or micro codes that identified different strategies and workplace practices mentioned by respondents to create a work environment that met the needs of the business as well as their employees. I then undertook both the previously mentioned stages in collaboration with my supervisor in order to strengthen the rigour and accuracy of this study.

This was achieved as thorough discussion of the meaning of codes were defined and redundant codes were eliminated or collapsed into existing codes. Furthermore, further codes were created as appropriate when new themes emerged from the reading and discussion of transcripts (Hruschka 2004). The final stage of coding involved inputting established codes into QSR Nvivo 10 software. An electronic coding structure was developed and organized into trees and nodes. Excerpts from the transcripts were coded under single nodes or in some case under multiple nodes which allowed for easy and clear organization of themes of the collected data. Again new nodes were created to capture themes that were captured during the previous stages as well as nodes being collapsed or deleted entirely. The use of Nvivo helped to make it easier to manage a large amount of data as well as making it faster to locate and compare respondents' statements across the identified themes. A full list of codes inputted into Nvivo can be seen in Appendix D.

Chapter Five

Analysis of Organizational Features

5.1 Introduction

The intention of this study is to understand how social enterprises within Ontario create accommodating workplaces for people with mental illness. Competitive employment holds many economic, social and, personal benefits. However those with mental illness are often left marginalized from traditional workplaces. People with mental illness face unique challenges in securing employment. These challenges include access to employment, earning a living wage, discrimination and lack of workplace accommodations (Hall 2005; Shier et al. 2009; Wilton 2004). It is within this context that the need for social enterprises arises, however, what is still left to be determined is to what extent these businesses have set in place the appropriate workplace support required by people with mental illness?

The purpose of this chapter is to discuss the data collected from the twenty-one semi-structured interviews with executive directors and managers of the social enterprises sampled across Ontario. The three analysis chapters are divided into three sections. The first section constructs a profile of the social enterprises surveyed while the second assesses the jobs provided, more specifically how organizations create employment positions based on the demands of the business and balance that with the accommodations needed by employees. The third will address the organizational opportunities and challenges as well as the individual benefits and disadvantages employees encounter while working for a social enterprise.

5.2 Start Dates

With regards to businesses' start dates⁴, Table One outlines the start dates of the twenty organizations at the centre of this study.

Decade	Number of Organizations	Respondent ID
1970s	2	K04, K37
1980s	5	K03, K13, K36, K39 and, K40
1990s	4	K05, K06, K25 and, K38
2000s	8	K09, K19, K23, K26, K28, K31, K34 and, K41
2010s	2	K06 and K08/K22

Table 5.1: Table Indicating the Start Dates of Twenty Organizations in Ontario

Type of Social Enterprise	Number of Social Enterprises	Respondent ID
Consumer-Survivor Businesses	7	K03, K08 (K22), K09, K13, K23, K25 and, K26
Agency-Operated Businesses	13	K04, K05, K06, K19, K28, K31, K34, K36, K37, K38, K39, K40 and, K41

Table 5.2: Table Indicating the Type of Twenty Organizations in Ontario

The oldest organization (K04) is approximately forty years old while the most recently established social enterprises are under ten years of operation. The majority of the businesses were established in the 2000s. While examining both Table 5.1 and 5.2, it is evident that four (K03, K13, K23 and, K25) of the seven consumer-survivor businesses began in the 1980s and 1990s which is reflective of a period of active growth in consumer-survivor business initiatives (Trainor and Trembley 1992; Public Health Agency of Canada 1997).

⁴ While this chapter will discuss multiple businesses managed by a singular organization under their parent organization there are instances when individual businesses will be addressed and will be outlined in such cases.

5.3 Motivations

Across the twenty-one interviews, four main responses were given with regards to the motivations for creating of their social enterprise. The first motivation listed is the dissatisfaction with available programs and the need for a supportive work environment. One major criticism among respondents was the lack of available work options for people with mental illness as mainstream employment has been acknowledged as a challenging environment for this population (Wilton 2004a; Hall 2005; Thornton 2009; Irvine 2011). One respondent noted that mental health services had mainly revolved around clubhouses where consumers “could play cards and they could get involved in recreational but there was no meaningful activities” and the economic and employment needs of people with mental illness were unmet (K36). Additionally many of those interviewed described the growing frustration with the available work programs established for people with mental illness such as traditional clubhouses and vocational or training programs which are often based on temporary employment and may be unpaid. One respondent commented on this issue saying:

We're tired of – the only options for employment are ... umm you know training programs where you know you go in, you finish some program, you're not paid ... the reason people came together is they wanted to look at something new that had never been done would allow us to provide market wage, a market rate, meaningful work umm ... that was not time-limited, that was ... a job that was like any other job something you continue to maintain and requirements of the job; that was your job so – (K03).

Related to the dissatisfaction with lack of available employment options for people with mental illness is the lack of supportive work environments for this population. Another respondent noted the need for a supportive work environment in contrast to the traditional approaches:

They needed a supportive environment, they needed an environment that would nurture them, that would umm ... assist them, understand them ... and umm so we thought umm rather than the traditional approach of helping people with resume writing, or contact

local employers ... the best approach was to create our own business (K19).

The second motivation for starting a social enterprise had to do with the stigma of mental illness. While one respondent believed “stigma is really what’s holding them back” (K31) other organizations were started with the goal of actively challenging the perceptions of mental illness. Respondents recalled the vast amount of negative media coverage regarding people with mental illness pointing to stories such as suicide and violent assaults. As a result they wanted to counter these reports by promoting people who were productive and employed. Similarly, Crane (1999) and Kirsh et al. (2006) argue that one of the best methods to combat the stigma around mental illness is through people with mental illness engaging in employment.

Connected to the motivation relating to stigma for starting a social enterprise is the issue of gaps in people with mental illness’ resumes and the issue of disclosure. A respondent noted the difficulty for people to access employment especially when there may be long period of unemployment on their resume possible due to illness and for hospitalization. Related to this are people with mental illness having to divulge their diagnosis to potential employers in order to explain the gaps in their resume. By creating a workplace where disclose is not an issue employees are not faced with decisions of how, when or even if to disclosure their illness (Goldberg et al. 2005; Irvine 2011).

The third motivation for creating a social enterprise cited among some respondents was the need for people with mental illness to feel productive and enter back into their community. One respondent commented on the need for people with mental illness to feel active and productive in their community: “there were people within the community who were just hanging around doing nothing and that’s what the initial need was” (K04) while another noted people

“wanted to do something, to be productive, to feel more part of the bigger community” (K13).

Another respondent commented on their purpose of starting their business as a:

Great device for capturing all their skills in one group and then through the means of these separate businesses, getting people out there and basically contributing back to society by working and fulfilling their own goals you know by getting back into the workforce, doing something worthwhile, earning some money umm and being appreciated (K31).

As previously discussed, some businesses spun off from a community agency or parent organization working with people with mental illness. Among these businesses, respondents commented that their motivations for branching into a social enterprise was to offer employment support beyond housing and outreach groups to the clients who consumed their services.

The need for direction after hospitalization and the notion of employment as recovery was the final motivating factor among some respondents. One motive for starting a social enterprise was in response to deinstitutionalization where patients were being discharged from psychiatric hospitals because of the provision of therapy and more effective psychotropic medication (Milligan, 1999). As previously noted, former patients not only had difficulty accessing mainstream employment but there was also a lack of available employment opportunities designed for people with mental illness. As a result the respondent for K39 commented that the inspiration for their social enterprise came from the hospital after seeing the capability and potential of patients but realizing the limited employment opportunities once they left hospital. Some respondents described employment as a key step in helping in the mental health recovery process. The importance of employment and its benefits in the recovery process are illustrated in the following quote:

I kind of look at employment, employment's really important to anybody, just to have a place in this world to do something meaningful, to structure your day and important to your recovery process for anyone. It's great to go downtown and see your people on

Sunday and say ‘oh, I’ll see you at work on Monday, right?’ Rather than see you at the program (K38).

This quote highlights how employment with a social enterprise such as K38 is able to assist in the recovery process for people with mental illness as it provide structure and purpose in their lives (Krupa et al. 2003). The respondent for K05 commented that people with mental illness working at their business were ninety percent less likely to access emergency mental health services. Studies have also reported on the positive effect employment has in aiding recovery and managing the symptoms associated with mental illness (Trainor and Tremblay 1992; Krupa 1998; Crane 1999; Krupa et al. 2003) as well as reducing chances of rehospitalization (Hartl 1992; Crane 1999).

5.4 Mandate

Moving to a discussion of the business mandate, it should be noted that there is a close link between the motivations for starting the business and the mandate which governs the business. For instance, the motivations for starting the business outlined often translate to features and organizational goals which are the cornerstones of their mandate. The mandate governing the operational principles and direction of many of the social enterprises of this study related to the fundamental purpose of a social enterprise. Their prime goal is not profit-maximization but to foster social inclusion through employment among people with mental illness (Amin et al. 1999; Amin et al. 2002; Amin 2009a; Buckingham et al. 2011). While one respondent argued for the value in “making actual social changes to our communities” (K22), another spoke of the tension that while social integration is always the prime focus they must also be aware of the business aspects of their enterprise (K25). The lack of focus on making a profit is noted by one respondent:

See we're not here to make money, we're not here to lose money either, but if we can build that shed and pay all the members working on the shed a minimum wage and come out with a zero balance that's fine and that's sort of where we are sitting (K40).

Moreover, another respondent discussed the success of their mandate in building social capacity with the example of one employee:

She's a really nice lady like she's a great person you know just in terms of work it's one of those things I don't think she could ever have regular employment with the way she's looking for I think she want to feel part of this connection down here and I think there's also what we give to people is this feeling – it's kind of a home like a connection where we're not disconnected like we feel in society sometimes where there's a stigma (K09).

This quote demonstrates that while there may be limitations as to what this individual worker can accomplish at the organization, they are actively involved in the workplace and engaging with their community.

A common feature among many organizations' mandates was the goal of providing 'meaningful employment'. Among those interviewed, respondents commented on four aspects that make up the provision of meaningful employment, the first of which corresponds to a supportive workplace. Commenting on the supportive environment clause of their mandate one respondent stated:

[ORG] strives to create an equitable and supportive environment in which staff have opportunities to raise self-esteem, learn a variety of skills and enhance wellness. ... [ORG] stands for real work for good pay and a community to belong to (K13).

This demonstrates that a supportive environment is the foundation of this social enterprises' mandate as it fosters other organizational goals such as a commitment to providing a living wage, supporting training and the development of skills and the promotion of recovery and good mental health.

The second feature of meaningful employment under businesses' mandates is skills training and educational support. Skill development is an encompassing aspect of meaningful employment as one respondent argued "we're building not only hands on skills, but those soft skills that people can carry into other jobs" (K05). Another aspect of skill developed built into the mandate of many organizations is educational support whether it is finishing a high school diploma or pursuing further education. One respondent commented on the low levels of education among people with mental illness as a main obstacle to employment and thus their part of their mandate is designed to help their workers advance their skills and education needed for employment whether with the business or in mainstream employment.

The third component of meaningful employment is providing a living or minimum wage. Commonly cited throughout the literature is the difficulty people with mental illness have in earning a living wage (Galarneau and Radulescu 2009; Thornton 2009). For this reason five ⁵ of the social enterprises of this study have an explicit mandate to provide adequate paid to their employees. One respondent noted of the importance of providing a living wage:

...And this is probably one of the key messages of our time is for people, consumer, to have the dignity of a living wage and have those permanent full-time positions that are going to allow them to not only pay their living experiences but promote their futures (K05).

Not only does this quote capture the significance of earning a living wage for people with mental illness as a way to improve their lives, it touches on the fourth aspect of meaningful employment as part of organizations' mandates, the importance of work in the recovery process.

⁵ While more than five organizations strive to pay an 'adequate' wage that is either minimum wage or above, only five respondents noted a commitment to paying a living wage in their mandate.

As previously outlined, one of the motivating factors that led organizations to start their social enterprise was the recognition that employment is part of the recovery process and for this reason many businesses have it in their mandate to help facilitate recovery. For example, one respondent outlined the importance of providing employment that assists in mandating employees' mental health:

If you are getting people who are living marginal lives involved in their communities in a significant way like having a job you are going to have an anti-poverty campaign that is not only going to solve their economic issues, or address the economic issues, but it's going to be a social determinant of health (K05).

This demonstrates that not only does providing meaningful employment assist in greater social inclusion of people with mental illness and earning a living wage, it also is part of a continuum that helps in the recovery from serious and persistent mental illness.

5.4.1 Changes to Mandate

While discussing changes to their mandate, three respondents noted that while their focus remains on providing meaningful employment to people with mental illness, their mandate has grown more encompassing to include advocating for mental health causes. For example, one respondent noted that their business also has a focus on "trying to improve the mental health system (K03). Another respondent spoke in more detail as to the direction of their advocacy efforts:

It's still about employment, finding employment and training opportunities for survivors but it's also now expanded to include advocacy on poverty issues as well because poverty is almost inevitable the circumstances that our employees find themselves in and I guess one of our critiques of the recovery model has been the focus on individual recovery and how impossible it is to really recover when you're living on OW or ODSP and all the financial constraints that brings with it (K23).

While the challenges around ODSP ⁶ will be addressed in greater detail in a later chapter, it is important to note that it has long been established that people with mental illness experience higher than average rates of poverty (Statistics Canada 2003; Ministry of Community and Social Services 2006). As a result of the enduring relationship between mental illness and poverty this social enterprise has expanded their mandate to advocate not only on mental health issues, but income issues that can potentially worsen their employees' health.

While common aspects of the social enterprises' mandates are to build social inclusion through meaningful employment as well as in some cases advocate for mental health issues, a key difference was whether organizations offered permanent or transitional employment. Of those social enterprises providing short-term employment, many respondents noted this was part of their mandate in order to offer the most amount of opportunities to the most amount of people. The length of employment will be discussed in greater detail in the following chapter with regards to how businesses are able to deliver on their mandates.

5.5 Business Structure

5.5.1 Business Status

With regards to the business structure the enterprises' businesses status, governing board and, employee input into the business will be discussed. As represented in Table 5.3, an overwhelming majority of the businesses, thirty-seven businesses, are not-for-profit while two social enterprises are classified as a charity and one is a for-profit business. Among the social enterprises, three organizations (K03, K13 and, K38) have had a change to their business status. While K03 was originally a cooperative and now a not-for-profit, K13 was a not-for-profit that is

⁶ ODSP is an income support paid to people with disabilities in Ontario.

now a charity and, K38 began as a sheltered workshop but is now a revenue sharing not-for-profit. Although each enterprise gave a different response as to why they changed their business status, each related to a financial issue. First, the respondent for K03 outlined that as their employees owned shares in the business and as many of them were on ODSP they ran into problems receiving their benefits. Second, the respondent for K13 noted their change in business status came about in response to government changes to funding and in order to secure more funding options they became a registered charity. Third, the respondent for K38 said they changed from a sheltered workshop to a not-for-profit in order to give their employees greater input into the businesses:

This is a much more empowering model cause they own the business and they make decisions for the business. We'll support them in maybe presenting some ideas from the outside. But it's their business, they make all the decisions for it. And they also work on the weekends, on Saturdays, when there's no support staff here at all and they take it on themselves. So it's a much more enabling, empowering model and you own your own business, profit share, because if somebody tells you what you're gonna do next and it's sort of a dead-end job where you can't (K38).

Not only would a revenue sharing not-for-profit increase the wages among employees, as noted it also allows them to have an influence in the direction and operation of the businesses.

Business Status	Number of Social Enterprises	Respondent ID
Not-for-profit	17	K03, K04, K06, K08 (22), K09, K19, K23, K25, K26, K28, K31, K34, K36, K37, K38, K39 and, K41
Charity	2	K13 and K40
For-profit	1	K05

Table 5.3: Table Indicating the Business Status of Twenty Organizations in Ontario

5.5.2 Governing Board

In line with Amin’s (2009a) study, respondents from each of the businesses reported having a board of directors or a community council overseeing their social enterprises. It was

commented on that single or multiple businesses managed by a larger or parent organization (K04, K05, K06, K19, K08/K22, K23, K28, K31 and, K41) all had a single governing board to help guide and direct the business operations. Typically boards met once a month and ranged in size from eight to fourteen people consisting of volunteer community members some with a mental illness and some without as well as people working at the business. Among respondents, some noted they had a quota for who sits on the board with regards to people with mental illness and people working in the business to ensure representation from this group.

5.5.3 Employee Input into the Business

Across the twenty organizations, all respondents commented that their employees had a chance to voice any input they had concerning the business. One respondent commented on the importance of providing a platform for employees to raise their concerns, “the one thing about Alternative Businesses is if you don’t involve the staff and you don’t give them a voice, they’re not going to buy into it” (K26). Important to note is that among the organizations there is a degree of difference regarding how employees’ input is valued and acted upon. First, a number of employers highly valued the input of their employees’ input and suggestions. While all respondents noted meetings at which employees could provide their feedback regarding the business, a number of businesses had an opportunity for employees to present their ideas and suggestions to the business’ board. The respondent for K13 noted that during the four member meetings a year, employees vote their board representative who will represent their interests to the board. The respondent for K31 expanded on how the input of employees is acted upon noting that in one instance it has led to a new business practice. The respondent continued commenting that the team leader for their landscaping business had spotted an opportunity to expand the services offered by the business and after taking his idea to the executive director the business

has grown to include re-sodding. Contrastingly, there were other businesses, who although “ask for feedback” from their employees, such input was never translated into practice (K04).

5.6 Work Activity ⁷

As seen in Table 5.4, there is a clear pattern of the type of work offered among the social enterprises with the largest number of the businesses in the food service and catering industry. Following this is the category of ‘other’ types of work activity which include a courier service, agricultural work, a sewing company, a labour pool, a car wash, an art studio and, a furniture manufacturer. The commercial area of retail also had high representation among the social enterprises surveyed which include businesses such as a bike shop, bus ticket sales, a printing company as well as a store specializing in the sale of environmentally friendly products and, a computer sales and repair store. Grounds keeping and landscaping which include everything from snow shoveling to garden maintenance closely followed behind as well did cleaning services. The findings of this study greatly correlate to previous research into the type of work offered among social enterprises as both Kirsh et al. (2006) and Parr (2007) also noted high levels of entry-level, routine work in the food, cleaning and landscaping sectors.

⁷ Among the parent organizations which manage two or more social enterprises only information was gained for six of the nine businesses from K38 thereby a total of thirty-seven separate businesses will be discussed regarding work activity. Furthermore, as K23 is a parent organization affiliated with a business not interviewed it is that business’ work activity that will be discussed.

Work Activity	Number of Social Enterprises	Respondent ID
Café/ Catering	11	K05, K06, K09, K19, K23, K25, K31, K34, K38* and, K41
Retail	7	K06*, K08 (K22), K34, K38* and, K41*
Grounds Keeping/ Landscaping	5	K06, K26, K31*and, K38
Cleaning Services	4	K09, K13, K19 and, K31
Packaging	3	K04, K36 and, K37
Other	7	K03, K28, K31* and, K38 and, K39, K40

Table 5.4: Table Indicating the Range and Representation of Work Activities

*Indicates two separate businesses for a total of thirty-seven businesses represented in this table

When asked why their enterprise got into the business sector it did, respondents listed five different reasons the first of which was addressing a gap in the market. Two respondents (K03 and K19) stated their work activity in part developed to cater to a particular niche market specifically one that performed their work activity in a unique manner or one that met the needs of a targeted population. Similarly, many organizations have distinctive features of their goods and services, for instance, producing fresh organic produce, coffee that is fair-trade or business initiatives that are considered environmentally friendly. Also a common reason given for concentrating on a specific work activity was because of a need or opportunity that arose. One respondent from K19 commented on the origins of their first work activity of cleaning services citing “there’s a need within the senior population to have work done around their home.” Common among some of the businesses, particularly cleaning and maintenance businesses that target specific demographics is the government contracts they gain to service other marginalized and in –need groups such as the Ontario Works community. This point will further be expanded upon in a subsequent chapter.

The second reason given for getting involved in a particular work activity was the input businesses received from their governing boards. A couple of respondents commented that while starting their businesses they had a number of initial ideas and in consultation with their board of directors they settled on their work activity. In the case of K26, for example, a member of their board was also on the board of a local business improvement area and suggested the idea of street landscaping. The third response given as to why some social enterprises chose to focus on the work activity they do relates to a passion that the founder wanted to develop into a business. Respondents from both K34 and K39 reported that their work activity grew out of their business founders' respective interests for baking and art. Cost of starting up a business was the fourth reason provided as to why businesses got into their work sectors. One organization reported that while a cleaning service was not their first choice of work activity, the perceived minimal startup costs is what attracted the organization to follow through with this work activity. Additionally, falling into a particular work activity by chance was cited as the fifth reason businesses got involved in a particular work sector. When asked why they got into packaging, the respondent for K04 commented, "I think it just became something that somebody fell into where it was something where it was an activity that was productive" (K04). As suggested above, the fact that organizations 'fell into' the work activity without a huge amount of planning can also pose challenges for organizations and as they evolve overtime.

5.7 Enterprise Size and Workforce

As seen in Table 5.5, seven organizations can be classified as small mid-sized ranged operation with regards to the number of employees while only two are classed as having a larger range of employees. As noted, the number of employees at the businesses managed under one parent organization were represented as a single organization, however there is great variation

among these businesses. For instance, one business from K06 had as few as four employees while K25 and K26 had twenty and sixteen employees respectively.

Numbers of People Working at Organizations	Number of Organizations	Respondent ID
Small Range (6 - 25 Employees)	5	K05, K08/K22, K09, K28 and K41
Small Mid-Sized Range (26 – 50 Employees)	7	K06, K19, K31, K34, K37 and, K39
Large Mid-Sized Range (51 – 75 Employees)	5	K03, K13, K23, K38 and, K40
Large Range (76 – 222 Employees)	2	K04 and K36

Table 5.5: Tabling Representing the Number of People Working Across Eighteen Organizations

Respondents also discussed the structure of their businesses with regards to the position of the employees. Businesses typically followed the structure of having an executive director overseeing the business, managerial staff such as team leads, schedulers, office staff ranging in number from one person (K28) to twenty-two (K36) and, finally the entry level positions through which most people are employed. Furthermore, among the businesses managing two or more businesses each had their own operational manager. Managers and office staff undertook duties including scheduling shifts, bookkeeping, accounting and training new staff. In addition to the structure of positions mentioned, some respondents spoke of additional employees such as a publicist (K39) and counsellors (K04).

Changes to the number of employees working at their business were also discussed among ten respondents. The changes to the number of employees discusses by respondents include growth (K03, K08/K22, K13, K19, K25, K26 and, K39), decline (K09) and, fluctuation (K05). Three reasons were provided as to why there has been a change to the number of employees overtime with the first relating to taking on more staff in order to keep up with the

growing demands of the business. Second, three respondents (K04, K13 and, K26) noted that there is a change among the number of their employees as a result of the seasonal nature of their work activity. The third reason for this change provided by respondents corresponds to the amount of funding the business has to employ workers. Funding was cited as both a reason for an increase in the number of a businesses' employees (K39) as well as a decline among employees (K09).

5.8 Employee Status

A discussion regarding the employee profile will be specific to employees with a mental illness and will outline how employees are positioned within their business. When asked how the people with mental illness are classified in terms of their job title, respondents gave four different responses across twenty-one organizations as those managing multiple businesses gave a total response for all the businesses under their management expect K19 in which the respondent noted two different classifications for their two businesses. Table 5.6 shows that the majority of those working in the social enterprises surveyed are classified as workers or employees followed by clients and members or participants as the second most common descriptions of people with a mental illness working for these businesses. The employee classification with the least representation was trainees or students in which the respondent for K41 notes these people are beginning at the business and are there learning the skills of the business' work activity. When commenting on the classification of 'clients' one respondent said:

So they are supported in the community by a range of other services, mental health services in the community. We try to promote employment. So they have a clinic that they go to for the meds, another program that they go to for education, then recreation ... they have housing programs that they participate in. There are a range of services in Holton and we all sort of work collaboratively to address the needs of the clients (K36).

This quote stresses the organization’s role as part of the mental health system providing employment to consumers.

Employee Classification	Number of Social Enterprises	Respondent ID
Workers or Employees	11	K03, K05, K08 (K22), K09, K13, K19, K23, K25, K26, K28 and, K38
Clients	5	K04, K06, K34, K36 and, K40
Members or Participants	3	K31, K37 and, K39
Trainees or Students	2	K19 and K41

Table 5.6: Table Representing the Classification of People Working at Twenty-One Organizations

Among the employee classifications respondents noted that each had different meanings attached to them particularly among those of ‘clients’ and ‘workers or employees’. One respondent noted that the people working at the business are “definitely not clients” (K03) while another commented “all are classified as workers, we don’t have the distinction of any other – everybody is an employee” (K05). As these two quotes show, some respondents feel strongly against the label of ‘client’ as it distinguishes between people with a mental illness from those without mental illness and can possibly imply those classified as ‘clients’ as less than ‘real employees’. Moreover, employers who purposefully refrained from using classifications such as ‘client’ did so as it evokes connotations of vocational employment. When discussing the difference between ‘clients’ and ‘staff’ at their business the respondent for K36 commented:

Staff are either vocational support workers or employment specialists. The clients are the individuals that have a mental health issue that comes to us and we are helping them with their work or employment related concerns.

This quote demonstrates that in the case of this business the terms ‘staff’ and ‘client’ are used to distinguish mental health support staff providing employment from people with mental illness who are the receivers of their support and services.

5.9 Finances

5.9.1 Initial Funding

A discussion of the social enterprises funding will begin with the sources of businesses’ initial funding.⁸ The majority, thirteen businesses, received startup funding from government sources. These sources include the Ministry of Health (K23, K25, K36 and, K40), the City of Toronto (K03 and K13), the Ministry of Community and Social Services (K04, K36 and, K37), the Toronto Enterprise Fund (K23 and K26), a Trillium grant (K09) and, the Canada Council Explorations Grant (K39). Additionally, the respondent for K06 noted that their initial funding came from a federal source, however was not able to give specific details. Respondents for both K03 and K13 noted that as consumer-survivor businesses that launched in the 1980s, there were special Ministry of Health grants set-up which corresponds to the growth of the consumer-survivor imitative movement of this period (Trainor and Trembley 1992; Public Health Agency of Canada 1997).

A second source of start-up funding was partner organizations or parent organizations. As K08 and K22 share a joint social enterprise, the respondent for K08 indicated that part of their start-up funding came from K22. Moreover, the initial funding for K19’s first business and

⁸ Respondents from organizations which managed two or more businesses only discussed the funding of their original businesses except in the case of K19 in which information is gained for both businesses. Therefore a total of twenty-one businesses will be discussed with regards to the source of their initial funding.

K28’s land and tools came from their parent organization while the funding for K19’s second business came from their business partners in the community. Similarly, the respondent for K41 was unsure of the source of the initial funding, however pointed that they had a partner organization within the community which was at least a part source of their initial funding. Of the remaining three organizations, two had their initial funding come from their parent organizations including hospitals (K31 and K38) and a local branch of the Canadian Mental Health Association (K05) while K34’s funding came from the United Way.

5.9.2 Yearly Budgets

Respondents went on to further discuss their yearly budgets which ranged from over a million to as little as 4, 000 dollars. ⁹ Table 5.7 shows that six businesses have a budget over a million dollars the highest of which is K06’s budget of 2.8 million dollars. Following this eight organizations have a budget between 800, 000 and 400, 000 dollars while six businesses have a smaller budget which is classified between 250, 000 and 4, 000 dollars. The respondent for K28 noted the smallest budget across the twenty businesses with a yearly budget of 4, 000 dollars.

Budget	Number of Organizations	Respondent ID
Over a Million	6	K03, K04, K06, K13, K23 and, K34
800, 000 – 400, 000	8	K19, K08/K22, K36, K37, K38, K39, K40 and, K41
250, 000 – 4, 000	6	K05, K09, K25, K26, K28 and, K31

Table 5.7: Table Representing the Range of the Twenty Organizations’ Budgets

⁹ When discussing their yearly budgets, the organizations which manage two or more businesses expressed their total budget across their business except K09 only gave the budget for their original business.

Table 5.8 displays that the overwhelming majority of organizations' depend on external funding to sustain their operation. By contrast, the share of six businesses' budgets comes from the revenue that is generated through either the sales of goods or services. Of these six businesses, only K28 did not receive any funding for their social enterprise. Finally, the respondent for K13 noted that an equal share of their budget comes from funding and revenue generated through the business.

Sources of Budgets	Number of Organizations	Respondent ID
Majority of Businesses' Budget comes from Grants	14	K03, K04, K05, K06, K08 (K22), K09, K23, K25, K26, K31, K36, K37, K39 and, K40
Majority of Businesses' Budget comes from Revenue	6	K19*, K28, K34, K38 and, K41
Equal	1	K13

Table 5.8: Table Representing the Sources of the Organizations' Budget

*Indicates two separate businesses for a total of twenty-one organizations

5.9.3 Current Sources of Funding

With regards to the current sources of funding, it is important to first note that among all the businesses no matter whether they made a profit, broke even or lost money, all receive funding to help sustain their social enterprise. Another common feature among all the businesses is the money that is generated through the business' revenue is reinvested back into the business in either the form of consumers' wages or to pay for business expenses and upkeep, however is never used for private gain (Pearce 2009).¹⁰ Looking at the sources of funding, the most five

¹⁰ With regards to the current sources of funding respondents managing multiple businesses all commented on the total number of businesses under their management except K09 and K19 which only spoke about their original businesses and therefore a total of twenty-one businesses are discussed.

common sources are the Ministry of Health (K03, K05, K08, K13, K23, K36, K37 and, K40), the United Way Enterprise Fund (K06, K09, K23, K34 and K36), the Trillium Foundation (K03, K06, K19, K25, K39 and K40), the Ministry of Community and Social Services (K04, K36 and, K37) and, from hospital foundations (K31 and K38). Additional sources of funding include the Toronto Enterprise Fund (K25), the Ministry of Training, Colleges and Universities (K40), City of Peterborough (K41) and, a parent organization (K04).

Two common features of the sources of funding were the number of limited or onetime grants and the allocation of funds. First, it was reported a number of businesses received onetime grants mainly from Trillium and the United Way to fund the costs of certain businesses expenses such as a van, oven or renovations to expand the physical size of the business. Second, respondents for K23, K25, K26, K31, K36, K38 and K41 all noted that parts of their government grants go towards paying the salaries of the executive directors, managers and, office staff which is in line with the literature which notes government grants in part go towards paying the salaries of senior level staff (Trainor and Tremblay 1992).

Respondents across seven organizations (K03, K06, K31, K34, K37, K38, K40 and, K41) noted a change to their sources of funding over the years for all the businesses under their management. For example, respondents for both K06 and K37 commented that government funding can be inconsistent and “subject to the flavour of the political party in power at the time” (K37). However as the respondent for K37 notes changes to their government funding only impacts their cash flow and never influences their day-to-day business operation.

5.10 Social Purpose Mission

When asked about the extent to which they promote the social purpose mission of their businesses, many respondents did (K05, K09, K13 and, K26) speak of a “long standing debate and struggle” facing their organization when determining the extent to which they would promote their social purpose mission (K05). The respondent for K05 further commented on the tension they face as to how much and when they should reveal their social purpose mission to potential customers to say:

Is there a marketing advantage to promoting what we are and who we are? Or do we simply try to promote our mandate goal of just being the premier choice of catering in the surrounding area. I don't know, it's almost an ethical question of do you use your status as an alternative business as a marketing advantage?

It is clear that the internal debate businesses over how much and when to promote their social purpose mission is both common and difficult among managers and executive directors of social enterprises. Having discussed the tension businesses face around how much of their social purpose mission to disclose, attention will be given to the extent to which businesses promote their social purpose mission and the reasons behind decision.

Most organizations have chosen to emphasize themselves as a business first to potential customers rather than introduce their social purpose mission upfront. This, however, does not mean that businesses' social purpose mission is hidden from customers or that they are “ashamed” (K09) of the social aspect of their business as one respondent commented, “we certainly want [customers] to understand what social purpose is”, it simply means businesses want customers to understand “first and most we're selling a business here” (K19). Another

respondent spoke of why they promote themselves as a business first as opposed to highlighting their social purpose mission to note:

We want to put what we're selling forward first and say 'you're buying a good product for a good price and you're doing something good' because if people think they're doing something good and they don't like it, they're a onetime purchase. I tried it and I didn't like it but if it's good and then they can feel good about it, they'll buy repeatedly (K25).

As this quote shows, the reason the respondent for K25 gave for promoting their business first relates to the customer base they target. By stressing the social purpose mission over their business activities, if customers were not satisfied with the product and service they tended not to be repeat customer, however, by marketing the quality of their business first they were better able to attract repeat customers.

Additionally, respondents from both K13 and K26 spoke of promoting their business first as they did not want to potential customers to buy their goods or services because of their social purpose mission. The respondent for K26 spoke of this to say:

It really depends on the client, or who I'm talking to but I don't walk in the door and the first thing out of my mouth is we are psychiatric, consumer survivors run business and blah blah blah. It used to be like that, we are a competitive business and we're here to do a bid and the social component is part of it and a lot of times that will tip the balance for us to get the job if the client is socially minded but you know they want to see us, the quality of our work too and I don't want us to work for someone who you know thinks 'oh poor them' it doesn't help the staff at all when they're treated that way.

While the social purpose mission is sometimes mentioned when making a bid to potential customers it is done so after the managers stress the quality of the business' service in order to appeal to social minded customers. Furthermore, the social purpose mission was never emphasized first as the respondent noted they did not want to gain business based on customers who feel they are doing them a favour by doing business with consumer survivors.

In addition to promoting the business first, three respondents noted that the emphasis they give to either the business or social aspect when marketing their goods and services to potential customers varies depending on the customer. When discussing their businesses, the respondent for K31 commented that the way they market the businesses depend on the customers within a certain geographic area. The respondent went to note that in high-income areas where customers had more disposable income they tended to “focus very much more on the social nature of our business” (K31). When trying to gain business from senior citizens and people in working class areas they highlight the price competitiveness of the business as these demographics are “very price aware and they have less disposable income so they’re very much focused on that so we’ll attempt to use a stronger message to emphasize price” (K31). While the social purpose mission was emphasized differently based on the targeted customers across the businesses managed under K31, the respondent for K06 noted that the way they promote their social purpose mission varies across their businesses. When discussing their catering business, the respondent for K06 noted that they promote the business first as “the food had to stand on its own”, however when commenting on their bike businesses they noted that:

Because there were a lot of other benefits like the employment component and the environment component, I think we were able to sort of promote it as a full package with equal value on both sides. And I think that was reasonable accepted.

As shown through the example of K06, the promotion of the social purpose mission varies among the organization’s businesses because the type of customer is different across the businesses. When customers tend to be more socially and environmentally aware such as the case of the bike businesses they may also appreciate the social component of the business and thus it is equally promoted alongside the efficacy of the business.

Finally three businesses noted that there was an equilibrium in the way they promoted their social purpose mission alongside their business activity. The respondent for K04 noted that they “sit on both sides of the fence” in balancing the social and business components of their organization. Moreover, the respondent noted that an equal promotion of the two aspects of their business was favorable among their customers as “they very much like being connected with an agency that definitely is helping to promote the community” (K04). Another reason is because this emphasizes work towards combating stigma. For example the respondent for K28 stated:

I see nothing wrong with emphasizing that they’re getting [a product] and then they’re also providing an opportunity for people to get those skills. I think we’re busting stigma more by doing it this way than we would by not mentioning who we are or how we came to be.

As shown through the example of K28, a conscious decision was made to equally promote the social purpose mission in order to not only appeal to the social conscience of their customers but also to help combat stigma.

Chapter Six

Analysis of Jobs Provided and Accommodations

6.1 Introduction

As discussed in the previous chapter, the social enterprises surveyed range in size and scope with regards to their organizational features. Nine features of the social enterprises were outlined including their start dates, motivations for beginning their business, their business' mandate, business structure, work activity, enterprise size and workforce, employee status, finances and, social purpose mission. While businesses differ in their organizational features, common throughout is the goal of providing people with mental illness stable and supportive employment.

The focus of this chapter will be on how the jobs provided are able to balance both the needs of the business while providing supportive and accommodating employment to people with mental illness. This chapter will first evaluate the nature of employment, more specifically, hiring processes, the types of hours and wages as well as how long businesses can offer supportive employment by balancing the demands of the business and needs of the employees. Second, the chapter looks at how accommodations are provided to employees with mental illness in the workplace. By examining how the social enterprises are able to create jobs that meet both the business and employee needs, the discussion will lead to the subsequent chapter which will analyze the benefits and challenges of social enterprises at both organizational and employee level.

6.2 Hiring and Interview Process

When employees arrive at the businesses employers must figure out how they will fit into the business with regards to the hours and position they work that take into consideration what

the business can support as well as the abilities of the employees. From a business perspective respondents commented that they hire new employees based on “if the business needs somebody” (K06) to fill a position or cover for additional hours. One respondent spoke of the importance of bringing onboard new employees and determining their hours and position within the business from a business perspective:

We’re usually hiring, we’re usually filling a vacancy, the vacant shift so the hours that are available need to fit with our need for staff so if those two things fit then we can bring a person in. Try and look at it from the perspective of what the business needs first and then does this person fit that need. Our social mission is important and it’s the reason we’re here but we can also never lose sight of the fact that we are a business first and making sound business decisions allows us to achieve our social mission, but if we forget that we’re a business of selling goods to people then we’ll be out of business and we can’t achieve that social mission (K25).

From this perspective whether employers hire new people as well as the positions and hours employees will work is determined by what the business can support. The respondent touches on another important point regarding many of the social enterprises studied and that is in order for businesses to achieve their social mission and provide accommodating employment to employees with a mental illness they must make sound business decisions that will ensure the success and sustainability of the social enterprise.

Another issue for employers when determining the position and hours employees may work when they’re first hired from a business perspective is the skill sets employee can bring to their work. When discussing how they determine the jobs that will best work for their employees a respondent commented:

It depends what opportunities I have. I always interview everybody to see what skill sets they have because we’re always looking as I say to offer more services to build on the services we currently have so I basically make an assessment of what they can bring to the table and how I can use that skill set. Sometimes I don’t have a job in mind and I’ll make it very clear to them, but I can sometimes offer them something temporary (K31).

It is evident that in addition to determining the position and hours employees will work based on whether there is an opening at the business employers will also often hire people based on what they are able to bring to the business. Similarly, while respondents discussed that they now hire employees based on their skill sets when they first began their businesses respondents commented they were less selective in their hiring process. Furthermore, one respondent discussed their interview process and how they determine who they will hire with the business needs in mind:

It's like any other competitive process. They come and then we interview. So unfortunately, some people have applied for a number of businesses over time. Because of the competitive problems that you have with this kind of model, is that people who have higher needs often are not the ones that are successful in the interview process (K38).

This quote highlights that when interviewing people for available positions employers hire the candidate that is best qualified for the job based on what they can bring to the business. While employers are not able to support everyone with a mental illness who comes for an interview, by focusing on what and who the business is able to support employers are able to fulfill their social mission as previously mentioned.

While focusing on business needs, respondents also spoke of the importance of considering employee's needs and the value of having their input when determining how they will fit into the business. Respondents identified two aspects of how they determine the positions and hours employees will work based upon their needs the first of which is an initial intake interview assessment. The purpose of intake interview assessments is to assess the abilities of employees and determine how their abilities would best fit within the business. One respondent commented on the process of their interview:

If the person wants to proceed to the next step which is the intake interview. They meet with a counsellor, they discuss everything from health concerns, risk management, any issues, how do they deal with stressful situations, what supports do they have in their life, who are their workers and then the counselors would present the individual at case conference which is held weekly and the team would decide. The team is made up of myself, the program manager and the counselors, would decide if the person is appropriate and can we meet the person's needs and support them within the program at which point they are accepted or denied. The majority of people are accepted because if they've made it to the point of the intake interview and the work trail, then they've already an individual who would be suitable for the program (K04).

While some organizations note their interview process is a competitive process such as the previously discussed case of K38, it is gathered that the purpose of the intake interview for businesses such as K04 is to assess whether the business can support the candidate as well as determine what workplace accommodations are needed by the candidate. Moreover, for some respondents the intention of their intake interview is to establish what employees "want to get out of this experience" (K13) of working at the business. While this is not common across all the businesses, one way this is achieved is employers invite candidates to participate in the business for a short period of time on a voluntary basis to "determine for themselves whether or not it's something that they might be interested in" (K19). By participating in a trial period in the business potential employees have a better understand of the type of work and position as well as hours for which they are best suited.

The fourth way businesses determine hours that best work for their employees is through input from the employees themselves. Through the data gathered it is clear that employees had a say in the position and hours they work. With regards to employees input into their positions the respondent for K04 commented, "we allow people to choose the job that they want to do for the most part." Many respondents also noted giving their employees the option to determine what works best for them when they are hired with regards to their hours with one commenting:

Mary, who does the hiring of the couriers and she'll say, 'okay based on what you've experienced, what are you thinking is a reasonable schedule for you to start with? Are you a morning person? Are you an afternoon person? You know do you want to start two days a week, three days a week?' Sometimes people come in and go, 'I want five days a week.' That's like okay 'why don't we start with three and see how that goes.' It's a negotiation. ... but what happens in doing that is that people are way more likely to show up and stick to that schedule because it's one they've picked, it works for them (K03).

It is shown through this quote that one of the ways employees' hours are determined is having them choose what they feel most comfortable with as employees are more likely to stick with their schedule. Similarly, Krupa et al.'s (2003) study also noted that while there is variation between businesses, among many social enterprises employing people with mental illness is the level of input employees have when determining their shifts or hours they will work.

6.3 Hours Worked

Of the businesses interviewed, the majority of respondents noted their employees with a mental illness worked on a part-time basis. More specifically, of the employees that worked part-time, many were in entry level jobs while supervisors and managers tended to fill the full-time positions. The definitions of full-time and part-time work ranged across the social enterprises as full-time work spans from Ontario standards of a maximum of 48 hours a week (Ministry of Labour 2012) to one respondent who identified full-time work as "a permanent job, fixed contract" with employees working ten hours a week (K31). Respondents commented on part-time work with some noting it ranges from two days a week for three hours (K26) to four days a week for six hours (K25). Moreover, the respondent for K03 commented that part-time employees work a four and a half hour shift while the respondent for K13 noted that employees are guaranteed two shifts a week with the majority working ten shifts. While most people are classified as part-time employees, on average most work between ten to fifteen hours a week and are not working a full five day week.

6.3.1 Determinants of Hours Worked

Respondents also outlined four methods in determining hours worked by employees. First, respondents commented that consideration was given to the capacity of their workers when determining the number of hours they would work. The respondent from K19 noted that the hours worked was “based upon the capacity of the individual” with another respondent noting full-time hours “stresses those guys out so that’s when we hire new people if we’re feeling that stretch too much” (K13). Additionally the respondent from K41 noted that the minimum hours employees are required to work is “dependent on their abilities.” By considering employees’ abilities, employers are able to meet the needs of their employees with regards to the hours they are able to work.

The second determinant of hours worked is the consideration given to the demands of the businesses. Minimum hours employees are required to work have been set in place by twelve of the social enterprises (K03, K04, K08/K22, K13, K23, K25, K26, K28, K34, K36, K37 and, K40) in order to balance employees’ needs with the needs of the business. By first examining the hours worked from a business perspective, the minimum hours employees are required to work range from two hours a week (K13) to fifteen hours a week (K04) so that the business has “coverage all day long” (K03). Furthermore, the respondent for K03 discussed implementing minimum work hours for their employees, “we put in a minimum on it in case it was you know, if it’s a rainy day and everyone wants to come in after two hours, we’re screwed”. As much of their work activity takes place outdoors, the respondent’s words highlight the business need for a minimum number of work hours in order to ensure that work is being done effectively and on time. Similarly, one respondent commented on the expectation placed upon their employees to work a minimum of twelve hours a week, “we would expect a client to be able to participate in a

program at that level and if it is less than that maybe they are not ready for our program, maybe they need to consider other types of involvement in the community” (K36). While the respondent spoke of the expectations placed upon their employees with regards to the minimum amount of hours worked, they expand on this by relating it to the nature of their business:

We are not a drop in centre. ... We do have expectation as a part of our packaging companies that we work for. When clients come to our program we do set minimum expectations that they show up to work, that they are in time, that they work, you know, X number of hours. We do set expectations, and you know, if they don't meet those expectations we will try very hard and work with them and if it doesn't work, then they will be asked to leave (K36).

This quote highlights the nature of the social enterprises surveyed as they not only serve as an opportunity to integrate people with mental illness into the workforce but also operate as businesses which have demands for their goods and services which they must deliver on. Therefore in order to fulfill the business needs of the customers they serve social enterprises require their employees work for a minimum number of hours.

Furthermore, the number of hours employees work is also reflective of the nature and demands a business has for their goods or services. When discussing how the issue of demand impacts the hours employees work one respondent commented:

The complexity of those jobs, and how many people we need, somebody might come in for two hours. And that might be two hours, once a week, or it might be two hours a day. So a lot of it has to do with people's desire in terms of the number of hours they would like to work. And it also has to do with the nature of the business. So obviously with something like bike repair, you need to have, you know, a fair number of skills. So those people really have to be in for a reasonable number of hours, because if they're working on a bike they can't say well, I'm leaving now - just leave the bike sitting in the stand. They've got to work it through to completion (K06).

While the respondent for K06 notes that the hours worked by their employees are in part due to how much employees are able to work, hours are also determined by the nature and demands of

the business. Among skilled positions such as the bike repair business of K06, less consideration is given to what the hours employees want to or is able to work as greater focus is on meeting the demands for the business' service as there are only a certain number of employees with the skills to carry out the work. Therefore, the hours worked by employees at such businesses are greater due to the nature and demands of the business.

The third determinant of the hours employees work relates to the organization's commitment to providing as many employees as possible with the chance to work at the social enterprise. One respondent discussed how their commitment to hiring as many people as possible impacts on the total number of hours their entry level employees work:

We only can employ certain number of folks in some jobs and people clammer for more hours and our finances don't allow us to add more hours ahh because a job is you know is, is designed for a certain number of people to do. So we try to max that out but you know quite often I get people that want more hours and they get frustrated with the fact they're not getting as many hours (K31).

As the respondent for K31 notes the hours employees work is on average a maximum of ten hours a week in order to meet the business' social mission of providing employment to the most amount of people with a mental illness as possible.

Fourth, three respondents cited ODSP as a factor in determining the number of hours their employees work. While one respondent noted that they do not hold a minimum number of hours employees have to work as they to ensure they receive ODSP:

We try to make sure that everybody gets enough time ... most people that are working here, an absolute majority are on ODSP ... and we try to make sure they get enough hours in a month so that they can get the hundred dollar supplement for employment (K38).

This shows that not only do employers factor in meeting their business demands when determining the number of hours employees will work but they also take into consideration the

issue of ODSP in order to create accommodating employment for people with mental illness.

This also shows ODSP as a systemic barrier in determining the hours employee work which can amount to twelve hours a week such as the case for employees working with K36. Krupa et al.'s (2003) study of social enterprises working with people with mental illness also describes businesses giving consideration to the hours people work due to the rules governing their benefits or pensions.

6.4 Wages

6.4.1 Minimum Wage Versus Below Minimum Wage

A discussion of wages will include wage amounts, changes to wages as well as how the amounts of wages are determined in order to understand how social enterprises financially compensate their employees while generating enough money to sustain their business. The majority of respondents commented that their employees are paid an hourly wage with some businesses paying out weekly and others bi-weekly wages. Furthermore, it was noted that hourly wages are common among part-time, entry level employees while senior level employees such as managers and supervisors are paid a yearly salary.

When examining the wage amounts, employees at fifteen organizations receive a minimum wage, 10.25 dollars an hour, (Ministry of Labour, 2013) or greater (K03¹¹, K05, K06, K08/K22, K09, K13, K19, K23, K25, K26, K28, K31, K34, K38 and, K39) while employees at six organizations made below the minimum wage or did not receive a wage (K04, K19¹², K36, K37, K40 and, K41). Of these six organizations, K36 was paying a piece rate per unit their

¹¹ While the respondent for K03 reported that their couriers were paid on a commission basis, the total wages they receive through the business are comparable to minimum wage.

¹² K19 is represented twice in terms of wages as the respondent noted one of their businesses pays the minimum wage while the other does not pay a wage.

employees completed while employees from K04 were paid a training allowance of twenty-five dollars a week. Of the businesses that reported paying minimum wage or above, the respondent for K13 commented that wages for cleaners range from minimum wage to twenty dollars an hour with administrative staff earning between twenty to thirty dollars an hour while employees from K39 had the potential to make \$540 a week.

6.4.2 Changes to Wages

Respondents from ten organizations (K03, K05, K06, K08, K13, K13, K23, K25, K34 and, K38) made specific mention to a change in the wages paid to their employees overtime. Across these businesses, two reasons were given as to why there was such a change the first of which relates to sustaining the business. One respondent spoke of how their business initially paid their couriers an hourly minimum wage, however noted they would go “broke within six months” and continued that by switching to a commission basis “helped a lot because if it’s a really busy day people make real good money, it’s a really slow day, people make less, but at least we don’t pay out twice as much as we bring in” (K03). This example highlights the issue social enterprises face of balancing their commitment to pay their employees a fair wage while also holding onto enough of the revenue generated to keep the business afloat.

A second related reason given as to why there was a change to the wages businesses pay their employees relates to keeping wages within industry standards as well as maintaining the provincial minimum wage. One respondent commented on finding the balance between paying within industry standards and not underpaying employees, “so we’ve got to make sure that what we don’t do is pay people above the industry standard, and not pay people slave labour wages” (K06). Similarly, respondents noted adjusting their wages in order to keep in line with the provincial minimum wage as it increased with one respondent commenting, “when the

McGuinty government raises the minimum wage then we obviously raise the rates in tandem” (K13). While trying to maintain the provincial minimum wage has often proved a challenge for many social enterprises in that it puts “a lot of pressure on us” (K25) to best determine how to increase the wages, one respondent reported dealing with this by adjusting their business practices. The respondent spoke of operating “on a very low cost model but relatively high margins ... so low return we quite literally can’t afford to pay higher wages” (K25). Therefore, while social enterprises may feel the pressure of keeping in line with industry or minimum wages, by strategically adjusting business practices organizations can pay out higher wages while still staying solvent. Similarly, among the literature it is commonly cited that many social enterprises are only able to pay their employees a minimum wage (Hartl 1992; Amin et al. 1999; Kirsh et al. 2006).

6.4.3 Determinants of Wages

Among the businesses interviewed, three methods for determining wages were reported. Respondents discussed the determinants of wages as the reasoning for why they either pay a minimum wage or above or lower than the minimum wage. The first determinant relates to the productivity of employees and is used as a justification for paying lower than minimum wage. One respondent comments on determining how to pay employees based on their productivity noting that “it is not an exact science, it’s quite subjective” as a supervisor:

tries to evaluate how much effort they put into the job based on what they are doing and the skill level so she may give someone a half an hour pay for an hour and a half being here because that’s all they really created (K40).

These quotes concerning productivity demonstrate that on the one hand while employers would like to pay their employees at least a minimum wage per hour, their business is dependent on

their employees finishing a certain amount of work in a finite period of time and therefore from a business stance, wages can only be paid out on the productivity of employees.

Furthermore, the respondent for K36 comments on how the productivity of their employees is the rationale for paying a piece rate below minimum wage:

They are not working at competitive standards. If they were, they would be at the competitive workforce. They are generally working at a much slower pace and that's the reason why they are not earning.

While the previous two quotes demonstrate that productivity is a determinant of employees' wages as businesses have targets they must meet and can only afford to pay the wages based on the work produced by the employee, the respondent for K36 explains how this forms the basis for why they pay below minimum wage. As the respondent notes that as many of their employees work at a slower pace than employees in the competitive workforce which ultimately is reflected in their productivity, this translates into a wage that is below the minimum standard.

In addition to the productivity of employees, respondents also commented that determining whether they would pay a minimum wage or not was based on the position an employee held within the business. As previously noted, employees with a mental illness who assume a higher level position within the business tend to earn more than entry level employees. A part of the reason employees with an advanced position in the business receive higher wages relates to the greater "responsibilities that they take on" (K06) as part of their position. The respondent continues:

In our business the individual that drives the vehicle delivers and sets up the catering order and interacts with the clients; takes the complaints and all that sort of thing is paid higher than someone that may just be making sandwiches in the kitchen. And the person in our bike business that's actually responsible for the training and interfacing with the clients who are coming in to buy bikes would get paid slightly higher than somebody who is only repairing bikes in the back. ... what we don't do is pay people above the industry standard,

and not pay people slave labour wages. You know, and one of the big issues around social enterprise – and this is something that we’ve always taken a very strong philosophical stand – is you don’t pay people training allowances, you know, and sub-minimum wage salaries for a period of time. It’s one thing if you bring somebody in and you know they have no skills and you say okay, well, you know, you’re going to be on a training allowance for two months until you actually become a bike mechanic because you’ve never used a wrench. But there are social enterprises out there that always pay people sub-minimum wage and maintain that they’re very viable and making a lot of money. They’re doing that of course because they don’t have any labour costs (K06).

The respondent for K06 not only maintains that they pay their employees’ wages according to their skill level and the responsibilities they undertake, they are also critical of those social enterprises that do not have a similar commitment to paying at least a minimum wage to their employees. Similarly, this relates back to the differences in businesses’ organizational mandate as some social enterprises have an explicit ideological goal of providing a living wage to their employees while other do not share that same commitment.

Related to an employee’s position within the business as a determinant of minimum wage is the experience and the skills sets they bring to their work. Many respondents spoke of experience as an influence over an employee’s wage as one commented:

So they start at minimum wage. Some people start greater than that depending on what skills they come in with. We can have someone who’s got a history – well, experience in bookkeeping and we may start them at a higher rate (K38).

Another respondent spoke of how an employee’s wages can be determined by different skills and qualifications they have:

When we quote for a job we reflect obviously our costs in that. So when we bid for a job we get on that job and we come to a particular rate for a job and then we pay accordingly. Now you can improve the hourly rate that you pay if you do things like take a First Aid course, we will bump up your wages because you’ve acquired new skill sets, if you acquire some additional skill sets that are useful on the job maybe some woodworking skills maybe something like that for (ORG) again we’ll bump up the hourly rate because we can charge more (K31).

This quote shows that wages are in part reflective of the skills employees bring to the job. This quote also highlights that businesses are able to accommodate paying higher wages by assigning a higher cost per job which is inclusive of not only covering the businesses' costs but also paying out higher wages to employees with advanced skill sets.

Although not a factor influencing the wages employees receive, ODSP and its governing rules around earned income heavily determine the final wage received by employees. While the issue of ODSP and its impacts on employees while working for a social enterprise will be discussed in the following chapter, it is important to note the influence ODSP has in determining employees' wages. As one respondent recalls:

One of the biggest challenges is that ODSP or welfare, which ever they happen to be on is very punitive for people making money, so it's for couriers on ODSP and they make say 200 dollars a month they have to submit their pay stubs and ODSP will look and say, 'Okay made 200 dollars therefore we're taking fifty percent off your cheque'" (K03).

This corresponds to Wilton's (2004c) and Stapleton et al.'s (2011) studies which indicate that while employees with mental illness have an interest in working and earning a wage many are also dependent on their ODSP cheques and by earning a wage every month a claw back penalty will ensue. While it is evident ODSP is not a determinant of an employee's wages, it certainly impacts a number of aspects related to their work such as the hours their work if they do not want to face a claw back and the total amount of money employees receive each month.

6.5 Length of Employment

Table 6.1 shows that the length of employment across the twenty organizations is overwhelmingly long-term as only three organizations identifying their businesses as providing transitional employment. The length of employment connects back to the mandate of the social enterprises as those who offer long-term employment stated their "goal" is "to offer as many

people as we can much more stable, much more long-term, much less seasonal work” (K31) while those who serve as a transitional base for their employees note their “ultimate goal” is for employees “to find employment somewhere else” (K41).

Length of Employment	Number of Organizations	Participant ID
Long-Term Employment	17	K03, K04, K05, K08 (K22), K09, K13, K19, K23, K25, K26, K28, K31, K36, K37, K38, K39 and, K40
Transitional Employment	3	K06, K34 and, K41

Table 6.1: Table Representing the Length of Employment Across Twenty Organizations

Among the social enterprises that identified themselves as providers of long-term employment, two features stood out with regards to how they are able to provide such type of employment while accommodating both the business and employee needs. First, while businesses provide employment over longer periods of time the respondents at these businesses expressed a desire for their employees to eventually transition to competitive employment. One respondent commented that while they would like to see employees move on to other businesses they recognize that “everybody’s an individual and different people need different levels of support” (K06) while another noted:

I think that primarily I would hope that most people obtain the skills and be able to get back into the community but I also am realistic and see the fact that it can be a long-term program for many people who will never take that leap. But it’s a lot better than sitting around a coffee shop smoking (K04).

This quote demonstrates that while employers may encourage their employees to move on to competitive employment they are sensitive to the fact that many employees may need additional time in a supportive work environment while others may never feel ready to transition to another workplace. Furthermore, respondents noted a pattern regarding the age of employees in those who transition on to other employment:

We're not a training program so we don't expect people to move on and especially at 48, 50 chances are they're not going to but we have had younger people come and train with us whether it's just to keep a resume up or like to fill in the time but quite often they'll go off and full-time jobs which is just wonderful (K26).

This quote not only serves to show that while employers hope their employees will transition on to other employment within the community it is often those who are younger in age that find other employment.

Second, respondents mentioned that providing long-term employment is beneficial to them as a business. One respondent recalled the difficulty of employees leaving from a business perspective:

Cause some of the hardships that we would go through is that we put a lot of training and money into making sure they're certified by WSIB and First Aid training and all the rest of the training we need to give them and then that they're so good that they get a full-time job offer which is great you know we like it but it creates a little hardship for us but ultimately that's fantastic ... so as much as it's sad, it's great for them, you know sad for [ORG], great for them individually (K13).

From this quote it is clear that while employers are happy for their employees to transition on to other employment due to what it would signify for their professional development, this comes at a financial cost to the business in training and certifying their employees.

6.5.1 Reasons for Leaving Work at a Social Enterprise

Having discussed the length of employment among the social enterprises at the centre of this study, it is important to note the reasons as to why employees move on from the social enterprise at which they are employed. The respondents interviewed noted three distinct reasons as to why employees leave their jobs. First, four respondents spoke of employees that left due to fact they either "lose their interest after a year" (K34) or employees realize the job "isn't what I've wanted" (K08).

The second reason respondents noted their employees leave work relates to their health and behaviour. Among the businesses, respondents noted that they do not typically let employees go and try hard to work with them so as to keep them employed, however there were two factors which were grounds for dismissal including an employee's health and disruptive behaviour. One behaviour not tolerated by employers was using drugs or alcohol while working with one respondent noting that "those are the rules I have to abide by, so it's in our policies and procedures, everyone reads it at the beginning of the year, we go through the whole thing" (K26). This demonstrates that social enterprises like any other business have a strict health and safety code which their employees must abide by to continue working at the business.

While the majority of businesses have a firm line regarding health and behavioural issues of employees at which they terminate employment, the respondent for K09 spoke in contrast to such employers to note:

We tell the staff that no matter what you do unless it's stealing, sexual harassment or anything along those lines you can't get fired so people can come in late and you know and, and use their- you know having a symptom that particular day and we're very flexible about it with that.

Although the respondent for K09 is clear in that they explain to their employees that anything other than behaviour that is threatening to the safety of others or the businesses, allowances will be made and their job remains their job.

An employee's health is also a consideration as to how long they can continue working for a social enterprise noting in some cases that "their health no longer allows them to work" (K19). Regarding the impact of an employee's mentally ill health on their job one respondent commented:

So sometimes people leave, if they ill and get really angry so you know we'll become the enemy, or somebody at work will become the enemy and so sometimes they leave for that reason. It's not unusual for them to come back six months and say, 'I'm really sorry I was kind of off my lid, would it be okay to be back?' Unless it was a horrible, serious incident, we almost always let them come back (K03).

This quote shows while employees may get ill and employers may ask them to leave there is the possibility that they can return to work providing the issue that caused them to leave work was not serious enough to permanently terminate employment. Moreover, employers have to weigh up the business needs as well as their commitment to providing support people with mental illness before ending their work relationship with an employee. This is commented on by one respondent:

so you're trying to walk that line between sort of finding ways to maintain a connection with them but at the same time having these rules about in the workplace or at work this is how it has to be (K26).

This suggests that before employers terminate an employee's contract they have to consider the severity of the employee's actions and behaviours and weigh it up against their organizational mandate to provide employment support to people with mental illness. Furthermore, while employers try to be as flexible with employees there are certain behaviours such as addiction, the productivity of employees and their commitment to their work and, their mentally ill health as it is damaging to the business.

Respondents noted employees left their post either to return to school or secure a job within the community as the third reason for leaving work a social enterprise. One respondent commented that as employees work in the business they want to further develop their skills by pursuing an educational course in the field such as one individual who was from a catering business "went to Algonquin College and got their culinary management diploma" and has since

worked in the “food industry” (K06). Furthermore, respondents noted that employees have “left to move to competitive markets” (K38).

6.6 Workplace Accommodations

6.6.1 Short and Long-Term Time Off

Having discussed how jobs are created for people with mental illness that take into consideration the business needs, this chapter will now turn to an explicit examination of how these jobs accommodate employees in the workplace. Five main accommodations for employees with a mental illness were noted among the social enterprises. The first and one of the most frequently cited accommodation provided by within the social enterprises is the provision of both short and long-term time off from work. Beginning with short-term time off, respondents noted two different types of leave from work. First, short breaks during working hours were offered among many of the businesses sometimes as frequently as every hour if needed by the employee. This corresponds to the literature as both scheduled and unscheduled breaks during working hours is common accommodation provided among social enterprises (Krupa et al. 2003). The second type of short-term time off is time off for doctors’ appointments or meetings with support workers. One respondent commented that “the biggest one we deal with is time off due to illness be it physical or mental, doctors’ appointments, those kinds of things, those we accommodate” (K25). Regarding time off for doctors’ appointments the respondent for K37 noted that they allow time off for such appointments without “penalty” unlike mainstream employers who are not willing to accommodate such appointments as the respondent for K03 points out.

In addition to allowing their employees to take short-time time off from their job, respondents also offered long-term time off for either weeks or months at a time to accommodate an employee’s mental ill health. This is consistent with the literature which also notes long-term

time off to be a frequent accommodation among social enterprises employing people with mental illness (Krupa et al. 2003). Common among employees' taking a longer period of time off work is the explanation from employers that "okay take a leave of absence and you'll have a job when you come back" (K26). Respondents also noted that they have to find ways to afford their employees the time-off they need while still running a strong and viable business. One respondent mentioned how their business operates when an employee is on leave:

We don't hire, we'll use other existing staff pool to cover those shifts with the understanding that the work is temporary until the person comes back because then we don't get in the position of hiring someone, giving them those shift, the person comes back and well know we don't have work for you. So it's preferable to cover it with existing staff (K25).

As shown through this quote, in the instance an employee is on a long-term leave of absence from their job, this employer relies on their existing pool of employee to cover the extra shifts in order to accommodate the time off needed by their employee while still sustaining the business.

While social enterprises are for the most part able to accommodate their employees with regards to long-term time off, one respondent noted the difficulty of providing time-off depending on the employee's position within the business. This is especially true of consumer-survivor social enterprises as the entire business is staffed by people with mental illness which can present a challenge when arranging temporary cover for employees. One respondent commented on the exchange they have with their employees regarding the issue:

'Yeah can I not work this week and I'm not feeling well' 'okay fine' and you have your job you never – it may cause problems for the day at different times but that's why we have a lot of staff. We can fill in and have the opportunity to allow for that kind of flexibility (K13).

While the provision of long-term time off due to an employees' mental illness can be challenging for businesses as employees may need the time off at the last minute, businesses have strategies

in place to allow for this type of accommodation which is one way employers create workplaces that are sensitive to the needs and abilities of employees with a mental illness.

6.6.2 Flexibility

In addition to time off from work, flexibility, was cited as another commonly provided accommodation among the social enterprises. While respondents from each of the businesses commented on the issue of flexibility, a deeper analysis shows that there are four types of flexibility employers are able to offer. These include flexibility around scheduling, works tasks, the pace of work and, social interaction between employees. Within the literature flexibility, particularly with regards to scheduling and the pace at which employees work, was noted as a frequent accommodation provided among social enterprises (Krupa et al. 2003; Kirsh et al. 2006). Beginning with the flexibility around scheduling, this is distinguished from short-term time off as flexibility was discussed with regards to the hours of work and shifts employees work. When speaking of the flexibility employers offer around the shifts their employees work, the respondent for K04 had the following to say:

We accommodate people's schedules. A lot of our people do not like doing longer than four hour shifts in terms of shipping and receiving of various items like that. So I think that the program is structured and set up to accommodate the person who comes to the program.

Another respondent spoke of how they are able to be flexible around work hours within their business by noting, "our lawn teams like to work three days so we've put everything into three days. They definitely didn't want to work five days" (K31). This demonstrates the flexibility employers are able to show towards scheduling their employees work hours as they are able to arrange the work to the number of days employees are able to work.

The second facet of flexibility concerns the work tasks performed by employees. Many respondents discussed the fact that a large number of their employees have been out of the workforce for long periods of time prior to their arrival at the social enterprises and for this reason many of them are at first apprehensive or express a level of discomfort in aspects of the work they perform. For instance when commenting on the using the tools at the furniture business the respondent noted:

Actual work accommodations when people are afraid of using tools, someone will cut their projects out for them. The first time someone comes here they make a 3D object so there is a fair bit of scroll cutting, so we will pay one of the other members to cut it out for them or the staff will so they don't have to use it, they can take part in the program (K40).

This quote highlights that as people enter the business they may initially feel uneasy with some of their work tasks which employers are able to show flexibility towards by having others take over their responsibilities until the employee is comfortable to undertake the work themselves.

The third feature of flexibility as an accommodation provided among the social enterprises is an understanding of the often slower pace at which employees may work and an ability to work around their abilities. It was noted among many respondents that they allow for their employees with a mental illness to work at a "pace that they're comfortable with" (K19) and that focusing on the speed at which employees work cannot always be a "priority" (K28).

The respondent for K36 discussed how they are flexible with regards to the pace at which people work while still sustaining the business:

You know, literally, they can work at their own pace cause some might work exceedingly fast and do 300 units at their own pace and some might do 30 units a day. We try to work with the staff, work with clients, put them in teams to motivate each other. And I think that different approaches work with each client.

This shows one accommodation afforded to employees working at the business is the flexibility to work at their own pace in addition to describing how employers are able to do this while running their business.

The fourth feature aspect of flexibility as an accommodation is making adjustments within the workplace to address issues employees may have around social interaction with co-workers and business customers. The respondent for K04 commented on the flexibility they show employees with regards to social interaction saying, “we’re very understanding when people aren’t having a good day, they need space, they want to work alone versus want to work in a group.” Moreover another respondent from a service led business whose employees are often in contact with the general public addressed the issue to say:

You got to realize that mental illnesses are very debilitating so over a long period of time without working it’s very difficult to start feeling like you can actually do it again and it’s not impossible. But I think that’s what we’ve been running into is that most people don’t want to work facing customers and being in the front line they just want to be anonymous like working with a team because the service interaction can be quite demanding. ...people don’t understand how self-conscious you are about certain things like you know it doesn’t show on the outside that’s why it’s an invisible disability because you think that people can tell but in reality nobody can really tell (K09).

In addition to employees having issues around social interactions with their coworkers, the respondent for K09 noted many of their employees find it difficult to interact with the business customers. The employers at the business are flexible towards the employees with such issues by acknowledge their needs and showing their support to the employees.

6.6.3 Job Suitability

The third workplace accommodation related to job suitability, more specifically how employers are able to create jobs that take into consideration the need of employees with mental illness. Across the social enterprises surveyed, respondents mentioned two facets of how the jobs

provided are well suited and tailored to people with mental illness the first of which relates to employers setting realistic expectations for their employees. Respondents were aware of the reality that many of their employees have been out of the workplace for months if not years and when reentering the workplace many employees need to ease into their job and responsibilities.

One respondent commented:

I think that there's that realistic expectations. If folks have been out of the job market or the labour pool for years upon years, we're not going to bring them in and throw them in and expect huge things from them right away there is a gradual building process. I think there is a lot of trust that is generated and I think that we want to build people – first and foremost when I'm running a program that's trying to really increase people's capacity and skill, I want their self-esteem, I want to start here – how they feel about themselves. And learning how to use a knife properly, learning how to cook a quiche, all that stuff, I mean there are things I can train as a skill but I need to look deeper I think and really promote self-esteem and the assertiveness to go forward with that particular recovery piece. I mean they're well suited in so many ways (K05).

This quote highlights that one strategy employers use to create accommodating workplaces for people with mental illness is by setting realistic expectations for their employees. This includes allowing employees to work at the pace they are comfortable and allow them the space and time to develop their skills in turn building their self-esteem and helping in the recovery process.

A part of setting realistic expectations for their employees is recognizing and accommodating employees' strengths and weaknesses. When discussing a situation when employees may not be able to meet the expectations set for them one respondent commented on how they work around their employee's weaknesses to focus and foster their strengths:

There's not much pressure. There's some expectation of performance in terms of achieving things in a certain time, but as I said that only works to a certain degree. There are some constraints that people have that they can't pick it up. And what happens quite often is we select team members based on what their skill sets are and we'll switch them out to another team if they find that they are struggling with a particular job. So you know we recognize what people's strengths and weaknesses are and we try to apply them

to the most appropriate job that we have if we have an opportunity, so we switch team members around (K31).

This demonstrates that part of setting realistic expectations for their employees is a recognition that each individual has specific strengths and weaknesses in the workplace and by emphasizing the strengths and working around their weaknesses employers are able to create accommodating workplaces for people with mental illness.

The second way employers design jobs to accommodate the needs of their employees with a mental illness is to make the work repetitive in nature. Related to setting realistic expectations on their employees who have been out of the workplace for a long period of time is constructing work that is easy to learn. One way this is achieved is through tasks that are repetitive as one respondent noted:

I think it's probably you know something we had to consider that task oriented and it's a teachable, and it's a task that's learnable, it's something that there's repetition on a daily basis. It fits well in terms of the capacity of the men we have here there we weren't putting them in situations that would ultimately result in failure. Our expectation of the men is different than what we would expect in the operation of our facility because we understand sometimes the limitations of each man so we work with them. We understand that they're performances is not going to be at the same levels as people in other workforces (K19).

In addition to the repetitive nature of the work tasks, respondents also spoke on repetitiveness of employees' work routines. It was noted, "it's reliable and the work is there, they have a routine, they get up in the morning and they're here for 7:30 and they're off and doing their work so that's very important too, the routine" (K31). This shows that repetitiveness whether in the work tasks or scheduling is an important feature of how employers create jobs that are suited to the needs of employees with mental illness as it suggests that it builds up a certain comfort in the workplace for these employees.

6.6.4. Physical Needs

The fourth accommodation respondents spoke of relates to adjusting the work environment or work tasks so as to accommodate the physical needs of their employees. Although the social enterprises survived were created to provide employment to people with mental illness, it was noted some of these employees also had physical disabilities that needed to be accommodated in the workplace. While one respondent discussed adjusting work environment by lowering work stations and tables to accommodate employees in a wheelchair (K04) another spoke of adjusting the work tasks as “they’ll either get someone to go in with her and help her, and they’ll do all the physical stuff, or at 5:30 in the morning I’ll do all the physical stuff” (K08). Moreover, the respondent for K41 noted having funding in place to provide to cover the costs of a hearing aid should an employee need one. While physical accommodations were only reported among three businesses they are worth noting as it impacts the way employers are able to create accommodating workplaces for people with mental illness.

6.6.5 Accommodations Beyond Work

While the first four accommodations discussed related to adjustments within the workplace, the final accommodation among some organizations is the support provided to employees beyond the workplace. Regarding accommodations beyond the workplace, seven social enterprises are noted as having this provision in place for their employees. Accommodations beyond the workplace include providing resources and support for anything employees “confront in their day-to-day outside of work life” (K04) such as covering employees transportation costs (K26) to providing lunch for employees (K22) to directing employees to seek support for a substance abuse problem (K04). One respondent commented on the importance of providing assistance to their employees in all aspects of their lives:

We can't just concentrate on work cause people are – if they're homeless, it's going to interfere with their work so we have informal contacts with housing agencies where we can get people housing. You know we have food deliveries every other week, we have clothing deliveries every other week. We try to look at the whole picture, like if you're starving and hungry, it's hard to work (K03).

Exclusion from mainstream employment, inhibited social networks and, lower education all contribute to high rates of poverty among people with mental illness (Baron and Salzer 2002; Canadian Mental Health Association 2007). Furthermore, the pervasive nature of poverty among this group of people is further emphasized by their limited access to housing, food and, clothing and it is for this reason that this employer noted the importance and value of providing accommodations to their employees within all aspects of their lives. The connection is that employees cannot obtain or hold down a job while they are faced with issues of homelessness or hunger.

Chapter Seven

Challenges and Benefits Found Among Social Enterprises

7.1 Introduction

This chapter as well as the previous two work to provide a comprehensive understanding of how the social enterprises provide supportive and accommodating workplaces for people with mental illness. Addressed in the first analysis chapter were the organizational features of these social enterprises while the second expanded on how the organizations are able to balance both the demands of the business while offering an accommodating work environment. In this third and final analysis chapter, the challenges and benefits facing these businesses are examined to present a thorough account of how these organizations work to serve people with mental illness.

This chapter will be divided into two sections specifically addressing the challenges and opportunities around social enterprises with the first from an organization perspective and the second from what the employers perceive as the costs and benefits for their employees. By analyzing the challenges and benefits of social enterprises for both the organizations themselves and their employees it will be demonstrated that these organization face unique obstacles that are not present in mainstream businesses, however they also serve a valuable and vital role for people with mental illness.

7.2 Challenges Facing Social Enterprises

Challenges Facing Social Enterprises	Number of Respondents	Respondent ID
1) Balance	26	
<i>a) General</i>	16	K06, K09, K31, K34, K36, K40 and, K41
<i>b) Length of Employment</i>	2	K03 and K13
<i>c) Provision of Accommodations</i>	4	K04, K08/K22, K26 and, K39
<i>d) Changes Overtime</i>	4	K05, K13, K23 and, K25
2) Funding	22	
<i>a) Funding: Political Party in Power</i>	3	K03, K13 and, K37
<i>b) Funding: Austerity</i>	5	K06, K19, K23, K26 and, K40
<i>c) Impacts of Funding: Who Businesses Hire</i>	2	K23 and K26
<i>d) Impacts of Funding: Decrease in Wages</i>	4	K04, K31, K40 and, K41
<i>e) Impacts of Funding: Limits to Growth or Expansion</i>	8	K05, K08/K22, K09, K19, K25, K28, K34 and, K36
3) Staffing	9	
<i>a) Not enough Employees</i>	8	K03, K08/ K22, K13, K23, K25, K26, K31, K41
4) Lack of Revenue	10	
<i>a) Lack of Revenue: Due to Business Activity</i>	4	K05, K23, K25 and, K28
<i>b) Lack of Revenue: Impacts on Sustainability</i>	6	K06, K08/ K22, K09, K31, K38 and, K40
5) Demand for Businesses' Goods and Services	8	K03, K05, K09, K23, K25, K26, K34 and, K37
6) Promotion	6	
<i>a) Promotion: Finances</i>	3	K05, K37 and, K39
<i>b) Promotion: Business Constrains</i>	3	K09, K13 and, K28
7) Customer's Perceptions of Social Enterprises	2	K26 and K34
8) Transportation	2	K28 and K40

Table 7.1: Table Outlining the Challenges Faced by Social Enterprises

7.2.1 Balance

A third and frequently cited challenge among the social enterprises surveyed is the tension that arises when balancing the demands of the business with the needs of their employees. Respondents spoke of a “double bottom line” (K09) that is the nature of running a social enterprise with one respondent commenting:

It's the balance between the costs of the social supports and the business costs. You've got to make money. If you get anything out of balance suffers, so if you become too focused on the social supports, then your business is going to suffer and if you become too focused on your business outcomes, then the social supports will suffer and the people you're trying to provide employment to will leave or will not get the kind of supports they need. So I think the biggest challenge is always that balancing act, trying to keep everything in perfect equilibrium (K06).

As this quote shows finding the right balance of keeping up with the business demands while supporting the needs of their employees is a common and difficult challenge among social enterprises.

The challenge of this balance manifests itself in different ways, the first of which relates to the issue of the employees' length of employment at the business. While not a challenge that is exclusively about balance, as it has been noted, some employers recognize their employees will not transition onto other employment as they require the accommodations social enterprises are able to offer. This can create a “bottle neck” as the businesses are limited in their scope as to the number of people with a mental illness they can hire (K03). Additionally another respondent spoke of the challenge of wanting to offer more hours to their best workers however also keeping true to their mandate of providing meaningful employment to as many people with mental illness as they can:

I guess the disadvantages are that sometimes some people are so good that you wish you could put them all in full-time but there's a price to pay to do that and that's probably

knocking fifteen jobs off the other end and that's not what we're about. So the disadvantages is sometimes to make your organization work as good as it can kind of defeats the purpose of your organization (K13).

This demonstrates that while some businesses are keen to offer their more capable employees more hours it will in turn negatively impact other employees possible those that are not as skilled as their peers in that their hours maybe reduced.

The second way the challenge of balancing the business and social aspects of social enterprises arises is through the accommodations businesses provide. The tension of balancing the two disparate aspects of a social enterprise can be seen in the provision of accommodations as one respondent comments:

So you have all these supports in place and you work around this while at the same time trying to complete production deadlines but always being so empathetic to individuals' personal needs on a daily basis (K04).

As the respondent for K04 discusses, a key challenge facing social enterprises is the accommodations they provide, particularly that of flexibility where workers are able to work at their own pace, as these organizations also have business targets they need to meet.

The final way balance is presented as a challenge to social enterprises is through changes over time specifically external factors prompting organizations to become more 'business-like'. This balance can be challenged in many different ways over time. For instance, cuts to funding, a drop in demand for goods and services and, a relocation of the business can upset this balance. One example of factors forcing organizations to become more 'business-like' include a change in the location of a business. While the respondent for K13 noted the impacts of their move as a disruption for the staff, the implications for the other organization facing a move is a much more explicit threat to the social enterprise in terms of their ability to balance their business and social commitments. When discussing the business under their management, K25, the respondent for

K23 noted that as K25 prepares to move their business to a different location they are going to have to “rebrand themselves” (K23). As the location of K25’s business is currently operates from inside a building where they service almost exclusively people from that building, many of whom are aware of their social purpose mission, the respondent for this business discussed the impact of this business as they move to a storefront location. The respondent comments on the implication for the business, “I think it will fundamentally change the way we operate, view ourselves differently” to suggest that this move will inevitably affect the business practices of social enterprises (K25).

Apart of conceptualizing themselves in a new light is the impact this will have on their employees as the respondent for K25 comments:

We have to view ourselves in direct competition with everybody on the street. Right now we’re not [on the street] nobody walks in off the street to come here and especially in poor weather nobody walks out of this building to get something on the street. We now have a captive audience, that audience will disappear ... people with higher incomes and higher expectations ... so we have to meet those customer expectations. Also the facility will look completely different, brand new shiny and modern and clean, looking clean, fast, efficient, we need our staff to reflect the way the place looks. ...I think as things change we have to change with it without changing our mandate but I think one of the biggest differences is we’ll have to be a lot more selective in who we choose to hire (K25).

As shown through this quote once the business moved into their new storefront location they will gain a new more discerning type of business customer and therefore will have to step up their business performance while balancing their social mandate as they will be in direct competition with other businesses. Although the respondent is still very much committed to the social mandate of their business, the fact that they will have to be more ‘selective’ in hiring people with more qualified skills in order to ‘reflect’ their new business imagine can suggest that in trying to balance their business and social mission it will often be people with mental illness who are further excluded from employment. Moreover, the challenge of increased visibility confronts the

social enterprise as a result of their move correlates to the literature which also suggests that social enterprises face tensions of having to prioritize the “professionalism” of their business while still providing support in order to compete with the businesses in the public section (Seanor and Meaton 2007; Hudson 2009: 505).

7.2.2 Funding

The discussion regarding funding will correlate with the social enterprises’ relationships with the government as much of the businesses’ funding comes from government agencies. Furthermore, three issues will be discussed with regards to businesses’ connections to the government and their funding, however the common thread throughout is that all respondents have noted that there simply is not enough or “no money” from funders (K08).

The first issue regarding the challenge of funding as addressed by some respondents is that the amount of funding they receive is linked to the political party in power as well as political climate at the time when businesses apply for grants. One respondent noted that their funding is subject to change as a result of the political party in power:

I mean we’ve had cutbacks obviously, subject to the flavour of the political party in power at the time. I mean obviously we went through some cutbacks and so on and so forth. With the current government it seems that we’re getting some enhancements in funding (K37).

While the current state of the funding for K37’s business has improved as a result of the political party currently in power, this quote serves to highlight that not only do social enterprises encounter changes to the funding based on the political party in office, but it is the inconsistency in amount of government funding that is a result of political change a real challenge to the businesses. The challenge of the inconsistency in the amount of government funding from year to year was addressed by the respondent for K13 who as previously discussed had changed their

business status from a not-for-profit to a charity as a tactic to ensure they could raise funding and opening up the possibility to other sources of funding. The motive for this change was commented by the respondent stating, “just the winds of government change, the boss at that time was always concerned that pulling money from us so at that point we just wanted to make sure that we had other options” (K13). Although a change to the business status is a unique method among the social enterprises of trying to securing funding, this quote highlights that a significant obstacle faced by the businesses is the inconsistency in the amount of government funding due to the current political party in power and their policies.

The second issue surrounding the funding is the current era of austerity government agencies are going through which has a dramatic impact on the businesses. Among the businesses that receive funding from government agencies it was noted that funds are drying up and the money reserved for social enterprises for people with mental illness “doesn’t exist anymore” (K19). Moreover, among the government sources of funding it was noted by respondents that in the past few years there has been a readjustment regarding the types of programs and the amount of money these government agencies would continue to fund. More specifically, among the government funders this is particularly characteristic of the funding coming from the Ministry of Health. The respondent for K23 offered their view of the Ministry of Health and where their priorities lie with regards to who they fund:

There’s absolutely no money from the Ministry of Health for social enterprise development anymore, not a single cent. So they will not expand at all, their priorities are diabetes, reducing wait times in hospitals and attending to long term care. Mental health is on the side and we’re such a tiny sub-sector and you know we don’t fit their criteria (K23).

From the perspective of the respondent for K23, the top priority in terms of where they devote their money for the Ministry of Health is not employment programs for people with mental

illness, but causes that are the “flavour of the day” or ones that receive high public attention (K23). Similarly, the respondent for K40 spoke of the shrinking funds received from the Ministry of Health and the Ministry’s restructured focus:

Now Health has from my perspective has virtually abandoned vocation and employment supports in the mental health sector and that started happening probably fifteen years ago. There has been no new funding for any type of programming for ours in that period of time whereas Ministry of Training, Colleges and Universities (MTCU) realizes there is a need. They support us, they support many other agencies across the province and they have been great to work with, very reasonable, whereas Health – MTCU is education, employment and training, whereas Health is just so many different things and they – Health is creating an all – like they have court diversion now which they didn’t have ten years ago so the money that may have been available to employment has gone to court diversion, early intervention (K40).

This quote indicates that in recent years there has been a shift among the governments ministries particularly among the Ministry of Health in which less of an emphasize is placed on funding of training and employment programs for people with mental illness. While unique to K40, the respondent noted that as a result of the government’s shift in focus a large portion of their funding now comes from the MTCU. However, more commonly among organizations the lessening support and funding made available from the Ministry of Health has become a particular challenge.

Having discussed the funding cuts made by government agencies, the challenge this causes can be seen in the employment opportunities these businesses are able to provide to people with mental illness. Two organizations (K19 and K22) noted that although they face constraints due to a decrease in their annual funding, it has not affected their day-to-day operations at a business level as they “get creative around finding sources of revenue so that have a steady stream of people here” (K22). However, the majority of respondents who spoke of cuts to their funding from government sources did note that this action consequently impacted their

operations and the services they provide in three specific ways. First, one respondent commented that the tighter budgets have impacted the employees they hire:

So they recognize the social component as well as the business component, but there's still the push, make it leaner, meaner, so if you want us to be leaner and meaner we can't hire who we're hiring (K23).

This signifies that while funders understands the unique social and business features of social enterprises they have begun to make a push for them to be more self-sustainable which in turn presents the challenge of hiring people with mental illness with more 'marketable' and developed skills which further marginalizing those without such skill sets and that are most vulnerable.

The second obstacle facing businesses due to cuts to their funding corresponds to wages and the amounts some businesses are able to pay their employees. A respondent addressed this situation by commenting:

... I wish that the government funding was more so that we could pay more. I wish the government would recognize that having people making a minimum wage has so much value and empowerment and their feeling of self-worth (K04).

It is gathered from this quote that while some employers may wish to increase their employees' wage their ability to do so is entirely depended on the funding they receive from the government and until their funding increases it is their employees are at a disadvantage.

The third challenge presented to social enterprises as a result of cuts to their funding is the limited potential to grow and expand their businesses. The respondent for K05 discussed the issue of growth noting, "if we want to see growth, we're going to have to grow beyond the grant that we get from the central east Local Health Integration Network (LHIN)." The challenge of lack of funding also expressed itself in the manner that employers are not able to hire the staff needed to expand business operations. One respondent commented:

I would say we're at a point now where we do need funding so that we can hire someone to manage the project on a larger scale. That's really the only barrier to growing it bigger, is to have a staff person supervise it who doesn't have to be paid out of that pot so we're maximizing the amount of money that we're making is all going towards people who have challenges to employment (K28).

As shown through this quote money is needed from their funders to take on more staff in order to expand their business initiatives, however funding for such positions is not available.

7.2.3 Staffing

The fourth challenge many respondents discussed was that of staffing. The respondents who identified staffing as an issue spoke of not having enough staff to keep up and were overloaded with the demands of the business. While the respondent for K03 noted the solutions to vast amount of work were adding additional responsibilities “on to somebody’s job or create a new job” for the work, many respondents noted creating a new job opening and bring another employee on board is not an option as their finances do not allow for this resulting in existing employees overloaded with work. As previously outlined, funding across many organizations has shrunk thus affecting the number of employees organizations are able to employ. Furthermore, as employees are stretched to the limit with regards to the work they undertake the respondent for K08 noted that senior level staff “open the bus station at 5:30 am ... so that relieves us for the rest of the day for our meetings and stuff.” Senior level staff at the business were not only required to continue on with their daily responsibilities such as overseeing and managing their businesses, but they also had to undertake work tasks that were not in their job description as there was no other employee able to do so. While this respondent did not discuss their added responsibilities at the bus station as a challenge as they are helping to create employment opportunities for people with mental illness, it can be seen as a challenge as the reason they are

taking on more work is because they do not have employees that are able to carry out this type of work and thereby it falls to the managers and executive directors.

7.2.4 Struggle to Earn a Revenue

The fifth challenge some social enterprises encounter is they struggle to generate enough revenue to meet and sustain their business expenses. A common problem facing social enterprises is the issue of not generating enough of a profit as one respondent comments, “we don’t always come up with zero, sometimes we lose money” (K40). This challenge around the lack of profit expresses itself in two ways among the businesses that identified having this problem the first being connected to their business activity. The respondent for K28 noted of the limited potential to turn a profit due to their business activity of farming:

The average farm income in Canada is below zero. ... Farming is really providing one of those fundamental needs to human beings. I think that the potential that has for how someone feels about themselves is do great. But that being said, it doesn’t make a ton of cash.

Although the respondent recognizes some of the benefits to come out of work for people with mental illness such as a positive self-image, they cite their business activity as a reason their social enterprise is struggling to make a profit.

Also related to the challenge of businesses not earning enough of a profit is the issue of sustainability. While addressing this issue the respondent for K06 had the following to say:

But our goal really is for all our businesses to cover hundred percent of the business expenses. And the social expenses are the ones that the funders will probably have to carry for a longer period of time, simply because, particularly if you’re working with people with severe mental illness, they need a lot of support, they need a lot of training, they need a lot of re-training. So business would incur. And I always say you wouldn’t run a catering business with 25-30 part-time staff. ... So that’s kind of the trade-off. Will our businesses ever be hundred percent sustainable? We hope so, but we don’t see that taking place for a while at best I would say we’re probably at maybe sixty percent.

This quote highlights a number of issues facing organizations the first of which relates again to the challenge of balancing the business and the social commitments of the social enterprise. As social enterprises by their very nature provide workplace support and accommodations to people with mental illness they are in less of a position to focus their efforts on sustaining themselves independently without funding as they do not generate enough business revenue. While the respondent addresses the challenges of self-sustainability, this is in direct conflict with government policy, a major source of funding, which emphasizes the self-sustainability of these businesses.

7.2.5 Demand for Goods and Services

Directly related to the challenge of some businesses not earning enough of a profit is the sixth obstacle social enterprises face which relates to the lack of demand for their goods or services. Similar to the challenge of not earning enough profit, respondents who identified a lack of demand for their business also put this down to their business activity. While the respondent for K05 noted the fluctuation in the demand for their business, “catering is very much a rollercoaster business, you have your high times as great businesses and lots of orders and there are low times when things are pretty quiet”, the respondent for K03 spoke of the advancements in technology, particularly fax machines and email, which have dampened demand for their courier services. Although the respondent for K03 discussed the development in technology had “hit us hard” they commented that they are able to sustain their business by targeting customers who “need things that delivered that can’t be replaced by email or fax.” Additionally, the respondent for K34 spoke of how the demand for the food at their bakery has slowed down due to the current economic climate:

I fear the prices ... like the clientele that we usually sell to, they don't have a problem with, you know, buying expensive things. But I do know that restaurants in Toronto and stores in Toronto are slowly dropping off. You know, the money situation with people is getting different. ... But I do notice there's a lot of either the higher end restaurants or higher end stores throughout Toronto are closing because they can't... I'm not sure if people are just watching their budget even if they do have a lot of money; I'm not sure what's going on. So my biggest fear is we might turn into a recession in Canada and everything will slow down. As shown through this respondent that although their social enterprise caters to a niche market of customers who have higher disposable incomes to spend on quality food, the economic market is unstable and as with the case of many other food establishments in their area due to the volatile economic market the demand for their product can decrease.

7.2.6 Promotion and Marketing

The issue of promotion is the seventh challenge noted by some respondents. Five methods of promoting businesses were reported by respondents with the most common being through word of mouth or networking followed by through the companies' websites or social media accounts, paid advertising, community events and, press coverage. There are two issues around the challenge of promotion the first being businesses do not "have the budget" to devote to promoting their business (K37). While eight organizations (K03, K06, K09, K31, K37, K39, K40 and, K41) spent money on advertising, most respondents noted not having money to spend on promoting their business. The second relates to being constrained from a business perspective. One respondent noted that while their methods of promoting the businesses are limited, if it were not for their parent organization providing them with "administrative support" they would be struggling to publicize their business (K28). Moreover, one respondent recognized the importance of advertising but explained that they simply did not have the time to promote their services:

I mean we're doing so much day-to-day stuff we don't have time to go out there and promote it. I wish I was like a typical ED going out to all these meetings and events and you know trying to suck it up with all the funders and stuff, I don't find that we have any time to do any of that (K13).

This quote shows that a key problem for social enterprises such as K13 is they are stretched to the limit and consequently do not have the resources to put towards promoting their business.

7.2.7 Customer Perceptions

The eighth challenge social enterprises encounter relates to their business customers' perception of their business with a social purpose mission. As previous discussed in an earlier chapter, social enterprises are often in conflict over when, how much and, which of their customers they will disclose their social purpose mission to as they never want "anyone to feel pity for us" (K34). The respondent for K26 spoke at length on this issue:

It's pretty competitive and it's hard to get people to understand that people who want to hire us to understand that they're not doing us a favour by hiring us. We are a real business and we have real costs and we do as well if not better job. They think they are helping us out by giving us a little bit of work.

While businesses such as K26 are keen to be seen by their customers as a competitive business the harsh reality they often face is customers who employ the services of these businesses out of a sense of social responsibility. Customer perceptions of social enterprises as anything less than 'real businesses' is reflective of the enduring image of the sheltered workshops and charitable organizations which were traditional spaces for people with mental illness to seek work outside mainstream employment.

7.2.8 Transportation

While only cited by two respondents as a challenge, the final struggle social enterprises face is the issue of transportation and employees' accessibility to get to their place of work. The

location of some social enterprises in rural communities where public transportation is not well connected or not present altogether as in the case of K40 as the respondent notes “we don’t have public transportation” poses a challenge for employees in getting to the business. Of their rural location, the respondent for K28 noted that while people from other areas “would love to work here, but transportation is an issue.” Furthermore, the respondent also discussed that overtime the secluded location of their business has prevented people with mental illness working at their business commenting:

between last year and this year there are probably three or four or five people who were very willing and very experienced and very enthusiastic about working here but transportation just was not possible (K28).

Although the limited transportation within the surrounding area of this social enterprise has prevented people with mental illness who are keen to seek employment with the business, another business has adapted to the situation. The respondent for K40 addressed how they deal with the challenge of transportation:

So we have made accommodations as far as transportation, it’s not fair to everyone and it’s something – like for me to have a cabinet maker driving around two picking people up, it’s not conducive to that person’s skills, like I go out and pick people up sometimes too and just do, but the region is working on transportation system, but so that’s the biggest issue.

While the respondent notes that they are able to work around the obstacle of employees’ limited access to transport by having another employee collect those without transport, it is also discussed that this situation creates a problem all in its own. As the respondent commented by having an employee spend their time driving around to bring employees to work this employee is not given the opportunity to apply develop their skills within the workplace.

7.3 Opportunities Facing Social Enterprises

Having addressed the extensive challenges facing the social enterprises surveyed, focus will now shift to the opportunities respondents identified for their businesses. It should be noted that while respondents spoke of eight challenges, they only made note of two opportunities. The fact that the opportunities social enterprises face are greatly outweighed by the challenges is reflective of how difficult it is to sustain these businesses. Looking specifically at the opportunities, respondents commented on first the growth of their existing business and second on the expansion into a different business or sector.

Beginning with the growth of an existing business, respondents who commented on this as an opportunity noted two aspects of growing their business. First was the expansion of the business in terms of numbers of staff. While it had been mentioned that a challenge for some businesses was their funding prevented them from taking on more employees, consequently leading existing employees to take on added responsibilities, respondents for three organizations (K03, K06 and, K34) were “toying with the idea of expanding” their employee base (K34). While growing their business in terms of the numbers of employees, one respondent commented that their ability to do so was still dependant on their finances noting “we have to figure how much money we have to play with” (K03). Additionally, the respondent for K36 spoke of growing their employee demographic to also provide employment to the youth population in order to attain more funding.

The second aspect of growth as an opportunity noted by respondents relates to the relocation of their business. While the relocation of a business has also been discussed as a challenge, respondents who are moving locations also outline the benefits to come from this

situation. The first of these benefits relates to developing their business efforts as the respondent for K04 comments:

Our biggest opportunity is that with our new facility now we have more space than we did before and that we continue to grow and expand and hopefully serve and support more people.

While the respondent spoke of the potential to grow the business as a result of moving into a larger facility as well as the possibility of being in a position to take on more employees with a mental illness, the respondent went on to note that by having a long term lease they would hopefully provide their employees with “consistency and stability” (K04). Additionally, although the respondent for K25 discussed the challenges that are associated with their relocation from within a private building to a storefront location they did however note the potential for this move as “we hope that will generate some walk in traffic that we don’t currently have.” From these two examples it is shown that while the relocation of a business may present its own challenges to the social enterprise it can also be an opportunity for growth, provide a sense of stability for employees and, expand the business’ customer base.

The second opportunity respondents commented on relates to commercial expansion into a separate business or sector. Among the respondents that discussed expanding into a second business, three features stood out the first of which is respondents grow upon the services and sales of products already offered through their existing business, while the second is to branch out with a new business activity, one which would be different from the first business activity. By expanding to a new businesses activity, respondents noted the importance of this not just as another method to support and employ more people with mental illness and to offer them choice in work activity, but from a business perspective to “look at market trends” and look at “supply and demand and apply those notable business practices” to create a strong, more viable business

(K05). It can be concluded from this analysis of the challenges and benefits facing the surveyed social enterprises working with people with mental illness that the challenges they encounter far outweigh the opportunities before them. While it is not to say the opportunities for social enterprises are not of significance, the challenges are overwhelming in number and lead to questions over how realistic that these opportunities may be achieved.

7.4 Benefits for Employees Working at Social Enterprises

Having discussed the challenges and opportunities facing the twenty social enterprises, the remaining part of this chapter will address what respondents perceive to be the disadvantages and benefits their employees encounter while working at a social enterprise. While an analysis of the challenges and opportunities facing the social enterprises revealed that, for respondents, the challenges far outweigh the opportunities, the following assessment of the disadvantages and benefits for employees suggests, perhaps not surprisingly, that respondents see more benefits than disadvantages. Indeed, a significant number of respondents said they could not think of any disadvantages their employee encountered while working at the business.

7.4.1 Social Interaction

The first benefit to be addressed is the increased social interaction that is a result of working. Moreover, respondents recalled an increased social interaction for their employees on two levels, a general social integration within the wider community as well as increased interaction among their peers within the workplace. Beginning with a look at the general social interaction employees experience while working at their businesses, many respondents noted their employees as “having that sense of participating in society again” (K03) and they “feel like they are contributing to the community” (K36). Furthermore, two respondents discussed specific examples of how employees are able to participate more fully in society due to their employment

at a social enterprise. One respondent commented the positive benefits that result from their employees' work at the bus station to say:

I mean they're there to buy a bus ticket but the next thing you know they're talking about something in their life and you don't know them. You hear different stories from different people, I mean we've had people from Australia come this summer and England, they come from all over the world to visit people in [city] and so you hear stories about where they live and stuff as well (K08).

As highlighted through this quote, by working at K08's business employees have a chance to interact with members of the community. Additionally another respondent spoke of how working at their business has allowed for greater social interaction for their employees noting:

The members like getting out and working ... because they are out of the shop like anyone they stop at Horton's for a coffee on the way to the thing or lunch breaks. It's a little bit more of a normal work environment (K40).

As the respondent notes, by working at the business and going off-site to work on a contract, employees are inevitably engaging in their community.

In addition to a general sense of social integration their employees encounter as a result of working for a social enterprise, respondents also commented on the interaction between employees within the workplace. Many respondents spoke of a sense of "automatic acceptance and camaraderie" (K06) among their employees, or noted of "feeling like a family" (K03) or "first and foremost [is] a sense of community" (K25). The sense of community and camaraderie fostered between employees at the social enterprises can be invaluable to employees as it can go a long way towards fighting the "disease of isolation" mental illness can become (K25). Moreover, when commenting on the reasons why their employees enjoy working at their business, the respondent for K40 noted:

We do a survey every year, the 'why are you attending [ORG]?' is 'it's something to do' and there is socializing involved and they usually have suggestions on all the activities

we can offer, you know having a movie once a month and going on more outings and things of that nature.”

As shown through this quote not only is the social interaction among employees that is a benefit for employees, it touches on a feature offered by a number of organizations, outside of work social activities. While some businesses offer social activities through their parent organizations other standalone businesses organize recreational activities such as bowling or bingo nights whenever possible to further “encourage a sense of community” (K26).

7.4.2 Supportive Environment

The second benefit respondents commented their employees gain from working at their social enterprises is working in a supportive environment. Respondents spoke of the supportive environment which comprises “tolerance” (K22), “no pressure, no guilt” (K13) and, the “people are very understanding that someone may be slower” (K31), however this does not involve employers to “babysit” employees (K04). Similarly, the scholarship also notes of supportive work environments of social enterprises as a particular benefit to people with a mental illness (Vittala 1999; Kirsh et al. 2003; Krupa et al. 2003). Moreover, the respondent for K03 commented on how they were able to create a supportive work environment in their courier business by introducing two-way radios for their couriers:

They’re caught in a big crowd, they panic or they get lost and they’re really you know you, you can’t really talk them down so the dispatchers will talk them down and talk them to the office. It feels like a very safe starting place for a lot of people.

The significance of this quote is that it not only shows the importance of a supportive environment, but by putting in place workplace supports such as two-way radios, employers are able to create a supportive environment. The key benefit of the supportive workplace for people with mental illness is that they have a work environment which understands and meets their

needs as often times “they are used to being turned down or turned away” within mainstream workplaces (K03).

A part of the supportive environment is the issue of disclosure. As it has been discussed one of the “biggest stressors that people find trying to work in the mainstream is always trying to hide that part of yourself” specifically a person’s mental illness and the accommodations they may require as a result of their diagnosis (K03). The respondent for K09 further comments that “most people struggle” with the issue of disclosure in mainstream employment. Furthermore, when working for a social enterprise specifically mandated to offer employment to people with mental illness employees are told “right from square one ... that this is [ORG] and this is who [ORG] needs to employ so [their] history is not a barrier here and [they] don’t have to hide it” (K03). While one of the disadvantages respondents spoke of for people working at K03 is the identification as a person with a mental illness through working at such an organization, there is also a sense of comfort and acceptance as employees do not feel they have to cover up their mental illness thus creating a supportive and understanding environment.

7.4.3 Type of Work, Employee Training and, Experience

Third, respondents argued that the type of work, employee training and, experience gained from working at the social enterprises is a key benefit to employees with a mental illness. First, respondents discussed a benefit for their employees was the jobs available were “teachable, and it’s a task that’s learnable, it’s something that there’s repetition” (K19) and employees are “working a routine” (K31). The repetition and routine as characteristic of the jobs provided by social enterprises is noted as a benefit for employees as it creates a sense of comfort and familiarity that can lead to an increase in confidence within the workplace. Moreover, “hands on training” was also cited as a benefit for employees (K41). The respondent for K03 commented

on their training period to note, “the training is done one-on-one with a courier who’s got a lot of experience, so they get their training period which is usually about three days” and after such time employees have a “sense of what the job is like.” However, among the type of work and employee training, respondents noted the experience employees gain through working at the social enterprises as a particular benefit. As previously noted “people have long blanks in their resumes which often happens if they’ve been involved with the mental health system” and thus it can affect their employability in the mainstream sector. Social enterprises offer such people an opportunity to gain work experience as one respondent addresses:

You know transferable, they’re looking for the experience, they’re looking either to get back into the work force after having taken time away to focus on their mental health, or they’re looking to introduce themselves to the work force for the first time. They want the skills and confidence. Confidence is a big one, especially if they’ve left the work force and then coming back, to just have a stepping stone to build that confidence then it helps them move forward (K28).

As this quote shows the experience employees gain while working for the social enterprise not only goes towards helping them build upon their resume by filling in blanks of time and developing their transferable skills, it also helps to boost the confidence of employees.

7.4.4 Earning a Wage

The fifth benefit for employees working at these social enterprises was the fact that they are earning a wage and “getting that little bit of money and that sense of purpose” (K25). The respondent for K13 commented on the benefits of receiving a wage:

The financial rewards of working give you a lot more opportunity to buy little trinkets that you’ve always wanted you know you can have that little Blue-Ray player, you can buy the occasional Blue-Ray disc umm you know have that ordered in meal once in a while- it’s great and to say hey to your neighbor, ‘hey I’m working, I’m going to work, I’m picking up my pay checks.’ You know that has so much meaning for everyone.

Demonstrated through this quote is an understanding not only does earning a wage mean employees can afford to treat themselves, it also highlights that earning a wage has a tremendous benefit to their self-worth. Another respondent further discussed the benefit of receiving a wage is that employees are “not relying entirely on the state” which can further contribute to positive view employees have of themselves (K31).

7.4.5 Work as Recovery

The sixth benefit for employees working at the social enterprises corresponds to the idea of work as recovery. One respondent commented that a key to their organization’s success is that it “provides an opportunity for them [employees] to work on their recovery” (K37). While this respondent introduces the concept of functional recovery and the benefits employment can have on assisting in recovery, another respondent noted:

I mean when we talk about recovery, we talk of a recovery model and one of the main structural and foundational ideas of the recovery model is hope and I think we build on it. I think if someone’s going to be at [ORG] as an employee we’re going to build on that sense of hope (K05).

As shown through this quote, a large part of the recovery through work is that through activity employment and engagement in one’s work an employee with mental illness gains a renewed sense of hope in themselves and their capabilities. Moreover, the importance of employment can be seen as a “part of that continuum” in the recovery process (K08). The scholarship concurs with the notion that active engagement through employment can assist in the recovery process by managing symptoms associated with mental illness as well as avoid rehospitalization (Hartl 1992; Trainor and Tremblay 1992; Krupa 1998; Crane 1999; Krupa et al. 2003).

7.4.6 Increased Self-Esteem

The final benefit for employees gain while working for a social enterprise is a raised self-esteem. While each of the previous mentioned benefits employees gain through their work at a social enterprise contribute to employees' higher self-esteem as it is noted "having a pay check, having that's sense of participating in society again has a huge impact on how people feel about themselves", due to the importance of the issue it deserves to be discussed separately (K03). Furthermore, another respondent spoke of the boost to an employee's self-esteem that comes along with participating in society again:

I think for lots of people the self-confidence that comes from those social interactions and that sense of responsibility to the community and providing that is what's going to give people those skills that they need to move on in whatever they want to do in life (K28).

As the respondent notes through active engagement with others and their community, employees not only begin to feel better and are able to manage their illness, employees also feel better and more confident in themselves which is perhaps the most meaningful benefit employment has to people with mental illness.

7.5 Disadvantages for Employees Working at Social Enterprises

7.5.1 Disability Benefits

Beginning with the disadvantages employees experience while working at the social enterprises, respondents recalled three distinct drawbacks for their employees. The first of the disadvantages relates to disability benefits, particularly ODSP, and the claw back on employees' wages as the one respondent notes, "the biggest complaint for working for social purpose enterprise or trying to work at all is just how much money gets clawed back" (K26). Regarding the issue of the claw back, fifty percent of employees' income or fifty cents on every dollar is clawed back, however employees on ODSP still receive their work related benefits (WRB) of a

hundred dollars every month. The issue respondents report their employees have with ODSP correlates to Stapleton et al.'s (2011) report on disability benefits in Ontario which outlines that the monthly hundred dollar WRB only serves as an incentive to work when the employee is earning a small monthly wage as higher monthly wages lead to greater earning deductions.

It is the issue of the claw back that has two shortcomings for employees. First, one respondent recalls the worry and stress the issue of the claw back and reporting their income can have among their employees on ODSP commenting:

People are worried about being cut off if they don't get their reports in on time, even if they don't work for a particular month, but they don't report that they don't work their check is cut off and people just become so stressed by the whole system that sometimes they just say, 'I can't work anymore by ODSP, they're hassling me too much'" (K23).

As shown through this quote, the rules governing ODSP while a person is employed and earning a wage can have an adverse effect of on such people as they can often be put off both being employed and finding employment. The respondent for K38 noted the tension that can arise among their employees with regards to ODSP:

We had one person who had problems with ODSP and that just scared them off because the letters from ODSP can be quite scary. I think they were a public guardian trustee. Sometimes there can be issues with ODSP and they can send very nasty kind of letters and these are scary. So that I know has been an issue for this one just recent person. Another person we supported them through that and it was okay. They were able to work through it.

While the instance outlined by the respondent for K38 shows the employee was able to work through their issue with ODSP and continue working, the respondent for K05 spoke of how their employees "have a strong awareness or almost aversion to working too much" due to the claw back. Furthermore, this illustrates that employees can be unintentionally discouraged from working longer hours or working altogether if they perceive it will impact negatively on their wages and disability benefits.

In addition to the fear over the claw back of their wages, employees also fear being cut off from their drug and health card benefits. One respondent explained that many of their workers are on a regimen of prescribed drugs and if “they had to bear the cost on their own, they couldn’t work” (K25). The respondent for K04 also discusses this issue adding:

That’s all fine and good but if they cut off their ODSP and drug and health card. So individuals who are schizophrenic and bipolar, suffer from depression you don’t want them to not be able to have their medication. So that’s the bigger issue there, it’s the drug and health card. I think the benefit card is very important, I think because of the meds, otherwise we’d have more individuals going into hospitals and as you know within the Ontario government one of the main issues is to reduce hospital visits.

As this quote shows a worry for employees is the fear of losing their drug and health cards as they cannot afford to pay for their medication themselves based on the wages they earn. This in turn can have a detrimental effect on an employee’s health and recovery in which they can end up in hospital unable to work.

As the rules that govern ODSP remain a constant worry for employees working, some of the employers at the social enterprises surveyed have attempted to make adjustments within the workplace to accommodate some of the issues their employees have with regards to ODSP. In order to ensure their employees are not too badly affected by the claw back, some employers adjust their employees “working schedules accordingly” however they “don’t attempt to work around the system” (K31). Additionally, the respondent for K26 discussed how their organization was able to assist those of their employees with their ODSP issues:

I can’t tell you how many times that we get a letter from ODSP because they didn’t send in their income report and it says you’re not getting any money and when they try and call back, they can’t talk to anybody, yet if I call I get a call back immediately. So it just shows how the system works. They’ll call me right back, so I’ll advocate a lot for people in any way that I can or they ask me too, I mean I don’t push into their lives but if they need then there’s a way that either I or someone within the organization will help.

Not only does this quote demonstrate the hardships employees can encounter when dealing with ODSP representatives, but it also shows the lengths some employers will go to help their employees navigate through the benefit system such as helping to fax in income statements and make calls to ODSP. While adjusting employees' work hours and acting as a resource for their employees are two ways some employers are able to help their employees, one respondent commented on providing their employees with everyday essentials such as food and clothes so they hold onto as much money as possible. The respondent for K03 comments:

What we've done over the years is for we're always looking for ways to compensate and help out the couriers that are ways that aren't cash that will be counted by ODSP. ...

We're always looking for ways to compensate them in a way they won't be penalized for.

While the respondent discusses their unique and creative approach to help their employees hold onto as much of their wages and benefit money as possible, the majority of respondents were not as actively involved in issues of ODSP with one commenting that it is not in their "agreement to look at that kind of thing" (K31).

7.5.2 Stigma

The second disadvantage outlined by respondents for employees working at social enterprises is the stigma attached to mental illness. Respondents discussed the visibility and identification of these organizations as businesses who primarily employ people with mental illness which effectively 'outing' their mental health status. As the respondent for K38 commented, "that's our mandate and I guess it's the way it was written, to work in a business, you experience a mental health disorder." As the respondent discusses, as written in many of the mandates of the social enterprises is a statement of providing jobs to people with mental illness, which in turn identifies employees as having a mental health diagnosis thereby comprising their right to self-disclose their mental health status to others.

7.5.3 Wages and Hours

The final issue respondents cited as a disadvantage for their employees was the fact that they were not able to offer them more hours or higher wages through the social enterprises.

Beginning with a look at the issue of wages, one respondent cited a major disadvantage for their employees is “we can’t pay them ... cause they can’t work full time” (K08). While the respondent followed up this statement noting they try to ensure that their employees do not get cut off the issue of low wages is still a frequent disadvantage for employees across many of the social enterprises. Moreover, another respondent comments on the pressure they receive on behalf of their employees for them to earn a higher wage:

The Ministry of Health could care less if our members make a cent, like that was never I believe the motivation for the program, it was supposed to be therapeutic, but the most pressure we get from our members is to make money. It is sort of they have come to rely on us as their – as they feel maybe their employers, but they want to make some money no matter what every month to make sure they get the extra hundred dollars, but they also want to make extra money so. We’ve sort of been pushed into this employer relationship that maybe, it’s a lot more stressful than having a shop with people doing crafts in it cause starting it is a lot of work and you know we have sort of accepted that it has gotten to that point and you know will continue and when people are busy ... people come in and there isn’t a lot of work there is their own projects that you can see sort of on their face that they are disappointed that they’re not going to make money (K40).

Not only does this demonstrate that from a funding perspective, particularly the Ministry of Health, the emphasis is not on having people with mental illness who work at these social enterprise earn a wage but to aid recovery. This quote also shows that a challenge for employees is that they are not earning a very significant wage.

In addition to the wages, three respondents report a disadvantage for employees working at their social enterprise is they are not provided with enough working hours. The respondent for K31 discussed trying “to max that out but you know quite often I get people that want more

hours and they get frustrated with the fact they're not getting as many hours." Although the issue of employees not having enough hours has previously been discussed as a challenge for social enterprises as giving more shifts to one employees means reducing the total number of employees and thus can be counter-productive to their mandate, it is also a challenge for employees as they may wish to work more hours. Furthermore, one respondent with a seasonal landscaping business noted of the impact reduced hours can have on an employee:

And I see that too, like some people as soon as it's over something happens on their life you know? The person I was speaking of before with the additions, something major happened like not that long after it was all over and that, you know the routine was lost. The sense of anticipation and looking forward that can come from gardening is profound, so when that all of a sudden is cut from you ... I think that can have a negative effect. So if we could go all way through the year, that would be the biggest benefit (K26).

As shown through this quote, when employees are not working enough hours or there is a change in the amount of hours they work it can have a disastrous impact on their recovery.

Chapter Eight

Conclusion and Discussion

8.1 Introduction

This concluding chapter will answer the central question of this thesis outlined in the introduction by first revisiting the aims. The aims were to develop a database of the social enterprises in Ontario that exist for people with mental illness; to identify the extent to which social enterprises can be thought of as enabling workplaces and how the efforts of employers give rise to different practices, workplaces and employee experiences and; to assess the challenges and opportunities of operating these businesses as well as for the individuals working for them.

To show how these aims have been met this chapter is divided into four sections. First, a summary of the analysis chapters is offered. Second, is a discussion of the contributions of this research and its implications on empirical, conceptual and, policy level. Third, is an outline of the limitations of this study while the fourth section addresses further areas of research.

8.2 Summary of Key Findings

The purpose of this study was to gain an understanding of the range and types of social enterprises in Ontario that exist for people with mental illness and the businesses practices they undertake, which allow them to create accommodating workplaces for people with mental illness. Chapter Two examined the existing literature which shows that mainstream employment is often understood as a space of exclusion towards people with mental illness. Also through this literature review areas for further research were highlighted. Previous research on social enterprises providing work to people with mental illness has been undertaken from a quantitative

approach in fields such as Occupational Therapy and Psychiatry (Krupa 1998; Crane 1999; Lal and Mercier, 2002; Kirsh et al., 2006; Corrigan et al., 2008). Such work failed to examine what types of practices these organizations use provide accommodations as well as how these practices create supportive workplaces. Additionally, much of the previous research had been conducted through the use of case studies. This research differs in that it provides a qualitative survey of the social enterprises that exist in Ontario for people with mental illness.

The results of this thesis were broken down into three subsets based upon the study's aims. Chapter Five constructed a profile of what the social enterprises surveyed looked like. This chapter discussed nine aspects of the business including the start dates, motivations for creating their business, business mandate, business structure, work activity, employment size and workforce, employee status, funding and social purpose mission. Among these nine aspects, there were both points of similarity and difference. When discussing the motivations for starting their business as well as their business' mandate, most respondents echoed a similar goal. This goal, in broad terms, was to create work that was sensitive to the needs of people with mental illness and to see such people being productive through employment as it was commonly upon that existing employment programs were not helpful to people with mental illness. Work activities of businesses were also similar in nature with catering, retail, landscaping and, cleaning being the most common work activities. Also, while there remained a difference in the amounts of funding received and sources of that funding, all businesses received funding from both public and charitable sources. Finally, while many respondents struggled with how, and to what extent, to promote the social and economic dimensions of their enterprise, most enterprises are promoted as a business first. The decision to promote their business first was not done to hide their social mission from customers but to emphasize that first and foremost they are a business.

Common points of difference among the social enterprises included in this study were the business structure, enterprise size and workforce, employee status, and the social purpose mission. Beginning with the business structure, points of difference were in the level of input among employees with some businesses actively encouraging participation and input from their employees with others not as encouraging. Moreover, the workforces of enterprises range in size from six to over two hundred employees, however the average number of employees per business range from twenty-six to fifty. A sharp difference can be seen in the approach employers take classifying their workers. For instance, some employers were adamant in referring to their workers with a mental illness as employees, while other respondents referred to their workers as clients or members suggesting a more traditional, vocational approach.

Chapter Six discussed the findings in relation to how social enterprises were able to operate and sustain as businesses while balancing to provide employees with a mental illness the necessary workplace accommodations. As outlined, in order to sustain their organization efforts a balance between the ‘social’ and ‘business’ dimensions of the enterprises must be achieved with regards to hiring process, hours worked, wages paid and, length of employment. When discussing the hours worked by employees with a mental illness, it was noted most work part-time. Respondents also noted four determinants of hours worked including the capacity of workers, demands of the business, meeting the mandated goal of providing work to the most amount of people possible and, issues relating to ODSP. Furthermore, there was a very clear distinction between organizations paying either minimum wage or above as part of their mandate or below minimum wage. Determinants for paying minimum wage relate to the position and skill sets of the employee while paying below the minimum wage was due to the productivity of the

employee. While ODSP was not a determinant of wages, it did, however, impact on the monthly income received by employees.

One of the key ways employers were able to create supportive work environments for people with mental illness was through the provision of workplace accommodations. These accommodations include short and long-term time off, flexibility, measures taken to create jobs that are suitable to the needs of their employees, physical accommodations and accommodations beyond the workplace. Among them short and long-term time off including time off to accommodate doctors' appointments and an extended period of leave due to an employee's illness and flexibility around scheduling, the work tasks performed, pace of work and, social interaction among employees were the most frequently cited. Furthermore, employers created jobs around the needs and abilities of their employees by trying to set realistic expectations and work goals for their employees as well as creating work that was repetitive in nature and easily mastered. While making accommodations due to the physical needs of their employees as well as providing support such as food, clothing and, transportation to their employees was not noted among all respondents, they were of benefit to employees and thus important to note.

The final analysis chapter, Chapter Seven, provided insight into the challenges and opportunities of operating a social enterprise, as well as the disadvantages and benefits from working at a social enterprise. Beginning with the challenges facing the businesses, respondents cited eight challenges: balancing the 'social' and 'business' aspects of the organization, funding constraints, limited number of staff, lack of revenue generated, lack of demand for business' good and services, promotion of the business, customer perceptions and, transportation. Respondents also commented on the opportunities which were on the horizon for their businesses. Among them include the growth of existing businesses as well as opportunities to

expand into other businesses. Important to note among the challenges and opportunities facing social enterprises is that challenges far outnumbered the opportunities. This speaks to the difficulties these enterprises face in sustaining their businesses.

Turning to the benefits and disadvantages of working at the social enterprises, respondents, perhaps not surprisingly, had much more to say about the advantages of employment for people living with mental illness. These include increased social interaction both within the wider community and in the workplace, a supportive work environment, training and the change to gain work experience, working on their recovery, earn a wage and, building their self-esteem. The disadvantages of working at a social enterprise cited by respondents on behalf of their employees include the challenges posed the ODSP benefit system, a limited range of employment types, difficult social interactions at work, the stigma of working at a self-identified business for people with mental illness, and the limited wages and work hours they could provide to individual workers.

8.3 Contributions of Study

8.3.1 Empirical Contributions

As previously noted, while there has been some research undertaken on social enterprises working with people with mental illness, past research has been conducted in the fields of Occupational Therapy and Psychiatry relying primarily on quantitative data (Krupa 1998; Crane 1999; Lal and Mercier, 2002; Kirsh et al., 2006; Corrigan et al., 2008). The results of this study contribute to the literature on social enterprises working with people with mental illness by offering qualitative data that examines the geographic context in which these organizations exist. What is concluded is that create a space which sets in place the

accommodations needed by employees with a mental illness to be productive and successful in the workplace. Furthermore, it is shown that there is an active and diverse range of social enterprises engaged with people with mental illness across Ontario. More specific to the sites of these businesses, is a greater understanding of *what* enabling processes employers use to create supportive workplaces and *how* these practices give way to spaces of inclusion. This study provided an in-depth understanding of how employers created and offered jobs that allowed people with mental illness to work at their own pace and comfort level in turn establishing an inclusive and supportive work environment. While the provision of accommodations is achieved by balancing the needs of the business and the employees and has resulted in an inclusive workplace, it this balance also possess challenges for the enterprises.

8.3.2 Conceptual Contributions

The conceptual contributions of this research show that social enterprises view their businesses as distinct alternatives to that of mainstream employment settings, the primary function of which is to build social capacity among people living with mental illness rather than transitioning them back into often marginalizing spaces of mainstream, competitive forms of employment (Amin et al. 2002; Amin 2009; Pearce 2009; Hall and Wilton 2012). This is achieved by integrating excluded populations into the workplace and by creating employment that is inclusive to people with mental illness because accommodations are set in place and allow for such people to be productive through work. This results of this study further show that people with mental illness, a group that has long been excluded from mainstream work, do in fact benefit from alternative forms of employment. Although there remain disadvantages to working at a social enterprise for people with mental illness, there are huge advantages, chief among them is the fact that they are productive through employment.

While social enterprises work to establish themselves as alternative spaces of employment, the government holds a rather different view of social enterprises as spaces through which welfare provisions can be provided (Amin et al. 2002; Amin 2009a; Amin 2009b). Literature like Amin et al. 2002; Amin 2009a; Amin 2009b has pointed to the fact that governments may see enterprises as alternatives to state run support programs and also part of a 'shadow state' able to take on the provision of services such as selling bus tickets and operating cooling stations. Additionally, where government funding had once been greatly provided, particularly among consumer-survivor businesses during the late 1980s and early 1990s, in recent years there have been significant cuts to funding (Trainor and Tremblay 1992; Crane 1999). The role of social enterprises as increasing sites of dispersion of welfare services as well as the government's abandonment of funding have resulted in significant challenges. Principal among them are the push for organizations to be more self-sustainable, however, as they are unable to financially survive independently this leading to broader concerns over their sustainability (Amin et al. 2002).

Drawing upon the conceptual framework of this study, the social model of disability, two conclusions can be made about the data gathered. The social model of disability makes the explicit distinction of impairment as a physical condition and disability as the social imposed state of exclusion people with impairments may endure (Gleeson 1999). When looking at social enterprises in these terms it is clear that by their very nature they work towards operating as spaces which limit societal attitudes excluding people with mental illness. By creating a workplace which understands and implements the accommodations needed by people with mental illness to work productively, social enterprises establish themselves as spaces which are both enabling and inclusive to this demographic.

Drawing again upon the concept of third space – the understanding that the uniqueness of a particular institution or site can be infused with multiple meanings – it is clear that social enterprises are indeed hybrid spaces. Social enterprises operate as hybrid spaces as they offer the work found in mainstream employment settings, however also have set in place the accommodations needed by employees with a mental illness to be successful in their work. Therefore, social enterprises are a hybrid space of alternative employment. These organizations create workplaces that are inclusive as well as enabling to people with mental illness, however they struggle with the challenges created by external framework in which they exist (Bhabha 2001; Cloke and Johnston 2005).

8.3.3 Policy Contributions

The results of this study also have two potential policy contributions the first of which is regarding to the benefit system. The establishment of a neo-liberal context has seen the replacement of the traditional welfare system with ‘workfare’ programs that insist upon mandatory work requirements for people who receive welfare support (Amin et al. 1999; Peck and Tickell 2001). For people who receive disability benefits, workfare participation has typically not been mandatory, but there has been significant emphasis on, and rewards for, employment transition (Hall 1999; Wilton 2004b; Hyde 2000; Baron and Salzer 2002; Edwards 2010). For example, the one hundred dollar employment incentive offered as part of the ODSP encourages employment but at the same time disabled people who find employment incur a fifty percent clawback on all earned income. Thus the greater the amount employees earned the greater the clawback on their wages (Stapleton et al. 2011).

For study respondents, this ODSP clawback represents a key disadvantage facing employees with mental illness. As noted the amount of money clawed back from employees’

wages is a huge concern that at times can put people off both finding and securing employment. Similarly, employees can also be unintentionally disheartened from working longer hours if they perceive it will impact negatively on their wages and disability benefits. In line with Stapleton et al.'s (2011) recommendation, it is suggested that a small, yet significant increase to the WRB would encourage more people to obtain work as well as allow people to work longer hours if possible while limiting the stress around the issue of the clawback. Stapleton et al. (2011) suggests increasing the WRBs to \$150 a month.

A common challenge faced by social enterprises as noted through the analyzed results of this study are the lack of funding available organizations and tighter, more constrained budgets. The potential implications for policy adjustments as outlined above would necessitate additional financial resources, however, this is unlikely to occur with current emphasis within a neo-liberal context which places limitations on government social spending.

The second policy implication to emerge from this study relates information sharing with regards to workplace practices among social enterprises. As noted, the response rate was extremely high with interviews conducted with a respondent from all but two social enterprises across Ontario. Given the constraints upon respondents' time and their heavy workload as discussed through the interviews, the high response rate suggests that respondents were keen to have their experiences heard and that they understood the value in further research on social enterprises providing work to people with mental illness.

While the response rate was high, when asked if respondents knew of other social enterprises working with people with mental illness the majority either only knew of one or two or none at all. While this may seem surprising, when looking at the collected data it is evident that those working at social enterprises are already stretched in their day-to-day responsibilities

and thus do not have time to connect or network with other social enterprises. The dissemination of research results to respondents provides an opportunity for managers and executive directors to familiarize themselves with the other social enterprises in existence as well as allow for information sharing with regards to workplace practices. The distribution of the research results will allow for respondents to gain insight into how other social enterprises design jobs that meet to the needs of people with mental illness, pay their employees, provide accommodations, deal with challenges that arise from the tension of balancing the ‘social’ and ‘business’ aspects of the enterprise as well as how businesses cope with cuts to funding.

8.4 Limitations of Study

While this study has made many contributions both on a conceptual and policy level, the research is not without its limitations. This study has three central limitations. First, this study provides a broad survey of the social enterprises that exist in Ontario providing work to people with mental illness. It provides insight into their size, mandate, structure and workforce, but it cannot offer a comprehensive understanding how such ideas and beliefs translate into practice.

Second, as noted, seven organizations managed multiple social enterprises, however respondents were not able to speak in great detail with regards to all the businesses under their management. All respondents managing multiple businesses were able to discuss their original business, however when the conversation turned to certain aspects of their other businesses most respondents did not have the knowledge to speak on the matter. For instance, while all respondents of parent organizations were able to provide the work activity of their other businesses many were not able to speak of issues of pertaining to the origins of their other businesses. This meant there were gaps in the data collected as there were certain details of businesses that were collected and known to the researcher and others that were unknown.

The third limitation of this study is a methodological limitation. One of the aims of this study was to gain an understanding of the challenges and benefits that arise in the course of operating and managing these organizations, as well as in the course of working for them. Interviews conducted with senior staff members such as managers and executive directors offered a clear and thorough understanding of the organizational challenges and benefits they experience. However, these same interviews could only offer what these respondents *perceived* to be the challenges and benefits of working at a social enterprise on behalf of their employees. Therefore, this study is limited in its understanding of the *actual, first-hand* account of the challenges and benefit of the employees with a mental illness working at a social enterprise. Although some respondents who were interviewed had a mental illness – for example, respondents from consumer-survivor businesses – their viewpoint was that of a manager or executive director working to provide accommodating work and therefore very different from employees who sought accommodating employment.

8.5 Approaching the Limitations and Direction for Future Research

As noted above there are three limitations to this study: the broad nature of this study; the missing details regarding organizations with multiple businesses; and a reliance on the particular perspective of enterprise managers and directors. Further research into the social enterprises studied is needed in order to bridge these gaps.

To approach these limitations a case study approach is suggested as the next stage of research. First, a case study approach allows for an explicit focus on individual worksites to understand the methods in which ideologies, goals and, strategies manifest themselves in the daily running of the businesses. This can be achieved through periods of observation focused on the practices and daily routines of employees and where appropriate staff meetings and

shadowing employees. Observations undertaken at a single business would provide insight into daily practices and how they compare with organizational mandates.

Additionally, as part of the case studies, it is advised that further interviews are carried out with both frontline staff and the employees with mental illness themselves. This is suggested for two reasons. First, if a case study is conducted with one of the businesses under the management of a parent organization, the staff working directly at the organization would have greater knowledge of specific details regarding the business than the staff interviewed in this study who managed the parent organization. Second, by interviewing the employees with a mental illness who work at these social enterprises it allows for first-hand data to be collected on their actual experiences, both positive and negative, of working at a social enterprises. Further research in this tradition would allow for a deeper understanding of both the extent to which enabling spaces differ from inclusive spaces as well as how employees experience these two concepts of space.

In more general terms, there are two additional directions for further research. First, as many of the social enterprises are located within close proximity to former institutions or hospitals this raises inherently geographic questions regarding the enduring influence and connection between these social enterprises and former institutions. As identified by some respondents, the motivations for creating their social enterprises was to provide former patients with direction after hospitalization. What is still left unanswered is *if, how and, to what extent* there is an influence of hospitals and former institutions on how these businesses organize and operate.

This research has also brought to light the workplace accommodations used by employers within social enterprises to provide work people with mental illness. As has been made clear,

mainstream work environments remain exclusionary towards people with disabilities, particularly people with mental illness, partly due to the fact that employers have little understanding of what accommodating work practices entail (Bricout and Bentley 2000; Unger and Kregel 2003). Similarly, literature on social enterprises suggests that many government bodies and policy actors believe that the social economy can reintegrate those that are socially excluded back into the mainstream economy (Amin et al. 1999; Amin 2009a; Amin 2009b; Pearce 2009), while the results of this study have demonstrated conflicting evidence. The majority of respondents noted that while they would like to see their employees gain the skill sets to move on to other competitive forms of employment, they recognize the challenges associated with this view. For instance, employees may become too dependent on the accommodation provided by social enterprises. With the knowledge gained from this study, questions arise as to what extend the accommodations provided within social enterprises for people with mental illness can be transferred to mainstream workplaces. Such questions include issues regarding the cost of providing accommodations and what type of strategies would be needed to integrate and provide such accommodations? Further questions concern the experience of working in mainstream employment settings with such accommodations in place. For instance, would mainstream employment become more enabling to people with mental illness as well as becoming sites of inclusion?

8.6 Conclusion

In summary, this research offers a greater understanding of how social enterprises operate to provide accommodating workplaces for people with mental illness. It is evident that among the twenty organizations in Ontario providing work to people with mental illness, businesses greatly range in their type, size, classification of their employees and, budget and funding, hours

worked, length of employment and wages, however, remain relatively uniform in their motivations for starting their businesses, organizational mandate and, work activity. It is also clear that one measure of the success of social enterprises is their ability to balance the business demand while meeting the needs of their employees. Although social enterprises incur challenges most notably at an organizational level, the most pressing of which is establishing an equilibrium between the 'business' and the 'social' aspects of the enterprise as well as ongoing worries over funding, the benefits of operating these enterprises are most notably seen through the experiences of their employees. As a result of the accommodations provided within these organizations and the benefits experienced by employees through their work at these businesses, it can be concluded that social enterprises are enabling and inclusive workplaces for people with mental illness.

Bibliography

- Amin, A., Cameron, A. and Hudson, R. 1999. Welfare as Work? The potential of the UK social economy. *Environment and Planning A*, 31, 2033-2051.
- Amin, A., Cameron, A. and Hudson, R. 2002. *Placing the Social Economy*. Florence, KY, USA: Routledge.
- Amin, A. 2009a. Extraordinary ordinary: Working in the social economy. *Social Enterprise Journal*, 5:1, 30-49.
- Amin, A. 2009b. Locating the social economy. In A. Amin (ed.) *The social economy: International perspectives on economic solidarity*. London and New York: Zed Books, pp. 3-21.
- Anthony, W. A., Rogers, E. S., Cohen, M., & Davies, R. 1995. Relationships between psychiatric symptomatology, work skills, and future vocational performance. *Psychiatric Services*, 46, 353–358.
- Barnes, C., Mercer, G. and Shakespeare, T. 1999. *Exploring Disability*. USA: Blackwell Publishers Inc.
- Baron, C.R. and Salzer, S. M. 2002. Accounting for unemployment among people with mental illness. *Behavioral Sciences and the Law*, 20, 585-599.
- Barry, P. 2009. *Beginning Theory: An Introduction to Literary and Cultural Theory*. Manchester: Manchester UP.
- Baxter, J. and Eyles, J. 1997. Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis. *Transactions of the Institute of British Geographers*, 22 :4, 505-25.
- Bell, M. D., & Bryson, G. 2001. Work rehabilitation in schizophrenia: does cognitive impairment limit improvement? *Schizophrenia Bulletin*, 27, 269–279.
- Beresford, P. 2004. Madness, distress, research and a social model. In C. Barnes and G. Mercer (eds.), *Implementing the Social Model of Disability: Theory and Research*. Leeds: The Disability Press, pp. 208-222.
- Bhabha, K.H. 2001. The commitment to theory. In Leitch et al. (eds.), *The Norton Anthology of Theory and Criticism*. New York: W.W. Norton and Company, 2379-2397.
- Bondi, Liz & Davidson, Joyce. 2003. Troubling the place of gender. In K. Anderson, M. Domosh, S. Pile and N. Thrift (eds.), *Handbook of Cultural Geography*. London: Sage, pp. 325-343.

- Borzaga, C. and Depedri, S. 2009. Working for social enterprises: Does it make a difference?. In A. Amin (ed.) *The social economy: International perspectives on economic solidarity*. London and New York: Zed Books, pp. 66- 91.
- Bowne, L. P. and Welch, D. 2002. In the shadow of the market: Ontario's social economy in the age of neo-liberalism. In Y. Vaillancourt and L. Tremblay (eds.) *Social economy health and welfare in four Canadian provinces*. Halifax: Fernwood Press, pp. 101-134.
- Bricout, J. and Bentley, K. 2000. Disability status and perceptions of employability by employers. *Social Work Research*, 24:2, 87-95.
- Buckingham, H., Pinch, S. and Sunley, P. 2011. The enigmatic regional geography of social enterprise in the UK. *Area*, doi:10.1111/j1475-4762.2011.01043.x
- Butler, Ruth & Parr, Hester. 1999. New geographies of illness, impairment and disability. In R. Butler and H. Parr (eds.), *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. New York: Routledge, pp. 1-24.
- Chouinard, V. 2000. Getting Ethical: For inclusive and engaged geographies of disability. *Ethics, Place and Environment*, 3, 70-80.
- Cloke, P. and Johnston, R. 2005. Deconstructing human geography's binaries. In P. Cloke and R. Johnston (eds.), *Spaces of Geographical Thought*. London: Sage, pp. 1-20.
- Cope, M. 2010. Coding qualitative data. In I. Hey (ed.) *Qualitative Research Methods in Human Geography*. Canada: Oxford University Press, pp. 282-294.
- Corrigan, P., Mueser, K., Bond, G., et al. 2008. *Principles and practices of psychiatric rehabilitation: An empirical approach*. New York: Guilford Press.
- Crane, M. 1999. Evaluating alternative businesses: Focus on employment and recovery. *Journal of Addiction and Mental Health*, 11:2, 11.
- Crow, Liz. 1996. Including all our lives: Renewing the social model of disability. In C. Barnes and G. Mercer (eds.), *Exploring the Divide*. Leeds: The Disability Press, pp. 55-72.
- Davidson, L. 2009. Review of 'Principles and practices of psychiatric rehabilitation: an empirical approach'. *Journal of Nervous and Mental Disease*, 197:1, 76-77.
- Drake, R. 2000. Disabled people, New Labour, benefits and work. *Critical Social Policy*, 20, 421-39.
- Dowling, R. 2010. Power, subjectivity, and ethics in qualitative research. In I. Hey (ed.) *Qualitative Research Methods in Human Geography*. Canada: Oxford University Press, pp. 26-39.

- Dunn, C.E., Wewiorski, J. N. and Rogers, S. E. 2008. 2008. The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study. *Psychiatric Rehabilitation Journal*, 32:1, 59-62.
- Dunn, K. 2010. Interviewing. In I. Hey (ed.) *Qualitative Research Methods in Human Geography*. Canada: Oxford University Press, pp. 101-138.
- Edwards, C. 2010. Evaluating Workfare: Disability, Policy and the Role of Geography. In V. Chouinard, E. Hall and R. Wilton (eds.) *Towards Enabling Geographies*. Farnham, UK: Ashgate Press.
- Foucault, M. 2006. *History of Madness*. London and New York: Routledge.
- Garety, P. A., Fowler, D., & Kuipers, E. 2000. Cognitive-behavioral therapy for medication-resistant symptoms. *Schizophrenia Bulletin*, 26, 73-86.
- Gleeson B. 1999 *Geographies of Disability*. New York: Routledge.
- Goffman, E. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor.
- Goldberg, S., Killeen, M. and O'Day, B. 2005. The disclosure conundrum: How people with psychiatric disabilities navigate employment. *Psychology, public policy and law*, 11, 463-500.
- Goodley, D. 2001. 'Learning Difficulties', the social model of disability and impairment: Challenging epistemologies. *Disability & Society*, 16:2, 207-231.
- Graefe, P. 2006. The Social economy and the American Model. *Global Social Policy*, 6:2. 197-219.
- Graefe, P. 2006a. Social economy policies as flanking for neoliberalism: Transnational policy solutions, emergent contradictions, local alternatives. *Policy and Society*, 23:3, 69-86.
- Hall, E. 1999. Workspaces: Refiguring the disability-employment debate. In R. Butler and H. Parr (eds.) *Mind and Body Spaces: Geographies of illness, impairment and disability*.
- Hall, E., & Kearns, R. 2001. Making space for the 'intellectual' ill geographies of disability. *Health and Place* 7, 237-246.
- Hall, E., 2005. The entangled geographies of social exclusion/ inclusion for people with learning disabilities. *Health and Place*, 11, 107-115.
- Hall, E. and Wilton, R. 2012. Alternative Spaces of 'Work' & Inclusion for Disabled People. *Disability and Society* 26:7, 1-14.
- Harpur, P. 2012. Embracing the new disability rights paradigm: the importance of the Convention on the Rights of Persons with Disabilities. *Disability & Society*, 27:1, 1-14.

- Hartl, K. 1992. A-Way Express: A way to empowerment through competitive employment. *Canadian Journal of Community Mental Health*, 11:2, 73-76.
- Harvey, D. 2005. *A Brief History of Neoliberalism*. New York: Oxford University Press.
- Hausner, J. 2009. Social economy and development in Poland. In A. Amin (ed.) *The social economy: International perspectives on economic solidarity*. London and New York: Zed Books, pp. 208-231.
- Heller, E., Christensen, J., Long, L., Mackenzie, C., Osano, P., Ricker, B.,... Turner, S. 2011. Dear diary: Early career geographers collectively reflect on their qualitative field research experiences. *Journal of Geography in Higher Education*, 35:1, 67-83.
- Hemming, P. 2008. Mixing qualitative research methods in children's geographies. *Area*, 40:2, 152-162.
- Hruschka, D., Schwartz, D., St. John, D., Picone-Decaro, E., Jenkins, R., Carey, J. 2004. Reliability in coding open-ended data: Lessons learned from HIV behavioral research. *Field Methods*, 16:3, 307-331.
- Hudson, R. 2009. Life on the edge: Navigating the competitive tensions between the 'social' and the 'economic' in the social economy. *Journal of Economic Geography*, 9, 493-510.
- Hughes, B. and Paterson, K. 1997. The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & Society*, 12:3, 325-340.
- Hyde, M. 2000. From welfare to work? Social policy for disabled people of working age in the United Kingdom in the 1990s, *Disability & Society*, 15, 327-341.
- Irvine, A. 2011. Something to declare? The disclosure of common mental health problems at work. *Disability & Society*, 26:2, 179-192.
- Khalifa, J. 2006. Introduction. In M. Foucault, *History of Madness*. London and New York: Routledge, xii-xxv.
- Kirsh, B., Krupa, T., Cockburn, L. and Gerwurtz, R. 2006. Work initiatives for persons with severe mental illnesses in Canada: A decade of development. *Canadian Journal of Community Mental Health*, 25:2, 173-191.
- Krupa, T. 1998. The consumer-run business: people with psychiatric disabilities as entrepreneurs. *Work: A journal of prevention, assessment and rehabilitation*, 11, 3-10.
- Krupa, T., Lagarde, M., and Carmichael, K. 2003. Transforming sheltered workshops into alternative businesses: an outcome evaluation. *Psychiatric Rehabilitation Journal* 26:4, 359-367.

- Lal, S. and Mercier, C. 2002. Thinking out of the box: An intersectoral model for vocational rehabilitation. *Psychiatric Rehabilitation Journal*, 26, 145-153.
- Laville, J., Levesque, B. and Mendell M. 2007. The social economy: Diverse approaches and practices in Europe and Canada. In A. Noya and E. Clarence (eds.) *The social economy: Building inclusive economies*. Paris: OECD, pp. 155-185.
- Laws, G., Radford, J. 1998. Place, identity and disability: Narratives of intellectually disabled people in Toronto. In Kearns, R., Gesler, W. (eds.) *Putting health into place*. Syracuse, Syracuse University Press, pp77-101.
- Limb, M., and Dwyer, C. 2002. *Qualitative methodologies for geographers: Issues and debates*. London: Arnold.
- Marwaha, S., Johnson, S., Bebbington, P. et al. 2007. Rates and correlates of employment in people with schizophrenia in the UK, France and Germany. *British Journal of Psychiatry*, 19:1, 30-37.
- Mendell, M. 2003. The Social Economy in Quebec. Paper presented at the VIII Congreso Interacional del CLAD sobre la Reforma del Estado y de la Administación Pública, Panamá, 28-31October.
- Mendell, M. 2009. The three pillars of the social economy: The Quebec experience. In A. Amin (ed.) *The social economy: International perspectives on economic solidarity*. London and New York: Zed Books, pp. 176-207.
- Ministry of Labour. 2013. Minimum Wage. In *Ministry of Labour*. Retrieved July 27, 1013, from <http://www.labour.gov.on.ca/english/es/pubs/guide/minwage.php>
- Morris, J. 1991. *Pride Against Prejudice*. London: Woman's Press.
- Mulvany, J. 2000. Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder. *Sociology of Health & Illness*, 22:5, 582-601.
- National Council of Welfare. 2008. *Welfare Incomes, 2006 and 2007*. Ottawa: National Council of Welfare.
- Noya, A. and Clarence, E. 2007. *The social economy: Building inclusive economies*. Paris: OECD.
- Oliver, M. 1996. *Understanding Disability: From Theory to Practice*. New York: St. Martin's Press.
- Ontario Human Rights Commission. 2000. *Policy and Guidelines on Disability and the Duty to Accommodate*. *Ontario Human Rights Commission*. Retrieved August 23, 2013, from <http://www.ohrc.on.ca/en/policy-and-guidelines-disability-and-duty-accommodate>

- Parr, H. and Philo, C. 1995. Mapping 'mad' identities. In S. Pile and N. Thrift (eds.) *Mapping the Subject: Geographies of Cultural Transformation*. London and New York: Routledge, pp. 199-225.
- Parr, H. 2007. Mental health, nature work, and social inclusion. *Environment and Planning D*, 25, 537-561.
- Parr, H. 2008. *Mental Health and Social Space: Towards Inclusionary Geographies*. Oxford: Blackwell.
- Peck, J. and Tickell, A. 2002. Neoliberalizing space. In N. Brenner and N. Theodore (eds), *Spaces of neoliberalism: Urban restructuring in North America and Western Europe*. Oxford: Blackwell, pp.33-57.
- Peacore, J. 2009. Social economy: Engaging as a third system?. In A. Amin (ed.) *The social economy: International perspectives on economic solidarity*. London and New York: Zed Books, pp. 22-36.
- Rhodes, P., Nocon, A., Small, N., and Wright, J. 2008. Disability and identity: The challenge of epilepsy. *Disability & Society*, 23:4, 385-395.
- Rosenheck, R., Leslie, D., Keefe, R. et al. 2006. Barriers to employment for people with Schizophrenia. *American Journal of Psychiatry*, 163:3, 411-417.
- Shakespeare, T. 2006. The social model of disability. In L. J. Davis (ed.), *The Disability Studies Reader* (pp. 197-204). New York: Routledge.
- Shakespeare, T. and Watson, N. 2002. The social model of disability: An outdated ideology?. *Research in Social Science and Disability*, 2, 9-28.
- Shakespeare, T. and Watson, N. 1997. Defending the social model. *Disability & Society*, 12:2, 293-300.
- Statistics Canada. 2008. *Participation and Activity Limitation Survey 2006: Labour Force Experience of People with Disabilities in Canada*. Ottawa: Statistics Canada.
- Seanor, P. and Meaton J. 2007. Making sense of social enterprise. *Social Enterprise Journal*, 3:1, 90-99.
- Stapleton, J., Procyk, S. and Kochen, L. 2011. *What Stops Us from Working? New ways to make work pay, by fixing the treatment of earnings under the Ontario Disability Support Program*. May 2011.
http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/ODSP%20Report%20final.pdf

- Thériault, L., Gill, C., and Kly, Y. 2002. Personal Services and the Third Sector in Saskatchewan. In Y. Vaillancourt and L. Tremblay (eds.) *Social economy health and welfare in four Canadian provinces*. Halifax: Fernwood Press, pp. 135-160.
- Thomas, C. 1999. *Female Forms: Experiencing and Understanding Disability*. Buckingham: Open University Press.
- Thomas, C. 2004a. How is disability understood? An examination of sociology approaches. *Disability & Society*, 19:6, 569-583.
- Thomas, C. 2004b. Rescuing a social relational understanding of disability. *Scandinavian Journal of Disability Research*, 6:1, 22-36.
- Thornton, P. 2009. Disabled people, employment and social justice. *Social Policy and Society*, 4:1, 65-73.
- Tregaskis, C. 2002. Social model theory: The story so far. *Disability & Society*, 17:4, 457-470.
- Tremblay, L., Aubry, F., Jetté, C and, Vaillancourt, Y. 2002. Introduction. In Y. Vaillancourt and L. Tremblay (eds.) *Social economy health and welfare in four Canadian provinces*. Halifax: Fernwood Press, pp.19-25.
- Tremain, S. 2005. Foucault, governmentality, and critical disability theory. In S. Tremain (ed.), *Foucault and the Government of Disability*. USA: University of Michigan Press, pp. 1-24.
- Unger, D. and Kregel, J. 2003. Employers' knowledge and utilization of accommodations. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 21:1, 5-15.
- Vaillancourt, Y., Aubry, F., Jetté, C and Tremblay, L. 2002. Regulation Based on Solidarity: A Fragile Emergence in Quebec. In Y. Vaillancourt and L. Tremblay (eds.) *Social economy health and welfare in four Canadian provinces*. Halifax: Fernwood Press, pp.29-68.
- Vittala, K. 1999. Evaluating alternative business. *The Journal of Addiction and Mental Health*, 2:2, 11.
- Williams, V. and Heslop, P. 2005. Mental health support needs of people with a learning difficulty: a model or a social model?. *Disability & Society*, 20:3, 231-245.
- Wilton, R. 2004a. From flexibility to accommodation: workers with disabilities and the reinvention of paid work. *Transactions, Institute of British Geographers*, 29, 420-432.
- Wilton, R. 2004b. More responsibility, less control: Welfare state restructuring and the citizenship of psychiatric consumer/survivors. *Disability & Society* 19:4, 371-385.
- Wilton, R. 2004c. *Poverty and people with serious mental illness: Putting policy into practice? Social Science and Medicine* 58, 25-39.

- Wilton, R. 2006. Disability disclosure and accommodation in the workplace. *Just Labour: A Canadian Journal of Work and Society* 8, 24-39.
- Wilton, R. and Schuer, S. 2006. Towards socio-spatial inclusion? Disabled people, neoliberalism and the contemporary labour market. *Area*, 38:2, 186-195.
- Wolch, J. and Philo, C. 2000. From distribution of deviance to definitions of difference: Past and future mental health geographies. *Health and Place*, 6:3, 137-157.
- Young, M. I. 2002. *Inclusion and Democracy*. New York. Oxford University Press.

Appendix A: Contact Letter

Dear Respondent,

We are writing to ask if you'd be willing to take part in a telephone interview about the role of social purpose enterprises in creating jobs for people living with mental illness. The interview would take approximately 60 minutes and can be conducted at a time of your choosing.

We found your organization through a recent Internet search. As part of a project funded by the Social Science and Humanities Research Council, we are interested in learning about how Organization create job opportunities for people living with mental illness, as well as the challenges and opportunities they face in their day-to-day operations.

As manager of Organization, you have an in-depth understanding of these issues and your input would be very valuable to our project.

Questions in the interview will cover a variety of topics including the organization's mission, history, size, daily operation, number of employees/members, rates of pay, and external funding sources. We will also ask a few questions about you (e.g., your position within the organization and how long you've work there). Last, we will ask if you/your organization would consider participating in a second stage of the research project. This would involve a member of the research team visiting the organization to learn more about its day-to-day operation.

The interview is confidential. We will not use your name or the name of your organization when we write our final report. In addition, it is expected that there will be no risks to you in taking part in the interview.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you have any concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat

Telephone: (905) 525-9140 ext. 23142

c/o Office of Research Services

Email: ethicsoffice@mcmaster.ca

I'd like to thank you in advance for your time and consideration. I'll contact you by telephone in a few days to address any questions or concerns you may have about the research.

Best wishes,

Pearl Buhariwala

Master's Student

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wiltonr@mcmaster.ca

LETTER OF INFORMATION / CONSENT

A Study about the Role of Social Enterprises in Creating Employment for People Living with Mental Illness

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Research Sponsor: The Social Sciences and Humanities Research Council of Canada

What are we trying to discover?

We are conducting a study on the role of social purpose enterprises (or alternative businesses) in creating employment opportunities for people living with mental illness.

We are interested in learning about (1) the kinds of organizations that exist, (2) the strategies they use to create jobs for people with mental illness, and (3) the challenges and opportunities they face in their day-to-day operations.

We have asked to interview you because as an executive director/manager/ owner/member of such an organization, you have an in-depth understanding of these issues and your input would be very valuable to our project

What will happen during the study?)

We are asking you to participate in a telephone interview to tell us about your organization. The interview should last about one-hour. The interview can be conducted at a time and location of your choosing.

We will ask you a range of questions about your organization. These will cover a variety of topics including the organization's mission, history, size, daily operation, number of employees/ members, rates of pay, and external funding sources. We will also ask a few questions about you (your position within the organization, how long you've worked there, etc).). Last, we will ask if you/your organization would consider participating in a second stage of the research project. This would involve a member of the research team visiting the organization to learn more about its day-to-day operation.

Are there any risks to doing the study?

The risks involved in participating in this study are minimal. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. You can also withdraw from the research at any time. We describe below the steps we are taking to protect your privacy.

Are there any benefits to doing this study?

The research will not benefit you directly. However, we hope to learn more about the types of social purpose enterprises creating employment opportunities for people with mental illness through this research, as well as the opportunities and challenges that they confront. This will help to raise awareness of the important role these organizations play. Findings from the research will be sent to advocacy organizations and

Who will know what I said in the study?

Every effort will be made to protect your confidentiality and privacy. We will not use your name or the name of your organization in any written reports or publications. Only members of the research team will know that you participated in the research project.

However, there are a limited number of social purpose enterprises working with people with mental illness. For this reason, others in the field may be able to identify you based on information you provide about your organization. Please keep this in mind when deciding what to tell us in the interview.

The audio-recording of the interview will be kept on a password-protected computer in our research office. Transcripts of the interview will be kept in a locked filing cabinet in the same office. Both audio-files and transcripts will be assigned a code number and will have identifying information removed. Only members of the research team will have access to the data. Once the study has been completed, interviews and transcripts will be destroyed.

What if I change my mind about being in the study?

Your participation in this study is voluntary. If you decide to be part of the study, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

If you decide to withdraw, there will be no consequences to you. If you choose to withdraw, any data you have provided will be destroyed unless you indicate otherwise. However, once the research is complete and the results of the study made public (e.g., in a final report), you will not be able to withdraw.

Information about the Study Results

We expect to have this research completed by approximately July 2012. If you would like a brief report summarizing the results, please let us know how you would like it sent.

Questions about the Study

If you have questions or need more information about the study itself, please contact either Robert Wilton (wilton@mcmaster.ca, 905 525-9140, ext.24536), Pearl Buhariwala (buharip@mcmaster.ca, 905 525-9140, ext. 24536) or Athena Goodfellow (tordjmay@mcmaster.ca, 905 525-9140, ext.24536).

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

Telephone: (905) 525-9140 ext. 23142

c/o Research Office for Administrative Development and Support

E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Robert Wilton, Athena Goodfellow and, Pearl Buhariwala of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time.

I have been given a copy of this form.

1. I agree to participate in the study.

... Yes.

... No.

2. I agree that the interview can be audio recorded.

... Yes.

... No.

3. I would like to receive a summary of the study's results.

... Yes, please send them to this email address: _____

or to this mailing address: _____

... No, I do not want to receive a summary of the study's results.

Signature: _____

Name of Participant (Printed): _____

Date: _____

Appendix C: Interview Guide

Interview Guide

Thank you for agreeing to speak with me today. I will now turn the tape recorder on and remind you that in the write up of my research your identity will not be revealed. I have a series of questions I would like to ask you. Please stop me at any time if you would like to take a break.

1. Can you describe your position and responsibilities within the organization?
2. How long have you been at this organization?
3. Can you give me an overall sense of the organization in terms of its main programs, operations etc.

Overall Structure

4. Thinking specifically about the social purpose enterprise, when was it established?
5. What were the main motivations behind its creation?
6. Why did you decide to focus on the activity you do?
7. How was the business funded initially?
8. Does the enterprise have a specific social purpose mandate or mission?
 - a. (If yes) Can you tell what it is?
9. Has that mandate stayed the same since the beginning?
 - a. (If no) How has it changed? What were the reasons for the change?
10. How many sites does the enterprise currently occupy? Has this changed over time?
11. Does the social enterprise operate as a non-for-profit, a cooperative, a for-profit organization or something else (or multiply, as some may have more than one statue)?

Has this changed over time and if so, why?

12. Do you have a board that oversees the operation of the social enterprise?
13. Do individual workers/ members have input into the way the business is operated?
 - a. (If yes) How is that input acted upon?

Workers and Conditions

14. How many people currently work at the business/businesses?
15. Based on your experiences, what attracts people to work here?
16. Of the people who work in the social enterprise, are they classified as workers, members, clients, or something else?
17. Can you describe the structure of the business (i.e., the number of workers, supervisors, management, etc.)?
18. Has this number changed much over time?
19. Of the current staff, how many would be people with mental illness/psychiatric survivors? And do they work at all levels of the business (e.g. supervisory, management)?
20. On average, how many of the people with mental illness working here would be women?
21. What would be the age range of the people working here with mental illness?
22. And how many would people working here with mental illness would be considered visible minorities?
23. Among the people with mental illness, how many of them would be considered full-time employees vs. part-time employees or casual workers?
24. Are there a minimum number of hours people have to work in a given period?

25. How are workers paid? (Hourly wage, weekly or daily rate, piece rate etc.)
26. Can you tell me the wage range for people with mental illness who work with your organization?
- a. How is it determined?
 - b. Have the rates changed much over time?
27. If you have employees on disability benefits, does that cause a problem in terms of wages they receive through your organization?
- a. If so, do you have a way of dealing with that through your organization?

Types of Work

28. Can you talk about how the jobs you offer here are well suited to people living with mental illness?
29. Can you give me specific examples of how they work for people?
30. What types of accommodations are you able to offer to people who work in the business?
- a. Which accommodations are most commonly used by people?
31. If an employee needs to take a leave of absence from their position due to their illness, would they be able to take time off to recover and then return to their job once they are ready to return to work?
32. How long do people work here? What is the range and the average length of time?
33. Why do people leave?
31. Do you ever have to let people go?
34. Do you see your role as transitional (i.e. do people eventually move into 'competitive'?

employment) or something longer term?

35. When you are hiring/interviewing people, how do you determine the type of position and hours that may work best for them?
36. From your perspective, what qualities do people with mental illness bring to their work here?
37. Are there any disadvantages they encounter in working with your organization?
38. What do you think are the main benefits of working with your organizations?

Organizational Budget and Challenges

39. Can you give me a sense of the current operating budget of the business?
40. What are the main sources of revenue for the business (e.g., government grants, service contracts, sales of goods and services, donations, membership dues)?
 - a. Has this changed much over time? (If yes) What are the main reasons for the change?
 - b. How have these changes affected the organization's day-to-day operations?
41. How do you promote your business to potential customers or the community at large?
42. To what extent do you emphasize the social purpose mission to potential customers?
 - a. Why is that?
43. What do you see as the biggest challenges currently facing the organization?
 - a. Have these challenges interfered with or restricted the organization's ability to provide support to people within the business?
44. What do you see as the biggest opportunities for the organization?

Finish up

45. Do you know of other social purpose enterprises in Canada working with people with mental illness?

46. The second stage of our research is going to involve profiling some organizations in more detail. This would involve me coming to visit the organization and asking to interview some of the people working there about their experiences. Is this something you would consider participating in?

47. Would you like to add anything you feel is relevant to this research project?

Appendix D: Coding Structure

Name	Sources	Number of Times Coded
Accommodations	0	0
Accommodations Beyond Work	5	7
Flexibility	14	24
Pace of work	6	11
Scheduling	13	18
Social interaction	1	2
Work tasks	5	6
Physical Accommodations	2	2
Time off	0	0
Long-term (time off)	10	14
Short-term (time off)	12	15
Benefits of Working at the Organization (for the workers)	0	0
Community of Work	12	20
Disclosure	5	6
Experience	5	10
Receiving a Wage	7	9
Self-Esteem	11	18
Social Interaction	11	15
Supportive Environment	13	23
Training	5	7
Type of Work	3	7
Work as Recovery	6	10
Challenges Facing the Organization	0	0
Balancing the Social and Business Aspects of the Organization	15	47
Business is moving	3	5
Business is not making a profit	10	12
Customer perception	2	3
Demand for goods or services	7	10
Expansion	6	9
Funding	18	51
Limited employment options	4	5
Promotion	5	5
Staffing	9	24
Transportation	2	6
Demographics	0	0
Age	17	20
Gender	20	22
Visible Minorities	20	20
Workers with a Mental Illness	15	20

Determining what workers can do	20	28
Disability Benefits	0	0
Adjustments or Strategies	4	6
Impact of Benefit System	15	21
Disadvantages of Working at the Organization	0	0
Hours	2	2
Mental health system	3	5
Pay or Wages	4	5
Social Interaction	2	2
Stigma	2	2
Structure of Social Enterprise	3	5
Hours	0	0
Hours Worked	18	31
Minimum Hours	18	21
Job Suitability	16	17
Length of Employment	0	0
How Long People Work at the Organization	20	38
Why People Leave	0	0
Health and Behaviour	11	12
Job does not fit the worker's interests or abilities	3	3
Other Employment or Opportunities	16	19
Retire	3	3
Transition	10	10
Opportunities Facing the Organization	0	0
Changing mental health perceptions	1	1
Continuing with organizational activities	7	8
Expansion	1	1
Expansion in terms of Staff	3	4
Expansion of the Business	9	17
Move	2	3
Organizational Structure	0	0
Board	18	22
Recruitment	4	5
Structure	20	74
Changes to the Structure of Workers	9	9
Problems with structure	1	1
What people do	7	8
Worker classification	14	15
Workers' Input into the Business	18	19
Origin of the Business	0	0
Connections to Other Organizations	1	1

Connections to External Organization	14	27
Connections to Government or State Services	9	21
Connections to Other Branches of the Organization	7	13
Initial Grant or Funding	17	18
Mandate or Mission Statement	20	48
Motivations for Starting up the Business	19	25
Number of Sites	18	18
Outside of Work Activities	4	4
Start Date	19	25
Why this Sector or Work Activity	14	15
Promotion of the Business	0	0
Community Events	6	6
Networking - Mental Health Community	5	5
Paid advertising and promotions	7	10
Press coverage	2	4
Website	9	11
Word of Mouth	8	13
Social Purpose Mission	0	0
Equal Promotion of the Business and Social Mission	9	9
Promotion of the business first	6	8
Promotion of the Mental Health Piece	6	7
Sources of Revenue	0	0
Current Budget	20	26
Sources	0	0
Changes to the source of revenue	9	10
Grants	19	42
Self - Generated	15	26
Type of Organization	0	0
Status	17	23
Change to Status	3	3
Who the Business' Customers and Clients are	11	22
Wages	0	0
Amounts	20	27
Changes to Wages	8	8
Determinates of Wage	0	0
Disability Benefits Limit	5	7
Experience	3	3
Hours	7	8
Minimum Wage	7	7
Position	3	3

Type of Work	0	0
In Line with the Field of the Work Activity	2	5
Special Skills	6	6
Worker productivity	2	3
Staff Benefits	3	3
Workers' Qualities (what they bring to the job)	0	0
Dedication	4	4
Desire to Work	5	6
Distinction Between Mental Illness and Personality	1	1
Understanding Regarding Mental Illness	3	3