WISE Impact:
An Outcome Study Focused on WISE in the Mental Health Sector

Final Research Report
July 15, 2022

*This is the final report of the **WISE Impact** project. In this report, we update the findings presented in our Interim Report, and provide findings relative to each of our project objectives.*

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Executive Summary

This project examined the social, economic and health impacts of Work Integration Social Enterprises (WISE) in the mental health sector in Ontario in order to:

1. Profile the population with serious and persistent mental illness (SPMI) who work in Ontario WISEs;
2. Measure social and labour market integration outcomes achieved over a 3-year span; and,
3. Identify the changes in socio-economic indicators for people remaining in WISEs versus those who leave for secure employment in a competitive business.

Our study included 7 WISE organizations representing over 15 distinct businesses. All were located in Ontario, do business in the open market, have a mission focused on improving employment outcomes, and operate successful businesses that have demonstrated sustainability.

Key Findings

The study enrolled 106 workers who were interviewed three times over 36 months using a protocol of standard measures. The study also included qualitative interviews with a subset of WISE workers, frontline supervisors, and WISE administrators. It revealed:

1. A diverse population of WISE workers with SPMI:
- WISE employees average 40 years of age with 25% identifying as a visible minority, 8% as Indigenous.
- A majority (53%) are high school graduates with 28% having some post-secondary education. Many have identified skills gaps.
- Physical and mental health are below national norms. About 60% have been hospitalized or used emergency care for psychiatric reasons but satisfaction with life scores fall within average ranges.

2. Varied work patterns in those working at the WISEs at Time 1 after the three years:
- Close to 45% remained working in WISE, 14% were working in community employment outside of WISE, 8% had entered an education program or were retired, 33% were unemployed mainly due to issues associated with mental health, and 16% did not interview with their current status unknown.
- Only 38% of those who stopped working did so for factors directly or indirectly associated with COVID-19 (e.g. layoffs), and 15% left work for a variety of other reasons just prior to the pandemic.

3. Population remaining in WISE has higher well-being indicators than those in other outcome statuses:
- These workers scored significantly higher on measures of physical functioning and emotional well-being than the unemployed, and higher than those in community employment.
- They reported a significantly higher willingness to endorse their employer and 'intent to stay' in their present job than those in community employment

4. Overall, we saw little change in health and wellbeing among the WISE employees over three years:
- This stability in status may be viewed as a success
- Thus, prolonged employment in supportive organizations may create social stability for this population, and therefore results in reduced overall cost burden socially.

5. Sustained but low working hours and wages for WISE workers:

- WISE employees typically work 15 - 16 hours/week, with 71% working 20 or fewer hours/week. They average $997/month from WISE employment, while total monthly income averaged $1774 from all sources, including disability payments and casual work.

6. The 11 people who moved to community employment had more work hours and higher total income:
- Work averaged 35 hours a week with a slightly higher monthly income at a mean of $2210.
- Desire for higher income was often a driving factor in workers moving to a community job.

7. Individuals who were unemployed at the end of the study differed from those who were working:
- Their average monthly income of $1332 was significantly lower than the other two groups.
- They were younger on average (38 yrs), particularly compared to those working in WISEs (48 yrs).
- They have higher levels of education but also significantly higher substance use risk scores

8. WISEs are complex organizations with expertise in creating caring and supportive work environments, but they are resource constrained:
- Administrators and supervisors are highly committed to organization missions and values.
- WISEs have developed a considerable knowledge base related to management skills and business structures and processes that can support worker and business success
- Staff reported extraordinary demands inherent in balancing worker support needs with hard decisions to remain financially viable and stressed the need for additional resources.

Recommendations for Policy, Practice & Future Research

WISE employment is an important bridge to employment for workers experiencing a debilitating loss of work capacity due to mental illness or addiction, and a source of stable, supportive work for people facing serious challenges in maintaining employment in the competitive labour market.

1. Ensuring consistent funding with a streamlined funding process
- To underwrite the high costs of worker support and managing a part-time workforce and to support grant writing and donation solicitation particularly for smaller organizations.
- To ensure work skill development and career progression for workers.

2. Coordinating policy regarding employment rules and the provincial disability support payments
- To address ODSP payment clawbacks, which negatively impact the work incentive and perpetuate tenuous levels of income despite WISE employment.

3. Supporting affirmative procurement requirements
- For government and government-supported contractors to ensure ongoing contracts for WISE.

4. Building a more efficient support and knowledge exchange network in the community
- Templates, business guides and advisement for common human resource and taxation concerns.
- Support for implementation of WISE standards and related competencies
- Support WISE-specific education and training opportunities for managers and supervisors
- Strategies for worker support to ensure good practices and to reduce burnout and attrition.
- Connections between WISEs and support services (e.g. therapists, social workers, career coaches).

5. Incentivising research on the unique contributions of WISEs, particularly
- Point-in-time comparisons between WISE workers and other workers with SPMI
- Examination of disability support payment program structures and their alignment with WISE

WISE Impact: An Outcome Study Focused on WISE in the Mental Health Sector

Background

This project was led by a team of coinvestigators based at Queen's University, the University of Toronto and Glasgow Caledonian University who examined the social, economic and health impacts of WISEs in the mental health sector in Ontario. WISEs are commercial enterprises that produce goods and/or services which are sold in the broader community and use their business practices and revenue to realize other social goals. The primary social mission of WISEs is the creation of jobs and/or employment training for populations that face challenges - including people with serious and persistent mental illnesses.

The core objectives of the project were as follows:

1. **To describe the population of people with serious and persistent mental illness (SPMI) who work in WISEs**

   - Goal 1: Profile the demographic characteristics of WISE participants (e.g. sex, gender, age, racial, cultural, and other demographic features) that distinguish this population from the broader population of those with SPMI.

   - Goal 2: Identify demographic characteristics of those who remain working at the WISE for > 18 months.

2. **To measure social and labour market integration outcomes for people with serious mental illness who work in WISE**

   - Goal: Collect and interpret before-and-after data relative to social, health and well-being, and economic indicators of WISE participants for 3 years post WISE entry.

3. **To identify the level of change in socio-economic indicators for those who remain in the WISE versus those who leave the WISE and secure employment in a competitive business**

   - Goal 1: Conduct statistical comparisons between continuing WISE workers (analyzed as 2 groups defined as either short (3 years or less) and long (4 or more years) tenure) and those who leave to enter other forms of employment, on our social, economic, and demographic indicators.

   - Goal 2: Identify features/dimensions of WISEs that are associated with improved social and labour market participation outcomes.

   - Goal 3: Identify WISE features that support business sustainability. We will address these questions through analysis of how WISE dimensions, assessed through our WISE Organization (Self) Appraisal Tool, relate to selected outcomes.

The status outcomes of the project related to the core goals, activities and timelines are presented in Appendix A. The overall timeline for the project began with a focused period of subject recruitment, during which WISE partners and their employees were onboarded to the project. During the onboarding phase, organization-level interviews were conducted with each partner with a view to understanding them in relation to a range of dimensions. This was followed by three waves of repeated measures quantitative data collection with workers – both new hires and long-term employees, beginning in September 2017 and culminating in May 2022. In the interim, a qualitative set of interviews was conducted with a subset of worker and supervisor participants.

Seven WISE partners (profiled in Appendix B) participated in this study. While there are variations across these enterprises with respect to philosophy and elements of their functional operations, they were all similar in the following ways: 1) Located in Ontario (two in London, one in Hamilton, two in Toronto, one in Kingston and one in Ottawa); 2) they do business in the open market; 3) their mission focuses on improving employment outcomes; 4) they are successful businesses that have demonstrated sustainability.

The context of this study was WISE in the mental health sector in Ontario. This is a sector with a long history of social enterprise, dating back to the 1960s and 1970s, when the model emerged in Western Europe as an answer to problems of high unemployment among marginalized groups, particularly people with mental health disabilities (Jeffrey, 2005; Warner & Mandiberg, 2006) In the early 1990s funding initiatives were created in the Toronto region to respond to demand for employment opportunities by the psychiatric Consumer/Survivor community. What emerged were a group of social enterprises cooperatively operated by Consumer/Survivors, two of which - Working for Change and Fresh Start – continue to thrive today and were partners in this study. In the 1990s hospitals and mental health agencies also recognized the potential of social enterprise as a source of employment, social integration and stigma reduction by providing employment and employment training for a group that is particularly employment marginalized, and creating a space for positive social and economic change within communities. What has resulted is a sector that is based on similar goals and missions, but a range of sizes and operational models.

People with serious and persistent mental illness (SPMI) are among the most economically and socially disenfranchised populations in Canada. They typically have long histories of labour market detachment, exceptionally high rates of unemployment and access to mostly precarious forms of employment. They can have limited social networks with few contacts to connect them with employment opportunities. They typically rely on disability pensions for financial security which places them at, or below, the poverty level, while also impacting their capacity for activities directed to self-sufficiency (Krupa & Chen, 2013). Thus, this study examined outcomes related to a highly employment marginalized population, in a sector that has long been seeking innovative and consumer-empowering approaches to social integration. It was also clear as we compared our T2 and T3 data, and the information gathered through qualitative worker interviews, that this is a worker population that tends to be transitional. A worker may move out of WISE to competitive employment or unemployment, but return to WISE later, and may, in fact, simultaneously hold employment in both WISE and the

> **This study examined outcomes related to a highly employment marginalized population, in a sector that that has long been seeking innovative and consumer-empowering approaches to social integration.**

competitive labour market. This fluctuation is due to the episodic nature of SPMI, as well as the precarious social circumstances of some participants.

Findings Relative to Core Objectives

The study enrolled 106 workers who were interviewed three times over 36 months. The primary interview guide (see Appendix C) collected a broad range of demographic items, as well as a series of standard measures of personal and economic well being. The study also included qualitative interviews with a subset of WISE workers (see Appendix D) that explored in depth their experience of working in WISE. Our examination of the WISE context in this sector included interviews with frontline supervisors (seen in Appendix E), as well as interviews with WISE administrators at the outset, as well as at the end of the study (Appendix F).

In this section we present study findings as they relate to the study core objectives.

Objective 1: To describe the population of people with SPMI served by WISEs

Given that there is a range of entry to employment options for people living with serious and persistent mental illness and addictions in Canada, we sought to shed light on who accesses WISE – both as an entry point, and as a source of ongoing employment.

Personal Characteristics

Workers represented a wide spectrum of demographic characteristics and personal stories. At intake workers ranged in age from under 19 to their mid 60s. The average age of a participant was 40 at the time of the intake interview (Time 1). In terms of race and ethnicity, most participants (64%) reported they identify as Caucasian, while 8% identified as Indigenous, and 25% as a visible minority. The majority of study participants (58%) identified as male, 39% identified as female and less than 2% identified as another gender. In terms of sexual orientation, 84% identified as heterosexual. Seventy-six percent reported being single for the duration of their participation in the study, while 16% are married or living with a common law partner. The remaining 8% changed their martial status one or more times during the period of the study.

Education

The sample reported educational attainment levels somewhat lower than the general population, with 53% having attended or graduated from high school (only) and an additional 26% having attended or graduated from post-secondary school – compared with the general Ontario population, where in 2017 30% of the population had completed only high school, and a full 62% had some form of post-secondary education (Statistics Canada, 2021). Six percent of participants increased their educational credentials during the study period with 3 individuals earning their high school diploma and 3 beginning or finishing post-secondary education. In terms of work-related training, 84% of participants have completed additional education and/or job certificate training (e.g., WHMIS, Food Handler's Certificate).

Many of the study participants identified skills gaps, including participation in post-secondary education without obtaining a completion certificate or degree. This is a frequent finding with the population due to the age of onset of many major mental illnesses, which frequently results in individuals dropping out of educational pursuits (O'Shea & Salzer, 2019; Seabury et al., 2019). WISE administrators also commented on skills gaps in workers as a barrier to securing skilled employment.

Financial status

At baseline, participants were earning a mean of $855/month through WISE employment, and a total monthly income from all sources of $1673.[1] This equates to an annualized total of $20,076 for those who work 52 weeks. The poverty line in Ontario for a single person in an urban centre with a population based of 100,000 - 499,999 was $17,758 in 2017 (Statistics Canada, 2022), making the income of these workers slightly above the poverty line.

At the start of the study, a high proportion of worker participants in this study were accessing government income supports, including the Ontario Disability Support Program (ODSP) (51%), Ontario Works (19%), the Canadian Pension Program – Disability supplement (CPP-D) (7%), For many of the worker participants, these forms of social assistance made up a significant proportion of their total income.

Demographic differences between WISE workers based on their status at baseline

Prior to joining our study, 43 individuals were employed at the WISE for at least two years (long-term employees), 27 were employed in the community, 24 were unemployed for at least six months, and the remaining 12 held one of several other statuses like student, stay-at-home parent, or participant in a job program. We compared them on all demographic variables based on their status prior to joining the study. Overall, there were few differences between the groups in terms of the variables noted above when they were interviewed at the start of the study. The following are the only significant differences that were identified among these groups (see Table 1):

- The average ages of individuals from the various groups differed significantly ($p < .01$) with **those coming from community employment being significantly younger (36 years) than the long-term WISE employees** (41 years)

- There were significant differences in the average physical functioning and energy levels of the groups ($p < .05$), with **those who came from community employment having significantly higher physical functioning and significantly lower energy levels than both those who worked in WISEs and those who had been unemployed ($p < .05$)**

- Satisfaction with life differed significantly among the groups ($p < .05$) with **long-term WISE employees being significantly more satisfied with life than both those who had been working in the community and those who were unemployed ($p < .05$)**

- There were significant differences between groups on their risk scores for Tobacco use ($p < .05$) and alcohol ($p < .01$). In particular, **unemployed individuals had significantly higher rates of tobacco use then long-term WISE employees ($p < .05$)** and **those employed in the community had significantly higher rates of alcohol use than those who were unemployed ($p < .10$) and long-term WISE employees ($p < .01$)**

Among those 28 individuals who dropped out of the study at or before Time 3 there are no significant differences between them and the others on any of the T1 measures used in the study.

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[1] 17 participants interviewed for the first time prior to Jan 1, 2018 when minimum wage jumped from $11.60 to $14 per hour.

Table 1: Comparison of average scores at T1 based on status prior to the study (n=106)

Variable (min-max score)	Community (n=27)	Long-term WISE (n=43)	Unemployed (n=24)	$\chi^2(2)$ with ties
SF36 Physical functioning (20-100)	92.41	84.24	83.96	6.42*
SF36 energy levels (0-95)	48.15	58.37	58.96	6.35*
Satisfaction with life scale (1-7)	3.84	4.71	4.02	6.19*
ASSIST-Risk for tobacco use (0-38)	11.22	8.19	14.75	6.19*
ASSIST – Risk for alcohol use (0-34)	10.44	3.26	5.71	15.67**

Notes: [†] $p < .10$; * $p < .05$; ** $p < .01$
Differences in average scores per group were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(3)$ with ties. The 12 individuals in the 'other' category were not included in the analysis of group differences given the significant variability in their status.

Demographic differences between WISE workers and those in other outcomes at Time 3 (T3)

Table 2 shows percentage difference on demographic variables between workers who remained in WISE at T3 (whether long term or newly hired at T1) and those in community employment. For reference purposes, we also include those who were not employed (includes the 78 workers interviewed at T3).

Table 2. Demographics by outcome employment status at Time 3

Variable	Community (n = 11)	WISE (n = 35)	Not Employed (n = 26)
Average Age (at Interview 3) *	40 years	47 years	38 years
Gender – Identify as Female	36%	43%	42%
Sexual orientation – Identify as heterosexual	82%	89%	81%
Cultural Identity (mutually exclusive) *			
- Caucasian	63%	77%	69%
- Indigenous *	0%	0%	19%
- Other	36%	23%	12%
Visible Minority – Yes	27%	17%	19%
Marital status (mutually exclusive)			
- Single	63%	71%	77%
- Married/Common-law	27%	20%	15%
- Status changes during study	9%	9%	8%
Dependents (mutually exclusive)			
- Yes	0%	0%	4%
- No	100%	89%	81%
- Changes during study	0%	11%	15%
At least some post-secondary education *	64%	31%	19%
Self-reported Diagnosis (not exclusive)			
- Psychosis (BPD, Schizophrenia) [†]	9%	43%	46%
- Anxiety/Depression	73%	40%	50%
- Addiction	18%	9%	27%
- No diagnosis disclosed	9%	20%	15%

Variable	Community (n = 11)	WISE (n = 35)	Not Employed (n = 26)

As the table indicates, **those who left WISE employment were younger than those who remained working in WISE and tended to have higher levels of education 3 years after intake.** Participants did not differ on any of the other basic demographic information such as gender, marital status or sexual orientation, but they did differ on cultural identity. Specifically, **those who reported Indigenous heritage were significantly more likely to report being unemployed (either at WISE or a community employer in the competitive sector).** There is also evidence that those who moved to competitive employment in the community were significantly less likely to report a psychotic illness, but more likely to experience anxiety and depression.

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Objective 2: To measure social and labour market integration outcomes for people with serious mental illness and/or addictions who work in WISE

One hundred and six workers were recruited to the study at Time 1, and we retained 78 workers at Time 3. The table below provides two status measures at Time 3. The first column provides the categorization for those we interviewed. In the second column we have incorporated information that we were able to obtain on the whereabouts of 18 of the 28 individuals who did not interview at Time 3 (e.g. from WISE managers). The third column combines these two counts to provide an overall indication of employment status for individuals at Time 3

Table 3. Employment outcomes for participants at T3 (interviewed/provided by secondary source)

	3-year status for those interviewed (n = 78)	3-year status for those who did not interview (n = 28)	TOTAL (N = 106)
Community Employment	14% (n=11)	4% (n=1)	11% (n=12)
WISE	45% (n=35)	32% (n=9)	42% (n=44)
Unemployed	33% (n=26)	4% (n=1)	25% (n=27)
Other	8% (n=6)	11% (n=3)	8% (n=9)
Status unknown	n/a	50% (n=14)	13% (n=14)
Total	100%	100%	100%

Three years after intake, WISE workers were employed for an average of 15 hours/week, with 71% working 20 or fewer hours/week at the WISE. Workers employed at community jobs work on average 35 hours/week, significantly higher than those in WISE.

Of the 26 individuals (33%) interviewed at T3 who were **unemployed** we were able to identify some patterns in the data.

Overall, 10 of these individuals reported factors related to COVID as having impacted their employment:

- Four participants directly connected their unemployment to the COVID-19 pandemic. Among these four individuals, one had previously unsuccessfully tried community employment and had found a good fit with one of the WISE food services businesses. Two were cleaners in a WISE business who were offered opportunities to return, but were uncomfortable putting themselves in high risk cleaning situations. The fourth person also worked in food services and had been able to pick up some informal work while not working at the WISE.

- Two participants were indirectly impacted by COVID-19. One of these maintained their employment in the WISE, but due to changes in the businesses they were shifted to another business and did not find the work meaningful. Another individual had been transitioning to community employment when a physical injury prevented his ability to work. By the time he had healed to the point of being able to return to work, the community job which he had been transitioning to was on hold.

- Four participants left their jobs (WISE or community employment) for a variety of reasons (e.g. physical injury, family circumstances) in the months leading up to the pandemic. When these individuals were interviewed at the 36-month mark (roughly 12-18 months after the start of the pandemic depending on the timing of their first interview) they mentioned the pandemic as one of the reasons why they had not yet returned to work. Among this group, reasons reported included child care responsibilities, anxiety and the perceived lack of available opportunities.

- One long-time WISE worker was on a prolonged leave due to a physical injury, but there was every expectation that the individual would either return to WISE employment when able to do so or retire as they were nearing the age to be able to do so.

Finally, a full third (n=9) of our unemployed participants were not working at 36 months because their SMI or addiction impacted their ability to maintain steady employment. These are individuals who had been in hospital at least once over the period of the study, who experience debilitating side effects from the medications that they take and/or have significant cognitive challenges. Individuals from this group shared that they valued having a WISE that would employ them when they were well, allow them to take time off when unwell and welcome them back when they were ready to try working again

Income Levels

On average, at T3 participants earned $997/month from their WISE employment, while their mean total monthly income was $1774 from all sources, including disability payments and casual employment, for an annual income of $21,288. This was a small, but not significant difference from income at T1. For the 11 individuals who are known to have moved on to community employment by 36 months post intake, work hours averaged 35 hours a week; their total monthly income was accordingly higher than WISE workers, but not significantly so, at a mean of $2,210/month (an annual income of $26,250, just below the $26,426 2021 poverty line in Ontario). Desire for higher income was often a driving factor in workers moving to a community job.

We also considered each group's income from their main employment, their total income from all sources and the hours that they worked. Of these three measures, only the amount of monthly income from their main employment differed at T1 (p < .05) with those who were unemployed at T3 earning significantly less than those who eventually transitioned to community employment (p < .10) and those who remained in WISEs (p < .05). By T3 all three measures were significantly different across the groups (p < .01). In particular, other sources of income do not compensate for the loss of income from unemployment; thus, at T3 those who are unemployed have significantly lower overall monthly income then those who continued to work in WISEs or in the community (p < .01).

WISE AS A POINT OF INTERMITTENT CONNECTION TO EMPLOYMENT

For many workers, WISE provides a valued work experience, but for various reasons they choose to leave work. One of these is Mario, a young man who lives with schizophrenia and uses substances. He completed high school and subsequently held a number of unskilled jobs in fast food and retail outlets. He always had trouble keeping jobs, and in 2018 was finally referred to a WISE by an employment counsellor. He was hired on to an assembly job, and remained at the WISE until COVID hit, about 3 years in total. This wound up being his most successful job. He says of it, *It's a safe place for people to work who do have those things. No one's really there to judge each other and they're all really supportive of each other. So, in comparison they're really not biased and it's a really healthy, good environment for people to work.* He eventually quit because travel to the worksite took over an hour on public transit, and he felt it was more beneficial to live with his disability benefit pension and work as a volunteer closer to home. He is considering returning to the WISE at a later time if he is offered hours. Similarly, Julie, who lives with bipolar disorder, worked at a WISE for 8 years. She reported that she stayed at the WISE, despite having worked in other community jobs, because of the stigma-free environment, a shorter workday, and the willingness of her boss to take her back after mental health setbacks. She left because she wanted more hours than were available in her area. Currently unemployed, she reflected, *I think the best part was just like having the job in the first place, like you know, being an employee and having a place to go and hours to work and of course a paycheque.*

Table 4. Reported monthly incomes by employment outcome group at T3

Variable	Community (n=11)	WISE (n=35)	Unemployed (n=26)
Monthly income from employment	$1281.97	$996.92	$0.00
*Total reported monthly income **	$2209.71	$1774.13	$1332.46

Notes: † p < .10; * p < .05
Total reported monthly income for those who are unemployed is significantly lower than both those employed in the community (p < .05) and those employed at WISEs (p < .05)

Objective 3: To identify the level of change in socio-economic indicators for those who remain in the WISE versus those who leave the WISE and secure employment in a traditional business

At the end of the study we grouped the 78 individuals who remained in the study into one of four categories based on their employment status. These were those working in the community (n=11), those who continued to work in WISEs (n=35) and those who were unemployed when we interviewed them at Time 3 (n=26). An additional six individuals were coded as 'other'. Of these six, three individuals had retired and three were pursuing post-secondary education.

We then analyzed if and how each of these groups had changed over the duration of the study on our socio-economic indicators. We were interested both in differences between these groups as well as differences within groups between the start and end of the study (i.e. on average had individuals within each group improved, declined or remained stable over time). Our overall finding is that in general, two of the most significant benefits that sustained employment in WISEs provided for the population were 1) a significant increase in monthly income relative to those who are unemployed and 2) stability with respect to multiple measures of wellness. This stability is in contrast to not only those who are unemployed but also relative to those who transition to community employment.

Measurements of health and addiction

Outcomes of the RAND 36-item Health Survey (SF-36)

We used the RAND 36-Item Health Survey (SF-36), which is a widely used survey that taps into eight health concepts including physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, emotional well-being, social functioning, levels of energy vs. fatigue, and general health perceptions (Hopman et al., 2000). Of these eight measures, five demonstrated significant differences in at least one of the ways in which we compared the data. Appendix G provides details on all significant tests, with the highlights of these tests presented below.

First, we considered whether or not the average starting point of each of the three groups differed significantly. For example, did those who ended up in competitive community employment at the end of the study have higher measures of health at the start of the study than those in the other groups? We found that there were significant differences among the groups on the following T1 measures: role limitations due to physical health problems (p < .10) and levels of energy (p < .10). Those who ended the study in community employment had the fewest role limitations due to physical health at the start of the study, followed by WISE workers and the unemployed, whose physical limitations at the start of the study were significantly greater than both the WISE workers (p < .10) and community workers (p < .10). Those who ended the study unemployed also had significantly lower levels of energy at the start of the study then those who ended the study working in WISEs (p < .05).

When we then looked at the same measures at the end of the study, the groups were no longer significantly different. In fact, all reported greater physical limitations although the decline was only significant (p < .10) for those in community employment. Energy levels also changed over time with slight decreases reported by those in community employment, minimal change reported by those

working in WISEs and a slight increase in energy reported by those who were unemployed. None of these changes, however, were significant.

While the prior measures were no longer significantly different among the three groups, two new measures – physical functioning (p < .05) and emotional well-being (p < .05) – had T3 average values for WISE workers being significantly higher than the unemployed on both measures (p < .05).

These significant differences can be attributed to the fact that between T1 and T3 the physical functioning and emotional well-being of those in WISEs remained stable. In contrast the physical functioning and emotional wellbeing of those in community employment and those unemployed declined. These within groups decreases were significant for physical functioning (p < .05 & p < .01 respectively), but not for emotional wellbeing.

Finally, while there were no significant differences between the groups' general perceptions of their health at either T1 or T3, those working in the community reported a significant decline in their general health between T1 and T3 (p < .05). Moreover, the rate of decline differs significantly to the marginal improvement in general health among those who are unemployed (p < .05).

Satisfaction with Life
We used the five-item Satisfaction with Life Survey (Diener, et al., 1985) to understand if and how this dimension of wellbeing changed over time. At the start of the study there were significant differences among the groups (p < .05). Of the three groups, those who remained in WISEs had the highest average satisfaction with life at the start of the study and this satisfaction was significantly higher than both those who were unemployed (p < .10) and those who were working in the community (p < .05). By the end of the study, however, the significant differences between the three groups had disappeared as the average satisfaction with life score decreased slightly for WISE workers and increased slightly for the others.

WISE AS A LAUNCHING PAD

Jack entered employment at a WISE in 2017. He is a single male who holds a high school graduation certificate. Prior to joining the WISE he had worked for about 3 years at 2 different unskilled labourer jobs in private sector small businesses. He found his work capacity diminishing over time due to increasing anxiety and depression, and for a short time was unemployed. He registered for ODSP benefits during this period. He entered the WISE as a means of getting his life back on track. He worked at the WISE for 18 months, gradually increasing his level of work responsibility. With the help of career counsellors in the broader organization associated with the WISE, he was able to transition into a similar position in the competitive labour market. He has held his current job for 4 years and is no longer an ODSP recipient.

In his worker interview, Jack described the time at the WISE as initially challenging. He said, *I was re-entering the workforce or whatever, so like the amount of hours I got initially were perfect. They were enough so that I was still getting, you know, like a proper work experience.* Over time, he increased his level of work engagement, and built his skill base, including developing his marketing and communication skills. He came to a point where he realized he was ready to move on. He stated, *I guess it kind of proved that I was, you know, ready and able then, yeah, then it seemed to kind of ramp up and I started getting more hours.* Referring to his supervisor, he noted, *I wouldn't be working for [current employer] if she hadn't hired me, that's just a fact.* In terms of the overall impact of his WISE experience, he noted, *It built confidence, all those things – it inspired me and made me realize, hey, you know I'm not – there are things that I can do. I can contribute.*

Measures of Addiction

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (CITE) was used to measure each group's risk propensity for substance use. Individuals were asked a series of questions about nine common substances to gauge the extent to which they use these substances and if yes, whether such use impacts functioning in various parts of their life. For alcohol those who score 0-10 are at low risk, 11-26 moderate risk and 27+ high risk; for all other substances the corresponding ranges are 0-3, 4-26 and 27+. Thus, while there are significant differences among the groups on various measures, it is important to note that on average the majority of group averages fall with the lower risk range for each of the substances.

Appendix G highlights the statistical results of all comparisons for those substances with at least one significant difference. At a high level, there is a recurring pattern. **WISE employees had the lowest risk scores (tobacco excepted) across all measures at both T1 and T3 and these values were often significantly lower than one or both of the other groups**. Those who ended the study unemployed had the highest substance use risk scores at the start of the study and over time decreased their risk slightly. In contrast, those who ended in community employment tended to increase their risk scores over time such that by the end of the study they had the highest risk scores across all measures of substances reported in Appendix G, except tobacco where they continued to have the lowest risk score.

> **Those who ended the study unemployed had the highest substance use risk scores at the start of the study and over time decreased their risk slightly. In contrast, those who ended in community employment tended to increase their risk scores over time such that by the end of the study they had the highest (substance use) risk scores across all measures of substances**

Measurements Related to Work

We used the Work Intention Inventory to analyze how workers' state of well-being impacted their work intentions on several different dimensions (Nimon & Zigari, 2015). These questions ask about their current employment, so at T1 all three groups answered the questions in relationship to the WISE in which they were employed at the time and at T3 the groups responded according to their current employment (this measure is not applicable for those unemployed at T3).

From the results we see that there are no significant differences at the start of the study with respect to each group's intent to endorse the WISE in which they were working at the time, but there were significant differences between their intentions to stay (p < .05) with those who remained in WISEs at T3 reporting significantly higher 'intention to stay' ratings at T1 then those who moved on to community employment (p < .05). Those who were unemployed at T3 had initial 'intention to stay' ratings that fell between the other two groups. At T3, those employed in WISEs continued to report significantly higher intentions to stay at their current job then those who were working in the community (p < .01). Finally, at T3 WISE workers were also significantly more likely to endorse their employer as compared to those working in the community (p < .01).

> **Those who remained in WISEs at T3 reporting significantly higher 'intention to stay' ratings at T1 than those who moved on to community employment (p < .05) and continued to do so at T3.**

Other Key Findings

A number of other key points relative to WISE in the mental health and addictions sector emerged, largely through our qualitative inquiry.

Why People Remain in WISE

Workers offer a range of perspectives on their experiences with WISE and why they remain. Some entered WISE in order to obtain employment, not even realizing until they were being onboarded that the business they had applied to was a social enterprise. Some perceived it as a place for ongoing, supportive employment, while others saw it as a place to re-group, build confidence, and position themselves for a return to the competitive labour market.

The major reported benefits of WISE employment were as follows:

- *Support structure*: Even many workers who left WISE employment reported that the WISE provides a number of supports that make employment tenable and sustainable. Support was experienced from supervisory staff, as well as from co-workers. The WISE structure itself represented a critical form of support, given the flexibility of hours and work shifts, policies that allowed for performance errors without job loss, and willingness of the WISE to re-hire them following a period of illness or a failed effort at community employment. There were some who reported additional instrumental supports in the form of basic needs, cash advances or connections to healthcare.

- *Positive work culture*: Workers reported that they saw the WISE as a work option where there was an organizational culture that values 'people over profits'. One worker stated, *I'm not sure if it's part of a mission statement or if it's just part of the organization structure, but it's sort of like a not a get in and get out, but it's a come in, get trained, and then blossom out into the community kind of atmosphere for clients to work in* (CSW7). There was a sense that people are treated more fairly than in the competitive labour market, and that workers are valued for what they can contribute versus a focus on their deficiencies.

WISE AS A FORM OF SUSTAINABLE EMPLOYMENT

Mary Ann arrived in a WISE unexpectedly after many years in short-term office jobs and work in retail sales and food prep. She has a long history of anxiety, depression, substance use issues and learning disabilities. In 2018 she found herself once again unemployed. An employment counsellor sent her to a small business to fill an opening on an outdoor work crew, and only later did she discover it was a WISE.

At first she was uncertain about the work, and became anxious when having to take on tasks that were previously unfamiliar to her. Her supervisor encouraged her, promising it would get easier over time. She experienced ongoing challenges, and moved between jobs at the WISE. At times she found it difficult coping with the rocky mental health issues of some of her co-workers. She was able to continue on with support, and proved herself a solid worker. When the WISE offered her an office job at more hours, she turned it down. With their continued support, she was able to identify the right fit in terms of job area and hours. She stated, *I think four (hours) was about right, but like I said, sometimes eight in a week. And I don't know, it seemed that's all I could kind of - I don't know if 'face' is the word or 'bring myself to do' or … like it certainly wasn't as demanding as what I did at [former job]. That brought on panic attacks daily, like every shift I was guaranteed at least one. But anyways, there was nothing like that (in this job).*

There is a strong work ethic in her family, and she is motivated to work if she can. She has been in her current job for 3 years, and continues to work at what she thinks is an ideal level, receiving a disability pension to ensure stable income. She said, *I like working, being busy, having a purpose and reason to get up, being respected. This is the best job that I've ever had.*

- *Stigma-free environment*: Workers discussed the value of working in an environment where there was openness and acceptance of mental illness, such that illness-related needs could be accommodated. Disclosure of mental illness is essentially not a concern for workers in this context, although not all workers indicated that they openly talk about their specific experience with mental illness.

Worker interviews revealed that many participants who moved to community employment did so due to dissatisfaction with their WISE earnings (either wage or hours available). Other reasons for moving to community employment included desire for upward or lateral mobility (i.e. the sense that there were no further opportunities for growth within the WISE), frustration with a supervisor or co-worker, or purely logistical reasons (e.g. transportation issues).

There are variations across WISEs in the range of advancement opportunities that are available to workers. In smaller WISEs that run a single business, or businesses that tend to have a gender bias, there were fewer opportunities for growth – meaning there is little opportunity for a worker to move to a different position, or to take on a supervisory role. Most WISEs were seeking ways to address the notion of career or skill development, either through attempting to create administrative work options across their businesses (e.g. Causeway) or to ensure a range of businesses to allow for transfers within (e.g. Jobwell, Goodwill). Most had examples of where workers had grown substantially and assumed a supervisory or administrative role within a business or the broader administrative structure. All the WISE administrators spoke to the challenge of honouring the mission of employing highly disadvantaged workers. One solution reported by most WISEs has been to retain workers who are severely challenged in work capacity, but to provide a limited number of hours and work shifts, ensuring that more productive workers are present at all times to ensure service or product quality and output.

The Impact of ODSP on Employment Choices

Over half of the participants received ODSP at some point during the study. While the income supports accessed through ODSP were deemed necessary and useful, data from both workers and supervisors highlighted how the requirements and restrictions of the Program interfered with WISE workers employment goals and capacities. Two aspects of the ODSP requirements were particularly notable in this regard: the limitations on income earned through paid work without financial claw back, and the lack of congruence between the structure of the ODSP and episodic disabilities such as those associated with mental health conditions.

With respect to the first point, individuals receiving ODSP are currently allowed to earn a maximum of $200 per month in employment income; beyond this amount, 50% of the earned income is deducted from ODSP payments. Both workers and supervisors noted that this restriction shaped worker choices about how much to work. Some workers were comfortable with the 50% clawback and chose to continue to work beyond the $200, largely as a result of the mental health and other benefits they found they gained from meaningful employment:

> *At a time I was on ODSP and my philosophy was, if I can work I'm going to work and if they take half the money away from me or more I don't care, because I know long-term having the experience and just being busy doing stuff is better for my mental health. And better for me potentially going back to work.* (FSW-001)

Others worked with their supervisors to ensure that the number of hours they worked did not exceed the $200 maximum, and still a few others found ways to continue to contribute to the WISE in a voluntary capacity once the $200 maximum had been reached:

> *Some people say, like, "You know, after $200 in income, I'm going to get clawed back 50 cents on the dollar. So, I'm better to go and volunteer, or you know, do something in my own life".* (VOC-003)

> *For some staff, we do that where they actually go through the hospital and do the volunteer training. So they work for us maybe a couple of shifts a week as a volunteer. And then the other days are paid.* (VOC-001)

Keeping track of the hours worked in relation to the $200 maximum created labour for both workers and supervisors; indeed, many supervisors discussed this as an important component of scheduling-related decisions:

> *We operate with a pretty set schedule these days just because it's easier for me and for them. But a lot of people I work with are on ODSP so they have a certain amount of hours they can't max, like they can only work, right? So that's one thing that we take into consideration.* (W4C-002-S)

The restriction on earned income also created stress for workers, in that clawbacks were not necessarily immediate; that is, extra income earned one month would be deducted from a future month's ODSP payment, and the timing of this deduction was not always predictable. Further, given the episodic nature of our participants' mental health issues, it was common for their capacity to work to fluctuate from month to month, thus making the hours worked and in turn, future clawbacks even more unpredictable. Similarly, for those living in subsidized housing, changes to their income would influence their rent, again in unpredictable ways. At times, this left participants in precarious financial situations:

> *The problem that I see is that a lot of our folks, once they finally get subsidized housing, it takes forever to get that, and then once they do, their whole rent is dependent on their earnings. So, say we had that landscaping business going, we had the carwash and they're cranking out shifts in the summer and then their rent is going up and they're having to pay for it later. It's scary for them… Yeah, you can't plan it. It's 'Oh, you know, you made a lot of money in March. So in May we got around to doing the paperwork and your rent's going from, you know, 200 bucks to [uncertain amount]'.* (VOC-004)

Finally, as other scholars have previously noted (e.g., Gerwurtz et al. 2015), the structure of the ODSP is based on assumptions about disability as being chronic and/permanent, and as a result, is not well aligned with episodic disabilities such as those associated with mental health conditions. Many of our worker participants hesitated to increase their hours of work, even if they were capable of doing so, in fear that this could flag them for review and ultimately being deemed ineligible for ODSP. Given their long-term experiences with their mental health, workers understood their current capacity for work to likely be temporary, and felt that they could not risk the potential loss of ODSP benefits to support them during future potential downturns in their well-being:

> *A lot of people are terrified, if you work a little more than maybe your worker thinks you should be able to work, and every ODSP worker, OW worker is different, they're afraid that their*

supports are going to be pulled. That is a huge fear for people, you know the ODSP worker's going to say, hey you worked, like, 20 hours, and you know, we're going to cut you off ODSP. A lot of people will not work full-time because they're terrified of losing – like, what about if I'm well now but in six months or a year or two I'm not again, and now I have no housing, I have no medical benefits and I might not get on ODSP again…I'll underwork, underperform because I'm terrified of not having that social safety net. (FS-001)

There are so, so many ebbs and flows of illness…So right now, they're doing really well, for the next six months. And they're doing so well, they want to come work more often. But it's like a door in their face because they can't, because then there's too much at risk. Because then for six months to a year, maybe they're not going to be able to work that much because they don't feel well. It's a terrible system. (VOC-002)

Supervisory Challenges - Balancing the Demands of a Hybrid Organization

Our interviews with front-line supervisors revealed they are faced with a range of challenges as they strive to negotiate the hybrid economic and social focus of the WISE. From the economic perspective they are tasked with ensuring a quality product or service and being proactive in supporting a sustainable business that goes beyond the "break even" point. From the social perspective they are tasked with ensuring a workplace that simultaneously supports the productivity of the workforce while supporting worker health and wellbeing and promoting career development.

> **Supervisors are tasked with ensuring a quality product or service and being proactive in supporting a sustainable business, but also with ensuring a workplace that simultaneously supports the productivity of the workforce while supporting worker health and wellbeing and promoting career development**

Some of the challenges supervisors face are situated in the structure of a WISE. For example, without dedicated funding for business and career development staff, front-line managers experience a high and demanding workload, with competing (albeit complementary) pressures on time allocation. For front-line managers the immediate needs to support the day-to-day work of the business (including jumping in to assist with service or product delivery) often outweighs attention to business management and development as a priority.

Other challenges speak to the need for ongoing policy development in the sector in response to the dynamic landscape related to work and mental illness. For example, managers highlighted the need for clarity with respect to how disclosure related to mental illness should be applied within the contemporary WISE setting. In community employment asking workers to disclose mental illness is not legal. WISE's, however, are affirmative employment settings and challenges arise with respect to disclosure on hiring and supporting workers and the nature of relationship between WISEs and the mental health services received by employees. This latter issue is a particular concern where WISEs are linked to mental health hospital settings.

While they provide emotional and practical support in the workplace context, supervisors raised concerns about where workers in the WISE can receive dedicated mental health treatment. Questions were raised related to the types of knowledge about mental illness supervisors require in their work. There was also agreement across supervisors that despite the flexible and supportive nature of these

businesses, WISEs could not accommodate particular workplace attitudes and behaviors, including for example, aggressive and disruptive behaviours, the expression of negative attitudes that damage the workplace culture, the lack of worker flexibility in relation to addressing needs, and unrealistic work expectations. Other challenges faced by supervisors are situated in the complexities associated with supporting workers in workplaces providing services to vulnerable populations, including for example supporting workers with trauma histories in highly emotionally triggering environments.

The data from supervisors highlighted the complex knowledge and skill base that underlies the negotiation of the hybrid nature of WISEs in this sector. It suggests that core competencies for managers of WISEs can be identified, along with the infrastructure that will support this work. This certainly supports the idea that there is a growing body of knowledge that could facilitate standards for WISE development and implementation and the training and preparation of WISE managers.

Administrative Choices and Realities

We conducted interviews with WISE administrators at the beginning and end of the study. During the first interview we used a structured assessment tool for WISE development and were able to refine that tool based on variations in the responses. The assessment tool helped identify 1) employment practices within the WISE, 2) opportunities that are available for worker growth and development, and 3) business strategies used in the WISE. Our closing interviews revisited the information gathered from each WISE in 2017, explored changes the WISEs had experienced over the past 5 years, and their anticipated future directions. We concluded the interviews by soliciting their views on the unique contributions of their WISE.

In all but 3 cases the administrator completing the closing interview was different than the individual(s) involved in the opening interview, and in all but one of the remaining 4 cases, this was because of a change in leadership. This alone speaks to the transition that can occur in the field, but also to the resilience of these organizations to survive and thrive in the face of major organizational change. Some major take-aways from these interviews:

- *Differences in organizational structure*: The 7 WISEs engaged in this study were vastly different in terms of size (ranging from a single business to 7 businesses within one WISE), annual revenue levels (range $265,000 to $60 million), number of workers (13 to 1,200), and areas of commercial engagement (see WISE summaries in Appendix B). Administrator titles included Executive Director (for stand-alone WISEs such as Causeway, Working for Change, Fresh Start and Goodwill) as well as Director or Manager (for WISEs that function as an operation of a parent hospital corporation) to Operations Lead (for the one WISE that operates as a business affiliated with a non-profit community mental health organization). All the administrators are responsible to a Board of Directors. All administrators have the authority to make operational decisions, but typically work within an approved budget. All take the lead in entrepreneurial planning, partner outreach, and marketing. Only three regularly are involved in hands-on work alongside crew members.

- *Differences in business purpose and goals*: While four of the WISEs in this study identify as primarily focused on employment or job creation, all WISEs indicated that they have a mix of workers who stay in the business long term (i.e. two years or more) and those who move on to other employment – and this finding was supported by our 3 year outcome data. The WISEs

differ in their ability to support internal career development (i.e. moving laterally or up into crew lead or supervisory positions) or career transition to jobs in the competitive labour market.

- *Worker population*: Most WISEs have witnessed some changes in their worker populations over the past few years, and in particular since COVID. As in the general labour market, older workers have retired; some who experienced increased mental health challenges during COVID chose not to return to work. **With increasingly low unemployment rates in the general labour market, some have noticed that it is the more employment-barriered workers who are arriving at and staying in WISE.** Finally, most of the WISEs pivoted operations to some extent due to both COVID and other marketplace changes. This led to some workers choosing to opt out (i.e. if their former job was no longer available, and current openings were not a good fit), and in at least one case (VOCEC) the opportunity to open a new operation led to a need to recruit from community job placement agencies who work with a younger clientele. For those new workers, WISE offered a supportive venue for work training and job entry.

- *Major Challenges*: While all WISEs had to reinvent themselves in some way to remain viable over a turbulent 5 year period, all have weathered the times well and continue to function, sometimes in different ways. Growth and change were expected, regardless of the pandemic. **Three WISEs spoke of their worker population becoming more challenging, and their increased attention to bringing in workers with intersecting barriers to employment (e.g. new Canadians with language and transition barriers, people post-incarceration, youth with weak educational backgrounds).** This, in turn, presents challenges in terms of providing the supports needed for them to stay attached to the labour market (housing, budgeting, food insecurity, domestic issues). All spoke of the fine balance between retaining heavily barriered workers and maintaining required levels of output and quality standards to remain viable as a business.

- *Supports Needed from Government*: **Those WISEs who are heavily subsidized by municipal or provincial funds noted the need for this financial support to continue. One saw wage supports as critical, noting that when people are living in poverty it is difficult for them to work**. Other WISEs with secure internal funding believed that additional supports – by way of funding for social service workers or connections to community supports would make a critical difference in their ability to support workers through to sustained workforce attachment. As one administrator noted, it's not about simply 'finding them a job' – it's about providing the supports needed to get through challenging times and transitioning to a job that is a good fit.

- *Main contributions of WISE*: All WISE administrators were passionate about the importance of WISE to the mental health and addictions sector. They noted that **without WISE, most of their workers would simply drop out of the labour market.** One noted that WISE creates a space where people can try new things, build skills, and build confidence. Many will otherwise be starting out in service industry jobs – a sector known for not supporting workers well. WISE 'creates a space where you can make mistakes, grow, and try new things'. Another stated that it helps people find a path towards not only employment, but life – breaking a cycle of failures. One administrator commented: *For some, not working magnifies their identity as a mental health patient. They can now say to others they have a job. Even if you are only working four hours, but you can look forward to it all week. If everyday is a Saturday then Saturdays aren't special.*

Limitations

A number of factors potentially compromise the validity of the data reported here.

- The major limitation to the findings of this study are the previously discussed challenges in determining outcome status of the study participants. As noted, a primary finding of the study is that, in fact, WISE serves as both an employment re-entry and jumping off point for many workers with mental illness and addictions, but also as a 'fall back' employer for some workers who know the WISE will welcome them back after a failed attempt at community employment, or serious health or social set-back.

  Thus, the status at any point in time is only that – a point-in-time snapshot of where individuals are positioned relative to the job market. A longitudinal study might serve to capture these fluctuations and identify patterns, as we attempted to do in this 3-year follow-up on worker status – but it would likely be fraught with even more loss to follow up. In addition, there is overlap between statuses, such that a portion of the population straddles 2 or more statuses. For example, half of those who were officially unemployed at time 3 reported earning income informally. This might be small odd jobs for friends, neighbours and family, selling used items online, or more regular "under the table" employment like babysitting, dog walking or cleaning. Similarly, a quarter of those employed in WISEs earned income elsewhere whether through a job in the community, informally or at another WISE not in our sample.

- As discussed above, the impact of COVID on 3-year outcome status is difficult to determine. We anticipate that higher numbers of workers would have been employed after 36 months in the absence of COVID-related layoffs, COVID-related increases in mental health challenges, and other factors, such as the availability of CERB benefits.

- Outcome data may be skewed in favour of those who remain in WISE due to the ease of finding these individuals for follow-up interviews, and because the anecdotal information on outcomes for those who did not interview at T3 were provided by WISE staff. It is likely that WISE staff were most aware of those who were still working in the WISE and were more likely to be unaware of those who were employed elsewhere, or unemployed.

- Income levels were determined by asking participants to report on their total monthly income from all sources, with each possible source of income (e.g. WISE earnings, other labour, pensions, trusts, family income) individually queried. We observed that respondents had difficulty in identifying specific data within each category, and although they had been encouraged to bring relevant pay stubs to the interview, most did not. Thus, financial reporting here represents gross estimates at best.

- Information about the nature of the mental health issues experienced by WISE workers was provided as a self-report. It may be that certain mental illnesses were underreported. For example, it would be expected that a population of individuals with serious and persistent and mental illnesses would experience psychosis, but only 28 (26%) of our participants reported this. Similarly, it may be that substance use disorders were underreported. That said, the participants did report a range of mental health concerns, and the majority more than one concern. It may

be that that they focused on those mental health experiences that impacted them the most in their day to day lives.

Summary & Conclusions

Key findings of this study were as follows:

Objective 1

- The individuals employed by WISEs are diverse across a range of sociodemographic variables, suggesting that **a broad range of the population of individuals experiencing mental health-related barriers to traditional employment benefit from WISE**.

- **Individuals employed by WISEs are on average earning incomes that place them barely above the poverty line**, with total monthly incomes of approximately $1700 per month. For most, social assistance (predominantly the Ontario Disability Support Program) makes up a significant proportion of this income.

- **There are some important demographic differences between those who stay to work long term in WISEs compared to those who work at WISEs in a more short-term capacity**: long term employees are older (mean age of 47 years), less likely to have graduated high school, more likely to report having a psychotic disorder, less likely to report high rates of alcohol or cannabis use.

- Of the 9 Indigenous participants who entered the study, all were either unemployed or lost to follow up at Time 3. This likely reflects well-established barriers to labour market participation for Indigenous peoples in Canada, but may also suggest that in their current form, WISEs may not be meeting the needs of Indigenous individuals experiencing mental health-related barriers to traditional employment.

Objective 2

- **At three years of follow up, nearly two-thirds (62%) of the sample was employed;** predominantly within WISEs (42%). Only a small proportion (11%) of the sample moved into community employment in the competitive labour market over this period.

- At three years of follow up, **WISE workers were employed for an average of 15 hours/week, with 71% working 20 or fewer hours/week at the WISE**. Workers in community employment were employed for an average of 35 hours/week.

- **Of those who were unemployed at three years of follow up, one-third reported that this was as a result of their mental health preventing them from maintaining steady employment**. Many of these individuals reports recent hospitalizations, debilitating side effects from medications, and/or significant cognitive challenges associated with their mental health. Many in this group hoped to return to WISE employment once they were well enough, and appreciated the flexibility offered by the WISE in accommodation the fluctuations in their capacity to work.

- **There were no substantial changes in income across the three year study period.** Individuals in community employment at Time 3 had slightly higher monthly incomes than those in WISE employment ($2200 vs. $1800), although this is likely accounted for by the greater number of hours worked.

Objective 3

- It is difficult to compare outcomes between participants who remained employed in WISE at three years of follow up and those with other employment statuses, because there was significant fluctuation between categories. That is, **participants in this study regularly moved between WISE employment, community employment, and unemployment, often owing to fluctuations in their mental health.** Given this, it is unsurprising that there were no significant differences between these groups on most of our three year follow up outcomes.

- Where significant differences were observed, **we found better outcomes on social indicators among those employed in a WISE at three years of follow up**. This was true for indicators of emotional well-being, physical well-being, job satisfaction (willingness to endorse their employer, intention to stay in their present job).

Other Key Findings

- **WISEs were seen as helpful for two primary purposes: first, as a launching pad into community employment**, often for individuals who had been away from work for some time for mental health reasons; **and second, as an opportunity for ongoing, supportive employment** for those whose mental health made it difficult or impossible for them to maintain long-term community employment. WISE's in their present structure do not have the capacity to provide follow up support within community employment?

- **WISEs are experienced as unique in comparison to community employment settings for their flexibility** (e.g., in terms of number of hours worked per week, accommodating fluctuations in capacity to work over time), **relatively lower-stress work environments, and their organizational culture that values "people over profits"**. There was a sense that workers were valued for what they could contribute in the workplace, rather than focusing on deficiencies in capabilities or performance. This was particularly important for those who had experienced mental health-related stigma and discrimination in other work settings.

- Most participants who chose to move from WISE into community employment did so in hopes of either increasing their earnings or advancing in employment. **One concern noted with WISEs was that there were often few opportunities for advancement,** given that most of the businesses were relatively small, although most WISEs had examples of workers who had been promoted into supervisory or administrative roles.

- **The structure of disability support programs had an important impact on participants' engagement with WISEs**. More than half of the sample was accessing ODSP, and as such it provided an essential income support to this group of individuals experiencing mental health-related barriers to employment. However, the clawback of 50% of income earned beyond $200/month meant that participants could not leverage WISE-earned income to significantly improve their financial situation. Further, participants hesitated to take on substantially more

hours of work during times when they were well out of concern that they could lose their eligibility for ODSP, which would have devastating impacts should they become unable to work again in future (which indeed, was a recurrent pattern for many participants in this study).

- **There is a complex knowledge and skill base that underlies the negotiation of the hybrid nature of WISEs in this sector**. It suggests that core competencies for managers of WISEs can be identified, along with the infrastructure that will support this work. This certainly supports the idea that there is a growing body of knowledge that could facilitate standards for WISE development and implementation and the training and preparation of WISE managers.

Overall Conclusions

WISEs offer a unique and important opportunity for employment for a diverse range of individuals who experience mental health-related barriers to traditional employment. For some, they serve as a launching pad into community employment, while for others, they offer a working environment that is sufficiently supportive and flexible to accommodate their mental health needs. In this way, WISEs provide opportunities for labour market engagement for individuals who would likely otherwise be excluded from labour market participation. These benefits of WISEs have potential for expansion through revision of disability support programs to better reflect the reality of episodic conditions, and through supports to WISEs to enable them to scale up their activities and offer higher wages and more advancement opportunities for employees.

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Appendix A. Project Status Outcomes Relative to Goals, Activities and Timelines

Project Status as of May 31, 2022

Data Collection Activities

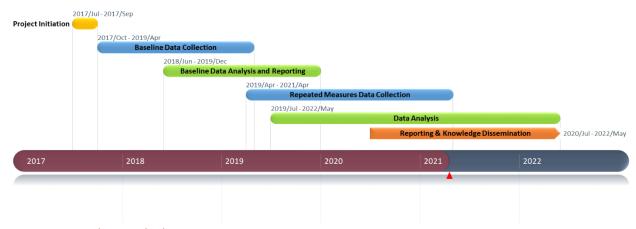Data collection has involved the following primary sources:

- ***WISE Administrators***: Interviews concerning WISE mission, vision and operations with 7 WISE organizations in the mental health sector in Ontario, representing over 15 social enterprises were conducted in the fall of 2017 and again at the end of the study in May of 2022. Interviews used a standard template which was under development by three of the project team members and later modified for the end of study interview. End-of-study interviews also explored trends observed in the findings for the individual WISE.

- ***WISE Workers***: We recruited to the study 106 workers employed in our 7 WISE partners: 43 who had ongoing employment of 2 years or more, and 63 who were recruited upon hiring.

    - all 106 workers participated in the Time 1 (T1) quantitative interview, a protocol of 188 questions, including 8 standardized measures (see Appendix B).

    - 86 workers completed the T2 quantitative interview

    - 78 workers completed the T3 quantitative interview

    - 22 workers were purposively selected to participate in a qualitative interview related to their experience of working in the WISE (see Appendix B)

- ***WISE Front Line Supervisors***: We recruited to the study 14 individuals who directly work with and supervise WISE workers. These supervisors participated in a qualitative, semi-structured interview that focused on employment practices and support structures. (see Appendix B)

Data Analysis

Data have been analyzed on a continuous basis, starting in approximately June 2018. This has involved:

- Analysis and interpretation of data from WISE administrators (project collaborators) included both descriptive summaries of their responses to scaled items in the interview, and qualitative analysis of information provided in response to open ended questions. Findings were later supplemented by field research to identify outreach strategies (website, online, media presence) used by each WISE organization to promote itself.

- Descriptive analysis was completed on the T1 quantitative data to provide a profile of the population employed in Ontario WISEs for people with serious and persistent mental illness.

- Descriptive and comparative statistics were completed for T1, T2, and T3 quantitative data.

    - Comparisons of T1, T2 and T3 data for study participants

- o Comparisons of T3 status and change scores across outcome statuses (i.e. working in WISE, working in community, unemployed)

- Qualitative data from the interviews with selected WISE workers were analyzed by the project team using analytical techniques consistent with Yin's case study methodology (2008) combined with grounded theory (Charmaz, 2018).

- Qualitative analysis of frontline supervisor interviews was completed by the project team, using thematic analysis (Braun & Clarke, 2006)

Reporting and Knowledge Dissemination

The following reporting and knowledge dissemination products have resulted to date:

Presentations

- 3 ESDC-sponsored workshops (2 in Ottawa, ON, the other online)

- Packalen, K., Lysaght, R., & Fecica, A. (2020). Understanding how WISEs foster meaningful work for those living with mental illnesses: A preliminary analysis. Presented at the 17th Annual Social Entrepreneurship Conference (online). November 5.

- Lysaght, R., Fecica, A., Krupa, T., Packalen, K, Ross, L., Brock, K. & Roy, M. (2020). Mental health and employment – who chooses work integration social enterprise? Canadian Association of Occupational Therapists Virtual Conference. May 7.

- deRaaf, S., Vieta, M, Lysaght, R., Marks, R., Fontan, J-M, Saouab, A & Seppala, R. (2021). Learnings and perspectives from Work Integration Social Enterprise (WISE) research group (round table). Association for Nonprofit and Social Economy Research (ANSER) (online), May 28.

- Lysaght, R., Krupa, T., Fecica, A., Packalen, K, Ross, L. (2022). The Supervisory Juggling Act – Managing Social and Business Mandates of Hybrid Organizations. Association for Nonprofit and Social Economy Research (ANSER) (online), May 13.

Social Media/Online Presence

- WISE Impact website created in April 2019: https://rehab.queensu.ca/wise/home

- 2 Infographics created presenting project results

- Lysaght, R & Fecica, A. (2019). Cracking the Case on Workforce Entry – Helping Marginalized Workers Get a Foot in the Door. Faculty of Health Sciences, Queen's University blog. July 10.

Publications
- Lysaght, R., Roy, M., Krupa, T., Rendall, J., Ball, L.* & Davis, J.* (2018). Unpacking the Foundational Dimensions of Work Integration Social Enterprise. Social Enterprise Journal, 14 (1), 60-70. https://doi.org/10.1108/SEJ-11-2017-0061.

- Heighton, E., Otoya, I, Lysaght, R. & Fecica, A. (preparing for submission). Community Participation in a Working Population of People with Serious Mental Illness.

- Cheetham, J., Hildebrand, J., Qin-Wang, K., Sobchuk, K. Lysaght, R. & Fecica, A. (preparing for submission). Social Support Within Work Integration Social Enterprises (WISEs) in Ontario, Canada

Modifications to Project Activities

All intended project activities have been completed within the expected timeline. Some additional features were added to the plan:

- We elected to interview all worker participants 3 times (despite our original intention to interview the long term employees only twice). This helped to bolster the number of employees retained in the study to the 3 year point and overcome some of the statistical and informational challenges of a diminishing sample size. Importantly, we recognized that the 'long term' employees (those who had already been working at the WISE for 2 years when we started the study) had interesting transitions to consider, and were some of the participants who were in fact moving out of WISE employment before the T3 interview.

- We also decided to invite all participants to the T3 interviews, even if T2 had not been completed. We had not anticipated that we might be able to get some of the original participants back at T3, but realized that some of the attrition at T2 was related to the usual fluctuations in health and personal circumstances associated with serious and persistent mental illness.

- The number of qualitative interviews was increased from 15 to 22 in order to reach data saturation. In particular, we realized that there was a broad range of trajectories to be captured, and that the WISE experience of workers varies quite a bit from person to person and business to business.

- When the variety of training and supervision strategies that people experience in different WISEs became apparent through the qualitative interviews with workers, we added the interviews with front line supervisors to better understand the relative merits of different organizational structures and processes.

- Due to the slowing of all our processes during the early months of the pandemic, and challenges with getting relevant data from workers at their respective interview times, we requested a 2-month extension to the project (to May 31, 2022). This was approved in February 2021.

Impact of COVID-19 on Research Process and Research Findings

We conducted an informal survey of our partners and their COVID experiences at two points: during the summer of 2020, and at one of our regular collaborator meetings in January 2021. We found that while initially most workers had been laid off, by the summer all organizations were operating at reduced capacity. Many still had half or more of their workers not working (instead receiving the CERB benefit) but all had some of their enterprises in operation with reduced staff. By January 2021, most were operating at 75% capacity.

The pandemic had some impact on project activities:

For the project/data collection

- Due to the rolling intake of participants to the study (i.e. as they were hired) the onset and the duration of the pandemic placed some T2 interviews prior to the onset, some after, and had a similar impact on T3 interviews. Some participants were difficult to reach at T2 if their interview date came up while they were laid off, thus likely reducing response rate (82%). The impact on T3 data collection was less clear, as most T3 interviews were conducted at some time during the pandemic, but workers in some businesses were less impacted than others.

- Qualitative interviews in 2020 were delayed by approximately 3 months. At that time, we selected those who were working initially, to ensure that we did not include in our 'not working' or 'not working in WISE' categories those who might otherwise be working. We are quite confident that the narratives of workers in these latter categories are fairly true to what we might see without the pandemic, as they reported other factors as contributing to their situation – but as noted, the impact of COVID on these stories cannot be fully determined. The widespread impact of the pandemic on the mental health of Canadians likely had a heightened impact on persons who already experienced a mental illness, such at those in our study. In addition, recent data show that the impact on mental health was highly contextual (i.e. depending on one's financial and social circumstances) (OECD, 2021). Internationally, the greatest impact seems to have been in those with unsecure employment, low incomes and weaker education. Thus, it is difficult to assess the impact on our quantitative measures of health and well being, or to estimate how the pandemic impacted ratings on scales of physical and mental well being, empowerment, substance use, etc. relative to what they might have been in the absence of COVID-19 and to infer conclusively as to how WISE impacts these social, health and economic factors.

For the businesses

- While all businesses experienced initial challenges at the onset of the COVID-19 shutdown, some fared better than others. For example, those who engage in cleaning and deep cleaning within social housing setting found continuing and even increased need for their services. Cafés and catering businesses experienced a devasting loss of business; however, if they were working within essential services (like a hospital) demand remained. Firms that do landscaping and other outdoor work were relatively unaffected. Businesses that were hit the hardest were those engaged in catering. Even here inconsistencies were observed, with some catering companies able to pivot their client base and continue to generate some revenue and provide income for their employees. Examples of these pivots included one organization shifting to prepare snacks for The Food Sharing Project in local schools, while another moved from catering corporate

events to providing meals for homeless shelters and warming locations. A third caterer, which provides the meals for a local daycare that was designated as an emergency childcare location, continued to operate at a reduced volume.

- WISE businesses where workers could shift to CERB or rely on ODSP benefits tended to lay off workers during the pandemic, bringing back those who were needed in the select businesses that were doing well. Some actively assisted their workers in securing employment.

For the workers

- The impact on workers was again variable. Some cited COVID restrictions as a reason for not looking for work even in a period where there were jobs available that matched their work experience. Some noted that they continued to not be employed or worked significantly fewer hours as a result of childcare responsibilities, and a small number stated that anxiety related to potential workplace exposure or transportation was the reason they chose not to return to work. Overall, of the 26 who are known to be unemployed 3 years after their initial interview, 10 (38%) identified COVID as having a role in their current unemployment.

Appendix B. Profiles of WISE Organizations

The following table presents primary demographic characteristics of our seven WISE partners, followed by a brief summary of each with links to their respective websites.

WISE	Overview	Focus of Social Enterprises	Scale (2017)
CAUSE**WAY**	Ottawa based 'not-for-profit agency focused on helping individuals with mental illness and other challenges find meaningful, rewarding work and live more independently'. Provides wrap around services.	Food Services, Landscaping, Janitorial & Bicycle Repair	77 employees Ann. Revenue $904,419
FRESH START	Toronto based 'client or member centered Consumer/Survivor Initiatives dedicated to providing part-time to full-time permanent employment for consumer/survivors of the mental health system'. Holds a number of contracts with the City of Toronto	Janitorial & Landscaping	100 employees Ann. Revenue $1.3 million
community at work. goodwill	London based 'non-profit social enterprise, provides work opportunities, skills development and employee and family strengthening for those who face barriers such as disability and social disadvantage. 1 of 5 separately incorporated non-profit regional Goodwills in Canada, and 1 of over 160 internationally. Provides wrap around services.	Food Services, Retail & Light Manufacturing	700 employees Ann. Revenue $30 million
IMPACT Junk Solutions	London based SE committed to supporting those who face multiple barriers to employment with a focus of hiring individuals with mental health concerns. Launched in 2012 as a social enterprise of Canadian Mental Health Association Middlesex	Junk Removal & Cleaning Services	25 employees Ann. Revenue ~ $265,000

	Rainbow's End is a Hamilton-Burlington based registered charity that employs people living with mental illness. Established in 1997 as a training program for individuals with mental illness. It operates with the support of St. Joseph Healthcare Hamilton.	Food Services, Landscaping, Sewing, & Janitorial	80 employees Ann. Revenue ~ $917,000
	Kingston based non-profit focused on creating job for people living with mental illness operating with the support of Providence Care. Formerly known as VOCEC.	Carwash, Food Services & Janitorial	75 employees ~$850,000
	Toronto based grassroots Social Justice organization, rooted in the psychiatric survivor and mad pride movement, established in 1994 by community members to create solutions to poverty, stigma and various forms of marginalization including lived experience of mental health, addiction, homelessness, trauma, new comer/refugee challenges.	Food Services and Landscaping	96 employees Ann. Revenue ~ $2.4 million

Appendix C. Worker Quantitative Interview Instrument

Evaluating the Effectiveness of Work Integration Social Enterprises (WISE) in the Mental Health Sector: Interview Guide

Date:	**Participant ID:**	
Interviewer:	**WISE site:**	

Employee Type: □   Short-term   □   Long-term
Interview: □   First   □   Second   □   Third

Contact Information	
Phone number:	
Alternate Phone number:	
Email Address:	
Mailing Address:	

Social Media: □   Facebook   □   Instagram
      □   Twitter   □   Other (specify)

Demographics

1. How old are you today?
2. What is your month/year of birth?
3. With what cultural group do you most strongly identify?
    [Interviewer presents Demographics Response Card]

□ Middle Eastern	□ White/Caucasian	□ African
□ South Asian	□ Aboriginal	□ Mixed background (specify)
□ Asian cultural group	□ Latin American	□ Don't identify with any
□ Caribbean (specify)	□ European	□ Other

4. Do you consider yourself to be a visible minority?
    □   Yes   □   No   □   Prefer not to answer

5. Were you born in Canada?
    □   Yes   □   No

    If not, did you first move to Canada in the past 5 years?
    □   Yes   □   No
6. How do you describe yourself in terms of Gender?

☐ Female	☐ Trans Female/Trans Woman
☐ Male	☐ Trans Male/Trans Man
☐ Gender Queer/Gender Non-conforming	☐ Different Identity

7. How do you describe yourself in terms of sexual orientation?

| ☐ Gay | ☐ Lesbian | ☐ Heterosexual/Straight |
| ☐ Bisexual | ☐ Not listed (please specify) | |

8. What is your marital status?

| ☐ Single | ☐ Divorced | ☐ Married/Common law |
| ☐ Widowed | ☐ Prefer not to respond | |

9. What is your highest level of formal education?

☐ Completed gr 4 or less	☐ Attended college, business, trade or technical school	☐ Attended graduate school, not completed
☐ Completed gr 5 to 8	☐ Completed college, business, trade or technical school	☐ Completed graduate school
☐ Attended high school, no completed	☐ Attended university, not completed	☐ Don't know
☐ Completed high school	☐ Completed university (bachelor's degree)	☐ Prefer not to respond

10. Have you completed any additional education and/or job certification training? Please describe:

Labour Market Integration

The following questions are about your current position at [name of WISE].

1. What is the title of your position here at [WISE name]? [If more than one business]
2. Do you work in one particular business or more than one?
3. Which one(s)?
4. When did you start working in this position? (Please specify hire date)
5. How many hours are you scheduled to work this week?
6. How many hours did you work last week?
7. How many days have you been absent from a regularly scheduled shift since you started working here?
8. What is your hourly wage? [May not remember exact amount]
9. Is this an Exact or Approximate amount? (Please circle one)
10. We now would like to get a sense of your total monthly income. Indicate all income sources that apply to you and the amount you receive per month from each:

Income Source	Amount received per month ($)
Income from social enterprise	
Other waged labour	
Self-employment	
Disability income (ODSP)	

Income assistance (Ontario Works)	
Unemployment insurance (i.e. Employment Insurance)	
Public or private pension (including old age, Veteran's pension)	
Family income/spousal support/trust income	
Other, (specify – e.g. pan handling, selling items on the street)	

Items based on the Ontario marginalization index

1. Has any of this other income changed since you started working here (e.g., has it increase or decreased, stayed the same)?
2. If you have a spouse or partner with whom you share expenses, what is the approximate monthly income in your household? [i.e. add the total above to spouse or partner total]
3. In all, how many people are dependent on the income you indicated in the last question?
4. Do you live on your own or with others?
   - ☐ Alone
   - ☐ With others – please describe the living situation by checking all that apply:
     - ☐ Live with spouse or partner
     - ☐ Group home
     - ☐ Living with family
     - ☐ Children or other dependents in home
     - ☐ No fixed home
     - ☐ Other (please specify)

5. In total, how many persons share your living quarters?

6. Do you live in social housing or subsidized housing?
   - ☐ Yes
   - ☐ No

7. Do you live in a:
   - ☐ Apartment/flat
   - ☐ House
   - ☐ Other (please specify)

8. Do you own the house, building or apartment you are living in?
   - ☐ Yes
   - ☐ No

9. Do you consider the building in which you live in to be in need of major repairs?
   - ☐ Yes
   - ☐ No

10. Have you moved in the past 5 years?
    - ☐ Yes
    - ☐ No

Work Intention Inventory Short Form

The following questionnaire is about the current position you hold at [WISE or specific business].

Look at the scale on this card and answer each statement related to your intentions at work.

[Interviewer presents the Work Intention Inventory Scale and records the participant's response next to each statement]

SCALE	
1. To no extent	4. To a fairly great extent
2. To a very small extent	5. To a great extent
3. To a small extent	6. To the fullest extent

Question	To no extent	To a very small extent	To a small extent	To a fairly great extent	To a great extent	To the fullest extent
1. I intend to volunteer for things that may not be a part of my job.	1	2	3	4	5	6
2. I intend to take work home when I know it will make me more effective the next day.	1	2	3	4	5	6
3. I intend to spend my discretionary time finding information that will help this organization.	1	2	3	4	5	6
4. I intend to exert the energy it takes to do my job well.	1	2	3	4	5	6
5. I intend to work efficiently to help this organization succeed.	1	2	3	4	5	6
6. I intend to achieve all of my work goals.	1	2	3	4	5	6
7. I intend to talk positively about this organization to my family or friends.	1	2	3	4	5	6
8. I intend to speak out to protect the reputation of this organization.	1	2	3	4	5	6
9. I intend to speak out to protect the reputation of this organization.	1	2	3	4	5	6
10. I intend to talk positively about the leadership in this organization.	1	2	3	4	5	6
11. I intend to continue to work here because I believe it is the best decision for me.	1	2	3	4	5	6
12. I intend to stay with the organization even if I were offered a similar job with slightly higher pay elsewhere.	1	2	3	4	5	6
13. I intend to stay with the organization even if I were offered a more appealing job with the same pay elsewhere.	1	2	3	4	5	6

Question	To no extent	To a very small extent	To a small extent	To a fairly great extent	To a great extent	To the fullest extent
14. I intend to respect this organization's equipment, materials and other assets.	1	2	3	4	5	6
15. I intend to consider the impact of my actions on others in this organization.	1	2	3	4	5	6
16. I intend to watch out for the welfare of others at work.	1	2	3	4	5	6

Employment History / Work Participation

I am going to ask you some questions about your current and past employment.

[Interviewer completes the following table based on the emerging information]

1. Are you employed anywhere else right now besides this job at [WISE]?

2. [If No] Did you work for wages or other income in the **past 3 years** before starting this job at [WISE] What about before that job? Have you done any other work prior to the job you just described?

Prompts for Questions 1-3:

- What is the nature of the work? Can you give me the name of the employer, the job title and the dates you started that work?
- How many hours/week have you done this work on average in the past month? What is your usual hourly wage or form of income? If the participant does not provide an hourly rate, note the reimbursement reported, and ask how many hours the work would typically involve

Employer	Job Title	Start & End Dates	Average weekly hours	Income Type hourly/salary/ fee for service/ variable	Hourly Income

3. In all, how many jobs have you held in the **past 3 years**?
4. Of those, which job did you hold the longest – and how long did you hold that job?
5. Which of these jobs or work would you say was the most significant to you as part of your history as a worker?
6. Would you say you identify with any of the particular jobs in terms of a trade or career path?
7. Which of your past jobs did you enjoy the most?

8. Have you done any other work for money that would not be considered a formal job for wages? Please describe it to me.

Health & Well-being
Mental Health Screening Form-Iii (MHSF-III)
[For T1 Interview Only]

Source: Carroll, J.F.X. & McGinley, J.J. (2000). Mental Health Screening Form III (MHSF-III). Unpublished screening instrument, Project Return Foundation, Inc., New York, NY.

Now we are going to go through questions about your health and well-being. For this scale, please note that each item refers to your entire life history, not just your current situation, this is why each question begins – "Have you ever ....". The answer options for these questions are yes or no.

Question	Yes	No
1. Have you *ever* talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?	Yes	No
2. Have you *ever* felt you needed help with your emotional problems, or have you had well-meaning people tell you that you should get help for your emotional problems?	Yes	No
3. Have you *ever* been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?	Yes	No
4. Have you *ever* been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	Yes	No
5. Have you *ever* heard voices no one else could hear or seen objects or things which others could not see?	Yes	No
6. (a) Have you *ever* been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? (b) Did you ever attempt to take your own life?	(a) Yes (b) Yes	(a) No (b) No
7. Have you *ever* had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accidents, being shot or stabbed?	Yes	No
8. Have you *ever* experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?	Yes	No
9. Have you *ever* given in to an aggressive urge or impulse, that resulted in serious harm to others or led to the destruction of property?	Yes	No
10. Have you *ever* felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?	Yes	No
11. Have you *ever* experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?	Yes	No
12. Was there *ever* a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?	Yes	No

Question	Yes	No
13. Have you *ever* had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly nonstop, when you moved quickly from one activity to another, when you needed little sleep, and when you believed you could do almost anything?	Yes	No
14. Have you *ever* had spells or attacks when you suddenly felt anxious, frightened, or uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, or you felt dizzy or unsteady, as if you would faint?	Yes	No
15. Have you *ever* had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.	Yes	No
16. Have you *ever* lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling?	Yes	No
17. Have you *ever* been told by teachers, guidance counselors, or others that you have a special learning problem?	Yes	No

18. Have you ever been hospitalized in relation to mental health issues?

    □   Yes   □   No

    [If yes] Can you estimate how many times in your l**ifetime** you have been admitted to hospital in relation to mental health issues?

    □   One time only   □   2 – 3 times   □   4 – 5 times
    □   6 – 10 times   □   More than 10 times

19. Have you been hospitalized for mental health issues in the **past 6 months**?
    [If yes] How many times?
    On average, how many days was each hospital stay?

20. In the **past 6 months**, have you used emergency services for primarily mental health purposes?
    □   Yes   □   No
    [If yes] How many times?
    Which emergency service was used? **[record any hospital/afterhours clinic used]**

36-Item Short Form Survey Instrument (SF-36)

Source: McHorney, C. A., Ware, J. E., Lu, J.F., & Sherbourne, C. D. (1994). The MOS 36 item short-form health survey (SF-36): III. Tests of data quality, scaling assumptions, and validity among diverse patient groups. Medical Care, 32, 40-66. Retrieved from https://www.rand.org/health/surveys_tools/mos/36-item-short-form/survey-instrument.html

1. In general, would you say your health is:
    1. Excellent   2. Very good   3. Good   4. Fair   5. Poor

2. Compared to **one year ago**, how would you rate your health in general **now**?
    1. Much better now than 1 year ago   2. Somewhat better now than 1 year ago

3. About the same
4. Much worse now than 1 year ago   5. Somewhat worse now than 1 year ago

3-12.   *[Interviewer presents the SF-36: Q. 3-12 response scale]*
The following items are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?
If you do not do these activities during a typical day, would you be able to do it?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling, or stooping	1	2	3
9. Walking more than a 1.5 km	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing or dressing yourself	1	2	3

13-16.   During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	Yes	No
13. Cut down the **amount of time** you spent on work or other activities	1	2
14. **Accomplished less** than you would like	1	2
15. Were **limited** in the kind of work or other activities	1	2
16. Had **difficulty performing** the work or other activities (for example, it took extra effort)	1	2

17-19.   During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
17. Cut down the amount of time you spent on work or other activities	1	2
18. **Accomplished less** than you would like	1	2
19. Didn't do work or other activities as **carefully** as usual	1	2

20. During the **past 4 weeks**, to what extent has your physical or mental health interfered with your normal social activities with family, friends, neighbours or groups?
    1. Not at all   2. Slightly   3. Moderately   4. Quite a bit   5. Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**?
    1. None   2. Very mild   3. Mild

| | 4. Moderate | 5. Severe | 6. Very severe |

4. Moderate   5. Severe   6. Very severe

22. During the **past 4 weeks**, how much did bodily **pain** interfere with your normal work (including both work outside the home and housework)?
    1. Not at all   2. Slightly   3. Moderately   4. Quite a bit   5. Extremely

23-31. [Interviewer presents the SF-36: Q. 23-32 response scale]
    These next questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**?

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the **past 4 weeks**, how much of the time has **your physical or mental health** interfered with your social activities (like visiting with friends, relatives, etc.)?
    1. All of the time   2. Most of the time   3. Some of the time
    4. A little of the time   5. None of the time

33-36. Interviewer presents the SF-36: Q. 33-36 response scale
    How TRUE or FALSE is **each** of the following statements for you.

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Please let the respondent know that they are half-way through the interview

---

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (show response card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor.

However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know.
While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

Question 1: In your life, which of the following substances have you ever used for non-medical purposes? *[Interviewer presents ASSIST response cards beginning with the substance list card. Probe if all answers are negative: "Not even when you were in school?"]*

> **SUBSTANCES**
> a. *Tobacco products (cigarettes, chewing tobacco, cigars, etc.)*
> b. *Alcoholic beverages (beer, wine, spirits, etc.)*
> c. *Cannabis (marijuana, pot, grass, hash, etc.)*
> d. *Cocaine (coke, crack, etc.)*
> e. *Amphetamine-type stimulants (speed, meth, ecstasy, etc.)*
> f. *Inhalants (nitrous, glue, petrol, paint thinner, etc.)*
> g. *Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)*
> h. *Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)*
> i. *Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)*
> j. *Other – specify:*

Question 2: In the <u>past three months</u>, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6

Question 2: In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
e. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	2	3	4	6
j. Other – specify:	0	2	3	4	6

If "Never" to all items in Q2, skip to Q6.
If any substances in Q2 were used in the previous 3 months, continue with Questions 3, 4 & 5 for each substance used.

Question 3: During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	3	4	5	6
j. Other – specify:	0	3	4	5	6

Question 4: During the past three months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7

Question 4: During the past three months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
e. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	4	5	6	7
j. Other – specify:	0	4	5	6	7

Question 5: During the past three months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or al-most daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	5	6	7	8
2. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
3. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
4. Cocaine (coke, crack, etc.)	0	5	6	7	8
5. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	5	6	7	8
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
7. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	5	6	7	8
8. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	5	6	7	8
9. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	5	6	7	8
10. Other – specify:	0	5	6	7	8

Question 6: Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3

Question 6: Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
h. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 7: Have you ever tried to cut down on using (first drug, second drug, etc) but failed?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 8: Have you ever used any drug by injection (non-medical use only)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
(Please tick the appropriate box)	0	6	3

Satisfaction with Life Scale

Source: Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. Journal of personality assessment, 49(1), 71-75.

[Interviewer presents the SAT Scale]

Question	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
1. In most ways my life is close to ideal	1	2	3	4	5	6	7
2. The conditions of my life are excellent	1	2	3	4	5	6	7
3. I am satisfied with my life	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Empowerment Scale

Source: Rogers, E. S., Ralph, R. O., & Salzer, M. S. (2010). Validating the empowerment scale with a multisite sample of consumers of mental health services. Psychiatric Services, 61(9), 933-936.

[Interviewer presents the EMP Scale]

Question	Strongly agree	Agree	Disagree	Strongly disagree
1. I generally accomplish what I set out to do	1	2	3	4
2. I have a positive attitude about myself	1	2	3	4
3. When I make plans, I am almost certain to make them work	1	2	3	4
4. I am usually confident about the decisions I make	1	2	3	4
5. I am often able to overcome barriers	1	2	3	4
6. I feel I am a person of worth, at least on an equal basis with others	1	2	3	4
7. I see myself as a capable person	1	2	3	4
8. I am able to do things as well as most other people	1	2	3	4
9. I feel I have a number of good qualities	1	2	3	4
10. I feel powerless most of the time	1	2	3	4
11. Making waves never gets you anywhere	1	2	3	4
12. You can't fight city hall	1	2	3	4
13. When I am unsure about something, I usually go along with the group	1	2	3	4
14. Experts are in the best position to decide what people should do or learn	1	2	3	4
15. Most of the misfortunes in my life were due to bad luck	1	2	3	4
16. Usually, I feel alone	1	2	3	4
17. People have a right to make their own decisions, even if they are bad ones	1	2	3	4
18. People should try to live their lives the way they want to	1	2	3	4
19. People working together can have an effect on their community	1	2	3	4

Question	Strongly agree	Agree	Disagree	Strongly disagree
20. People have more power if they join together as a group	1	2	3	4
21. Working with others in my community can help to change things for the better	1	2	3	4
22. Very often a problem can be solved by taking action	1	2	3	4
23. People are limited only by what they think possible	1	2	3	4
24. I can pretty much determine what will happen in my life	1	2	3	4
25. I am generally optimistic about the future	1	2	3	4
26. Getting angry about something is often the first step toward changing it	1	2	3	4
27. People have no right to get angry just because they don't like something	1	2	3	4
28. Getting angry about something never helps	1	2	3	4

Social Integration

Temple University Community Participation Measure

Source: Salzer, M.S. & Burns-Lynch, B. (2016). Peer Facilitated Community Inclusion Toolkit. Philadelphia, PA: Temple University Collaborative on Community Inclusion for Individuals with Psychiatric Disabilities. Available at: http://tucollaborative.org/wp-content/uploads/2016/12/Peer-CI-Tool-Kit.pdf

[Interviewer presents the Temple University Scale]

Let's look at the different self-directed activities that you have done during the past 30 days. Please tell me about the number of days during the past 30 days that you have participated in each activity. Next, indicate if you think you do this *enough*, *not enough* or *too much*. Finally, indicate if this activity is important to you.

A. How many days during the past 30 days did you do the following activities independently and/or with family or friends?	B. # of Days	C. Do you do this activity?			D. Is this activity important to you?	
		Enough	Not Enough	Too Much	Yes	No
1. Go shopping at a grocery store, convenience store, shopping center, mall, other retail store, flea market or garage sale.		1	2	3	1	0
2. Go to a restaurant or coffee shop.		1	2	3	1	0
3. Go to a church, synagogue, mosque, or place of worship.		1	2	3	1	0
4. Go to a movie.		1	2	3	1	0

A. How many days during the past 30 days did you do the following activities independently and/or with family or friends?	B. # of Days	C. Do you do this activity?			D. Is this activity important to you?	
		Enough	Not Enough	Too Much	Yes	No
5. Go to a park or recreation center.		1	2	3	1	0
6. Go to a theater or cultural event (including local school or club events, concerts, exhibits and presentations in the community).		1	2	3	1	0
7. Go to a zoo, botanical garden, or museum.		1	2	3	1	0
8. Go to run errands (for example, go to a post office, bank, laundromat, dry cleaner).		1	2	3	1	0
9. Go to a library.		1	2	3	1	0
10. Go to watch a sports event (including bowling, tennis, basketball, etc.).		1	2	3	1	0
11. Go to a gym, health or exercise club, including pool, or participate in a sports event (including bowling, tennis, miniature golf, etc.)		1	2	3	1	0
12. Go to a barber shop, beauty salon, nail salon, spa.		1	2	3	1	0
13. Use public transportation (for example, buses, subway). This does not include mental health agency vans.		1	2	3	1	0
14. Go to a 12-step/self-help group for mental health issues.		1	2	3	1	0
15. Go to a 12-step/self-help group for substance use problems.		1	2	3	1	0
16. Go to another type of support group in the community (for example, overeaters anonymous, gamblers anonymous) (Specify name of group)		1	2	3	1	0
17. Go to a consumer-run organization or advocacy group/organization (includes any organization that is completely run and operated by mental health consumers OR an organization or group that advocates for rights and services for mental health consumers including a WISE if consumer-run).		1	2	3	1	0
18. Go to a social group in the community (for example, a book club, hobby club, other group of people with similar interests) (Specify name of group)		1	2	3	1	0

A. How many days during the past 30 days did you do the following activities independently and/or with family or friends?	B. # of Days	C. Do you do this activity?			D. Is this activity important to you?	
		Enough	Not Enough	Too Much	Yes	No
19. Work for pay.		1	2	3	1	0
20. Go to school to earn a degree or certificate (for example GED, adult education, college, vocational or technical school, job training).		1	2	3	1	0
21. Take a class for leisure or life skills (for example, classes for cooking, arts and crafts, ceramics, photography).		1	2	3	1	0
22. Participate in volunteer activities (in other words, spend time helping without being paid).		1	2	3	1	0
23. Get together in the community or attend an event or celebration with family or friends (for example, a wedding, bar mitzvah).		1	2	3	1	0
24. Entertain family or friends in your home or visit family or friends in their homes.		1	2	3	1	0
25. Go to a community fair, block party, community clean-up day, or other community event or activity.		1	2	3	1	0
26. Go to or participate in civic or political activities or organizations.		1	2	3	1	0

Short Occupational Self-Efficacy Scale

Source: Rigotti, T., Schyns, B., & Mohr, G. (2008). A short version of the occupational self-efficacy scale: Structural and construct validity across five countries. Journal of Career Assessment, 16(2), 238-255.

[Interviewer presents the Occupational S-E Scale]

Question	Completely true	Somewhat true	Neutral	Somewhat false	Completely false
1. I can remain calm when facing difficulties in my job because I can rely on my abilities.	1	2	3	4	5
2. When I am confronted with a problem in my job, I can usually find several solutions.	1	2	3	4	5
3. Whatever comes my way in my job, I can usually handle it.	1	2	3	4	5

Question	Completely true	Somewhat true	Neutral	Somewhat false	Completely false
4. My past work experiences have prepared me well for my occupational future.	1	2	3	4	5
5. I meet the goals that I set for myself in my job.	1	2	3	4	5
6. I feel prepared for most of the demands in my job.	1	2	3	4	5

Concluding Questions

1. Is there anything else you think is important for us to know about yourself and your work life?
2. Are there things about this business that you think have helped or hindered your development as a worker and/or led to changes in your life in general?

Completion Script

[Interviewer thanks the participant for their time and contribution, and provides an envelope with the compensation. Remind them that we will keep their consent form with their name and follow up information separate from the information gathered in this interview.]

Notes/Comments:

Appendix D. Worker Qualitative Interview Guide

WISE Impact Study Qualitative Interview: WISE Workers Protocol

Introduction

1. How long have you worked at [name of WISE]?

2. What do you do at [name of WISE]?

Decision

3. Why did you decide to work at [name of WISE]?
    a. Were there other options you were considering? If so, can you tell me a little bit about those other options?
    b. Were there particular people who influenced you in this decision? If yes, can you tell me a little bit about who those people are and how they influenced you?

WISE work questions

4. What is a typical day like in your work?

    a. What is your relationship with your supervisor like?

    b. What are your relationships with others at work like?

    c. How are you treated by those who you interact with at [name of WISE]?

    d. Are there ways that the WISE supports you in being successful at work so that any health or disability issues you have don't hinder your work? If so, tell me about them.

    e. Do you generally get the number of work hours that you want? If yes, how many hours do you work generally and why is the fit right for you? If not, why would more or fewer hours be better for you?

Meaning of the business

5. What does working here in [name of WISE] mean to you?

    a. If another person who is considering working here asked you what it was like for you, what would you tell them?

    b. What has been the best part of working here for you? What has been the worst part?

    c. What is different about working here as compared with other jobs you have held?

    d. How would you describe this business in comparison to other standard businesses in the community?

    e. Some people consider businesses like [name of WISE] to be different than other businesses because of their focus on hiring people who have experienced mental health issues. Would you describe [name of business] as a real business?

    f. To what degree do you feel that you as a worker are able to provide input as to the way [name of WISE] is operated, or other individual or business-level decisions?

Impact

"I'm going to ask you in a few minutes how things may have changed for you as a result of the COVID-19 pandemic, but for now, thinking about the time before the pandemic, how has working at [name of WISE] impacted you and your life in general".

6. What changes would you say have happened for you as a result of working in [name of WISE]? What difference has it made in your life?

    a. Any changes in your financial situation? Mental health?

7. What, if any, changes have happened in your social/personal/work life since working in [name of WISE]?

8. Can you give me some examples?

9. What aspects of working in [name of WISE] do you think helped you achieve these changes?

10. What personal strengths or coping strategies do you think have helped you succeed as a worker?

COVID 19

11. How has the current COVID 19 situation impacted you?

    a. Your health (physical or mental)? Your substance use? Your social life?

    b. How has it impacted your work life?

        i. Work finances? Your sources of income?

    c. Are you receiving support – either financial or other supports - from [name of WISE] at this time?

Intentions

12. Thinking about the upcoming year, what are your work plans? How do they differ from what your plans were before all the COVID-19 changes?

13. Thinking about the upcoming year, what would you like to see for yourself with respect to work?

    a. Have you considered working outside of [name of WISE]?

    b. [If intend to stay] Why are you planning to keep working here rather than going to another job?

    c. [If intent is to seek work elsewhere] Why are you planning on leaving your work here?

WISE Impact Study Qualitative Interview: Workers who have left WISE Employment Protocol

Introduction

1. How long did you work at [name of WISE]?

2. What did you do at [name of WISE]?

3. What are you doing now?

Decision

4. Why did you decide to work at [name of WISE]?

    a. Were there other options you were considering? If so, can you tell me a little bit about those other options?

    b. Were there particular people that influenced you in this decision? If yes, can you tell me a little bit about who those people are and how they influenced you?

WISE work questions

5. What was your typical day like in your work at [name of WISE]?

    a. What was your relationship with your supervisor at [name of WISE] like?

    b. What were your relationships with others at [name of WISE] like?

    c. How were you treated by those who you interacted with at [name of WISE]?

    d. Were there ways that the WISE supported you in being successful at work so that any health or disability issues you had/have don't hinder your work? If so, tell me about them.

    e. Did you generally get the number of work hours that you wanted? If yes, how many hours did you work generally and why was the fit right for you?? If not, why would more or fewer hours have been better for you?

For those who are working:

6. Can you reflect on your experience in [name of WISE] vs. your current work situation?

    a. How are they different? Are there any similarities?

For those who are not working:

7. What is the main change for you since leaving [name of WISE]?

    a. How are things better or worse in your life? What aspects of working at [name of WISE] do you miss?

Meaning of the business

8. What did working in [name of WISE] mean to you?

    a. If another person who is considering working there asked you what it was like for you, what would you tell them?

b. What was the best part of working there for you? What was the worst part?

c. What was different about working there as compared with other jobs you have held?

d. How would you describe [name of WISE] in comparison to other standard businesses in the community?

e. Some people consider businesses like [name of WISE] to be different than other businesses because of their focus on hiring people who have experienced mental health issues. Would you describe [name of WISE] as a real business?

f. To what degree did you feel that you as a worker were able to provide input as to the way [name of WISE] was operated, or other individual or business-level decisions?

Current Situation

9. Tell me a bit more about your current situation (working/education/other)?

a. If working or volunteering, is it at a WISE?

b. What made you decide to make this change?

c. Was that the right choice for you? Are you happy?

d. Are there ways that your current employer is supporting you in being successful at work so that any health or disability issues you had/have don't hinder your work? If so, tell me about them.

10. Where do you see yourself going in future in terms of work and vocation? What things are important to you as you move forward, and might influence choices you make?

Impact

11. How did working in [name of WISE] impact you?

12. What changes would you say happened for you as a result of working in [name of WISE]? What difference did it make in your life?

a. Any changes in your financial situation? Mental health?

13. What, if any, changes happened in your social/personal/work life that you think might have come because of working at [name of WISE]?

a. Can you give me some examples?

14. What aspects of working in [name of WISE] do you think helped you achieve these changes?

15. What personal strengths or coping strategies do you think have helped you succeed as a worker?

COVID 19

16. How has the current COVID 19 situation impacted you?

a. Your health (physical or mental)? Your substance use? Your social life?

b. How has it impacted your work life?

    i. Work finances? Your sources of income?

c. Are you receiving support – either financial or other supports - from [name of WISE] at this time?

Intentions

17. Thinking about the upcoming year, what are your work plans? How do they differ from what your plans were before all the COVID-19 changes?

18. Thinking about the upcoming year, what would you like to see for yourself with respect to work?

Appendix E. Supervisor Interview Guide

WISE Impact Study: Frontline Supervisors Qualitative Interview Protocol 2021

Background/Demographics

1. What is your job title?

2. How did you come to work at [name of WISE]?

    a. How long have you worked there?

    b. Did you hold any positions at the WISE prior to this one?

3. What kind of background training/experience prepared you for your current job?

4. Have you worked at any other WISEs besides [name of WISE]? How would you describe this WISE compared to others who aren't connected to the mental health system?

Role within Organization

5. What do you see as the main purpose of [name of WISE]

6. What do you do at [name of WISE]?

    a. What are your work responsibilities?

7. How do you perceive your role in relation to the workers?

8. In what ways are you called upon to ensure that the business remains successful?

    a. For example, joining in the frontline work to ensure deadlines are met, covering for absent workers, making decisions in the absence of top management, etc.?

Insights regarding WISE Workers

9. What, in your opinion, makes a great worker for [name of WISE]?

    a. If you could select the types of workers you supervise, what would you be looking for?

10. How do you see the balance between having strong workers in the WISE to help with meeting business goals, versus the need to be providing work experiences for people with various barriers and skill challenges?

11. What happens when workers don't meet expectations (e.g. attendance, work output, customer relations)?

    a. How do you handle employees who repeatedly don't meet expectations?

12. How do you manage the workers' mental health needs that may interfere with their work?

13. Does [WISE] have mental health-related HR policies? If they do, what are they?

    a. WISEs might have policies related to taking time off when experiencing mental health problems

14. In what ways can workers contribute ideas relative to the operations of the WISE? Are there any formal mechanisms (such as a worker position on a board or steering committee) or informal means (like a suggestion box, staff meetings, opportunity to make suggestions to you or another manager)?

15. How do you manage workers who become dissatisfied or disgruntled with their work for some reason?

    a. How do you manage interpersonal challenges between workers?

16. What distinguishes workers who fit in and those who do not fit in within the organization?

WISE Workers' Shifts

17. How are the workers' shifts scheduled and managed?

18. Do the workers have any say or input concerning the number of shifts they want?

    a. In what ways are the hours worked linked to worker skill/performance levels (i.e. stronger workers who add to productivity get more hours, while weaker workers who are less productive get fewer hours)?

    b. Are there workers who want more work who can't get it?

    c. Are there any issues related to WISE work and disability pensions (e.g., impact on shifts?)

Worker Career Development

19. Do you find yourself talking to workers about their future work development?

    a. Do workers raise discussion about taking on work or education outside the WISE?

    b. Would you ever initiate conversation about other things they could be doing?

20. What tends to be the nature of those conversations?

    a. Are you sometimes encouraging workers to try new things?

    b. Are there times when you struggle with the idea of losing productive and reliable workers?

21. When workers do leave WISE for whatever reason, is there an understanding that they can return without a waiting period or re-application?

    a. Would some workers see this organization as a type of safety net?

    b. Do you get many workers who leave and then return? Work both inside the WISE, and also in the community?

Conclusion

22. Your job sounds tough, what makes you stay?

23. If you were free to make changes in the [name of WISE], what would you do differently?

Appendix F. WISE Interview Guides

Classification and Self-Assessment Tool for Work Integration Social Enterprises (WISE)

This instrument is for use by social enterprises that have a particular focus on improving work skill development and integration for people who have challenges in gaining or sustaining employment. These social enterprises are known globally by different names, including WISEs, social firms, affirmative industries, and social businesses. We will refer to them in this instrument as WISEs.

Organization Name:

Which of the following models sounds most like the WISE you are associated with?

☐ A stand alone business operating independently under its own name

☐ A collective of individual entrepreneurs working in association with one another in a cooperative or other partnership model

☐ A health or social service agency creates and operates one or more businesses to improve work outcomes

☐ A health or social service agency supports the start-up of one or more businesses, and remains arms-length in terms of business operations

☐ Other (describe):

Primary Work-Related Mission

☐ Transitional employment (goal for workers is to move on to other employment or training)

☐ Ongoing employment within the business

☐ Mixed – no specific policy or goals re work tenure; both transitional and ongoing employment are considered successful outcomes

What is the employment disadvantaged target group as identified in your mission or goals?

Which of the following are typical of employment disadvantaged people in your target worker group (select all that apply)?

☐ Mental health disability

☐ Addictions

☐ Intellectual disability

☐ Physical disability

☐ Aboriginal or indigenous peoples

☐ New immigrants/refugees

☐ Ex-offenders

☐ Homeless

☐ Disadvantaged youth

For each of the following categories, circle or highlight the response that BEST describes your WISE. When responding concerning workforce policy, the "worker" refers to beneficiaries from the target population(s) specified above (as opposed to managers or supervisors who may not be from that population).

Employment Practices				
Worker Compensation Practices	Workers are **not** paid a wage (may receive training allowance from WISE, social assistance, etc.)	Compensation for many workers falls below legal minimum wage due to compensation strategy (e.g. profit share, sale of individual artisan work, etc.)	Most workers receive compensation at or above legal minimum wage, regardless of the compensation strategy.	All workers from target group are paid at or above legal minimum wage.
Wage Parity/ Fair Market Wage Practices	Entry level workers/trainees are not paid by the enterprise.	Wages paid to entry level workers are somewhat lower than those paid in comparable firms/businesses in the local community.	Wages paid to entry level workers are about equal to those paid in comparable firms/businesses in the local community.	Wages to entry level workers are higher than in comparable firms/businesses in the local community.
Population Mix	A minority (less than half) of the workforce are people who are disadvantaged in gaining employment.	About half of the workforce are people who are disadvantaged in gaining employment.	A significant portion of the workforce (60% or higher) are people who are disadvantaged in gaining employment.	The entire workforce, including management/ supervisory staff, are people who are disadvantaged in gaining employment.
Supervisory Structure	Only entry level or training positions within the WISE are open to persons from the target population.	Some high level positions within the WISE are open to persons from the target population, including those who move up from entry level positions.	Most high level (administrative, supervisory) positions are open to persons from the target population.	All positions within the WISE are open to persons from the target population.
Workplace Health & Safety	The enterprise does not follow legislated guidelines related	The enterprise follows some legislated guidelines related	The enterprise follows legislated guidelines related	The enterprise follows legislated guidelines related to safety, health &

Employment Practices				
	to workplace safety, health & wellness, but instead follows safety practices for education or training institutions	to workplace safety, health and wellness.	to safety, health & wellness.	wellness and has created formal processes to ensure compliance.

Worker Growth & Development				
Human Resources (HR) Policy	The enterprise does not have any formal HR policies or procedures that make employment expectations clear and transparent to workers.	The enterprise has basic HR procedures that govern issues like hiring, discipline and termination but few that guide day-to-day performance expectations.	The enterprise has developed or adopted several HR policies and procedures that help workers and trainees understand day-to-day work expectations.	The enterprise has developed or adopted comprehensive HR policies and procedures that make employment expectations clear and transparent to workers and trainees.
Disciplinary Procedures	Supervisors are tolerant of performance and behaviours that do not meet industry work standards, and base response on social/behavioural principles.	Supervisory responses to performance and behaviours that do not meet industry work standards consistent with business are based on a combination of HR policy and social/behavioural principles	Supervisory responses to job performance and behaviours that do not meet industry standards are based on HR policy, but are flexible, or not always consistently applied.	Supervisory responses to job performance and behaviours that do not meet industry expectations are based on HR policy.
Trainee Progression	Workers may continue in a training position at low or reduced pay rates indefinitely.	Workers often remain in a training position for periods exceeding 6 months' duration at low or reduced pay rates.	Workers may remain in a training position for 3 – 6 months at low or reduced pay rates.	Training positions are formally identified as time limited and directed towards moving the trainee into a regular paid position (either inside or outside the WISE) within 3 months or less.

Worker Growth & Development				
Opportunity for Worker Growth & Development	Supports for worker skill development and career advancement are not provided or arranged, other than regular work supervision and coaching.	Supports for worker skill development and career advancement (such as certifications, career planning, job search, etc.) can be informally provided by internal staff, or accessed externally.	Structured opportunity is available *within the WISE* to help employees build skills or move into higher level or alternate employment (e.g. job coaching, career planning)	A priority of this organization is skill building and career advancement in order to maximize ability and potential (e.g. a structured development plan exists for each worker).
Community Integration	The majority of jobs within the enterprise do not bring workers into contact with the general public.	Occasional opportunity exists for workers to come into contact with the general population as part of their regular work.	Most workers in the enterprise have some opportunity to interact with the general public as part of their regular work.	All workers in the enterprise have regular opportunity to interact with the general public as part of work.
Worker Voice	Workers do not contribute to decision making within the enterprise.	Workers contribute informally to decision making within the enterprise (e.g. informal discussions with supervisor or a manager)	Formal opportunities to make suggestions or otherwise contribute to decision making are available within the enterprise (e.g. suggestion boxes, worker surveys).	Formal structures (e.g. worker committees, elected representatives to Board) exist to actively engage workers in decision making within the enterprise.
Tracking Social Outcomes – Work, Education and Social Participation	Workers or trainees are not tracked after they leave the enterprise.	Anecdotal feedback is available concerning worker outcomes (e.g. feedback from a caseworker, worker stays in contact)	The enterprise captures basic data on social outcomes (i.e. reason for exiting the WISE).	The enterprise engages in structured evaluation processes related to worker social outcomes, and makes change based on results.

Business Structure & Practices				
Legal Status	The enterprise (and/or its firms/businesses) operates under the auspices of another entity (e.g. health or social agency) and does not have separate status.	The enterprise (and/or its firms/businesses) has some form of legal registration, but financial operations and/or tax filing are not independent of another entity (e.g. health or social agency)	The enterprise (or its businesses) is legally registered and perceived as a legal entity for tax purposes.	The enterprise is legally registered and itself serves as the "parent" to other firms/businesses (e.g. an "umbrella organization with several businesses)
Direction	The enterprise does not have a Board of Directors separate from that of a "parent" organization.	The enterprise does not have its own board of directors, but the enterprise manager/director has major control over operations.	The enterprise has its own Board of Directors, but has a partnership with another agency/ organization that influences operations.	The enterprise has its own Board of Directors, and makes its own operational decisions separate from other agencies/organizations
Business Operation	The enterprise (and/or its businesses) does not incorporate business practices, such as marketing, tracking sales over time, etc. There is no formal business plan.	The enterprise (and/or its businesses) engages in informal business practices, such as marketing, tracking sales over time, etc. There has been a formal business plan, but it may be out of date.	The business engages in some business practices, such as having a current business plan, marketing strategy and website, but sees room for improvement	The business follows sound business practices, such as having a current business plan, effective marketing strategies, current website, and tracking business growth.
Business Planning	There is little or no access to business experience to guide planning and decision making.	Business expertise can be accessed to help in business planning but is rarely accessed. (e.g. business school, consultants	Internal and external business expertise is available and accessed to guide business planning and decision making.	Sound and extensive business expertise exists in the organizational structure and is regularly accessed to guide business planning and decision making.
Financial Sustainability	Less then 50% of the operational	At least 50% of the operational	At least 75% of operational	At least 90% of operational costs are

Business Structure & Practices				
– How Salary Costs and Operations are Covered	costs are covered by income earned through sales of market-led goods and services (as opposed to from parent agency, donations or grants – limited income through sales.	costs are covered by income earned through sales of market-led goods or services (as opposed to funding from parent agency, donations or grants).	costs are covered by income earned through sales of market-led goods or services (as opposed to funding from parent agency, donations or grants).	covered by income earned through sales of market-led goods or services (as opposed to funding from parent organization, donations or grants).

Follow-up interviews – WISE administrators

Confirm position/title of the interviewees, and how long they have been with the organization

Director role

1. What is your relationship, as (executive) director, to the managers, the employees/clients/associates, and to the actual product or service delivery operations? Describe your day, and your primary responsibilities. Have these changed over the past 5 years? If so, how and why?

   a. (e.g. how much time to do estimate you spend on running the business, on outreach? On fundraising? On strategic planning?)

Mission

[provide mission from website]

2. Is this still correct? Does this effectively capture what you do as an organization? Do you see changes coming? We note from our data that x% of your workers remain in WISE, while x% moved on, to either other community employment or to become unemployed.

Worker Population

3. Previously you reported that you serve primarily x population. Do you have a sense that there is any change in your population of workers over the past 5 years?

4. Can you tell us a little bit about the broader system in which you operate? Are there particular agencies that send you lots of employees? How closely connected are you with other organizations/individuals in your employees' network of service providers?

5. What workers do well in your organization? What workers do not do well in your organization? Are there supports you wish you could provide for those who don't do well? Are there ways to retain them, or do you see certain workers as not being a good fit?

Business Operations

6. Wages: In terms of wages and hours, do you still see the wage as comparable to the industry? Are you currently at minimum wage, or market wage? What would it take, from your

perspective, to be able to offer your workers a living wage? Would there be benefit to doing this?

7. Worker Development - What are opportunities for advancement in the organization? (if there is little opportunity for advancement) do you see that as a positive or negative?)

Hours

8. How do you balance the tension between bringing in more workers for just a few hours, versus hiring fewer workers for more hours?

9. What percent of your employees would be able to handle more hours do you think?

COVID-19

10. Could you reflect on the impact of COVID on your enterprises?

    a. How did it affect your business operations, and have you made any significant business shifts since COVID?

    b. What impact do you think it had on your workforce, including your frontline workers and supervisors?

Supervisory Staff

11. We have noticed a fair bit of turnover in the field (e.g. supervisors). Have you observed this? Do you attribute this to anything?

12. What is the wage range for supervisors? Is it enough?

Reflections on Overall Contribution of WISE

13. What do you see as the main contribution of your WISE to the sector? Why does it need to continue? If your long-term employees were able to find a comparable job with a supportive employer, what would they be missing?

Appendix G. Statistical Comparisons on Major Social and Health Measures

Table G1: Baseline demographic information

Variable	Recently hired n=63	Long-term WISE n=43	$\chi^2(1)$
Average Age (at Interview 3)	36.3	46.6	16.01**
Gender – Identify as Female	43%	35%	0.67
Sexual orientation – Identify as heterosexual	81%	88%	1.04
Cultural Identity (mutually exclusive)			10.84**
- **Caucasian**	63%	65%	0.42
- **Indigenous**	14%	0%	3.66**
- **Other**	22%	35%	3.24**
Visible Minority – Yes	25%	26%	0.00
Marital status (mutually exclusive)			0.92
- **Single**	75%	79%	1.14
- **Married/Common-law**	16%	16%	0.10
- **Status changes during study**	10%	5%	1.25
Dependents (mutually exclusive)			7.88*
- **Yes**	8%	0%	2.03
- **No**	79%	93%	4.08**
- **Changes during study**	13%	5%	2.06
At least some post-secondary education *			
Self-reported Diagnosis (not exclusive)			
- **Psychosis (BPD, Schizophrenia)**	24%	39%	2.97†
- **Anxiety/Depression**	40%	40%	0.00
- **Addiction**	16%	12%	0.38
- **No diagnosis disclosed**	41%	19%	5.97*

Notes: † $p < .10$; * $p < .05$

Differences in average scores between long-term WISE employees and the recently hired employees were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(1)$ with ties for dichotomous variables and the likelihood-ratio $\chi^2(2)$ for categorical variables.

The residuals of pairs within the categorical variables (e.g. percent married between the two groups) were tested using a $\chi^2(1)$ followed by a Bonferroni adjustment. If the distribution of the group was significantly different than the population as a whole then this is indicated by the significant value following the residual for the category.

Table G2: Baseline (T1) scores on the RAND-36 health measures as compared to Canadian Norms

Sub-scale *(range of 0-100 for each variable)*	Long-term WISE n=43 Mean (SD)	Recently hired n=63 Mean (SD)	Canadian norms n=499 Mean (SD)
Physical functioning (limitations in physical activities due to health problems)	84.24 (19.12)	88.65 (14.92)	90.9 (15.1)
Physical Role (limitations in usual role activities due to physical health problems)	74.42 (36.39)	73.80 (35.19)	83.4 (31.6)
Emotional Role (limitations in usual role activities due to emotional health)	70.54 (40.64)	67.72 (39.24)	83.2 (32.5)
Emotional wellbeing (general mental health, psychological distress vs. wellbeing)	70.60 (21.16)	64.76 (22.40)	77.3 (14.7)
Energy levels (limitations in activities due to energy levels)	58.37 (20.32)	52.77 (20.59)	66.1 (17.4)
Social activity (limitations in social activities due to physical or emotional problems)	76.16 (23.28)	70.24 (28.44)	85.5 (18.4)
Pain (assess level of bodily pain)	73.08 (26.56)	75.24 (25.45)	76.2 (22.1)
General health (assess level of perceived health)	67.21 (18.27)	61.43 (21.03)	78.9 (16.9)

Notes:

Differences in average scores between long-term WISE employees and the recently hired employees were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(1)$ with ties. No significant differences were found between the averages of the two groups on any of the subscales.

Canadian norms, which were not included in the per group analyses are from Hopman et al. (2000) and are for Canadians in the range of 35-44-year-olds. This range was chosen because the sample average age is 40.4 years, while the average age of new hires was 36.3 years and of the long-term WISE employees was 46.6 years.

Table G3: Comparison of average health scores at T1 and T3 based on status at T3 (n=78)

T1 $\chi^2(2)$ w/ ties	T1 average	T-test T1=T3	T3 average	T3 $\chi^2(2)$ w/ ties
SF36: Physical Functioning (scored out of 100)				
3.47	94.54	1.98*	79.90	6.90*
	85.57	0.09	85.29	
	85.10	2.98**	65.00	
	T1-T3 rate of change $\chi^2(2)$ with ties = 7.73*			
SF36: Physical Role (scored out of 100)				
5.15†	88.64	1.80†	63.64	4.05
	79.29	0.33	77.14	
	67.31	0.92	58.65	
	T1-T3 rate of change $\chi^2(2)$ with ties = 3.68			
SF36: Energy Levels (scored out of 100)				
4.70†	55.45	1.29	45.45	1.45
	57.29	0.47	55.71	
	46.73	-1.17	52.31	
	T1-T3 rate of change $\chi^2(2)$ with ties = 3.20			
SF36: Emotional Wellbeing (scored out of 100)				
2.12	66.18	1.28	58.10	6.77*
	70.97	0.00	70.97	
	64.00	1.15	58.31	
	T1-T3 rate of change $\chi^2(2)$ with ties = 2.69			
SF36: General Health (scored out of 100)				
3.99	68.64	2.16*	57.27	2.20
	67.86	0.74	66.14	
	59.03	-1.12	61.92	
	T1-T3 rate of change $\chi^2(2)$ with ties = 6.25*			
Satisfaction with Life Scale: (1-7 Likert Scale, 7 most satisfied)				
6.57*	3.71	-0.62	3.95	2.67
	4.87	-.50	4.75	
	3.98	-1.12	4.25	
	T1-T3 rate of change $\chi^2(2)$ with ties = 2.25			

Notes: † $p < .10$; * $p < .05$; ** $p < .01$

Differences in average scores per group and in the rate of change between T1 & T3 per group were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(3)$ with ties. The 6 individuals in the other group were not included in the analysis of group differences given the significant variability in their status.

Within group changes between T1 and T3 were tested using a T-test.

Row 1, green, shows the average score per variable at T1 and T3 for the 11 community employment workers at T3; Row 2, blue, has the same averages for the 35 WISE workers; and Row 3, yellow, has the averages for the 26 individuals who were unemployed at T3.

Table G4: Comparison of average addiction scores at T1 and T3 based on status at T3 (n=78)

T1 $\chi^2(2)$ w/ ties	T1 average	T-test T1=T3	T3 average	T3 $\chi^2(2)$ w/ ties
**ASSIST: Risk Score for Tobacco Products** (scored out of 31)			
14.43**	4.90	-0.67	6.00	4.51
	7.37	0.44	7.00	
	17.42	3.47***	11.54	
	T1-T3 rate of change $\chi^2(2)$ with ties = 8.41*			
	ASSIST: Risk Score for Alcoholic Beverages (scored out of 39)			
15.11**	7.00	-1.85*	11.91	15.06**
	3.14	-0.39	3.43	
	9.36	0.65	8.35	
	T1-T3 rate of change $\chi^2(2)$ with ties = 1.51			
	ASSIST: Risk Score for Cannabis (scored out of 39)			
8.05*	6.60	-0.04	7.18	6.87*
	3.40	-0.21	3.54	
	8.84	0.29	8.27	
	T1-T3 rate of change $\chi^2(2)$ with ties = 0.13			
	ASSIST: Risk Score for Cocaine (scored out of 39)			
9.89**	1.27	-1.43†	5.09	11.92**
	0.09	-0.70	0.31	
	1.60	-0.06	1.58	
	T1-T3 rate of change $\chi^2(2)$ with ties = 1.76			
	ASSIST: Risk Score for Amphetamines (scored out of 39)			
7.46*	0.82	-0.25	1.00	5.15†
	0.00	-1.00	0.31	
	1.00	0.58	0.81	
	T1-T3 rate of change $\chi^2(2)$ with ties = 2.43			
	ASSIST: Risk Score for Sedatives (scored out of 39)			
9.33**	0.00	-2.13*	4.09	8.72*
	0.00	-1.38†	0.40	
	1.20	0.55	0.73	
	T1-T3 rate of change $\chi^2(2)$ with ties = 10.50**			
	ASSIST: Risk Score for Hallucinogens (scored out of 39)			
7.36*	0.27	-1.24	1.36	5.96†
	0.00	-1.43†	0.32	
	1.24	-0.42	1.56	
	T1-T3 rate of change $\chi^2(2)$ with ties = 0.91			

Notes: † p < .10; * p < .05; ** p < .01

Differences in average scores per group and in the rate of change between T1 & T3 per group were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(3)$ with ties. The 6 individuals in the other group were not included in the analysis of group differences given the significant variability in their status. Within group changes between T1 and T3 were tested using a T-test.

Row 1, green, shows the average score per variable at T1 and T3 for the 11 community employment workers at T3; Row 2, blue, has the same averages for the 35 WISE workers; and Row 3, yellow, has the averages for the 26 individuals who were unemployed at T3.

Table G5: Comparison of average employment-related scores at T1 and T3 based on status at T3 (n=78)

T1 $\chi^2(2)$ w/ ties	T1 average	T-test T1=T3	T3 average	T3 $\chi^2(2)$ w/ ties
Work Intention Inventory: Intent to Endorse (1-6 Likert Scale; 6 highest intentions)				
1.51	5.00	1.36	4.18	7.01**
	5.07	-0.37	5.18	
	5.10		n/a	
	T1-T3 rate of change $\chi^2(2)$ with ties = 4.03*			
Work Intention Inventory: Intent to Stay (1-6 Likert Scale; 6 highest intentions)				
6.58*	3.61	0.00	3.61	9.32**
	4.73	-1.12	4.97	
	4.32		n/a	
	T1-T3 rate of change $\chi^2(2)$ with ties = 0.06			
Monthly income from main employment				
6.76*	$896.33	-1.12	$1281.97	42.74**
	$969.99	-0.57	$996.92	
	$645.80	4.74**	$0.00	
	T1-T3 rate of change $\chi^2(2)$ with ties = 19.08**			
Total monthly income from all sources				
2.42	$1721.20	-1.36	$2209.71	12.14**
	$1735.87	-0.33	$1774.13	
	$1719.41	2.23*	$1332.46	
	T1-T3 rate of change $\chi^2(2)$ with ties = 7.61*			
Hours worked last week				
1.73	18.98	-2.50*	34.61	12.11**
	18.93	2.32*	15.17	
	15.18	2.23*	0.00	
	T1-T3 rate of change $\chi^2(2)$ with ties = 13.64**			

Notes: [†] p < .10; * p < .05; ** p < .01

Differences in average scores per group and in the rate of change between T1 & T3 per group were tested using Kruskal-Wallis equality-of-population rank test: $\chi^2(3)$ with ties. The 6 individuals in the other group were not included in the analysis of group differences given the significant variability in their status.

Within group changes between T1 and T3 were tested using a T-test.

Row 1, green, shows the average score per variable at T1 and T3 for the 11 community employment workers at T3; Row 2, blue, has the same averages for the 35 WISE workers; and Row 3, yellow, has the averages for the 26 individuals who were unemployed at T3.