Free Spirit Affirmative Business: Employment for offenders with serious mental illness

By

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Abstract

This case study evaluates the process of affirmative business development within a federal correctional psychiatric facility for federal offenders with mental illness serving long or indeterminate sentences. It examines how the business associates (i.e., offenders with mental illness who are self-employed in the affirmative business) change through working in the affirmative business, and what challenges and benefits they experience. The aim is to disseminate knowledge that will assist in developing supported employment opportunities for offenders with serious mental illness.

Qualitative and participatory research methods are used to give a descriptive account of the experience of 14 business associates within a critical paradigm. The framework that guided this study included the Canadian Model of Occupational Performance and Engagement (CMOP-E); the Theory of Planned Behaviour (TPB); and a Community Economic Development (CED) approach. Strategies were incorporated to maintain rigor and ensure trustworthiness and quality of the findings. The data outlined the first 6 years of the affirmative business. Interviews and observations were conducted during year 7 and 8 of the affirmative business. Reviews of documents and artifacts were current and historical in nature.

Three overlapping phases of business development, outreach, and replication are discussed along with their corresponding core tasks of skepticism, tensions of growth, and transformation. Within each phase, six overlapping themes emerge: business development; personal growth, recovery, and hope; ongoing support; the prison environment; volunteerism; and the community. Self-employment within the affirmative
business emerges as having an encouraging effect on promoting empowerment and recovery, increasing self-reliance and self-efficacy, helping symptoms, learning new ways to resolve conflict, and improving understanding of employment support needs.
Dedication

“A society is judged on how it treats its most vulnerable citizens.”

Hubert Humphrey, 1977
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Chapter 1
Introduction

Statement of the Problem

People with mental health problems are overrepresented in the criminal justice system. According to Kaiser this is due to the “criminalization of people with mental illness”, which Kaiser defines as “the avoidable, protracted, damaging and often repeated involvement of people with mental health problems in the criminal justice system owing to inadequacies in community-based treatment and social supports” (2004, p. 8).

The criminalization of people with mental illness has become a social phenomenon in Canada in which individuals with mental illness are jailed rather than helped due to the lack of community mental health services (CMHA, 2007). Once jailed, a “dissonance between the purpose of the services of the criminal justice system compared to the needs of the people with mental illness tends to exacerbate their symptoms and diminish their social functioning” (Kaiser, 2004, p. 6).

The prevalence rate of mental disorders among offenders in Canadian prisons has grown to become two to three times greater than in the general population (Health Care Needs Assessment of Federal Inmates in Canada, 2004). Appropriate rehabilitation for offenders with mental illness within correctional psychiatric facilities is vital. Rehabilitation must be based on evidence-based practices that include a focus on both recovery and reducing criminal behaviours.
Recovery is the process of living a satisfying life within the constraints of one’s illness and developing new meaning and purpose outside of the illness (Anthony, 1993). Recovery means coming to terms with illness and learning to accept it and then to move beyond it (Degan, 2003). Within the Correctional Service of Canada’s (CSC) clinical treatment of the individual offender’s psychological complaints and the behaviours that disrupt their day to day and community functioning are important targets for recovery (Andrews & Bonta, 2003). Offenders with mental illness have been historically treated with a medical model in which the medical condition, mental or physical, overrides any other component of the person. CSC’s current approach to the treatment of offenders with mental illness is reflective of a recovery model (Bouchard, 2004). The recovery model is a holistic approach that understands that the person is more than the disorder (Degan, 2003).

Dr. Patricia Degan is an international expert on recovery from mental illness. She developed a flower analogy to demonstrate her recovery model: The person is in the centre of the flower; she views mental illness as one facet (i.e., one petal) of that person, alongside other components such as their family, friends, employment, and culture (Degan, 2003). In contrast to the medical model, the “recovery model does not require people to experience reduced symptoms and reduced need for medical care: it is about experiencing an improved quality of life and higher levels of functioning despite the illness and symptoms” (CMHI, 2007, p. 21).
People with major mental illness are 2.5 times more likely to be victims of violence than other members of our society (CMHA, 2003), and they also have a higher rate of offending when compared to the rate of offending of the general public (Choe, Teplin, & Abram, 2008). Within corrections, rehabilitation must both focus on recovery from mental illness and include treatment to reduce criminal behaviour. Factors that predict violence or recidivism (i.e., return to custody) are generally the same for both offenders with mental health disorders and those without. They include criminal history, antisocial personality or psychopathy, early antisocial behaviour, and substance abuse (Bonta et al., 1998; Quinsey, Coleman, Jones, & Altrow, 1997).

Substance abuse increases the risk of criminal behaviour in people with mental illnesses (Erickson et al., 2008; Steadman et al., 1998; Wallace, Mullen, & Burgess, 2004) and has been found to be the main factor in predicting violent behaviour in discharged patients with psychiatric disorders (Steadman et al., 1998). Another factor shown to have an impact on criminal behaviour in people with mental illness is whether they are compliant with their mental health treatment in the community. It has been found that discharged patients who attend their treatment sessions in the community are less likely to engage in violent behaviour than those who do not (Torrey et al., 1998).

Andrews and Bonta (2003) report that clinical psychopathology is not a significant correlate of criminal behaviour for most offenders with mental health disorders. However, an individual with specific hallucinations commanding him or her to
engage in violence have been found to increase the likelihood of that individual engaging in violent acts (Monahan et al., 2001).

In a study by Bonta, Hanson and Law, (1998), presence of a mental disorder has been seen to be associated with lower recidivism. For example, a meta-analysis of 64 studies of recidivism involving a total of over 15,000 offenders with mental illness, found that offenders with mental illness were less likely to return to custody for violent offences than offenders without mental illness (Bonta, Hanson, & Law, 1998). Another study reported that offenders who met the criteria for psychosis were less likely to commit a new offence compared with non-disordered controls (Porporino & Mutiuk, 1994). They were, however, less likely to get released on full parole and more likely to have their supervision revoked.

Work is an important part of rehabilitation within correctional psychiatric treatment facilities because it is believed to be important in the recovery process (Degan, 1988). Problems related to unemployment have been found to increase the likelihood of an offender’s return to the criminal justice system (Andrews & Bonta, 2003). Employment is “associated with activities and situations that increase the density of reinforcement for pro-social behaviour” (Andrews & Bonta, 2003, p. 406). An employed individual is more likely to have pro-social companions and to have a stable residence with fewer financial concerns and is less likely to abuse alcohol and drugs (Andrews & Bonta, 2003). Research findings have “solidly situated unstable employment and lack of conventional ambition as important risk and need factors among offenders” (Gillis &
Nafekh, 2005, p. 10). Research has also linked unstable employment to an increased likelihood of recidivism when not effectively addressed in the rehabilitation of offenders (Gillis & Nafekh, 2005). Increasing employment opportunities is especially important because employment has been found to reduce recidivism (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Andrews & Bonta, 1990). Villeneuve and Quinsey (1995) have shown that being employed reduces re-offending in offenders with mental illness.

Although we know that employment is important for recovery and that employment plays a role in reducing the likelihood that an offender with a mental illness will return to the criminal justice system, offenders with mental illness in prison psychiatric facilities are consigned to unemployment because there are few appropriate employment opportunities other than cleaning or working in the canteen (Davidson, Folsom, & Gordon, 2002).

Creating additional employment opportunities for offenders with mental illnesses is important. Although individuals with mental illnesses state a desire to work, the employment rates for individuals with mental illnesses in the community range only from 10-20% (Henry & Lucca, 2004). The employment rates for offenders with mental illness are suspected to be much lower (Sneed, Koch, Estes, & Quinn, 2006). Problems related to unemployment for offenders with mental illnesses are compounded because lack of employment opportunities has been linked to an increase in mental health problems in our prisons (McLearen & Ryba, 2003).
Within the prison psychiatric facility, occupations are groups of activities and tasks of everyday prison life. They are named, organized, and given value and meaning by the offenders and by the prison culture. In the prison psychiatric treatment facility, occupations bring structure to prison life and include everything the offenders do to occupy themselves, including looking after themselves (self-care), enjoying life, (leisure), and contributing to the social and economic fabric of the prison community (productivity). Not all meaningful occupations are pro-social occupations; for example criminal occupations are occupations that are in violation of the law. Within the prison psychiatric treatment facility, a key role of the occupational therapist is to enable offenders with mental illnesses to perform pro-social structured, meaningful occupations. This is important because the lack of structured meaningful time use has been implicated in criminal re-offence (Quinsey, Coleman, Jones, & Altrows, 1997; Whiteford, 1997). The use of an affirmative business model to provide meaningful occupations allows the generation of monies to enable self-reliance, to goal set for employment upon release and/or to provide recovery oriented treatment.

Providing opportunities for occupational engagement are important in the context of this study because they have been shown to be a factor in improved health and safety of prisons for both offenders and staff (Whiteford, 1997). The aim of a prison based affirmative business is to increase the capacity for pro-social occupational engagement by supporting: 1) the business associates’ abilities to competently perform valued roles, 2)
their pro-social occupational identities, and 3) their plans and goals that are consistent with society’s values and their own preferences.

To address these issues, the Free Spirit Affirmative Business, the focus of this study, was created as a vocational option to provide self-employment for offenders with mental illness who reside in the prison psychiatric treatment facility. The development of an affirmative business within the prison followed the local Provincial Psychiatric Hospital’s development of affirmative businesses in the community; these businesses were developed to address the strategies highlighted by the Provincial Mental Health Committee report, Putting People First: The Reform of Mental Health Services in Ontario (1993). The strategies in this report highlighted the importance of enabling control by consumers of mental health services and the need to address broader health determinants such as employment opportunities. The Free Spirit Affirmative Business was created to increase the occupational potential of offenders with mental illness who reside at the prison treatment centre.

Traditional vocational rehabilitation models such as sheltered workshops have been criticized for promoting dependency and providing inadequate remuneration (Trainor & Tremblay, 1990). This led to a review of vocational programs in Ontario provincial psychiatric hospitals that endorsed the changes to additional workshops by stating that vocational programs should be based upon a competitive employment rather than a sheltered model of work (Radloff-Gabriel, 1997). The affirmative business approach to vocational rehabilitation is based upon competitive employment and has the
potential to empower consumers of mental health services by providing reimbursement at competitive rates (Trainer & Tremblay, 1992).

This study is important because, to date, there is no known research about the use of an affirmative business to provide employment for offenders with serious mental illness within a correctional psychiatric treatment facility. It is hoped that this study will produce evidence to increase our knowledge regarding the process of engaging offenders with mental illness in valued occupations within a secure setting.

**Purposes & Objectives**

This study had three purposes: 1) to evaluate the process of affirmative business development within a federal correctional psychiatric facility for offenders with mental illness serving long or indeterminate sentences, 2) to determine how the participants changed through involvement in the affirmative business, and 3) to identify what challenges and benefits are experienced in the development of an affirmative business within this environment.

One objective of this study is to provide a holistic descriptive account of the experiences of the business associates within a critical paradigm to promote understanding of the transformative processes that enabled and constrained the affirmative business development. A second is to disseminate knowledge that will assist in developing affirmative employment opportunities for offenders with serious mental illness.
Background of the Free Spirit Affirmative Business

The Free Spirit Affirmative Business provides work through self-employment for fourteen federal offenders with mental illness serving long or indeterminate sentences. The goals of the Free Spirit Affirmative Business are to foster recovery from mental illness, improve health, combat stigma, and enhance pro-social community integration.

The affirmative business is located in the Regional Treatment Centre of Ontario (RTC(O)), a facility of the Correctional Service of Canada located within the walls of Kingston Penitentiary. RTC(O) is an accredited psychiatric hospital and a correctional facility that incarcerates federal offenders, that is offenders who are serving sentences of two years or more.

The Free Spirit Affirmative Business, so named by the business associates, manufactures environmentally friendly products from recycled offender blue jeans, jackets, and other items that the prison would otherwise send to the landfill site. The products are sold in community gift shops and the money from the sales are used by the business associates to pay themselves, to purchase needed raw materials and equipment, and to make donations to local charities.

All decisions for operating the business are made by the business associates in accordance with Correctional Services of Canada’s Commissioner’s Directives for offender-run business/enterprises and the sale of hobby craft items (CD 737). The business utilizes a recovery model (Degan, 1988) and the psychosocial rehabilitation principles of supported employment (Public Health Agency of Canada, 2001).
development of the business was supported by a registered occupational therapist (the
principal researcher / author of this study), whose responsibility it was to work with each
business associate, assisting them through the provision of workplace accommodations,
support, and strategies, thus enabling them to engage in productive, pro-social,
meaningful employment.

The Free Spirit Affirmative Business is the first such business to operate within a
federal correctional psychiatric treatment facility in Canada. It has been in operation for
nine years. When the business began, offenders with mental illnesses who resided at the
prison psychiatric treatment facility did not have access to CORCAN, a special operating
agency within CSC tasked with offender employment training. This reduced the
offenders’ access to employment and increased the need for alternative employment
opportunities.

**Definition of Key Terms**

Some of the key terms are defined below. A chart of additional definitions is
located in Appendix A.

*Federal Offender:* an individual who has been convicted of an offence of two years or
more.

*Mental Illness:* diagnosed with and/or exhibiting symptoms of an Axis 1 mental illness
(i.e. schizophrenia, schizoaffective disorder, bipolar affective disorder, first episode
psychosis, long-term clinical depression).

*Affirmative Business:* a business that is set up as a sustainable commercial organization,
typically developed through a partnership between consumers, business people, and
vocational service providers (Kirsh, Krupa, Cockburn, & Gewurtz, 2006). An affirmative
business has a dual mission: to increase the self-sufficiency, self-respect, and social integration of people who are disadvantaged and to operate as a successful business (Affirmative Business Alliance of North America, 1991).

**Business Associate:** an individual/offender with a mental illness who is self-employed within the Free Spirit Affirmative Business.

**Occupational Potential:** is a combination of capacity, opportunity, resources, and social structure that enable engagement in occupations by individuals, families, groups, communities, organizations, and populations to reach beyond an existing occupational status (Townsend & Polatajko, 2007).

**Occupational Therapy:** the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007).

**Occupations:** a set of activities that are performed with consistency and regularity and are the domain of concern and the therapeutic medium of occupational therapy (CAOT, 2002). The two basic suppositions of occupation are that humans need occupation and that occupation has therapeutic potential.

**Recovery:** Recovery, according to Degan (1988), refers to an internal process of personal change whereby persons with disabilities “experience themselves as recovering a new sense of self and purpose within and beyond the limits of the disability” (p.11).
Meaningful employment is believed essential to the recovery process for all persons with mental illness (Leete, 1992).

**Occupational Deprivation:** “a state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the control of the individual” (Whiteford, 2000, p. 201); “the influence of an external circumstance that prevents a person from acquiring, using, or enjoying occupation over an extended period of time” (CAOT, 2007, p. 370; Whiteford, 1997; Wilcox, 2006).

**Occupational Productivity:** Refers to the way individuals occupy themselves to “contribute to the social and economic fabric of their community” (CAOT, 2007).

Employment is a form of occupational productivity.

**Occupational Engagement:** is the ability to perform or do occupations, become occupied and participate in occupation (CAOT, 2007).

**Occupational Enrichment:** is the “deliberate manipulation of environments to facilitate and support engagement in a range of occupations congruent with those that the individual might normally perform” (Molineux & Whiteford, 1999, p. 127).

**Organization of this Thesis**

Including Chapter I, the introductory chapter, the thesis consists of six chapters. Chapter 2 provides a review of the literature in areas fundamental to understanding the development of the affirmative business. The review includes research about the prevalence of mental disorders among offenders, employment and recovery from mental illness, occupational deprivation and occupational imbalance in prisons, employment of
offenders with serious mental illness and supported employment. Also discussed are theories used to set the parameters of the study within a conceptual framework including The Canadian Model of Occupational Performance and Engagement, The Theory of Planned Behaviour and Community Economic Development.

Chapter 3 describes the qualitative methodology. The chapter begins with the research design, recruitment and sample selection, role and relationship clarification, management and supervision, training and support and the background of the principal researcher. This is followed by information about the data collection and strategies to ensure trustworthiness. The chapter ends with the ethics review and summary.

Chapter 4 presents the case descriptions and analyses from interviews, documents, artifacts and observation from the business associates and volunteers.

Chapter 5 discusses the findings obtained in light of the broader research process. This chapter also discusses the limitations and reflections on the qualitative research process: the thesis conclusions as well as considerations for future research related to the development of an affirmative business within a correctional psychiatric treatment facility.
Chapter 2

Literature Review

A review of the literature in areas fundamental to understanding the development and intended outcomes of the prison-based affirmative business lays out the theoretical framework for the study. The literature review is divided into the following sections: (a) prevalence of mental disorders among offenders; (b) employment and recovery from mental illness; (c) occupational deprivation and occupational imbalance in prisons; (d) employment of offenders with mental illness; (e) supported employment; (f) theoretical frameworks; (g) community economic development; (h) summary.

Prevalence of Mental Disorders Among Offenders

Rates of mental disorders among offenders in Canadian prisons are two to three times greater than in the general population. The proportion of offenders with mental disorders is growing, even though overall prison admissions and institutional populations have been in decline (CSC, 2004). According to the Correctional Service of Canada, 12 per cent of men in the federal corrections system are diagnosed with a mental illness, an increase of 71% over 10 years ago. Women have an even higher prevalence rate with 25% identified upon admission as having a mental illness - an increase of 100% over 10 years ago. (CSC, 2010).

Deinstitutionalization of individuals with mental illness has led to the criminalization of individuals with mental illness so that prisons have, become front-line
mental health providers (Human Rights Watch, 2003; Farnworth & Munoz, 2009). However, those working in the correctional system do not have the appropriate resources to provide the mental health care that is needed. Prisons have become the “new asylums”, managing serious psychiatric disorders such as psychoses, schizophrenia, and suicidal behaviours (James & Glaze, 2006). For individuals incarcerated in a correctional facility, the experience often places them at risk of further decline in their mental and physical health because correctional facilities are not conducive to supporting individuals in wellness, recovery, and rehabilitation (Simpson, 2005; Farnsworth & Munoz, 2009).

Employment and Recovery from Mental illness

The employment rates for individuals with mental illness in the community vary from 10-20% (Henry & Lucca, 2004; World Health Organization, 1999). The employment rates for offenders with mental illness are thought to be much lower due to the double stigma of incarceration and mental illness (Sneed et al., 2006). These employment rates remain low even though high percentages of people with mental illnesses report a desire to work and stress the importance of work in establishing a good quality of life (Henry & Lucca, 2004).

The employment potential of people with mental illnesses has also been underestimated. It has been found that people with mental illnesses have the capacity to work and that employment programs should be encouraged for even the most disabled individuals (Public Health Agency of Canada, 1997; 2001).

Individuals with mental illness have identified that having satisfying work is one
of the most important needs in support of their recovery (CMHA, 2003), providing a means for self-actualization, for creation of strong connections to others, and for hope of success in future work (Provencher, Gregg, Mead, & Mueser, 2002). Work recovery for persons with mental illness has been found to benefit individuals by increasing their social acceptance by others (Conway, Grieg, & Bell, 2007). Work is believed to be essential to the recovery process for person with mental illness (Degan, 1988) and a stated priority for persons with mental illness (Leete, 1992; Kirsh, 1996; Krupa & Clark, 2004).

The features and the potential benefits of working may help the recovery process. Working may cause people with mental illness to develop coping strategies for the symptoms of their illness, build support systems, become “useful” to others and change other people’s expectations of what they can achieve. Working can help people with mental illness develop new meaning and purpose in life and provide hope for the future. Engaging in work can also improve their quality of life, be empowering and provide structured meaningful activities. All of these are important within recovery paradigms (Turner-Crowson & Wallcraft, 2002; Rebeiro, 2005).

If having satisfying work is important in recovery, how does employment fit into the recovery process in the context of mental illness? According to the Centre of Employment and Reintegration (1990) employment provides five factors that promote recovery: time structure, social contact and affiliation, collective effort and purpose, social and personal identity and regular activity. Even though these factors have an
important role in recovery, persons with a mental illness are likely to experience long-term underemployment and unemployment. This problem is compounded by the knowledge that the longer a person is away from a job, the less likely it is that he or she will ever resume a productive work life (CMHA, 2000). Although work is important to the recovery process, employment opportunities are often unavailable to offenders with mental illnesses who face the highest degree of stigmatization in the workplace and the greatest challenges to employment (Sneed et al., 2006).

**Occupational Deprivation and Occupational Imbalance in Prisons**

Wilcock (2006) states that human health is linked to the ability of individuals to coordinate and organize their occupations of work, leisure, self-care, and rest by making choices about when, where, with whom, and what activities are done. One of the features of prison, according to Goffman (1961), is the intentional design of physical and social structures to maintain this breakdown. The concepts of occupational deprivation and occupational imbalance speak to the negative impact of incarceration on the occupations and rehabilitation of offenders (Farnworth & Munoz, 2009).

Routines in prison are highly structured, and occupational choice and opportunity are constricted, negatively impacting on an offender’s health and well-being. This results in occupational deprivation. Hanely (2002) described the lived experience of adapting to the deprivations of incarceration as “prisonization”, which manifests as “the incorporation of norms of prison life into one’s habits of thinking, feeling, and acting” (Haney, 2002, p. 4). According to Visher & Travis (2003) the prison social environment
includes violence, exploitation, gang and other cultural affiliations, hyper-masculinity, and both repression and high expression of emotion. Adaptive responses to prisonization include hyper-vigilance, social withdrawal, and decreased interaction, which increase occupational deprivation (Haney, 2001).

Whiteford (1997) states that lack of meaningful and purposeful opportunities for occupations can result in “prisoners becoming so estranged from the roles of community living that they lose the capacity to structure their time to meet the challenges of community participation” (p. 127). This problem contributes to poor mental health and can, in some cases, lead to intense feelings of anger, frustration, and anxiety (Haney, 2001; Nurse, Woodcock, & Ormsby 2003). Molineux and Whiteford (1999) state that lack of access to routine activities not only restricts occupational roles, but also leads to temporal disorientation.

Occupational imbalance according to Wilcock (2006) is a “lack of balance or disproportion of occupation resulting in decreased well-being” (p. 24). Farnworth (2003) suggests that time-use can be employed to examine occupational balance. Occupational imbalance has been used as an indicator of quality of life (Harvey, 1993). Farnworth, Nikitin, & Fossey (2004) explored time-use of individuals with serious and persistent serious mental illness living in hospital-based forensic units. They found that leisure occupations were dominant so that 89% of personal time was spent sleeping, and that 78% of the time spent in recreation involved passive leisure activities such as watching television. Participants were dissatisfied with their time use, describing themselves as
‘killing time,’ ‘inactive,’ and ‘bored’. Farnworth’s (2000) work suggests that passive leisure and boredom are associated with poor mental health.

Occupational deprivation and occupational imbalance in prisons, due to a lack of meaningful programs including employment, significantly limit offenders opportunities to develop habits and routines in pro-social, positive activities (Handley, 2001). This loss of habit and routine can also have negative effects on physical health. The risk of obesity is increased by limited opportunities for occupational engagement (Farnworth & Munoz, 2009), especially when combined with medications taken for mental illness that result in weight gain.

Research suggests that prisons with more opportunities for occupational engagement are healthier for both staff and offenders (Whiteford, 1997). Lack of participation in occupation is a particular problem in prison for offenders with serious mental illness due to a lack of access to employment. Offenders who have a mental illness often do not have the advantages of other offenders because of the absence of successfully completed programs, incident reports about troublesome behaviour, and release plans that do not include appropriate mental health services. This makes it more difficult for the parole board to assess the risk posed by an offender with a serious mental illness, and consequently such offenders are often less successful in obtaining a release on parole (Sneed, Koch, Estes, & Quinn, 2006).

The recent trend of increased numbers of offenders with mental health disorders may lead to increased levels of occupational deprivation (McLearen & Ryba, 2003).
Without well-matched employment opportunities for offenders with mental illness in prisons, the health benefits that employment provides for both offenders and staff will not be realized.

Employment of Offenders with Mental Illness

Offenders with mental illness are not necessarily associated with a more serious criminal history; however, they are associated with lifestyles such as homelessness, unemployment, and poor hygiene, which make them more susceptible to various mental health disorders and diseases (Ax & Fagan, 2007). Offenders, in general, are 13 times more likely than the general population to be unemployed, yet by being employed the level of risk to re-offend is reduced by between a third and a half (Ax & Fagan, 2007).

It is vital to provide a range of employment opportunities for offenders with mental illness. This is because (a), meaningful employment is important to the recovery process (CMHA, 2003) (b), lack of employment has been linked to increased rates of recidivism (Andrews & Bonta, 2003; Gillis, 2002) and (c), employment of offenders contributes to the safety, order, and management of prisons (Andrews & Bonta, 2003; Gillis, 2002).

It is also known that lack of employment is a strong predictor of the suspensions of community supervision (i.e., return to custody) (Motiuk, 1998). Employment problems among offenders with mental illness are a significant predictor of violent recidivism (Villeneuve & Quinsey, 1995). Compounding the problem is a lack of prison and community employment resources to connect offenders with serious mental illnesses with
work, and this increases their likelihood of reentry into the criminal justice system (Sneed et al, 2006).

To evaluate research about the employment of offenders with mental disorders in prisons, a search of the literature was conducted. The Ovid data bases (including Medline, PsychINFO, CINAHL, Health and Psychosocial Instruments, AMED, and EBM) as well as Goggle Scholar were searched using the following search terms: offender, mental illness, mental disorder, employment, work, prison, and incarcerated. One research paper evaluated historical employment data for offenders with mental illness (Villeneuve & Quinsey, 1995); sixteen descriptive papers noted the need for research; and three noted that it was rare to find offenders with mental illness employed or in employment programs (Andrews & Bonta, 2003; Sneed et al., 2006).

Given that employment has been found to reduce recidivism (Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, 1990; Andrews & Bonta, 2003), employment in prisons using evidence-based practices (for individuals with mental illness), has the potential to help meet employment needs both while individuals are incarcerated and in the community on conditional release, enhancing their potential for reintegration as law-abiding citizens (Harris & Rice, 1997; Andrews & Bonta, 2003).

**Supported Employment**

Supported employment is real work in an integrated setting with ongoing support provided by an agency with expertise in finding and maintaining employment for people with disabilities. Supported employment provides real work, not “vocational training,”
“work experience,” or “work preparation” (The Canadian Association for Supported Employment, 2009).

Supported employment is an evidence-based practice in the mental health field known to promote positive employment outcomes among people with mental illness (Bond, Becker, Drake, Rapp, Meisler, Lehman, & Bell, 2001). Although work history has been found to predict better employment outcomes for individuals with mental illness (Bond et al., 2001), supported employment remains more effective than other traditional vocational services for individuals with mental illness with both good and poor work histories (Bond et al., 2001).

Supported entrepreneurship is a form of supported employment where persons with disabilities access direct support in order to foster the development of a business (for which they are the registered owner/s) or self-employment. The Free Spirit Affirmative Business is based on this form of supported employment (The Canadian Association for Supported Employment, 2009). In this form of supported employment, persons with disabilities have chosen to partner with one another, and risk periods of employment earning less than an hourly minimum wage depending on the profits made by the business.

From an occupational perspective, the creation of the Free Spirit Affirmative Business is seen as a way to increase the opportunities for the business associates to assume worker roles that reflect routines and habits that are normal and typical role expectations of adults. The creation of an affirmative business provides choice and
“participation in occupations that foster hope, generate motivation, offer meaning and satisfaction, create a driving vision of life, promote health, enable empowerment, and otherwise address the quality of life” (Townsend & Polatajko, 2007, p. 373).

The Free Spirit Affirmative Business was guided by the five criteria set by the Canadian Association for Supported Employment (2009) for a true supported entrepreneurship:

1. There is an exchange of labour or goods for pay,
2. Compensation is typical (e.g., “going rates”), given the service or product,
3. Individuals receiving supports determine how business / employment income will be used,
4. Individuals receiving supports are the registered business owners, and
5. The businesses or individuals are contracted, rather than their support agency.

An integrated work setting, as defined by Canadian Association for Supported Employment (2009) is one in which the proportion of disabled workers is roughly equivalent to the proportion of people with disabilities in the general population. The case study affirmative business does not meet this criterion for supported employment due to the enclave nature of the business, where offenders with mental illnesses work together on one site.

Within supported employment, ongoing job-support services are provided that are not time-limited; that is, the service provider (the occupational therapist in this case study) provides ongoing support for as long as the worker with a disability requires it in order to perform his or her work satisfactorily (Canadian Association for Supported Employment 2009). Ongoing supportive services include assistance through assessment,
activity analysis, job coaching, training, fading supports, modeling, peer support, individually tailored supervision, and attention to consumer choice.

Supported employment practices have been effective in improving the capacity of individuals with serious mental illnesses for finding and keeping a job and could improve the capacity of offenders with mental illness to find and keep a job within prison and upon release. This would both enhance their job readiness and could ultimately reduce recidivism.

Supported employment approaches can respond to employment needs by providing interventions that are effective in matching the support needs of offenders with mental illnesses. They can also meet criminal relapse prevention needs (i.e., identify high risk situations and other factors that might be related to their offences). Using a supported employment approach enables the clinician to utilize professional judgment and discretion to properly meet the needs of each individual. The use of supported employment strategies can be linked to an individual’s learning styles, motivation, aptitude and abilities, and recovery stage, to allow the development of properly matched work-place accommodations and to assess strength factors. Supported employment also provides a venue for ongoing monitoring of progress, thus enabling the development of employment plans. These types of strategies have been shown to assist with the management of risk and to improve employment outcomes (Andrews & Bonta, 2003; Gillis, 2002).

The principles of supported employment were developed from research that found
that individuals with mental illness who were the most successful at finding and keeping work were those who continued to receive support whether directly within their work environment or outside of work (CMHA, 2000). Support factors linked to community-based employment for offenders have also found that employment support was associated with offenders’ community reintegration, with higher levels of support linked to longer periods of time in the community (Gillis, 2002).

**Theoretical Frameworks**

The following theories were used to set the parameters of the study within a conceptual framework: The Canadian Model of Occupational Performance and Engagement (CMOP-E), The Theory of Planned Behaviour (TPB), and Community Economic Development (CED).

*The Canadian Model of Occupational Performance and Engagement (CMOP-E)* is applied in this study to focus on occupation within the environmental and cultural context of the affirmative business within the prison treatment facility. The CMOP-E provides a theoretical foundation for understanding the occupational engagement of the business associates within personal, occupational and environmental factors.

The CMOP-E views all individuals as encompassing a variety of elements in which the paramount element is the spirit, which is centered at the core of the individual (Townsend & Polatajko, 2007). Each individual is shaped by characteristics that exist within the person, within the occupations they engage in, and within the environment their occupations occur in. This person-occupation-environment interaction enables
occupational engagement. Interventions may enable occupation by the person, change the way that occupations are performed, or address elements of that person’s environment. Interventions are aimed at enabling people to perform the occupations that foster health and well-being and at “enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life” (Townsend & Polatajko, 2007, p. 261).

Occupational engagement is important from a criminogenic perspective, not only because some occupations are criminal and/or are considered to be anti-social, but also because the lack of structured meaningful time-use has been implicated in criminal re-offence (Townsend & Polatajko, 2007; Quinsey, Coleman, Jones, & Altrow, 1997; Whiteford, 1997). In this study the principles underlining the CMOP-E were used to help develop skills the business associates needed for a) successful, pro-social integration into their institutional and release communities (personal factors); b) the occupations they wanted to engage in and how they could be supported by pro-social actions and attitudes for successful reintegration (occupational factors); c) the environment within which the business associates lived and worked or hoped to be a part of (environmental factors; and d) enabling a just and inclusive environment so that the business associates could participate fully in meaningful employment as well as other daily occupations of life. Within the CMOP-E, key skills are applied by the occupational therapist to permit effective occupational enablement.
The Theory of Planned Behaviour (TPB) (Ajzen, 1991) provides an understanding of how to change the behaviours of people when their behaviour needs to be changed. TPB is a theory about the links between behaviour and attitudes. It is used to predict deliberate behaviour and has been used to assist in the prediction of employment success and stability of offenders in Canada (Gillis, & Nafekh, 2005). The TPB informed this study, linking the mechanisms and processes associated with changing employment behaviours and group membership of offenders with mental illness.

The three domains of TPB are behavioural beliefs, normative beliefs, and control beliefs. Behavioural beliefs refer to an individual’s favorable or unfavorable attitude toward the behaviour. Normative beliefs reflect perceived social pressures. Control beliefs give rise to perceived behavioural control. In combination, these domains lead to the formation of a behavioural intention. According to TPB, if the attitudes and subjective pressures are more favorable, the perceived control will be greater, and the person’s intention to perform the behaviour is stronger. This increased intention to perform a behaviour will more likely lead to the individual engaging in the behaviour.

When TPB is applied to this study it is viewed that offenders with mental illness will have greater intention to seek employment by encouraging:

1. Positive attitudes that see offenders with mental illness as capable of working (i.e., behavioural beliefs),

2. People and systems to view employment as standard for offenders with mental illness (i.e., normative beliefs), and
3. Offenders with mental illness will work if they want to work by building capacity and capability through access to work opportunities (i.e., control beliefs).

_Community economic development (CED)_ is “a process by which a community and its institutions organize economic activity in ways that benefit the community as a whole and leads to community and personal empowerment through strategies which encourage cooperation and interdependence and which seek to equalize resources among its rich and poor populations” (SAMSAH, 2008, p. 2.2).

Boothroyd and Davis (1993) discuss three approaches to CED, which can be distinguished according to whether they promote growth emphasizing economic growth, whether they promote structural change emphasizing business development, or whether they promote community emphasizing community relationships. The three approaches differ in their assumptions and in the implications of these differences for goals, strategies, and practice.

A CED approach that emphasized pro-social community relationships was used throughout the development of the Free Spirit Affirmative Business. This approach was thought to help reduce occupational marginalization by providing self-employment opportunities for offenders with serious mental illness who did not otherwise have access to employment and by emphasizing pro-social community relationships. It was also thought that a CED approach would strengthen personal and group identity, which in turn has been found to contribute to desistance from crime (Lemos & Crane, 2009).
A CED approach was chosen because of its focus on well-being, congruence with the goals of recovery for individuals with mental illness, and its compatibility with the principles of supported entrepreneurship by encouraging worker participation in decision-making. This approach assumes that the production and distribution of both non-monetary and monetary resources follow the principles of common ownership, sharing, mutual aid, and well-being through improving productive lives - even at the expense of efficiency. In this CED approach, the economic and social goals of the business are intertwined so that the purposes are to increase community cohesion and give equal access to employment opportunities, thereby increasing capacity and capability as well as improving the ‘quality of life’ experienced by the business associates.

A CED approach includes helping to enable people to feel good not only about themselves but also about other people (Post, Underwood, Schloss, & Hurlbut, 2002). Experiencing positive emotions from helping activities aids to displace the helper’s harmful emotional states such as rage, hatred, fear, depression, anxiety, anger, and hostility, which can trigger antisocial behaviour (Post et al. 2002). Hans Toch (1997) believes that offenders’ helping others provides them with a sense of accomplishment and meaningful purpose. Helping, within the context of CED, enables offenders with mental illnesses to find a sense of belonging, and encourages social integration rather than social exclusion (Midlarsky, 1991).

Helping within communities has been found to neutralize negative emotional states, which cause stress and stress-related illness (Fredrickson, Tugade, Waugh &
Larkin, 2003; Sternberg, 2001), and lower stress hormones (Field, Hernandez-Reif, Quintino, Schanberg, & Kuhn, 1998). Recent neuroscience research indicates that experiences in life become hard-wired into our brains in neural connections, and it suggests that engaging in helping activities within a community of caring may foster the development of pro-social connections (Moll, 2005).

Various models of self-help groups utilize CED approaches to create employment opportunities for consumers of mental health services. Two models of supported entrepreneurship include consumer-run and affirmative businesses. A consumer-run business is owned and operated by consumers of mental health services whereas an affirmative business is agency-sponsored. Research indicates that individuals who have been diagnosed with a mental illness and are involved in a consumer-run business have significant reductions in hospital in-patient stays, crisis contacts, and the number of visits to hospital compared to the periods prior to their joining a consumer-run business. This has been demonstrated to result in significant savings to the health care system and an improvement in the quality of life for these individuals (Trainor & Tremblay, 1992).

Affirmative businesses have demonstrated success in improving the employment capacities of individuals with serious mental illness by providing real work. They have been shown to overcome the shortcomings of sheltered workshops that have been criticized for promoting dependency and providing inadequate remuneration. It is suggested that affirmative businesses are a superior strategy to sheltered workshops because of their potential to empower consumers of mental health services, an important
component of recovery, and to provide reimbursement at competitive rates (Trainor & Tremblay, 1992; Krupa, 1998). The creation of affirmative businesses has been based on the idea that a workplace is a community in which the workers have a sense of ownership and belonging. Support is also essential within an affirmative business in order to enhance productivity and for the well-being of its workers (Krupa, Lagarde, & Carmichael, 2003; Krupa, McCourty, Bonner, Von Briesen, & Scott, 1999).

A fundamental goal of an affirmative business is to provide meaningful work that supports diversity and allows the individual to develop to his or her potential, strengthening the consumer community. The success of the affirmative business is determined by its economic viability, whether it is owned and operated by its workers, and whether it enhances the well-being of its employees (Krupa, 1998).

Affirmative businesses aimed at re-integrating offenders with serious mental illness into the workplace may benefit the individuals themselves by increasing their self-esteem and self-worth. For example, within the Free Spirit Affirmative Business the business associates are able to interact with real customers who come to the business to purchase their products. This provides opportunities for positive experiences between staff, visitors and students (as customers) and the business associates who are in this context seen as businessmen and capable workers. Research has demonstrated that this type of interaction can modify attitudes and reduce stigma (Corrigan & Pen, 1999).

A predictor of future work performance is a person’s ability to get along or function socially with others (Torrey, Mead, & Ross; 1998). It has been found that
individuals with mental illnesses working in an affirmative business learned ways of resolving conflicts arising from shared decision-making (Radloff-Gabriel, 1997). This is an important factor in the rehabilitation of offenders.

Studies show that people with mental health disabilities, through participation in various types of supported entrepreneurship, perceive themselves as becoming contributors to community life and feel more valued for their contribution to the community (Radloff-Gabriel, 1997; Gahnstom-Strandqvist, Liukko, & Tham, 2003). They also perceive stigma as gradually lessened during their time working (Gahnstom-Strandqvist, Liukko, & Tham, 2003). These perceptions are important steps in the recovery process.

**Summary**

The rates of mental disorders of offenders in Canadian prisons are significantly greater than that in the general population (Health Care Needs Assessment of Federal Inmates in Canada, 2004). Despite the fact that a), meaningful employment is important to the recovery process from serious mental illness (Degan, 1988; Public Health Agency of Canada, 1997; 2001; Bond, et al., 2001), b), employment can increase social capacity, and opportunities to improve capabilities leading to equality of opportunity and social justice (Alexander, 2008), and c), occupational engagement has been shown to improve the health and safety of our prisons (Whiteford, 1997), employment rates for offenders with serious mental illness are far below that of the general public and offenders without mental illness. Offenders, including offenders with mental illness, need employment
because it a) reduces criminal behaviour (Andrews & Bonta, 2003), b) employment skills are considered as a factor affecting successful reintegration (Gillis, 2002), and c) without employment opportunities the likelihood of re-entry into the criminal justice system is increased (Sneed et al., 2006).

Affirmative businesses utilizing the principles of supported employment may be one way to enable employment for offenders with serious mental illnesses. Research is needed to determine both how to develop affirmative businesses in our prisons and whether participation in an affirmative business within a prison psychiatric treatment facility has the ability to help offenders with mental illness develop interpersonal skills and habits sufficient to enable employment. The affirmative business in this case study is the first affirmative business to operate within a federal correctional facility in Canada. It provides supported employment for offenders with serious mental illness in a psychiatric treatment facility.
Chapter 3

Methodology

Research Design

The purpose of this qualitative case study is to understand the processes of affirmative business development for offenders with serious mental illness within a correctional environment. One of the goals of this study is to identify how the business associates (i.e., offenders with serious mental illness who work in the affirmative business) changed through their involvement in the business. This goal includes the benefits and challenges experienced in the affirmative business development with regard to persons, structures, policies, culture, and resources.

The objective is to provide a holistic descriptive account of the benefits and challenges in the development of an affirmative business within a prison psychiatric treatment facility. It is also to inform ongoing business development and to advance knowledge in order to support employment opportunities for offenders with mental illness. This study used a participatory research approach, with the collaboration of the business associates. The use of participatory research methods has value in advancing scientific knowledge and in solving practical problems; it also advances substantive knowledge and theory that would be unlikely to emerge out of more traditional research (White, 2005).

The use of a participatory research approach in this study ensures the active
involvement of the business associates, increasing the likelihood that the findings are valued and relevant to them. This approach allows the principal researcher to gain more personalized insights into the experiences of the business associates and increases the useable knowledge that is generated (Heller, Pederson, & Miller, 1996).

The participatory research collaborative process helps to empower the business associates by:

1. bringing the members together around common benefits and challenges with regard to persons, structures, policies, culture, and resources;
2. validating their experiences as the foundation for understanding and reflection;
3. presenting their knowledge and experiences as information upon which to reflect;
4. putting in context their identified employment benefits and challenges;
5. linking personal experiences to the employment of offenders with mental illness; and
6. enabling goal-oriented experiential learning, allowing the business associates to gain skills and information about research and about the processes of affirmative business development within a correctional setting (Freire, 1974).

A critical paradigm was used to frame this case study. A critical paradigm is a accepted model to examine social conditions to search for and analyze contradictions in
order to help people (Patton, 1990). The critical paradigm allows for a strong participatory component and allows for transformation of structures, mechanisms. The critical paradigm was consistent with the research goals to understand: the process of affirmative business development within a federal correctional facility, how the business associates change through working in the affirmative business, and what challenges and benefits they experience.

The study used an intrinsic case study form, described by Stake (2000) as a study undertaken because of an intrinsic interest in better understanding the specific bounded case. The use of an intrinsic case study design helped the research team understand the process of affirmative business development within a correctional context, suspending other purposes, and it helped to focus the study.

This qualitative case study was justified by meeting Patton’s (1990) criteria, which stated that qualitative inquiry is a reasonable beginning point for research in new fields of study where little work has been done, few definitive hypotheses exist, and little is known about the nature of the phenomenon. Merriam (1998) described the case study as description that is intensive and holistic for the purpose of detailed understanding of new and innovative programs. A case study design helped to delimit this study so that the affirmative business bounded the in-depth experiences of the business associates in context (Miles & Huberman, 1984).
Recruitment and Sample Selection

Of 12 current and 3 former business associates (who were housed at the treatment facility), 14 business associates participated in the study. Of these participants 12 were working in the affirmative business and 2 participants had left the affirmative business for clinical reasons (problems related to pain management and attendance to another program). The remaining business associate could not take part in the study due to security and clinical concerns. All 14 participants had diagnosed clinical disorders (11 schizophrenia, 1 schizoaffective disorder, 1 bipolar affective disorder, 1 depression). The 12 business associates working in the affirmative business accepted invitations to take part in the research through interviews and become members of the research team. As well two business associates who had recently left the affirmative business accepted invitations to take part in interviews.

The intensity sample contained business associates who had worked in the business on a weekly basis with regularity who had been part of the affirmative business since it first opened and who agreed to take part in individual employment case file reviews. This ensured that an adequate number of research participants had the experience of working in the affirmative business during the earlier stages of business development (Patton, 1990). Three research team members met the criteria and agreed to take part in an intensity sample. Table 1 summarizes the sample selection.
As research team members, the 12 current business associates would take part in the research on an ongoing basis, working with the researcher to complete tasks such as coding information, identifying categories and themes, and discussing the relevance of the findings. They would also learn about the research process through orientation and regular educational sessions. This ensured that they were able to contribute their knowledge and experiences to the study. All current and two former business associates (N=14) were interviewed about how they wanted to be involved in the project. Sampling was flexible, evolving as the study progressed, and it continued until a point of saturation or redundancy was reached (Merriam, 1998).

During the orientation sessions, all current (n=12) business associates were invited to take on various research team member activities, which included reviewing physical artifacts (such as the affirmative business scrapbook), reviewing documentation,
(such as business policies or business plans), taking notes during research team meetings or serving refreshments.

The purpose of this research and an introduction to the study process was outlined in an open dialogue with the research team members as a group. All of the research team members participated in project orientation sessions in which the project and the selection criteria for the participants were explained in more detail. Benefits and requirements of becoming a research team member were discussed explicitly so that attendees could decide if they were willing and able to participate at the level the project required. The participants then took part in individual interviews where further questions were clarified and individual concerns and needs were addressed.

All research team members received a copy of the final executive report summary. Their decision to be part of the study was voluntary and a result of informed consent (see Appendix B).

**Role and Relationship Clarification**

The roles and responsibilities of the research participants were clarified initially and on an ongoing basis. Emphasis was placed on valuing all roles and responsibilities equally, based on the varying contributions of team members.

It was the responsibility of the principal researcher to maintain a positive, supportive attitude, an approach that included the belief that all of the business associates could make a contribution to the research. As the principal researcher, I maintained an awareness of my own influence on the participant research team members and on the
results of the research. The communication process between the participant research team members and the principal researcher was given close and ongoing attention to provide clarity and encouragement. In order to do this, it was important to provide structure to meetings by producing jargon free agendas and visual symbols that enhanced communication for all research team members. To enable this, I utilized supported and special educational techniques to enable the communication and the attainment of skills of all group members, including those with ongoing symptoms of mental illness that might impede learning and those with functional literacy and numeracy deficits. It was also important to clarify whose views were being expressed when reporting the results of the research (Merriam, 1998).

As principal researcher, I received educational and support sessions concerning research methodologies under the supervision of both Dr. Terry Krupa, Associate Professor from the School of Rehabilitation Therapy, Faculty of Health Science, Queen’s University and Dr. Jean Folsom, Director of Psychology and Rehabilitation Services, Regional Treatment Centre of Ontario, Correctional Services of Canada.

Participant researchers and research team members contributed their expertise and views that they derived from having lived the experience of a business associate. All team members brought a variety of knowledge and skills to the project. The decision-making capabilities of the business associates increased with experience and practice. As principal researcher, I ensured that opportunities for decision-making were available throughout the research process. It was necessary to explain and distinguish the various
and changing relationships in the team and the function of each role as the project progressed and to identify each role to the larger group. The emerging roles were further defined and documented as the project evolved over time.

Authorized participation reports were completed and disseminated by the principal researcher to ensure that the institution’s Program Board acknowledged the work completed by the research team members.

**Management and Supervision**

As principal researcher, I provided ongoing training for all research team members and participants in the basics of research implementation so that they could make informed decisions about the quality of research outcomes (e.g., consistent coding methods by all research team members). The research team members and participants collaborated with the principal researcher on the viability and usefulness of the research methods and data sources (e.g., the research team members chose data from day-to-day operations to include in the scrapbook as a data source). Research team members and participant researchers with talents and/or interest in the implementation of specific research tasks (e.g., coding information from public outreach documents) were trained to perform these tasks and supervised by the principal researcher. When expertise needed was not present on the team, my supervisors provided additional guidance and training. Evaluation of the effectiveness of the business associate participation was ongoing (e.g., I, the principal researcher, would go over work with the business associates and make suggestions for changes if needed).
**Training and Support**

As principal researcher, I provided a schedule of tasks that required completion as the project progressed so that the project could be finalized within a one-year time frame. Cognitive and visual aids, such as pictures and large-print information sheets that used simple language, helped the business associates understand participatory and qualitative research methods. The research team was given an opportunity to select a method for formative evaluation of the participatory research experience as a group. Within operational and security procedures, parameters, and constraints, all research procedures were shared and/or designed with input from the research team. The research team began with a discussion concerning the frequency and duration of team meetings as well as the choice of the types of decision-making processes.

A critical role of the principal researcher was to create and maintain a constructive and affirming interpersonal research climate by facilitating the group process, such as by being supportive of inclusion and involvement of all individual and collective efforts of the team. I was also responsible for handling individual requests for assistance and accommodations and made use of interviewing and questioning procedures that were appropriate for individuals with special learning needs.

The members of the intensity sample were invited to take part in the transcriptions and coding of their own interviews and employment files. All research team members were invited to take part in coding data that was of a general nature (such as public outreach documents or the affirmative business scrapbook) and analyzing the data during each of the emerging phases of the research process. Ultimately, however, the
interviews, transcriptions, instrument development, and data entry were my responsibility because of my role as the principal researcher and my responsibility for maintaining confidentiality and research integrity.

**Background of the Principal Researcher**

I, as the principal researcher, am a registered occupational therapist, a former special education teacher, and the affirmative business facilitator. I began the study’s affirmative business in September 1999, with guidance from Voices Opportunities and Choices Employment Club (VOCEC), a corporation of affirmative businesses for people with mental illness, and with support from the Psychology and Rehabilitation Services at the Regional Treatment Centre of Ontario. I have been the affirmative business’ facilitator since its inception.

Qualitative research involves the “researcher as instrument,” wherein the researcher’s use of self is the primary tool for data collection. Because I was both the affirmative business staff facilitator and the researcher, I had opportunities for subjectivity and personal biases. Sensitivity was therefore extended to understanding how these biases shaped the investigation and its findings. As an occupational therapist, I assume a bias that occupation is important for the health of the individual. Alternately, as the principal researcher I needed to be aware of participants’ biases (e.g., social desirability, power relationship, inmate code, etc.) that might interact with the construction or interpretations of the processes being studied. I used historical data and
systematic methods to ensure trustworthiness (such as peer review and member-checking utilizing a participatory approach) to reduce the potential for biases.

Data Collection

The site of the affirmative business was at the Regional Treatment Centre of Ontario [(RTC(O)), an accredited hospital and federal correctional facility, on the program floor of the psychosocial rehabilitation unit. RTC(O) is situated within the walls of Kingston (ON Canada) Penitentiary. The business opens four days per week and occupies two adjacent rooms.

The correctional officer assigned to the area sits at a desk in the hall outside the entrance to the business. He or she controls all offender movement and can see into the business through glass windows on all sides of the business rooms. Cameras in both business rooms and in the hall videotape all activity in the business rooms and are viewed via a monitor located on the security officer’s desk; these cameras can also be viewed at any time by the main security station in a separate building and by the warden or deputy warden in the warden’s office.

Data were collected from documents, artifacts, interviews, and observation (refer to Table 2).
Table B. Summary of Data Collection

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Data Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents (Historical)</td>
<td>Program (e.g., logic models, selection criteria)</td>
</tr>
<tr>
<td></td>
<td>Media &amp; public outreach documents (e.g., speeches, articles)</td>
</tr>
<tr>
<td></td>
<td>Clinical Records</td>
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<tr>
<td></td>
<td>Case Management Reports</td>
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<td></td>
<td>Employment &amp; Employability Records</td>
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<td></td>
<td>Security Reports</td>
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<td></td>
<td>Hospital Accreditation Reports</td>
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<td></td>
<td>Continuous Quality-Improvement Reports</td>
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<td></td>
<td>Budget Reports</td>
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<tr>
<td></td>
<td>Kites (notes sent from offenders to staff members)</td>
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<tr>
<td></td>
<td>Affirmative business policies and procedures, finance records, pay sheets, requests and/or self-referrals.</td>
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<tr>
<td></td>
<td>Business plans</td>
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<td></td>
<td>Business associates’ questionnaires</td>
</tr>
<tr>
<td>Artefacts (Historical)</td>
<td>Items manufactured by the affirmative business</td>
</tr>
<tr>
<td></td>
<td>Photos</td>
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<tr>
<td></td>
<td>Scrapbook</td>
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<tr>
<td>Interviews (Current)</td>
<td>Interviews (Protocol: Appendix C)</td>
</tr>
<tr>
<td>Observation (Current)</td>
<td>During affirmative business production hours</td>
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<tr>
<td></td>
<td>During research collection, evaluation, &amp; discussion</td>
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</table>

The data collection phase was extended over nine months, from May 2006 until January 2007. Due to the historical nature of this study, the data collected from document analysis and physical artifacts were equally important to data from interviews. The collections of data from documents was crucial because the business’ historical events could no longer be observed and the business associates may not have recalled events. Documents and artifacts also helped to identify the process of skill development.
within the affirmative business context and were useful for gaining insight into planning and development processes.

Documents and artifacts were useful because they remained objective and stable (Merriam, 1998) and were straightforward to obtain. Their use was unobtrusive so that the presence of the researcher did not alter what was being studied. Documents and artifacts added contextual richness and helped to ground the information in real issues and day-to-day concerns of the business associates (Guba, 1981). Documents that had been written by the business associates for the affirmative business provided a rich source of data. Artifacts were readily available and reflected work during all stages of business development. The physical artifacts were used to uncover what could not be replicated or observed from documents and artifacts.

A standard interview protocol (Appendix C) was used to conduct person-to-person interviews. The research questions were designed to help the researcher understand the participants’ perspective of their work in the affirmative business from a broad perspective. The purpose of the questions was to gain information needed to understand the processes of affirmative business development. The interview questions provided historical continuity to the documents.

A pilot interview was conducted to check that the interview questions would extract the desired information in a way that the participants would understand and feel comfortable with. A volunteer who was also a former business associate piloted the interview questions. The interviews were conducted in a quiet room, free of distraction.
All interviews were taped with written permission from the participant and were transcribed directly. During the final phase of writing the study the transcriptions were edited to eliminate repetitions, verbal ticks and grammatical errors to make them easier to read.

A case study database (Yin, 2003) organized materials both chronologically and topically. Data were securely stored, in a locked filing cabinet within the principal researcher’s locked office, meeting the requirements for storage of protected information. Data that did not contain identifying information were stored in a locked cabinet in the affirmative business.

**Data Analysis**

The research team and I analyzed the data from the interviews, documentation, and artifacts as they were collected. I provided ongoing education, and practice for content analysis, which was used in a systematic way. Interviews and member-checking during individual and group sessions were used to follow-up on themes as guided by the study focus. Interviews and member-checking during regularly scheduled meetings helped to ensure that the themes were sensitive to new ideas or insights as they emerged in the process of data analysis.

The principal researcher and the research team members searched the data individually and collectively for meaningful segments. Only the specific participant and the principal researcher analyzed protected data about an individual participant. The inclusion of the specific confidential document was the result of informed signed consent.
This process informed the principal researcher and the research team about whether or not additional data were required (Patton, 2002). The similarities and differences between segments were analyzed in order to identify and discover patterns. The segments specific and distinctive recurring patterns, qualities, characteristics, or concerns were then described as themes and these themes were then analyzed (Schumacher and McMillan, 1993).

The principal researcher and the research team members systematically described the contents of the segments both chronologically and topically, as they were collected, to identify patterns and themes among and between the concepts and the topics studied. The data analysis dealt with all the evidence, addressed rival interpretations, and focused on the processes of affirmative business development.

All team members participated in educational sessions about the constant comparative method that was used to develop tentative categories that were then compared to each other and to other examples (Patton, 2002). Comparisons were constantly made within and between levels of conceptualization and across categories. The research team members were invited to take part regularly scheduled meetings where they were asked to extract meaning and themes from the data.

The framework was based on a phase-by-theme, time-line matrix (Miles & Huberman, 1994). This helped the principal researcher to organize and manage the study contents throughout the evolutionary process of business development. The data analysis consisted of tracing the actual events over time, mapping the concepts as they were
revealed, and noting these concepts on the phase-by-theme time line matrix. Close attention was given to the chronological sequence of each concept, noting the emerging phases of business development. The matrix provided a form of pattern matching with respect to the developmental stages of the business over time. A table of topics, organized chronologically, was also created as the data were coded and the findings emerged from the data over time.

Data segments from documents, physical artifacts, and interviews were coded and organized systematically and chronologically with the participant researchers and the research team members according to topics that reflected the business associates’ experiences and the meaning that they attached to these experiences. The data were summarized into reports describing the topic segments for each code. Each topic had a number of sub-codes. The data were independently co-coded with the participant researchers and/or research team members. The principal researcher and the research team members were expected to attend to all the evidence, display the evidence separate from any interpretation, and show adequate concern for exploring alternative interpretations. Throughout the analysis, the team revisited data arrangements to verify emerging ideas, search for negative cases, and ensure that individual variations (e.g., personal meanings, life experiences) were not lost.

File folders, colour coded and dated, were used for the mechanical handling of the data. The principal researcher instructed all the participants and the research team members about how to use the data-management system. All levels of analysis used a
file folder system in data management. The data were managed using paper files, file-cards; large colour-coded sticky notes and large time-line sheets. The researchers worked page by page to highlight text and write notations in the margins, including tentative categories of themes emerging from the raw data. The entire database was photocopied. The photocopied pages were then cut up, (to paste different themes under different headings), dated with the original document date, and the coded sections were placed into file folders labeled by category or theme in chronological order. Each unit of data was also identified using codes such as the respondent’s pseudonym initial for identification.

**Strategies to Establish Trustworthiness**

Trustworthiness refers to the achievement of rigor or the methods used to ensure that the research findings are of quality (Krefting, 1991). Four aspects of trustworthiness can be applied to qualitative studies: *truth-value, applicability, consistency* and *neutrality* (Guba, 1981).

*Truth-value* in qualitative research refers to the extent to which the researcher has produced confidence that the findings are true for the participants within their environment (Lincoln & Guba, 1995). Truth-value in qualitative studies determines the degree of credibility that the research represents within the multiple realities of the informants (Krefting, 1991). The methodology ensured true-value in five ways: field notes, reflective journaling, triangulation, member-checking, and the use of a pilot study.

The truth-value of this study was enhanced by my maintaining field notes of observations about the affirmative business, its settings, and its development over time.
These field notes were written about the documents and the artifacts that were studied and about the interviews and observations that were made. The field notes included information about the actions of the principal researcher and the research team. They also included information about the social culture, the prison culture, the business settings and the surrounding environment. A methods log was included in the field notes to record the reasons for decisions made during the research process. The notes also described my feelings, questions, perceptions, and insights related to the site, the affirmative business associates and the development of the affirmative business.

Reflective journaling increased my awareness of biases or predetermined assumptions about the development of the affirmative business. It also served to document any of my insights related to the study and provided an additional audit track (Krefting, 1991). These journal reflections were shared with two members of the multidisciplinary team (e.g., psychologist, social worker, nurse, psychiatrist) at the treatment centre bi-weekly. Additionally, two drafts of this thesis were shared with my thesis supervisor and members of the advisory committee. The advisory committee asked critical questions about all aspects of the research process and provided opportunity to challenge my views allowing me to sometimes consider different views and interpretations.

Triangulation refers to the harmonization of multiple perceptions in order to reach mutual corroboration of data and to make sure that all aspects of the study are examined (Yin, 2003 a). The data or information collected from the documents, artifacts, and
interviews were triangulated by crosschecking results. Other data sources such as field notes, journal entries, observations, and written records (such as those from research and participant team meetings, educational sessions and data analysis sessions) were used to support or refute the findings from the documents, interviews, and artifacts. The literature provided another source of triangulation.

Member-checking involved taking data and initial interpretations completed by the principal researcher and the research team back to the affirmative business associates to ask them if the interpretations were plausible. Member-checking took place continuously throughout the study. All of the research team members and participants were encouraged to contribute to and react to drafts of trends in the data development. Questions were reframed and repeated on different occasions.

The dependability and the credibility of the data were also increased through the use of verbatim accounts of interviews, and direct quotations from documents and field notes. These direct quotations were modified at the final stage of editing to reduce grammatical errors and repetition to ease reading and to reduce the embarrassment that the business associates expressed when they read the direct quotations that appeared awkward because of grammatical errors. Copies of the final edited version were made available in the Free Spirit Affirmative Business to the business associates prior to publication to ensure that the editing quotations reflected their intent. Credibility was also increased through a single pilot study of the structured interview to increase the principal researcher’s interviewing skills and interview experience.
A second criterion of trustworthiness is *applicability*. Krefting (1991) describes applicability as the extent to which the findings can be applied to other contexts, settings, or groups. Guba (1981) views applicability as fittingness or transferability, when the similarity in the findings of two contexts fit. If an adequate or a dense description is provided in the data, readers will be able to assess how transferable the findings are to their own settings, and others who wish to transfer the findings can apply the transferability criterion.

Transferability of the data was aided through a thorough and dense description of the setting, and research team members. It was intended that the outcomes of the study analysis would lead to in depth written descriptions that would enable readers to have a sense of having participated in the study and so they would be able to determine how closely their situations match the research situation. Demographic data of the research team members and information about the environment and context were included to allow readers to make comparisons with their own situations.

The third criterion for trustworthiness is *consistency*. Consistency is the extent to which a replication of the study would result in reliable, constant, and dependable findings. Guba (1981) compared dependability in qualitative research to being able to track differences throughout all sources of data. In this study, these included the principal researcher, the insights of the research team members, changes in the business associates, and the description of cases that were not usual or typical. In this study, consistency was attained through achieving a logical reasoning about the same topic in
the same document, artifact, observation, interview, or field note. Credibility was also improved by the principal researcher, and the research team members taking part in supported educational sessions, seminars, and support groups, and by the principle researcher reading and journaling about current articles and seminal qualitative research papers to increase investigative and technical research skills and sharing these with the research team.

The principal researcher, participant researchers, research team, peers, and members of the research committee examined the research plan, examined how the research was being completed, and examined the findings as they emerged.

*Neutrality*, the final criterion of trustworthiness, is the extent to which the findings are solely related to the participants and the conditions of the research exclusive of other biases, perspectives and motivations (Guba, 1981). Neutrality was ensured in five ways. Triangulation between sources of data, interviews and theoretical perspectives strengthened and tested the emerging ideas. Reflexive analysis also helped to ensure that the principal researcher was aware of the potential to influence the data. The principal researcher worked with members of the research team, further conceptualizing the study, reviewing documents and artifacts, and recording and writing up the findings. Reflexive analysis also focused on maintaining neutrality. All of the above methods were monitored and enhanced by peer review and by principal researcher reflexive analysis.
Ethics

The research proposal was approved by the Queen’s University’s Health Research Ethics Board and the CSC National Research and Innovation Committee for research certification. A draft submission of this project was included in the CSC Regional Research Committee Annual Research Plan for 2005.

The research was conducted in compliance with the Tri-Council’s Policy Statement on Ethical Conduct for Research Involving Humans and the Correctional Service of Canada Commissioner’s Directive for Research (CD 009). The research was completed under the authorities of the Privacy Act and the Access to Information Act.

The combined Letter of Information and Consent Form, (Appendix B), which followed the Tri-Council Policy Statement (TCPS) and the Queen’s University Office of Research Services criteria was used. Patton’s (2002) Ethical Issues Checklist for Qualitative Research was taught to all research team members and followed by them when information was shared.

Summary

The bounded qualitative case study method used for this study was designed and analyzed within the critical paradigm. A participant research approach was used to engage the business associates/participants as a method of both maximizing the meaningfulness of the research and shaping the research strategies in such a way as to make them relevant to their actual lived experiences.

Detailed file reviews were conducted on a purposeful intensity sample of business
associates/participants. All participants were invited to take part in the research through membership in the research team and through participant interviews. An inductive approach was used so that the findings emerged from the data. Systematic methods to ensure trustworthiness of both data collection and analysis were utilized. Data collection was managed using a file card system and analyzed by the principal researcher, research participants, and research team members.
Chapter 4

Research Findings

The findings have been organized into two sections. In section one the six major themes, business development; personal growth, recovery and hope; ongoing support; the prison environment; volunteerism; and community are developed over three phases of the affirmative business’ development: development phase, outreach phase, transformation phase. In section two, the phases of business development are presented in three core process models and tied to the relevant literature.

Section 1: Themes Organized within Phases of Business Development

The business associates’ experiences are distinct, and consequently there is diversity of experience within each theme. Each theme also varies in its importance to each business associate’s experience. Although these themes are experienced distinctly, they are highly interrelated. Examples of quotations from transcripts, documents, or artifact analysis are given to illustrate each theme and are italicized. Each participant chose a pseudonym and the pseudonym initial has been used to identify the quote.

Three phases of affirmative business development emerged from analysis of the data and were conceptualized by the research team. The data have been organized chronologically to trace the events over time in a development-by-time matrix to illustrate the three phases of affirmative business development. These three phases are
not absolutely distinct but represent a continuum of development over a period of seven years. These timelines span the inception of the affirmative business in September 1999 until the research proposal was written in September 2006. The affirmative business continues to be in operation at the submission of the final research report. The three phases are:

1. The Early or Development Phase: from the business creation in September 1999 until August 2001, when the affirmative business moved to a new building.
2. The Middle or Outreach Phase: from September 2001 until August 2004, when the affirmative business doubled in size and space.
3. The Late or Transformation Phase: from September 2004 until August 2006, when the affirmative business developed niche markets and other supported employment opportunities were created.

Theme 1: Business Development

The theme Business Development encompasses the following major categories: building capacity over time; moving from skepticism to anticipation of success; and expanding our markets.

The first major category is building capacity over time. In the developmental phase of the affirmative business the business capacity was small due to limited resources. During this early phase, the business did not have a dedicated space (“We shared space with the arts and crafts program (C)”). The hours of operation were limited, and the number of business associates was small (“The business ran two mornings a week, and
only seven of us worked there (C)” and limited by a small workspace. H thought that “for the business to get better we need more people, more time, and…a bigger place to work.”

During the early phase, the business resources were limited by the use of borrowed equipment and tools and by a lack of skill. Skepticism by the business associates that they could run a successful business was reflected in a lack of enthusiasm. C documented that, in September 1999, the business “started with one borrowed sewing machine, not a lot of enthusiasm, and nothing to call our own.” P reflected, “early products were made with limited tools and were often arranged by staff members such as paintings or simple tote bags produced on light-duty sewing machines.” P also stated that, at the end of this phase, sewing machines were limited to two sewing machines that were shared with the arts and crafts program.”

During the outreach phase of the Free Spirit Affirmative Business the concept of business ownership was established and Free Spirit was recognized as a real business. The business moved into its own expanded space. Business ownership became understood. CSC recognized the business as distinct, no longer calling it a pilot, and business production was increased. In an interview C outlined the progress of Free Spirit Affirmative Business:

The business expanded to a two-room workshop complex (September 2002). We have, with our own funds, purchased nine sewing machines and CORCAN loaned us two additional industrial sewing machines. We have also been able to buy an assortment of tools and equipment.
With 40% of our revenue going back towards the business operation, we are able to acquire all the necessary materials and supplies to maintain a high level of productivity (C).

The business moved into a dedicated workspace; it expanded to four days a week of operation and provided self-employment for 14 business associates. Inventory sheets and tool cribs were created unique to the affirmative business and were not shared by other programs. The business was assigned a computer and printer that the associates could use for business purposes; it was kept in the business room.

During the last year of the outreach phase the business associates began to complain that the affirmative business was getting too crowded. L suggested: “We need a larger space. It is very full. Sometimes, when everybody shows up it is very cramped and it gets too stressful.” J complained: “It was getting pretty crowded down there. We are squashed as a team too much.”

In the transformation phase there was an increased demand for employment opportunities. Community economic development and institutional connections grew, and new employment options were developed, replicating many of Free Spirit’s typical businesses processes. The demand for increased employment opportunities became apparent. The number of business associates increased beyond business capacity and a wait-list of four to eight names was maintained throughout this phase. A second wait-list was maintained that included four to six current part-time business associates who sought additional hours in the business.

In response, the occupational therapist created and employed offender/patients who
could not work at the affirmative business (due to limited capacity or security restrictions) in the newly created Inside Out Artist Cooperative. The Cooperative began with two grants from CSC’s Outreach Funds and grew to provide part-time self-employment for eighteen patient/offenders. The artist co-operative met one day per week and shared the affirmative business equipment and space. Artwork, such as “stuffed ten-inch tall denim letter signs (C)” were created in cloth in the affirmative business workshop. Drawings and paintings were produced both on the units and in the shared affirmative business space using paint and drawing mediums. The art was sold at various community outlets and conferences, “with forty percent of all sales being donated to the Canadian Mental Health Association (P)”.

An opportunity for additional employment during this phase was created by liaison with CORCAN, the industrial sector of the Correctional Service of Canada. CORCAN provided sewing opportunities for three more experienced sewers, producing military vehicle seat covers. During an interview G said: “I’m just happy to do something. Right now I am doing seat covers for the army so, it’s just something to me that means something’s right. I look forward to going there everyday.” Unfortunately, frequent breakdowns of the industrial sewing machine led to long periods of unemployment on this project.

To provide additional work opportunities, offender/patients were invited to volunteer for the Canadian Cancer Society, making head wraps for patients with cancer undergoing chemotherapy. Two sewing machines were “donated from the community to
the Canadian Cancer Society to be used in the Chemotherapy Wrap Volunteer Project (h)” and were available on two ranges to volunteers under strict conditions of working on this specific project.

The second major category under the theme business development is moving from skepticism to anticipation of success. During the early development phase, the business associates were skeptical that the affirmative business would not be successful. This resulted in reduced work effort and created a work force that was not fully dedicated to the business labours. C wrote that the “initial efforts were meager and half hearted, rife with skepticism and lack of commitment.”

One of the greatest challenges for the business associates was a lack of confidence in their own abilities to learn new tasks. This lack of confidence was reinforced by past experiences of failure. R said:

I’m not good at this. When I lived at KP (Kingston Penitentiary), I used to work for CORCAN. I worked there for two weeks sewing shirts. Everything I made was sent back, so I quit. No one is going to want to buy the things I make.

Some of the affirmative business’ items, in fact, were not well made and did not sell or were sold as seconds. This appeared to reinforce the associates’ idea that they had a lack of skill to produce quality items and lead one individual to quit.

For many business associates, lack of confidence in their ability to learn and to produce quality items led to uncommitted and lackadasical efforts. This was apparent in requests for frequent and long coffee breaks and jokes among the business associates,
such as: “He could watch work all day” (J) and new business names such as “The Free Spirit Bankruptcy Club” (C).

Sometimes staff from the treatment centre would ask to have items sewn that were too difficult or would ask to have items finished by a too-early fixed date, and the business would decide as a collective not to take their order. H said: “I doubt we can make it work like they want us to. [We can’t make it here] because we don’t have the people and the place is not really big [enough].”

To match the skill level of the business associates with the task, the occupational therapist would break down each activity into smaller structured tasks. She would also search for products that did not require refined skills that could be structured to ensure success. For example, D remembered painting “large canvases that were copied from adult colouring books.” These structured tasks could be completed independently by the associates and were used to provide success experiences and group cohesion. They were “very simple to do because guys would get discouraged quickly and want to quit if it was too hard (P)” and “we would all work on them together” (D).

To counteract skepticism, the occupational therapist presented information about alternative businesses in the community that were run by consumers of mental health services, in initial affirmative business meetings. The businesses presented included the affirmative business operating on the forensic unit of the local provincial psychiatric hospital: a local community non-profit corporation that provides employment opportunities to people who have a history of mental illness supported this affirmative
business. This encouraged the business associates to “give [the affirmative business] a try” (A).

Also during the first meeting, the organizational structure, pay through profit sharing, products, and markets were outlined for the business associates. At the end of this meeting, it was decided that the newly established affirmative business group within the prison would ask to join the community affirmative business. The patients/offenders felt that membership would give them both credibility and support within the larger community. They agreed to donate 15% of the Free Spirit Affirmative Businesses sales as a corporation fee to the not-for-profit community affirmative business, to support its goal of providing employment opportunities to people who have a history of mental illness.

Four weeks after this meeting, the occupational therapist presented the request to the community business. However, the application to join the community employment group was not successful. Although their application was unsuccessful, the business associates of the prison affirmative business decided to closely model their own business after the community forensic affirmative businesses. However, instead of putting 15% aside to develop future affirmative businesses within the community or treatment centre, it was decided by consensus that a donation of 15% of all sales, in cash or through ‘in kind’ products, would be donated to local charitable organizations.

During the outreach phase of the affirmative business, the associates began to feel as if the business could succeed through their own efforts. They began to measure
success through personal self-improvement rather than just making money. In public outreach documents, C wrote that “the early emphasis on making money was replaced by a general inclination towards goal-oriented achievement and anticipation of success.”

The business grew, and the associates began to feel that they had specific skills that were needed and marketable. D even rejoined the business after quitting stating: “About two years later I came back, and it was great. You expanded more every year, you expand more and more.” Products were described during this phase as needing specific skills and being made more independently. For example, H said: “One guy would become the expert bag man and work on bags. Another guy made catnip toys. We became more independent and could make stuff on our own.” The business associates felt able and more confident about their abilities. Their skills had improved, and many tasks had become routine and integrated, making them easier to complete. H reflected the sense of increased confidence and skill integration: “I even taught one of the (O.T.) students to make a bag!”

During the transformation phase early skepticism was replaced by an “anticipation of success” (A). Continuous, structured work, training in business practices and support to improve the coping strategies led the business associates to view their business as successful. This formed an understanding that running a business was possible and achievement was probable even though most of the business associates were dealing with significant challenges as they coped with symptoms of a mental illness. The affirmative business was becoming a model of possibility for its members. P documented:
“I think the business is going well and that it has progressed and developed by its own momentum and the energies of those dedicated to its success. Over the years, the business has developed on its volition. Problems got solved, and [that] leads to a better business.”

In a public outreach document, C suggested that when new members enter the business group, “we are impressed to see the progress they make as time goes by.” To enable success it was important the business supported the mental health needs of the business associates. In an interview P reflected:

*It is important that the business is a low-stress place for the guys to work. The guys can’t get stressed out. They need to deal with their problems like [hearing] voices or feeling restless. If it’s stressful here, that makes it hard for them to work and more stressful for all of us.*

P pointed to the denim tote bags made by the business and explained that “we have been asked to make large quantities of denim tote bags for conferences. We were asked to make one hundred and fifty tote bags once and two hundred just recently.” He said that “at first the majority of business associates wanted to make the bags.” However, he pointed out that the anticipation that they would take on “large orders could also create problems for the business if not well thought out”.

Well-being was important to the development of the Free Spirit Affirmative Business. Careful balance and understanding of the business associates capabilities and capacity were needed to reduce problems that might develop by taking on tasks that would create undo stress for the business associates. For example, during the affirmative business meeting about whether or not they should take on a large tote bag order, P said:
It is hard to predict whether we can handle anything in the community on a large scale, because of the availability of personnel patients here. Now, it’s easy to make tote bags if you know how to do it and are motivated to do it. And it is easy to say we could do it without realizing what is involved. Some business associates only stay for a month, some stay for six months; then they have to leave. Then whatever they were efficient at making is not available until someone comes around to take over. And that’s a long time sometimes.

In order to ensure the well-being of the business associates by not taking on tasks that would cause stress, P reflected that the business associates “needed more than motivation. They need to learn what is involved in making things on a larger scale [before they took them on].”

The developing self awareness of the needs of the business associates was reinforced by P who felt that the focus of the well-being of the business members was more important in making the business work than making the money from large-scale orders:

The main thing that made it succeed was that it remained simple and geared to patients who are disabled, mentally and physically sometimes, and the challenges that it had were too much outside intervention as far as what people wanted us to do.

Through experience and on-the-job learning of skills and ways to cope with symptoms of mental illness, the business associates were becoming more aware of how to run a business despite their personal and group challenges. From experience, they understood that timelines for large orders may create undue pressure for the business
associates and they chose to focus on the well-being of the business members over the profit that large scale orders might bring. This focus on well-being was reinforced by the affirmative business policy created by both the occupational therapist and the business associates, during the transformation phase, that stated that the business would not take orders for products, but would only produce items available for sale only, thus reducing timeline pressures. A group-developed policy was written during this meeting: there was “a decision of the group to focus on the well-being and recovery of the business associates and not on making money (P).”

Expanding our markets was the third major category under the theme business development. During the development phase of the Free Spirit Affirmative Business developing supportive markets was key to the business’ success. The prison treatment centre staff members who bought the business associates products to encourage their clients’ efforts provided these supportive markets:

The staff were our first customers, offering suggestions, positive criticism and support and, most noteworthy, purchasing our products.

I am sure that a lot of the things we made could have been acquired elsewhere cheaper and better made. (C)

This supportive market was developed before the community or competitive markets were developed. Staff would sometimes come to the affirmative business to have products that they had purchased fixed. H noted, “some articles were returned to have straps fixed. They [had been] put on backwards or were twisted. I started to become more concerned with quality after that happened.” The supported market helped
the Free Spirit Affirmative Business polish their products prior to moving to competitive markets. For example, staff would come to the business to give suggestions for product improvements. H recounted that a customer “asked if we could put Velcro on the pockets.”

While the staff remained customers, they helped develop more competitive markets in the community. These created links to the outside world and supplemented the supportive markets. C wrote:

> [We] determined that we should seek a means of selling our products in the community. Staff, doubling as our sales staff and agents to our business, arranged for goods to be sold at several community outlets.

Scrapbook photos document the first two outside markets. The local branch of the Society for the Prevention of Cruelty to Animals (SPCA) agreed to sell catnip toys that were made in the affirmative business; the catnip was purchased by the affirmative business at wholesale prices through CORCAN. Other pet products, such as dog coats, mats, and portable pet bowls, were produced to meet the needs of this market. Fifty percent of all sales were donated to the SPCA. It was noted that products for pets made from recycled offenders’ blue jeans were often easier to sell than products for people. A small number of potential customers openly expressed the idea that buying products from recycled offenders’ blue jeans was offensive. These individuals may have found all recycled products undesirable or this may be a result of stigma related to offenders with mental illness.

The second competitive market for the affirmative business was a local tea-room
gift shop. A supportive correctional officer found this market and volunteered to take products to the shop and bring the sale money back to the business. A consignment fee of 30% was charged by the store.

The business associates were given photos of their products for sale in the community gift shop settings that they would put in their Free Spirit Affirmative Business’ scrapbook. They would also hear stories from staff members about how their products were selling. These expanded markets, which enabled the business associates to sell products in the community, gave the business associates increased confidence in their ability to be successful, thereby reducing their sense of isolation. C stated: “We felt a new sense of mission as our total isolation dissolved with this new connection to the outside world.”

To ensure business success by keeping the production costs low during this developmental stage, the business associates and the occupational therapist decided that the products would be made only from items from the prison that could be recycled rather than purchasing new materials. The affirmative business teamed up with the local prison laundry service. Both the affirmative business and the laundry service won the CSC Environmental Award for their recycling efforts.

During the outreach phase the Free Spirit Affirmative Business began to develop new markets “[selling items] at the Staff College (P)”. An article entitled Free Spirit Soars was published in the 2003 “Lets Talk” (Volume 28, No. 1), quoting an associate saying that this new market “brought a great deal of energy and excitement to our...
business.” This was the first time that the affirmative business was recognized nationally by CSC.

The business associates acknowledged the importance of the occupational therapist’s role in finding markets to sell products; for example, J said: *You are always looking for new outlets for the [business]. I mean you’re really the only outside contact.*

Although the markets were expanding this did not guarantee that the products would sell. It would take time before the affirmative business had the right fit between markets, products and sales. C explains the process:

> Sometimes it has been a barrier, really getting our products out there in the community. Sometimes that’s a bit of a problem, but we have a lot of avenues for that now. But sometimes it takes a little while for those avenues to show us how well we have done with the things we’ve been making. Sometimes we have to try to make different things, different bags and stuff, before we find what’s right for the place.

During the transformation phase meeting the needs of existing markets rather than expanding into new markets became a priority. This was at times difficult because some of the more skilled workers had been discharged from the treatment centre and the incoming business associates lacked the skills of the workers who had left the business which created a slow-down in production. In addition some recycled materials were no longer available and new products were developed to replace these products.

Eight of the business associates who had built up skills to make specific items had
been discharged from the prison treatment facility. The current business associates were still learning basic sewing techniques, and none of the new business associates entering the affirmative business had ever used a sewing machine. The business associates who were still in the business thought that they needed to learn to make projects that they had not made before for existing markets, but their inexperience presented difficulties. As B confirmed: “I need to broaden my experience of doing things in different areas. In different areas of things that were given to me, I was sort of challenged to get the projects done.”

Meeting market expectations was also difficult when recycled items from the prison were no longer available. P explained:

We can’t get the fill to make the dog beds anymore. CORCAN stopped recycling the mattresses. Staff still ask us to make them and we have to say no because the fill is too expensive to buy for the price they want to pay for the dog bed.

The focus of the business associates changed during this phase from developing new markets to developing skills to meet the demands of the current markets or making alternative, ‘easy sew’ items from existing materials that would still match these market niches:

We need to meet the needs of the existing markets well rather than create new ones. There are a lot of new guys here who don’t know how to sew...and are quite disabled. A few of them want to make things that are too hard for them to make, and they don’t have the skills yet to do it. They may never be able to make certain things that we once sold (P).
Theme 2: Personal Growth, Recovery, and Hope

The second theme, personal growth, recovery, and hope, considers an internal process by which the business associates, through working in the business over time, acquired new skills, learned to manage their symptoms, and gained hope for the future. There was a growing re-definition of themselves as individuals capable of improving their circumstances, allowing them to regain confidence and re-establish control of their lives. Through working in the affirmative business they recovered their desire to overcome obstacles and improve their individual circumstances.

During the developmental phase of the Free Spirit Affirmative Business learning new skills and identifying goals became a targeted need. Skepticism characterized the associates’ attitudes about their abilities to work and this presented many challenges to business development. M had a history of work failure: “I’ve never kept a job in my life. Every job I’ve ever had, I’ve been fired from.” The business associates spoke about their lack of experience and training. D said: “I don’t know how to sew on a button. I’ve never sewn before.” During his first months of working in the business R expressed his lack of confidence: “I don’t think I’m ever going to get it right. I can’t do it. Everything I try is a flop. What will you do if I hurt myself?”

The associates’ low opinions of their abilities compromised their effort and ultimately their productivity, a phenomenon that C called “a half-hearted try.” The early goals for the occupational therapist were to create an “I can do” attitude. The first step to enable this attitude change was to develop simple products. A second task for the occupational therapist was to create a supportive environment for learning, through the
use of activity analysis, workplace accommodations and skills training that would foster success experiences. The occupational therapist developed projects with step-by-step project boards that utilized piece-by-piece sewn items developed to create both simple and marketable items. The use of existing materials that were destined for the landfill both reduced the cost of raw materials and decreased the amount of stress involved for the business associates because they didn’t view their mistakes as costly to the business: “It is OK if I make a mistake because it was going into the garbage anyway” (J).

Workplace accommodations were provided for both individual and group needs. For example, business meetings used concentric circle processes to model democratic processes and to ensure that all business members had a voice in decision making. For example, a felted speaking stone would be passed from member to member so that only the member holding the stone could speak and the others were to listen. This ensured that those who needed more time to process their thoughts were given time to do so and that those who could dominate a conversation with pressured speech had limited time to speak.

Over time, the business associates, through engaging in work tasks, began to discover and address their personal challenges within the business. Like J they began asking for help: “and I guess that when I first started here I figured that it was probably going to be a big rush to do everything. When I first started, I was making a lot of mistakes and needed to ask for help.” As they asked for help they also expressed their feelings and talked about their needs:
I jammed the sewing machine, will you help me-I think I had the bobbin in wrong-I’m still a little nervous about sewing these mats. I seem to sew too fast and I have problems controlling the machine. It’s going to take me some practice. (B)

With ongoing and goal-oriented tasks to complete, within a context of support from the occupational therapist as well as their peers, the business associates continued to work, identified their learning needs, and developed skills. Slowly their obstacles to employment were lessened. B and J describe their skill development during the early business years: Like a baby, you have to crawl before you can walk. There you go and don’t jump to conclusions about what you can and cannot do” and “Well when I first started I was lame because I didn’t have much experience using the sewing machine. I am doing things that I never thought that I’d be able to do.

Business associates also began to find that the affirmative business was a safe place to reclaim old skills and practice new ones gaining self-confidence. P and C report: “The affirmative business gives me a place to practice the skills I’m learning in other programs” and “By helping the business I was able to help myself. I made use of everything, my past experience, my education. The business need kind of pushed me into it.”

Working alleviated the associates’ boredom, structured their day, and helped them set goals for the future. For example, B stated that the business was important for “learning - Not lying in my bed all day. I would like to learn more
skills. I want to be able to set goals, like completing a dog bed on my own without help.”

The business associates also “wanted to spend more time in the affirmative business (J)” where they hoped to gain more control over work environments and their lives. B and J gave full descriptions of their goals:

- I want to be able to choose for myself rather than wait for others to choose for me. I want to be a better worker and to be able to handle harder skills. I want to be able to work on my own. I want to feel certain of what I’m doing and to learn to manage all the aspects of the sewing machine. I would like to be able to fix them too when something goes wrong.
- I want to learn how to use all the different sewing machines, and also learn how to make the different products that we make. I’m learning to use a pattern to sew things and would like to learn to complete a fashion all by myself.

Continued learning, self-reliance, personal growth and helping others became an aspiration for the affirmative business as it grew in size, space, time, and began to own tools and equipment. The business associates became more self-reliant and were able to express their expanding new goals for continued learning and personal growth. The following quote clearly show this progress:
I’m learning to read the sewing machine manuals to get help on my own. That’s helped me to learn to thread the machines and change the stitch. I’d like to learn to use the computer, the first basic steps - I also want to continue to work on the industrial sewing machine sewing quilts - I’d like to try some work for CORCAN - I’d also like to learn how to maintain and fix sewing machines, Maybe I could come down on Wednesday and clean and oil all the sewing machines (B).

The business associates began to specialize by making specific items for the business such as tote bags or by installing zippers. “Everybody is learning how to sew. And uh... they have their own tasks now” (L). They gained new skills as E attests: “It also brings me new skills that I’ve never really had. There are things that I learned how to sew in this group that I’ve never really knew. So I’ve gained good skills. I have my own jobs now.”

The business associates began to say that they were encouraged by other associates and that they, in turn, were able to encourage others: “I feel the business influenced me best mainly because of the skills I’ve picked up here, and mainly because of how this group has helped me to grow” (E) and “We have new people here now but they are learning just like I did. Now I encourage them, ... and I can help them too” (L).

During the transformation phase the business associates began to gain confidence and worked independently. As their experiences broadened, the business associates grew
to become more self-assured in their ability to independently complete needed tasks within the affirmative business:

*Things got better for myself over the period of time from 2003-2006. I sort of broadened my experience in different areas and helped myself to conquer the different tasks. And things (where) I was sort of challenged. Well, I felt that I was able to do more for myself today than when I first started the affirmative business.*

The business associates were beginning to integrate their skills to the degree that they were able to assist new business associates with learning, freeing support staff to work more closely with those with greater challenges to employment:

*My work involves working independently and gaining self-growth out of being able to help myself while I’m also helping other people within the group. It also brings me new skills that I’ve never really had. Now I can help others learn what they need to do. I can teach the new students, too.* (H)

Another important process under the theme personal growth, recovery and hope was the business associates’ reports of developing of employment skills that they felt would help them when released to the community.

During the development phase of the business, the business associates did not connect employment in the affirmative business to the possibility of future competitive or supported employment in the community. “*No one will want to hire me when I get out. I am an offender with a mental illness. I am going to live on disability*” (C). Further, they were unaware of supportive employment opportunities in the community.
RTC(O) staff, the affirmative business’ first customers, were often surprised at the abilities of the business associates to make products that they would want to purchase. This was reflected in staff comments such as “I didn’t know that they could do that!” Staff members added to the stigma through labeling the business associates as “mentally disordered offenders.” S, a business associate, said that the offenders at the prison treatment centre were known as “mad and bad” by the staff and other inmates and that they were called “bugs” who took medications called “bug juice”.

During the outreach phase of affirmative business development the affirmative business started to be viewed more as a business and not a program, where the associates could learn skills for the community. This change in view was fostered by the increase in hours of the business to four days per week, the ability of the business to purchase its own equipment, and the move of the business to larger space in a separate building that was not shared with other programs.

As sales increased, the business associates began to change their personal views of their endeavors in the affirmative business. The affirmative business was a place for real work and no longer viewed as a “special hobby craft program for offenders with higher needs” (H). RTC(O) staff, including parole officers, volunteers involved in supporting community release, and the offenders themselves began to discuss other alternative workplaces in the community that matched their needs for support and recovery. This was reflected in comments by the business associates:” I have learned not only a hobby but also a trade (N).” and “It helps me to learn to sew. I really enjoy
sewing. I really enjoy making things and it’s giving me a good base for eventually [when] I get released, and can be proud of what I am doing right” (G).

Work in the affirmative business helped the business associates believe that they could work in the community in an alternative business or in their own small business. D said:

_I work. I am doing quite well now. It’s steady work for me, and steady work is hard to come by these days. Especially out in the street... and being an offender with a mental illness. Can you give me that list again of (alternative) businesses in the community?_

They felt that work would be difficult to find in the community because of their record of incarceration, their history of mental illness and the restrictions imposed upon them at release. However, they thought that starting their own business would provide them with a viable option for achieving the same types of benefits that they were gaining in the affirmative business. C stated:

_I would like to be able to manage all the aspects of the business so that I can set up a shop when I get out in the community, when I get released. I’m going to have conditions on me that will make it impossible to work in the same area I worked before I came to prison._

Specific types of work helped the associates cope with their mental illness. They began to understand their own workplace accommodation needs. They began to plan to
find or develop their ‘just-right-fit’ type of work in the community to help them maintain stability:

Work helps to keep me stable. I want to work when I get released. It helps when I work with my hands to focus on the job. I want to see what I can accomplish in the next three months before I get out. (H)

I used to think that I wouldn’t be able to work when I got released. But now I know it helps me. If I don’t work, I’m just going to lie around all day and get depressed. I need work that keeps me moving, like cleaning tables in a cafeteria. (D)

During the transformation phase, benefits such as gaining control, working with others and becoming more resilient were evident. The business associates began to talk about the benefits of working in the affirmative business in broader terms, with respect to community reintegration, understanding the dynamic nature of their mental illness, and adapting their work to match their mental health needs. P reports that:

The business has helped me reclaim some of my lost confidence and self-esteem. I’ve had to think again and have had some mental challenges again. I can make the work as challenging as I want. It’s helped me practice some precise sewing. It has also helped me renew my trust and faith in others because we have had to work [together] so closely. It’s made me call on my education and experience again to be
kind and helpful to others and to be non-judgmental and forgiving.

This will help me when I’m released.

They began to relate working in the affirmative business to recovery from mental illness, including increasing resilience to stressors and realizing financial benefits:

Throughout the past six years, I managed to keep returning and persevering in the affirmative business. Eventually I became able to work independently on bigger projects. In this regard, the affirmative business has been financially beneficial to us business associates. (P)

Work for Recovery

During the developmental phase work was seen as an agent of recovery. The business associates found that the symptoms of their mental illnesses improved and their isolation reduced.

Over the first few years, as I’ve worked in the business, I began to feel like I’ve achieved something. I’ve started to get better. Getting better for me means that my voices have reduced, and I don’t feel suicidal as often, and I don’t want to harm myself as often either. I feel more like a normal person, and I can be with other people and have friends here.

They are good supports right now. (A)

They connected the importance of working in the affirmative business to their recovery from mental illness, advocating that it provided the incentive and the mental stimulation that led them to begin a journey of recovery. They also stated the importance
that the affirmative business had in reducing their isolation and recalled beginning to feel
good about themselves and their accomplishments. P explains:

*Before working in the affirmative business, I was totally idle for about
two years. Work has been an incentive for my recovery. Work
stimulates my mind to be more creative and that helps me feel better
about myself. I already realize that work has a lot to do with my
recovery. When I started working I started to feel good again. It got me
out of my isolation. I needed to get busy again. It has helped. (P).*

During the outreach phase the business associates expressed that work helped
them to feel good about their lives. The business associates continued to feel that they
were improving, reclaiming skills, being productive, and learning to live among others
within the prison environment: “Yes. I feel very good. I am feeling happy. The people
[are] happy with me and because I was working almost continuously and I like to work
as hard as they are working at that. So I see everything is going good (M).” and “We are
happy to have something that keeps us busy. It’s no good to be inside your room all the
time, thinking all the time. It’s not too good (M).”

During this phase, the business associates linked improvements in their
relationships with others to working in the affirmative business. Many included learning
to live among others as a personal goal: “*This might help me with my ongoing emotions,
learning to live among people that have difficulty. I find myself dealing with a variety of*
situations not always pleasant. (N)” and “I have learned to be able to work around other people without any problems. I am now able to interact positively with the others (A).”

Involvement in the business enabled the development of a range of personal benefits including the development of leadership: *I was able to speak in front of others. I can provide leadership and help out in other places too. The group helped me in my recovery*” (P).

During this phase, the business associates began to feel hopeful about their own capabilities to help themselves and reflected on how they changed as a result of working in the affirmative business. G said: “Well I feel a big change in me because, I am so happy just to be going down there and doing something productive” (G). And J concurred: “Yea. I had to do things. With more practice and help, I got better, and I was able to pull myself out of the quicksand more or less to do things for myself and get things going”.

During the transformation phase, the business associates related working in the affirmative business to attaining skills needed for recovery. They linked work to the reduction of unwanted behavioural and emotional reactions:

So I’ve gained good skills, and I really enjoy being able to focus, normally on one thing at a time but if there’s something that I know how to do that someone needs help with, then I’m more apt to [help them] because that’s what the business is all about. I can go to help and get back to what I’m doing now. I don’t get so frustrated. (H)
Well, the changes that I noticed since I started working in this group are really [that] I gained a lot of patience and I’ve also learned how to focus more. And [that] it really helps me with my mannerism in being calm, having a calm spirit instead of having an angry spirit [like] I used to have. (A)

During this phase, the business associates also related their reduction and management of symptoms (such as stopping bothersome thoughts and reducing auditory hallucinations) to working in the affirmative business. “Work helps me over-ride my over-riding thoughts. I have a project to think about” (N) and “When I sew, the voices stop; I just hear the sewing machine. Keeping busy helps me. I start to think of what I need to do next. I don’t hear the voices when I’m working” (D).

During the transformation phase of the business, the occupational therapist worked alongside the business associates to create and model a community storefront for the business within the treatment centre. The display of goods was a source of pride for the business associates. The business brought the participants a sense of hope for a better future, as expressed by B:

I spend a lot of my time making sewing goods because I like working in the Free Spirit Business. The room we work in looks fantastic with all of our work on display. Some of the things in it are colourful and unique. This place gives me a feeling of opportunity and hope for the future because I feel proud when I see all the good things we have made.
Theme 3: Ongoing Support

The theme "ongoing support" encompasses the participants’ evolving need for supporting actions and supporting attitudes. Supporting actions include actions such as assessing strengths and needs, providing choice at different skill levels, developing strategies for overcoming challenges, providing instruction, giving encouragement, liaising with administration, and carrying out and teaching various business processes. Ongoing supporting attitudes include attitudes such as treating each individual as capable and providing understanding, respect, patience, and flexibility.

P described the theme ongoing support as “the provision of instruction and encouragement in a patient and understanding way to assist us to overcome our personal challenges to enable us to participate in the operation of the business.”

The business associates talked about becoming and being treated as capable business members, assisted through the provision of ongoing supporting actions and attitudes. These supporting actions and attitudes fostered an emerging sense of business ownership, personal development, and an increasing self-awareness. They identified these ongoing supports as being provided by peers, the occupational therapist, and by the affirmative business itself.

Challenges to becoming capable business members included skill limitations, mental health symptoms, and personal needs. Working in a prison environment also provided challenges such as limited community contact, shut downs, lack of choice, and decreased opportunity to engage in meaningful occupations.
Support Needs of the Business Associates

During the developmental stage of the business, the occupational therapist completed standardized and non-standardized assessments for each business associate to determine his physical, cognitive, neuro-behavioural, and psycho-emotional abilities and needs. The assessments most frequently used were the Assessment of Motor and Process Skills (AMPS) (Fisher, 2003); the Canadian Occupational Performance Measure (COPM) (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 2005); The Brief Psychiatric Rating Scale (BPRS) (Overall & Gorham, 1988); the A-one NeuroBehavioural Evaluation (Arnadottir, 1990); and the Cognitive Competency Test (CCT) (Wang, Ennis, & Copeland, 1987). These assessments helped determine the business associates capacities, coping, satisfaction in occupation, and environmental and workplace accommodation needs. They were also used to help the occupational therapist identify the business associates’ strengths and capabilities with them, to assist them in finding or developing a work role within the business. The occupational therapist deliberately allowed the business associates to make goals that they might not be capable of achieving. Then support through workplace accommodations and adapted skills training and peer support was used to help each business associate achieve his goals and/or alternative tasks were suggested, demonstrated, and supported.

Goals and outcomes were reviewed with respect to associates’ individual needs and their work roles within the affirmative business community, and the progress of these goals was determined at three-month intervals. The goals were written into “SOAP” (subjective, objective, analysis and plan) format progress reports to enable a client-
centered approach. This coincided with required program board reports to clinical, case management, and employment files. Copies of these progress reports were discussed, signed by the business associates and the occupational therapist, given to the business associate and placed on their clinical file. This remained an ongoing process as new members entered the affirmative business.

The affirmative business’ community needs were also reviewed at this time. The occupational therapist would discuss the affirmative business’ needs with each of the business associates to develop workplace accommodations to fit their abilities to each task. The current business needs were also addressed using these workplace accommodations. These early accommodations were provided through strategies such as job simplification, environmental adaptations, flexible time restrictions, and provision of opportunities for personal choice. Progress was reported weekly during meetings with the treatment team.

During the developmental phase, the business associates’ view of themselves as not being able to make products that would sell or not being able to run a business began to change, as they started to see some success in their early efforts:

*Our initial efforts were meager and half hearted, rife with skepticism and lack of commitment. However, under the leadership of (the occupational therapist), whose vision we were playing out, we began to see success in our efforts. We started to feel better about ourselves and our chances of making this work (A).*
During this phase it was important that the occupational therapist provide ongoing supportive actions that would allow the business associates to work at their own level and pace:

*Well [the tasks are structured] in ways that I've been able to work at my own personal level. Since I've been in the business, I've never had to work above anything I cannot do, and I've been able to work at a level where I'm really, really, really calm and comfortable.* (E)

In the first phase of affirmative business development, the occupational therapist supported the development of needed numeracy and literacy skills so that the business associates could work at their own level.

The business associates also talked about the challenges of working in a prison environment: “*Optimism is a rarity in our environment*” (A). The members wrote that they were surprised at the success of their business: “*Our venture would go beyond the norm in our environment and be both successful and meaningful to its members*” (A). They also noted “[Even other] staff members began to notice our fledgling efforts and began to buy our products” (A).

Working in a prison environment also provided challenges, such as limiting the business associates’ contact with any feedback from the outside community. To increase contact, the occupational therapist asked the business associates to talk to visitors about their business. The business associates became spokesmen for their business, and salesmen for their products. These business interactions gave the associates a reason to
talk to the visitors in a business context and provided contact from ‘real customers’ who may not have interacted with the business associates in another context.

During the outreach phase, the business associates had to overcome their fear of failure. As K stated:

*Overcoming the fear and humiliation of failure can be very painful and create great personal challenges. It is difficult to develop the "I can do it" theory and learn to take pride in accomplishments rather than be restricted by what is personally perceived as insurmountable limitations.*

They began to develop positive attitudes towards their productivity and began to understand what helped to make them successful.

To accomplish this, the business associates noted the importance of supporting actions such as graded instruction and supporting attitudes such as a belief from others in the ability of the business associates to learn and produce marketable products:

*And I gain a lot of knowledge from you [the occupational therapist]. [There are] a lot of things that you teach us that we've never known. And you've done it on our level. You've never [asked or expected us to do] anything what you've felt that we could not do. And that's a really wonderful thing, you know. (E)*

During the outreach phase of business development teachers who taught adult education in the classroom adjacent to the affirmative business supported the associates needed literacy and numeracy skills. This was evident in lesson plans that were adapted
to include money, marketing, and writing skills that applied to day-to-day operations within the affirmative business. It was also noted that the financial procedures that were used in the business were also being used in the school itself for purchase of coffee.

During the transformation phase, the business associates began to acknowledge that, despite having various disabilities, they were still able to learn new skills and to work as part of a capable workforce. They began to increase their support of one another, “with old members supporting new members” (A). The experienced business associates, while still receiving support from the occupational therapist, began to require less support or different types of support:

I know that some [business associates] have great difficulty with their minds, some with their physical disability. But it all comes down to one thing: If [you] want a chance, you need to be with other people, you need to know how to perform within yourself, with other people. You [need to] be yourself; you have to do what you can do, whatever you are able to do, that's your quota. The team depends on you and you depend on the team. You help one another out, and you can get help from [the occupational therapist]” (N).

In this phase, the business associates began to believe that it was important to learn where their skills best matched the business needs, so that they could better specialize to enable business success. It was important for the business associates to learn who was more comfortable in doing what and to match this to the business needs:
“The problems or the challenges are really within the group itself, and not really big ones. I think it’s just learning who’s more comfortable in doing what and learning where their skills are needed” (E).

During this phase, the business associates acknowledged the importance of ongoing supporting actions such as adapted instruction and supporting such as flexibility and acceptance of mistakes to help them understand and utilize their strengths. They began to learn the language of supports, articulating the role of the occupational therapist, their fellow business associates, and from the affirmative business itself:

_We learn our limits and potentials through activity analysis_ (i.e., analyzing activities to break them down into simple, structured components). _We learn to accept positive criticism within our workplace._

_The business provides support to its members. It functions on a moderately structured basis, relatively stress free, with the flexibility needed to accommodate individual members, their skill levels, and their abilities, while at the same time attending to their various personal needs (A)._ 

The Support Roles of the Occupational Therapist

During the developmental phase of business, the occupational therapist (OT) supported the business by capitalizing upon the abilities of the business associates and by holding supportive attitudes such as hope for business success, when staff and offenders did not expect the business to last. During this phase, according to A the OT gave:
“Tenacious, energetic commitment to a project that at best was expected to last only a few months. With the foresight, (the OT) guided our group through the hesitant stages of development showing the confidence in our abilities that we ourselves did not have”.

According to the business associates the OT’s ongoing support role during this phase included “Putting out fires, drumming up business, and keeping us organized. Unfortunately, in our position, we can be of very little help in this area” (A) and “Making the connection from administration to the inmate level, recognizing our business” (P).

The OT’s ongoing supportive actions and attitudes enabled the business associates to learn from their mistakes, adjusting their work pace to reduce stress and increase skills:

*When I first started here, I figured that it was probably going to be a big rush to do everything. I was making a lot of mistakes, and I guess that you were giving me a chance to see how I functioned and ease me slowly into the business. I guess that you were trying me out to see where I stood at the time. I was trying to rush things. [You helped me understand] I could take one thing at a time. (J)*

Initially the business associates relied heavily on the OT for help. Requests such as “Can you help me thread the sewing machine?” (H) kept the OT busy. Workplace accommodations and support diagrams posted above sewing machines or hand-over-hand instruction that included adapted methods of threading the various machines were provided. Visual aides such as product boards with step-by-step examples to make
various items were created and posted around the business room. This helped the business associates learn the needed tasks and lessen their reliance on others.

A barrier to business development was created when the OT was not present to open and support the business due to leave days. As K said: “When the occupational therapist is away the business is not open and none of us can work”.

During the outreach phase of the affirmative business, the OT was needed to overcome environmental challenges as the affirmative business grew and new community connections were developed. The OT was being increasingly relied upon to complete various tasks during this phase: “The occupational therapist [was] constantly lugging products out of the institution for sales in the community” (D).

The OT was also relied upon to support the associates in the development and creation of new products that would sell in the community: “(The OT) is also another pair of helping hands when we need help or just to sit around and talk while we rip the jeans a part” (J). Another of the OT’s tasks was to model appropriate work interactions including conversations and work pace: “(The OT) is also largely responsible for the suggestion and creation of new products, and helping us learn how to make them (P).”

During the transformation phase of the business’ development, the OT taught new business skills and expanded the community contacts. The OT was “responsible for the actual delivery of knowledge of business practices through daily or weekly brief meetings” (P). Her role included “reporting on business sales and setting the quality standards for the projects, providing interesting projects and giving us all the support
that we need to learn how to make them” (P). The OT “is there to help me when I get
frustrated, trying to give me instructions, and will help out” (C), and “[the OT] is there
to put out fires, drum up business, find and introduce and orient new members and keep
the business associates organized” (A).

During the transformation phase, the business associates talked about relying on
the occupational therapist to learn new skills to improve the business through expanding
community contacts. They had confidence in the OT’s ability to help the business
develop. J stated: “if you want to go there and learn something, you can learn something
from (her) because (she’s) got skills. Everyday (she) comes up with something new” (J).
The occupational therapist was also largely responsible for selling items outside of the
institution. L recalls that the OT was “always looking for new outlets for the goods.
[The OT was] really the only outside contact that we have so [she was] pretty important.
I don't see to many problems, I mean as long as [she] can keep selling the stuff and keep
people interested.”

The Support Roles of the Business Associates and the Affirmative Business

The process of learning to help each other during the development phase of Free
Spirit, was encouraged by supportive actions and attitudes of the occupational therapist by
fostering peer support and “power-with relationships,” while discouraging the prison
culture of “doing your own time (H)” and “power-over relationships.” The “inmate code”
discouraged offenders from getting involved with other offenders and encouraged being
stronger than and non-reliant on others. The inmate cultural mores reduce the
opportunities for developing the culture of shared business ownership; as well, they reduce the likelihood that an offender will risk trying something new.

To ensure the affirmative businesses success, the business associates needed to begin to work with, and support one another. One of the roles of the OT during this phase was encouraging the business associates to help one another and to redirect their requests for help to the work peers who had integrated the needed skill. At first, business associates were reluctant to ask other business associates for help. P explained:

*When I first came to the business I didn’t know what to expect. I didn’t want to get involved with other people, that wasn’t appealing to me. But in time, I realized that we had to go together to achieve one goal. We weren’t use to asking others for help. We did our own time without getting involved in the needs of others.*

Collaboration was seen during the outreach phase as the business associates developed skills to give and receive help from others. As individuals joined the affirmative business during the outreach phase, the experienced associates tentatively took on the leadership roles of teaching and supporting the newcomers. C described his experience:

*My work involves working independently and gaining self-growth out of being able to help myself while I’m also helping other people out within the group. And it also brings me new skills. If there’s something that I*
know how to do that someone needs help with then I’m more apt to
because that’s what the [business] is all about.

In turn, the new business associates were hesitant in getting help from the
experienced business associates. As J explained:

I didn’t know how to do the work and I didn’t want anyone to see that I
had problems or ask them. But different people (business associates) kind
of started me helping to do things. With more practice and help I got, the
more I was able to do things for myself and get things going.

During the transformation phase of the affirmative business, the concept of peer
support becomes a common theme, and a source of pride among the business associates.
H stated this clearly: “We support each other and that’s one thing that I want to stress to
anyone who is thinking about joining. As long as I am there, I am happy to help a
newcomer in anyway I can.” C agreed: “A sense of pride began to develop with old
members supporting new members.” New members such as S reported a sense of pride
in becoming business associates: “I am proud to having something to do. I am proud of
being able to come to the business.” More experienced business associates suggested that
the affirmative business was a good place for new people because of the support that they
received from other business associates. C spoke of this valuable asset: “There's people
that are pretty good and they've been working a long time. So I think that it's good for
new people that they can talk to people that have been there for so long”.
This support of old members helping new members provided a leadership role for more experienced business associates who had, through working in the business, gained self-worth. This process is described by J:

Once you gained your self-respect, your self-confidence and self-esteem has increased you not only help yourself but at the same time you help others because [associates] come and go and others replace them and needs to be taught about the business.

The consistent running of the affirmative business over the years and the time-unlimited support that the business provided to its members was important in this phase. P describes the process of the business itself providing support:

There were some setbacks during the years that I was with the affirmative business. But there was always support that I had from the affirmative business. I knew that I was always welcome there no matter what happened and that I always had something to look forward to. And I can see the business existing for a long time. For as long as the institution is here, I believe [the business] will be here.

The business associates identified the need of long-term, time unlimited support provided by self-employment in the affirmative business. They also felt that the affirmative business was important in providing contact to the outside community and that these community contacts were key to their own successes as well as the affirmative business’ success. P spoke about his lengthy experience:
The highlight of my years in the business was when I started to attend meetings regularly in the community [to make presentations on behalf of the affirmative business] with the OT. I am greatly comforted at this time, knowing that I can rely on the support of [the OT] and the affirmative business while I formulate my plans for the future. Speaking on behalf of the affirmative business in the community was an important turning point in my recovery.

Theme 4: The Prison Environment

The fourth theme “the prison environment” refers to the setting of the affirmative business within a prison psychiatric treatment facility. The findings present the affirmative business as emerging within the context of an environment that has limited occupational engagement opportunities for offenders with mental illnesses and prison routines that create challenges to the development of the business.

Opportunities for Occupational Engagement

Prior to the creation of the affirmative business, offenders had been employed by CORCAN in the Canvas Repair Shop at the adjacent penitentiary. A new security policy would no longer allow the mixture of offenders from the prison treatment facility and the penitentiary. Employment through CORCAN was no longer available to prison treatment facility offenders, and those who worked at CORCAN lost their jobs.

Work within the prison treatment facility was limited to cleaning, working in the prison canteen, and library, or working with the inmate committee. There were no
specific employment opportunities for offenders with serious mental illnesses who required ongoing employment supports.

As well as few employment opportunities, there was also a “lack of understanding about the importance of employment for people with mental illnesses” (D). Offenders diagnosed with mental illness reported that they were sometimes not encouraged to work because staff held the view that work might be too stressful for them: “They say that work is not therapy, and that it might make me sick” (L). However, offenders who had worked at CORCAN believed that their symptoms lessened when they were working: “I use work as a coping strategy. When I worked, I was less anxious” (P), and “Now that I’m unemployed, I get really depressed” (D). During this phase, the business associates described lack of employment opportunities as being detrimental to their mental and physical health and to their reintegration potential. A stated:

> It should be common knowledge that idleness promotes negative mental and physical consequences. But for some reason, work opportunities are cut, at our emotional expense. This will further negatively impact my chances of making it in the community.

The affirmative business was created to provide additional employment opportunities and employment supports for offenders with mental illnesses to combat the detrimental consequences of unemployment. Four of the offenders who lost their employment with CORCAN were among the first business associates in the newly formed affirmative business.
During the developmental phase of the affirmative business, the business associates reported the negative consequences of being unemployed prior to working in the affirmative business. As H said, “I was getting used to sleeping my time away and watching TV in my cell.” During staff and offender assemblies the business associates spoke about the process of incarceration in which a lack of meaningful occupation resulted in a loss of autonomy and hope:

*Incarceration can be dehumanizing and traumatic in many cases.*

*We may lose in the process our sense of worth, our personal dignity, our individuality, and our will to survive. For some individuals, the spark within goes out and a lifeless existence results. Others settle into a mundane routine of eating and sleeping. Interests fade away, and communication falters...*  

*Prisons tend to be institutions of social and occupational deprivation, boredom, and introversion. “Wake up and do your time”, is the most common expression between inmates who, with vacant minds lost in despair and apathy, choose to sleep their time away. (A)*

Working in the affirmative business helped the business associates build positive work experiences. The business associates spoke of increased personal autonomy and hope. A suggested that: “*Business members, who never thought they could, are working their newly discovered skills and talents, calling up expertise that was long ago*
abandoned. Our impressive success has led to a new sense of dignity and self-worth. Working in the affirmative business increased communication and led to a sense of community. C felt that: “Working here has helped me feel like I belong to a group”.

Through work and a shared vision, they began to change their environment in a meaningful way. A web of relationships had formed with a shared vision. A believed that: “Communication [had] opened up, with members helping one another, welcoming new members, working as a team to complete projects, discussing new ideas and resolving problems”.

During the outreach stage of development, the requests for employment within the affirmative business increased. The affirmative business began to gain credibility and prominence through positive accreditation reports, awards, expanding community markets, and increasing community linkages. These developments helped to expose the need for increased access to occupational opportunities for offenders with mental illness.

To organize the increased requests for employment within the affirmative business, a waiting list was established. The waiting list included individuals who wanted to become new members and part-time affirmative business associates who wanted to increase their business hours. The waiting list was maintained during this phase, because there were few other occupational engagement opportunities for offenders who lived at the prison treatment facility. National hospital accreditation surveyors reported:

*The main concern expressed by the patients centred around the lack of vocational and leisure activities to alleviate*
boredom.

and

There are limited job opportunities as there are range cleaners and a gym cleaner but there are few activities to develop job skills.

(2004 Canadian Hospital Accreditation Survey)

The affirmative business gained credibility and prominence through accreditation reports during this phase of business development that viewed the affirmative business as “a strength” and an example “of a good quality improvement” to the psychosocial rehabilitation program (2004 Canadian Hospital Accreditation Survey, final report).

The affirmative business helped to reduce the outcomes of occupational deprivation for the business associates and increased wellbeing as expanded by F:

A lot of people don’t have anything to do and you get really depressed. It’s great for [your] morale. When you go down [to the affirmative business], if you talk to anybody, they’re just so happy to go down there and do something. Even if its cutting out it keeps people busy and it helps them mentally. I know cause I got big issues with depression and I can see and anyone that’s got a mental issue and they get to do something it really helps them. You can’t deny that sewing is not too hard to learn and you make a little money
on the side once you’re released with it. Right?

Despite accreditation reports that recommended an increase in occupational engagement activities for offenders with mental illnesses and the increased demand for employment within the affirmative business, limitations in staffing and space continued to place a considerable constraint on access to employment for offenders with mental illness.

Limited occupational engagement activities continued and the affirmative business waiting list was maintained during the outreach phase. The prison treatment facility needed to:

Develop and implement psychosocial and vocational rehabilitation programs. There is evidence that these programs have experienced significant reduction in staffing resources since the last accreditations survey in 2001. This has resulted in a shift from clinical therapeutic programming for behaviour correction to a custodial security-based model.

(2004 Canadian Hospital Accreditation)

The same report recommended that the prison treatment facility: “Re-establish needed clinical programs targeted toward the goal of reintegration with appropriate job, social, and daily living skills.” (2004 Canadian Hospital Accreditation)

During the verbal summation of the accreditation survey at the treatment facility staff assembly, the hospital accreditation surveyors stated: “The need for employment is
important enough that correctional administrators become the employers and educators of last resort” (2004 Canadian Hospital Accreditation).

During the transformation phase, additional supported employment opportunities were created to fill some of the requests for employment within the Free Spirit Affirmative Business. The reliance on the sole OT to keep the business open and the business associates’ reliance on work within the business to help them cope with symptoms from mental illness became more noticeable. These demands were seen on days when the occupational therapist was not at work (e.g., sick days, holidays, training) and the affirmative business remained closed.

As well as maintaining a waiting list of offenders who wanted to become business associates or sought to increase their existing business hours, the affirmative business waiting list included offender self-referrals on ‘kites’ (notes sent from offenders to staff by other offenders). These requests expanded the numbers and the population of offenders wanting access to the business.

Prison Routines & Procedures

During the developmental phase of the affirmative business, security, operational, and financial routines needed to be written using existing policies for security, operational, and financial procedures within Commissioners Directives, Standard Operating Procedures, and Standing Orders. A proposal was written that described the routines and procedures that would be followed to create the affirmative business. The first proposal and the first business plan were written with the assistance from a volunteer
with a background in business who was also on the board of directors of another community affirmative business. The proposal and business plan were reviewed and approved by the Warden of the institution, the Chief of Security, the Director of Rehabilitation, and the Chief of Finance.

Strict security procedures required that all tools and materials used within the affirmative business comply with established regulations and procedures. Financial procedures were also coordinated according to established authority and policy. A club account was created for the business. The established authority and procedure for the sale of hobby craft were utilized, with proceeds from sales directed to the club account for bi-monthly profit sharing into the individual business associates’ accounts. A second account for capital expenditures was also created during this phase of business development to better organize the monies for donation and the purchase of capital equipment.

During the developmental stage, the affirmative business borrowed equipment and space from the arts and crafts program when it was not in use and utilized existing processes for the control and use of tools and materials: “When we started the Free Spirit Affirmative Business we used borrowed equipment, materials and space from the craft shop (A).” The tools were stored and controlled within the already existing ‘sharps’ safe. The security officer in charge of the area controlled the ‘sharps,’ enabling the affirmative business to have access to needed tools for the manufacture of items. Needed materials were stored in existing locked cupboards used by the arts and crafts program.
Financial procedures were also coordinated using existing authorities and policies. A once-only start-up budget of five hundred dollars for approved materials and additional equipment was provided by programs and rehabilitation departments to the affirmative business at the beginning of the developmental phase: “We began the endeavor with limited financial resources” (A). After the start-up fund the affirmative business was self-funding, relying on product sales for the operation of the business.

To facilitate transparency and business associates’ control of financial operations, the business associates had access to all financial information, which was kept on clipboards and binders within the business room. All purchases of equipment and material were a result of consensus decision-making during business meetings with the OT. The business associates with training and assistance from the OT completed bi-monthly profit sharing. All forms required for the purchase of equipment and the payment of the business associates were signed by two business associates, the occupational therapist, the Director of Psychology & Rehabilitative Services, the Chief of Security and by the clerk for institutional finance.

The OT had sole access to the monies from the sale of affirmative business products, which were recorded and signed for by the occupational therapist, and the clerk for finance in an authorized receipt book, under the affirmative businesses club’s account number and deposited into the affirmative business club account. Two business associates were required to check the numbers and receipt amounts within the receipt book bi-monthly prior to the completion of profit sharing. The business associates were also
required to complete authorized forms to pay the bills from purchases of needed equipment and materials from receipts through purchase orders and to check that these amounts had been withdrawn from the club accounts for the bill payments. They were also required to keep records of all of their financial transactions and organize these through purchase order numbers. All affirmative business and staff members could access this information. The business associates also updated the business plan on a yearly basis.

Sixty percent of all sales were shared amongst the business associates according to the number of hours they worked in the business. Attendance was taken to record the units of time worked by each business associate on a daily basis, and the time sheets were co-signed weekly by two business associates. Fifteen percent of all sales were kept in the current account for emergency purchases and charitable donations, while twenty-five percent was deposited into a separate account that was used for the purchase of capital equipment.

The above procedures provided the business associates with an example of how to start up and run a small business. A democratic process of decision making was followed so that every business member shared his view and voted within scheduled weekly meetings and ad hoc meetings. The process of searching for consensus through circle processes for decisions was modeled during the business meetings.

These processes ensured that the business associates were viewed as small business owners with authorization to run their own business through the
Commissioner’s Directive for Offender-Run Business and Enterprises (CD 737). This small business approach differed from CORCAN in which the offenders are employees and are not responsible for choices about the day-to-day running of the business and the business financial decisions.

The affirmative business was impacted by prison routines involving day-to-day security procedures and operational requirements for the running of the prison treatment facility. Operational issues and security routines restricted the time available for work during the day. The time available for business hours was reduced because the offenders had to return to their units for lunch and institutional ‘counts’ of offenders. Such movement restrictions maintained constant control of the offender, thus reducing the autonomy of each business associate.

The OT was required to learn and apply health and safety regulations to supervise the offender workers as well as provide a recovery-oriented environment through ongoing employment supports and workplace accommodations. D, a volunteer in the affirmative business stated that the occupational therapist had to “adapt methods of providing workplace accommodation suitable to this institutional environment with high security issues”. He also summed up the OT’s responsibilities: She has to “Create the work schedule and the required supervision of the inmates. She is also personally responsible to ensure compliance to institutional rules and regulations and health and safety standards.”
During the outreach phase, the business was moved to its own workshop with its own space in a building separate from the arts and crafts program. This created a need to set up, coordinate, and follow established and authorized operational and security routines in the new area.

The OT and the Chief of Security met to review security and operational procedures to ensure compliance. The OT also met with the business associates to write affirmative business policies to ensure understanding of the affirmative businesses rules and regulations and also to make certain that the business associates were aware of the outcomes for non-compliance. The ensuing policy binder included all required security, operational, and financial procedures, applicable directives and standing orders.

Once the policies were written, the OT reviewed the affirmative business policies with the Chief of Security for his approval. The policies were updated as needed, using the same processes as previously described. The policy manual served as a resource to all newcomers. The orientation procedures for new business associates, staff members, students, or volunteers were changed to include reading the business policy manual and reviewing it with the OT.

During the process of writing the security and operational policies, accommodations were needed to overcome the learning disabilities of the business associates. For example, it was observed that a business associate “had difficulty maintaining focus during group discussions” (D). To address these needs, writing was broken down into shorter sessions and repeated to limit the need for sustained attention,
point form notes were taken and displayed on large sheets of paper, and alternate sheets of paper were posted to document tangential information that was relevant to business needs but not to the current process of policy writing.

The process of writing the policies was long and time consuming, and it was often difficult for business associates who were “having difficulty being with other people (J),” “had side effects from medications that make it hard to stay awake (J),” or who felt “lame because [they just didn’t] have too much experience (C).” Despite these difficulties with the policy-writing procedure, they allowed individuals opportunities to volunteer to take their notes from business meetings back to the unit to write the policy “reclaiming skills (A),” for sharing at the next business meeting.

The affirmative business policies written during the outreach phase included:

“No business associate can leave the business room until all tools are counted and accounted for by both the OT and two business associates when needed during and at the end of each business session.”

“Any broken or missing tool will be reported to the OT and security officer immediately.”

“Offenders who are not business associates are not allowed to enter the affirmative business room without approval from the OT and security officer. (Affirmative Business Policy Manual)

The affirmative business could no longer borrow tools from the arts and crafts
area ‘sharps’ tool safe. Tools such as scissors and materials such as sewing machine oil were purchased using affirmative business profits and a tool crib shadow board, approved by the Chief of Security, was installed in the affirmative business for the tools’ safe and secure storage. The business associates now owned their own tools and materials.

The twenty-five percent of profit that the individual business associates contributed to capital equipment, by consensus decision making, was to be donated to the affirmative business rather that given back in funds to the individual business associates once they left the business. The ownership of new tools and equipment created a sense of pride among the business associates. A recalled: “In one hand she carried several shopping bags of supplies [and] under her other arm she clutched our new sewing machine, which she had purchased from our own business earnings! B also found the affirmative business to be a source of pride: “I feel proud when I look around the business and see the sewing machines we purchased with our own money”.

The doubling of business associates and days of operation during the outreach phase led to the need for new community sales outlets. These new community outlets increased the reliance on the OT for the completion of institutional processes such as “bringing raw materials into the institution, taking manufactured items out through security posts, and bringing inventory and money from sales back into the institution” (D). This resulted in additional administrative and financial accounting duties to for the affirmative business. The OT was also needed to provide support and education to enable the business associates to fully understand and check these procedures, a requirement of
an offender run business enterprise (CD 737).

(The OT) is constantly lugging products out of the institution for sales in the community. She needs to get security clearances and the necessary paper work done for the business members to sign. She is also in charge of procuring supplies, which involves security clearances for incoming goods; making arrangement with Finance Department to pay for the goods out of the affirmative business funds; and doing inventory control. (The OT) also has to perform many of the administrative and accounting duties because the business associates are not allowed to handle the money. They provide some assistance but what they can do is limited because of security and movement regulations. (The OT) also has to ensure that the business associates have checked all of the procedures.

(D)

The increased numbers of community outlets created a growing awareness of the prison’s affirmative business and spurred marketing ideas during the outreach phase. The OT had to assume more responsibilities: “(The OT) is the business’ main advocate and link to the community, discussing market trends, product needs, and seeking community links for the sharing of ideas and marketing” (D).

These community links created greater demands on the occupational therapist to communicate the limitations created by security and financial and operational routines
within the prison treatment facility to the outside. For example, outlets in the community would ask that the business make clothing that could not be made because ‘street clothing’ within the institution created an escape risk. D explained: “We are not allowed to make shirts. Tote bags, banners, and quilts are OK.”

Few changes were made to the security routines in the affirmative business during the transformation phase. Those that were made helped to simplify processes, such as improving the gate pass forms, or improved health and safety protocols. For example, the business associates were each issued their own stitch ripper’ which was not to be shared with others to reduce the risk of cross contamination of blood-borne products. This required an increased number of stitch rippers to be purchased than previously allowed and changed the way they were stored.

Others changes to operational procedures were the result of associate feedback. For example, the business associates felt that by using computer spreadsheets - to complete the bi-monthly pay sheets thought to be a quality improvement - the business had become “too technical, placing new stresses and obligations on the members” (D). The technology was said to have dampened the enjoyment and “feeling[s] of accomplishment that [they] had doing the pay the old way (P).” It also “made (them) feel “under qualified” (D) because they struggled to complete them. One member “felt like quitting right away” (D) when he tried to input data for pay. The system was changed back to the pencil-and-paper system, which one member said “made it easier to explain the pay to everyone so that they understood it” (P).
During the transformation phase, the area in which the affirmative business operated was closed every Friday. Other off unit programs and operations were also affected, which reduced the amount of time throughout the week that they could provide services to the offenders: “Other things like canteen happen during [the affirmative businesses work] time now” (C). The business associates complained that their work schedule in the affirmative business was reduced during the transformation phase: “I would like to be able to work more than I am now” (H) and “I need a job that runs all the time. I need to work every day. The business doesn’t run enough. I get bored” (L).

This decrease in the hours of operation had significant impact on the affirmative business and the business associates’ experiences within the unit. The consistent closures decreased the hours of operation and demonstrated the vulnerability of the affirmative business to the changing prison environment. For example, it now took greater time for the affirmative business to complete work because of shut downs, and the business associates expected a reduction in their profits as a result of the closures: “It now takes me longer to complete the tote bags. Our profit share will be smaller” (C).

The Canadian Cancer Society Volunteer Project and the Inside-Out Artist Cooperative which was created during the transformation phase, replicated the financial, administrative, and security processes that were employed by the affirmative business. The security and operational issues for the newly developed initiatives shifted to the units. Security, clinical staff, the OT, and the offenders became involved in meetings to develop and document approved protocols for each initiative on the different units on an
as-needed, unit-by-unit basis. The Inside-Out Artist Co-operative continued to follow the same procedures as the affirmative business and continued to share the business space. However, art tools on the units became increasingly restricted during the transformation phase; for example, art brushes were not allowed on half of the units and their size was restricted. To allow equal access to the art supplies provided by the Artist Co-operative, it was decided that only pencil and paper would be offered and the offender artists were expected to purchase other supplies on their own, following the security procedures on their units.

**Theme 5: Volunteerism**

The business associates described volunteerism within the affirmative business as providing them with an opportunity to give to others and to connect with the larger community.

Volunteerism: Connecting to Community

In the first affirmative business meeting, the business associates decided to donate fifteen percent of all sales, in cash or through in-kind products to local charitable organizations. There was already a history of federal inmates both donating money and providing volunteer hours to local charities. Commissioner’s Directives for federal institutions recognized and acknowledged the benefits of offenders providing charitable donations and completing charitable work.

Offenders with a history of sexual offences against children were not allowed to donate to children’s charities or other charities for which a donation would be seen as
Contrary to the offender Correctional Treatment Plan. To prevent abuse of the volunteer policy, the treatment team would approve all affirmative business donations, and donations to all specific children’s charities would be prohibited. The business associates decided that their donations should go to registered charities that offenders might also benefit from: “There are a lot of services out there that we have used, like the shelters or the cancer society” (D).

During the first year of business development the business associates’ profit sharing was as low as “29 cents per hour” (H), and the business associates did not feel that they could afford to donate 15% in money to charity. However, they did donate 15% of their business sales through in-kind donations of products to the existing charity fundraisers like the staff United Way Auction. They felt that this would give them “free advertising for [their] business” (P).

Even though the business associates had voted by consensus to adopt the donation policy, in the beginning they were quietly “skeptical that they could make products to donate to charities” (A). The associates volunteered during the early stages of the affirmative business’ development by joining in existing staff charity auctions for the United Way:

Soon the ice was broken, and the various members, still skeptical, began looking forward to our next meeting. It wasn’t long after, that we were able to donate one of our products to [the United Way] charity auction, our first voluntary contribution” (A).
Volunteerism was extended during this phase to community charitable organizations so that money or manufactured items ‘in kind’ (e.g., cat nip toys) were donated on a bi-monthly basis: “We donate cat nip toys to the Kingston Humane Society. We also donate 15% of items to local social agencies” (P). Volunteerism became an established practice during the developmental stage of the affirmative business and became a source of pride among the business associates: “Donating things that we make to charities makes me feel proud. It helps me have peace of mind knowing [I am] busy for a good cause” (P).

At the end of this phase of the associates began to sell their products in a local hospital and agreed to donate 15% of sales in cash: “We agreed to donate 15% to the local provincial hospital gift shop for their patient welfare fund” (P).

During the outreach phase of the affirmative business, volunteerism helped the business associates reduce their isolation. In a speech to the treatment centre staff and offenders, A said: “So here we are, years later looking our modest success in the eye. It is so pleasing to see (B), our resident hermit, polished, shaved, and waiting for his volunteer group to start”.

The recognition that the business associates received through events such as assemblies to acknowledge and support volunteers and volunteer work also lessened the isolation of incarceration and increased their feeling of connectedness to the larger community:
Even though we at times may feel isolated and out of touch, events such as this [volunteerism assembly] reinforce our feelings of association, acceptance, and meaningful coexistence with the much broader community that lies beyond (A).

Throughout this phase of business development, representatives from various charitable agencies began to come into the treatment centre affirmative business to meet with the members to discuss products and community needs that could be met by the business associates on a volunteer basis. The local branch of the Society for the Prevention of Cruelty to Animals began to visit the prison every second month with their therapy dog Amber. B recalled: “They are selling a lot of our pet products and making money for the shelter. They don’t care that we are making them in prison.” Through volunteerism the business associates began to feel a part of the outside community.

Volunteerism helped to demonstrate the achievements of the affirmative business and the capability of its business associates while providing an opportunity to express a shared goodwill:

The part of our endeavors that goes towards volunteerism, we give with pride, satisfaction, and our kindest regards. Relishing our success, we now seek more opportunities to advance our work, as well as new business projects. We welcome the opportunity to share our good feelings, good works, and goodwill. (P)
The business associates had positive feedback from within the prison and outside communities:

*We are pleased to be a small part of this very worthwhile cause.*

*Welcoming the opportunity to share our positive feelings and our personal and business successes with others through volunteerism, the rewards are twofold: we experience the warmness of goodwill and unconditional helpfulness to others, and we bask in the priceless glow of praise and recognition for our efforts, in the most-welcome feedback from our immediate surroundings and beyond. (A)*

Volunteerism provided the business associates with an opportunity to give to others in an unconditional manner. The business associates’ donations to charities helped them and others recognize that they had skill and could contribute to the community even though they remained detached from it:

*It helps us to recognize that there are things we can do that matter, that we can work and contribute to the welfare and common good of the society from which we might feel detached. The warm feeling extended towards us today will help reinforce our flagging spirits with the realization that these ventures into unknown areas can indeed bring positive and rewarding results, that we too can make worthwhile contributions, and that our efforts are noted and recognized by a grateful community. (A)*
During this phase, volunteerism expanded, with linkages to areas outside of the local community. These new and expanded networks continued to provide a source of pride amongst the associates:

*We are proud and very pleased to have been able to contribute through our productive efforts, to such organizations as the United Way, Humane Society, the Paws and Claws fundraiser, and to The National Gallery of Art Foundation Auction. We will continue to donate a percentage of our production and our proceeds to charitable endeavors.* (A)

During the end of the outreach phase, the affirmative business began to “anticipate the expansion of the volunteer program, as community needs became apparent” (A). Volunteer projects were also developed by two staff members within other areas of the psychosocial rehabilitation program “extending the volunteer program to new areas” (P). For example, volunteer opportunities were initiated that supported the community volunteer network agency. These volunteer initiatives helped community agencies with projects such as collating and folding newsletters or cutting and pinning ribbons for various charitable campaigns.

Volunteerism continued to be an important part of the affirmative businesses development during the transformation phase: “*Volunteering our time and efforts toward worthy causes will always be an important part of the [affirmative business]*” (P). The simple volunteerism policy of donating fifteen percent of business sales or in-kind products, established in the developmental phase of the affirmative business, remained
unchanged over the course of the business. Volunteerism continued as a source of pride for the business associates during the transformation phase. It provided opportunities for leadership, as some members volunteered to write and deliver speeches on behalf of all the business members. Volunteering created an atmosphere within the business of good will, enhancing the feelings of community within the affirmative business itself. P wrote:

“As participants in these ongoing, refreshing, and proud endeavors we will continue our policy of ... cooperation and participation towards the immensely important and rewarding cause of volunteerism...Over the years ... the affirmative business has developed a solid, pleasing atmosphere of good will, comradeship, and mutual cooperation. Through our combined efforts and some really serious leadership ... not only are we better able to help ourselves, but we can extend our energies towards helping others through voluntary contributions”.

In an effort to decrease the reliance on the sole occupational therapist and increase occupational engagement opportunities for these offenders, the occupational therapist worked with the business associates and other staff members to create two new employment areas during the transformation phase: a volunteer project for the Canadian Cancer Society and the Inside-Out Artist Co-operative. The focus of both of these occupational ventures was to create opportunities for meaningful occupations on the living units while limiting the need for staff supports. The volunteer project began with
sewing machines donated by the affirmative business and the artist cooperative shared space with the affirmative business.

Within the Canadian Cancer Society volunteer project, offenders made chemotherapy head wraps to donate to the local branch. Material and thread were donated to the project from staff members who received a charitable donation receipt from the Canadian Cancer Society. Volunteer work on this project allowed access to meaningful occupation for offenders who could not join the affirmative business due to security or mental health reasons. Over 500 chemo-wraps were donated to the Cancer Society during the transformation phase, and over one thousand hours of labour were documented.

Clinical and security staff felt that the chemo-wrap volunteer project: “has given us something positive to talk to him [offender/patient] about. We have all been touched by cancer. It is something we can all relate to” (Sub-acute Unit clinical staff member).

The Inside-Out Artist Co-operative also began during the transformation phase. Offenders could join the Artist Co-operative if they were cleared by security and approved by the institutional program board. Offender artists could complete art projects on the unit with approval from security and unit staff. The Artist Co-operative members met to decide that forty percent of all art sales would be donated to the local United Way Campaign. In all $430 were donated.

Theme 6: Community

Community was the last distinct theme identified by the affirmative business associates. The theme community is developed under two headings: The first is prison
community, which includes the affirmative business, prison treatment facility, and the other prisons; the second is the community past the prison walls.

The Prison Community

The inmate culture created a barrier to the affirmative business’ development. The ‘inmate code’ ranks the offenders according to where they are housed: Offenders who live at the treatment centre are sometimes called “bugs” (A). The Free Spirit business associates needed to counter the external stigma and also the self-stigma of mental illness that resulted from living in “the bug house” (A). They needed to develop trust in their own abilities to learn and trust in one another. This process is clearly described by J: “I am happy working there because [they’re] nice people. One person do one thing, one person do the other thing. I started to think that I can do this...It’s not so hard... We are a team, we are like a team working together”.

During the developmental phase the affirmative business began as a “gaggle of skeptical, suspicious individuals, each marching to his own time” (A). To counteract skepticism and stigma, a community was slowly built with ongoing support. This was at first provided and modeled by the occupational therapist who “convinced a number of us to give it a half-hearted try” (A), and later modeled by the business associates themselves who “developed leadership skills” (P). Business associates began to notice the skills of other business associates and encourage them to continue to try new tasks rather than pretending to themselves and others that they weren’t capable. “Another one blew his
cover” (A), became a business saying as business associates learned new skills, surprising others and even themselves:

As time went by we could see ourselves looking forward with anticipation to our next meeting. Members began to actively communicate with one another, and became less withdrawn, more trusting and responsive. Long-forgotten skills and ideas began to surface. A sense of pride, dedication, and creativity became evident. As our productivity increased, likewise did our proficiency, and the range of and quality of our products. Personal problems, attitudes, and resistance declined. (A)

During the outreach phase, the prison treatment facility expanded. The affirmative business was moved to its own location, doubling in size and hours of operation. New business associates joined Free Spirit from all units of the hospital with varying degrees of skill and disability. However, the staff support for the business remained the same.

The enlarged prison treatment facility and expanded affirmative business community, without additional staff support, created new challenges for the affirmative business. Six months after the move, an “off camera” (A) meeting was held by the original business associates on the unit, and their concerns were later brought in writing to the occupational therapist. A meeting was called to “air all concerns in a round-table discussion (A).” The increase in numbers in the affirmative business associates for some had created a:
“Decline in morale and a simmering level of discontent to some on production, i.e. money making, level of the group, appears to be the sharp increase in membership which has resulted in dilution of funds available for wages. There is now less money being shared amongst more bodies, resulting in the feeling that the “upper level” members are carrying, hence paying for, the lower level members who are attending purely for therapeutic purposes. (A)

To solve this problem the business associates at the meeting suggested that the OT was approached:

...with the view the group be divided distinctly into two entities, one as an active occupational therapy endeavor whose basic purpose would be to supply raw materials for use by the “original Business group, whose main function is to manufacture goods for sale. (A)

The therapy group would derive pay through the existing (prison) pay level system:

...leaving the business group unencumbered, functioning as it was originally intended: to make goods and sell them, sharing the profits. There would need to be a graduated system whereby individuals could move into the production-level group when their abilities and competence improved. (A)

These and other concerns resulting from the growth of the affirmative business
community were discussed in a meeting with the occupational therapist and the business associates. The ethics of having one group provide raw materials to another group without benefiting from their efforts through the profit distribution was also discussed, and the occupational therapist refused to divide the group in the way proposed in the meeting. The affirmative business could not find consensus, and so a decision to ‘agree to disagree’ was made on this issue. The business associates were then offered copies of the Commissioners Directive for Inmate Run Businesses Enterprises (CD 937) and those who wanted to run Free Spirit without allowing membership from all units were given the option of using the CD to develop a business on their own. The outcome was such that one business associate left Free Spirit following this meeting and the affirmative business continued to accept business associates with varying abilities from all units.

As a result of the needs created by the expanded prison community and expressed by the business associates and occupational therapist, the affirmative business began to search for and focus on product items that could be broken down into simple components such as catnip toys and stuffed letter signs. It was felt that this would enable the business to bring in revenue, while providing a better fit for all offenders.

The business schedule was also adjusted as a result of the expanding affirmative business community and the business associates’ and occupational therapist’s concerns. A part-time schedule was created so that the business associates with greater support needs worked in the afternoon along with business associates who chose to work independently or who wanted to support them; business associates who needed less
support worked in the morning. This helped alleviate the conflicts that were evident as a result of the expanding affirmative business community and need for services from the occupational therapist. This helped the development of the affirmative business community during the outreach phase so that “the emphasis on making money was displaced by a general inclination towards goal-oriented achievements and anticipation of success. [The business associates] became a team working together for a common, worthwhile cause” (A).

The recycling efforts of the affirmative business started to become known to a larger prison community during the outreach phase. The national prison Staff College sent old security uniforms to the affirmative business that were made into dog coats:

*The initial intent and still the backbone of our business, is our dedication to the process of recycling material that would be discarded. We remain particularly grateful to the clothing supply department of (the neighbouring) penitentiary for their cooperation in forwarding to us a steady supply of clean but used and damaged goods, which we scavenge for materials, mostly denim, to use in production. Without this valuable contribution our success would have been more difficult. As a result of our recycling efforts we proudly accepted an award from our environmental awareness group. (A)*

The business associates began to describe the affirmative business as a respite from incarceration within a community of collaboration sharing a common goal:
Being able to go to the shop to forget for a while the worries and obligations, demands and concerns that burden us, to divert our attention to the welcome task of working with our hands, creating a useful product, collaborating with fellow members in production efforts, solving business-related problems, exchanging ideas and planning future endeavors brings welcome relief from the many stresses of incarceration. (P)

The business associates expressed their appreciation at being able to try a new approach to rehabilitation. They articulated the gains they made from the interventions of the occupational therapist and their fellow business associates. They describe the importance of being part of a larger prison community with a common goal. They spoke of benefits of meaningful occupation, of having a sense of belonging and the support of peers, and of the friendships that the affirmative business had brought them:

We learn our limits and potentials through activity analysis. We learn to accept positive criticism within our workplace. We find that, as time goes by, we become increasingly independent of supports. We feel the trusting benefit of the support and positive comradeship of our peers. (A)

I described that within the affirmative business: “Everybody is very polite, caring for each other. That makes me feel good about myself and I can be kind. I don’t have to watch behind my back. Everyone supports each other”.

Whenever associates were discharged from the treatment facility, the affirmative business continued the process of accepting new business associates from the waiting list.
A prison community of old members helping new members continued throughout during the transformation phase. As J said: “The guys help me out by showing me how to do the projects that I have not done before. Working with everybody helps [me] to learn new skills”.

The business associates continued to view the affirmative business as a “welcoming environment” where “everyone works well together” (C) with a common goal. During this phase, they described the affirmative business community as a place where they were able to let down their prison guard and trust their peer business associates. For example L felt that: “The various inmates here helped me to regain my communication and social abilities, [I] redeveloped some trust, and to once again look kindly upon individuals around me”. C also agreed that: “The group atmosphere help[ed] me. Every one helps one another out. You don’t have to be perfect or at your best all the time. You can relax here and just work….It’s good to get off the unit”.

At the end of the transformation phase, the affirmative business provided support to its members within a community of “individuals sharing a common goal or connection”. (C)

The Community Past the Prison Walls

During the developmental phase of the affirmative business, contacts were made with the prison adjacent to the treatment facility, to other community affirmative businesses, and to local gift shops.

The web of shared common goals and community connections was expanded
when the adjacent prison’s laundry facility began to provide the affirmative business with clean worn out, blues jeans that would normally be sent to the local landfill. The affirmative business began to recycle the jeans to make sturdy tote bags. The community was expanded again when the adjacent prison industrial area, CORCAN, also provided items destined for the landfill – scrap from the production of upholstery or mattresses. This helped to reduce the affirmative business’ production costs, increased profits, and reduced waste and its disposal costs. These efforts also led to the associates: “[pride] of our ‘green’ products... making products from scraps and helping the environment through our efforts” (A).

During the first year of operation, the occupational therapist contacted a community ‘alternative business’ employment club to understand how the affirmative businesses operated in various environments. The occupational therapist met and toured one of the eight affirmative businesses located in the forensic hospital. The information she brought back to Free Spirit helped the affirmative business with ideas about products, pay distributions, and community markets.

In the second year of operations, the occupational therapist began to share information about the Free Spirit Affirmative Business to community affirmative businesses. The occupational therapist was invited as a guest to the community affirmative business’ annual general meeting where she gave a speech written by the business associates reflecting on their affirmative business operation during the previous year. The business associates were not able to present in the community because none of
them had the appropriate security level or the institutional parole officer’s support to enable an escorted temporary absence. This limited sense of community connectedness created a barrier to the affirmative business. It also created feelings of isolation from the outside community; however, the limited community links that were made through the sale of products reduced the business associates sense of isolation:

Eventually it was determined that we should seek a means of selling our products in the community. (The Occupational therapist) doubled as a salesperson and agent to our business, arranged for our goods to be sold through several community outlets. We felt a sense of mission as our total isolation dissolved with this new connection to the outside world. (A).

The first products sold in the community were through a gift shop and tea room. A security officer would take the items for sale to the store and bring back the money from the sales to the occupational therapist for the affirmative business’ club account and profit distribution.

During the outreach phase of the affirmative business, permission was granted to allow a business associate to present at the annual general meeting of the community ‘alternative business.’ An escorted temporary absence was granted, approved by the institutional parole officers and cleared by security:

On October 19, 2004, I was granted an escorted temporary absence pass to attend the General Annual Meeting of the Voices, Opportunities, Choices Employment Club in downtown Kingston. This was a very
positive experience at which time I represented the business at this
community meeting. We started having more requests for our products.

I began to feel ambitious again. (P)

The business associates began to learn more about the other affirmative
businesses that existed in the community. These limited community connections to other
affirmative businesses helped them hold hope about working when released: “Working in
this business may help me in other businesses... like another affirmative business in the
community” (H). They felt that their experience in the affirmative business might help
them demonstrate to others that they are capable of working once released: “What we
have learned, we then carry on with ourselves and show the community that we are
capable people tomorrow, [that] we are able citizens [and able] to find some work in the
community. (L)

Although the business associates expressed benefits from working, they believed
that they would have challenges to finding employment, and the resulting benefits in the
community. As D stated: “I work. I am doing quite well now. It’s steady work for me
and steady work is hard to come by these days. Especially out in the street. They felt
that working in the affirmative business gave them a chance to work and be accepted
when released despite having a mental illness: “I could see benefiting from this
affirmative business and being accepted in the community and in the workforce,
especially in another affirmative business” (C). P said that this was also felt when he
considered his criminal record: “The regular job market might not be too attracted to
me. Being an ex-con will be a deterrent to getting a job. Even for small time jobs it’s a barrier being a convict. But there are some organizations that will accept people from here. (P)

During the transformation phase, the business associates identified the benefits of working in the affirmative business to include improved feelings of value to themselves and others. They also began to believe that they were capable workers and expressed hope for the future: “We can now prove to ourselves and to others that we do have value, as individuals and potential workers, that being unemployable need no longer be a valid reason not to pursue a better life” (A). J believed that: “When I leave in the near future, I look forward to maybe for a business of my own or to work for someone else. I think I have more on my plate than I did back then.”

The business associates began to express employment goals for release. They made plans to learn new skills while working in the affirmative business that could help them find work in the community or to begin their own businesses:

I want to learn everything: The logistics of business, and a general idea of how to make products. I’d like to set up my own shop when I get release. The skills I learned here will transfer to my own business. (L)

I want to be able to join the workforce again. I want to develop skills here that I can use in the future. I would like to be able to fit in to a job. (J)
The business associates expressed appreciation to a larger community that helped them with their shared community goal: to individuals, organizations in the community, and to the business itself:

*The affirmative business is a very new thing within the prison system...I really think that it’s great. But I really feel that the parts that make it the best – the people within the community are – are so willing to be there for us.* (C)

*I was granted my second [escorted temporary absence] to attend again the General Annual Meeting of VOCEC [Voices, Opportunities, and Choices, Employment Club – a community group of affirmative business’] in downtown Kingston. It was at this meeting in the community that I decided to make a logo banner as a present from our business to VOCEC, for including us in their annual meetings. ...I wanted to thank ... the [community members], and VOCEC for providing us with much needed support.* (P)

In summary, this section of the findings describes key themes in business development across three distinct, yet overlapping phases. Consistent with objective 1 of this thesis, this section evaluates the process of affirmative business development by providing a holistic description of business transformation over time.
Section 2: Core Processes of Business Development: 3 Phases

This section provides information about the core processes underlying business development over time. Consistent with objective 2 and 3 of the thesis, it describes how the business associates changed through their involvement and outlines the challenges and benefits experienced in affirmative business development. Each phase has been given a title according to the overarching issue to be negotiated; within each phase the major developments are discussed as core processes; working models are presented at the beginning of each phase, based on the findings of the study.

TABLE 1: Phases of development

<table>
<thead>
<tr>
<th>Phase</th>
<th>Process Title</th>
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<tbody>
<tr>
<td>Development phase</td>
<td>Overcoming Skepticism</td>
</tr>
<tr>
<td>Outreach phase</td>
<td>Negotiating Tensions of Growth</td>
</tr>
<tr>
<td>Transformation phase</td>
<td>Expansion Through Replication</td>
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</tbody>
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The ongoing processes that enabled the development of, (1) recovery and empowerment; (2) supportive actions and attitudes; and (3) self-reliance, self-efficacy and control, are found within the personal, environmental, and community contexts. The means to enable affirmative business development are discussed within these contexts throughout the three phases.

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The Process Models

A process model has been developed for each phase of affirmative business development (Figures 1, 2, 3). Within each model, the inner circle represents the affirmative business. The business associates are represented at the centre of the affirmative business and are shaped by characteristics that exist within themselves, and the occupations they engage in (CMOP-E; Townsend & Polatajko, 2007). The three enabling processes (represented within the inner-most circle) surround and interact with the business associates: (1) recovery & empowerment; (2) supportive actions and attitudes; and (3) self-reliance, self-efficacy, and control. These three enabling processes are linked to the business associates by solid two-way arrows to represent ongoing interaction between the business associates, their peers, and the occupational therapist.

The second circle represents the prison environment, including the larger prison complex outside of the affirmative business context but still within the secure prison walls. Dotted two-way arrows represent restricted interaction between the business associates, the larger prison community.

The third circle represents the greater community outside the prison walls greater community. The circle is dense to represent the prison walls. Dotted two-way arrows represent restricted interaction between the greater community in which products are marketed and goods and volunteer services are exchanged.

A descriptive summary of each of the three processes within the affirmative business follows each figure.
Phase 1: Developmental Phase: Overcoming Skepticism

During the development phase of the affirmative business, skepticism (Figure 1) was the major barrier to business development. The business associates doubted that they could run their own business, and staff expressed skepticism about the associates’ abilities to work. These doubting attitudes were found across data sources and within the prison treatment centre and the community. To create enabling attitudes, the affirmative
business had to (1) empower the offenders with mental illness in the process of
developing and maintaining a community affirmative business, (2) provide employment
opportunities to empower the offenders with mental illness and foster recovery, and (3)
help the offenders with mental illness and the staff that work with them to recognize their
employment capacities within the prison treatment facility and upon their release.

Each business associate’s journey to recovery is a personal process and is related
to their business peers, the prison, and the larger community. The findings support
components of recovery within the affirmative business that are similar to features that
have been proposed by Repper & Perkins (2006):

2. Secure base: Appropriate housing, a sufficient income, freedom from
   violence, and adequate access to healthcare.
3. Self: Recovery of a durable sense of identity
4. Supportive relationships: the presence of others who believe in the
   person's potential to recover, and who stand by them.
5. Empowerment and Inclusion: Give power to self, self-determination,
   including having control.
6. Coping strategies: The development of personal strategies including self-
   management or self-help.
7. Meaning: Developing a sense of value and overall purpose.

Recovery can be viewed as one sign of empowerment, as a philosophy or attitude,
in which individuals with mental illness regain personal power and a place of value in
their communities (Fisher, 2005).

The term empowerment has been incorporated into models of practice with
people with mental illnesses, including psychiatric rehabilitation and the recovery view
(Anthony, 1993; Jacobson & Greenley, 2001). The term empowerment has been
associated with people with mental illnesses and can refer to a process that refers to how people, organizations, and communities gain power or authority (Clark & Krupa, 2002). According to Clark and Krupa (2002), process belief systems for empowerment would include encouraging personal growth and development through support. This view of empowerment as process will be used within each phase of affirmative business development.

Empowerment refers to increasing the spiritual, political, social or economic strength of individuals and communities. It often involves the empowered person developing confidence in his or her capacities. Many recognize the critical role of employment to the empowerment of people with mental illness (Beverley & Alvarez, 2003; Provencher, Gregg, Mead, & Muesser, 2002; Stein, 2000; Linhorst, 2006). Employment contributes to empowerment for people with mental illness by providing interpersonal and social benefits particularly to the individual’s subjective sense of empowerment.

In this study to support recovery from mental illness, the business associates needed to be empowered through meaningful employment, but they were skeptical of their ability to work. This skepticism reduced their employment readiness. Consequently, they may not even have imagined they were capable of employment.

Wilkinson (1998) views empowerment to be the following capabilities:

1. Having decision-making power
2. Having access to information and resources for making decisions
3. Having a range of options from which one can make choices (not just yes/no, either/or.)
4. Having the ability to exercise assertiveness in collective decision making
5. Having positive thinking on the ability to effect change
6. Having the ability to learn skills for improving one's personal or group power.
7. Ability to change others’ perceptions by democratic means.
8. Being involved in the growth process and changes that are never ending and self initiated
9. Increasing one's positive self-image and overcoming stigma
10. Increasing one's ability in discreet thinking to sort out right and wrong.

Wilkinson (1998) views empowerment as the process that allows one to gain the knowledge, skill-sets, and attitude needed to cope with the changing world and the circumstances in which one lives. These empowering processes were seen in the developmental phase of the affirmative business.

Neath and Schriner (1998) link empowerment as an important foundation in developing employment programs. They identify three forms of empowerment: (1) ‘personal power’ or the power of the individual to influence his or her environment, (2) ‘power-over’ or hierarchical, authoritarian social power, and (3) ‘power with’ or egalitarian social power, the power to act together as equal partners. They state that the use of power-with relationships can aid in developing empowering and effective employment programs for people with serious disabilities and that “employment can be made more empowering for people who have serious disabilities by reducing power-over relationships in the workplace and increasing power-with relationships” (pp. 220-221). They suggest that one way of creating employment opportunities to bring power-with relationships into the workplace are agency-operated businesses. Power-with forms of social power can be seen within agency-sponsored businesses that use consensus
decision-making (Neath & Schriner, 1998). Boothroyd and Davis (1993) state that one of the assumptions of community-focused forms of community economic development (CED) is that “all community members must be empowered to participate in the planning and decision-making processes that shape the community’s economy” (p.236). Consensus decision-making processes operationally work to bring and enhance power-with relationships. These three forms of power will be found throughout the discussion of the three business development phases.

Although each business associate’s experience was personal and uniquely influenced by many variables, several themes emerged during the development phase that revolved around the process of recovery and empowerment. The business associates began to re-define themselves as capable workers: they became better able to manage their own symptoms, they began to redefine themselves as persons capable of employment in the future, and they recovered a new sense of self beyond the limits of their disability. The critical issues in fostering recovery and empowerment during this stage were overcoming stigma by fostering power-with relationships.

The work of Neath and Schriner (1998) suggests that by fostering power-with relationships, personal power can be increased and therefore, individuals are better able to reduce the negative impacts of power-over relationships (e.g., when some people are being fulfilled at the expense and effort of other people). By focusing on power-with relationships, it appeared that the business associates personal-power increased. This might help the business associates to address current and past issues surrounding ‘power-
over’ relationships (e.g., abuse, criminal behaviours, being a bully or being bullied), to foster recovery, and establish pro-social community reintegration.

Stigma refers to negative attitudes or beliefs that are held about people who are perceived as different (CMHA, 2009). The CMHA believes that stigma infects every issue surrounding mental illness, often with worse consequences that the illness itself (2009). In 2001, the World Health Organization declared stigma to be the single most important barrier to overcome in the community (CMHA, 2009). According the Canadian Mental Health Association (2009), people with mental illnesses are likely to experience stigma because public attitudes and beliefs are often based on fear, misunderstanding and, stereotypes of individuals with mental illness. Reducing stigma is important in order to empower people with mental illness. Stigma exposes them to prejudice and discrimination that reduces their personal power and imposes power-over relationships.

The literature suggests that people with mental illness may be skeptical about their abilities to be employed because of the presence of stigma (Link & Phelan, 1999). The research demonstrated that they have internalized the beliefs that they are incompetent and incapable of being employed.

The criminalization of people with mental illnesses reinforces stigma by equating mental health problems with unlawful or criminal activity (Storey & White, 2005). The ‘double stigma’ of being an offender with mental illness or the ‘triple stigma’ of being an offender with mental illness and substance abuser creates barriers to receiving services in the community (Hartwell, 2004). In Ontario, offenders with mental illness still do not
have the same access to programs within prisons as prisoners without mental illnesses (Storey & White, 2005). At the time of this study, offenders at the prison psychiatric treatment facility did not have access to CORCAN employment programs. Programs and opportunities for employment are needed if offenders with mental illnesses are to profit from the recovery benefits provided by employment. A critical task of the OT was to create meaningful employment opportunities for offenders with mental illnesses to overcome stigma that may have lead to skepticism.

Stigma surrounding mental illness was evident in the life of the business associates. They spoke of being called ‘bugs’ by the other offenders and their medications being called ‘bug juice.’ In institutions other than the treatment facilities, lining up for their ‘bug juice’ would expose them to others as ‘bugs.’ This exposure might lead to others bullying them or taking their medications. They found that it was often better not to take their medications than to be exposed as an offender with a mental illness by waiting in the ‘bug juice’ lineup.

Employment opportunities for offenders with mental illnesses who resided at the prison treatment centre were marginal when compared to employment opportunities within regular prisons. In the prison treatment centre there were very few employment opportunities other than cleaning or working at the prison canteen. At regular prisons, there is a much wider range of employment options such as work in the kitchen, on the prison grounds, and in specialized workshops run by CORCAN. As a result, few of offenders with mental illnesses were engaged in employment. Without viable
employment options to think about, or talk about, or choose, the business associates typically did not consider finding employment.

Flanery (1996) suggests that people with mental illness may experience learned helplessness because of their lack of involvement in employment. Davidson and Straus (1992) refer to this as a diminished self-concept and a distorted sense of self-efficacy. Until the business associates could perceive that they were capable of employment, it was likely they would express this learned helplessness and reduced self-concept and self-efficacy as skepticism, and they would not be ready to consider employment in an affirmative business. A major task of the occupational therapist during the development phase, was to convince offenders with mental illness to join the affirmative business as a business associate. The affirmative business would provide opportunities for the business associates to engage in a recovery process in which they would experience opportunities for connection to community and be able to contribute in a meaningful way. This experience would reduce the impact of stigma, thereby reducing skepticism, and it would allow more enabling, empowering attitudes and beliefs to develop around work.

Of the 14 business associates interviewed, only two had sustained continuous work experience; and the other 12 did not have any work experience or had limited or poor work histories. Research conducted by Bianco and Shaheen (2001) suggests that an internalization of stigma occurs in people with mental illness because their repeated failed experiences with employment has led to the perception that they do not have opportunities and/or the resources to work. This appears true for the business associates
who not only had previous, limited or poor work histories, but who also had very few opportunities for work within the psychiatric facility and who were excluded from employment with CORCAN. The findings also suggest that they may not have been encouraged to work by staff members at the prison treatment centre who believed that their impairments would result in lack of skill or that employment would increase their level of stress thus exacerbating the symptoms of their mental illness. A major task of the occupational therapist during the development phase of the affirmative business was to act as a change agent to enable others to understand the importance of work in the recovery process and to provide a vision of the business associates as capable workers despite having mental illness.

Supportive Actions and Attitudes

Being unemployed for long periods of time affected the business associates sense of self-esteem and self-identity. It was the role of the occupational therapist to begin to improve their beliefs of efficacy around employment issues in order to increase their participation.

The occupational therapist held hope for the business associates success by believing in their abilities and capabilities for employment. To support these beliefs, the occupational therapist would suggest actions to help the business associates overcome their failures or support their strengths. This often began with breaking down and analyzing the failed or successful tasks to help them to understand or adapt the task and/or the environment.
The occupational therapist also held some accountability for their failure and or success by stating that it was her role to support them so that they could be successful. She also worked with the business associates to reduce problems such as those associated with transitions (or changes in their environments), anxiety, hallucinations, delusions, restlessness, and memory loss, as well as physical problems.

The associates’ early skepticism was also addressed by the occupational therapist reports of recovery research and educating the business associates about the process of recovery from other consumer-survivors who had ‘lived experience’ of the recovery process (Ridgway, 2001). The occupational therapist placed quotes from consumers of mental health services that supported personal recovery processes on the business’ walls, in the business scrapbook, and in personal and public documents.

Initial supportive actions of the occupational therapist tried to decrease the associates’ skepticism about their employment potential. Evidence exists that some mental health professionals underestimate the potential of their clients to work, and therefore they often do not raise the issue with them (Bianco & Staheen, 2001).

During this phase, the business associates did not see themselves as a collective who could support one another to develop a viable business; further, they were not aware of other ‘alternative’ businesses in the community. The OT used CED approach that emphasized community to develop the affirmative business to help reduce occupational marginalization and encourage a sense of belonging. The CED approach was employed to transform the business associates’ dependent, sedentary, and passive lives to more
active and self-sustaining ones by creating opportunities for pro-social choices needed to enable meaningful, productive, and active occupation (Boothroyd & Davis, 1993; Townsend & Polatajko, 2007). The CED approach was also used to promote social justice, which allows individuals and groups fair treatment and an impartial share of the benefits of society (Boothroyd & Davis, 1993; Townsend & Polatajko, 2007).

An important supportive action was to address the offenders as business associates once they became self-employed in the affirmative business. This ‘re-labeling’ from ‘patient / offender’ to ‘business associates’ helped the associates view themselves as a member of a community business. The new identity of business associate helped the commitment process by bringing with it social responsibility and inter-personal solidarity. The business associates began to advocate for their business and support their peer business associates. This process of strengthening group identity by fostering a sense of community belonging has been found to contribute to both rehabilitation and also reduction of the re-incarceration rate of offenders (Lemos & Crane, 2009; Ross, 1980). This process has also been shown to yield a sense of accomplishment, meaning, and purpose. It also follows the principles of restorative justice that encourage social inclusion (Midlarsky, 1991; Toch, 2000).

To enable a sense of business ownership, the occupational therapist led the developmental process with the use of supportive actions and attitudes by teaching and employing democratic and consensual decision-making processes. Supported actions included employing patterns of interaction that encouraged the business associates to see
themselves as owners of the business; for example, the occupational therapist consistently refused to make decisions for the business that the associates, as business owners, needed to make for themselves (e.g., donations to charities, price of products). To reinforce this, the occupational therapist would discuss and distribute documents of policy that did not allow the staff support member to make financial decisions for the business (CSC policy for inmate-run businesses; CD 737).

Overcoming challenges within a prison environment with limited space and with structured operational and security routines required much negotiating with other staff members. Agreements with security and operational staff were developed for use within shared environments with shared equipment and existing policies, that were written for individual offenders and not for a collective, had to be changed to work for a collective of offenders. Coordinating these policies to enable the smooth running of the affirmative business became a challenge for the occupational therapist.

The occupational therapist fostered interdependency by encouraging the business associates to help one another rather than depend on professional support. This fostering needed to be done repeatedly and consistently to create an atmosphere of social trust, shared responsibilities, and shared knowledge. The process of shared ownership began to enrich choice and opportunity. A critical task of the occupational therapist during this phase of business development was to teach the use of the CED approach that intertwined common ownership, profit sharing, equality, consensus decision-making, and mutual aid (Coleman, 1990).
Self-reliance, Self-efficacy and Control

Supportive attitudes and actions focused on well-being of the business associates at the expense of efficiency. The social and recovery needs of the business associates were intertwined so that the occupational therapist’s focus was to increase community cohesion and equal access to employment opportunities for more and less able individuals, thus increasing the employment capabilities of all of the business associates. Self-employment in an affirmative business was viewed as a way to increase capacity for potential future employment by building skills. This increased the business associates’ feelings of control in an active and self-sustaining manner which has been found to contribute to rehabilitation of offenders and to desistance from infractions while incarcerated and crime upon release (Lemos & Crane, 2009).

Limited control of their environments and a lack of physical resources limited offender autonomy during this phase. Through the creation of self-employment they built up their own resources with money that they earned through the sale of their products. Staff provided the first supported market by purchasing the products even though the products may have had flaws. The supportive purchasing of their products helped the business associates to view themselves as capable and may have given them increased feeling of control. This process began to help them take action to create choice and opportunity for themselves.

The CED approach empowered the business associates to plan for themselves and to make their own decisions in shaping their business economy. During this phase of affirmative business development, both staff and the business associates themselves
began to realize that they had underestimated the business associates employment potential. The business associates’ social acceptance began to increase as they began to discuss and sell their early products to staff. Associates began to change how they saw themselves changing their belief about what they could achieve, viewing their work in the business as supporting their recovery, reducing their isolation and increasing connections to others.

The OT’s supportive actions included ongoing assessments, individual informal and formal interviews, and standardized analysis that documented each business associate’s occupational history, occupational goals, workplace accommodation needs, skills, and structure and support needs. This acted as a springboard for discussion with each associate about goals. It also helped the business associate reclaim skills that were needed within the business (e.g., writing, accounting, repairing small motors).

Ongoing supportive attitudes such as sharing a vision and belief of success (e.g., describing other alternative businesses in the community) and addressing dependency issues by fostering autonomy (e.g., turning questions about the business back to the business associates themselves) were needed during this phase. Supportive attitudes were perceived to be essential for the business associates to gain control over their environment to enable self-employment within their own business.

The OT’s interventions during this phase, targeted skepticism in order to reduce the maladaptive coping responses created through the process of what Haney calls ‘prisonization’ (2002). The process of prisonization involves:
The incorporation of the norms of prison life into an inmate's habits of thinking, feeling, and acting and may include some or all of the following psychological adaptations: dependence on institutional structure and the relinquishment of autonomy; hyper-vigilance, interpersonal mistrust, and suspicion; emotional over-control, alienation, and psychological distancing; social withdrawal and isolation; incorporation of exploitative norms of prison culture; diminished sense of self-worth and personal value; and post-traumatic stress reactions to imprisonment. (Haney, 2002, p. 177)

Hanley believes that the offenders who are mentally ill and developmentally disabled prisoners in solitary confinement or "supermax" facilities are likely to experience these prisonization effects to a greater degree. Prisonization effects jeopardize the personal and behavioural characteristics required to be effective employees upon release. In this study, addressing the effects of prisonization became a need to enable pro-social empowerment.

Throughout this phase, the occupational therapist used the core competencies based on enablement foundations of occupational therapy (Townsend, & Polatajko, 2007). These included finding ways to engage each business associate, providing the business associates with ongoing instruction, adapting existing forms, business processes and environments, coordinating and consulting with the treatment teams and community members, and collaborating with the business associates themselves. The occupational
therapist also coached and modeled self-employment skills and values, and advocated on the behalf of the business associates. She also adapted the affirmative business environment to create a ‘just-right-challenge’ for each individual. These competencies were focused on occupations within the affirmative business that were collaborative and attended to power inequities, supporting the attitude that even the most disabled individuals can contribute in meaningful ways and have the capacity to work and make decisions with the right supports.

Diversity was respected by the business celebrating the various backgrounds, skills, and experiences of the business associates. The occupational therapist deliberately manipulated the environment to facilitate and support engagement in a range of occupations within the affirmative business and found ways to individualize interventions. The role of the occupational therapist during this phase was to maintain a vision of possibility of affirmative business success, recovery, and future employment in order to enable change for the business associates and the treatment facility staff. This included providing opportunities for choice, allowing the business associates’ to organize by taking a lead and/or supporting role in the structuring of business processes (e.g., writing of policies, checking receipts to financial account statements).

Examples of the supportive actions provided during this phase included workplace accommodations (e.g., providing wake-up calls, flexible starting or ending times, cues for transitions), environmental adaptations (e.g., providing office chairs that rock to reduce anxiety), tasks simplification (e.g., reducing project work steps to three or
less to reduce complexity), and ongoing assessment (e.g., assessing and building on current coping strategies to reduce symptoms that impacted on the business associates’ ability to work). The business associates, along with the occupational therapist, selected products that were marketable within their capabilities. They were developed through the process of activity analysis to break down tasks into simple components. Tasks were often constructed through the use of assembly lines that reduced the number of steps each business associate would need to learn. With ongoing supportive actions the business associates began to develop skills or to re-engage in skills that the business needed. They also began to develop a worker role.

The time-use of the offenders with mental illness at the prison treatment facility was dominated by passive leisure and solitary occupations, such as watching TV and eating alone. Similar findings have been noted by other researchers that suggest that the time-use of people with serious mental illnesses is often dominated by passive leisure activities (Davidson, Hoge, Merrill, Rakffeldt, & Griffith; 1995; Harvey, Fossey, Jackson, & Shitras, 2006; Krupa, McLean, Eastabrook, Bonham, & Baksh, 2003). These passive habits and routines created patterns of occupations that did not give foundation for the offenders new role of ‘business associate’ (Haney, 2001; Nurse, Woodcock & Ormsby, 2003; Molineux & Whiteford, 1999). Solitary and passive leisure activities have been found to be indicators of poor quality of life often seen in the daily life experiences of people with persistent mental illnesses (Farnworth, 2003) and in secure correctional setting (Hills, 2003). Lack of occupational engagement, other than in sedentary and
passive activities, has been shown to result in occupational imbalance, which leads to decreased well-being (Wilcock, 2006). Problems in mental and physical health (e.g., anxiety, restfulness, weight gain) are seen as a result of these sedentary activities and constricted routines (Farnworth & Munoz, 2009). The business associates talked about seeing no difference between the weekdays and the weekends before they began to work in the affirmative business; for example, some spoke of using sleep and watching TV as a way to cope, sleeping through meal calls during the day and playing video games throughout the night. However, once they joined the affirmative business they had to develop adaptive time use patterns; for example, getting up on time to have breakfast and being on time for work were goals identified by the business associates. As well, they aimed to improve their work pace. The occupational therapist helped the business associates improve their work pace through approaches such as graded work hardening. Work hardening is:

A structured, goal-oriented, individualized treatment program designed to maximize the ability to return to work, addressing the issues of productivity, safety, physical tolerances and work behaviours. Work hardening attempts to bridge the gap between the (person’s) residual functional performance capacity and the job requirements, focusing on physical, functional, behavioural, and vocational needs. (Franchignoni, Oliveri, & Bazzini, 2006, p. 69)
The business associates were experiencing symptoms of mental illness that made engagement in work activities more difficult. There were also few employment opportunities in the treatment centre. This prevented them from being involved in employment in the mainstream prison (where work in prison shops was available), restricting their employment options to cleaning or working at the canteen. The combination of being disconnected from social groups as a result of isolation and having their roles seriously restricted limited the associates’ opportunities to develop habits and routines in pro-social, positive activities. This, in turn, led to them being unable to hold the belief that the role of business associate was possible.

A key activity of the occupational therapist during this phase of affirmative business development was to increase the business’ community connectedness; for example, the OT shared her knowledge of strategies of other affirmative business, with the Free Spirit Business associates and she also attended community meetings and shared speeches written by the business associates. The development of the affirmative business was also enabled by the OT’s seeking out a supportive market within the prison itself to enable the sales of early-made products and by her beginning to connect with the outside community by bringing in supplies and equipment from the early sales of the business products. The business set up storefront displays and made donations to the staff’s charitable events, which helped to reduce the negative attitudes held by some individuals about offenders with mental illness. In these ways, the business associates began to be seen as capable of producing products that others wanted to buy, and as people willing to
give to the larger community if provided with the opportunity. The business associates’ skepticism was also overcome by the OT viewing institutional policies as applying to a collective rather than to individuals alone and her dovetailing the policies for various actions (for example policies about the sales of hobby craft, coordinated with inmate run business policies and policies for clubs) to enable the smooth running of the business accounts.
Figure 2: Outreach Phase – Negotiating the Tensions of Growth

Everything inside the inner circle represents the affirmative business. The annulus between the inner and middle circles represents the prison, and the annulus between the middle and outer circles is the community. The boxes outside the circles represent waitlists and releases.
Phase 2: Outreach

Negotiating the Tensions of Growth

The aim of the OT during the outreach phase was to support, strengthen and expand the affirmative business so that offenders with mental illness who resided at the prison treatment centre could gain employment if they chose. Throughout the outreach phase tensions related to the growth of the affirmative business emerged, including the size and speed of growth of the affirmative business, the increased demand for products, and equity in work and diversity issues within the affirmative business. The outreach phase process model (Figure 2) contains three core processes (represented within three circles) that surround and interact with the business associates within the affirmative business itself: (1) Recovery and Empowerment, (2) Supportive Actions and Attitudes and (3) Self reliance, Self-efficacy and Control.

The Size and Speed of Growth of the Affirmative Business

An increased number of referrals were made during the outreach phase of business development necessitating the establishment of a wait list. The wait list was also needed because fewer business associates were released to other institutions or community than those wanting to enter the business. The increased demand for employment within the affirmative business from all areas of the treatment facility demonstrated that the employment potential of offenders with greater degrees of disability may have been underestimated and that the affirmative business was now being recommended for individuals with the most serious disabilities.
During the outreach phase, business associates began to become increasingly involved in the affirmative business. They delivered speeches about Free Spirit affirmative business and participated in social events with other business associates in the treatment centre and in the community. They also began to take on leadership roles and contribute to organizational, operational, and decision-making processes for the affirmative business.

The affirmative business was no longer viewed as a pilot project. Both offenders and staff became aware of Free Spirit’s modest success. This helped the business associates to see themselves as capable workers. They reported that being engaged in employment helped them to cope (e.g., reduced auditory hallucinations while engaged in work, and less anxiety and isolation); they reported improvements in their day-to-day functioning; and they also found the affirmative business to be a safe, non-stressful environment for trying new strategies and skills. They were selling more products, developing new markets for the sale of their products, and beginning to profit share.

As attitudes to support employment for offenders with mental illness became positive, the social pressures for offenders to become engaged in employment became greater. Offenders with mental illness who previously may not have sought out employment now perceived that they could engage in employment within the affirmative business. As the business became more established, success stories shared amongst the offenders and staff, shared experience, community support of the affirmative business and the new connections with the outside community through volunteerism and public
speaking led to lessening skepticism. This increased the intentions of offenders with mental illness to access employment within the affirmative business, leading to a bottleneck resulting from too few supported employment opportunities.

Business associates who no longer needed the support of the affirmative business did not have access to other more competitive employment opportunities, and so they remained in the business until release or until they transferred to other institutions, adding to the wait list’s bottleneck.

The 2004 Canadian Hospital Accreditation Survey viewed the affirmative business as a “strength” and as an example of a good quality improvement initiative at a time when the “psychosocial and vocational rehabilitation program had experienced significant reductions in staffing and resources” (p. 63). The accreditation report noted that this reduction had resulted in a shift from “clinical therapeutic programming for behavioural correction to a custodial security-based model,” (p. 64) and they recommended that the prison treatment facility re-establish needed clinical programs.

Additional tensions of growth emerged because of the business’ success. The affirmative business could not keep up with the new community links and the demands for new products. Markets had changed from solely supported treatment-centre-based markets (staff as customers) to include community-based competitive and niche markets.

As the business became more active and self-sustaining, it also created new obstacles that contributed to the tensions of growth. Businesses in the community requested orders that the affirmative business could not manage due to security or time-
line restrictions. The business associates chose, through consensus decision-making, not to take on orders with time lines that could create undue stress for them. They valued well-being over profit. Yunus (2007) believed that this type of consensus decision-making process is important to social businesses that promote self-sufficiency and social objectives over profit-maximizing.

To focus on well-being in this phase of affirmative business development, the business associates also decided to reduce costs and to improve the environment by focusing on their recycling efforts. Recycled offender blue jeans were used to make products for sale, thus reducing the pressures on the associates of making mistakes because the materials were free of cost. This choice benefited the business associates, encouraged the affirmative business to be environmentally conscious, and led to the development of niche markets for which recycled materials would be attractive. This process mirrors the efforts of other social enterprises, placing environmental and social concerns over profits.

This study’s findings indicate that, during the outreach phase of the affirmative business, the business associates placed increased importance on volunteerism. The importance of helping others is found within the participatory research literature (Kemmis & McTaggart, 2000) and Community Economic Development approaches (Boothroyd & Davis, 1993). “Helping others can help the others, but helping others may help the helpers even more” and “good deeds are good medicine” are both clichés that are evidence based. Research has shown that engaging in helping activities within a
community of caring has assisted antisocial individuals through reductions in re-offending (Platt, 1990), reduced negative emotional states (Fredrickson, 2003; Sternberg, 2001), lowered stress hormones (Field, Hernandez-Reif, Quintino, Schanberg & Kuhn, 1998), and fostering the development of pro-social connections (Moll, 2005).

Tensions of market growth were increased by the restricted access to the community. The OT and associates needed to manage the processes involved in the increased community requests for products and donations. Tensions of growth were evident as new market contracts were refused to reduce the stress new demands would cause and to focus on their well-being. Simple sustainable markets and systems to manage these markets were sought out and developed to help reduce tensions caused by market growth.

The process of marketing products to staff members as a “supportive market” and donating products to staff charities began to provide reasons to interact with both the prison community and larger community in meaningful ways. This began a process of creating positive relationships with others through the sales of the business’ products. Treatment centre staff found that the affirmative business gave them something positive to talk about with the business associates. The business associates began to engage and communicate with others in positive ways and were being accepted in roles other than offenders with mental disorders. Changing other people’s expectations has been found to be part of an important process of recovery from mental illness (Turner-Crowson & Wallcraft, 2002).
The affirmative business began to support social opportunities for the business associates through business meetings, early volunteer efforts, and celebrations of their successes. These types of supports have been found to create an environment of support and mutual self-help, giving a new sense of meaning and purpose through newfound interactions (Coleman, 1990; Krupa, Lagarde, & Carmichael, 2003; Radloff-Gabriel, 1997).

Self-employment opportunities within the affirmative business doubled during the outreach phase as the affirmative business outgrew its shared space and moved to a space of its own. However, the new space and expanded hours still did not meet the requests for employment. With the increase in demand, new business associates came with greater support needs, less experience, and fewer skills. This created an atmosphere of tension among business associate who felt that the more able were carrying the load for the less able business associates. On the other hand, additional roles were created for more experienced business associates who chose to support those with less experience. During this conflict, the business associates who felt that the affirmative business should be a profit maximizing business left the business and those who viewed the well-being of the business associates as more important than profit stayed. This is consistent with business tensions that have been reported by other agency-sponsored social businesses whose aim is to maximize benefits for its members in a socially responsible manner and not to focus on maximizing profits (Yunus, 2007).
These areas of tension enabled the business associates to learn new ways of resolving conflicts arising from shared decision-making (e.g., democratic processes, agreeing to disagree). This finding has been found as a process in affirmative business development for individuals with mental health disabilities (Radloff-Gabriel, 1997). The ability to resolve conflicts arising during the development of an affirmative business has been shown to be important because a person’s ability to get along or function socially with others is a predictor of future employment (Torrey, Mead, & Ross, 1998, Conference Board of Canada, 2005).

During the outreach phase of development, the affirmative business self-employed additional offenders with mental illnesses, including those with greater needs. This provided additional opportunities to business associates already established in the business, by enabling them to provide training, leadership, mentoring, and peer support to the newcomers. This expanded and enriched the ongoing support provided by the OT, expanded the business associates’ capabilities, and expanded the affirmative business’ capacity.

Business associates with greater support needs who entered during this phase needed to develop or reclaim skills to become capable workers. Workplace accommodations were made for those with symptoms of mental disorders. The OT supported the new business associates. The business associates were supported over time to find what Law (2002) referred to as “the just right challenge”. This insured that the tasks they completed were personally meaningful because they involved: (a) a feeling of
choice. (b) a supportive social and physical environment, (c) a focus on the task, (d) a sense of challenge from the activity, and (e) a sense of mastery (Law, 2002, p. 642). These types of supports emphasized the business associates’ abilities so that they could be seen as capable workers.

The use of a CED approach within the affirmative business helped the business associates build social as well as material capital. The accumulation of skills and knowledge embodied in their work during the outreach phase began to have economic value; their social contacts began to increase their productivity; and they began to make decisions about their business as a community, including decisions about their own health and well-being.
Figure 3: Transformation Phase – Building Sustainability

Everything inside the inner circle represents the affirmative business. The annulus between the inner and middle circles represents the prison, and the annulus between the middle and outer circles is the community. The boxes outside the circles represent waitlists and releases. Boxes outside the circles represent waitlists and releases.

Phase 3: Sustainability

Transformation Phase

The critical tasks in the transformation phase included: finding ways to buffer the vulnerability of the affirmative business to shutdowns and staff shortages, finding and
supporting niche markets, and the development of entrepreneurial cultures to support self-reliance. The transformative phase process model (Figure 3.) contains the three enabling processes that surround and interact with the business associates within the affirmative business itself: (1) Supportive Actions and Attitudes, (2) Recovery and Empowerment, (3) Self reliance, Efficacy and Control. They will be discussed to reveal specific actions and strategies.

Vulnerability of the affirmative business to the changing prison environment became evident during the transformation phase as employment opportunities within the affirmative business were limited, and demand outstripped the business’ capacity so that ongoing wait lists needed to be kept. In addition, some offenders who wanted to work in the affirmative business were not able to join because of security restrictions that limited their movement. Reduction in staffing resources and clinical programs continued to place additional demands for employment on the affirmative business. When the OT was absent, no one was available to run the business, and the business associates could not work. During the transformation phase, the affirmative business area was shut down one day a week, further limiting access and the amount of income that could be generated by the business.

The OT began to work with other staff members to increase capacity for employment during these shutdowns by building increased capacity for employment in other areas. Two grants were applied for and received during the transformation phase to start unit-based employment, through the creation of an artist co-operative. The artist
cooperative was based on many of the processes put in place by Free Spirit, including the operational, financial, and charitable donations systems. They were also facilitated by the OT and shared space with Free Spirit, although most of the work was completed on the prison units.

Self-employment within the affirmative business had given the business associates a degree of status. The findings during this phase suggest that the business associates had become proud of their accomplishments and those of the affirmative business. They also appeared pleased with the employment policies and practices that developed from the use of community focused CED approaches.

The affirmative business began to meet the needs of existing markets and other markets that did not create a good fit were dropped. Existing, more accessible markets that were sustainable and that were a ‘market niche’ for recycled materials were maintained. These markets ensured that the demand for products was consistent and that the occupational performance needs of the business associates could be met in an active and self-sustaining manner. They also reinforced the affirmative business associates’ pride in creating green products and reduced their need for financial outlay of money for raw materials, consistent with a CED approach (Boothroyd & Davis, 1993).

A three-phase process that varied in time for each business associate became apparent during this phase wherein the business associates began to rely less on the occupational therapist as they became better able to help themselves. Over time, they required fewer supports or accommodations either because they had developed ways to
cope or their symptoms had lessened. They gained new skills and began to be self-directed, feeling more capable, self-reliant, and in control. They also began to rely more just on being able to work in the affirmative business than they did on the occupational therapist or others for support to help them cope. They took on leadership and support roles as new business associates entered the affirmative business. Through the process of gaining increased control they learned what their needs were, and therefore they were better able to advocate on behalf of their own needs. The business associates began to state the importance of focusing on the well-being of the business members, got help from one another within a low stress environment where they worked well with others, learned patience, and felt calm within an atmosphere of social trust.

An entrepreneurial culture typical of social businesses developed in which the business associates talked about beginning businesses of their own in the community or becoming members of existing alternative businesses upon release to the community. They began to speak about the importance of alternative employment opportunities to continue their recovery gains. However, they also talked about not being able to get a job in the competitive market because of the double stigma of being an ex-offender and having a mental illness.

The business associates perceived that behavioural control shifted from “I won’t look for employment because there is nothing out there for me” (A), to “I can begin my own business” (A), or seek employment within an alternative business in the community where “I will be accepted” (A), and can continue to grow. They now viewed themselves
as individuals with skills who were able to help others with a spirit of collaboration and support.

During this phase, Free Spirit shared their resources and donated equipment and shared experiences with other employment ventures within the prison treatment centre encouraging the replication of like processes of CED. This help and encouragement supported the view that others within the prison treatment centre were capable of employment. This replicated Free Spirit’s CED approach that emphasized elimination of community marginalization to favour those in need, where mutual commitment, sharing, and caring, and the integration of social and economic development are primary concerns (Boothroyd & Davis, 1993).
Chapter 5
Discussion

This study used a qualitative intrinsic case study method (Patton, 1990) to evaluate the process of affirmative business development within a federal correctional facility for offenders with mental illness. A holistic descriptive account of the experiences of the business associates examines how the participants changed through their involvement, and the challenges and benefits they experienced in the development of the Free Spirit Affirmative Business.

The purpose of this chapter is to discuss the findings and to highlight key implications for future affirmative business development. The discussion will start with the limitations of the study. The findings are then linked to existing research about affirmative business models and social learning, core processes of affirmative business development, workplace accommodations as a social process and areas of controversy. The discussion next examines the participatory research approach used to conduct this study. The discussion then explains the use of the models, theories, and approaches and how they are integrated within the theoretical framework used to set the parameters of the study. Thus with the process of affirmative business development as it applies to the Theory of Planned Behaviour (TPB) to support the findings within three overlapping processes of behavioural change. The Canadian Model of Occupational Performance and Engagement (CMOP-E) is then applied to uncover the person-occupation-environment
interaction to enable occupational engagement. An approach to CED that stresses community over profit or business is then used to view the development of the affirmative business over time. A discussion of the relevance of the study and the authors’ personal reflections of the research process follows. The discussion ends with a consideration of future implications for the development of affirmative businesses for offenders with mental illness and with suggestions for further research.

**Limitations of the Study**

This study used a participatory research (PR) design. PR is a research method that is applied particularly in conditions where individuals experience marginalization and oppression (Kemmis & McTaggart, 2000). The idea is that the design of the research enables understanding of and control over important aspects of individuals’ lives to enable them to gain control over their lives while revealing the processes of business development. Efforts were made to apply PR techniques and strategies that have been discussed in the literature; for example, consensus decision-making (Danley & Ellison, 1999). In spite of this there are six limitations to the research process as conducted.

The interview data may have included responses influenced by social desirability, personal bias, anxiety, or the participant’s emotional state at the time of the interview (Merriam, 1998). This is a concern for all PR research and for work in corrections where conditions of constraint and possibility of sanctions for institutional rule violation are always possible and are negotiated daily by the participants. PR is based on the ownership and control of the developmental process. It is expected that the business

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associates are concerned about self-presentation when interviewed by this researcher and may have offered more positive assessments of their involvement in the affirmative business. Although this undermined response validity, other ways to enhance data quality such as the use of historical documents and searching for data inconsistencies helped to reduce this bias.

The interview data may have been subject to recall error although this is lessened by the use of multiple sources of data such as artifacts and documents. Reactivity of the interviewee to the interviewer and self-serving responses may be a particular aspect of concern, given the researcher’s investment and six-year history in the business process. One of the ways that this was dealt with was by reminding the participants that the evaluation was about the process of business development and not about the individual participants or the researcher and also that their responses would be anonymous. The business associates may have been reluctant to share negative opinions or experiences and instead gave the preferred social response because they felt it might jeopardize or limit their role in the affirmative business, be threatening to the group, or become a barrier to future decisions.

The limited situations that were sampled, the constraints of temporal sampling, and selectivity in whom or what was sampled also posed limitations. However, through using a variety of sources and resources and the participatory research approach, the principal researcher and the research team members could build upon the strengths of each type of data collected. It is hoped that this triangulation minimized the weaknesses
of any single approach, thus giving a more complete picture of affirmative business development over time.

Because the researcher was also the clinician who created the business with the business associates, there is potential researcher bias on the part of the principal researcher. The research participants may have reacted differently to the researcher as opposed to an unknown researcher who may have been perceived as more objective. Emanuel and colleagues (2000) point out the importance of building in independent review processes as a method of minimizing the influence of potential conflicts of interest. In this study, an independent review of the research by experts in this field included Dr. Terry Krupa and two other professors on my research committee. In addition, the multiple strategies used to involve the research participants helped to reduce the bias of the principal researcher.

One important limitation of the study is that the study design included only people who were involved in the business; it did not involve individuals who could not access the business, and they therefore did not have a voice. Those that could not or did not want to access the business were not involved in the study. For example, some individuals may not have been encouraged to apply to join the affirmative business, and the research design does not allow us to understand the reasons for this. Their stories were unexplored, creating a limited understanding of how the process of affirmative business development related to this group. This limits our understanding of critical aspects of business development.
The study helps to understand what processes may provide benefits or create challenges in the development of an affirmative business within a correctional setting. The finding of this study will contribute to development of a conceptual framework for the development of employment initiatives for offenders with mental illness.

With increasing numbers of offenders with mental illness being put into the corrections system, there continues to be pressure to consider how to best address their needs and issues within a prison environment. It can also be expected that segregation from work opportunities within prison will continue to be an issue. This lack of work opportunities is not good for the health, recovery, or reintegration needs of offenders with mental illness, or for the prison environment.

This Study’s Affirmative Business Model and Social Learning

The affirmative business model that is the focus of this thesis provides one potential model of employment. Similar to the literature and research related to affirmative businesses focusing on individuals with serious mental illness living in the community (Krupa, 2003; Tremblay & Trainor, 1992; Brown, 2002) this study suggests that supported enterprises, such as the free spirit affirmative business model, have potential to proactively create employment opportunities for incarcerated offenders with mental illness and to contribute positively to their mental health. Supported enterprises, such as the affirmative businesses, have been associated with challenging both the societal views of incompetence and the self-stigma that ensues (Church, Schragge, Fontan & Ng, 2008).
Church and colleagues (2008) found that these challenges to societal views and self-stigma are accomplished through ‘social learning’. Church (et al 2001, 2008) described ‘social learning’ as informal learning, which takes place through casual interactions among participants outside of formal programming. They identify three different aspects that happen simultaneously in the community sector: organizational learning, solidarity learning, and reshaping the definition of self. In this case study, this type of social learning appears to have been present. Over the three phases of affirmative business development, it became apparent that prison staff were coming to a new appreciation of the employment possibilities of offenders with mental illnesses, existing work organizations (such as CORCAN) were increasing their interactions with affirmative business, and the business associates themselves were coming to see themselves as capable.

In this study, as the affirmative businesses associates developed and operated their business, they began to have positive social interactions with prison staff, volunteers, community groups and other offenders: This is social learning. Through their work in the affirmative business they came to understand themselves as capable, and subsequently they developed a new positive understanding of their own capacities and potentials, both as individuals and as a collective. This resulted in creating more positive views of themselves and a reduction in self-stigmatization.
Core Processes of Affirmative Business Development

This case study focused on identifying and describing specific processes of business development. Based on their research of a variety of business models applied internationally, Neufeldt and Albright (1998) identified four core processes, referred to as “foundation stones,” in the development of business models for persons with disability: a) self-directed identity; b) the right know-how; c) accessible, appropriate resources; and d) an enabling environment. They link these foundation stones to specific strategies for business development. These foundation stones and corresponding strategies will be examined here, in relation to their relevance to this study, with a view to pointing out similarities and differences to lead to a better understanding of how they apply in a prison environment.

The first foundation stone is self-directed identity – the development of the personal qualities intrinsic in the successful development and involvement in a business. Within this foundation stone, one important determinant of success is related to the qualities of the person who starts the business. In this study the occupational therapist developed the affirmative business to create meaningful occupation to enable recovery. The OT visited the local community to provide successful examples of affirmative businesses in the community and within the local psychiatric hospital’s secure forensic unit in partnership with the hospital. The OT’s contacts with the community affirmative businesses provided successful examples, guiding her to seek out and access the required resources and complete the necessary preparation work (e.g., business plan, marketing plan, proposal). The community affirmative businesses modeled the ongoing operation
of an affirmative businesses and provided knowledge, vision, and ongoing support to the OT. These kinds of qualities contribute to the overarching foundation of self-directed identity.

The success of the self-directed identity foundation stone also concerns awareness-raising strategies to empower workers. These strategies include both community economic development and help to counteract the stigma of having the label of a person with a mental illness. They are also both qualities intrinsic in the successful development and involvement in a business. These strategies increase insight and motivation, which are precursors to developing the sense of self-reliance and contribution to community that is needed for affirmative business development. It is also essential to challenge existing thinking and attitudes so that people with disability become motivated to pursue long-term objectives.

In the Free Spirit Affirmative Business, the process of developing a core identity was fundamental to the business’ development and success. This was particularly vivid in the first phase: overcoming skepticism. However, in the context of the prison and the correction system, specific issues related to multiple labels emerge for consideration. Labels such as ‘offender’, ‘mentally ill’, ‘sex offender’, and ‘brain injured’ constrain the goals of developing a core identity at multiple levels in the prison and in the community. These constraints are even seen with regards to market products; for instance, some customers would outwardly reject products made from recycled ‘offender’ blue jeans. Specific strategies to make products for pets rather than people were used to address
these marketing issues. Other strategies such as volunteerism were used to both open community markets and contribute to re-labeling.

Neufeldt and Albright (1998) also say that the development of a core identity is promoted through participatory decision-making processes. A participatory process is used to facilitate a sense of solidarity to help the business associates overcome issues of mutual concern and to increase their perception of themselves as being capable. Evidence from businesses studied by Neufeldt and Albright (1998) suggests that, over time, the implementation of processes, to enhance workers’ motivation and sense of empowerment, combined with supported decision-making based on the participants’ priorities, increases the success of small business enterprises.

Neufeldt and Albright’s (1998) second foundation stone for successful business relates to the development of the various forms of knowledge and skill. Three kinds of know-how are identified as being important to succeeding: literacy and numeracy, technical skills, and business practices. Within the Free Spirit affirmative business, developing these kinds of know-how was fundamental to affirmative business success.

At first, the occupational therapist provided technical skills training. Once the business associates developed adequate technical skills, she actively encouraged them to support one another. Work instructors in the adjacent prison also came in to provide technical skills for work on the industrial sewing machines.

The occupational therapist worked with the prison finance department and the business associates to complete processes for sales and the development of financial
practices to ensure that the workers could understand, oversee, manage and take responsibility for the affirmative business account. All financial transactions were checked and signed off by the business associates and the occupational therapist to ensure accountability.

Procedures, such as financial and security procedures, for affirmative business development within the prison treatment facility are specific to this corrections setting and require knowledge that is ‘prison-specific’. Such policies and procedures are unique, and not necessarily generalizable to community environments. This needs to be considered when preparing people for leaving prison for the community and when developing affirmative businesses in a different correctional environment. In addition, workers in the prison business cannot stay indefinitely, based on their sentence length, and so, knowledge training needs to be developed from the perspective of an ever-changing workforce, where leadership potential developed within the offender population disappears.

Neufeldt and Albright’s (1998) third foundation stone is the development of accessible and appropriate resources. Their strategies include training approaches providing material resources, business advice, and other business-related resources. Developing accessible and appropriate training in the Free Spirit Affirmative Business involved the OT’s matching of the interests and aptitudes of the people to be trained with real opportunities available in the business and the larger prison environment, as well as bringing in information related to the business from the business community.
A key process of the business was to review skills the business associates had already. Ways were then found to incorporate or adapt those skills for use within the affirmative business. The business associates were encouraged to offer peer support, to train others and to provide opportunities to practice skills that were vital to skill development and sustainability. Activity analysis and knowledge of ways to best fit the learning needs of the business associates were used to address and compensate for issues surrounding mental illness and learning disabilities. Developing trusting relationships between workers and staff was key to training.

Accessing entrepreneurial relationships, such as business consultations, was difficult in the prison environment. The affirmative business enabled these relationships by working with individuals in finance in order to establish some of these resources. This gave Free Spirit associates assistance with business and marketing plans. A common focus on environmentally friendly ‘green’ and supportive relationships with the adjacent prison laundry gave the affirmative business plentiful access to free clean materials to recycle. Entrepreneurial relationships with the prison museum enabled marketing partnerships that were simple and sustainable.

Neufeldt and Albright’s (1998) final foundation stone is an enabling environment. This foundation stone includes strategies to bring society on side to reduce discrimination and promote acceptance. Unlike strategies described by Neufeldt, Free Spirit business strategies, to a large extent, depended on a “go-between” person, given the constraints of prison at accessing the community. Whereas in the community, businesses depend on
building on personal networks (e.g., family connections), in prison, offenders do not come with large support networks and/or even accessible support networks. So strategies depend on building support network within prison walls and with community partnerships with a “friendly” orientation towards offenders.

A part of creating enabling environments is to engage the citizenry of local communities. Neufeldt and Albright (1998) found evidence that community involvement strategies can shift attitudes towards people with disabilities in a positive direction by providing positive images of disabled people. This shift of attitudes was evident in the process of affirmative business development within the prison. Through community partnerships Free spirit produced environmentally friendly products from recycled prison materials and sold them in community markets or donated them to community charities. Such ‘green’ initiatives helped to create contradictory labels where ‘offenders with mental health disorders’ could be relabeled as ‘business men’ who produced environmentally sustainable products that were affordable and accessible and good for the environment. As well, associates’ volunteerism fostered personal relationships between community members and the Free Spirit business in normal community activities. These initiatives created positive images of the business associates out of context with what others might have expected and worked in reducing discrimination and promoted acceptance.

Another key process element of the business development within this foundation stone was the creation of a flexible work structure to help address and accommodate for
the needs of offenders with mental illness. There is evidence that work disability duration is significantly reduced by work accommodations and contact between healthcare provider and workplace interventions (Franchise, Cullen, Clarke, Irvin, Sinclair, & Frank, 2005).

Affirmative Business Models and Accommodation Needs

Social models of disability place the responsibility for exclusion of persons with disability in worker roles and activities within a social context and have increasingly recognized the accommodation needs specific to workers with mental illness. These models consider disability a consequence of environmental, social, and attitudinal barriers that prevent maximum participation in the workplace; if these barriers are removed, people will be viewed as having different abilities and greater opportunity to participate in society (Myhill & Blanck, 2009). However, work-related accommodations within this literature have largely been described on the individual level, involving changes to work activities for one person from the ‘norm’ of the work environment or work structure. Accommodations related to affirmative businesses have been conceptualized at the level of the business structure rather than attached to any one individual; in essence, the business itself is organized to meet the needs of a community of people while meeting economic goals (Brown, 2002; Krupa et al, 2003).

In this case study, the development of a flexible and accommodating work environment was a core process of the business. This was ongoing, and while a ‘flexible’ structure was established early on, specific accommodations developed as the business
evolved and the needs of the community of workers changed. Table C summarizes specific accommodations made throughout the process of Free Spirit’s business development.

**Table C. Accommodations Made Throughout the Process of Business Development**

<table>
<thead>
<tr>
<th>Learning Accommodations</th>
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<tbody>
<tr>
<td>Multi-modal and concrete approaches</td>
</tr>
<tr>
<td>Allow additional time and supports for learning new tasks</td>
</tr>
<tr>
<td>Demonstration of how to complete tasks, provide examples</td>
</tr>
<tr>
<td>On the job training to gain the right-know-how for business</td>
</tr>
<tr>
<td>Learn by doing one step at a time, over-learning, tasks and steps kept brief and focused</td>
</tr>
<tr>
<td>Frequent prompts multi-modal</td>
</tr>
<tr>
<td>Teach and engage in activity analysis to break down tasks (staff and workers)</td>
</tr>
<tr>
<td>Observation and assessment of task to provide analysis and procedures, modify, match</td>
</tr>
<tr>
<td>and train according to evaluation of difficulty</td>
</tr>
<tr>
<td>Simple step-by-step graphic charts using real examples of tasks posted above workstations</td>
</tr>
<tr>
<td>Adapted instructions for non-readers and those with limited literacy skills</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Structure &amp; Supported Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announce work on the units and escort from the unit to the work area</td>
</tr>
<tr>
<td>Days off, leaves, reduced / increased hours, work to take from affirmative business to</td>
</tr>
<tr>
<td>living unit</td>
</tr>
<tr>
<td>Scheduled and unscheduled breaks</td>
</tr>
<tr>
<td>Short regular business meetings / organization structures with shared roles</td>
</tr>
<tr>
<td>Design work areas to needs of worker(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptations for Social Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend to processes and group development</td>
</tr>
<tr>
<td>Use written instructions and visual cues for social skills and processes.</td>
</tr>
<tr>
<td>Use of simple rules that are repeated routinely.</td>
</tr>
<tr>
<td>Role-play and rehearse social interactions.</td>
</tr>
<tr>
<td>Cooperatively develop alternate approaches.</td>
</tr>
<tr>
<td>Develop and teach ‘recipes’ – simple steps for decision-making or problems solving.</td>
</tr>
<tr>
<td>Develop and identify on-the-job resources for problems solving such as staff or peer</td>
</tr>
<tr>
<td>support and mentoring</td>
</tr>
<tr>
<td>Find and nourish effective partnerships</td>
</tr>
</tbody>
</table>

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Find and nourish niche markets
Recognize, understand and adapt methods to increase/empower self-direction and positive community identity include recognition and challenge of “double stigma” through reframing
Develop, enable train-the-trainer, peer support, nourish leadership roles to assist peers
Teach self-advocacy skills so that associates could identify their needs individually and as a group

<table>
<thead>
<tr>
<th>Accommodations Related to Functional Impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find positive ways to deal with anxiety (e.g., providing chairs that rock, refreshment breaks etc.)</td>
</tr>
<tr>
<td>Pace training individually, and provide support, keeping performance demands low and feedback positive</td>
</tr>
<tr>
<td>Reduce novelty through repetition of tasks and steps and include limited choice</td>
</tr>
<tr>
<td>Present information in multiple formats, or alternatively, limit the number of formats used depending on need or worker</td>
</tr>
<tr>
<td>Allow work at own pace</td>
</tr>
<tr>
<td>Increased tolerance for errors</td>
</tr>
<tr>
<td>Find out what workers are good at, develop products that tap into interests, goals, aptitudes, skills and resources, capitalize on personal strengths and compensate for vulnerabilities</td>
</tr>
<tr>
<td>Allow choice of work or provide limited choices that can be altered day-by-day</td>
</tr>
<tr>
<td>Teach associates to identify these needs amongst themselves and co-workers.</td>
</tr>
<tr>
<td>Monitor thought processes by having the worker think aloud.</td>
</tr>
</tbody>
</table>

While many of these accommodations are similar to work accommodations described in the related mental health literature, some are different in the extent to which they are integral to the central business structure rather than an individual-oriented accommodation (Gates, 2000; France, Cullen, Clarke, Irvin, Sinclair, & Frank, 2005). For example, the products made were often based on the needs, abilities and aptitudes of the workers’ that changed over time rather than having the business associate learn to produce existing products made in the business. As the business expanded, workers with
more skills remained in the business while workers with greater needs joined. This created situations where the higher needs of new workers with more serious disabilities challenged the existing business structure. Additional needs resulted in a greater number of workplace accommodations, a greater need for more able business associates to help less able business associates and the adaptation of many products to reduce complexity.

This case study demonstrated that the flexible structure of the business was often in response to the prison environment rather than the needs of individual associates. For example, the hours of operation were guided by security protocols such as counts rather than the needs of the business associates.

Controversy About Affirmative Business Models

Affirmative and other types of social businesses have been the subject of controversy in the areas of disability and community mental health. The notion of developing a business to sell products and services to the public as a strategy for improving employment opportunities and outcomes has been subject to criticism (Easterly, 2005). Issues raised include the extent to which affirmative businesses promote segregation versus integration, the extent to which they are financially sustainable without government subsidy, and the extent to which depending on developing new businesses, which are highly uncertain, is a good strategy. Similar issues emerge in this case study. This affirmative business only provided employment opportunities for the offenders within the prison treatment facility, and it remained “segregated” from larger prison work opportunities. Although there was evidence that this barrier was decreasing,
with work coming to the affirmative business from CORCAN, it remains to be seen the
extent to which it will lead to integration within or outside of prison.

Employing only offenders with mental illness may be criticized as contributing to
the segregation of offenders with mental illness. The business associates did not
experience a ‘normal’ employer-employee relationship because the employer of the
affirmative business was ultimately themselves, with permission and directives from the
prison treatment facility. The affirmative business’ structure neutralized the disadvantage
of not having access to employment within the prison by providing employment, utilizing
the principles of supported employment to provide well-matched supports and just-right
challenges.

The use of CED approaches helped to reduce power-over relationships and
fostered power-with relationships. Neath and Schriner (1998) believe that the nature of an
agency-sponsored business makes it impossible to eliminate power-over that exists
because of institutional positions of authority. This appears especially true in a prison
treatment facility, where the staff members are also peace officers and ultimately
responsible for the security and safety of all individuals within the facility.

The day-to-day operation of the affirmative business followed a democratic
process and utilized consensual decision-making practices. Tasks were shared and
responsibilities rotated or supported depending on how individuals were doing on a
particular day. Neath and Schriner (1998) suggest that the use of democratic processes in
worker-operated businesses encourages worker control, worker self respect, and
satisfaction; high productivity (due to worker motivation and better working conditions); job preservation in times of recession; creation of more jobs; and responsibility to the wider community (e.g., concern with environmental issues).

The use of CED approaches to guide affirmative business development enabled the business associates to decide for themselves to keep the number of business associates at less than 14 members. Neath and Schriner (1998) state that worker cooperatives have been found to be better at developing power-with relationships. Increased business involvement, facilitated through the use of a CED approach that emphasized community, led to the strengthening of the business associates’ personal identity of being capable workers and the group’s identity of being a viable, sustainable business within the prison treatment facility. Strengthened personal and group identities foster a sense of community belonging. An increased sense of community belonging has been found to contribute to rehabilitation for offenders and in desistance from crime (Lemos & Crane, 2009). However, these potential benefits must also be evaluated in the context of limitations caused by significant reductions in staffing resources and a cut-back of other programs within the prison treatment facility (Hospital Accreditation, 2001, 2004). The Canadian Hospital Accreditation (2004) report recommended the “re-establishment of needed clinical programs targeted toward the goal of reintegration with appropriate job, social, and daily living skills” (p. 64).

Issues related to financial sustainability are also complicated in a prison environment because all of the work opportunities are integrated within the prison’s
structure and policies. Considerations like re-numeration for work done are subject to Commissioner’s Directives and other prison policies. There will need to be specific evaluation criteria for affirmative businesses in corrections to more clearly define what constitutes success.

With increasing numbers of offenders with mental illness in corrections, there is pressure on prison administrations to consider how to best address their needs and issues within the prison environment. It is expected that segregation from work opportunities within prison will continue to be an issue without direct consideration, a state of affairs that is not good for the health of offenders with mental illness, or for the prison environment. The affirmative business model that is the focus of this thesis provides one potential model of employment. Similar to the literature and research related to affirmative businesses focusing on individuals with serious mental illness living in the community (Krupa, et al 2003; Tremblay & Trainor, 1992; Brown, 2002), this study suggests that supported enterprises, such as the affirmative business model, have potential to proactively create employment opportunities for offenders with mental illness, and to contribute positively to their mental health.

These developments have occurred within the prison treatment centre and local community but have yet to occur within the larger infrastructure; for example, at the time of this study, there were no established formal policy supporting business links between existing institutional businesses and the Free Spirit Affirmative Business.
Opportunities for the Future

Throughout the development of the affirmative business, a factor that helped advance this supported employment initiative was the lack of other employment opportunities in the prison treatment facility for offenders with mental illness. As supported employment in other areas becomes available, the vulnerability of the affirmative business will have less of an impact on the well-being of offenders with mental illness because they will have additional supported occupational choices. For example, it is hoped that the success of the affirmative business and the abilities of the business associates may be viewed by CORCAN as an opportunity to begin other successful business ventures with offenders who have mental illness.

The findings suggest that the long-standing strength of the affirmative business may be due to the sense of community in the workplace and the importance of work in the recovery process. The supportive atmosphere may explain why attrition was low, with few members leaving the affirmative business until their release to another prison, or the community.

Study Framework

The framework chosen explains how the affirmative business developed to support and address the challenges and benefits throughout the three phases: The development phase, the outreach phase and the transformation phase. No single model could suffice to provide a theoretical framework to guide the study. The framework includes three perspectives: The Theory of Planned Behaviour (TPB) to predict future
behaviour change; the Canadian Model of Occupational Performance and Engagement (CMOP-E) to understand and apply evidence to the client-centered practice of occupational therapy; and the Community Economic Development (CED), approach that emphasized business and economic development to support the business members as a collective of workers.

The Theory of Planned Behaviour

This study advances our knowledge of the development of an affirmative business within a prison for offenders with mental illness by looking at the relationships between attitudes and behaviour as proposed by the Theory of Planned Behaviour (TPB) (Ajzen, 1991). These associations were applied within the key perspectives of the TPB: behavioural beliefs and attitudes toward the behaviour; normative beliefs and subjective norms; control beliefs and perceived behavioural control, and behavioural intention and behaviour. They were used to advance our understanding by helping to predict future applications of the affirmative business development processes within correctional settings and anchor the findings within the three overlapping processes of behavioural change.

The behavioural beliefs / attitudes toward the behaviour perspective of TPB assumes the perspective that work in the Free Spirit Affirmative Business helped the business associates develop positive attitudes about employment. The individual and community success of the affirmative business led to the building of more favorable social attitudes, which resulted in increased social pressure for employment. The
business associates’ increased levels of perceived control of their employment behaviours led to increased intention to seek employment. This was demonstrated through the increasing numbers of self-referrals from all units, including from offenders with greater degrees of disability, which demonstrated the need of increased supported employment capacity. During the first phase of business development, the business associates lacked the deliberate intention of seeking employment, and there were few employment opportunities for offenders with mental illness within the treatment centre. As a result, opportunities to see offenders with mental illness engaging successfully in meaningful employment were limited until the outreach and transformation phases. During the later two phases of business development, positive attitudes were fostered that viewed offenders with mental illness as capable of working.

The normative beliefs / subjective norms perspective of TPB assumes that work in the Free Spirit Affirmative Business helped the business associates, staff and community members view employment as a social norm for offenders with mental illness. During the first phase of business development, the business associates lacked normative beliefs around employment, did not view themselves as capable of employment, had few social pressures to engage in employment, and lacked attitudes that encouraged employment. This led to a reduction in their perceived behavioural control, which again reinforced their underlying skepticism and reduced their behavioural intention to engage in work.

The process of providing ongoing supportive actions and attitudes became essential during the development phase so that offenders with mental illness could move
beyond skepticism through a process of gaining self-reliance, self-efficacy, control, pro-social empowerment, and recovery to view themselves and be viewed by others as capable of working. This process involved calling the offenders “business associates,” reinforcing that they were self-employed within their own business.

This process in turn increased their behavioural intention to engage in self-employment within the affirmative business and, upon their release, within the community. It follows, then, that if supported employment opportunities such as work within an affirmative business are available for offenders with mental illness, then the opportunities to increase their intention to seek employment would also be available. Thus offenders with serious mental illness would have increased access to the benefits of employment (e.g., enhanced community reintegration, increased recovery measures, and improved community supports).

Early successes began to enable the associates’ view of self-employment as a possible means of creating choices and opportunities (Henry & Lucca, 2004). Fostering success and enabling attitudes about employment by overcoming the barrier of skepticism was a crucial task of the occupational therapist to increase perceived behaviour control, encourage normative beliefs of employment and facilitate the business associates intention to engage in self-employment.

As the business associates self-reliance, self-efficacy, and control of symptoms increased, so did the beliefs of behavioural control. These beliefs began to overcome the challenges created by skepticism, thus enabling the affirmative business, its economy,
and its community to grow. The process of recovering a sense of self and purpose is important in the process of recovery (Deegan, 1988). This process was evidenced during all three of the phases of the affirmative business’ development at both an individual and community level, and it helped the business associates feel a part of a larger community, becoming less isolated and better able to cope.

The TPB has been applied within correctional research to explain and predict behaviour change. It has not been applied previously to offenders with mental illness, and this is where limits of application exist. As developed, the TPB could not address issues of specific relevance to recovery from mental illness. What this research advanced is an understanding of behavioural change related to working with mental illness, such as managing with symptoms and negotiating additional stigma caused by the ‘label’ of offender with mental illness.

Although emotional changes known to be important in recovery from mental illness (e.g., such as having a sense of meaning or purpose) were associated with employment throughout the processes of affirmative business development, the TPB does not predict the emotional changes attached to occupation. On the other hand, the study advanced understanding of the emotional aspects of working, such as anxiety, distress, fear, which are very relevant to mental illness and are assumed to sustain or worsen the illness. The study advanced our understanding of the experience of participating in an affirmative business as positively influencing emotion, by providing manageable stress opportunities needed to foster well-being and employability.
The Canadian Model of Occupational Performance and Engagement

As an occupational therapist, I used the Canadian Model of Occupational Performance and Engagement (CMOP-E) to connect the values, beliefs and assumptions of occupational therapy to each business associate, the affirmative business and occupations (CAOT, 2007). The relationships and processes among each business associate, his environment, and his occupation influenced the benefits and challenges seen in all occupational performance areas within the affirmative business.

At first I, and later on the business associates themselves, accessed and directed the developments within person, environment and occupation. The study demonstrates that processes were necessary to assess, access and provide ongoing support to person, environment and occupation to enable the business associates to become increasingly self-reliant. The study also illustrates that it was important to identify the barriers and the supports that changed over time throughout the processes of business development. The CMOP-E was a useful model as part of the overarching framework to both conceptualize the person-occupation-environmental transactions and to facilitate interventions for each business associate and the affirmative business community.

From an occupation perspective, occupation is the process of being engaged in working on tasks and activities for a business’ operation. The CMOP-E was useful for examining the interplay between the person, environment and occupation within the affirmative business. Throughout the development of the affirmative business, the aim was to provide meaningful work in an employment setting that met the needs of offenders with mental illnesses. To accomplish this, efforts were made to create an environment
that fit the needs of the business associates. Efforts to create meaningful work or occupation refer to engaging the business associates in purposeful and valued activities. For the occupations to be purposeful, they needed to be congruent with the work environment, that is to contribute to the requirements for the operation of the affirmative business and still match the business associates goals, hopes and needs. The occupations within the affirmative business fulfilled a function for both the business associates and the institution.

The CMOP-E was used as a tool to conceptualize the processes, as well as the components of meaningful work provided by the affirmative business. The study findings identified that the meaning of work for the business associates was linked to changes in their self-concept as part of the recovery process. The CMOP-E allowed the ‘fit’ between all three dimensions of person, environment, and occupation to change and develop over time.

The business associates renegotiated their identities over time in the business in an effort to have their new sense of self match what they were experiencing in their occupations within the business. The business associates began to experience a greater sense of self-reliance, self-efficacy, and control of their symptoms. The business associates began to understand that they needed to make connections with the occupations, the individuals in the business and the business itself as well as the prison and community environments in order to engage in the process of recovery. The occupations within the business needed to support the business associates’ growing sense
of competence over time, and this required the OT’s ongoing supportive actions and attitudes to promote congruence between the occupations and the environment to enable the associates to make regular valued contributions.

The CMOP-E places importance on occupation and helps to illustrate the role that occupation has in facilitating and engaging the recovery process and increasing self-reliance, self-efficacy, and control. This model appeared to have sufficient flexibility to illustrate complex processes over time within changing contexts, and at the same time it had a simple enough structure to provide a clear understanding. Also, the CMOP-E highlights the importance occupation plays in the lives of the offenders with mental illnesses and facilitates planning interventions in the areas of person, occupation and environment. In this study the model helped to conceptualize strategies to improve the person-occupation-environment fit, and in so doing, how the business associates experienced the development of the affirmative business over time.

The CMOP-E is helpful when related to occupational performance and engagement, but it has largely been developed and applied in community and non-secure settings where individual choice is not constrained by a prison mandate. Correctional secure settings are known as environments rife with occupational deprivation, that is, environments where occupational choices and opportunities are systematically limited/constrained. The study advances the application of this model within secure settings by exploring how occupational choices and opportunities can be created,
sustained, and supported; for example, the creation of an occupation where there is no obvious market niche.

**Community Economic Development**

Theories about community economic development stress the importance of attending to economic gains of business development, as well as the development and maintenance of a ‘community’ (Church, 1995; Strong, 1998). Both of these focuses were important in understanding the process of affirmative business development in the correctional setting. Tensions arose as the affirmative business needed to balance the personal and developmental needs of the individual business associates while supporting a sense of community. While the affirmative business needed to make decisions and policies to function, at the same time it had to deal with the tensions created by these policies. For example, decisions had to be made to find the balance among increasing the number of new business associates who had greater needs; allowing more experienced business associates to perform learned business tasks and functions independently; and take the risks of allowing more experienced business associates to learn and to teach others.

The business associates felt that they were contributing to a community of people while focusing their efforts to develop the affirmative business. They were each contributing to something larger than themselves and thereby gained a different perspective of themselves as a member of a collective of self-employed individuals. They reported that when they connected with the affirmative business, they felt a sense of
belonging and of being valued for their contributions. These contributions included being able to give to community through donations of money or products in kind. These contributions also enabled them to self-fund their business efforts when programs budgets were cut ensuring the sustainability of their business through their own efforts. Self-employment efforts within the affirmative business also appeared to be a source of pride to the business associates where work is considered a normal role for adult men under the age of sixty-five. This helped them to develop community in ways that are not available within other types of community development (e.g., such as leisure programs) without a focus on the economic health of the community.

The business associates were presented with new challenges and experiences while working within the affirmative business; with each successful experience, in which they credit their own efforts and the help of others, their self-efficacy, self-reliance, and sense of control improved. Their participation in the day-to-day running of the business as part of a collective was important to the facilitation of the empowerment process and support. This finding agrees with Deegan’s (2003) belief that participation interrupts the cycle of disempowerment. Some of the associates took on more initiative and leadership roles in the operation of the business as they began to feel increasing ownership in the process of affirmative business development over time. As feelings of control, self-reliance, and self-efficacy about their abilities to work increased, the business associates began to talk amongst themselves about joining other affirmative businesses in the community upon release.
The affirmative business provided a communal refuge where the associates could escape the labels of the prison, and experience supported camaraderie, peer help and feelings of belonging. By the use of a community-centered approach, the power was shifted so that the business associates had more control over the business, and in this way they were recognized as the experts. The process of identifying and clarifying their own needs as a community and recognizing that they were experts in their needs and their lives helped to shift the power so that they had more control over the day-to-day operations and the direction of the affirmative business.

CED provided a framework for exploring the economic side of business development. Although CED has typically been applied in conditions of economic instability and impoverishment (for example, in developing countries or within highly marginalized communities), it was limited in its ability to inform business development within a secure corrections setting. This study advanced understanding of economic aspects of CED within corrections; for example, a broader understanding of markets and financial policies was developed. The study was limited in understanding how to define ‘economic sustainability’ since issues of minimum wage are not applied in prison setting.

**Personal Reflections of the Research Process**

The most essential component of this case study was being able to immerse myself on site with the affirmative business from its early stages of development until the completion of the study. My training as an occupational therapist was a definite asset and complemented my role as a researcher. As researcher I relied on being able to establish
rapport with and enable the business associates. My background also helped me to recognize and provide accommodations to enable business associates who may have had limitations, due to mental illness and related disabilities, to participate in interviews and communicate their ideas. Prior work experience as an OT within the prison was fundamental to my being able to listen, deal with my own emotions, and respond appropriately to the business associates who often expressed experiences related to their offences and mental health disorders. My experience also helped in providing ongoing workplace accommodations and support throughout the participatory research process. Interviews may have been influenced in part because I had already developed a relationship or a therapeutic alliance with the business associates and other members of the research team prior to the interview. My extended immersion in the affirmative business also helped me to be flexible with respect to the scheduling and structure of interviews.

**Conclusions and Future Recommendations**

The affirmative business developed as a means to enable the business associates to take action to address their occupational performance needs, provide self-employment, and create choice and opportunity in their lives. The goal of supported self-employment within a prison-based affirmative business is to increase the potential of each business associate to be contributing member of society, engaged in a meaningful occupation that serves both personal and pro-social purposes, as well as fosters recovery.
As the numbers of offenders with mental illnesses within our correctional settings increases, supported employment opportunities need to be created that focus on developing and maintaining employment skills. The development of employment skills in this study helped the business associates build up positive attitudes about their identity as workers. The business associates also seemed more aware of their employment skills. The business associates knowledge of the existence and capacity of community affirmative businesses that employ individuals with mental illness who may also have a history of involvement with the criminal justice system helped the business associates and those that support them to see employment as a normal goal within reach for offenders with serious mental illness. This led to both the business associates and staff who support them understanding that the business associates are capable of employment while incarcerated and upon release and that it is important for recovery from mental illness. These developments appear to have increased the business associates expressed intentions to seek employment upon release to the community.

Employment has been found to improve community integration during the offenders’ incarceration and upon their release to their communities for all offenders. Supported employment opportunities such as those provided in the Free Spirit Affirmative Business appear to be one way to enable employment for offenders with serious mental illnesses. More research is needed to determine both how to develop affirmative businesses in our prisons and whether participation in an affirmative business within a prison psychiatric treatment facility has the ability to help offenders with mental
illness develop interpersonal skills and habits sufficient to enable employment in their release community. The affirmative business in this case study is the first affirmative business to operate within a federal correctional facility in Canada. It provides supported employment for offenders with serious mental illness in a psychiatric treatment facility.

This study has reviewed the process of developing the first and only affirmative business for offenders with mental illness within a federal correctional setting in Canada. Future research that focuses on the development of a theoretical or conceptual model that would help to better understand the process of affirmative business development within a secure setting for offenders with mental illness is recommended. Further development of affirmative businesses within secure settings and research about their development is also needed.

The business associates supported this expansion, as C states: “I think you should ask how come it’s [affirmative businesses] are not being expanded in other institutions, not only mental institutions but regular institution because it really helps….If it expands, it’s going to help a lot of people (C).

Implications for practice

The affirmative business model appears to be a promising model to support employment for offenders with mental illness within prisons, but has not yet evolved as an option. Several issues relate to this.

Staffing would need employment support staff for the development of affirmative businesses. In this case study, the affirmative business was developed by an occupational
therapist with help from individuals in security, business, and finance. This study suggests that skills related to the understanding of mental illness, its impairments and associated disabilities, as they relate to employment are critical. It is also clear that the integration of support needs through actions and activities such as activity analysis and adaptation, workplace accommodations, and advocacy are needed.

The existing research related to affirmative businesses suggests that to create employment opportunities for individuals with mental illnesses it needs to take into account the existing theory and consider the educational qualifications and experiences of the individual hired to support employment within an affirmative business. This would also help to address the need for the staff support persons credibility to enable success. These kinds of qualifications and standards allow the person holding the employment support position to be held accountable to standards of practice, ethics, and outcome expectations.

Issues that relate to infrastructure, such as space, equipment, tool use, scheduling, and material restrictions, need to be considered. As found in this case study, a team approach from the beginning of the process is needed, including clinicians, and experts in security, finance, and business. The team should be a part of the ongoing developmental process and be able to understand and communicate the needs related to employment for offenders with mental illness. To develop an affirmative business, the team needs to create conditions to sustain success such as close integration of vocational and clinical team, larger prison environment and community partners. Members of this team should
also be part of the prison management team in order to give the affirmative business a voice at management meetings.

There was limited discussion of movement from the business in this case study except when released from prison to community because there were few other employment options. Future practice would need to address the need to enable movement of offenders with mental illness who reside at the prison treatment facility to other types of employment (e.g., CORCAN industries, work in kitchen, laundry) and more directly link the use of affirmative business models with other employment options.

Finally there is also a need for more discussion and resolution about how the affirmative business fits into the larger prison employment and employability work structure. Since the affirmative business is outside of the current established employment options it is not readily defined as business, or even as work, and there is a vulnerability to being defined or conceptualized as leisure or mental health program rather than work. One possibility is to develop affirmative businesses as “work options” within the existing work structures, but then they are unlikely to be developed as community businesses that evolve processes fundamental to worker empowerment which is important for recovery from mental illness.

**Future Research**

Research in needed to understand how work in an affirmative business for offenders with mental illness relates to recovery, stigma, future employment, community reintegration, and recidivism. In prisons, the success of an affirmative business must also
be measured by the extent that the associates pro-social behaviours are modeled to help address the reintegration needs of the offender with a mental illness, enabling each individual to develop his potential to live as a law-abiding citizen. Since one of the challenges to the employment of offenders with mental illness has been the lack of previous work experience, further research is required to determine if the work experience that is obtained in a prison-based affirmative business is of assistance in addressing this employment barrier and whether repeated exposure to successful paid supported work experiences within a prison-based affirmative business builds the skills necessary to enable vocational success in supported and/or competitive employment.

Further research is also needed to investigate whether involvement in a prison-based affirmative business affects recovery outcomes. We do know that affirmative business and various other forms of supported entrepreneurship have been found to increase the participation of people with mental illness in realistic and meaningful work within their community. We also know that, at least initially, offenders with mental illness need support to develop their abilities when working in an affirmative business.

Future research should focus on whether self-employment within an affirmative business in a correctional setting correlates to positive integration within the correctional setting and successful community reintegration after release. To my knowledge, current research on offenders with mental illness, employment, and community reintegration has been historical in nature, has addressed static factors, and has been carried out in the field of psychology. Occupation-based studies that look at dynamic occupational factors may
help us understand how supported self-employment in an affirmative business within a secure setting relates to community reintegration.

Further research is needed to measure the recidivism rates for offenders with mental illness who have worked in an affirmative business to see if there is any change in their rates of offending. There is little research in this areas and research designed measures static or historical indicators rather than dynamic measures of change that may occur pre and post employment in an affirmative business for offender with mental illness.

Further research is also needed that includes the validation of assessment and support tools that are sensitive to change and predictive of successful community reintegration and recovery in order to assess the needs and outcomes of employment within the affirmative business for individuals with mental illness.

This study demonstrates that the benefits of self-employment within an affirmative business may help to foster recovery for offenders with mental illness. Self-employment within the affirmative business appears to have helped to empower the business associates in pro-social ways including learning new ways of resolving conflict.

Throughout this case study evidence has been provided to demonstrate that an affirmative business within a prison treatment facility can help to reduce the negative effects of incarceration for offenders with mental illnesses. This study demonstrated that working in an affirmative business appears to help offenders with mental illness develop coping strategies for symptoms of their illness, build new support systems, and change
others’ expectations of what they can achieve. These developments may potentially help to reduce the impact of living with the double stigma of being an offender with a mental illness. Through working in the affirmative business offenders with serious mental illness appear to have additional meaning and purpose in their lives and hope for the future. These gains are key to recovery from mental illness, reducing recidivism and becoming pro-social citizens, community members and taxpayers engaging in a life worth living.
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## Appendix A

### Key Definitions

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<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Affirmative business</td>
<td>Employment within sustainable commercial organizations typically developed through a partnership between consumers, business people, and vocational service providers (Kirsh, Krupa, Cockburn &amp; Gewurtz, 2006).</td>
</tr>
<tr>
<td>Business associate</td>
<td>An individual (offender) self-employed in the affirmative business</td>
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<tr>
<td>Canadian Model of Client-Centred Enablement (CMCE)</td>
<td>Is a visual metaphor for client-centred enablement, through occupation, illustrating occupational therapy’s core competency is key and related enablement skills in a client-professional relationship (Townsend, E. A. &amp; Polatajko, H. J., 2007).</td>
</tr>
<tr>
<td>Canadian Practice Process Framework (CPPF)</td>
<td>The CPPF is a generic, occupational therapy framework that portrays the process of occupational enablement with clients form individuals to populations (Townsend, E. A. &amp; Polatajko, H. J., 2007).</td>
</tr>
<tr>
<td>Coach</td>
<td>A key occupational therapy enablement skill to develop</td>
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and “sustain an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives, improve their performance and enhance their quality of life” (International Coach Federation, 2006. In the Profile of Occupational Therapy Practice in Canada (CAOT, in press), coaching is related to the competency roles of communicator and collaborator.

**Consumer**
An individual with a mental illness who is a consumer of mental health services.

**Criminogenic needs**
Criminogenic needs are dynamic risk factors that are directly linked to criminal behaviour. Criminogenic needs can come and go unlike static risk factors that can only change in one direction (increase risk) and are immutable to treatment intervention. Offenders have many needs deserving of treatment but not all of these needs are associated with their criminal behaviour. These criminogenic needs are subsumed under the major predictors of criminal behaviour referred to as "central eight" risk/needs factors (Andrews & Bonta, 2006; Andrews et al., 2006).

**Empowerment**
Personal control over all domains of life, not just mental health care but also decisions related to vocation, residence and relationships (McLean, 1995; Rappaport, 1987; Segal, Silverman & Temkin, 1995)

**Federal correctional facility**
A prison to incarcerate offenders with a sentence of greater than two years.

**Job Coach**
A person who provides job placement and training
during the initial employment period and brings specific vocational expertise to the team (Ford, 1995).

**Occupational delay**
The experience of significant deviations in the typical development of occupation (Krupa et.al, 2009).

**Occupational deprivation**
A state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the control of the individual” (Whiteford, 1997); the influence of an external circumstance that prevents a person from acquiring, using or enjoying occupation over an extended period of time (Whiteford, 1997; Wilcox, 1996, 2006).

**Occupational disengagement**
The experience of a relative lack of involvement in occupations characterized by a lack of investment and emotional detachment (Krupa, et. al.; 2009).

**Occupational enrichment**
The deliberate manipulation of environments to facilitate and support engagement in a range of occupations congruent with those that the individual might normally perform (Molineux & Whiteford, 1999).

**Occupational imbalance**
A lack of balance or disproportion of occupation resulting in decreased well-being (Wilcock, 2006).

**Occupational interruption**
The experience of a temporary disruption in occupation occurring because of changes occurring in the personal or environmental influences on occupation (Krupa et. al; 2009).

**Occupational marginalization**
Occurs when some social groups more than others are denied or restricted in making choices and decisions about their participation in everyday occupations, often
resulting from invisible expectation, norms, and standards (Townsend & Wilcock, 2004).

<table>
<thead>
<tr>
<th>Term</th>
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<tr>
<td>Offender with mental illness</td>
<td>An offender with an axis one mental illness and/or cognitive disorder.</td>
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<tr>
<td>Need</td>
<td>Assess criminogenic needs and target them in treatment (Andrews &amp; Bonta, 2006).</td>
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<tr>
<td>Prisonization</td>
<td>A direct effect of the environment on the prisoner manifest as “the incorporation of norms of prison life into one’s habits of thinking, feeling and acting” (Haney, 2002).</td>
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<tr>
<td>Recovery</td>
<td>A process of living a satisfying life within the constraints of one’s illness and developing new meaning and purpose outside of the illness (Anthony, 1993). An internal process of personal change where persons with disabilities experience themselves as recovering a new sense of self and purpose within and beyond the limits of the disability (Degan, 1988)</td>
</tr>
<tr>
<td>Regional treatment facility</td>
<td>A federal schedule one psychiatric hospital that is also a Federal Correctional Treatment Facility</td>
</tr>
<tr>
<td>Responsivity</td>
<td>Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender (Andrews &amp; Bonta, 2006).</td>
</tr>
<tr>
<td>Risk</td>
<td>Match the level of service to the offender's risk to re-offend (Andrews &amp; Bonta, 2006).</td>
</tr>
<tr>
<td>Social capital</td>
<td>A norm of social responsibility, a corresponding atmosphere of social trust and interconnecting networks</td>
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Social justice

A “vision and an everyday practice in which people can choose, organize, and engage in meaningful occupations that enhance health, quality of life, and equity in housing, employment and other aspects of life” (CAOT 1997a; 2002, p. 182)

Supported employment

An evidence-based practice in mental health known to be effective in the recovery of adults with serious mental illness promoting positive employment outcomes (Bond, Becker, Drake, Rapp, Meisler, Lehman, & Bell, 2001). The principles of supported employment include: assistance through assessment; activity analysis; job coaching; training; fading supports; modeling; peer support; individually tailored supervision; attention to consumer choice (Public Health Agency of Canada, 2001).

Work as a Criminogenic need

Enhance work/study skills, nurture interpersonal relationships within the context of work. An indicator of this need: Poor performance, low levels of satisfactions (Andrews & Bonta, 2006).
Appendix B
Information Sheet and Consent Form – Business Associates

A Case Study of the Free Spirit Affirmative Business

Investigator: Tracy Ann Davidson
School of Rehabilitation Therapy, Queen’s University

Here are some answers to questions you may have about this study.

What is this study about?

You are being asked to help with a research project that I would like to conduct with you about The Free Spirit Affirmative Business. I want to study how your business, The Free Spirit Affirmative Business, developed because it is the first affirmative business ever to run within a federal prison in Canada. To do this I may want to study with you, your clinical, case management and program reports written by staff members that concern your participation in the business. I also want to study items that have been written by you, by other business associates and by people from the community about The Free Spirit Affirmative Business. I would also like to examine items with you that you have made in the business to understand how the products have changed over time. I would also like to discuss with you about what it has been like to develop and run the first affirmative business within a federal prison psychiatric facility.

Why have I been asked to take part in this study?

You are being asked to participate in the study because you are or have been or currently are a business associate and have worked in the business on a regular basis. This means
that you have had enough experience with The Free Spirit Affirmative Business so that there will be reports about your work experiences and things that you may have written that will help us understand how the business developed. In addition there will also be many things that you have made that will help us understand the skills that you have developed over time. You are being asked if you would like to take part in the study because you have had enough experience working in the business to tell us about it.

**What do I do if I participate in this study?**

If you decide to take part in this study, I will provide you and the other business associates with ongoing education and support so that you and the other business associates can learn about the research and how to conduct it. The educational sessions will happen both individually and within a group. The knowledge about research you will gain will help you and help the other research team members complete many research tasks. I will meet with you individually and with the affirmative business team to provide you with ongoing educational sessions and support. I will also meet with you individually to review reports that have been written about your involvement in the business and also to look at the items that you have made or have been involved in making. In addition, I want to talk to you about how you think and feel about the development of The Free Spirit Affirmative Business.

You can decide which affirmative business room to meet in or if you would like to meet in my office, wherever you feel the most comfortable. The room may need to be quiet. I may ask to meet with you alone or with the team on several occasions to ask you questions. I may also need to meet with you or with the business associates to teach you how to help with the research tasks. I will be available to help you in understanding anything that was said in our meetings. I will be making notes during our discussion to help me remember what you said.
Are there any risks or benefits?

In looking over your past records and records produced for the business, you may risk remembering things, events or situations that you found unpleasant. The benefits are that you might find it interesting to see the progress you have made developing the business. You may also learn new skills and provide the business and yourself with information and ideas that may help the business or that you may use in the future. Your participation in the study may also help others understand how an affirmative business can be developed within a federal prison.

What about confidentiality?

Your name and anything you say or do will be kept confidential and will not be used in any discussion or publication of results. Your anonymity will be protected at all times by identifying you by a code rather than your personal name. Information will be stored in a secure place within C7 room 140 at the Regional Treatment Centre. Only Tracy Davidson and members of her research committee will have access to personal documentation and written information from interviews. Only Tracy Davidson and her research committee will have access to the data. The data will not be used for any other purpose or disclosed to any person without your permission.

How voluntary is my participation?

Whether or not you decide to participate, your work in The Free Spirit Affirmative Business will not be affected in any way. You can withdraw from the study at any time.
I have read or have had the consent form read to me and understand the consent form for the study **A Case Study of the Free Spirit Affirmative Business**. I have had the study explained to me. I have been given enough time to think about the information and to seek help if I needed to. I have had the opportunity to ask questions and I am content with the way they have been answered. I am voluntarily signing this form. I understand that I can refuse to provide, give access to or review any document or answer any question(s). I am signing this form voluntarily. I understand that I can refuse to review a document, answer any question(s) or quit at any time without any problem. I will be given a copy of this consent form for my information and will be given a copy of the results at the end of the study. If at any time I have further questions or problems, I will contact Tracy Davidson, at 545-8752, or her research supervisor Dr. Terry Krupa at 533-6236 (direct) or 533-6103 (office) or her work supervisor Dr. Jean Folsom, 526-6919.

SIGNATURES: By signing this form, I am indicating that I agree to participate in this study.

Business Associate_______________________________ -
FPS# ____________________ -Date ____________________
(Signature of associate) (Date)

I have carefully explained to the participant the nature of the above research study. I certify that, to the best of my knowledge, the subject understands clearly the nature of the study and demands, benefits, and risks involved to participants in this study.

Witness_______________________________ -Date ____________________ -
Investigator_______________________________ -Date ____________________
Appendix C
Interview Protocol

Free Spirit Affirmative Business

Interview Questions

Tell me about your work in the Free Spirit Affirmative Business from when you started until now.

Now, let me ask you to think about any changes you see in yourself as result of working in the Free Spirit Affirmative Business. How, if at all, have you been changed as a result of working in the business?

Based on your experience working in the affirmative business what do you think has helped the business to develop over time? What problems or barriers do you think the business has needed to look at or overcome?
This next question may be difficult to answer with certainty, but I’d like to get your thoughts on it. How do you think working here will influence your ability to work in the community?

What would you want to tell others thinking about joining the business?

What should I have asked you that I didn’t think to ask about the Free Spirit Affirmative Business?