

WORK INITIATIVES FOR PERSONS WITH SEVERE MENTAL ILLNESSES IN CANADA: A DECADE OF DEVELOPMENT

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ABSTRACT

This research study portrays work initiatives for persons with serious mental illness in Canada. It considers 2 earlier papers on vocational programs and services to point out developments and current status in the field. Through a content analysis of documents collected from work initiatives across Canada, core values, models, and practices in the area of work integration are presented. Findings point to a consistent belief in the capacity of consumers to develop their work potential, to engage in the labour force, and to experience the many benefits of work. Results also reveal evidence of an increased emphasis on consumer initiatives, partnerships within the community, and negotiation of environmental factors, including workplace accommodations. Examples of work initiatives are provided, and suggestions for further research are offered.

Over a decade ago, two important papers shed light on the state of vocational programming for persons with mental illnesses in Canada. *Employment Opportunities for People Labeled as Psychiatrically Disabled*, authored by Church and Pakula (1984) on behalf of the Canadian Mental Health Association (CMHA), addressed employment opportunities by reviewing models, services and supports for employment. Several years later, *Vocational Programs and Services in Canada* by Cochrane, Goering, and Rogers (1991) was published in the *Canadian Journal of Community Mental Health*. This paper offered an overview of models that guided vocational programming in Canada and provided a snapshot

of services offered within the Canadian context. Differences between service types, their aims and goals, and examples were provided to give some order to a rather uncoordinated subsystem. Together, these papers served as an organizing framework for understanding the multiple services and supports that were rapidly developing within the field of what was then referred to as vocational rehabilitation.

How has the picture changed over a decade later? What values and principles currently underlie the delivery of services within the realm of employment for people living with serious mental illness? What have been the innovations within the field over the last several years and what lessons have been learned? This paper addresses these questions by providing an overview of current Canadian work-related initiatives directed at persons with mental illnesses. Included in this analysis are vocational and employment programs and services, and consumer run initiatives, as well as a discussion of their values, goals and processes.

BACKGROUND

Within health care generally, significant concerns have been raised that service delivery in most communities lags behind research findings and that prevailing practices vary across regions, resulting in many people not receiving appropriate care (Lehman et al., 2004). This concern is apparent in community mental health service delivery as well. As noted by Huebner, Gardiner, and Adair (2003), "the stalling of mental health reform is frequently attributed to insufficient development of community supports" (p. 52). Given the attention that has been devoted to the development of a sound evidence-base for effective models of community support and intervention approaches, this concern is particularly troubling. Reform may be especially lagging in the area of work and employment. Findings of the Community Mental Health Evaluation Initiative (CMHEI), a multisite study of processes and outcomes of a variety of case management programs in Ontario, suggest that the employment rates of people with severe mental illness are very low and that the application of best practices in employment support can be compromised in the routine delivery of these services (CMHEI, 2004). Latimer, Bush, Becker, Drake, and Bond (2004) suggest that despite the progress in this area, the majority of individuals with severe mental illness may not have access to evidence-based employment practices. They identify several factors that may account for this, including rigid funding rules and the lack of an appropriate funding infrastructure, resistance among clinicians, a lack of leadership in implementing evidence-based practices, and misconceptions about the costs associated with these initiatives.

The question of whether efforts have been "stalled" or developed in the area of vocational programming and employment supports may be addressed through a comprehensive overview of the field as it currently stands. An exploration of how the mental health system is providing services in the area of vocational issues can shed light on developments in the field, and on the principles being embraced. An awareness of the types of initiatives and services that comprise the system may be the first step in enhancing the system to better serve individuals with severe mental illness. Expectations regarding the direction of developing trends and outcomes can to a large extent be tied to specific types of programs or services.

METHODS

This discussion of current work initiatives in Canada emerges from a research study on Canadian principles, values, and practices in the area of work integration. The study set out to develop a theoretical understanding of work integration of persons with mental illness in Canada, including identification of the ideology and values that underlie work integration efforts, and trends in Canadian practice. Document collection and analysis was considered to be the best method to secure data that would reflect the topic of interest at the national level because this method enables the researcher to track discourse about complex phenomena over specified time periods and geographical boundaries from multiple perspectives (see, for example, Altheide et al., 2001).

We used grounded theory methods and conducted a content analysis of 540 Canadian documents that covered the years 1990 to 2003. The documents were collected through a broad search of scientific literature, popular press, and work initiative materials.

Our final data set consisted of 100 academic articles, 114 organizational documents, 76 government documents, 138 popular press articles, 5 legal documents, and 107 documents from work initiatives. In addition, interviews were conducted with 19 key informants across Canada who shed light on beliefs, policies, and practices in the area of work integration. While the overall objective of the study was to generate a theory of work integration in Canada, gleaned from multiple sources and perspectives (academic literature, organizational, legal and government documents, popular press, key informant interviews, and work initiative materials), one of the research questions presented here focuses on principles and practices reflected by the latter category alone, that is, work initiatives in Canada.

The findings of this paper are generated from descriptions of work initiatives serving persons with mental illnesses across Canada that were collected for this research. We use the term *initiatives* to capture the broad spectrum of efforts that are in place with the aim of assisting people to enter and remain in the labour force; these initiatives include employment or vocational programs, as well as consumer-run organizations. Although the earlier papers by Church and Pakula (1984) and Cochrane et al. (1991) used the term *vocational program*, we feel the term *work initiative* is representative of current efforts at creating and promoting full community employment. Descriptions of these work initiatives represent the realities of current work integration efforts in Canada directed at persons with mental illnesses. An overview and discussion of such initiatives across Canada as they exist in current day is presently absent from the literature.

We used the principles of maximum variation sampling to guide our sampling efforts. Work initiatives across Canada were invited to send written materials to us with the understanding that they would be used for the purpose of this project. Requests were made across all provinces and territories so that representation was national in scope. Initiatives were identified through the World Wide Web, community services catalogues and information centres, and through word of mouth. In regions where initiatives were not easily identified, we sought assistance from local individuals who identified key contacts. One hundred and seven work-initiative documents were received and analyzed from 91 initiatives across Canada. Although most of these documents were specific to persons with mental

illnesses, some were from work initiatives that serviced persons with a variety of disabilities or a variety of barriers to employment including mental health problems. Initiatives directed at persons with various disabilities or barriers to employment were particularly prevalent in more rural areas and were not included to the same extent in urban centres like Toronto, Montreal, and Vancouver where there is a high density of efforts specifically targeting persons with mental illnesses. Table 1 shows a breakdown of categories of work initiatives.

This sample of work-initiative documents is not exhaustive but represents the types of efforts in place across different regions of the country. Since no comprehensive listing is available, we cannot estimate what percentage of all programs in Canada were included. Table 2 provides an overview of the number of work initiatives that were contacted by province. The response rate ranges from 76% in Nova Scotia to 25% in Newfoundland. Higher response rates were achieved when we were able to access documents on the World Wide Web. Unfortunately, no initiatives were identified in Nunavut. It should be remembered that the trustworthiness of sampling in qualitative research is based primarily on the extent to which the data represents the range and variations in the phenomena within the natural context rather than on quantitative estimates of the sample relative to the potential population.

Our analysis of these documents included collection of “face value” data, such as expressed goals and missions, logic models, types of programs, characteristics, and strategies of work integration. We followed the constant comparative method of analysis as described by Strauss and Corbin (1998), beginning with line-by-line open coding to identify concepts or categories of information and moving into axial coding in which categories are compared with one another and theoretical propositions and relationships are generated. In this paper, we offer synthesized findings from the analyzed materials, accompanied by raw data in the form of excerpts, to highlight and exemplify the findings.

FINDINGS

Underlying Values

Values and beliefs held by work initiatives were often explicitly stated in the descriptions. These beliefs lay the foundation and provide a rationale for the interventions and strategies offered. Common to many of these initiatives is the belief that persons with mental illnesses *can* succeed at work. This belief is emphasized explicitly through such phrases as, “The underlying belief [is] that all individuals no matter how psychiatrically disabled, can become productive members of society and live satisfying lives” (Fitzroy Centre Clubhouse, 2003, History section, p. 3); or “With this kind of support, men and women with mental illness, for so long deemed vocationally hopeless, can work and become fully participating members of their communities” (Pathways Clubhouse, 2003, para. 1). In some documents, belief in success was framed more generally, implying that work is one, but not the only, aspect of self-actualization and recovery: “We believe that everyone can succeed and our goal is to assist students and participants to attain success to the best of their ability (BC Society of Training for Health and Employment Opportunities [THEO BC], 2004, About Us, para. 4).

Many documents positioned work as a human right for all citizens: “We believe all members have rights to a life, which includes access to residential, educational, employment, pre-vocational, and social

Table 1
Type of Work Initiative

Type of work initiative	Description	Number identified
Clubhouse	A communal place where members can share experiences, access a range of services and supports, and contribute in meaningful ways to the functioning of the clubhouse (Henry, Barreira, Banks, Brown, & McKay, 2001).	12
Agency-operated businesses	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.	5
Consumer/survivor businesses	Entrepreneurial ventures that provide goods and services to the public and are completely directed and staffed by consumers of mental health services.	2
Affirmative businesses	Jobs within sustainable commercial organizations, typically developed through a partnership between consumers, business people, and vocational service providers.	2
Supported employment	Competitive employment in integrated settings with ongoing support (Substance Abuse and Mental Health Services Administration, 2006).	5
Vocational rehabilitation (including vocational assessment and prevocational training)	Services directed at enhancing employability through evaluation, planning, and training, where evaluation generally precedes other services.	8
Sheltered workshops	Programs that “serve people with severe or multiple disabilities who are unable to move on to competitive employment” (Human Resource Development Canada, 2002).	1
Transitional employment	Time-limited employment (usually 6 to 9 months) within the community that provides an opportunity to increase confidence and gain valuable job skills and references.	5
Job/employment counselling	A service directed at helping clients develop and implement a plan of how they will reach their individual employment goals.	1
Range of services	More than one type of work-related service or program within a single agency or organization (e.g., a mental health agency may offer supported employment and supported volunteering).	38
Unknown/Other		12
Total		91

Table 2
Response Rate by Province

Province	Initiatives identified	Initiatives responded ^a	Number of documents ^b
National	1	1; 100%	1
Alberta	9	4; 44%	6
British Columbia	42	13; 38%	12
Manitoba	19	6; 32%	8
New Brunswick	10	4; 40%	4
Newfoundland	12	3; 25%	4
Northwest Territories	5	1; 20%	1
Nova Scotia	17	13; 76%	15
Nunavut	0		0
Ontario	59	19; 32%	28
Prince Edward Island	4	3; 75%	3
Quebec	50	15; 30%	18
Saskatchewan	11	6; 54%	6
Yukon	4	3; 75%	1

Note. ^aResponse rate across all provinces/territories = 37.5%. ^bTotal number of documents = 107.

recreational programs that could enhance their individual growth and participation in life in the community” (Fitzroy Centre Clubhouse, 2003, Philosophy section). Work is perceived to have beneficial effects, promoting recovery and individual growth: “Meaningful work is a positive force in the life of every human being, especially the opportunity to aspire to and achieve gainful employment” (New View Society, n.d., Clubhouse section, para. 2). Productive activity is seen as a key to increased wholeness and self-esteem: “TEAM Work Cooperative is a value based organization and is committed to development of the whole person through employment success” (TEAM Work Cooperative, 2004, p. 3). Work initiatives aim to “create opportunities in which people can learn or build skills to enhance their self-esteem and independence, and to develop social recognition within the larger community” (Mill Lane Enterprises, 2002, Frequently Asked Questions, para. 2). Together, these definitive statements about the right to work, people’s potential for work, and the benefits of work, establish a solid position on the needed mandate of programs to address this issue as a primary, targeted goal.

Work Initiatives and Practices

Although the work initiatives identified in our project approximate the types described by Cochrane et al. (1991), there were some significant differences. Perhaps most striking is the proliferation of alternative, consumer-run, affirmative, and agency-sponsored businesses in Canada over the past decade—a truly Canadian phenomenon. Although there are important distinctions between the different business structures in terms of ownership and control, they share in common their primary interest in economic and community development.

Consumer-run businesses are entrepreneurial ventures that provide goods and services to the public and are completely directed and staffed by consumers of mental health services. In addition to providing real employment opportunities, these businesses are considered an important vehicle for developing leadership capacity, and replacing the stigma of mental illness with positive images of the strengths and abilities of consumers. Affirmative businesses attempt to reduce the systematic employment disadvantage experienced by people with mental illnesses by creating real jobs within sustainable commercial organizations. They are typically developed through a partnership between consumers, business people, and vocational service providers. Finally, agency-sponsored businesses are owned by health and rehabilitation agencies with a view to providing paid employment opportunities for people with mental illness who have been marginalized from the community labour force.

Such businesses can be found in virtually every province of the country, offering diverse types of work; for example, paper sorting and bundling (The Paper Jammers in Quebec), recycling (Ever Green Recycling in Newfoundland), cleaning (Fresh Start in Ontario), landscaping (Coast Landscaping in British Columbia), food service (Sunflower Café in Manitoba), courier work (A-Way Express in Ontario), art/crafts production (HARP Ceramics and Gifts in Ontario), furniture refinishing (ABEL Industries in Ontario), textile and woodworking (Mill Lane Enterprises in Newfoundland), a thrift store (The Post in Alberta), a second-hand clothing store (As Good As New in Saskatchewan), and a pet supply store (Pet Stuff on the Go in Nova Scotia).

Many such businesses are thriving, managing the economic challenges of current day business development while creating communities and healthy workplaces for persons with mental illnesses. Several documents from these work initiatives explicitly cite pay for work as an important factor in these businesses. For example, Vittala (1999) emphasized pay as a key aim of such businesses: "Alternative businesses allow people who might otherwise be termed unemployable a chance to earn money and work with other people, while at the same time providing flexibility in work hours and situations" (para. 9). Consumer and affirmative business developers are clearly proud of their work and the services they provide: "We're not a subsidized program, we're a landscaping company like anybody else, and we have people that are fighting and growing through adversity. We're priced competitively, we can do as good a job as anybody else" (Bridge, 2002, p. K4).

Supported Employment (SE) is also part of the Canadian landscape. Defined as "competitive employment in an integrated setting with ongoing support services for individuals with the most severe disabilities" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2006), SE in Canada exists in the form of specialized programs, or alternatively, as a component of other types of vocational programs. Most SE programs clearly suggest adherence to best practice, by demonstrating their fidelity to the model as documented in the literature (Bond, Drake, Mueser, & Becker, 1997). For example, the Work Initiative Network [WIN] (2003) describes itself as "a community based supportive vocational program that helps adults experiencing serious mental health issues to secure and maintain paid employment. At WIN it is our goal to help clients to quickly and successfully access and maintain paid employment" (Program Description section, para. 1). Rapid placement and paid work, two characteristics associated with successful outcomes in the SE research literature (Bell, Lysaker, &

Milstein, 1996; Bond, Dietzen, McGrew, & Miller, 1995), are easily identifiable in their materials. Many SE programs demonstrate an inclusive, holistic approach to employment that addresses not only the needs of the client but those of the employer as well: "Participants can, with the program's assistance, tackle barriers to employment by learning job specific, generic and coping skills. The program also provides support to employers who hire program participants" (Employment Dimensions, 2002, para. 10). Even formerly traditional vocational services have chosen to add SE to their range of interventions: "In November 2001, GVS (Gastown Vocational Services) added the component of supported employment services to assist participants with job search, marketing and placement. Prior to this, GVS would refer clients to community agencies for job search and/or education assistance" (Gastown Vocational Services, 2002, p. 3).

While SE programs have grown in number and importance in the field, a clear understanding regarding access to and availability of these initiatives remains somewhat obscure. Thorough reading of initiative materials often points to SE components or principles, but easy identification of SE programs in the community is difficult for those outside of the operation of these programs. Unlike consumer businesses, whose materials are widely available to the mental health community and to the public at large, SE programs often require an "insider" to identify and access these opportunities. Funding mechanisms are undoubtedly partly the reason that these programs are one step removed from the user; in Ontario, for example, programs can apply to government sources for funds to put SE into place on an individual basis as needed. Consequently, SE occurs for individuals within vocational programs that may offer a variety of other vocational strategies as well.

Clubhouses continue to hold an important place in Canadian community mental health service delivery in the realm of work and productivity. Clubhouses provide services within a communal place where members can share experiences, access a range of services and supports, and contribute in meaningful ways to the functioning of the clubhouse (Henry, Barreira, Banks, Brown, & McKay, 2001). The emphasis on the *work-ordered day* promotes the potential productivity of all people. Within the clubhouse documents, work was reflected as a core value, fundamental to recovery: "Causeway believes that meaningful work, be it in the clubhouse or in the community is central to the process of recovery" (Causeway Work Centre, 2003, Philosophy section). The New View Clubhouse reflects its *raison d'être* as being work related: "Meaningful work is a positive force in the life of every human being, especially the opportunity to aspire to and achieve gainful employment" (New View Society, n.d., Clubhouse section, para. 2). This emphasis on work seems to have intensified over the past several years, with a sharpened focus on work moving to the forefront of clubhouse programming. For example, the Fitzroy Centre Clubhouse states (2003), "In accordance with the clubhouse philosophy, the focus of the day program was changed from social-recreational to pre-vocational with an emphasis on work" (History section, p. 3). Clubhouses offer their members access to paid employment, primarily through transitional employment experiences, which, in the case of New Beginnings (2002), are "drawn from a wide variety of job opportunities . . . are part-time and time-limited, generally 20 hours per week and six months in duration. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer" (pp. 14-15).

Sheltered workshops have dwindled, but have not disappeared from the Canadian landscape. Defined by the Ontario government as programs that "serve people with severe or multiple disabilities who are presently

unable to move on to competitive employment” (Human Resource Development Canada [HRDC], 2002), they continue to be thought of as environments that maintain levels of engagement in community life, rather than promote growth and development. Lamont (2000) conducted a needs assessment of employment and pre-employment programs for people with mental illnesses in Medicine Hat and Redcliff, and maintains that such environments are needed:

Even though the focus of vocational rehabilitation programs is moving quickly toward supported employment models, the interview data indicated that many clients and some service providers were interested in sheltered employment placements where it was perceived there would be less job-related stress. (p. 38)

There is some Canadian evidence to support the notion that many sheltered workshop participants do not make the transition to newer work-focused models. Krupa, Lagarde, and Carmichael (2003) found that in the process of transforming sheltered workshops into affirmative businesses, the majority of the former workshop participants did not pursue employment within the newly formed businesses and many of these individuals were left without work-related involvement. This issue of displacement is a concern as the field continues to move away from sheltered work towards community employment.

We found that the sheltered workshop programs that do exist have moved beyond their traditional ways of operating to incorporate ideas around growth, goal-setting, and self-actualization in their philosophies. For example, at Booth Industries, a “factory-like setting . . . participants can assess their vocational readiness and areas of interest. Vocational goals can be identified and attained, which serves to improve work skills and increase self-confidence” (2004, para. 2). This move towards a focus on growth and skill development is consistent with changes in Canadian disability policies that have explicitly outlined a shift towards an employability focus. For example, the government documents *Employability Assistance for People with Disabilities* and *Multilateral Framework for Labour Market Agreements for Persons with Disabilities* exclude programs and services that do not demonstrate preparation of persons with disabilities for entry into the community-based labour market from funding (Federal/Provincial/Territorial Ministers Responsible for Social Services, 2003; HRDC, 2002). Consistent with these changes, some workshops have recognized the wide range of interests and capabilities among their clients and provide opportunities beyond the traditional work of packaging and assembly. For example, the *Calgary Herald* reports on the Vocational Incentive Program in the southern Ontario city of Brantford stating, “In this simulated workplace setting, the men and women learn about woodworking, assembly-line production, the basics of horticulture, assorted clerical duties, sales, marketing, advertising and program planning” (Davies, 2000, p. 30). Still, the move away from sheltered workshops, which was forecasted by Cochrane et al. (1991), has, for the most part, been implemented. Many workshops have undergone a process similar to the one described by Block (1993):

A strong commitment on the part of the management team and the board of directors to gradually phase out the workshop . . . [may be followed by] a comprehensive needs assessment process for existing workshop clients. These clients could then be linked with more appropriate resources in the community. (para. 5)

A growing recognition of the need and desire for education among people with severe mental illness is reflected within the materials we collected. The awareness that education in the values and

realities of the workplace is a prerequisite to work is reflected in an increased emphasis on addressing these needs. In general, this is a growing trend for those transitioning into the workplace in many mainstream settings—through high school co-op programs, government-sponsored student-workplace initiatives, and so forth—and the need to understand and develop skills and behaviours that fit with today's workplace is now being addressed by initiatives that aim to promote productivity among persons with mental health problems as well. As an example, Club Ami's educational program aims to help persons with mental illnesses "learn attitudes and socially acceptable behaviour for life in society and in the workplace as a full fledged citizen with rights and responsibilities; reinforce self-confidence; acquire knowledge and skills required in the workplace; and acquire autonomy" (Club Ami, 2004, p. 1). Many of these educational initiatives strategically combine support, classroom education, and on-the-job training to build competence in workplace knowledge and skills. For example, New Careers "provides competency-based education combined with personal support and cultural sensitivity. Most training occurs in the rotation of two weeks in the classroom and six weeks on the job. Trainees receive 70–85% of their graduating salary throughout the training" (Adams, 1993, para. 9). Some work initiatives emphasize education not only as an important stepping stone to employment but also value education for education's sake and, accordingly, provide support in accessing such opportunities. The education program of Notre Dame Place "provides support and helps members access a variety of opportunities which range from individual tutoring, Adult Education, General Education Development (GED) preparation and assistance to access and maintain educational opportunities at the University and College level" (Notre Dame Place, 2004, Employment Program Overview). Many other education-focused initiatives were identified in our research, and this finding reflects an increased recognition of the potential and the right of persons with mental illnesses to learn, grow, and realize goals that were previously thought to be unrealistic.

A small number of documents outlining supported volunteering programs were found in our research. Although it appears that these volunteer opportunities are designed as stepping stones to paid work, there is also the suggestion that these experiences are satisfying and growth promoting in and of themselves. The CMHA Vancouver Burnaby Branch Supported Volunteer Program (2004), for example, specifies that it aims to "assist these individuals to achieve a greater degree of independence, community integration, work-readiness and confidence through the opportunity to participate in community volunteer placements" (p. 1). At the same time there is recognition that volunteerism has "a vital role in rehabilitation and recovery for people with mental illness" (p. 2). Similarly, CMHA's The BEST Project (n.d.) aims to "assist individuals with mental illness find meaningful community involvement, including volunteer and paid employment," suggesting volunteer work as a desirable end result on par with work (Fact Sheet).

The nature and duration of the work assessment varies tremendously across various initiatives. While some programs emphasize rapid placement and minimal prevocational assessment (for example, SE), others have well-defined and structured assessment periods. Furthermore, the assessment context varies from in-vivo, situational assessment to formal prevocational assessment in a clinical or agency

setting. Decisions regarding assessment vary even within agencies, as suggested by Centre for Addiction and Mental Health [CAMH] (2001) documents that state:

Assessments may involve formal skills and aptitude testing performed by the intake/assessment team's occupational therapist or the occupational therapist working on the clinical team making the referral. Situational work assessments may be performed by placing a client into an actual work setting or workshop to perform specific work tasks under close supervision. (p. 9)

Assessment is described both as a service that clients receive from professionals in the field (as in the preceding example) and as a process in which they engage as a partnership. The latter type of assessment is reflected in Opportunity Works documents:

Interested individuals (prospective clients) become involved in an orientation process [which] meets several goals: assesses an individual's current state of mental health stability, assesses an individual's current level of business awareness and skills. . . . We call this process a reciprocal one in that not only do we assess the client's ability, stability and capacity, but they too assess the potential fit of our organization for them; does Opportunity Works meet their needs? (Overview section, para. 2)

Finally, job counselling and planning is a service commonly cited in the documents reviewed. Generally, job counselling addresses the goal of "help[ing] the clients discover their interests, values, skills and abilities and . . . develop a plan suited to their particular circumstances" (Regina Work Preparation Centre, 2003, p. 8). Some job counselling takes the form of component-based, structured programming such as Langley Stepping Stone Rehabilitative Society's (n.d.) "career exploration, vocational planning and job placement program," which includes "individualized vocational plan development, exploration of barriers to employment, vocational assessment, vocational counselling, occupational and labour market research, educational research and planning, resume and cover letter preparation, interview skill development, and work experience placement" (Career Exploration and Vocational Planning section). Other programs are more highly targeted at specific areas of development needed for job success, as is the case with Regina Work Preparation Centre's (n.d.) Eight Weeks to Self-Esteem program: "It is designed as a first-step program for people who are not work-ready because they lack confidence in themselves. . . . The program helps people identify strengths, learn coping skills, and set goals to start on the road to work" (Self-Esteem Program section). In contrast to the suggestion asserted by Cochrane et al. (1991) that career counselling should ideally be provided "after the completion of a work adjustment program and before job seeking, with the emphasis on helping the client set realistic career goals congruent with his or her level of skill and degree of impairment" (p. 59), there appears to be less emphasis on the ordering of these activities and more on the inclusion of necessary components.

Documents from a variety of work initiatives reflect an important focus on workplace accommodations as central to work success. Accommodations are defined as "changes that are made in a particular workplace environment or in the way things are usually done that make it possible for a person with a disability to do the job" (quoted in Calsaferrri, Treherne, & van der Leer, 1997, p. 21). Within work programs, much effort is devoted to creating environments and workloads that increase the likelihood of success while at the same time meeting the needs of the organization. As an example, CMHA

Metropolitan Toronto Branch's Employment Services carefully addresses social and environmental issues: "Employment service providers should work collaboratively with clients to address the issues of stigma and discrimination, and to help negotiate reasonable accommodations with employers" (2001, p. 1). The Ontario Council of Alternative Businesses (n.d.) provides more detail on the nature and importance of accommodations, and specifies how accommodations are incorporated into the business structure:

Most survivor businesses are organized to give time off to employees who request it without threat of job loss and without judging the employee irresponsible; planned absenteeism is not encouraged but it is accepted. By modifying their hours, taking chunks of time when needed, or picking their best hours to work, survivors can both work and take care of themselves. (Ten Questions People Ask)

The importance of such accommodations are recognized across numerous settings, including academic settings which may offer employment opportunities to students:

Employment accommodations should exist to allow students with psychiatric disabilities to have access to the employment opportunities offered by the college or university on campus. These accommodations are similar to the ones needed by students with psychiatric disabilities in their studies. Examples are flexible work hours, time off for mental health leave, and a supportive supervisor who is knowledgeable of mental health issues. (McKee, 2000, p. 21)

Work Initiatives: Key Characteristics

A few key characteristics were emphasized in the work-initiative documents reviewed. In particular, three characteristics—flexibility, the provision of a range of options, and the importance of partnerships—were cited often. Flexibility was demonstrated *within* services, as in Booth Industries' documents: "Each participant can create their own schedule, as long as a minimum of 12 hours per week is worked" (2004, para. 5). Flexibility was also emphasized *across* services:

Flexibility is best illustrated through the concept of job support. Individuals do not have to be followed by the specialized employment agency for job support; they can be referred directly to the program from the external care clinics. However, if at any time during employment, extra support is needed, the employment agency or specific psychosocial interventions from the rehabilitation department are available. (Lal & Mercier, 2002, p. 152)

Many initiatives emphasized the importance of a range of opportunities within services provided. For example, Goodwill (n.d.) states: "We fulfill our Mission by providing a wide range of workforce development training as well as community job placement and support services" (para. 1). Others list their array of programming options, such as the multisite CMHA Routes to Work program (n.d.): "Specific strategies, all on a continuous intake basis, include pre-employment support, employment preparation, skills development, courses or training opportunities, volunteering and job tryouts" (p. 3).

Many initiatives make explicit the importance of establishing partnerships with the community and with the business world. Steinberg (2000) explains the importance of this characteristic: "Supporting consumers in their quest for meaningful work requires understanding the opportunities and barriers to employment which exist *at all three levels* [individual, community and society] and building trusting

partnerships across *all three levels* with consumers themselves, community agencies, businesses, politicians and policy makers” (p. 6). Accordingly, Sair Centre of Learning’s mission includes “securing and sustaining employment through individual counselling, market exposure, relevant courses and continued support in partnership with the business community” (n.d., Mission, para. 2).

Type of Work Offered

Criticism regarding the limited range of work options and few choices available to consumers has been heard in the vocational rehabilitation field. Traditional options have been referred to as the “4F jobs” — food, filth, filing, and flowers—and have typically focused on low status, entry-level positions (Baron & Salzer, 2002; CMHA BC, 2002; Church, 1999; Mulligan, 2001). The nature and range of work opportunities available to persons with mental illness appear to have increased substantially. For example, CMHA’s As Good As New store in Prince Albert, Saskatchewan, (n.d.) provides job training and support in a second-hand retail-clothing store, and at the CMHA Alberta Southeast Region Branch (n.d.), consumers are involved in the sale of used books through a supported employment opportunity. Consumer businesses, outlined previously in this paper, also provide a wide array of business services, from food service and landscaping to courier work and furniture refinishing. Still, there remain constraints on the types of tasks that persons with mental illnesses may pursue. It appears that few work opportunities are higher than entry-level jobs, and there are still certain sectors that have not opened their doors. As examples, academic and public service settings seem to be absent from the repertoire of work options. Unfortunately, despite progress in this area, underlying assumptions about the type of jobs that are appropriate for consumers persist.

Outcomes Tracked

Some documents from work initiatives did outline expected outcomes, and generally these outcomes include a wider set of indicators than employment alone. For example, the following impacts are captured in the multisite CMHA Routes to Work initiative:

Participants are taught skills, obtain employment, and have increased self-esteem. They feel more connected to the community, and come to a better understanding of their mental illness. Employers and the community learn that consumers can experience successful employment, and be valued assets to their employer and the community at large. (n.d., p. 4)

Similarly, the Navigating the Waters Project, “Exploring Employment,” identifies a set of measures of success (one of which is employment): “labour market attachment, unpaid work (volunteer/work experience), skills upgrading (courses, workshop series, completing high school, returning to college/university), working/completing a business plan for self-employment and longer journey (beginning the process of career decision-making, getting peer support, working on self-confidence)” (Independent Living Resource Centre, 2003, p. 4). This emphasis on productive activity and engagement in growth and development is common across initiatives. Largely descriptive, few of the documents from work initiatives provided information about the extent to which outcomes have been achieved.

DISCUSSION AND CONCLUSION

This paper has reviewed materials from work initiatives across Canada in order to determine the principles and practices that are most salient in the field today. There are a number of limitations that must be acknowledged. Perhaps most importantly, the study draws on “face value” data from documents developed by work initiatives that are intended, in most cases, for the public domain. It does not investigate discrepancies between this “face value” data and actual practices and outcomes. The use of documents that are available to the public as a profile of the work initiatives may contain some bias towards a positive image, and invites questions about how the language and philosophy presented in these materials translate into accompanying actions or outcomes. On a related note, this paper does not assess effectiveness of the work initiatives and therefore restricts its analysis to descriptive and qualitative data. While such questions regarding the operationalization of principles and their outcomes are key issues for the field, they are not the questions addressed by this paper. Rather, this study has examined beliefs and philosophical underpinnings of work integration efforts in Canada so as to enable the use of this information as a basis for assessment of the field’s development and for future planning.

More than an inventory of work initiatives, the findings of our paper provide an opportunity to compare multiple perspectives on work-related practices and serious mental illness as a means of understanding tensions emerging in the field. For example, the meaning of *integration* is a source of tension between models, such as supported employment, that aim for work opportunities in the community-based labour force, and those approaches, such as alternative businesses, that focus on integration as it occurs at the level of the business operating within the local community economic scene. Tensions are also apparent in comparing the extent to which alternative businesses are similar (or dissimilar) to other community businesses, in that alternative businesses receive government subsidies. The principle of creating flexible and accommodating workplaces as a foundation of consumer-run businesses raises the issue of the extent to which the well-being of all Canadians is influenced by their workplace environments. Finally, the extent to which a cohort of individuals with serious mental illness has been displaced by emerging approaches is raised as a point of concern.

The two early reviews described in our paper (Church & Pakula, 1984; Cochrane et al., 1991) identified the psychosocial rehabilitation (PSR) model as a prominent one that directed vocational services at that time. The focus on functioning helped to guide practitioners in building on strengths to achieve success. It emphasized an effective balance between developing skills and providing supports as a key factor influencing a person’s ability to “choose, get and keep” (Cochrane et al., p. 52) a job, and advocated for a wide range of vocational settings and opportunities including work, education, and training. Our research also demonstrated these theoretical underpinnings and further integrated another model—the recovery model—along with the PSR model, as a primary guiding framework. Although some work-initiative documents explicitly used the term *recovery* to describe their work, most did not; nevertheless, the documents reflected recovery-oriented values and environments quite clearly. Recovery, with its emphasis on hope, ability to grow beyond the illness, and belief in potential was written into the work-initiative documents we reviewed, implicitly or explicitly. The proliferation of educational programs that support growth and self-actualization, the wide range of options and

opportunities that recognize the uniqueness of individuals, the conversion of programs from those that “maintain” to those that set goals and promote community integration, all point to PSR and recovery approaches currently in place in the field.

Cochrane et al. (1991) described two additional models of the day that were used to analyze and evaluate vocational programs. The person–environment fit model proposed that an optimum fit between the person and the environment determines outcomes. It is a reciprocal equation in which characteristics of the workplace must satisfy the person and vice versa. The authors stated that this model had not been systematically applied in the psychiatric rehabilitation field. The interactive development model added the illness to the person–environment equation, and addressed the role of the person in influencing change over time in each of these arenas (person, environment, illness). Suggested within this model is the notion of active participation and choice in shaping the nature of and interactions between person, environment, and illness. Our research suggests that the field has steadily moved towards embracing and applying these models to practice. Vocational outcomes are not conceptualized as a direct reflection of pathology, but as a dynamic interplay between the abilities of the worker and the nature of the work environment. Many outcomes focus on connections with community, or employer attitudes, suggesting that not only individual capacities but environmental and contextual ones are critical features to assess and target. Furthermore, a focus on workplace accommodations and its critical place in work integration for persons with serious mental illnesses speaks volumes in identifying the need to include environmental variables in return-to-work strategies.

The self-help model identified by Church and Pakula (1984) embraced principles of self-determination, responsibility, and community. Although the term self-help may not apply to the work initiatives under examination, these principles are clearly evident in the significant development of consumer and affirmative businesses. In these settings, workplaces are determined and constructed by the community of workers and include support, flexibility, and successful economic development. Indeed, these types of business initiatives have demonstrated the potential for community economic development as a means of creating real employment opportunities for individuals who have been historically marginalized from full employment, while promoting the development of a strong consumer community.

Cochrane et al. (1991) provided an overview of programs most prevalent in vocational rehabilitation at that time. They classified these programs into “Vocational Programs” and “Employment Preparation Programs,” and provided examples of each. Included in the former list were sheltered workshops, cooperatives, home employment, part-time competitive employment, transitional employment, and supported employment. The list of employment preparation programs included work adjustment training programs, learning/teaching programs (psychiatric rehabilitation through education), career counselling programs, and career placement training programs. Similarly, we found a wide range of models and practices in place in Canada, with an increased emphasis on consumer involvement, community–employer partnerships, and tracking outcomes. Persons with mental illness who are developing their potential for work can choose to engage in consumer businesses, supported employment, clubhouses, supported education, or volunteer opportunities. However, although the

range of available work options for individuals who have experienced mental illnesses is growing, there are still many constraints. Choice is not equally available across every region of the country, and it remains unclear how consumers have actually experienced choice in their work pursuits.

There is a developing awareness and attention to best practice in these programs, particularly in SE where the bulk of the research has been done. The extent to which work initiatives base their services on an evidence base is an area for continued research. For example, although we reviewed many initiatives based on supported employment, none of these specifically named the Individual Placement and Support Model (IPS) as the model guiding their practice. While it may be that the prevalence of IPS initiatives was not captured by our sampling procedure, our analysis suggests that while this employment model does exist in Canada (see, for example, Latimer et al., in press; Oldman, Thomson, Calsaferrri, Luke, & Bond, 2005), there appears to be a pattern of embedding supported employment efforts within service initiatives with a broader scope.

Although the field should be proud of its many accomplishments, there is more work to be done. While offering choice and fit to consumers is a positive feature of the system, there are few guidelines as to whom may be best suited to which type of initiative and why. Consequently, consumers and service providers likely make these decisions based on availability versus best practice. Therefore, more research is needed on the relationship of work outcomes to type of initiatives. Future research should be directed at better understanding regional differences and how policy has influenced the proliferation of work initiatives. Inroads into businesses can be further developed so that options for work increase in nature and number, and workplaces can develop greater understanding of the potential of persons with mental illness. In addition, the pervasive impact of stigma associated with mental illnesses on progress in this area must continue to be a focus of study and intervention.

RÉSUMÉ

Cette étude porte sur des expériences de travail vécues par des personnes ayant de sévères problèmes de santé mentale. À partir de 2 articles traitant de programmes et de services professionnels offerts dans le passé, nous évaluons les progrès réalisés et la situation actuelle. Des documents traitant d'expériences vécues partout au Canada nous permettent de faire ressortir les valeurs de base, les constantes et les pratiques qui ont cours dans ce domaine. L'une de ces constantes est la confiance dans la capacité de la clientèle à réaliser son potentiel professionnel, à entrer sur le marché du travail et à profiter des nombreux bénéfices que procure le travail. De plus, on accorde maintenant une plus grande importance aux projets initiés par la clientèle elle-même, aux partenariats établis avec la collectivité et à la prise en compte de facteurs reliés au milieu (l'adaptation des lieux et des méthodes de travail, par exemple). Nous donnons aussi des exemples d'expériences d'intégration et des pistes pour de nouvelles recherches.

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