

Work Accommodations in Canadian Social Firms: Supervisors' and Workers' Perspectives

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ABSTRACT

Social firms (SFs) are an appealing model for people with a mental health condition who are having difficulties maintaining their employment in a competitive labour market. The goal of this study is to compare the availability of work accommodations in two types of Canadian SFs, by interviewing supervisors working in adapted enterprises and consumer/survivor-run businesses, and by obtaining the perceptions of the workers with a mental health condition regarding the usefulness of these accommodations. Results indicate accommodations in both types of SFs are readily available and useful. A significant difference between the two types of SFs is the availability of a job coach whose presence workers found useful in adapted enterprises. Natural supports from stakeholders (e.g., supervisors, job coach) are important for work sustainability.

Keywords: social firms, adapted enterprises, consumer/survivor-run business, work accommodations, natural supports, supervisors and workers' perspectives

RÉSUMÉ

Le modèle de l'entreprise sociale (ES) peut s'avérer attrayant pour les personnes confrontées à un problème de santé mentale qui éprouvent de la difficulté à conserver leur emploi dans le marché du travail ordinaire. L'objectif de cette étude est de comparer l'accessibilité des mesures d'accommodement de travail dans deux types d'ES canadiennes en interviewant les superviseurs immédiats d'entreprises adaptées et d'entreprises dirigées par des consommateurs/survivants et en recueillant l'avis de travailleurs aux prises avec un problème de santé mentale sur le caractère utile des mesures d'accommodement. Les résultats de l'étude démontrent que dans les deux types d'ES les mesures d'accommodement sont facilement accessibles et utiles. Une différence significative entre les deux types d'ES tient de la disponibilité d'un formateur en milieu de travail dont la présence est jugée utile dans les entreprises adaptées. Le soutien naturel offert par les intervenants (ex. les superviseurs immédiats, les formateurs en milieu de travail) est d'une importance certaine pour un maintien en emploi durable.

Mots-clés : entreprises sociales, entreprises adaptées, entreprises dirigées par des consommateurs/survivants, mesures d'accommodement de travail, soutien naturel, point de vue des superviseurs immédiats et des travailleurs

Maintaining employment in the competitive labour market is an important issue for people with a mental health condition (e.g., schizophrenia). Supported employment programs have been recognized as an evidence-based practice to support people with mental health conditions who struggle with obtaining employment in the competitive labour market (Drake & Bond, 2014). However, as described in a recent Cochrane review regarding studies with long term follow-ups (> 1 year), the mean employment duration is eight months for participants in supported employment programs (Suijkerbuijk et al., 2017). Social firms (SFs) may be effective alternatives to supported employment programs, particularly for job tenure of people with mental health conditions. For example, studies suggest job tenure for people working in social firms, average from two (Gilbert et al., 2013) to six years (Lancôt, Corbière, & Durand, 2012). Thus, SFs could offer an alternative employment setting for people with a mental health condition who have difficulties maintaining employment (Buhariwala, Wilton, & Evans, 2015; Lancôt et al., 2012; Williams, Fossey, Corbière, Paluch, & Harvey, 2016).

There are three distinct characteristics that set SFs apart from other types of employment models (i.e., sheltered workshops, competitive labour market) designed for people with a mental health condition. First, SFs are businesses with social missions that operate with subsidies from the government and, consequently, are less likely to be disturbed by political changes compared to costlier community programs. Second, SFs typically reinvest their profits to support good working conditions and salaries that are at the minimum wage. This characteristic is criticized since the minimum wage is strictly respected by some SFs, with little opportunities for salary raises. Third, SFs include a significant percentage of workers with a mental health condition. SFs can be perceived as ghettos; making it difficult for people with a mental health condition to eventually integrate into regular competitive jobs. Nonetheless, SFs aim at promoting social integration and offer work accommodations that facilitate working for people with mental disabilities excluded from the regular labour market (Corbière & Lecomte, 2009). Examples of work accommodations include work flexibility such as scheduling, work tasks, pace of work (Milton et al., 2015). They also build on a broad array of natural supports within the workplace (Buhariwala, Wilton, & Evans, 2015) that encourages work autonomy, the development and reinforcement of an organization-related vocational identity, and a sense of empowerment. Furthermore, unlike in a competitive labour market, workers do not risk negative consequences (e.g., stigma) from seeking work accommodations (Church, 2001; Corbière, Villotti, Toth, & Waghorn, 2014; Stuart, 2006).

To date, there appears to be a paucity of information reported regarding the type of work accommodations implemented in SFs and their perceived usefulness for workers with a mental health condition. As such, this article aims to describe work accommodations within 13 Montreal-based SFs and four Toronto-based SFs. This study compares the availability of work accommodations in two types of SFs located in Canada, by interviewing supervisors working in adapted enterprises and consumer/survivor-run businesses, and by obtaining workers with a mental health condition's perceptions regarding their usefulness.

Background

Developed in Italy, SFs were designed to offer stable, good working conditions with attention to the specific needs of people with physical or mental disabilities (Clark, 1995; Paluch, Fossey, & Harvey, 2012; Villotti, Zaniboni, & Fraccaroli, 2014; Warner & Mandiberg, 2006). SFs are referred to by a variety of names in different countries. They are also called social enterprises, affirmative businesses, adapted enterprises, cooperatives, collectives, consumer/survivor-run businesses depending on their mission and business model. No matter the country, all SFs adhere to seven basic principles (Alter, 2010; Borzaga, 1998; Buhariwala et al., 2015; Corbière & Lecomte, 2009; Defourny & Nyssens, 2010; Krupa, 2006; Mueser & McGurk, 2014; Paluch, Fossey, & Harvey, 2012): (1) they are non-profit business initiatives designed to meet social needs in building social capacity; (2) offer innovative solutions to exclusion and unemployment; (3) pursue financial viability and, ideally, profitability without subsidies or external funding; (4) employ a minimum of 25% of workers with a disability; (5) have a democratic decision-making process, with the participation of all stakeholders, including workers with disabilities; (6) foster high levels of support and a sense of community within the organization (e.g., to neutralize individualism and competition); and (7) promote collaborative work while focusing on autonomy and self-empowerment. In Canada, and particularly in Québec and Ontario, two types of SF models have been implemented to employ people with a mental health condition:

the adapted enterprise and the consumer/survivor-run business (by and for model), primarily but not exclusively designed for people with a mental health condition (Buhariwala et al., 2015; Church, 2006; Paluch et al., 2012; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Trainor & Tremblay, 1992).

The *adapted enterprise* model has a mission of vocational integration of people with disabilities who cannot, temporarily or permanently, work in a competitive labour market. An adapted enterprise in Canada, and particularly in Québec, must be certified by Emploi-Québec (Ministry of Work) under the Subsidy Program for Adapted Enterprises. On one hand, the adapted enterprise creates jobs, adjusted to the needs of people with disabilities who would not be considered for employment elsewhere. On the other hand, they help workers develop skills that are potentially transferable to the competitive labour market. In this type of SF, at least 60% of the workers have some type of work disability. To be hired in a SF, a person must meet several conditions (Corbière, Lecomte, & Lancôt, 2011; Desplat, Earle, & Girard, 2016) including having a disability (physical, mental, or intellectual) or significant impairments that impede activities of daily living (for more information, see Coutu, Lépine, & Jutras, 2011). Finally, in this type of SF, workers typically work full time (i.e., 35 hours/week).

Another type of enterprise is called the *by and for* model. This type of enterprise is conceived, developed, owned and managed by people with a mental health condition. It is exclusively run by people who have a mental health condition (Krupa, 1998). The equivalent of this model in Canada, particularly in Ontario, is called *consumer/survivor-run businesses* (Trainor et al., 1997) or “alternative” businesses (Church, 2001). Based on a collaborative management model, all members of the management team and active members have a say in decisions made. As described by Trainor and Tremblay (1992), the consumer/survivor-run business emerged in 1992 from a critique of vocational programs, including supported employment, that were perceived as being limited to entry level jobs, and sheltered workshops that did not offer adequate remuneration. The development of consumer/survivor-run businesses in Ontario resulted from the psychiatric survivor movement, community innovation and community-based action with the goal of promoting workers’ skills, competencies, and recovery (Church, 2001; Church, Shragge, Fontan, & Ng, 2008). In this type of SF, workers decide the number of hours per week they want to work (Brouard, McMurtry, & Vieta, 2015; Trainor & Tremblay, 1992). Usually, consumer-run businesses fall into two main categories: self-employment (e.g., a person who started his/her own secretarial services company), and community businesses (e.g., a business organized to deliver a service or goods such as catering, gardening, delivery; Church, 2006).

Consumer/survivor-run businesses as well as adapted enterprises recognize the struggles that individuals with mental health conditions face, particularly in accessing and maintaining employment. As a consequence, both types of enterprises offer tailored support to workers (i.e., work accommodations). Gold, Oire, Fabian, and Wewiorski (2012) stress that the provision of work accommodations (e.g., schedule flexibility) for people with a mental health condition improves: (1) job performance, satisfaction, and tenure; (2) coworker attitudes towards workers with disabilities; (3) social integration of workers with disabilities, and (4) worker job performance as reported by employers.

As mentioned earlier, SFs subscribe to a philosophy that values workplace accommodations to address workers’ needs. As such, SFs seem to be more willing to implement work accommodations that result in promoting job tenure and full citizenship of their workers (i.e., workers can contribute to society). Unfortunately, little is known about the types of work accommodation offered to people with a mental health condition

in SFs, and if the accommodations vary according to the specific type of SF (i.e., consumer/survivor-run business and adapted enterprises).

METHOD

Procedure

This study is nested within a broader study examining the work integration of people with a mental health condition who are employed in SFs in Québec (Greater Montreal area) and Ontario (Greater Toronto area). The purpose of the main study was to describe the SFs models in two Canadian provinces and examine predictors of job tenure and work productivity of workers with a mental health condition within SFs, and study the potential economic benefits of SFs. As part of this study, data on work accommodations available to people with a mental health condition employed in adapted enterprises and consumer/survivor-run businesses were collected. Data were collected from supervisors and the workers with a mental health condition who they supervise. Supervisors and workers were asked about the availability of work accommodations and workers were then asked about the perceived usefulness of the accommodations they indicated were available. The protocol for this study was reviewed by the Centre for Addiction and Mental Health and the University of Sherbrooke's Research Ethics Boards. Informed consent was obtained from all study participants by trained study staff.

During the development of the study protocol, the research team met with SF directors and their boards as requested to ensure that the study objectives, the study measures, and the data collection processes were acceptable with all participating SFs. Because there was turnover in some of the SFs' leaderships prior to study implementation, the protocol was reviewed with the new leaders. This resulted in the substitution of several instruments to ensure the instruments contained acceptable language.

To ensure the data collection process was voluntary, the supervisors were asked to inform workers about the study and the times when the research team would be available to meet. The research team was given permission to meet with interested workers on site after their shifts (without the presence of supervisors in order to avoid perceived pressure). Study staff explained the study's purpose to interested workers who attended the information session. After explaining the study and answering workers' questions, workers interested in participating were given the option of completing the questionnaires when they met the research team or arranging a time to meet at a mutually acceptable location. In addition, study participants were given the option of completing the questionnaires independently or with a research team member. There were also research team members available to answer questions about questionnaire items. Finally, if a participant became fatigued while completing the questionnaire, another time was scheduled to complete it. There was no time limit for questionnaire completion.

In Québec, a total of 13 (out of 41) adapted enterprises participated in the study and were identified through the *Chantier de l'économie sociale*, and the *Conseil Québécois des Entreprises Adaptées*. The enterprises represented five types of businesses: (1) manufacturing ($n = 4$), (2) utilities sector ($n = 1$), (3) healthcare and social assistance services ($n = 2$), (4) wholesale and retail trade ($n = 1$), and (5) administrative and support, waste management, and remediation services ($n = 1$). The rest of participants ($n = 41$) were

recruited within businesses providing other services ($n = 4$ adapted enterprises). On average, the response rate for all adapted enterprises was 25% (ranging from 6% to 89%).

In Toronto, the focus was on recruiting established consumer/survivor-run businesses focusing on people with experiences of mental illnesses; all agreed to participate. The enterprises represented different types of businesses, inherent to wholesale and retail trade, administrative and support, waste management, and remediation services; more particularly: (1) courier ($n = 35$), (2) catering ($n = 6$), (3) horticulture ($n = 21$), and (4) restaurant ($n = 19$). On average, the worker response rate for all consumer/survivor-run businesses was 79% (ranging from 60% to 95%).

Participants

From the 13 adapted enterprises in Québec, 34 supervisors, and 111 workers with a mental health condition from these organizations agreed to participate in the study and filled out a battery of questionnaires, including the Work and Accommodation and Natural Support Scale (WANSS; Corbière, Villotti, Lecomte et al., 2014). In Québec, each supervisor reported supervising an average of 38 workers who had a mental health condition; they dedicated about 18 hours per week with these workers (Table 1). About half of the supervisors reported having received specific training about mental health conditions. As can be seen in Table 1, the participants who were workers ($n = 111$) were primarily males (55.9%), with an average age of 46 years, and who were single, never married (64.9%). Participants differed on their education level, with part of the sample having attended secondary-level education (20.0%), high school (28.2%), trade school (21.8%), college (17.3%), and university (12.7%). With respect to diagnosis, the majority of the sample reported having schizophrenia (42.2%), mood disorders such as major depression or bipolar disorder (28.4%), and anxiety (18.3%). The rest reported other disorders, such as substance abuse or personality disorders (11%). With respect to job tenure, participants from Québec worked an average of almost 78 months resulting in an average of more than 35 hours per week (80.2%).

In the four Ontario consumer/survivor-run businesses, 13 supervisors and 80 workers participated in the study. Each supervisor had an average of 12 workers with a mental health condition under their supervision and devoted an average of almost 18 hours to each worker (Table 2). In the majority of cases, supervisors reported having received specific training about mental health conditions (76.9%). As can be seen in Table 1, Ontario participants who were workers were mainly male (60%), with an average age of almost 46 years. The majority of the sample was single, never married (62.5%). With respect to the level of education, 15.2% of the sample attended secondary-level education, 27.8% completed a high school diploma, 3.8% attended trade school, 34.2% attended college, and 19% attained a university-level education. The self-reported psychiatric diagnoses were 42.5% had a mood disorder problem, 35.6% had schizophrenia disorders, 8.2% had anxiety disorders, and 13.7% had other diagnoses (e.g., substance abuse, personality disorder). Regarding employment characteristics, participants were working in the consumer/survivor-run business for an average of 66 months (i.e., 5.5 years), and generally worked for less than 21 hours per week (73.8%).

Table 1
Participants' Characteristics and Employment Status

Demographic or Employment Status Variable	Québec <i>n</i> (%) or <i>M</i> [<i>SD</i>]	Ontario <i>n</i> (%) or <i>M</i> [<i>SD</i>]	t-test or χ^2 , <i>p</i>
Interview data	<i>n</i> = 111	<i>n</i> = 80	
Gender			
Male	62 (55.9)	48 (60)	ns
Female	39 (44.1)	32 (40)	
Age			
Range	22-64	19-70	$t(189) = .45, p = .007$
Average age	46.50 [8.95]	45.83 [11.64]	
Diagnosis			
Schizophrenia	46 (42.2)	26 (35.6)	ns ($\chi^2 = 6.41, p = .093$)
Mood disorders (i.e. major depression, bipolar disorder)	31 (28.4)	31 (42.5)	
Anxiety	20 (18.3)	6 (8.2)	
Others (e.g., organic disorder, substance abuse, personality disorders)	12 (11)	10 (13.7)	
Physical disability			
Yes	22 (20.2)	17 (21.8)	ns
No	87 (79.8)	61 (78.2)	
Marital status			
Single	72 (64.9)	50 (62.5)	ns ($\chi^2 = 5.89, p = .053$)
Living with someone	23 (20.7)	9 (11.3)	
Divorced, widowed, separated	16 (14.4)	21 (26.3)	
Education			
Less than high school	22 (20)	12 (15.2)	$\chi^2 = 17.62, p = .001$
High school	31 (28.2)	22 (27.8)	
Trade school	24 (21.8)	3 (3.8)	
College	19 (17.3)	27 (34.2)	
University or higher	14 (12.7)	15 (19)	
Length of job			
months (average)	77.8 [63.52]	66.48 [80.37]	ns
Previous work experience			
Yes	105 (96.3)	75 (94.9)	ns
No	4 (3.7)	4 (5.1)	
Hours worked per week			
Less than 21 hours	13 (11.8)	59 (73.8)	$\chi^2 = 87.62, p = .000$
More than 21 hours, less than 35 hours	7 (6.3)	9 (11.3)	
More than 35 hours	89 (80.2)	12 (15)	

Table 2
Supervisors' Information

Variables	Québec <i>n</i> (%) or <i>M</i> [SD]	Ontario <i>n</i> (%) or <i>M</i> [SD]	t-test or χ^2 , <i>p</i>
Interview data	<i>n</i> = 34	<i>n</i> = 13	
Numbers of workers under supervision			
Range	2-100	2-37	
Average	37.71 [30.12]	11.69 [10.88]	$t(45) = 3.02, p = .004$
Hours of supervision per week devoted to workers with a mental health condition			
Range	0-40	4-38	
Average	17.70 [11.72]	17.66 [12.24]	ns
Receive specific training on mental health			
No	18 (52.9)	3 (23.1)	ns
Yes	16 (47.1)	10 (76.9)	

Measures and Data Analysis

To identify types of work accommodations available in adapted enterprises and consumer/survivor-run businesses, we asked supervisors participating in the study to complete the supervisor's version of the Work and Accommodation and Natural Support Scale (WANSS; Corbière, Villotti, Lecomte, Bond, Lesage, & Goldner, 2014). The WANSS has been validated with people with a mental health condition who recently obtained employment in a competitive labour market (Corbière, Villotti, Lecomte, Bond, Lesage, & Goldner, 2014). The WANSS scale consists of 40 items grouped into six categories: support from different stakeholders, presence of a job coach/employment specialist in the work environment, supervisor and coworker supports, training, schedule flexibility, and support from the work environment. Items of the WANSS scale are dichotomous with possible answers as follows: 0 (no, this accommodation is not available) and 1 (yes, this accommodation is available). Using the data collected from the WANSS, we looked at the percentage of supervisors who answered "1" (Is this accommodation/support available for your workers?) to the WANSS question.

To collect information on the usefulness of work accommodations available in the work environment, we asked the workers participating in the study to complete the workers' version of the WANSS consisting of two questions. First, participants were asked if each work accommodation/support of the WANSS was available in the SF (see the supervisors' version). Participants who answered "yes" were asked to answer another question: "If yes, is it useful?" To collect information on the usefulness of the available accommodations, we looked at the percentage of workers who answered "1" to the WANSS "Is this accommodation/support useful for you" question; (possible answers: 0 = no, this accommodation is not useful; 1 = yes, this accommodation is useful). In this study, the usefulness of each work accommodation/support was supported by their actual availability in the SF, mentioned by participating supervisors and workers.

Since this study looks at two types of SFs that have different characteristics (e.g., origin, number of work hours per week for workers), we anticipated potential differences in terms of workers' characteristics. Thus, multivariate analysis of variance (MANOVA) was used to identify differences on the workers' responses (i.e., usefulness) to the WANSS categories based on types of social enterprise (i.e., adapted enterprises, consumer/survivor-run businesses), controlling for workers' gender, age, diagnosis, hours worked per week and length of employment.

RESULTS

Workers from both types of enterprises did not differ with regards to gender, diagnosis, marital status, job tenure, and previous work experience. Statistically significant differences were found for variables such as age, with workers working in adapted social enterprises being older [$t(189) = .45$, $p = .007$] and working for more hours per week ($\chi^2 = 87.62$, $p = .000$) compared to workers in consumer/survivor-run businesses (Table 1). Supervisors working in adapted enterprises did not differ from supervisors working in consumer/survivor-run businesses regarding the number of hours per week spent supervising workers (with a mental health condition) and specific training to work with people with a mental health condition (Table 2). But, adapted enterprises supervisors reported supervising more workers [$t(45) = 3.02$, $p = .004$].

Adapted enterprises supervisors reported that the support received by their supervisor and co-workers, such as the provision of feedback and recognition, was the most available work accommodation offered (93.4%; Table 3, next three pages). Inside consumer/survivor-run businesses, this category of the WANSS was found to be slightly less available (80.3%), and mainly related to devoting time to assist the workers, and providing workers with the possibility of exchanging work tasks with co-workers. In the same vein, participants with a mental health condition working in adapted enterprises indicated they found receiving support from either supervisors or co-workers as useful (90.5%). Similarly, consumer/survivor-run business workers reported this category of work accommodation as useful in 96.4% of the cases.

Receiving support from different stakeholders was reported as useful by the vast majority of participants in both adapted enterprises (88.2%) and consumer/survivor-run businesses (97.7%). Interestingly, this category of work accommodation was less available both in adapted enterprises (73.2%) and consumer/survivor-run businesses (62.8%). However, the provision of a mentor was the most frequently available accommodation in adapted enterprises, while the emotional support from the supervisor was the most available accommodation in consumer/survivor-run businesses.

The presence of a job coach in the work environment was often available in adapted enterprises (93.1%) but much less so in consumer/survivor-run businesses (33.8%). The presence of a job coach in the work environment was considered useful for 90.9% of adapted enterprises workers, and for 85.6% of consumer/survivor-run business workers.

Supervisors in consumer/survivor-run businesses reported providing much more training to workers, either in person or by written instructions (84.9%). In adapted enterprises, this was less available (68.7%) and more focused on adjusting training to the workers' learning capacities, or gradually introducing work tasks. These results somewhat reflect the workers' perspective regarding the usefulness of training, with

Continued on page 49

Table 3
Availability and Usefulness of Work Accommodations in Canadian Social Firms, Supervisors' and Workers' Perspectives

Work Accommodation and Natural Support Scale (WANSS)		Adapted Entreprises (Québec)		Survivor-run businesses (Ontario)	
Categories	Items	Available? n (%)	Useful? n (%)	Available? n (%)	Useful? n (%)
		Supervisors n = 34*	Workers n = 111*	Supervisors n = 13*	Workers n = 80*
Support from different stakeholders	Do you provide emotional support (such as offering time to talk, etc)?	26 (78.8)	72 (97.3)	13 (100)	58 (100)
	Are workers provided with a mentor?	32 (94.1)	79 (89.8)	5 (38.5)	24 (100)
	Do workers receive support from their peers?	32 (94.1)	93 (100)	10 (76.9)	66 (100)
	Do workers receive support from their family?	11 (34.4)	81 (96.4)	5 (38.5)	57 (98.3)
	Do workers receive support from their friends?	14 (43.8)	70 (95.9)	7 (53.8)	52 (98.1)
	Do workers have phone access to their employment specialist during working hours if they feel the need?	31 (93.9)	16 (50)	9 (69.2)	9 (90)
Presence of job coach	Total percentage	73.2%	88.2%	62.8%	97.7%
	Can employment specialists be present when workers are hired?	31 (93.9)	36 (85.7)	4 (57.1)	19 (86.4)
	Does employment specialist visit workers on the job?	31 (91.2)	89 (97.8)	3 (33.3)	11 (84.6)
	Are there meetings with your workers, their employment specialist, and yourself?	32 (94.1)	75 (89.3)	1 (11.1)	6 (85.7)
	Total percentage	93.1%	90.9%	33.8%	85.6%
Supervisor and co-worker supports	Do you take time in order to assist/guide your workers?	34 (100)	92 (98.9)	12 (92.3)	64 (100)
	Do you modify your expectations of your workers' performance (e.g., lengthening the learning period, allowing for more errors, etc)?	32 (94.1)	51 (79.7)	13 (100)	36 (94.7)
	Are workers provided with a coworker buddy?	29 (85.3)	79 (97.5)	3 (30)	52 (94.5)
	Does your workplace encourage interactions between coworkers?	33 (97.1)	51 (87.9)	13 (100)	19 (90.5)
	Are workers provided with feedback from yourself?	34 (100)	72 (88.9)	10 (76.9)	53 (98.1)
	Do workers receiving rewards or recognition from you?	34 (100)	74 (88.1)	5 (38.5)	59 (98.3)
	Is the work environment naturally supportive if workers need help?	30 (88.2)	84 (97.7)	13 (100)	45 (95.7)
	Do workers have any arrangements relating to transportation such as provisions for taxi, bus, etc?	33 (97.1)	58 (90.6)	9 (81.8)	53 (98.1)
	Are workers able to share their position with a coworker(s)?	31 (91.2)	88 (95.7)	11 (91.7)	58 (96.7)

Table 3, continued
Availability and Usefulness of Work Accommodations in Canadian Social Firms, Supervisors' and Workers' Perspectives

Work Accommodation and Natural Support Scale (WANSS)		Adapted Entreprises (Québec)		Survivor-run businesses (Ontario)	
Categories	Items	Available? n (%)	Useful? n (%)	Available? n (%)	Useful? n (%)
		Supervisors n = 34*	Workers n = 111*	Supervisors n = 13*	Workers n = 80*
(continued) Supervisor and co-worker supports	Can the workers' job tasks be modified (such as varying the tasks to help them interested, decreasing excessive workloads, changing their work assignments, etc)?	33 (97.1)	38 (74.5)	10 (90.9)	53 (96.4)
	Are workers able to exchange work tasks with others?	28 (82.4)	72 (93.5)	10 (76.9)	47 (100)
	Are workers' job description clearly defined to them (an effort was put in to reduce role conflict and role ambiguity)?	30 (88.2)	61 (92.4)	11 (84.6)	48 (94.1)
	Total percentage	93.4%	90.5%	80.3%	96.4%
	Were tasks introduced gradually (e.g., tasks introduced one at a time to allow workers to become accustomed to the job)?	31 (93.9)	32 (71.1)	11 (91.7)	22 (91.7)
Training	Do workers have access to educational resources (such as books, computer programs, videos, etc)?	12 (46.2)	92 (95.8)	9 (81.8)	47 (90.4)
	Was training adjusted to their learning pace?	32 (96.9)	31 (70.5)	12 (100)	40 (97.6)
	Do workers have access to extra job training in order to learn new or specialized skills?	26 (81.3)	59 (90.8)	11 (100)	44 (95.7)
	At work, are workers provided with training in communication skills?	17 (58.6)	51 (86.4)	9 (81.8)	34 (91.9)
	Are workers trained in their job in the use of self-management tools (e.g., time management, task planning)?	18 (69.2)	35 (77.8)	7 (63.6)	28 (93.3)
	Do other workers (coworkers) receive training about mental health problems?	14 (43.8)	38 (82.6)	6 (60)	30 (96.8)
	Do workers have access to written instructions in addition to verbal instructions?	19 (59.4)	70 (90.9)	12 (100)	48 (100)
	Total percentage	68.7%	83.2%	84.9%	94.7%

Table 3, continued
Availability and Usefulness of Work Accommodations in Canadian Social Firms, Supervisors' and Workers' Perspectives

Work Accommodation and Natural Support Scale (WANSS)		Adapted Entreprises (Québec)		Survivor-run businesses (Ontario)	
Categories	Items	Available? n (%)	Useful? n (%)	Available? n (%)	Useful? n (%)
		Supervisors n = 34*	Workers n = 111*	Supervisors n = 13*	Workers n = 80*
Flexible schedule	Are workers able to have time off without pay?	30 (96.8)	68 (87.2)	11 (91.7)	53 (93)
	Are workers able to have time off for clinic/medical appointments?	33 (100)	102 (100)	13 (100)	67 (98.5)
	Are workers able to use vacation/personal time for medical needs?	16 (50)	47 (82.5)	13 (100)	33 (97.1)
	Do workers have a flexible schedule (e.g., flexible working hours and break times, permission to begin and finish work later because of difficulties waking up early in the morning, permission to leave work early for medical appointment, etc.)?	21 (61.8)	15 (44.1)	11 (91.7)	5 (71.4)
	Are workers able to do part of their work from home?	2 (6.1)	33 (64.7)	1 (8.3)	37 (94.9)
Work environment	Total percentage (except work from home)	77.2%	78.5%	95.9%	90%
	Total percentage	62.9%	75.7%	78.3%	91%
	Are workers able to make changes in the spatial arrangement of their workplace (such as the direction their chair faces to decrease distractions, etc.)?	25 (86.2)	45 (78.9)	7 (53.8)	42 (93.3)
	Are workers able to change the noise levels?	15 (50)	68 (88.3)	7 (53.8)	21 (95.5)
	Are workers able to change the lighting?	7 (58.6)	27 (60)	5 (38.5)	14 (100)
	Do workers have access to their email for support during their working hours?	5 (17.2)	59 (86.8)	6 (66.7)	42 (95.5)
	Do workers have access to a laptop, agenda (etc.) to help them organize their tasks?	19 (65.5)	77 (97.5)	5 (38.5)	47 (97.9)
	Do workers have medication related accommodations such as access to water in the workspace or private space to take medication?	30 (88.2)	18 (54.5)	12 (100)	18 (81.8)
	Total percentage	61%	77.7%	58.6%	94%

*Percentage for each item is calculated on the valid n (and not on the absolute)

94.7% of workers in consumer/survivor run-business finding training useful, and 83.2% of workers from adapted enterprises reporting this to be the case.

Both types of SFs offer work accommodations related to flexible schedules, especially for clinical/medical reasons (62.9% in adapted enterprises, 78.3% in consumer/survivor-run businesses). As for workers, schedule flexibility was identified as being useful for 75.7% of the adapted enterprises subsample and for 91.0% of the consumer/survivor-run businesses subsample.

The work accommodations category that was less available within the context of adapted enterprises was modifying the work environment (e.g., being able to change the noise levels) (61%). This category of work accommodation was also less available within consumer/survivor-run businesses (58.6%). Although this category of work accommodations was less often available in their work environment (supervisors' perspective), 77.7% of adapted enterprises workers reported that modifying the work environment could be useful, while it was perceived as useful for 94% consumer/survivor-run business workers. To conclude, generally all the work accommodations that were reported as available were perceived as useful. However, we could observe more nuanced results when considering supervisors' perspectives indicating variation in terms of availability of work accommodations, particularly when both SFs were compared.

Interestingly, results from the multivariate analysis of variance (MANOVA) showed no significant differences for the workers' usage of the six work accommodations categories with respect to

- gender (i.e., male/female)
- diagnosis (i.e., schizophrenia/others)
- hours worked per week (i.e., less than 20/more than 20)
- age (i.e., based on the average age of similar population of workers with a mental health condition; see Corbière et al., 2011; Corbière et al., 2017); less than 40/ more than 40); and
- length of job tenure (i.e., based on the work of Lanctôt et al., 2012 with similar population of workers with a mental health condition: less than six years/more than six years).

Using Pillai's trace, significant differences were found with respect to the type of social firms (i.e., adapted enterprises, consumer/survivor-run businesses) [$V = .22$, $F(6, 128) = 5.99$, $p < .001$] for the accommodation categories of "support from different stakeholders" and "presence of job coach." Specifically, consumer/survivor-run business workers reported significantly higher scores for the usefulness of support from different stakeholders (such as a mentor), while adapted enterprise workers reported higher scores for the usefulness of the presence of a job coach in the environment.

DISCUSSION

Social firms (SFs) are recognized as flexible work environments, allowing effective integration for people with a mental health condition who are having difficulties maintaining their employment, by offering work settings in which there is reduced stigma and better work accommodations compared to jobs in the competitive labour market (Villotti, Zaniboni, & Fraccaroli, 2014). The main goal of this study was to describe work accommodations available in two types of SFs. More particularly, we compared work accommodations (common and different) in two types of SFs, adapted enterprise and consumer/survivor-run

business, supervisors' perceptions on their availability in the workplace, and their usefulness as perceived by workers with a mental health condition.

Even though differences exist between individuals working in consumer/survivor-run businesses and adapted enterprises, such as age or level of education, the more salient difference was the number of hours worked per week. Indeed, about three quarters (73.8%) were working less than 21 hours in consumer/survivor-run businesses, compared to 80.2% working more than 35 hours per week in adapted enterprises. This illustrates the essential difference found between types of SFs. This difference is likely a reflection of the conceptual model and origins of the two SF types. Consumer/survivor-run businesses were conceived by and for people with a mental health condition in the 1980s in reaction to the then-existing vocational programs (Mandiberg, 2016), mental health system, and mainstream professional services, which they viewed as “*bureaucratic and paternalistic*” (Nelson, Ochocka, Janzen, & Trainor, 2006, p. 270). The consumer movement focuses on *personhood and citizenship*, as opposed to “clienthood,” in which the individual is surrounded by a “sea of services” (McKnight, 1995). The consumer/survivor-run businesses initiative was formally launched in the spring of 1991, when the Ontario Ministry of Health and Long Term care as well as the Ministry of Community and Social Services funded this initiative by providing about \$3 million (Canadian Mental Health Association - Ontario Division, 2005; Nelson et al., 2006). The underlying objective of this SF was to develop unique ways to contribute to the reduction in the use and cost of health services. In contrast to consumer/survivors-run businesses, to become an adapted enterprise in Québec, you must first be certified by Emploi-Québec (Ministry of work) to receive funds from the Subsidy Program for Adapted Enterprises. These funds serve as an incentive for employers to hire workers that may be at higher risk of impeded productivity (i.e., workers with disabilities). In brief, since the organizational structure of both types of SFs were supported and funded by different ministries, expectations and strategies put in place are different; in one case—consumer/survivor-run businesses implemented in Ontario—the main goal is to reduce the use of mental health services, and in the other case—adapted enterprises in Québec—the goal is the recovery of people with a mental health condition which includes employment. Even though Trainor and Tremblay (1992) indicate that the majority of consumers/survivors prefer part-time jobs, the origin of these SFs likely influenced the flexibility in the number of weekly hours worked.

One of our main findings is that the types of work accommodations provided are dependent on the SF. To evaluate work accommodations, we used the Work Accommodation and Natural Support Scales (WANSS), validated for people with a mental health condition (Corbière, Villotti, Lecomte, Bond, Lesage, & Goldner, 2014). Based on the supervisors' perspective, among the six subscales, one of the most popular types of work accommodations in both types of social firms is “supervisors and coworkers support” (>80%). Interestingly, these types of accommodations were significantly associated with assisting workers with a mental health condition in maintaining employment in the competitive labour market; all workers were followed by employment specialists working in supported employment programs (Corbière, Villotti, Lecomte, Bond, Lesage, & Goldner, 2014). More particularly, when workers receive feedback and recognition from their supervisor or colleagues, their risk of losing their job is reduced by 62% (Corbière, Villotti, Lecomte, Bond, Lesage, & Goldner, 2014). On one hand, the results of the present study corroborate Williams, Fossey, Corbière, Paluch, and Harvey's (2016) review of the literature suggesting that natural supports in the workplace are a feature of positive employment experiences, and consequently can impact job satisfaction,

work productivity, and job tenure. Interestingly, these corroborating results stem from studies on supported employment (Corbière, Villotti, Lecomte et al., 2014) or on supported employment and SFs (Williams et al., 2016) dedicated to people with a mental health condition. Altogether, combined with the present study, results stress the importance of natural supports regardless of the type of the workplace—social firm or competitive employment—particularly from the supervisor and colleagues, two organizational key actors. On the other hand, we observe that the feedback and recognition from supervisors and colleagues are more likely to be offered in adapted enterprises (100%) compared to consumer/survivor-run business (38%). This may be because they contribute to a stable and consistent level of productivity for workers working full time. In SFs managed and staffed by consumer/survivors, the work environment is created and managed collectively, explaining the lower availability of recognition from supervisors or co-workers since there is a flat organizational structure (Canadian Mental Health Association, 2008).

With regard to the differences between the two types of SFs in terms of “support from different stakeholders” and “presence of job coach” in the workplace, we found that receiving support from peers and employment specialists, and the availability of a workplace mentor was more prevalent in adapted enterprises (about 94%) than in consumer/survivor-run businesses (from 39% to 77%). These results corroborate with the accommodations in the subscale entitled “presence of job coach” for which there is greater availability in adapted enterprises (>90% compared to close to one third in consumer/survivor-run business). On one hand, and as mentioned above, these results reflect the strong and focused collaboration between supported employment programs and adapted enterprises, and the divergence of the consumer/survivor-run business from other vocational models such as supported employment programs. Supported employment programs do not only aim at quickly obtaining competitive employment, they also emphasize the importance of focusing on participants’ work preferences (Drake, Bond, & Becker, 2012). Consequently, employment specialists in supported employment programs can at times refer their clients to SFs if they aspire to. In this vein, as Menear and colleagues’ study (2011) reported, staff working in supported employment programs need to be available to meet consumers’ diverse needs, as suggested by a regional health planner:

I think that the vision of employment is broad and that people come from a whole range of different places. What we need to do is have a whole broad range of options so that people can begin that journey, because recovery is a journey for people; again, it’s not linear, and people need a range of options and opportunities. (p. 1032)

Furthermore, as Church et al. (2001, 2008) mentioned in their qualitative study conducted within consumer/survivor-run business, the more experienced workers in-training act as mentors, explaining certain tasks to new workers with a mental health condition. In other words, they do not need the assistance of an external job coach in this type of organizational context. In contrast, these results allow us to better describe adapted enterprises as organizations that use a wide range of professional and stakeholder supports in the workplace (e.g., mentor) to help workers with disabilities. This strategy is probably useful for helping workers working full time.

The accommodations from the two other subscales entitled “training” and “flexible schedule” are frequently available in both types of SFs. The items in these two subscales also reflect the concept of flexibility discussed by Buhariwala et al. (2015), that indicates there are a number of strategies to enable workers including scheduling, work tasks, pace of work and social interaction. Flexible schedules and training

(e.g., gradually introducing tasks, availability of extra skills training) in the WANSS are often discussed in the literature as essential and useful for people with a mental health condition working in the competitive labour market (Gates & Akabas, 2011; Schultz, Duplassie, Hanson, & Winter, 2011). The availability of work accommodations from these two subscales is more prevalent in consumer/survivor-run businesses than in adapted enterprises. These results reflect the fact that consumer/survivor initiatives not only promote work, but also the role of citizenship (McKnight, 1995). It is important to keep in mind that although flexible scheduling is the most commonly discussed accommodation in the literature, there are variations among enterprises regarding the degree of flexibility. Some offer complete flexibility such as in consumer/survivor-run businesses, allowing people to work an hour or two a week if they chose. Other organizations such as adapted enterprises ask workers to commit to a minimum number of hours per week. As Buhariwala et al.'s study (2015) reports, and the mandates of the SFs suggest, the degree of flexibility is guided by both the needs of the business and the workers' health.

The work accommodations belonging to the "work environment" subscale, are the least available in the workplace (<75%) regardless of the SF type. Not surprisingly, modifying the work environment or the physical space (e.g., changing the noise levels, the lighting, access to emails) is more difficult to undertake for some business sectors. Although this is changing (Buhariwala et al., 2015), the business sectors that social firms are frequently involved in are based on the 4F jobs: food, filth (cleaning), filling (packaging), and flowers (landscaping/gardening; Kirsh, Krupa, Cockburn, & Gewurtz, 2007). This could explain why some of these types of work accommodations are not available. However, in our study, not all the adapted enterprises were involved in the 4Fs, thus explaining why, in our sample, some of these types of work accommodations were available.

Finally, descriptive and comparative analyses were used to evaluate whether workers with a mental health condition perceived work accommodations as more or less useful, regardless of their level of availability in the social firm. Results showed that when work accommodations were available, workers perceived them as useful, regardless of the WANSS subscales (from 75% to 100%). These results underlined the usefulness and importance of diverse work accommodations that respect workers' needs (Corbière, Villotti, Lecomte et al., 2014; Menar et al., 2011; Oire, 2013; Schultz, Krupa, & Winter, 2012; Villotti et al., 2017). Workplaces offering diverse types of accommodations create an organizational culture that enables flexibility in the design of work processes, balancing accommodation needs of workers with productivity goals (Lysaght & Krupa, 2011; Schultz et al., 2012).

Using MANOVA and controlling for different sociodemographics (e.g., age, gender, job tenure, diagnosis), results indicated that workers in consumer/survivor-run businesses were more likely to recognize the usefulness of support from different stakeholders compared to those working in adapted enterprises; in particular, they found the presence of a job coach in the workplace very useful. When we investigated the support from the employment specialist in SFs, workers revealed that the accessibility and presence of a job coach was very useful, despite the fact that supervisors from consumer/survivor-run businesses may not provide or emphasize this support. Interestingly, authors have identified the importance of the employment specialist's competency in "Relationships with employers and supervisors" (Corbière, Brouwers, Lancôt, & van Weeghel, 2014) to helping people obtaining and maintaining employment (Corbière et al., 2017). Glover and Frounfelker (2013) also stressed the fact that successful employment specialists are more effective if

they develop egalitarian relationships with consumers, and collaborate well with other partners such as employers. Although consumer/survivor-run businesses seek to downplay the typical role of “client” or service recipient (Nelson et al., 2006, p. 270), supervisors from this type of SF could benefit from the addition of employment specialists working in supported employment programs.

This study has some strengths and limitations. The evaluation of both supervisors and workers in the workplace is valuable since we can at the same time evaluate the availability mentioned by supervisors and the usefulness of these by the worker with a mental health condition. Also, to have two types of social firms, consumer/survivor-run businesses and adapted enterprises is valuable, gives us more insight into the types of SFs but these types may not be generalizable to other contexts. Similar studies of other types of SFs across the world could enrich these studies’ results. Furthermore, because we used cross-sectional data, we could not look at the predictive value of work accommodations as they relate to job tenure. Finally, as mentioned, study results are related to social firms from Québec and Ontario that agreed to participate in this study, and consequently are limited to a convenient sample. Future studies are warranted to further investigate these limitations.

In terms of clinical implications, this study’s results indicate that most work accommodations recognized in the literature as essential to help workers with a mental health condition, are in fact implemented in SFs. Even if some work accommodations are less available than others, workers perceive all of them as useful. Consequently, supervisors in SFs could consider an individualized implementation of work accommodations to address specific workers’ needs. For example, even if the philosophy of SFs does not necessarily fit with the involvement of employment specialists in SFs, supervisors could facilitate the work integration of employees by offering support via consultant such as a job coach. Supervisors in SFs could follow the example of supervisors working in the competitive labour market who collaborate with a return-to-work coordinator who facilitates the joint efforts of stakeholders such as employers, supervisors, health professionals, and insurers in the return-to-work process (Loisel & Corbière, 2011). In addition, supervisors working in competitive businesses could consider adopting the diverse types of work accommodations perceived as useful by workers with a mental health condition in SFs and implement them in their work environment.

In conclusion, the main goal of this paper was to compare work accommodations in the adapted enterprise and consumer/survivor-run business models located in Québec and Ontario respectively. Furthermore, supervisors and workers’ perceptions were taken into account when evaluating the availability of these work accommodations and their usefulness. Given the significant contribution of work accommodations to job retention for people with a mental health condition, it is important to better understand which accommodations are offered in SFs and whether they are perceived as useful by workers. More studies of supportive workplaces such as SFs are warranted to meet the goal of helping people sustain their employment and greater participation in citizenship. Consequently, these results and knowledge could also be useful for vocational programs linked to the competitive labour market, such as supported employment programs. Accommodations in the form of natural supports from coworkers and supervisors (e.g., recognition, feedback, sharing tasks) and flexibility (e.g., schedule, path work, time off for clinical medical appoint), are of fundamental importance for work sustainability. In general, workers endorse the usefulness of accommodations in the work environment, regardless of their nature.

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