

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

by

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Approval

Declaration of originality

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

This study explores how housing cooperatives can promote health and wellbeing. Cross-sectional data were collected using semi-structured interviews with representatives and members of fourteen housing cooperatives across Canada. Data analysis was guided by two frameworks proposing mechanisms for how social enterprise and housing promote health and wellbeing. Overall, research demonstrates that housing cooperatives may improve members' health and wellbeing via the mechanisms proposed in social enterprise and housing and health frameworks. The results represent a starting point for housing cooperatives and researchers seeking to demonstrate the benefits to the health and wellbeing of this tenure-type. Also, results suggest potential differences in health and wellbeing arising from community size, location, housing density and target population. The study is among the first in Canada to attempt to provide an overview of potential mechanisms for health and wellbeing arising from housing cooperative tenure.

Dedications

ਮੇਰਾ ਖਾਨਦਾਨ | میرا خاندان

To my ancestors, grandparents, parents, aunts, uncles, sisters, and brothers

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TABLE OF CONTENTS

CHAPTER 1 : INTRODUCTION	1
1.1 CONTEXT.....	1
1.2 RESEARCH QUESTIONS	2
1.3 POTENTIAL OUTCOMES	3
CHAPTER 2 : LITERATURE REVIEW	5
2.1 LITERATURE REVIEW STRATEGY	5
2.2 THE SOCIAL ECONOMY AND THE COOPERATIVE MOVEMENT IN CANADA	5
2.2.1 <i>A Brief Overview of the Housing Cooperative Movement in Canada</i>	9
2.3 HOUSING AND SOCIAL ENTERPRISE FRAMEWORKS	13
2.3.1 <i>Social Enterprise and Health Framework</i>	13
2.3.2 <i>Housing and Health Framework</i>	15
2.4 HOUSING COOPERATIVES AND HEALTH.....	17
2.4.1 <i>Mutual-Aid and Community</i>	17
2.4.1.1 Loneliness, Social Isolation, Sense of Community.....	18
2.4.2 <i>Neighbourhood Environment</i>	19
2.4.2.1 Safety.....	19
2.4.2.2 Community Accessibility and Amenities.....	21
2.4.3 <i>Housing Affordability</i>	22
2.4.3.1 How Affordability Translates to Health and Wellbeing	23
2.4.4 <i>Property Quality</i>	25
2.4.5 <i>Improving Knowledge and Skills</i>	27
2.4.6 <i>Civic Engagement</i>	29
2.4.7 <i>COVID-19, housing cooperatives, and health</i>	31
2.4.8 <i>Adverse Outcomes</i>	34
2.5 SUMMARY.....	35
CHAPTER 3 : METHODOLOGY	39

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

3.1	POSITIONALITY	39
3.2	RESEARCH QUESTIONS	40
3.3	CRITICAL REALISM	40
3.3.1	<i>Critical Realist Ontology</i>	42
3.3.2	<i>The Conceptual Frameworks and Critical Realism</i>	43
3.4	THE RATIONALE FOR THE QUALITATIVE CASE-STUDY APPROACH	44
3.4.1	<i>Defining the Cases</i>	44
3.5	RECRUITMENT AND PARTICIPANTS	45
3.6	DATA COLLECTION	48
CHAPTER 4 : DATA ANALYSIS		49
4.1	EXPLORING THE HEALTH AND WELLBEING IMPACTS OF HOUSING COOPERATIVES	49
4.2	CODING APPROACH	54
4.3	ETHICAL CONSIDERATIONS	56
CHAPTER 5 : RESULTS FOR SOCIAL ENTERPRISE AND HEALTH FRAMEWORK		57
5.1	INTRODUCTION	57
5.2	EXPANDING SOCIAL NETWORKS; BUILDING TRUST AND COOPERATION	57
5.2.1	<i>Social Events</i>	58
5.2.2	<i>Living Cooperatively - Engaging in Mutual Aid</i>	59
5.2.3	<i>Social Networks, Trust and Cooperation During COVID-19</i>	65
5.2.4	<i>Feelings of Trust and Safety</i>	67
5.2.5	<i>Cooperative Governance Model - Control Over Home</i>	68
5.2.5.1	<i>Incorporating Indigenous Governance</i>	70
5.2.6	<i>Exceptions – Absence of Social Network Formation and Sense of Community</i>	71
5.3	IMPROVING KNOWLEDGE AND SKILLS	72
5.4	PROVIDING MEANINGFUL WORK	77
5.5	ENGENDERING A SAFE AND SUPPORTIVE ENVIRONMENT	79
5.6	IMPROVING ACCESS TO INFORMATION AND WELFARE	82

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

5.7	WORKING TO IMPROVE PUBLIC AWARENESS AND UNDERSTANDING OF SOCIAL ISSUES.....	85
5.8	UNCONCEPTUALIZED MECHANISMS	87
5.9	SUMMARY.....	90
CHAPTER 6 : RESULTS FOR HOUSING AND HEALTH FRAMEWORK		94
6.1	AFFORDABILITY.....	95
6.2	TENANCY EXPERIENCE	108
6.3	PROPERTY QUALITY	112
6.4	NEIGHBOURHOOD AND SUPPORT NETWORKS.....	115
6.5	SUMMARY.....	116
CHAPTER 7 : DISCUSSION AND CONCLUSION		118
7.1	SOCIAL ENTERPRISE AND HEALTH.....	119
7.1.1	<i>Expanding Social Networks; Building Trust and Cooperation</i>	<i>119</i>
7.1.2	<i>Improving Knowledge and Skills.....</i>	<i>123</i>
7.1.3	<i>Providing Meaningful Work.....</i>	<i>127</i>
7.1.4	<i>Engendering a Safe and Supportive Environment.....</i>	<i>128</i>
7.1.5	<i>Improving Access to Information and Welfare</i>	<i>129</i>
7.1.6	<i>Working to Improve Public Awareness and Understanding of Social Issues.....</i>	<i>131</i>
7.2	HOUSING AND HEALTH.....	132
7.2.1	<i>Tenancy Experience.....</i>	<i>132</i>
7.2.2	<i>Property Quality.....</i>	<i>134</i>
7.2.3	<i>Affordability</i>	<i>136</i>
7.2.4	<i>Neighbourhood and Support Networks.....</i>	<i>140</i>
7.3	STRENGTHS AND LIMITATIONS	141
7.4	RECOMMENDATIONS.....	144
7.5	CONCLUSION.....	148
REFERENCES		153

APPENDICES.....	168
APPENDIX A: SEARCH STRATEGY.....	168
APPENDIX B: RECRUITMENT EMAILS AND ADVERTISEMENTS.....	171
APPENDIX C: CHARACTERISTICS OF HOUSING COOPERATIVES	172
APPENDIX D: INFORMATION AND CONSENT LETTER.....	174
APPENDIX E: INTERVIEW GUIDES	179
APPENDIX F: WORKED EXAMPLE FOR FRAMEWORK	184
APPENDIX G: REB APPROVAL.....	187

Chapter 1: Introduction

1.1 Context

Housing cooperatives have the potential to act as an intervention contributing to positive impacts on multiple health and social issues within Canada (Lubik & Kosatsky, 2019). For example, housing cooperatives may simultaneously address housing affordability and improve health and wellbeing. Also, as a part of the cooperative movement and the social economy (Czischke et al., 2012), housing cooperatives reflect an alternative form of political and economic organization which may benefit health and wellbeing (Roy, 2016).

McMurtry (2010b, p. 4) defines the social economy as any “economic activity neither controlled directly by the state or the profit logic of the market; activity that prioritizes the social wellbeing of communities and marginalized individuals.” Organizations commonly placed within the social economy include: cooperatives, mutual-aid organizations, non-profits and volunteer organizations, to name a few (McMurtry, 2010b).

The social economy and its organizations can represent a rejection of neoliberalism and a potential blueprint for transcending Capitalism – or at the very least, a transformation of the role of the market in society. Namely, a movement toward institutions that re-embed the market in society and the community ahead of the market and profit– and by extension, the health and wellbeing of communities and societies ahead of profit (Roy & Hackett, 2017).

The relationship between social economy organizations and health is becoming an increasing area of interest. There has been a recognition that social enterprises (Roy & Hackett, 2017) and housing cooperatives (Lubik & Kosatsky, 2019) could act as public health interventions. Research has been emerging in some areas; however, much of this work has focused predominantly on Europe and Asia.

In the case of housing cooperatives, there is a gap in the literature focusing on the health and wellbeing impacts from living in housing cooperatives in Canada (Lubik & Kosatsky, 2019).

This case-study sought to address the following gaps:

- 1) the need for more research exploring the health and wellbeing effects of social economy organizations
- 2) the need for research exploring the health and wellbeing of individuals living in housing cooperatives

To address these gaps, representatives, including administrators, presidents, property managers, board members, chairs, and members of housing cooperatives across Canada, were interviewed. Frameworks which propose mechanisms for how social enterprises (Roy et al., 2017) and housing (Rolfe et al., 2020) produce health and wellbeing were used to analyze data.

1.2 Research Questions

This research is informed by and builds upon work that has sought to conceptualize the mechanisms through which social enterprises may act on the health and wellbeing of participants (Roy et al., 2017); and research that has conceptualized the mechanisms of how housing produces health and wellbeing (Rolfe et al., 2020). The research questions were:

- 1) How are housing cooperative members experiencing health and wellbeing from living in housing cooperatives?
- 2) Do participant's experiences reflect the proposed mechanisms to health and wellbeing in the conceptual frameworks?

The purpose of these questions was twofold. First, to address gaps in the literature on how residents living in housing cooperatives in Canada can experience health and wellbeing. Second, to apply recently created conceptual frameworks that propose mechanisms for how social enterprises and housing can produce health and wellbeing.

1.3 Potential Outcomes

Several potential outcomes of this research that could be of interest to policymakers, academics, and the public. First, this research expands the current literature on health and wellbeing in the social economy, social enterprise, and housing cooperatives. Also, this research responds to calls for more research documenting social enterprises' health and wellbeing effects (Roy et al., 2017) and research calling for more exploration into the role housing cooperatives can play in public health (Lubik & Kosatsky, 2019).

This research could be of interest to policymakers. Canada adopted a National Housing Strategy (NHS) in 2019. The government plans to invest \$50 billion over the next ten years to address housing shortages and provide housing to marginalized Canadians – a portion of these funds will be going towards housing cooperatives (Canada, 2019). Housing cooperatives may have potential co-benefits in addition to housing provision. Promoting a form of housing tenure with co-benefits for public health may interest to policymakers seeking to maximize economic and social returns.

This research will interest to cooperative organizations and housing cooperatives who seek to understand further how their activities promote health and wellbeing. Finally, this research will be of interest to cooperative housing residents and the Canada Mortgage and Housing Corporation (CMHC). Since the 1990s, government support for housing cooperatives in Canada has dwindled. Due to ideological shifts towards austerity, governments began to invest lesser amounts in

constructing and promoting cooperative housing (MacPherson, 2007b; Sousa & Quarter, 2003). Moreover, many of the existing contracts housing cooperatives hold with governments will expire in the coming years. Research demonstrating that housing cooperatives add value beyond providing housing would help housing cooperatives renegotiate their relationships with governments.

The previous section detailed the potential outcomes of this research. With that said, I do not mean to imply that housing cooperatives are the sole solution to housing affordability and health and wellbeing issues. Instead, housing cooperatives are an intervention that could improve health and wellbeing and provide affordable housing while bettering contemporary and future social, economic, and political problems when used in conjunction with other interventions. Furthermore, as a part of the social economy, these institutions represent a potential alternative to neoliberalism.

Chapter 2: Literature Review

The following literature review seeks to justify research about the health and wellbeing outcomes of living in housing cooperatives and identify knowledge gaps in this area of research. The discussion begins by introducing conceptualizations of the social economy and the cooperative movement in Canada. After a brief overview of the cooperative housing movement in Canada is provided. Next, the focus shifts to two frameworks that provide mechanisms for understanding how health and wellbeing outcomes may arise from social enterprise and housing, before discussing the literature on health and wellbeing in housing cooperatives – and at times, related tenure types.

2.1 Literature Review Strategy

Literature in this study was collected through various methods. First, I carried out two literature reviews: an initial literature review that examined social enterprises and the social economy; and a second literature review, which updated the literature to incorporate literature on housing and housing cooperatives. The search terms and electronic databases used are listed in Appendix A. Additional strategies for identifying articles involved: mining references within articles, creating google alerts relating to housing cooperatives and social enterprise, and reviewing articles provided by Dr. Rebecca Schiff and Dr. Lana Ray. Also, the literature review was restricted to English language.

2.2 The Social Economy and the Cooperative Movement in Canada

Definitions of the social economy and taxonomic classification of social economy organizations are contested and vary from place to place (McMurtry, 2010a, pp. 26-27). The definition utilized in this research is the social economy as “economic activity neither controlled directly by the state or the profit logic of the market; activity that prioritizes the social wellbeing of communities and marginalized individuals over partisan political directives or individual gain” (McMurtry, 2010a, p. 4). Organizations

which may be included within the social economy are mutual-aid organizations, cooperatives, non-profits, social enterprises and credit unions, to name a few (Canadian Social Economy Hub (CSEHub), 2009; McMurtry, 2010a, p. 4). However, there are alternative conceptualizations of the social economy in Canada (see: Lévesque & Ninacs, 2000; Mendell et al., 2005; Quarter & Mook, 2010; Quarter et al., 2017).

Canadian, and global practices of the social economy are rooted in many distinct traditions. Several of the Social Economy traditions in Canada include – the social economy as it is practiced by the first peoples of Turtle Island (McMurtry, 2010a), the Quebec tradition (McMurtry, 2010a), the Anglo-Canadian tradition (McMurtry, 2010a) and the social economy as practiced by Black and racialized Canadians (Hossein, 2017, 2019). Moreover, each social economy tradition has a unique – and at times complicated – relationship with the cooperative movement. The following section briefly discusses these distinct social economy traditions and the position of cooperatives within these broader traditions.

Economic practices classified under the ‘social economy’ have historically been a part of Indigenous economies (McMurtry, 2010a; Wuttunee, 2010). Moreover, the early use of the term ‘social economy’ comes from Kalervo Oberg, an anthropologist studying Tlingit economies (Oberg, 1937; Sengupta et al., 2015). However, it is important to note Indigenous communities and entrepreneurs have not necessarily conceptualized these practices as reflecting a ‘social economy’ or accepted the label - whose conceptual roots are in European traditions rather than Indigenous traditions (McMurtry, 2010a; Wuttunee, 2010). Nonetheless, there is growing discourse surrounding social economy and economic activity within Indigenous communities (Wuttunee, 2010).

A range of Indigenous economic activities may be classified under the social economy. Indigenous subsistence economies have been conceptualized as a form of social economy with subsistence activities being valued for impacts on culture, spiritual and social relations alongside monetary value (Natcher, 2009; Restakis, 2006). Businesses and organizations within Indigenous communities often operate with community-centred goals and may be collectively owned (Wuttunee, 2010). Finally organizations serving Indigenous peoples in urban settings incorporate cultural and social goals and attempt to overcome marginalization (Sengupta et al., 2015). Overall, Indigenous engagement with the social economy appears proportionately larger than the Indigenous population (Sengupta et al., 2015). Narrowing in on cooperatives, roles in Indigenous communities include histories as both propagators of and tools of resistance to colonialism (Sengupta, 2015; Sengupta et al., 2015). Nonetheless, Wuttunee (2010) notes that the alignment of cooperative principles and governances with Indigenous values has made these organizations a common – and potentially desirable – expression for the social economy in Indigenous contexts.

Distinguishing characteristics within the Quebec social economy tradition are ties to Québécois nationalism and culture and a close relationship to the francophone European traditions of the social economy (McMurtry, 2010a; Quarter et al., 2010, p. 9). The earliest social economy practices in Quebec were in the 1840s and involved the emergence of mutual aid societies (Vaillancourt, 2010). Moreover, Quebec was among the first provinces in Canada to provide institutional recognition and support to the social economy (Vaillancourt, 2010). By 1995, the Quebec provincial government explicitly recognized and began providing public policy support for the ‘social economy’ and its organizations (Vaillancourt, 2010). Moreover, Quebec social economy organizations have had strong relationships with researchers since the 1970s (Vaillancourt, 2010). Due to political and academic recognition, the social economy in Quebec is the most widely recognized and researched in Canada

(McMurtry, 2010a). Similarly, the cooperative and social economy movements in Quebec have been closely integrated due to the influence of the European social economy movement, which was closely linked to the international cooperative movement (MacPherson, 2007a).

In contrast to Quebec, in English Canada, the social economy does not have public policy support and is not a commonly used concept for understanding economic activity (McMurtry, 2010a). However, extensive economic activity, classified as the social economy, exists in English Canada. The largest and most significant part of the social economy in English Canada is made up of cooperative organizations (MacPherson, 2010). However, the cooperative movement in English Canada has not necessarily identified with the social economy framework (MacPherson, 2010).

Finally, the social economy tradition practiced by Black and racialized Canadians developed in response to marginalization in the Canadian economy and society (Hosseini, 2017, 2021). Moreover, the roots of the social economy for Black and racialized peoples are embedded in unique and at times separate histories from the European and Euro-Canadian traditions. For example, Hosseini (2017) highlights the Black Social Economy's close relationship to Black liberation theory and the activism and works of thinkers such as: W.E.B. Du Bois; Marcus Mosiah Garvey; Harriet Tubman and Booker T. Washington. Moreover, a considerable amount of economic activity which falls under the social economy in racialized communities has origins in religious and ethnoreligious traditions – e.g., Sikhi (Khamisa, 2020), Islam (Kamaruddin & MdAuzair, 2019; Muhamed et al., 2018), Judaism (Gordis, 2009; Spear, 2010). However, the experiences of Black and racialized Canadians in the social economy remain understudied (Hosseini, 2017).

Similarly, the origins of the cooperative movement within Black and racialized communities are also unique from the European and Euro-Canadian traditions. For example, Gordon Nembhard (2014)

traces the origins of the cooperative model within Black communities in North America to: the institution of slavery with practices of mutual aid; the growth of cooperative ownership models following abolition, and the intellectual climate during the civil rights movements of the 1850s-1900s and 1950s-1970s. Similarly, the existing literature on the cooperative experience of racialized Canadians also emphasizes differences from European traditions. For example, Japanese Canadian fishing cooperatives emerged to resist Anti-Asian racism and were rooted in traditions of cooperation in rural Japan rather than European traditions (Lee et al., 2017). Thus, the social economy and cooperative movements in Black and racialized communities developed as a resistance to racism and exclusion.

2.2.1 A Brief Overview of the Housing Cooperative Movement in Canada

Some of the earliest forms of large-scale communal housing arrangements in Turtle Island (North America) are longhouses. Several Indigenous nations in Turtle Island's East and Pacific Northwest constructed and lived within longhouses. In the East, this included the Haudenosaunee – “People of the Longhouse” – Wyandot, Pamunkey, the Erie people and the Lenape (Hoxie, 1996; Pierpaoli, 2011). In the Pacific Northwest this included the Haida, Tlingit, Tsimshian, and Salish (Jordan & O'Neill, 2010) – to name a few.

Robert Owen inspired early settler-influenced cooperative communities on Turtle Island. A Scottish Industrialist – and arguably one of the founders of the international cooperative and socialist movements – Owens would develop an early critique of the industrial capitalist system of the 1800s and propose a vision of a world of cooperative villages united in federations as a solution (Cole, 2008; Ratner, 2013). These communities where people would hold property in common, practice egalitarian social relations and cooperative rather than competitive labour relations were envisioned as a model

for a new society which could overcome the perceived societal shortcomings of the industrial capitalist system (Smith, 2007).

Robert Owens would travel to Indiana, where he founded New Harmony in 1825, a utopian community in which he hoped to realize his model of society (Smith, 2007). Although the community would fail, it would function as the inspiration for several Owenite and cooperative communities in the United States, Canada, and the United Kingdom (Cole, 2008; Smith, 2007). In Bright's Groove in Lambton County in Upper Canada in 1830, Henry Jones founded the first cooperative community created by settlers in Canada (Cole, 2008). Colonists would found another two early cooperative communities, Cannington Manor (1882) in Southeast Saskatchewan and the Barr colony (1902) near Sylvan Lake, Alberta (Cole, 2008). Ultimately, each of these communities would be unsuccessful and abandoned (Cole, 2008). However, Owen's ideas would inspire various social movements, including the Rochdale Equitable Pioneers Society - although they would take a much less radical approach (Ratner, 2013).

The Rochdale Pioneers, located in Rochdale, United Kingdom, were 28 artisans who witnessed their market power dwindling due to the mass-produced goods from industrial factories and sought to protect their livelihoods by cooperating (Parker et al., 2007). They banded together to form cooperative stores that produced and sold their goods. Moreover, they opened a mutual improvement society focused on educating their members and children (Parker et al., 2007). The Rochdale Pioneers would adopt principles that would inspire the contemporary international cooperative principles that many cooperatives rooted in the European tradition follow (Parker et al., 2007). The current international cooperative principles are:

1. Open and Voluntary membership

2. Democratic Member Control
3. Member Economic Participation
4. Autonomy and Independence
5. Education, Training, and Information
6. Cooperation among Cooperatives
7. Concern for Community

The contemporary Canadian housing cooperative movement originated from the work of eleven Nova Scotian mining families and Mary Arnold a housing cooperative developer from the United States (Cole, 2008). The families were part of the Antigonish Movement, which sought to establish study clubs to learn and discuss how cooperative principles could be applied (Cole, 2008). In 1936 these families founded a cooperative building society to build a home for each family in the study group through sweat equity (Cole, 2008). By 1939 they would complete the homes and the cooperative would be dissolved after paying the mortgages (Cole, 2008). However, the project would inspire similar building cooperatives throughout Nova Scotia, Newfoundland and Labrador, and Quebec, and by the 1960s, it is estimated that 1600 homes in Nova Scotia and 6000 in Quebec were formed through building cooperatives (Cole, 2008).

Alongside building cooperatives, student housing cooperatives were an early route through which the cooperative housing movement found expression. Early student-led housing cooperatives were founded in Toronto, Guelph, Kingston, and Waterloo (Cole, 2008). Moreover, in the 1960s, student cooperatives were founded in London, Edmonton, Winnipeg and Fredericton (Cole, 2008). Similarly, grassroots organizing would lead to housing cooperatives built throughout Canada in communities such as: Thunder Bay, Toronto, Windsor and Vancouver (Cole, 2008). These developments occurred amidst a housing crisis in the 1960 (Cole, 2008). Eventually, thousands of housing cooperatives would be built across Canada, and the Canadian Cooperative Housing Foundation (CHF) would be founded

to support and grow housing cooperatives and the cooperative movement (Cole, 2008). As governments were looking for solutions to the housing crisis, lobbying efforts would eventually result in housing cooperatives receiving government support in 1973 as a “third force” of housing provision (Cole, 2008). The result would be a rapid expansion of cooperative housing units from 1973 to 1990 (Cole, 2008). At the same time, in the 1970s, economic ideology began shifting towards neoliberalism in the political sphere. Subsequently, neoconservative governments in Canada and Ontario would begin withdrawing from market interventions and social welfare in the following decades, having several consequences for housing cooperatives (MacPherson, n.d.; Sousa & Quarter, 2003). The cooperative housing movement would reach its zenith in Canada in the 1990s (Cole, 2008). After this, federal funding for the creation of housing cooperatives would reduce to zero, and devolution of housing policy would occur to the provinces (Carroll & Jones, 2000; Cole, 2008). As a result, support for housing cooperatives has varied depending on their provincial governments and policies.

As of 2019, the Canadian government has adopted a National Housing Strategy (NHS) renewing the federal government’s commitment to providing housing to Canadians (Canada, 2019). Components of the NHS support housing cooperatives (Canada, 2019). For example, the National Housing Co-investment Fund (NHCI) provides \$15.9 billion in funding to repair existing rental housing and develop new affordable housing – a proportion of these funds will be provided to housing cooperatives (Canada, 2019). Also, the Federal Community Housing Initiative (FCHI) provides \$500 million for federally administered community housing – including housing cooperatives – to renew operating agreements and continue subsidies (Canada, 2019).

2.3 Housing and Social Enterprise Frameworks

The literature review identified two frameworks which propose mechanisms through which health and wellbeing can be realized in social enterprise (Roy et al., 2017) and housing (Rolfe et al., 2020). As housing cooperatives can be conceptualized as both a form of housing and a social enterprise (Czischke et al., 2012), both frameworks were deemed to be important in understanding how health and wellbeing could arise in cooperative housing settings. The following section briefly introduces these frameworks. Then, they are re-introduced in the data analysis section.

2.3.1 Social Enterprise and Health Framework

The framework by Roy et al. (2017) provides mechanisms for how social enterprises can act on health and wellbeing (Figure 2-1). The framework was developed through a systematic combining of data from qualitative interviews and focus groups with social enterprise practitioners and research literature and emergent theory (Roy et al., 2017). The framework is organized by antecedent variables; forms of social enterprise intervention; mediating variables and intermediate outcomes which feed into improved health and wellbeing.

The framework does not present an exhaustive account of social enterprise interventions (Roy et al., 2017) – note that housing cooperatives are not included. However, the framework is intended to demonstrate how social enterprises can act as public health interventions and a starting point for future research (Roy et al., 2017). Moreover, Roy et al. (2017) note that one of the potential uses may be how

the framework can be “extended or pulled apart with a focus, say, on different pathways or types of social enterprise, which can be tested in different contexts”.

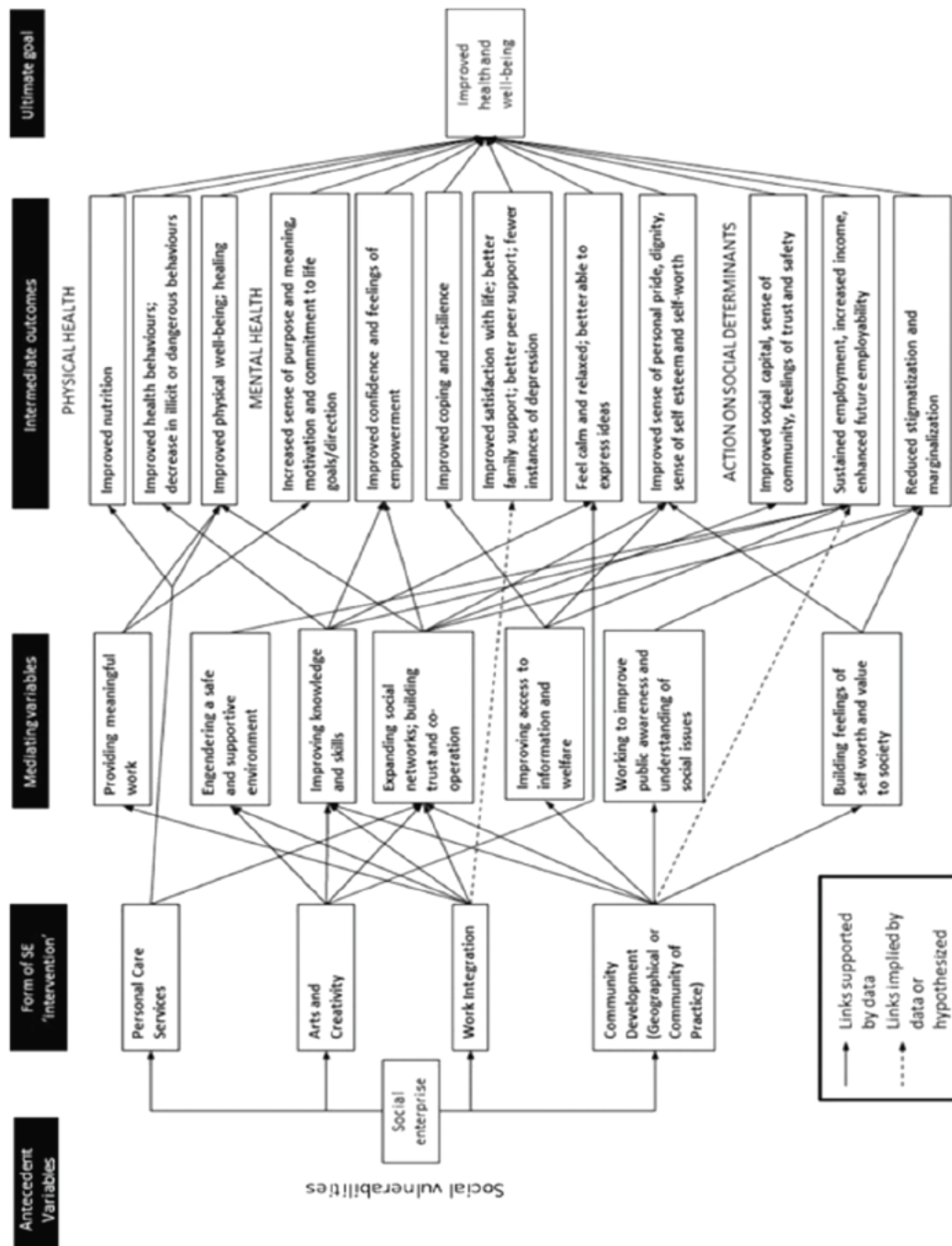


Figure 2-1 Conceptual framework for social enterprise as a health and wellbeing intervention adapted from Roy et al. (2017)

2.3.2 Housing and Health Framework

The framework by Rolfe et al. (2020) provides mechanisms for how health and wellbeing may be realized for tenants in social and private rental sectors (Figure 2-2). The framework provides context-mechanism-outcome configurations (CMO-Cs) for how housing may promote health and wellbeing. The CMO-Cs are: tenancy experience; property quality; affordability, and neighbourhood and support networks (Rolfe et al., 2020). The framework was developed through a mixed-methods approach (Rolfe et al., 2020). Qualitative interviews with housing staff and an examination of literature provided initial CMO-Cs, which were tested through quantitative data collected from tenants to provide revised CMO-Cs (Rolfe et al., 2020). The framework provides insight into how housing can function as a public health intervention. Moreover, it functions as a starting point for future analysis, including analysis that explores the mechanisms' role in different contexts (Rolfe et al., 2020).

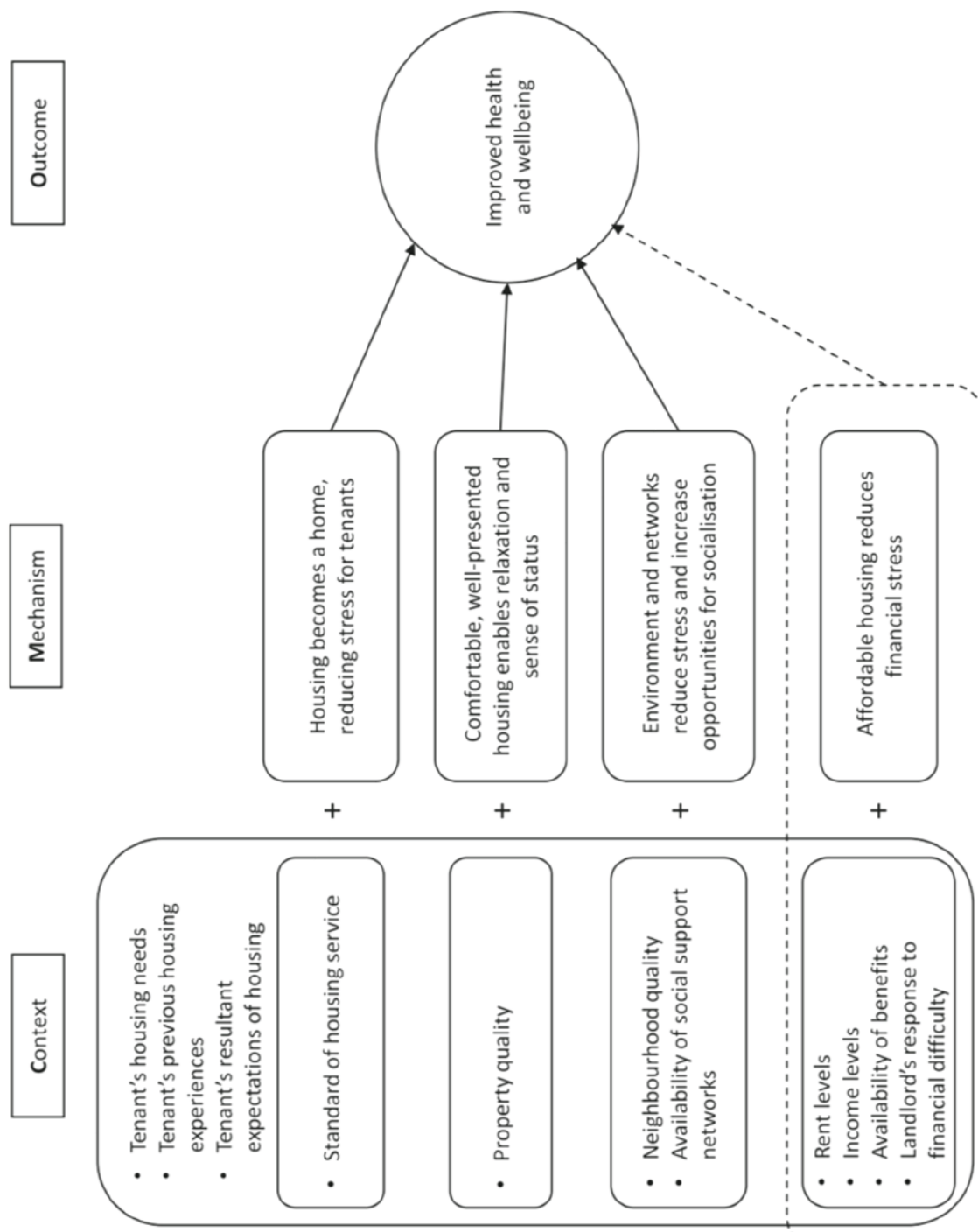


Figure 2-2 Conceptual framework for how housing promotes health and wellbeing adapted from Rolfe (2020)

2.4 Housing Cooperatives and Health

There was a limited number of studies identified examining housing cooperatives and health. As a result, the following section incorporates literature on other tenure types. This approach was taken to develop a more comprehensive understanding of how housing cooperatives may impact health and wellbeing. The discussion is organized into discrete sections, for example, neighbourhood environment and housing affordability. However, in practice, sections are interconnected. For example, neighbourhood environments and housing affordability can reinforce and facilitate one another. The sections discussed are: mutual-aid and community; neighbourhood environment; housing affordability; property quality; improving knowledge and skills; civic engagement; COVID-19, housing cooperatives and health; adverse outcomes.

2.4.1 Mutual-Aid and Community

Housing cooperative literature reports outcomes relating to community. These outcomes are typically expressed through residents engaging in various forms of mutual aid. For example, in a housing cooperative in New Brunswick, the community atmosphere lent itself to residents: helping gardening, cleaning around the building, shoveling snow in front of the building, helping deliver food or packages to other residents; donating furniture or bicycles to fellow residents; loaning money and finally, residents who were apart of the same support groups outside of the cooperative such as Alcoholics Anonymous were able to organize meeting when they needed support (Thériault et al., 2010). In Spain, a housing cooperative reported residents setting up a fund to help fellow residents overcome economic burdens (Girbes-Peco et al., 2020). Among women in housing cooperatives in Winnipeg, residents reported sharing child-care responsibilities (McCracken & Watson, 2004). Finally, in a housing cooperative in Ottawa, Ontario, two residents were recently experiencing medical difficulties

– a new disability and a cancer diagnosis – and fellow residents were helping clean their apartments, running errands, buying groceries, driving them to medical appointments, treatments and staying with them as emotional support (Morris, 2015).

In addition to mutual aid within the housing cooperatives, residents benefited from receiving access to resources and organizations outside of the housing cooperatives. For example: in New Brunswick, the local food banks and churches were providing deliveries of food (Thériault et al., 2010); and within the housing cooperative in Ottawa, residents were sharing resources and volunteering opportunities outside of the cooperatives with one another (Morris, 2015); and in some cases, residents were sharing their professional networks and helping residents find paid work (Morris, 2015). Finally, within a housing cooperative in Toronto, Ontario, a resident reported becoming more “tolerant, open and respectful of diversity” (Schugurensky et al., 2006). Specifically, the resident was feeling “mellowed ... (and) more tolerant (and) more inclusive” (Schugurensky et al., 2006). These results speak to Rodgers (2001), who argues that cooperatives could act as a buffer against the appeal of the far-right, authoritarianism and racism for marginalized communities in the United Kingdom.

2.4.1.1 Loneliness, Social Isolation, Sense of Community

Housing cooperative studies document members expressing reductions in loneliness and social isolation (Bunce, 2013; Wasylishyn & Johnson, 1998). Similar outcomes are documented in literature from related tenure types. For example, a systematic review of cohousing literature found reduced social isolation and loneliness (Carrere et al., 2020). Also, Glass (2020) found that seniors cohousing members experienced a greater sense of community; however loneliness was similar to the population. Finally, among community-led-housing models – i.e. cohousing, housing cooperatives, community

lands trusts and self-build housing – Hudson et al. (2021) find that members are less lonely than individuals with comparable levels of social connection in broader society.

Several studies document housing cooperatives producing a sense of community (Bunce, 2013; CMHC, 2003; Huron, 2012; McCracken & Watson, 2004; Morris, 2015; Saegert & Benítez, 2005; Thériault et al., 2010). Activities credited with developing the sense of community largely reflect knowing neighbours, social activities within the cooperative and mutual aid (Bunce, 2013; Girbés-Peco et al., 2020; Huron, 2012; Morris, 2015; Thériault et al., 2010). Notably, the Canada Mortgage and Housing Corporation (CMHCs) comparison of housing tenure types found that cooperative housing residents had more significant improvements in sense of community, relationships with friends and neighbours and social supports in comparison to condominium and rental tenure (CMHC, 2003). Similarly, Carrere et al. (2020) conducted a systematic review of cohousing and found increase sense of community.

2.4.2 Neighbourhood Environment

2.4.2.1 Safety

Housing cooperatives have unique qualities which may produce safety for residents. For example, several studies report housing cooperative residents' feeling safe due to knowing their neighbours (Bunce, 2013; McCracken & Watson, 2004). For example: women with low-incomes living in cooperative housing in Winnipeg reported feeling safe due to knowing individuals in their building (McCracken & Watson, 2004), and residents from several housing cooperatives noted knowing their neighbours allowed them to feel safe (Bunce, 2013). In addition, studies elaborate on how knowing neighbours translates to the communities engaging in surveillance or watchfulness and produces feelings of safety. For example: community members identify and surveil strangers entering the

premises (Hughes & Cooper, 1992; Rodgers, 2001); community members watch out for each other's children while they play (Bunce, 2013); neighbours know each other's routines allowing them to watch out for members who return home late, work nightshifts (Rodgers, 2001), and members watching each other's property and homes (Bunce, 2013; Rodgers, 2001).

Moreover, aspects of housing cooperative building design contribute to safety. For example, they have centrally located green spaces, courtyards or playgrounds (Bunce, 2013; White, 2021) and higher density housing (Bunce, 2013), allowing for easier surveillance, feelings of physical security (Bunce, 2013) and safety (White, 2021). They also adopt security measures such as cameras, concierges, extra-security locks and windows and phone-entry systems (Bunce, 2013; Hughes & Cooper, 1992; Low et al., 2012; McCracken & Watson, 2004; Thériault et al., 2010). However, studies were mixed on the effectiveness of the security measures. Residents reported perceived increases in safety due to security measures (Low et al., 2012; McCracken & Watson, 2004; Thériault et al., 2010) – mainly by allowing them to control who entered the building (Low et al., 2012; Thériault et al., 2010). While other residents report skepticism about the effectiveness of the measures – noting they are easily bypassed (Hughes & Cooper, 1992; Low et al., 2012). Finally, Thériault et al. (2010), studying housing cooperatives in New Brunswick, noted while door security systems enabling the community to monitor who enters and leaves the building produced feelings of safety and control, internal security systems – e.g. cameras – monitoring common areas were perceived by some residents as invasive and made the cooperative feel like an institution.

Housing cooperatives also provide social control or regulation of the housing environment, which may produce feelings of safety – for example, adopting policies within the cooperative not to tolerate violence (Bunce, 2013), adopting policies to control visitors (Huron, 2012) and the screening or

selection process involved in joining the cooperative allowing the creation of a safe social environment (Low et al., 2012). However, the latter process is connected to a perceived reduction of diversity and racism (Low et al., 2012).

Residents moving to housing cooperatives may have previous experiences of unsafe housing and neighbourhoods. For example, a qualitative report from the Prairie Women's Health Centre of Excellence notes that women with low-incomes were experiencing previous unsafe housing situations in Winnipeg through Manitoba Housing (McCracken & Watson, 2004). While living in Manitoba Housing units, women noted experiencing: fear from exposure to violence; exposure to open alcohol and drug use; sexual harassment and slow or unresponsive emergency services due to the building reputations (McCracken & Watson, 2004). Similarly, a qualitative study of women with low-incomes in a British Columbia housing cooperative notes previous housing situations producing crime and safety concerns (Wasylyshyn & Johnson, 1998). Moreover, Thériault et al. (2010), using a retrospective survey, compared experiences of neighbourhood safety before and after moving into a housing cooperative, finding that residents experienced a significant increase in safety.

2.4.2.2 Community Accessibility and Amenities

The location of housing impacts accesses to community amenities – shops, green space, transportation, and community facilities – which can be an important contributor to health and wellbeing (Rolfe & Garnham, 2020; Shaw, 2004). In addition to location, housing cooperatives are unique in allowing residents to pool resources to purchase amenities within the housing cooperative. Among studies with low-income renters (Rolfe & Garnham, 2019, 2020) and individuals in social housing (Holding et al., 2020) proximity to community amenities has been connected to mental health. A handful of studies with cooperative housing residents document health and wellbeing

outcomes from proximity to amenities. For example, for low-income women in a housing cooperative in British Columbia, proximity to the beach and commercial areas as enhancing wellbeing (Wasylishyn & Johnson, 1998); a set of housing cooperatives in New Brunswick and Montréal credited proximity to amenities and community accessibility with facilitating social integration (Fischler et al., 2013; Thériault et al., 2010) and a housing cooperative in Winnipeg, is credited by improving quality of life for residents due to proximity to community amenities (Bunce, 2013). The presence of amenities was also credited with creating healthy communities and promoting relationships between members (White, 2021) and producing residential satisfaction (Bunce, 2013). Housing cooperative literature also discusses the perceived negative impacts of the absence of amenities. For example, while housing cooperatives more isolated from the city produced several problems, residents reported lower integration with the surrounding community and they struggled to get to appointments – which was compounded for residents who needed transportation that was wheelchair accessible (Thériault et al., 2010). Literature typically notes accessibility and amenities as important for individuals experiencing various social vulnerabilities, e.g., low-income women (McCracken & Watson, 2004) and residents of social housing (Holding et al., 2020). However, no sub-population is homogenous and what is most important is for individuals to have a choice to self-select into the neighbourhoods they prefer (Rolfe & Garnham, 2019, 2020).

2.4.3 Housing Affordability

Historically, housing cooperatives have provided affordable housing for members. An extensive study of Canadian housing cooperatives by the CMHC found that federally funded projects were at least as affordable as private-market rentals (CMHC, 2003). However, shelter costs were above 30% for a third of all cooperative households (CMHC, 2003). The CMHC's study represents the last nationwide

assessment of Canadian housing cooperatives. However, several studies from various Canadian housing cooperatives appear to indicate continuing affordability. Recent grey literature from Vancouver indicates the provision of affordable housing to a proportion of the population with lower incomes than the general population, and housing charges are lower than private market-rental averages (White, 2021). Also, a dissertation focused on Winnipeg – among other regions – documents members corroborating affordability in contrast to the private market (Bunce, 2013). Moreover, Studies in Ottawa, Ontario (Morris, 2015), Moncton and Fredericton, New Brunswick (Thériault et al., 2010) and Montreal, Quebec (Archer, 2020) suggest cooperatives continue to be affordable relative to the private market. Notably, Archer (2020) provides mechanisms for how housing affordability may be achieved in collective models.

2.4.3.1 How Affordability Translates to Health and Wellbeing

Quantitative studies in Australia using the national Household Income and Labour Dynamics in Australia (HILDA) data set demonstrate diverse impacts of housing affordability on health. Prolonged and intermittent exposure to unaffordable housing negatively impacts mental health (Baker, Lester, et al., 2020). The effects of unaffordable housing appear to be more significant for individuals with lower initial mental health (Baker, Pham, et al., 2020). Also, the relationship between housing affordability and health – mental and physical – is bi-directional (Baker et al., 2014). Moreover, entering unaffordable housing – spending greater than 30% of household income on housing costs – negatively impacts mental health for low-to-moderate-income households (Bentley et al., 2011). Finally, a comparison between Australia and the United Kingdom found that unaffordable housing leads to declines in mental health among private-renters but not homeowners in Australia (Bentley et al., 2016). In contrast, for populations in the United Kingdom, exposure to unaffordable housing produced

declines in mental health for homeowners but not renters (Bentley et al., 2016). These studies indicate that unaffordable housing impacts health and wellbeing. Moreover, the impacts may vary by tenure-type.

Literature on the relationship between tenure in Canadian housing cooperatives and affordability and health and wellbeing is predominately qualitative. For example, among low-income women living in a housing cooperative in British Columbia, rent was fixed to a proportion of income and contributed to a greater sense of control (Wasylishyn & Johnson, 1998). These experiences contrasted with previously lacking control due to financial constraints and inability to afford preferred health practices, e.g., purchasing vitamins, organic fruits, and vegetables, receiving counselling or therapy (Wasylishyn & Johnson, 1998). Similarly, rent-geared-to-income projects in housing cooperatives in Ottawa serving the general population are perceived to reduce the depth of poverty (Morris, 2015). A mixed-methods study of two housing cooperatives in New Brunswick reported improving financial situations (Thériault et al., 2010).

Grey literature on housing cooperatives also indicates relationships between affordability and health wellbeing. For example, low-income women living in a housing cooperative in Winnipeg received rent set to 25% of their income (McCracken & Watson, 2004). The perception was that affordability enabled budgeting for medications, food and clothing (McCracken & Watson, 2004). Moreover, affordability enabled women to improve their financial situations, e.g., become solvent and self-sufficient (McCracken & Watson, 2004). Within a housing cooperative in Victoria, Australia, literature documents young families crediting affordability with allowing them to simultaneously pursue education, provide childcare, and pay housing costs – previously inaccessible pursuits (Overbeek & Boulet, 2012). Also greater financial flexibility and disposable income for low-income households

(Overbeek & Boulet, 2012). Finally, a dissertation on housing cooperatives in America, Canada and Australia found residents reporting financial room to: plan for the future; work part-time allowing parents to provide childcare; allowing members to visit family abroad and greater life choices in the form of choosing preferred jobs and staying in higher education longer (Bunce, 2013).

2.4.4 Property Quality

Physical housing conditions can have mental and physical health outcomes (Baker et al., 2016; Evans, 2000; Holding et al., 2020; Shaw, 2004). Moreover, a longitudinal study using the HILDA data set from Australia notes there is an overrepresentation of young people, Indigenous Australians, low-income households, the unemployed and underemployed and people with long-term health conditions and disabilities living in poor condition housing (Baker et al., 2016).

Historically, Canadian housing cooperatives have provided property of adequate quality to residents. For example, the cooperative housing programs evaluation occupant survey – which utilized self-assessments to assess property quality by asking participants if their property needed repairs – reported that 90% of housing cooperatives units had no major repair needs (CMHC, 2003). Notably, there were no major differences between private-rental tenure and cooperative tenure, with residents in both forms of tenure reporting similar levels of repair needs (CMHC, 2003).

However, previous studies with cooperative housing residents note improving property quality in contrast to previous experiences in the private market (Bunce, 2013; Fischler et al., 2013; Huron, 2012; Thériault et al., 2010). Studies are qualitative and include grey literature (Bunce, 2013; Fischler et al., 2013) and peer-reviewed literature (Huron, 2012; Thériault et al., 2010). Among studies providing examples, housing conditions prior to moving into the housing cooperatives included cold, moldy homes with insufficient utilities - e.g., heating, power and water – resulting in health issues leading to

hospitalizations (Thériault et al., 2010) and unresponsive or insufficient maintenance (Bunce, 2013; Hiscock et al., 2001; Huron, 2012).

In addition to the physical condition of housing, the experience of housing maintenance contributes to the health and wellbeing of residents. The experience of housing maintenance changes with the type of tenure individuals are occupying. For example, homeowners exert more control over maintenance decisions than individuals renting in the private market (Hiscock et al., 2001). For residents occupying tenures without control over maintenance – private-rental tenure, some forms of public housing tenure – experiences can reflect unresponsive insufficient maintenance services (Garnham et al., 2021; Hiscock et al., 2001; Holding et al., 2020; Huron, 2012; McCracken & Watson, 2004; Rolfe & Garnham, 2019). Often studies describe residents constantly hassling with landlords or rental companies (Hiscock et al., 2001; Holding et al., 2020; Huron, 2012), losing faith (Garnham et al., 2021) or having little expectation (Hiscock et al., 2001) that maintenance will be completed, residents giving up on reporting maintenance all together (Holding et al., 2020), and residents paying for maintenance out-of-pocket (Holding et al., 2020). Moreover, residents waiting for maintenance occupy substandard housing for prolonged periods (Garnham et al., 2021; Holding et al., 2020). For example, housing with insufficient heating (Hiscock et al., 2001; Holding et al., 2020), damp housing (Holding et al., 2020) and inaccessible housing for persons experiencing disabilities (Holding et al., 2020). The health consequences of unresponsive maintenance include a worsening quality of life, particularly around mental health, described as feelings of insecurity, abandonment (Rolfe & Garnham, 2019), feeling depressed and withdrawn from life (Rolfe & Garnham, 2019), feeling anxious and unsettled (Rolfe & Garnham, 2019) and feeling frustration and stress (Holding et al., 2020; McCracken & Watson, 2004). Residents also express worsening chronic illnesses from occupying substandard housing (Holding et al., 2020).

In contrast, housing cooperatives – like homeownership – allow residents to exert greater control over maintenance (Huron, 2012). Studies describe housing cooperatives residents’ experiences with maintenance services – often in contrast to previous tenures – as quick and responsive (Bunce, 2013; Hiscock et al., 2001; Huron, 2012; McCracken & Watson, 2004), and occurring without additional expenses (Bunce, 2013). Moreover, residents describe their dual roles in maintaining and managing the home as promoting a sense of ownership (Archer, 2020). In addition, housing cooperatives may allow residents to carry out maintenance and repair of homes. However, no studies discussed residents’ experiences with carrying out maintenance in cooperative housing settings. Previous studies with homeowners have identified improvements in health and wellbeing (Hiscock et al., 2001) – provided residents possess the skills to carry out maintenance. Theories for how health and wellbeing are experienced from maintenance services include an ability to feel a sense of home (Garnham et al., 2021), and experiencing ontological security through autonomy over the home (Hiscock et al., 2001).

2.4.5 Improving Knowledge and Skills

Housing cooperatives are committed to providing education, training, and information to members as outlined in the international cooperative principles. Literature credits several activities in housing cooperatives with developing members’ knowledge and skills, including: management of the housing cooperative – e.g., board of directors and committees (Bunce, 2013; CMHC, 2003; Huron, 2012; Overbeek & Boulet, 2012; Schugurensky et al., 2006; White, 2021); events and educational opportunities provided by housing cooperatives – e.g., workshops, conferences, educational materials and courses (CMHC, 2003; Gírbés-Peco et al., 2020; Morris, 2015; Rodgers, 2001; Schugurensky et al., 2006; White, 2021) – relationships with members – e.g., mentorship, face-to-face interactions and

networking (Schugurensky et al., 2006; Ziersch & Arthurson, 2005) and maintenance of the property (CMHC, 2003).

In terms of the types of skills developed, the literature reports: financial skills (CMHC, 2003; Crabtree et al., 2019; Huron, 2012; Leviten-Reid & Campbell, 2016; Morris, 2015); leadership skills (Saegert & Benítez, 2005; Schugurensky et al., 2006); teamwork skills (CMHC, 2003; McCracken & Watson, 2004); organizational skills (CMHC, 2003; Morris, 2015; Schugurensky et al., 2006); clerical and secretarial skills (CMHC, 2003; Schugurensky et al., 2006); trades skills (CMHC, 2003) and interpersonal skills – e.g. communication skills, social skills. – (McCracken & Watson, 2004; Schugurensky et al., 2006). Finally, a quantitative study utilizing the Cooperative Housing Programs Evaluation data set from the CMHC found that volunteering to organize social events and serving on the board of directors increased the odds of reporting improved skills working with others (Leviten-Reid & Campbell, 2016). It should be noted that many of these classifications – communication skills, social skills, leadership skills, teamwork skills – share some overlap.

There are several potential health outcomes arising from skill development in housing cooperatives. Housing cooperative residents have attributed developing new skills to: improvements in confidence (Crabtree et al., 2019; Gírbés-Peco et al., 2020; Huron, 2012; Overbeek & Boulet, 2012); empowerment (Bunce, 2013; Gírbés-Peco et al., 2020; Wasylshyn & Johnson, 1998). However, not housing cooperative activities may be equal in their effects on confidence. For example, a quantitative study using a nationally representative sample of Canadian housing cooperative members found that being on the board of directors and organizing social events but not assisting with operational tasks increased the odds of reporting improved self-confidence (Leviten-Reid & Campbell, 2016).

In addition, the skill development and work experience from participating in housing cooperatives can translate into employment (Huron, 2012; Morris, 2015; Overbeek & Boulet, 2012; Schugurensky et al., 2006). A common theme within the experiences described in the literature is residents gaining access to positions that they perceive to be inexperienced – and subsequent skill development translating to opportunities that may have otherwise remained inaccessible. For example: residents with no experience in management gaining experience managing a “multimillion-dollar business” – the cooperative (Huron, 2012; Morris, 2015); residents becoming treasurers despite no previous accounting experience (Huron, 2012; Morris, 2015), and an individual becoming president of the board with a high school diploma (Amanda Huron, 2012). In turn, residents translate experiences to employment they previously perceived as inaccessible (Huron, 2012; Morris, 2015; Overbeek & Boulet, 2012).

2.4.6 Civic Engagement

Rodgers (2001) argues that participation in housing cooperatives can promote democratic values and social inclusion. Moreover, the international cooperative principles of democratic member control, concern for community and cooperation with cooperatives are related to civic engagement – understood here as involvement in political and non-political community life.

Several studies note increasing political involvement by cooperative housing residents. For example, two studies provide quantitative measures of increasing political involvement because of housing cooperative involvement: Schugurensky et al. (2006), studying a housing cooperative in Toronto, examined residents’ perceptions of their political efficacy – defined as self-esteem and self-confidence; contacts with politicians and elected representatives; political interest and knowledge; and civic and political engagement – found 60% of residents reporting high political efficacy, 24% reporting medium

political efficacy and 16% reporting low political efficacy after living at the housing cooperative. In contrast, 60% of residents felt they had low political efficacy before living in the housing cooperative. Also, Morris (2015), who looked at a cooperative in Ottawa, Ontario, found that residents had drastically higher political involvement in elections at all levels with 83% of residents voting in the Federal election in comparison to 64% of eligible Canadian voters, 92% of residents voting in the Ontario election in comparison to the 56.9% eligible voters in Ontario, and finally, 83% voting in the municipal election in comparison to 33% in the city (Morris, 2015). Also, several studies provide qualitative accounts of increasing political involvement. For example: cooperative housing residents engaging in political mobilization around housing issues in their communities (Huron, 2012; Morris, 2015); residents using cooperative space for groups concerned with prison abolition and educational reform (Huron, 2012), and residents lobbying and engaging with policy-makers and politicians (Crabtree, 2006; Lang & Novy, 2014). Similar literature exists examining cohousing and political involvement. Berggren (2017) found that increasing cohousing involvement led to increasing involvement in political activities – writing to congress increased, campaign contributions increased, and campaigning door-to-door increased. Moreover, in a follow-up study Berggren (2020) found that exposure to community-building activities and activism produces increases political participation.

Literature also indicates that housing cooperatives may have an impact on community development. Housing cooperative members express wanting to export the cooperative ideals to their broader communities and societies (Huron, 2012; Schugurensky et al., 2006). Moreover, the literature presents examples of housing cooperative organizations exporting the cooperative model and engaging in entrepreneurship (Huron, 2012; Rodgers, 2001). Examples include housing cooperatives organizing self-help networks with other housing cooperatives (Huron, 2012), creating community recreational

facilities (Rodgers, 2001) and opening social enterprises to provide employment and training (Rodgers, 2001; Streich et al., 2016).

2.4.7 COVID-19, housing cooperatives, and health

Scholars have noted the importance of housing research to examine the relationship between COVID-19 and housing (Rogers & Power, 2020). Moreover, the COVID-19 pandemic appears to be accelerating housing crises – mainly through the increasing housing market (Rogers & Power, 2021). As a result, Rogers and Power (2021) have called for a re-thinking of the relationship between public, private and non-profit housing sectors to address housing crises.

While there is limited literature exploring the health and wellbeing of residents in housing cooperatives during COVID-19, a handful of studies explore the impacts of COVID-19 on housing and health. This section focuses on studies that have findings that may be transferable to health and wellbeing in cooperative housing tenure. The focus is on the lockdowns and economic changes during the COVID-19 pandemic which are perceived to impact health and wellbeing through their relationship to housing.

Gurney (2020) working paper, written early in the pandemic utilizing a social harm perspective, proposed that COVID-19 lockdowns may impact health and wellbeing in the home through three categories of harm which are further subdivided into 11 types of harm:

- (1) **physical/mental health harms:** loneliness; poorer mental health depression, anxiety, and suicide; intimate partner violence/domestic violence (IPV/DV); unintentional injuries; health harming behaviours

(2) **autonomy/liberty harms:** loss of liberty; coercive control; household-based harms; borders between home and work

(3) **relational harms:** sexuality and identity; emotional security

Since Gurney (2021) conducted a systematic literature mapping exercise on lockdown harms using the categories above. Gurney (2021) Identifies research indicating: increasing rates of IPV and DV during lockdowns (Gurney, 2021); increasing loneliness, depression and anxiety (Gurney, 2021); increasing suicide ideation during lockdown – however, studies did not indicate increasing suicide rates (Gurney, 2021); exposure to poor neighbourhood quality and housing precarity tended to amplify pre-existing inequalities in non-housing social determinants of health (Gurney, 2021); exposure to green and blue-space mitigated adverse health effects of lockdowns (Gurney, 2021); increasing health-harming behaviours during lockdowns, e.g. drinking, smoking, physical inactivity (Gurney, 2021).

In addition to lockdowns, the COVID-19 pandemic has partly contributed to the changing economic landscape, which may have important consequences for the housing and health relationship. For example, dramatic increases in the value of the housing market, increasing housing costs – e.g., rent, maintenance – potential reductions in income through job loss, and now increasing costs of living. Studies have noted individuals struggling with housing affordability (Baker, 2020; Bower et al., 2021; Bushman & Mehdipanah, 2021). Struggles with housing affordability during COVID-19 have been associated with mental health outcomes - e.g. (Baker, 2020; Bower et al., 2021; Bushman & Mehdipanah, 2021). Moreover, COVID-19's relationship with housing affordability and health was likely shaped by the experience of class inequalities (Gurney, 2020). Presently, housing tenure may be an important mediator of the relationship between COVID-19, housing affordability and mental health. For example, renters and homeowners with mortgage debt reported worse self-rated health

and greater mental distress during the COVID-19 pandemic than homeowners without mortgage debt (Bushman & Mehdipanah, 2021). Also, renters experienced the poorest self-rated health and the highest mental distress and were more likely to experience job loss, food insecurity, and inability to pay housing costs (Bushman & Mehdipanah, 2021).

A series of studies in the United Kingdom captures how collaborative housing communities – cohousing and housing cooperatives – navigated the COVID-19 pandemic and the associated lockdowns (Hudson et al., 2021; Izuhara et al., 2022). The studies document difficulties as communities navigated how to implement lockdown measures (Hudson et al., 2021; Izuhara et al., 2022). Difficulties arose from: navigating the management of communal spaces (Izuhara et al., 2022); the cancellation of indoor community events (Hudson et al., 2021; Izuhara et al., 2022); restriction of community spaces to outsiders (Izuhara et al., 2022) and organizing governance practices (Izuhara et al., 2022). Adjustments to lockdowns were perceived to cause conflicts and anxiety among some members (Hudson et al., 2021; Izuhara et al., 2022); prevent community outreach programs – e.g., a community was providing resources to local people experiencing homelessness (Izuhara et al., 2022).

However, communities also responded to the pandemic by providing one another with mutual aid and support: supporting members self-isolating; purchasing food medications; checking in on vulnerable members; creating a healthy buddy bubble system and providing financial support to struggling members (Hudson et al., 2021; Izuhara et al., 2022). The development of mutual aid and support networks occurred in response to the challenges of lockdowns – but also reflected pre-existing relationships (Hudson et al., 2021; Izuhara et al., 2022). In some cases, the mutual aid networks were formalized – e.g. spreadsheets documenting members health status and needs, creation of welfare management groups – allowing them to be mobilized quickly in response to future challenges (Izuhara

et al., 2022). Most members felt they benefited from being part of their community during the lockdowns and the community helped to maintain mental health and wellbeing (Izuhara et al., 2022). Finally, the pandemic was believed to have rejuvenated the communities commitments to building a sense of community (Izuhara et al., 2022). Izuhara et al. (2022) suggest that in times of crisis, collaborative housing communities may be complementary to other forms of formal and informal care. A similar suggestion has been made by Billiet et al. (2021), who suggest cooperative organizations are more resilient in times of crisis.

2.4.8 Adverse Outcomes

Literature reported adverse outcomes with potential implication for health and wellbeing from participating in governance within cooperatives and social enterprises. Among low income women in British Columbia, adverse outcomes were reported as they initially struggled with adjusting to living in a housing cooperative environment (Wasylishyn & Johnson, 1998); and for individuals who felt a responsibility for taking on an increasing share of the labour – because "no one else was going to do it" (Wasylishyn & Johnson, 1998). In addition, there were adverse outcomes from the group dynamics around governance and participation.

Not all residents can participate in the housing cooperative at the same level. Among the women in the housing cooperatives in Winnipeg, individuals not wanting to participate in the cooperative felt excluded (McCracken & Watson, 2004); In some cases, the housing cooperative in Ottawa adopted public shaming for non-participants or levied fines (Morris, 2015). It is worth noting that nonparticipation was identified as arising from several issues. For instance: nonparticipation was higher among individuals who were experiencing mental illnesses (Morris, 2015); physical limitations with participating, either illness (Morris, 2015) or inability to perform many of the tasks requiring

manual labour (Thériault et al., 2010); conflicting family and work commitments (Morris, 2015). In addition to limitations on individuals' abilities to participate, several adverse outcomes arose from group dynamics. Residents felt there were in-groups and out-groups, which were producing the selective application of rules (Morris, 2015; Thériault et al., 2010).

The literature reported several complaints that were not directly linked to health or wellbeing outcomes but could hypothetically produce adverse health. For example, residents at the housing cooperatives in New Brunswick reported invasive security systems, gossiping, rules prohibiting pets and complicated relationships with the manager (Thériault et al., 2010). Also, some residents within the housing cooperatives in Ottawa and New Brunswick were struggling with living in proximity to poverty, mental illness (Morris, 2015; Thériault et al., 2010) or experiencing what could be described as burn out from providing care to neighbours who were struggling (Thériault et al., 2010). Individuals were struggling with feelings of "not fitting in" to the surrounding – more affluent – neighbourhoods housing cooperatives were located in (Wasylishyn & Johnson, 1998); and did not want the cooperative to have a sign identifying that it was a co-op due to their perceptions of the stigma surrounding social housing (Wasylishyn & Johnson, 1998).

2.5 Summary

The social economy is a subsection of economic activity which prioritizes social wellbeing (McMurtry, 2010b). Recently, researchers have begun to explore if social economy organizations (Roy & Hackett, 2017) and specifically, housing cooperatives (Lubik & Kosatsky, 2019) could function as public health interventions. Presently, there are gaps in the literature providing evidence for how housing cooperatives can produce health and wellbeing outcomes in Canada (Lubik & Kosatsky, 2019). Related literature in social enterprise and housing does provide two frameworks which provide mechanisms

for how social enterprises (Roy et al., 2017) and housing approach (Rolfe et al., 2020) can promote health and wellbeing. The two frameworks provide a starting point for understanding how housing cooperatives – which are both a social enterprise and housing organization (Czischke et al., 2012) – can promote health and wellbeing.

Literature on housing cooperatives provides evidence for communities engaging in: mutual aid (Girbés-Peco et al., 2020; McCracken & Watson, 2004; Morris, 2015; Thériault et al., 2010); reducing loneliness and social isolation (Bunce, 2013; Hudson et al., 2021; Wasylshyn & Johnson, 1998) and developing a sense of community (Bunce, 2013; CMHC, 2003; Huron, 2012; McCracken & Watson, 2004; Morris, 2015; Saegert & Benítez, 2005; Thériault et al., 2010).

Moreover, housing cooperatives produce feelings of safety attributed to: knowing neighbours (Bunce, 2013; McCracken & Watson, 2004); communities engaging in watchfulness and surveillance (Bunce, 2013; McCracken & Watson, 2004; Rodgers, 2001); governance allowing autonomy and control over the cooperative environment (Bunce, 2013; Huron, 2012; Low et al., 2012); building design (Bunce, 2013; White, 2021) and physical security measures (Bunce, 2013; Hughes & Cooper, 1992; Low et al., 2012; McCracken & Watson, 2004; Thériault et al., 2010).

Also, housing cooperative studies note members crediting proximity to amenities and community accessibility with: improving wellbeing (Wasylshyn & Johnson, 1998) social integration (Fischler et al., 2013; Thériault et al., 2010); quality of life (Bunce, 2013) and facilitating relationships (White, 2021). Literature also notes negative outcomes from lacking amenities (Thériault et al., 2010). Studies on housing generally (Rolfe & Garnham, 2020; Shaw, 2004) and related tenure types – i.e., social housing (Holding et al., 2020) – also indicate the importance of amenities.

Moreover, housing cooperatives may provide affordable housing in relation to the private market (Archer, 2020; CMHC, 2003; Morris, 2015; Thériault et al., 2010; White, 2021). Moreover, affordability has been linked to mental health outcomes (Baker, Lester, et al., 2020; Baker et al., 2014; Baker, Pham, et al., 2020; Bentley et al., 2011; Bentley et al., 2016). Also, providing greater disposable income for: purchasing foods, medications, health care (McCracken & Watson, 2004; Wasylshyn & Johnson, 1998) and various socio-economic outcomes e.g., improving financial situations, pursuing education, employment, childcare (Bunce, 2013; McCracken & Watson, 2004; Morris, 2015; Overbeek & Boulet, 2012; Thériault et al., 2010).

Housing cooperatives may provide improving property quality in comparison to previous experiences (Bunce, 2013; Fischler et al., 2013; Huron, 2012; Thériault et al., 2010) and provide better experiences with maintenance (Bunce, 2013; Hiscock et al., 2001; Huron, 2012; McCracken & Watson, 2004). Previous studies in housing and health have documented a range of negative health outcomes arising from poor housing conditions (Baker et al., 2016; Evans, 2000; Holding et al., 2020; Shaw, 2004) and irresponsible maintenance (Holding et al., 2020; McCracken & Watson, 2004; Rolfe & Garnham, 2019).

Housing cooperatives may facilitate the development of knowledge and skills (Bunce, 2013; CMHC, 2003; Girbés-Peco et al., 2020; Huron, 2012; McCracken & Watson, 2004; Morris, 2015; Overbeek & Boulet, 2012; Saegert & Benítez, 2005; Schugurensky et al., 2006; White, 2021). Moreover, development and skills and knowledge have been linked to: improvements in self-confidence (Crabtree et al., 2019; Girbés-Peco et al., 2020; Huron, 2012; Overbeek & Boulet, 2012), empowerment (Bunce, 2013; Girbés-Peco et al., 2020; Wasylshyn & Johnson, 1998) and employment outcomes (Huron, 2012; Morris, 2015; Overbeek & Boulet, 2012; Schugurensky et al., 2006).

Participation in housing cooperatives may result in greater civil engagement – understood as both political involvement and non-political community life. A handful of studies document greater involvement politics – i.e., political efficacy, activism around social issues, lobbying (Crabtree, 2006; Huron, 2012; Lang & Novy, 2014; Morris, 2015; Schugurensky et al., 2006). Also, literature notes impact on community development (Huron, 2012; Rodgers, 2001; Schugurensky et al., 2006; Streich et al., 2016).

The ongoing COVID-19 pandemic profoundly influenced the relationship with housing and health. Early work on housing and health has hypothesized the potential harms of COVID-19 lockdowns (Gurney, 2020), and an early systematic review provides some insight onto how the pandemic impacted housing and health in the first year of lockdown (Gurney, 2021). Moreover, the COVID-19 pandemic had and continues to have profound economic impacts from changes to housing markets, employment, and affordability (Baker, 2020; Bower et al., 2021; Bushman & Mehdipanah, 2021). While there are limited studies exploring how housing cooperatives and residents were impacted. The studies that do exist identify both harms and benefits arising from residing in housing cooperatives during the lockdown (Hudson et al., 2021; Izuhara et al., 2022).

Finally, residing in housing cooperatives can have adverse impacts for some populations. For example: burnout from volunteering (Wasylishyn & Johnson, 1998); group dynamics around participation, non-participation and governance (McCracken & Watson, 2004; Morris, 2015; Thériault et al., 2010); care-giver burnout or struggling living in proximity to poverty and mental illness (Morris, 2015; Thériault et al., 2010) and feelings of not fitting into neighbourhoods or feeling stigma from residing in social housing (Wasylishyn & Johnson, 1998).

Chapter 3: Methodology

The philosophical approach guiding this study was Critical Realism (CR). The choice was made to adopt CR philosophy because both conceptual frameworks guiding the research were formed through realist approaches (Rolfe et al., 2020; Roy et al., 2017). The belief was that adopting CR would allow the researcher to carry forward similar theoretical assumptions. Also, the research adopted a qualitative case-study approach; and a provisional coding approach was adopted, guided by Saldaña (2021) coding manual for qualitative research. The sub-sections for this chapter discuss: the researchers' positionality; CR philosophy; the rationale for the case-study approach; recruitment procedures and participants, and the data collection procedures.

3.1 Positionality

Here I situate myself so that readers may identify my social, political, and cultural position and, in doing so, understand who I am in relation to this research. I have included a brief narrative of my experiences.

I am a Sikh; I grew up being taught Sikh culture and values. Our family concept considers cousins as siblings, aunts and uncles as parents, and all elders as grandparents. Our concept of property is communal; we all share resources and spaces. As a result, I grew up between multi-generational and multi-family households, often spending weekends or prolonged periods with 'extended' families and having 'extended' families spend prolonged periods living within my immediate family. Our parents are immigrants; they are employed in working-class professions as cab drivers, truck drivers; bus drivers; food-service workers; factory workers and receptionists. Our Grandparents were and are devout Sikhs. They taught us the equality of all people, the importance of engaging seva (service), and that people are responsible for standing up against oppression.

While as a youth, I explicitly understood the significance of some of these ideas, such as our concept of family and our religious values, others such as class – and in particular, the indefensible effects this has on the health and wellbeing of individuals – I did not wholly understand. Only after receiving a university education and taking courses in the Social Determinants of Health – among others – did I come to fully appreciate what class can mean in relation to health. My education – and educators – gave me the tools to re-contextualize events in my life. And initiated an interest in understanding the role of political economy in shaping health and wellbeing of individuals. And a broader interest in using the humanities alongside the health sciences to understand the health of populations.

A primary area of interest I have is in health inequality. I am interested in understanding the causes of health inequality and seeking solutions to health inequalities that empower community members to improve their communities' health outcomes through decentralized, participatory, and community-level approaches. This is essentially why I am interested in understanding the social economy and cooperatives and the roles they can play in improving health and wellbeing.

3.2 Research Questions

- 1) How are housing cooperative members experiencing health and wellbeing from living in the housing cooperative?
- 2) Do participant's experiences reflect the proposed mechanisms to health and wellbeing in the conceptual frameworks?

3.3 Critical Realism

Critical Realist (CR) philosophy's distinguishing features are its views on ontology and epistemology. Ontology is the nature of reality; there are generally two positions on ontology – realist and anti-realist

(Fryer, 2020). A realist position holds that an objective reality exists, while an anti-realist position holds that objective reality does not exist (Fryer, 2020). Epistemology is the theory of how knowledge is possible; there are generally broad categories of epistemological positions these are objectivist and subjectivist (Fryer, 2020). Objectivist positions hold that there are no barriers to producing knowledge about the world, while subjectivist positions hold that all observations are theory-dependent and fallible (Fryer, 2020).

CR emerged as a critique of positivist and constructivist approaches to social science (Danermark et al., 2019). In the most general sense, positivist approaches to social science hold that an objective reality exists, and this reality is independent of the observers' perceptions (Brewer, 2003). In other words, positivist approaches are realist and objectivist. While, constructivists approaches to social science hold that an objective reality does not exist, and reality is constructed by the observers perceptions (O'Dowd, 2003). In other words, constructivist approaches are anti-realist and subjectivist.

CR holds that an objective reality does exist, however our understanding of reality is shaped by our perceptions – and our understandings do not necessarily constitute objective reality, put another way “reality has an objective existence but... our knowledge of it is conceptually mediated” - Danermark et al. (2019, p. 15). In other words, CR combines a realist ontology with a subjectivist epistemology. Therefore, in CR, ontology – the nature of reality – cannot be reduced to epistemology – our knowledge of reality. This position requires ontology in CR to be stratified consisting of three layers, the empirical, the actual, and the real.

3.3.1 Critical Realist Ontology

Critical realist ontology stratifies the world into three levels: the empirical, the actual and the real (Danermark et al., 2019; Fletcher, 2017; Sayer, 1999). The real is reality as it exists irrespective of our understanding of it (Danermark et al., 2019; Sayer, 1999). Within the real domain, there are objects or structures and causal powers and liabilities (Sayer, 1999). Objects or structures are the subjects researchers study – social processes, physical processes – and they possess causal powers – the capacities to behave in specific ways – and causal liabilities – susceptibilities to certain kinds of change (Sayer, 1999). The objects and casual powers in the real domain can be activated or remain dormant. The actual consists of the events produced by structures or objects via their causal powers and liabilities – it reflects an activated generative mechanism (Sayer, 1999). Events occur on the actual level whether they are observed or not. The empirical level consists of human experience or reality as we experience it; here, events are observed through our interpretation (Fletcher, 2017; Sayer, 1999). These three ontology levels are presented in Figure 3-1, which has been adapted from (Fletcher, 2017). It should be noted that three stratifications – the real, the actual, the empirical are not separate but overlapping (Fletcher, 2017).

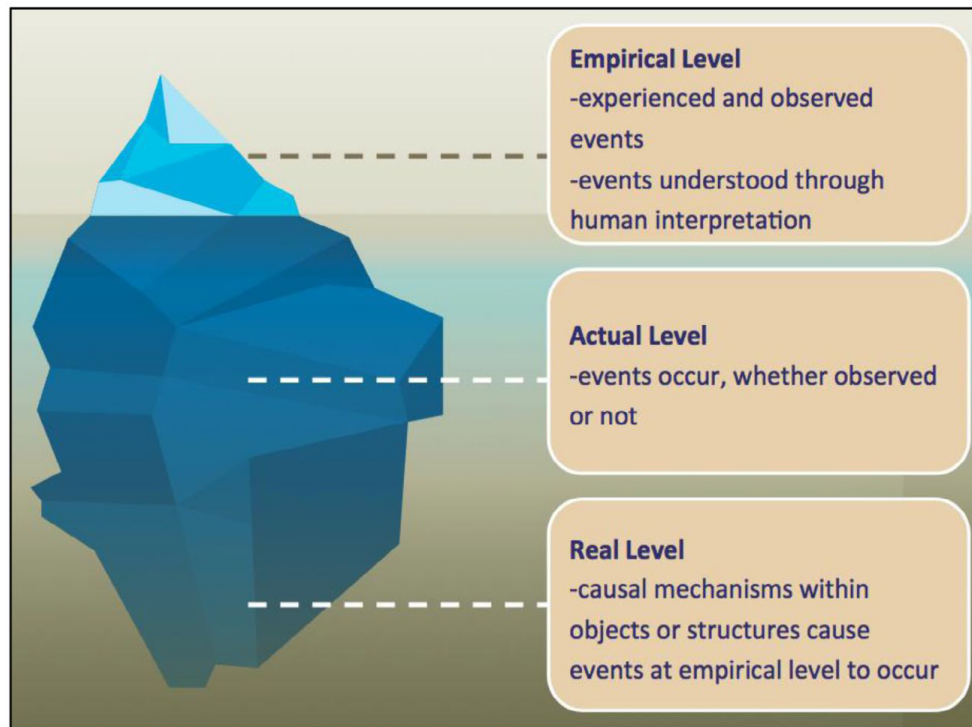


Figure 3-1 A representation of the three levels of critical realist ontology adopted from Fletcher (20017)

3.3.2 *The Conceptual Frameworks and Critical Realism*

CR research can be carried out with existing theories and conceptual frameworks. Doing so allows researchers to determine if the previously proposed mechanisms operate in new contexts and is known as retrodiction (Wynn & Williams, 2020). As mentioned, this research started with existing conceptual frameworks for social enterprise and health (Roy et al., 2017) and housing and the social determinants of health (Rolfe et al., 2020). Both conceptual frameworks were made using realist approaches; and propose mechanisms for how health and wellbeing are experienced by living in housing (Rolfe et al., 2020) and participating in social enterprise (Roy et al., 2017). In other words, the frameworks both represent attempts at uncovering the mechanisms operating at the real level within the realist ontology.

While neither framework was created for housing cooperatives, the decision was made to utilize both frameworks due to the position of housing cooperatives as both a social enterprise and housing

organization (Czischke et al., 2012). Within CR, conceptualization and testing in different contexts – praxis – can contribute to a fuller understanding of the structures and mechanisms in the real domain (Easton, 2010). Moreover, it can allow for the refinement of the proposed mechanisms (Wynn & Williams, 2020). Roy discussing the need to carry out this process writes:

“In future, the intention will be to test, build upon, refine, elaborate and/or revise the overall conceptual model... this will likely involve different forms of social enterprise ‘intervention’, including those that are presently understudied, and will, in all likelihood, lead to a wider range of variables being identified, and thus different pathways to health and wellbeing being uncovered. In such a way it is hoped that this work will advance our empirical and theoretical understanding of the causal pathways at work, in what may be recognised as a particularly complex form of public health ‘intervention.’” (Roy, 2015 p. 257)

3.4 The Rationale for the Qualitative Case-Study Approach

This study adopted a qualitative case-study approach. A qualitative case-study approach was suitable for carrying out this research because: a case study can facilitate the understanding of complex social phenomena and can be used to explain, describe or explore events or phenomena in the everyday contexts in which they occur (Yin, 2014); a case study provides the flexibility to go back and forth between the research process stages, which is not typical of survey-based methods (Easton, 2010), and case-study designs are appropriate for research involving contemporary phenomena without control populations (Yin, 2014).

3.4.1 Defining the Cases

Critical realist case-studies are well suited to "clearly bounded but complex phenomena" such as organizations (Easton, 2010). The unit of analysis within the case-study were housing cooperative

organizations located in Canada. The boundaries of this case will be temporal and spatial (Yin, 2014). The case is limited spatially by restricting the study to examining the health and wellbeing impact of housing cooperatives on members living within the housing cooperative. The health and wellbeing impacts of housing cooperatives on the surrounding community and staff within the housing cooperative were not considered. The case was limited temporally by examining housing cooperative organizations cross-sectionally.

3.5 Recruitment and Participants

Initially, the researcher aimed to recruit participants from a single housing cooperative. However, due to the COVID-19 pandemic, communications with the original research partner were not returned. As a result, recruitment strategies were adapted to recruit housing cooperatives across Canada. A nationwide list restricted to northern and Indigenous-serving cooperatives was drafted by a Cooperative Housing Federation of Canada (CHFC) representative.

A call for participation was advertised to members of all northern and Indigenous cooperatives through the CHFC electronic newsletter on May 6th, 2021 (Appendix B). There were no responses to the call for participation through the electronic newsletter. Also, the researcher contacted each cooperative on the nationwide list of housing cooperatives by email (Appendix B). In total, 46 housing cooperatives were contacted by email, and received two follow-up emails. The housing cooperatives were invited to advertise a call for participation to residents (Appendix B) for a research project examining residents' perceptions of health and wellbeing arising from living in a housing cooperative. The response rate was ~ 26%, with 34 housing cooperatives not responding and 12 responding. Out of the responses, 5 declined to extend the call for participation to residents and 7 expressed interests in extending the call for participation. Out of the 7 that demonstrated interest, only 3 forwarded calls

to participate to membership. Out of these three calls to participate, only two members responded to invitations to participate, one member from an Indigenous serving cooperative and one member from a northern cooperative (Table 1).

Due to recruitment difficulties and time constraints, the decision was made to incorporate interviews from a parallel project in which the researcher was involved titled “Community Housing Canada: Area of Inquiry 4 - Understanding and evaluating models of community housing”. This project aimed to understand and evaluate models of community housing. The project sought to interview representatives from a nationwide sample of cooperative, non-market, and non-profit housing providers. The recruitment in this project was targeted to identify non-profit housing providers with innovative delivery models across Canada. Also, this project did not restrict participation to northern or Indigenous-serving cooperatives. In total, twelve housing cooperatives agreed to participate (Table 2).

In conclusion, the final study population consisted of fourteen participants. Two participants were recruited from the recruitment strategy for this project (interview set one) and twelve representatives of housing cooperatives who were originally recruited for the project aiming to understand and evaluate models of community housing were merged into this study (interview set two). The provincial representation of housing cooperatives included: Alberta, Manitoba, Ontario, New Brunswick, Quebec, Saskatchewan, Nunavut. Moreover, three housing cooperatives were in rural regions – with one meeting the criteria for northern, two housing cooperatives serving Indigenous populations, and two housing cooperatives were serving seniors populations specifically. The exact distribution has been anonymized to protect participants. Moreover, characteristics of housing cooperatives – number

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

of units, length & tenure type, unit type(s) and population served – are available in Appendix C. Note, the characteristics are incomplete as they were composed following data collection.

Table 1 Interviews set one with housing cooperatives members

Pseudonym	Housing Cooperative	City	Province
Moose	Housing Cooperative 1	City 1	Province 1
Siddiq	Housing Cooperative 2	City 2	Province 2

Table 2 Interviews set two with housing cooperative representatives

Acronym	Housing Cooperative	City	Province
HC3	Housing Cooperative 3	City 3	Province 3
HC4	Housing Cooperative 4	City 4	Province 3
HC5	Housing Cooperative 5	City 5	Province 3
HC6	Housing Cooperative 6	City 6	Province 4
HC7	Housing Cooperative 7	City 7	Province 4
HC8	Housing Cooperative 8	City 8	Province 4
HC9	Housing Cooperative 9	City 8	Province 4
HC10	Housing Cooperative 10	City 9	Province 5
HC11	Housing Cooperative 11	City 2	Province 2
HC12	Housing Cooperative 12	City 10	Province 2
HC13	Housing Cooperative 13	City 11	Province 6
HC14	Housing Cooperative 14	City 12	Province 7

3.6 Data Collection

Data collection occurred through semi-structured interviews. Due to changes in methodology, interviews with representatives and members involved two different interview guides. The interview guide for members (Appendix D) reflected the themes present within the social enterprise and health framework (Roy et al., 2017). Whereas the interview guide for representatives was created for a separate study (Appendix D). The focus of the interview guide used for representatives was on analyzing the housing cooperative as an innovative model of non-profit and social housing. Consequently, questions were not optimal for data analysis with the framework. However, there was sufficient overlap between the representative(s) interview guide and the framework to allow for data analysis.

In total, fourteen interviews, twelve with representatives including administrators, presidents, property managers, board members, chairs and two with members were performed. To account for COVID-19 pandemic restrictions interviews were conducted virtually through zoom software. Overall, interviews were between 30-60 minutes in length and were audio recorded and stored on a password encrypted laptop. The interviews were transcribed from the audio. The researcher transcribed and conducted eleven of the twelve interviews with representatives – one was conducted and transcribed by a research team member – and both interviews with the members. The ethical protocol for the interviews with members incorporated member-checking, while the interviews with representatives did not. As a result, member-checking was carried out for the interviews with the housing cooperative members. However, member-checking was not carried out with the interviews with representatives. Finally, interview transcripts were uploaded into qualitative data analysis software (NVIVO) for analysis.

Chapter 4: Data Analysis

4.1 Exploring the Health and Wellbeing Impacts of Housing Cooperatives

Two conceptual frameworks were employed to guide data analysis. Both frameworks were developed using a realist approach and propose mechanisms through which health and wellbeing are realized. The framework by Roy et al. (2017) provides mechanisms for how social enterprises can act on health and wellbeing, and a framework by Rolfe et al. (2020) which proposes mechanisms for how housing can act on health and wellbeing. The decision was made to incorporate both frameworks due to the position of housing cooperatives as both a social enterprise and housing organization (Czischke et al., 2012). Moreover, it was felt that both frameworks were complementary and overcame each other's limitations with respect to measuring health and wellbeing in a housing cooperative. The following section discusses each of the frameworks, as well as their limitations.

The social enterprise and health framework (Roy et al., 2017) provides mechanisms for how social enterprises can impact health and wellbeing (Figure 4-1). Roy, Baker, et al., (2017) divided their framework into five sections:

- 1) Antecedent variables: the context-specific, baseline conditions that are present prior to the implementation of the intervention. In the case of social enterprise, these are the various aspects of social vulnerability individuals may be facing prior to involvement in the social enterprises.
 - a) e.g., social isolation, mental health status, employment status, age, ethnicity (Roy, 2015, pp. 190-203)
- 2) Forms of social enterprise intervention: the specific organizational forms social enterprises can take. The social enterprises feed into mediating variables. Also, note these organizational forms are not exhaustive.

- a) E.g., work-integration social enterprises, community development (Roy, 2015)
- 3) Mediating Variables: include what the social enterprises do and how.
 - a) E.g., improving knowledge and skills; expanding social networks (Roy, 2015, p. 203)
- 4) Intermediate outcomes: are the outcomes or changes that occur on the antecedent variables from mediating variables.
 - a) E.g., Intermediate outcomes are grouped into physical health, mental health, and social determinants of health. However, it is recognized that these categories are interrelated and impact and confound one another (Roy, 2015, p. 217).
- 5) Ultimate goal: improved health and wellbeing

The Roy, Baker, et al., (2017) framework provides a starting point for understanding health and wellbeing. For a worked example of how the framework can be used, please see Appendix E (adapted from: Roy, 2015). Note, the framework is not intended to be a complete conceptualization of how all social enterprises can act health and wellbeing (Roy, 2015). There are social enterprise forms that are not represented within the framework, for instance, housing cooperatives. As a result, limitations exist for this framework, such as: an inability to account for the health and wellbeing participants are experiencing from obtaining housing. As a result of these limitations, a conceptual framework for housing and health (Rolfe et al., 2020) was incorporated into the data analysis.

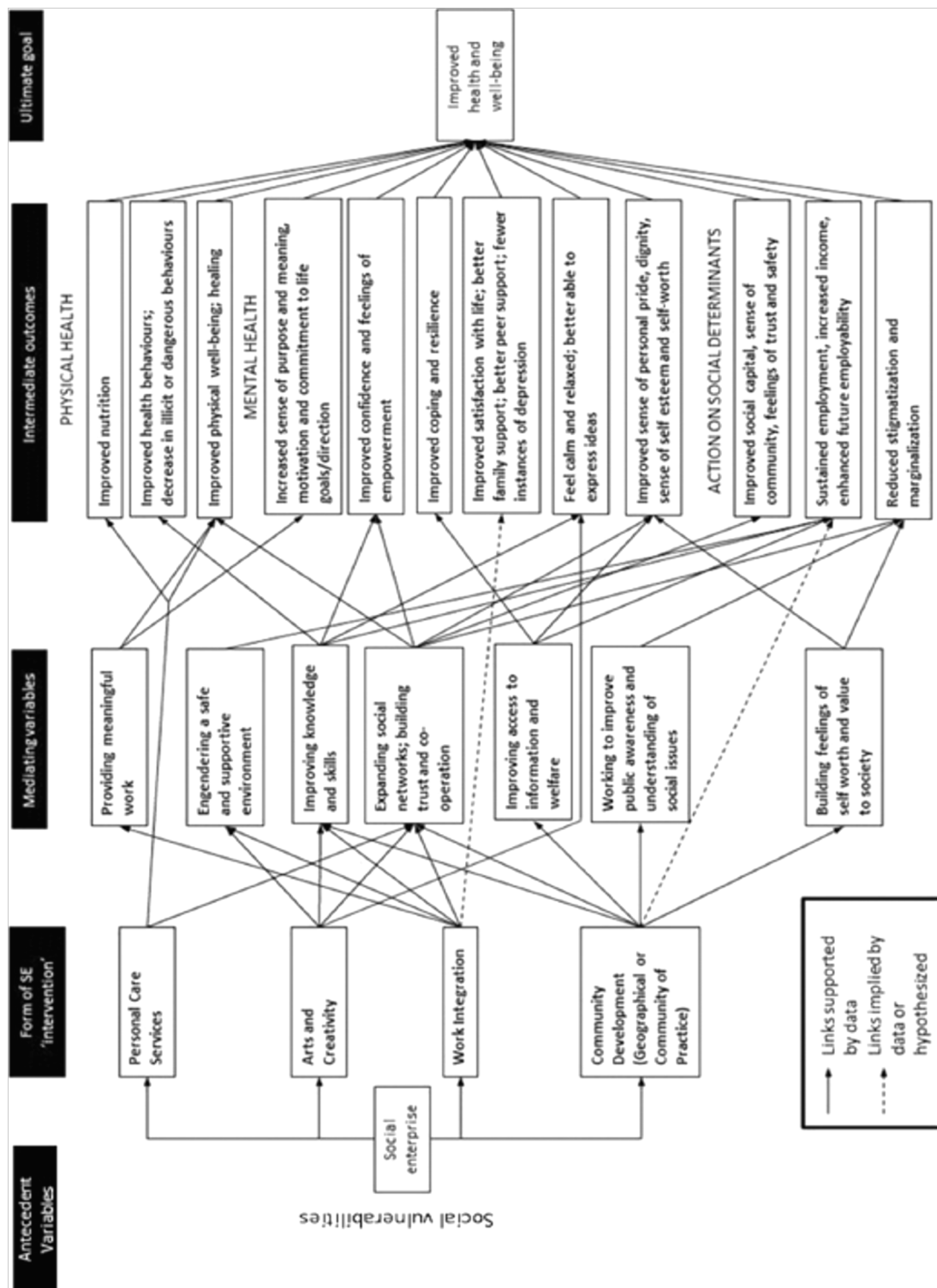


Figure 4-1 conceptual framework for social enterprise as a health and wellbeing intervention adapted from Roy et al. (2017)

The housing and health framework (Rolfe et al., 2020) provides mechanisms for how housing may influence health and wellbeing (Figure 4-2). Rolfe et al. (2020) provide four Context-Mechanism-Outcome Configurations (CMO-C's). The CMO-C's are: tenancy experience or standard of housing service; property quality; affordability and neighbourhood and support networks.

Rolfe et al. (2020) used literature and stakeholder engagement to develop the initial CMO-C's. Afterward, the CMO-C's were refined using quantitative data and further refinement is forthcoming using qualitative data (Rolfe et al., 2020). During the development of the codes – development of codes is discussed in depth in the coding approach section – the decision was made to retain the initial CMO-Cs (Figure 4-3) alongside the refined CMO-C's (Figure 4-2). The rationale for retaining initial CMO-Cs was due to the assumption(s) and evidence in the data that the Canadian housing market context and housing cooperatives yielded some of the initial CMO-Cs.

Finally, several CMO-Cs demonstrated overlap with the mechanisms provided in the social enterprise and health framework. Areas of overlap are discussed further in the results and discussion sections. The following section will introduce the coding approach and how each of the frameworks were utilized to inform coding.

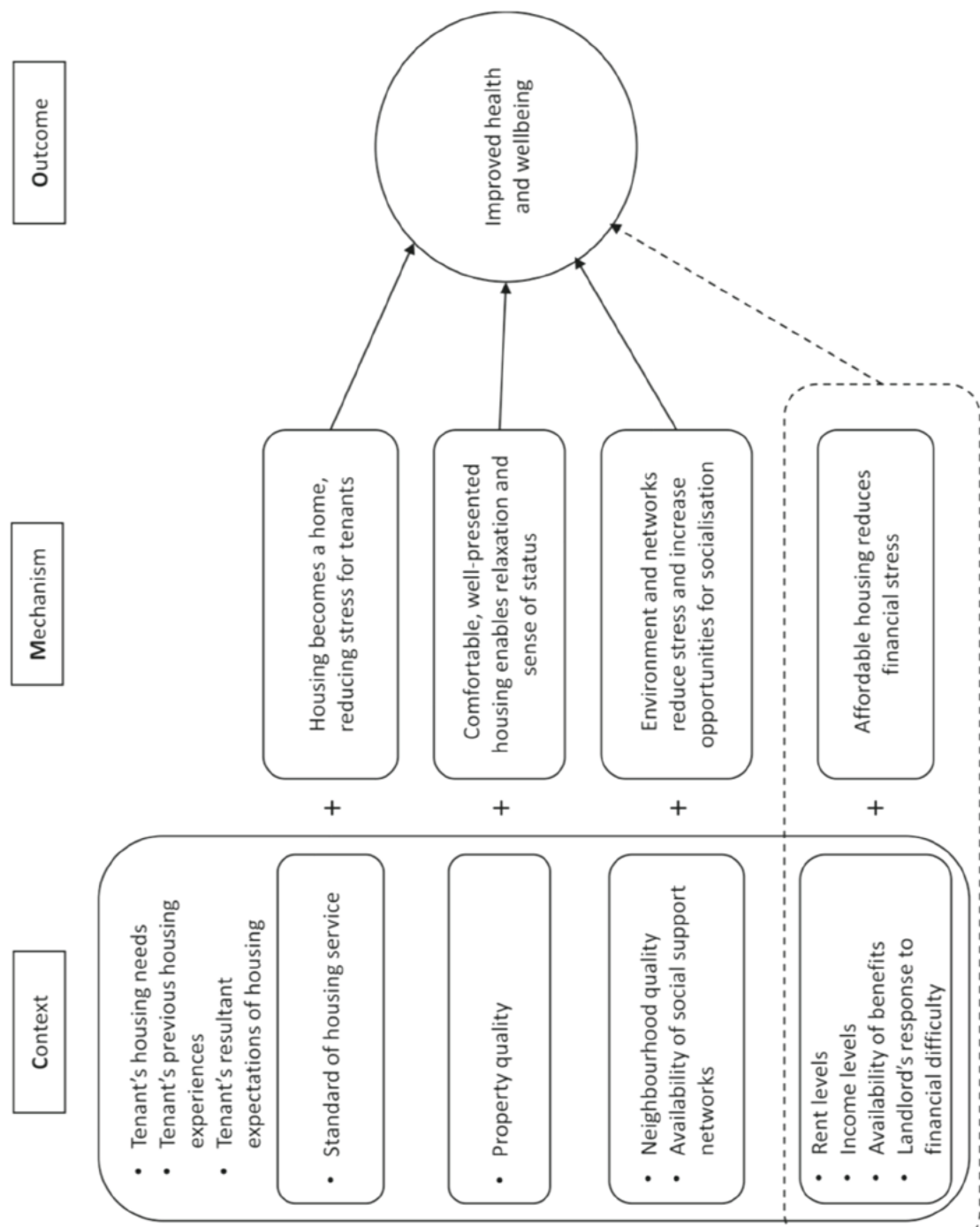


Figure 4-2 conceptual framework for how housing promotes health and wellbeing adapted from Rolfe (2020)

Table 3 CMO-Cs through which housing situation may affect health and wellbeing and potential contextual influences

CMO-C	Contextual factors	Mechanism	Outcome
1	<ul style="list-style-type: none"> • Security of tenure • Tenancy support • Responsiveness of landlord to problems • Expectations, situation and capacity of tenant 	Positive tenancy experience reduces stress and provides tenants with autonomy and control	Improved health and wellbeing
2	<ul style="list-style-type: none"> • Level of investment in property prior to tenancy 	Quality housing provides tenants with a comfortable space in which to relax and a sense of status	Improved health and wellbeing
3	<ul style="list-style-type: none"> • Rent levels • Income levels • Benefits system (especially changes) • Landlord responses to financial issues 	Affordable housing reduces financial stress and frees up income for other expenditure	Improved health and wellbeing
4	<ul style="list-style-type: none"> • Community development activities of landlord • Opportunities for choice of neighbourhood • Existing networks of tenants • Tenancy support 	Good neighbourhood environment and supportive social/community networks around housing location reduce stress and increase opportunities for socialisation	Improved health and wellbeing

Figure 4-3 initial CMO-Cs adapted from Rolfe (2020)

4.2 Coding approach

Saldaña (2021) *"Coding Manual for Qualitative Researchers"* informed the coding process. A provisional coding approach was adopted due to its suitability for studies building on and corroborating previous research (Saldaña, 2021). The provisional coding approach involves developing a predetermined list of codes from a studies conceptual framework(s), literature review, researchers' experiences, hunches, and hypotheses (Saldaña, 2021). In this study, the codes were developed from the conceptual frameworks on social enterprise and health (Roy et al., 2017) and housing and health (Rolfe et al., 2020).

For the social enterprise and health framework (Roy et al., 2017), this involved creating hierarchical codes organized by the various related headings and subheadings presented in the framework. For example, at the top-level codes were created for 'antecedent variables', 'social enterprise activity', 'mediating variables', 'intermediate outcomes'. Each of the top-level codes were further sub-divided to reflect the frameworks hierarchy. For example, the code 'mediating variables' was further sub-divided as 'engendering a safe and supportive environment', 'improving access to information and

welfare’. While the top-level code ‘intermediate outcomes’ were sub-divided into ‘physical health’, ‘mental health’ and ‘action on the social determinants of health’. Finally, where applicable, the second-level codes were sub-divided into the tertiary-level. For example, at the second-level the code ‘mental health’ would be sub-divided into the tertiary codes ‘improved confidence, feelings of empowerment’ or ‘improved sense of personal pride, dignity, sense of self-esteem and self-worth’ and so forth.

A similar process was applied for the health and housing framework (Rolfe et al., 2020). Provisional codes were developed for each of the context, mechanism and outcomes presented. For example, for the tenancy experience CMO-C, the top-level code was ‘tenancy experience’. At the second level, the top-level code was further sub-divided into proposed context(s) and mechanism(s). For example, the top-level code ‘tenancy experience’ had two child codes, one for the context ‘standard of housing service’ and the second for the proposed mechanism ‘housing becomes a home, reducing stress for tenants’. At the tertiary-level the proposed contexts and mechanism at the second level were subdivided into the proposed component parts. For example, the second level code for context – standard of housing service – is subdivided into: ‘previous experience and expectations of housing service’ and ‘standard of housing service’ – including ‘support and responsiveness’.

During the research process it became clear that data did not always fit into the initial provisional codes. Fortunately, provisional coding allows for modification, revision, deletion or expansion of codes as data are collected, analyzed and coded (Saldaña, 2021). When applicable, the Rolfe et al. (2020) frameworks codes were modified to incorporate the initial CMO-C’s alongside the revised the CMO-Cs. For data that fell outside the two frameworks new codes were created by examining the content for common themes. Also, data and literature aided in isolating common activities within

housing cooperatives organizations that may promote the mechanisms. For example, member involvement in the board of directors, committees, volunteering, or cooperative education programs.

4.3 Ethical Considerations

There are consequences to adopting a critical realist approach to research. First, critical realism could be potentially disempowering for participants. Both Fletcher (2017) and Parr (2015) have raised this concern within their studies: Fletcher (2017) incorporates feminist political economy and critical realism while examining the experience of Canadian farm women adjusting to a policy change in Saskatchewan; Parr (2015) integrates critical realist and feminist methodologies when studying the experience of women receiving intensive family support aimed to address their families 'anti-social behaviour'. In both cases, the authors note how the critical realist approach could be seen as privileging the researcher – as critical realist philosophies do not necessarily accept the accounts given by participants. Instead, both participants' and researchers' explanations are fallible as they try to describe the real domain. To address this member-checking was incorporated for interviews with housing cooperative members. However, member checking did not occur with the interviews with housing cooperative representatives. The discrepancy arose due to different ethical protocols being approved for the data collection process.

Chapter 5: Results for Social Enterprise and Health Framework

5.1 Introduction

Data were analyzed through the conceptual framework for social enterprise as a health and wellbeing intervention (Roy et al., 2017). The framework outlines several mechanisms through which health and wellbeing can be experienced through social enterprise participation. The framework does not include housing cooperatives as one of the forms of social enterprise intervention measured. However, the authors note that the forms of social enterprise intervention and the mechanisms in their framework are not exhaustive, and other interventions such as housing cooperatives may be analyzed through the framework. Due to changes in data collection procedures, the results primarily speak in terms of what the representatives perceive is experienced by residents and not the residents' perceptions of health and wellbeing. The chapter is organized by each of the intermediate outcomes: expanding social networks, building trust and cooperation; improving knowledge and skills; providing meaningful work; engendering a safe and supportive environment; improving access to information and welfare; working to improve public awareness and understanding of social issues.

5.2 Expanding Social Networks; Building Trust and Cooperation

The most frequently identified mediating variables within the data were expanding social networks and building trust and cooperation. All 14 interviewees indicated the presence of these mediating variables within their cooperatives. The proposed mechanisms (Figure 5-1) show three intermediate outcomes: physical health outcomes through improved physical wellbeing, healing; mental health outcomes through improved confidence and feelings of empowerment and improved sense of personal pride, dignity, sense of self-esteem and self-worth; and action on the social determinants

through improved social capital, sense of community, feelings of trust and safety, and reduced stigmatization and marginalization.

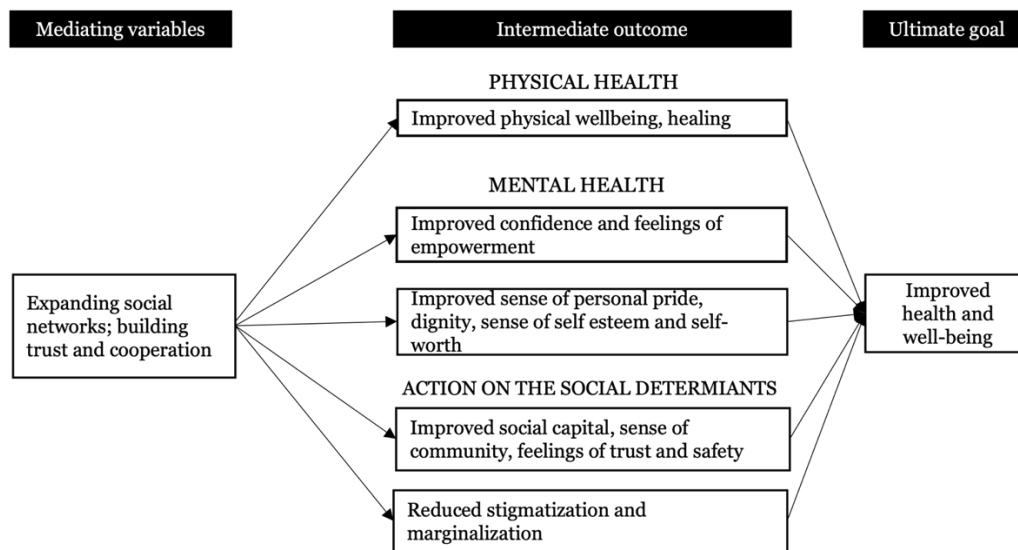


Figure 5-1: an isolated pathway for social networks; building trust and cooperation adapted from Roy et al. (2017)

5.2.1 Social Events

Five housing cooperatives (HC6, HC11, HC7, HC4, HC9) organized group meals and events: HC6 social committee scheduled “potluck suppers, potluck lunches, potluck breakfasts”; HC11 had an organization which provided “a hot meal” for members “every Saturday”; HC7 had “congregate meals twice a week”; HC9 hosted “pancake breakfasts”; and HC4 organized “barbecues” and “games nights” twice a year, and rented a nearby community centre to host events like “potluck suppers”. Moreover, HC4 explicitly connected these events with the cooperative’s efforts to foster community:

“We do try and interact socially... so that everybody can just communicate and be together... and we're striving really hard to ... get people involved, keep them as a community, let them know that they're not living out there alone.”

Similarly, Siddiq feels a sense of community was reflected by involvement in events:

“I guess it's we didn't really ever have many close ties to neighbours when we were renting, but now they have... well, during COVID they haven't, but before that, they had kids [parties] or Christmas parties, and you know special events for Halloween and stuff like that. Once a year, they would have a community get together, and that's probably going to start up again, as the COVID situation clears up. But it is more of a sense of community here.”

In contrast, Moose had experienced living in two cooperatives. While they felt their current housing cooperative did have more ‘community’ than their previous housing arrangement – an apartment – the sense of community was not as strong as their last co-op partly due to the absence of communal events:

“We have friends living in the neighbourhood. So, we are definitely closer to our friends and our kids can go play with their friends just... they just walk to their house, so this is nice. But the co-op as a whole is not as friendly or ‘co-ohey’ as the other co-op I was living before ... our co-op [before] we would just have supper together, just for fun, and it was more, you know, community feeling, here yeah, it's not there yet, I guess.”

The reasons for the cooperative having less of a sense of community are explored later (pg. 71). However, these data indicated that social events hosted by the cooperative provide an opportunity for expanding social networks by bringing members together, which may, in turn, be experienced as an improved sense of community.

5.2.2 Living Cooperatively - Engaging in Mutual Aid

Three housing cooperatives (HC4, HC6, HC14) spoke of how members cooperate – formally through volunteering on committees and informally by supporting one another. HC4 had recently renovated several units using members’ volunteer labour which was credited with getting members “out” and

“talking” to each other and “[building] the community” as “everybody [got] to know each other, a little better.” Similarly, HC14 noted members “looking after each other” through, for example, “[going] over to their neighbour's house and teach them how to cook” or “things like that.” HC6 members support one another through sharing produce from their gardens and sharing food:

“I guess the example is that I’m living by myself now because my wife passed away two years ago. So instead of me, instead of me planting a garden in one of the plots, I bought a dozen tomato plants and about a dozen other plants that I put in that garden. And when they grew up, and [I] harvested them I couldn't have used them all, so I just packaged as I picked the ripe tomatoes off or whatever it was, I put them in a box at the door and those people that wanted to have the opportunity to pick up fresh tomato could. So that was its kind of in-house things that were we do for each other... Another fellow has been a bachelor, living by himself and whatnot, and so there's the odd piece of cake or nice dessert or something you know sitting on his little shelf outside his door when he goes out in the morning he doesn't know where it came from, but (laughs) it's something that somebody made when you make it, when you live in by yourself, and you bake a big cake, it gets awful [difficult] eaten that cake all by yourself, so it's easy to give away, or you bake a batch of cookies and 35 cookies... so, you'll find that two or three cookies are in a little package outside your door someday when you go.”

Moreover, HC6 highlighted members “always” being willing to pick up groceries and having “no problem” getting rides to appointments. In addition, Siddiq volunteered on the lawn maintenance committee aiding “the older people” and people without equipment. They also noted the connection between volunteering and community and associated this with the cooperative philosophy:

“Part of the co-op philosophy is that you help. [So] you join some committee, or you do something within [the] co-op that you know it's going to help everybody else in the co-op... it gives you a better sense of community because you realize you join this and it's going to help someone else, and then, in turn, they're on a committee that maybe does something that helps you.”

Moose spoke of how living in the cooperative had differed from previous housing arrangements for knowing your neighbours and cooperating:

“What's the benefit of the co-op, yeah? I feel that we know our neighbours better, then if it was a regular just neighbourhood because we have to interact with them... we all say hi to each other, and sometimes we have shovelled snow [for] a neighbour, and then they may help us with something else, there's a little bit more of being good neighbours.”

The results indicate that cooperation is experienced through members volunteering on committees and informally supporting each other by aiding neighbours, sharing produce and goods and aiding vulnerable members in daily tasks, e.g., driving seniors to appointments, maintaining lawns for individuals with mobility difficulties, breaking isolation for widowed seniors. In turn, these activities can foster a sense of community.

Many housing cooperatives articulated their commitment to community building as a foundational part of the cooperative form of organization and adopted various formal programs to support one another. For example, HC8 housing cooperative had a commitment to community building which ran throughout its organization:

“They [HC8] are very big on the sense of community, that it's not just an apartment. If you're living there [it] is being part of a community, that's knowing your neighbours, looking out for

their best interest. They have the staff that's on-site that does a little bit more than you would see in a residential apartment. Like the two handicap units, the grasses cut for them, and the sidewalks are shovelled. We call and do wellness checks on the seniors to make sure if we haven't seen them or heard from them in a few days. We take [the] garbage out for other tenants who aren't capable of making it up and down the stairs lots, little things like that.”

HC9 and HC13 had car-sharing co-ops available for members. HC14 board would link up members who were able to help one another. HC3 had a care and compassion committee which functioned to support members and acknowledge accomplishments:

“We have a care and compassion committee so that committee has, it's got a small budget of I think it's about \$1500 and we use that, to you know, if people are sick, there are members who will prepare meals for you, if you had a new baby, we'll go out and purchase whatever you need, if you're ill again like there is somebody, for graduations we make sure that there are gifts for the graduates, small gifts for the graduates. Again, when COVID hit, we use[d] the care and compassion fund to buy hanging baskets for every single household just for that little bit of sunshine, you know, through the flowers.”

The formal programs encourage cooperation through: having staff look after vulnerable members, e.g., checking in on seniors, aiding in activities of daily living; providing a car-share for members who may not have access to vehicles, and supporting members through gift-giving. These activities may, in turn, be acting on elements of Figure 5 – 1 including: ‘improved social capital, sense of community, and feelings of trust and safety’.

Two housing cooperatives (HC11, HC3) spoke directly about the cooperative being a ‘family’. HC11 perceived they had a “sense of community” and a “sense of family”, which was exemplified by

members and staff “check[ing] in with one another” and asking “how [each other] was doing” every day. These experiences were contrasted to “rental apartment buildings” where residents are “just another number” and are only to be seen when “rent is late”. For HC3 community within the cooperative was also contrasted with the private rental complex:

“The private rental complex is going to provide me with our unit. They are going to be responsible for taking care of whatever needs to be maintained here, and that's it. This co-op is home; this co-op is my extended family.”

Both HC7 and HC6 perceived their cooperatives broke social isolation by building connections between seniors. HC7 contrasted the sense of community in co-ops to nursing homes and the private rental market:

“it’s the community, you don’t realize it until you get in there... people get together more in a co-op, and it’s hard to tell people that don’t know...this is a whole community. That people see other seniors, and you’re not alone... if you were 65 years old... and you didn’t have any friends, or you had few friends that didn’t live there [another building], it would be a different feeling than where we are, you can move in here without any friends, [without] anybody that you know and within weeks you will be... playing cards with them”.

HC6 was a space where “socialization... cooperation and the feeling of home” permeated “throughout the whole building”, and the “most important aspect” of the co-op was “always having somebody close by that is happy to sit and talk and interested...and discuss or do whatever”. They had developed a pen-pal program with local international students, aiding students in ‘English language learning and providing the seniors with a source of socialization:

“Socially, we've had a relationship with the school... next door which is a junior and senior high [school], and about 35-40% of their students now are foreign people. And there's a high number of ... students who have difficulty ... in language translations and whatnot. And we wound up having a pen pal kind of arrangement between one of these classes, English classes, that was having, the teacher was having a difficult time with. And so, we've had three or four years, we've got about four years or five years of really [the] enjoyment of getting to know students from all over the world. I had two Chinese lads one year; I had a lad from South Korea who was over here with his mother, and his dad and his sister were still living in South Korea running the family business and whatnot [so] we've had just a good experience with understanding. It's made a big difference to our social lives because there [are] 34 people in this building or 43 people in this building that we can socialize with without having to leave home.”

HC13, HC10, HC3 spoke about how their organizations improved members' sense of community. For example, HC13 had a “big impact on... health” due to members: feeling “secure” that they have a place that they can “share” with people and “feeling... part of a community”. At the same time, HC10 noted that “community” and “connection” were the most significant differences between private and co-op housing. Finally, HC3 illustrated the richness of the community experience co-ops can take, stating:

“The friendships that I have seen develop here have been phenomenal. We've had people who moved away, who still continue to maintain those friendships, everywhere from watching children grow up and go off and graduate from university and get married and children born, and even to having members who've passed on. We do everything together; we celebrate the

best and the worst of life together as a community and as a large extended family. So, it's a phenomenal place to live... I used to always say I had a three-year plan, I was only going to be here for three years, and I'm on my nineteenth year now, so it's kind of hard to beat this kind of community. This is very much my home, and I have a hard time envisioning living anywhere else... this co-op is home, this co-op is my extended family. My kids have had informal aunts and uncles and grandparents right here in this co-op. They're well taken care of."

5.2.3 Social Networks, Trust and Cooperation During COVID-19

While the COVID-19 pandemic often hindered the ability of residents to socialize, four housing cooperatives (HC9, HC14, HC11, HC8) felt their communities' shared experiences of navigating the crisis had brought members closer together. HC9 encapsulated this sentiment by saying, "I think that, in some ways, while [COVID-19] made socializing here much more difficult, it has strengthened the commitment of many members to help look out for each other". For HC11 residents were helping members purchase goods and aided in developing the sense of community:

"especially since COVID, they've really developed a sense of community among the membership... at one point folks were basically knocking on doors, doing a check-in around suppertime, to say hey how are you doing, do you need anything... when there was a toilet paper shortage they would send one or two people out to Costco and get the biggest things of toilet paper they could find and share it amongst whoever needed it, you know, those kinds of things."

Similar experiences were echoed by the representative of HC9, who noted residents were aiding in picking up "groceries [and] all those kinds of things" while also checking if "everybody was okay".

Two cooperatives (HC9, HC14) overcame pandemic restrictions by organizing support through electronic spaces. In HC14, residents organized a Facebook group that organized the delivery of various goods – “milk, bread, hand sanitiser, whatever it was they needed” and checked in to “make sure everyone was doing okay”. The group was believed to impact both members who needed goods and individuals by providing meaningful work:

“As much as people need that milk, or bread, or hand sanitiser, whatever it was they needed right. Not only were they being connected, but the community members who were sitting at home doing nothing suddenly had this really important job to do to get that hand sanitiser and get it delivered. It was such a good feeling for everyone and the way to watch all those people come together and support each other, and really want to do that right, not do that because you're in a cooperative, and if you don't volunteer two hours a month we're going to kick your butt... but do [that]... because you really care about your neighbours, so you really want to do that. It was great to watch.”

Similarly, HC9 members following restrictions were utilizing an “online forum” to “exchange information” and “seek [and] give help”. The adaptations of HC11, HC9 and HC14 during the pandemic displays how residents of housing cooperatives may cooperate in times of crisis to ensure each other's wellbeing.

In addition to aiding members during COVID-19 by purchasing goods, a couple of co-ops organised events outdoors (HC9, HC8, HC7). Within HC8, the “kids from the community [were] coming out and playing soccer”, which led to other members of the community coming out and bringing items such as “freezees... or water”, and many of the older people “starting to come out and watch”. These events were seen as necessary due to the restrictions on “other social outlets”. HC9 had hosted an

“outdoor pancake breakfast”; however, these activities were paused when the province restricted gathering. Finally, HC7, the community was able to organize “ball toss” games: engagements in these games represented an example of how “everybody was healthy”.

The adaptations of the cooperatives during the pandemic displays how residents of housing cooperatives may cooperate in times of crisis to ensure each other’s wellbeing. For example, members may have been able to facilitate and maintain a sense of community during a time of social isolation, combat marginalization by aiding residents who would have had difficulties accessing goods and services. Moreover, engagement in sporting events could have helped in maintaining members’ physical health during the pandemic restrictions. In addition, members’ social networks, trust, and cooperation may have improved members’ coping and resilience during the pandemic, indicating a potential unconceptualized pathway in the Roy et al. (2017) framework.

5.2.4 Feelings of Trust and Safety

The social networks and cooperation within housing cooperatives may produce feelings of trust and safety. For example, the community in HC8 had developed a sense of watchfulness towards break-ins and other criminal activity in the neighbourhood, noting there was a:

“Bigger sense of security... [because] people talk to their neighbour; they know their neighbour. [So] if something [is] happening in the community, everybody knows about it. Like if there was police involvement for a break-in somewhere, people are aware of it, they remind people to lock their doors things like that”.

Other housing cooperatives described feelings of safety more generally. Representatives of HC9 felt that the cooperative was much “safer” “stable” and “secure” housing, than many [residents] have lived in” and this was attributed to living in a “community where people look out for each other”. Finally,

HC3 was perceived as “a safe place for kids”. These results indicate that cooperatives may produce safety for members.

5.2.5 Cooperative Governance Model - Control Over Home

The cooperative governance process was interpreted as facilitating the mediating variable ‘trust and co-operation’. Moreover, this appears to lead to improved confidence and feelings of empowerment within housing cooperatives. The housing cooperatives in this study involve members and tenants in decision making and governance processes to varying degrees. The remainder of the section discusses the governance experience of these cooperatives and how they facilitate improved confidence and feelings of empowerment.

Four housing cooperatives (HC8, HC11, HC9, HC10) spoke about residents having a “voice”. For example: HC8 states, “however little a voice... or however big a voice” that members want “the board will accommodate them.” HC11 states, “we do take the view that it is a co-op principle that everyone has a voice, but in the Haudenosaunee way of life everybody has a voice there as well, so that resounds with us.” For HC9, governance involves trying to “ensure that all [the] members have the opportunity to participate, make their voices heard”, and for HC10, “every member in the co-op has a voice”. Having a voice may presumably facilitate feelings of empowerment.

While the other cooperatives did not explicitly speak of members “voice”, they did discuss cooperative governance. The cooperatives adopted various organizational strategies to aid in governance and decision-making. Both HC10 and HC13 were formed after the amalgamation of numerous cooperatives. As a result, buildings of various sizes were merged. Both cooperatives adopted strategies to modulate the decision-making capacities of different buildings. Within HC13, there are “property committees” within each apartment block. The perception was their approach was increasing

members' "impact in (their) near environment", ensuring that the cooperatives' "democracy is more spread". While in HC10, the approach aims to provide each apartment with a "delegate at the board" of directors, providing equal power to each building within the cooperative. This ensures that decisions do not "favour" some of the "more economically stable or larger communities" and that "everybody's voices is equal". These organizational strategies allowed larger cooperatives – formed from the amalgamation of many cooperatives and buildings – to facilitate equal governance; these strategies may increase feelings of empowerment among members of larger cooperatives.

In contrast with the representative interviews (which spoke to the types of governance processes that occurred) interviews with the two residents spoke directly of feelings of empowerment. Siddiq felt the cooperative model provided a "sense of power." Having a voice was seen as an essential part of being in their community. Moreover, they contrasted it to landlords noting that "if the landlord doesn't agree with you... you're sort of done" and that landlords may state "maybe you should move to a different place". In contrast, within the cooperative, Siddiq felt they had "a little bit more of a say" and that "no one's making you feel that you shouldn't" voice your opinion. Moose, felt the cooperative model was empowering in comparison to renting from a private landlord, stating:

"I enjoy that people can take responsibility for having a roof over their head and that the money is not just going to a big landlord. [So] it's really like empowerment of people and saying, look, this is where we live, and we are going to... if there's [a] problem, we're going to work it out together and fix it... empowerment about living in a co-op it's like, you get to do your stuff, and you have a roof and people around you have a roof."

For both residents, the cooperative model was contrasted to the disempowering experiences of being beholden to landlords and the private rental market; and the cooperative model facilitates control over their homes, leading to feelings of empowerment.

5.2.5.1 Incorporating Indigenous Governance

Finally, two cooperatives were incorporating Indigenous ways of being into governance and decision-making. The representative from HC11 stated the similarities between cooperative principles and the “Haudenosaunee way of life”, which place importance on giving “everyone a voice”. However, they noted that the Haudenosaunee tradition recognises the importance of “voting by consensus versus majority vote” and that the cooperative was hoping to “evolve those meetings, and eventually change everything” to be more attuned to Haudenosaunee traditions. Moreover, HC11 had begun incorporating smudging and spirituality into meetings, stating: “whenever we’re meeting, we give them an opportunity to smudge, and have prayer and to ask the Creator to go into these meetings with a good mind and to think what’s best for the membership and the co-op”. However, within Moose’s cooperative they mentioned how the cooperative was slowly starting to consider “[Indigenous] values” within the “mission, vision, values”. However, they noted that there were concerns over discrepancies between the organization’s rhetoric and practice, stating there was a comment, “if you're just going to name it then don't do it... you should name it and apply it to your decision process. Because it's a little bit of a thing here like you know “[Indigenous] values” but then you know, you don't really consider it”. Indigenous ways of knowing were being practised or discussed within the governance and decision-making process within both examples. Incorporating Indigenous practices may be a way that housing cooperatives serving Indigenous communities (or with a large Indigenous membership) could increase feelings of empowerment among Indigenous members.

5.2.6 Exceptions – Absence of Social Network Formation and Sense of Community

Two representatives of housing cooperatives (HC5, HC12) did not feel their co-ops significantly aided the formation of social networks or a sense of community. These two cooperatives had unique characteristics which are essential to consider. For example, both HC12 and HC5 are not “micro-communities” (HC5). As a result, houses are “scattered” (HC12) throughout the broader community. The perception among both was that members did not want to participate in the cooperative community. For HC5, members were perceived as “just want[ing] to rent their [homes] and live their [lives]” (HC5), while at HC12, the perception was that members want to “just blend in [with] the community” (HC12). Despite the perception of the cooperatives playing a limited role, both HC12 and HC5 reported the existence of social networks, trust and cooperation and a sense of community among members. For HC5, co-operation and a sense of community were occurring among residents of City 5 as a whole, which was attributed to the small and rural nature of the community. Within HC12, members “get together” through community groups centred around Indigenous identities, such as the Friendship Centre. Likewise, Siddiq – reported experiencing a greater sense of community because of the cooperative, but did not perceive a significant impact on their social networks primarily due to being involved in Indigenous organizations:

“Probably a few [social connections], but we've always been, I've always been involved in the native community in [City 2]. I worked at one of the friendship centres here for a few years, and when I went back to school, that's kind of kept a little bit of a contact with them, but, in joining the co-op again, you get really involved in, and you meet some of the people [you] used to know, and in the co-op, I met two people that are in the club that I used to work with, and I knew in the community.”

These results may indicate that within some housing cooperatives the importance of the cooperative as a facilitator of social networks and sense of community may be reduced due to existing connections through other organizations. Also, HC10 had, and Siddiq lived in, housing units spread throughout the broader cities, and both reported a sense of community developing due to the cooperative. Both co-ops were also located in much larger cities than HC5 and HC12. These results may indicate that the size of the community and the spread of the housing units may influence the development of social networks and, in turn, a sense of community among cooperative members.

5.3 Improving Knowledge and Skills

The mediating variable improving knowledge and skills is proposed to produce the intermediate outcomes of: improved confidence and feelings of empowerment; feel(ing) calm and relaxed, better able to express ideas; sustained employment, increased income, enhanced future employability; improved health behaviours, decreased in illicit or dangerous behaviours (Figure 5-2).

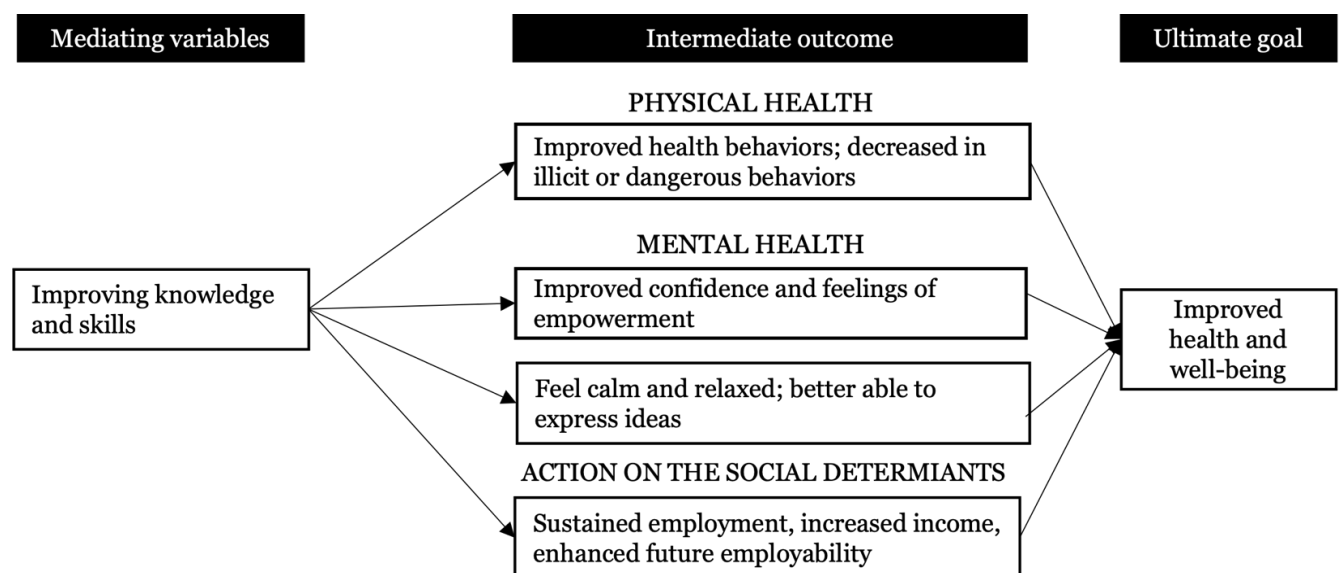


Figure 5-2: Isolated pathway for improving knowledge and skills adapted from Roy et al. (2017)

The social enterprises identified by Roy et al. (2017) improved knowledge and skills through education and learning programs, volunteering, developing entrepreneurial skills through supporting organisations involved with “street vendors” and “street papers”, teaching language as a means of preserving heritage and preserving cultural identity. Compared to other housing models, a unique feature of housing cooperatives may be acting on health via improving knowledge and skills. Eight of the representatives of housing cooperatives (HC8, HC3, HC4, HC12, HC13, HC14, HC5, HC10) and 1 of the residents interviewed referred to activities that may improve knowledge and skills.

Three of the representatives housing cooperatives (HC4, HC13, HC14) were providing education and training programmes to members. HC4 maintains a fund to support residents taking courses regarding cooperative living and governance provided through a regional federation of housing cooperatives:

“[The federation] must have about 15 listed [courses] last time I looked, different courses or information sessions if you want. Any member of a co-op, that’s not just our co-op that’s every co-op in...[Province 3] under their umbrella, can register and attend and learn. The co-op itself budgets, every year, a certain dollar amount for this to happen, so if a resident wants to attend, all they have to do is say which one it is and how much it is... social interaction, volunteerism, board roles, are just a few of those types of educational things that are available.”

Likewise, HC13 is providing funding for residents to take courses on cooperative living. As the representative put it: “you want to... no problem, we pay for that because more people are more educated on the collective enterprise, and the more they understand how it works... [that] is the real benefit.” HC14 noted training is provided through the Cooperative Housing Federation of Canada for residents wanting to “transition” from “being a regular tenant to a board member.” HC14's goal was to “get people up to speed” and reduce the burden of governance, which was perceived as a “hefty

load to bite off'. All three cooperatives provided education and learning programs to develop the skills needed for effective cooperative governance and collective living. Finally, HC10 had developed a mentorship programme for training board members on cooperative governance. However, they did not discuss how education and learning programs could translate into health and wellbeing outcomes.

Two representatives of housing cooperatives (HC4, HC5) discussed members volunteering in capital projects. Residents at HC4 are developing skills by volunteering to renovate members housing units:

“Every time somebody volunteers on a project, there’s usually someone within the co-op that knows what they’re doing... the rest of the volunteers are learning new skills every time they volunteer for something. For example, yesterday and Saturday and Sunday, there was five of us over the course of the two days that went in and changed out all the old beige electrical receptacles and light switches from beige to white to modernize and upgrade a new unit, ready to, within days ready for occupancy. Only one person there knew how to do it.... [that person] showed each person, had a little mini safety lesson, showed each person what we needed to do... and each one of those people now can go and change receptacle or a light switch in their own unit without having to call an electrician. So, it’s helping them in the space that they’re living in, helping the co-op cut down on costs, and it’s giving them a new skill.

Last summer, we replaced rotten boards on [the] siding. [So], we [had] two people who knew how to work with wood. And then, the group, over the course of the two weeks that it took us to do it, we had ten different volunteers on the program. And each one of them knew which end of a hammer to pick up, and that’s about it. So, they picked up those skills.”

Similarly, HC5 wanted to have members participate in capital projects as a strategy for financial sustainability. HC5 did note how using members “as simple labour [can]... keep your costs down,

[which] keeps your rents down”. However, they also discussed how using members for capital projects can be a double-edged sword, stating:

“People have done their own work, and then we’re going back spending money trying to fix it... so, everybody thinks they’re a fantastic painter until they actually paint a house, right... but I think [member’s labour] could be a usable solution to some of our problems if it was managed correctly.”

However, neither cooperative discussed how improvements in their knowledge and skills could impact health and wellbeing.

Three representatives housing cooperatives (HC5, HC3, HC8) perceived volunteering improved knowledge and skills among youth living in the cooperative and surrounding community. For HC8, volunteering was perceived as a source of early “resume building” for youth members:

“Some of the younger, like I’ll say that teenagers and preteens, they will help out... then they use it for resume building right, ‘I assisted in this’, ‘I volunteered at the Halloween day’, little things like that.”

In HC3, the cooperative environment was also seen as improving the knowledge and skills of young members, particularly relating to employment:

“[the] kids have learned responsibility here; they’ve had to help take care of the grounds. As soon as they turned a certain age, they were all out there, learning how to mow the lawn for the entire complex. So, there are some early job skills that the kids get a chance to learn here”.

Finally, HC5 represented a unique case in which the cooperative was improving knowledge and skills and providing employment for youth living in the community:

“I think every kid in this community had worked [at HC5] at some point. So anywhere from the age of 9 to 15, they’ve all taken on some kind of job... A couple [of] summers ago, we had a whole crew of kids that were cutting grass... they come in and help paint. I got a 15-year-old boy that’s helping assemble cabinets at a house... so he’s got a little job for a few days. And you know, [the kids are] making a little money and learning some skills, so that’s a really big social impact that’s coming out of [the co-op] here.”

Developing knowledge and skills, particularly job skills for youth, may potentially lead to enhanced future employability.

The mediating variable “improving knowledge and skills” is also proposed to lead to improved confidence and feelings of empowerment. HC3 housing cooperative indicated that this pathway might be present. At HC3, the perception was members joining committees were both developing and employing knowledge and skills. Moreover, this process led to members developing confidence and may have had spillover effects in the cooperative. The representative of HC3 provided an example of this pathway in action states:

“I’ve seen a number of people who have come in, who didn’t think they have any skills at all, who’ve joined committees. You know whether it was learning secretarial skills, putting their baking skills to great use, or recognizing that they’ve got a flair for event planning. When you get a chance to be involved in large planning projects, it really gives; I’ve seen it give people a real measure of self-confidence, and then they pass it forward that pay it forward to other residents who are coming in [so] it’s been a wonderful, wonderful, wonderful thing to see the kind of skill development that has taken place.”

Engaging in meaningful work – conceptualized as work that values their skills – and developing new skills improved confidence among members. The role providing meaningful work plays will be explored further in a subsequent section.

Finally, at HC12 there was a member who had begun participating in the board of directors leading to improvements in knowledge and skills and translating to improvements in mental health and action on the social determinants of health:

“We have one board member she put herself through school, and now she’s got a really good paying job, and it was sort of just that confidence, you can see that confidence [from] when she first joined the board till now. She’s not afraid to speak out and be part of the board and participate. [It] just kind of gave her those skills to move forward in her career and things like that... now we have a new member on right now, and it’s just the same thing she’s got herself a job, and all of a sudden, you can see that confidence is starting, so it definitely has been good for a lot of people, just giving them more skills that will help going forward, so, it’s nice to see that.”

This example illustrates how improving knowledge and skills can translate into improved confidence and better ability to express ideas and contribute to members accessing employment.

5.4 Providing Meaningful Work

The mediating variable providing meaningful work is proposed to produce the intermediate outcomes of improved physical wellbeing, healing and increased sense of purpose and meaning, motivation and commitment to life goals/direction (Figure 5-3).

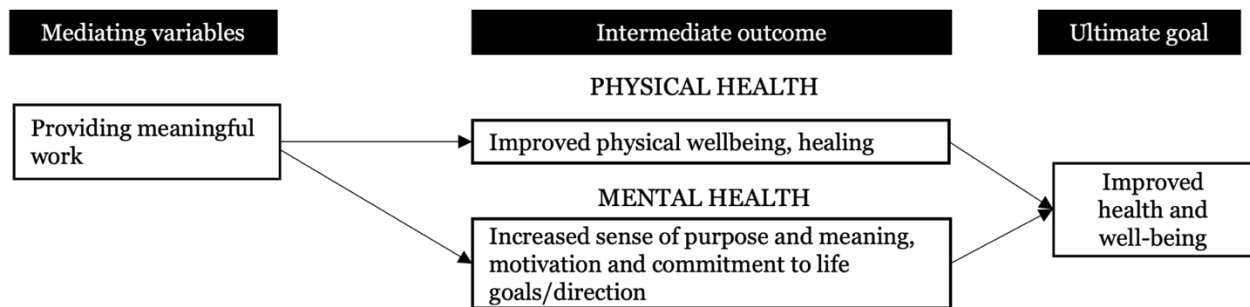


Figure 5-3 Isolated pathway for providing meaningful work adapted from Roy et al. (2017)

Roy et al. (2017) include both remunerative employment and volunteering under meaningful work. These forms of work were provided to members of housing cooperatives through volunteer opportunities, employment with the housing organization, and governance through the board of directors. The following section discusses each of these examples.

As discussed, cooperatives are governed democratically by their members. Members typically elect a board of directors at an annual general meeting. HC8 was unique in allowing “anybody who wants to be on the board” to sign up as alternates and allowing them to “come to all meetings and still participate.” The board of directors, in turn, is responsible for the management of the organization.

As discussed, residents often volunteer on capital projects. For example, HC4 members were involved in renovating and maintaining existing units by replacing “electrical receptacles and light switches” and replacing “rotten boards on siding”. By volunteering, residents are aiding the cooperative by maintaining housing stock, renovating units for new “occupancy”, and helping their co-op by “cut[ting] down on costs”. HC5 was also exploring the idea of utilizing volunteerism to aid in capital projects. Moreover, for HC4 residents volunteering on capital projects and successful board management – described successive boards displaying frugality and planning – was seen as vital to allowing the co-op to be mortgage-free.

A unique example of ruminative employment was occurring within HC8. The cooperative is employing current residents in various positions. At the time of the interview, the site manager, site supervisor and cleaning staff were all residents and employees of the cooperative. Moreover, the cooperative was applying for student summer grants which they would use to hire students living internally rather than externally. The perception is that the provision of employment is both aiding residents financially by “helping pay the rent” and helping the “morale” in the buildings as residents can “see people in the community working”.

Results appear to indicate the presence of the mediating variable of meaningful work. For example, members are actively involved in governing and maintaining their cooperatives. Both activities allow members to control living environments and maintain housing affordability. Also, some cooperatives provide ruminative employment to members. The perception is the jobs increase community morale and increase individual income. However, the results did not demonstrate the proposed intermediate outcomes. Results may indicate increased income.

5.5 Engendering a Safe and Supportive Environment

The mediating variable engendering a safe and supportive environment and the associated intermediate outcomes are present on Figure 5-4. Roy et al. (2017) propose a safe and supportive environment consists of a space where “people can feel they are valued and protected” as well as a “safe place for people trying to get their lives back on track”. Roy et al. (2017) provide two social enterprise examples; both are WISEs and employ both “vulnerable young people” and “people recovering from addictions”. The Social enterprises in this study are housing cooperatives, not WISEs; however, five of the housing cooperatives (HC14, HC3, HC12, HC10, HC11) appear to be engendering a safe and supportive environment.

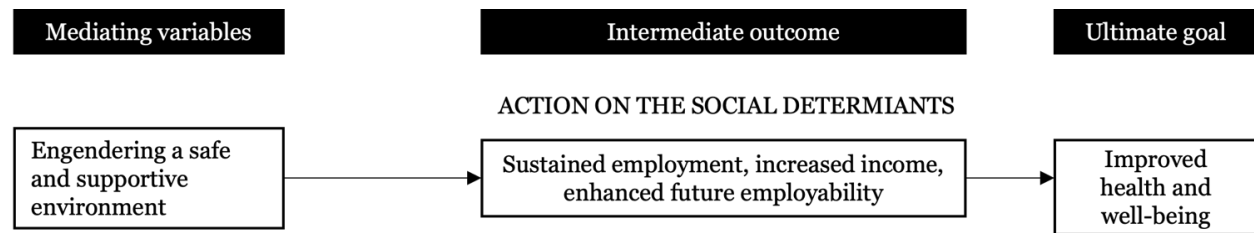


Figure 5-4 Isolated pathway for engendering a safe and supportive environment adapted from Roy et al. (2017)

Three housing cooperatives (HC3, HC14, HC10) gave examples of how access to housing through the cooperative functioned as a source of stability and a steppingstone for various residents experiencing hardship. HC3 acts as a safe and supportive environment by being a “springboard” for residents. The representative provided examples of families who came in “broken” following adverse life events - such as “a recent divorce” – and were attempting to “get back up on their feet”. For these families having access to “affordable housing” and “a safe place for their kids” gave them an “opportunity to think about higher education [and]... upgrading”. HC3 also spoke of residents being able to: go “back to school”, “change careers”, “being able to move out of the co-op and purchase their own homes”. These successes were attributed to the co-op allowing people the “time to get back up on their feet”. HC14 engendered a safe and supportive environment that produced sustained employment, increased income, and enhanced future employability, as depicted in Figure 5-4. HC14 emphasized that the goal of the cooperative was not to “make a profit”, but to “make sure that [residents are] ... getting the support and training they need. Not to survive, but absolutely thrive”. The representative of HC14 shared a story that illustrates how this process occurred and translated into sustained employment:

“There’s a woman who lives in our housing cooperative, who came in about eight years ago, [a] single mom leaving an abusive relationship. Really a broken person... didn’t have a lot of skills, was on social assistance and just really struggling to just get her day-to-day things done.

And really started connecting with her community and the different members that live there. And there was a woman who would come over and give her cooking lessons and teach her basic skills. And she was growing and learning and eventually ended up signing up for different committees and getting involved, joined her board of directors [and] eventually became the president and a real leader in our community. In the meantime, [she] opened her own daycare business and just grew and flourished as a person.”

This example may also demonstrate the mediating variables “providing meaningful work, expanding social networks, and improving knowledge and skills” through the member “connecting with [the] community” and participating in committees and on the board of directors. Likewise, HC10 reported similar outcomes; the cooperative has several relationships with community partners dedicated to housing vulnerable persons. The provision of housing had improved education and employment prospects for these residents. The representative of HC10 noted that “a number of women who have come into the co-op [lived] there and have moved into different types of employment”. The representative of HC10 provided the following examples of members who had come from vulnerable positions and accessed educational opportunities:

“We have a person here now who’s doing a work term; she’s graduating with a diploma in accounting. And she came into the housing co-op through one of those things [partnerships], so you can see where you know, someone who has access to safe and affordable housing can make those changes. You know, we have another member; she’s actually the president of the co-op, and she’s about to graduate as a power engineer, single mom who was on income assistance; like those are regular things that happen in [HC10]. So, once that piece is provided

- [affordable and safe housing] – that stability, you know, those basic needs are met, we see all kinds of benefits”.

Each of HC14, HC3 and HC10 provided examples where the cooperative housing environment functioned as a steppingstone for residents—allowing many to access education, in some cases, employment. These examples demonstrate that cooperative housing provides a safe and supportive environment that produces sustained employment, increased income, enhanced future employability and ultimately improved health and wellbeing.

5.6 Improving Access to Information and Welfare

The mediating variable improving access to information and the associated intermediate outcomes are presented in Figure (5-5). Roy et al. (2017) conceptualize improving access to information and welfare as social enterprises collaborating with organizations to provide access to benefits entitlements, providing advice and advocating on behalf of individuals, and providing individuals with information – the focus of the social enterprise identified was providing information relating to benefits.

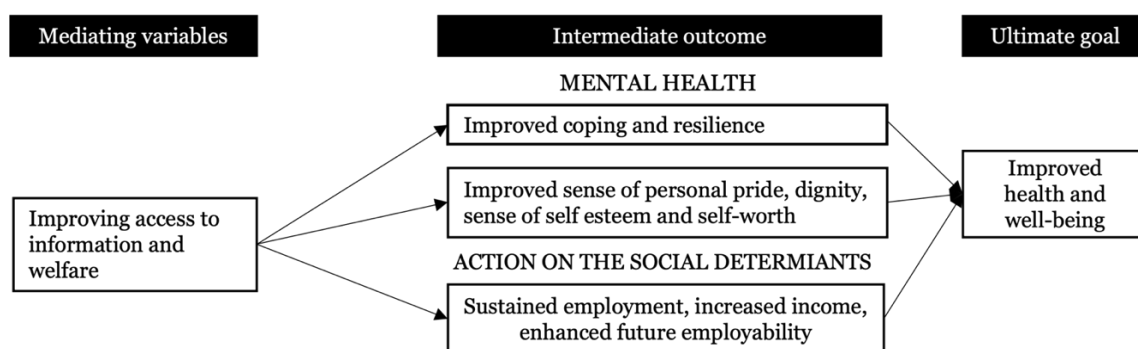


Figure 5-5: Isolated pathway for improving access to information and welfare adapted from Roy et al. (2017)

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

Four housing cooperatives (HC3, HC14, HC10, HC11) support residents by providing information about community organizations. For example, HC10 discussed informally providing members with “information about food purchasing clubs and different types of services” within their neighbourhoods. At HC10 this process is described as occurring on an ad-hoc basis, as they link members with existing community partners:

“If I had a call from a member who was struggling with whatever, because of the partnerships that we do foster, I can connect them. So, it’s not anything formal; it’s just mainly because we have that soft skill and those partnerships that we can become connectors.”

Similarly, HC14 also adopts an informal approach to refer members to community services. For example, if members are experiencing “ongoing” hardships, the cooperative will partner with “other non-profits” that can aid people in “budgeting”, “credit management”, and “all those things”. In contrast, HC3 has many formal and “strong relationships” with community organizations and retains a “paid staff” member to “maintain those relationships”. At HC3, the representative described the importance of these relationships and how they are utilized to benefit members:

“it’s really important that we have strong relationships with our municipality, with family and community services. So that we can make sure our members can be linked up quickly to the outside services that they need to access”.

Finally, HC11 was “reaching out to the other Indigenous organizations” within the community to provide services and information to members. The housing cooperative was partnered with two organizations providing food and produce and two organizations aiding in health and wellness.

Two of the housing cooperatives (HC3, HC14) linked members with mental health and counselling services. For HC14, the organization believes in “[meeting] people where they’re at, [and] link[ling]

them to where they need[ed] to go”. A story from HC14 illustrates how the cooperative responded to a resident who was experiencing a mental health crisis:

“There was a woman who was really struggling to get her kids to school every day, and the house was really suffering from some hoarding problems... to the point where we actually had to flag the fire department to get them involved, and social services got involved and took the kids away for some amount of time... instead of saying okay you’re in social housing, so now that you don’t have kids, you can’t live here anymore... we were able to say ‘okay, what can we do over the next six months to help you get back on track, so what can we do to rent you a garbage bin to start clearing out this stuff, who can we connect you with in the community to get those mental health services you need ... to make sure you have a parent aid and somebody guiding you through this.’ And so that women pulled [it] together within about six months. And those kids are back home again and... there’s still, we’re having to check in all the time, and I won’t say everything lived happily ever after, there’s always that check-in and making sure, and sometimes things aren’t okay, and we work with her from there. But, like to have those kids back home is everything to her”.

In this example, the resident was at risk of eviction and losing their children. However, the cooperative elected to support the resident by linking them with community organizations that could help them. Similarly, HC3 was also connecting members with “social service agencies” and “counselling services” during the COVID-19 pandemic to “combat the isolation” of dealing with the pandemic. It’s important to note that neither cooperative (HC14, HC3) spoke directly to members having improved coping or resilience because of these efforts. However, it appears to be implied through HC14’s perception that the individual’s condition has improved.

5.7 Working to Improve Public Awareness and Understanding of Social Issues

The mediating variable and the associated intermediate outcome is presented in Figure (5-6). The Roy et al. (2017) framework identifies “improved public awareness and understanding of social issues” through social enterprises engaging in awareness campaigns with politicians and prominent businesspeople and members engaging in civil resistance movements. In this study, two housing cooperatives (HC14, HC9) and both members spoke about working to improve public awareness and understanding of social issues.



Figure 5-6: Isolated pathway for working to improve public awareness and understanding of social issues adapted from Roy et al. (2017)

Two cooperatives (HC14, HC9) and Moose were both engaged in political lobbying. At HC14, members elected to the board of directors would engage in meetings with “the Minister of Social Services”. Moose had similar experiences while they participated in the board of directors:

“I was doing meetings with... corporations, and even when the Canadian housing came and everything, we tried to push and explain to them co-ops work, and how it would be nice... like right now here... there’s no real policy about co-op. So, we were trying to push to get this going.”

HC9 was also “lobbying for municipal support”. The perception was that the co-op was able to mobilize individuals who otherwise would not have participated:

“When we were lobbying for municipal support, I think we did get people out to council meetings and so on, who might not have come out otherwise”.

In each case, housing cooperative members were engaged in political lobbying for the cooperative movement and their organizations.

Moose noted how involvement with the cooperative had made them consider the relationship of the cooperative with [Indigenous] peoples:

“It’s really interesting... we’re in [Province 1], so a lot of the population is [Indigenous]... I don’t think half of the units and the co-op are with Inuit people, it’s mostly, well not mostly, well yeah, maybe 2/3 non-[Indigenous] and maybe 1/3 [Indigenous], I don’t know, I haven’t made the math... so yeah, it’s interesting sometimes, like statistically, there should be more [Indigenous people] living here, so why are they not applying, how can we reach out to them, why like do they don’t feel safe here.”

However, it was unclear if this had translated into greater involvement in the public sphere. Siddiq did not feel living in the cooperative was contributing to participation in politics or social issues:

“I’ve never really been one to get into the politics part of being Indigenous, but I agree with some of their policies [the cooperatives], but I’m not going to be up and be an activist. I think at my age, I don’t know whether I want to still get involved, like that maybe when I was younger, when we were students in high school, we go to rallies and stuff, but... as you get older, you realize that maybe... if you want to do that, then maybe you should be staying in school or getting into politics, and you know, getting an education so that instead of just being [at] a rally, you can be part of this, the system and try to change it from within. There are some

people that don't believe that (changing the system from within), so I don't really get involved with that part of it.”

5.8 Unconceptualized Mechanisms

The framework does not account for two potential health outcomes which were identified in the findings: 1) cooperatives functioned as a space for members to collaborate with various nutrition and health organizations; 2) Some housing cooperatives appeared to reduce stigmatization and marginalization by providing housing access to marginalized groups and providing a safe space for marginalized groups this may vary according to the structure and operation of individual cooperatives.

The social enterprises surveyed by Roy et al. (2017) did not collaborate with health and wellbeing organizations to improve access to information. However, HC11 retained relationships with several Indigenous organizations focused on health and wellbeing and improved access to information by having organizations host programming at the cooperative. One of these organizations had hosted programmes through their “healthy living advocate”. The programmes focused on increasing exercise among Indigenous residents and Indigenous peoples living in the local area. Another organization hosted a programme focused on “diabetes management”. The programme focused on educating individuals living with diabetes, providing “recipes” and “deliver[ing] food”. These two activities may impact residents’ nutrition and physical wellbeing by improving community access to health serving organizations.

Three housing cooperatives (HC11, HC9, HC10) reduced stigmatization and marginalization by providing housing access for marginalized groups. While one member noted their cooperative had an underrepresentation of Indigenous peoples. For example, HC11 – an Indigenous led and serving

cooperative – provided housing to Indigenous peoples and sought to fight the discrimination and racism faced by Indigenous peoples in the housing market:

“The things we’re able to do is number one: we provide housing to Indigenous persons aged 40 and over, with no fear of discrimination or racism that is first and foremost. Even now, in the year 2021, when it shouldn’t be happening, I hear it every day, I hear it every day. Someone is looking for somewhere to live, and they are being turned away as soon as that because when a landlord looks at them and sees their Indigenous, they are never going to outwardly say, ‘well, we are not renting to you because you’re Indigenous’, but they get turned away because of it, and we know it still happens. And that’s not part of the process here, in fact, everyone who meets our criteria can apply here, and no one is discriminated against for that reason, so that’s absolutely our number one priority is providing safe and affordable housing for Indigenous peoples aged 40 and over”.

It is worth noting the cooperative Moose belonged to was operating in Province 1 – the territories of the Inuit people. However, Moose noted there was an underrepresentation of [Indigenous] people living in the cooperative stating:

“It’s really interesting... we’re in [Province 1], so a lot of the population is [Indigenous]... I don’t think half of the units and the co-op are with [Indigenous] people, it’s mostly, well not mostly, well yeah, maybe 2/3 non-[Indigenous] and maybe 1/3 [Indigenous], I don’t know, I haven’t made the math... so yeah, it’s interesting sometimes, like statistically, there should be more [Indigenous peoples] living here, so why are they not applying, how can we reach out to them, why like do they don’t feel safe here.”

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

The primary difference between these two cooperatives was that HC11 was Indigenous-led and Indigenous-serving. This may indicate a possible difference between the effectiveness of Indigenous-led and non-Indigenous-led cooperatives in addressing housing access for Indigenous groups.

HC9 and HC10 were providing housing to marginalized groups via relationships with community organizations. For example, at HC9, local churches were “sponsoring shares for refugee families and some low-income members”, and the social services agency was providing shares for a single suite for clients. HC10 has several community partners: Housing Alternatives provides an “organized departure (and) housing first program” targeting “men and women... experiencing chronic homelessness, organized departure, episodic homelessness” ; First Steps Up, which provides “shelter or transitional housing for pregnant and parenting young women”; Elizabeth Fry Province 5 targeting “women coming out of corrections”; Second Stage Housing targeting “women coming from domestic violence”; The Resource Center for Youth which was providing housing to “youth as non-members” as they were finishing their high school education, and the YMCA Newcomer Connection which was providing “transitional apartments” for individuals arriving in City 9. These programs worked with the housing cooperative to reduce the marginalization and stigmatization individuals would face accessing housing.

In addition to providing housing access to marginalized communities, HC11 housing cooperative provided a safe space for the Indigenous community and Indigenous organizations to operate:

“One group comes every Saturday and provides a hot meal for all our members, and in exchange what they’ve done is they’ve asked our building to be the pick-up place, so they contact the other Indigenous members who don’t live in this co-op, and those people drive in from wherever they live to here to pick up those meals from that organization here on our

property. And it's been working out well because they know that they can come here, they know it is a safe place, there's not going to be any discrimination, there's not going to be any problems, and we oversee it just to make sure that everything runs smoothly”.

5.9 Summary

Results show the housing cooperatives demonstrate many of the mediating variables present within the social enterprise and health framework Roy et al. (2017). For example, the housing cooperatives appear to provide meaningful work; engender a safe and supportive environment; improve knowledge and skills; expand social networks; improve access to information and welfare and work to improve public awareness and understanding of social issues. However, the translation of mediating variables to intermediate outcomes is less clear. The realized mechanisms are presented in Figure 5-7. The mediating variable improving knowledge and skills appeared to translate to improved confidence and feelings of empowerment; feeling calm and relaxed, better able to express ideas and sustained employment, increased income, and enhanced future employability. However, there was no evidence for improved health behaviours, decreased in illicit or dangerous behaviours. The mediating variables expanding social networks, building trust and cooperation appeared to translate to the intermediate outcomes: improved confidence and feelings of empowerment, and improved social capital, sense of community, feelings of trust and safety. There was no evidence for the intermediate outcomes: improved physical wellbeing, healing; improved sense of personal pride, dignity, sense of self-esteem and self-worth and reduced stigmatization and marginalization. The mediating variable engendering a safe and supportive environment is perceived to translate to the intermediate outcome sustained employment, increased income, enhanced future employability. The mediating variable improving access to information and welfare appears to translate to the intermediate outcomes of improved

copied and resilience. However, results do not indicate the intermediate outcomes of improved sense of personal pride, dignity, sense of self-esteem and self-worth, sustained employment, increased income, or enhanced future

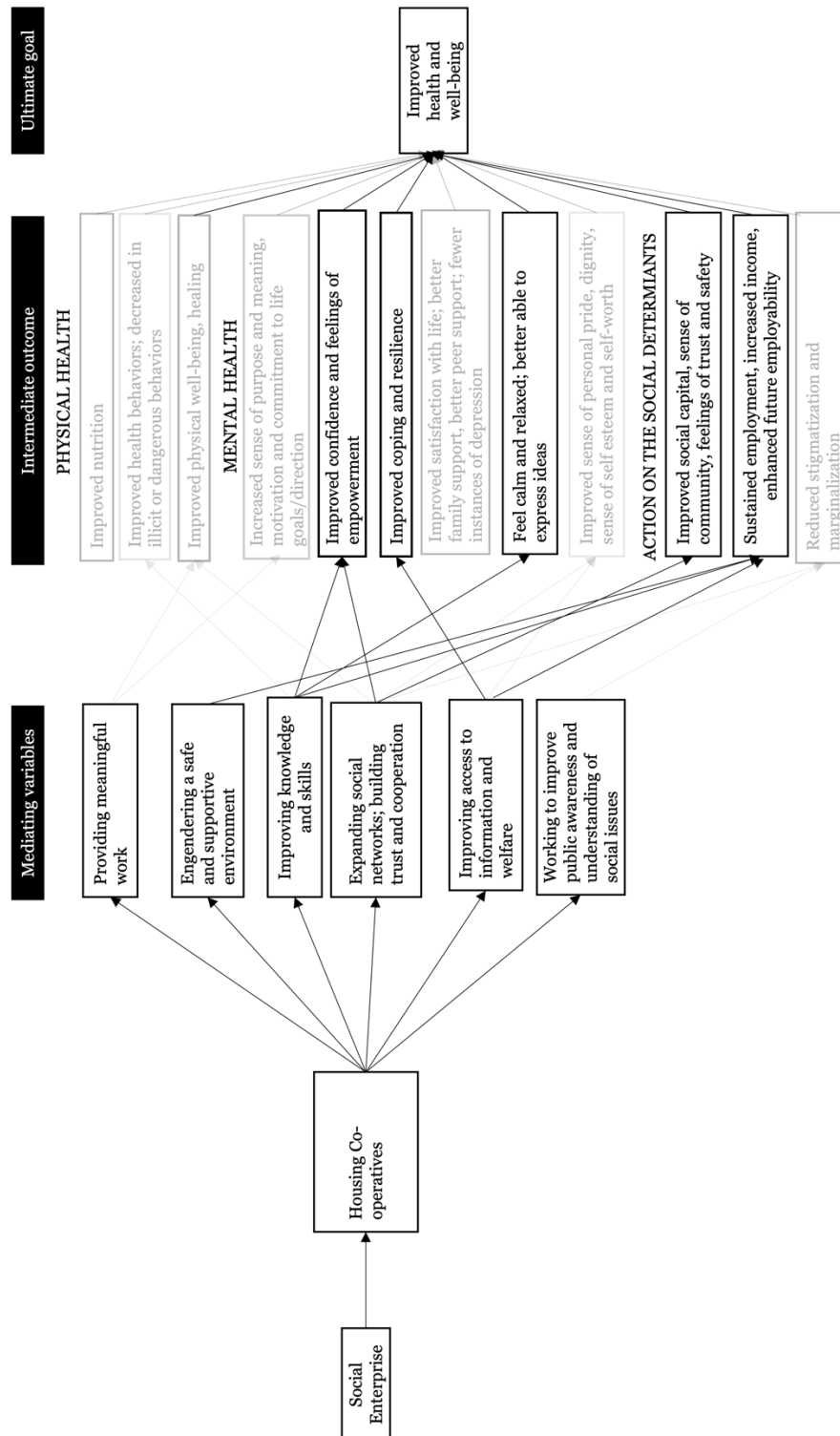


Figure 5-7 framework showing mechanisms reflected in results adapted from Roy et al. (2017)

employability. The mediating variables working to improve public awareness and understanding of social issues did not appear to translate to the intermediate outcome of reduced stigmatization and marginalization. Finally, the mediating variable providing meaningful work did not appear to translate to the proposed intermediate outcomes of improved physical wellbeing, healing or increased sense of purpose and meaning, motivation and commitment to life goals/direction.

The results identified a handful of intermediate outcomes which were not conceptualized by the mechanisms provided. For example, housing cooperatives appeared to engender a safe and supportive environment and provided access to housing for marginalized populations. As a result, members from marginalized communities may be experiencing reduced stigmatization and marginalization. Also, one of the housing cooperatives was engaging in health promotion by linking members to organizations and aiding members in organizing events with health and wellbeing organizations.

Chapter 6: Results for Housing and Health Framework

Housing cooperatives are both a social enterprise and a source of housing. While well suited for analysing most social enterprises, the social enterprise and framework by Roy et al. (2017) has some limitations when analyzing the health and wellbeing outcomes arising from housing. Due to these limitations, the decision was made to also analyze the data through a conceptual framework on housing and health presented by Rolfe et al. (2020) (Figure 6-1). The framework provides four mechanisms for how health and wellbeing may be realized for low-income individuals in rented accommodation, in the form of context-mechanism-outcome-configurations (CMOC). It's important to note, housing cooperatives are not rented accommodation and occupy a space between traditional forms of ownership and rentals. The following sections is organized according to the CMOCs proposed by Rolfe et al. (2020). The subsections are affordability, tenancy experience, property quality and neighbourhood and support networks.

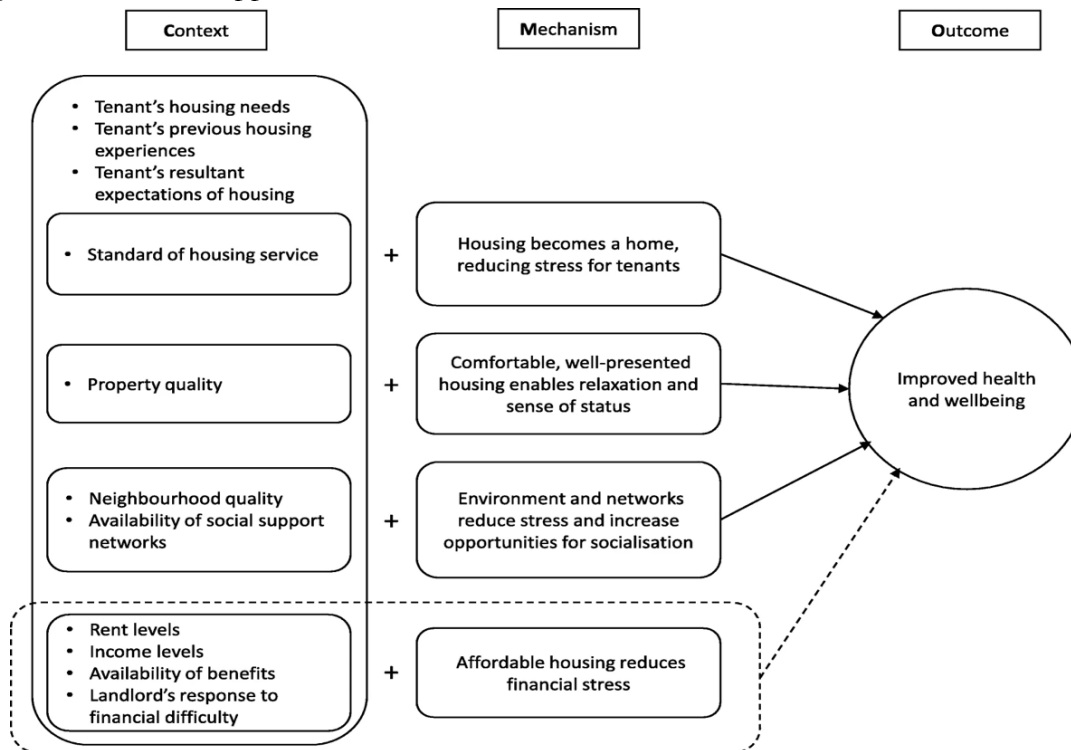


Figure 6-1 Housing and health framework adapted from Rolfe et al. (2020)

6.1 Affordability

Rolfe et al. (2020) propose a CMOC for affordability – measured through the following contexts: rental levels, income levels, availability of benefits and landlord response to financial difficulties. This contributes to producing affordable housing which can “reduce financial stress and free up income for other expenditures” and ultimately culminates in improved health and wellbeing. The following section discusses three of the contexts among housing cooperatives – rent levels, availability of benefits and landlord response to financial difficulties – information about the communities and housing markets are mentioned where applicable.

The goals of HC8 was to ensure the cooperative provided affordable housing to the community of City 6, Province 4. HC8 sought to keep costs down by doing “modest repairs”, allowing them to maintain “modest increases” in rents. For example, HC8 rent increases were “usually lower” than the “RTB” suggestions¹. Moreover, the cooperative actively seeks to maintain affordable housing to remain a community-serving organization:

“They had different prices for different units based on renovated, not renovated, and now they're trying to do more in unit repairs to bring the un-renovated units to the renovated price, and they're freezing the renovated price. Because it's getting to the point that they're finding that price point is high for the market for the kind of people that they could help because they want to stick with renting to [both] seniors that couldn't afford somewhere else, families that

¹ Previously RTB suggested 1.6%, co-op only increased at 1%; RTB suggested 2.4% they only increased it by 2%

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

are just starting out... they're not trying to appeal to the rich by any means. With it being community-based, they want to still provide a service of affordable rent to people who can't afford as much. So, they use the government of [Province 4] guidelines what they've projected and then they always go a little bit less. So, I know, next year, the RTB has said is [a] zero per cent increase, so the co-op will also have been zero per cent increase.

In comparison to the market-rent in City 6, HC8 was lower in price, and this was thought to contribute to savings for members:

“[HC8] is lower rent [than] the average price in [City 6]; we come in under that. A lot of people who apply there, we're moving from \$1200-1300 dollar a month, three bedrooms into the co-ops \$900 - \$1000 a month, so they could save some money. And because of that, we have a very low vacancy rate.”

HC8 is a mixed-income community, serving both subsidized and non-subsidized members. Subsidies were provided to eligible members through a provincial housing subsidy program. Members who were not eligible for the provincial housing subsidy program were able to apply to rent assistance. Both services were provided through the provincial government. The subsidy programs and affordability of the cooperative were perceived to provide finances for other expenditures and enable aging in place:

“I know there's a couple of families that have moved up there and they enrolled their kids in different sporting activities; they said with coming to a place where they're able to get [subsidy] the parents were able to go back to school to get a better job, rather than working two part-time minimum wage jobs. They were able to further their education and go that way. So, you see that and a lot of the seniors too...it [has] allowed a lot of our seniors to be able to age in

place rather than have to downsize to something more affordable...through the subsidies they're able to stay in their same home, which is nice.”

HC6 provides affordable housing for seniors in City 6, Province 4. The rents were set through an operating agreement with [provincial government] and stipulated those seniors with incomes “between \$17,000-\$19,000 a year” could rent one-bedroom suites at \$700 a month and two-bedroom suites at \$875 a month. A proportion of units were subsidised through rent-geared-to-income². HC8 and HC6 perceived that the affordability of housing was translating into providing finances for other expenditures:

“We have a big impact on the on the lives of the 97 or 125 people that are living in these buildings because we've controlled the cost of their expenses, of the cost of living, by controlling the cost of housing for them, so, I think we have an impact. So, that translates into money left in those seniors' pockets to be able to spend for other things. So, they have different deals, to be able to help for the buying all the groceries from the local stores up here, they're doing the kinds of things that you would normally do. COVID made such a restriction on what we can do. But so that's from a financial impact, it's impacted those people's lives, and it's an impact that the local community because we're supporting people right next door.”

HC9 is a mixed-income community located in City 8, Province 4. Thirty-four units were designated as affordable units, and 30 were market units. The rent levels were set to the median market-rent in City 8 for both the subsidised and unsubsidised units. Of the affordable units, 13 were receiving a

² Rent-geared-to-income caps eligible members maximum rental expenditure at 30% of income

subsidy through the Province 4 Government. HC9 share prices are high; this was attributed to limited public funding and was considered a constraint on low-income individuals:

“Well, because there was a fairly limited amount of public funding for this building our shares... our share prices are high, much higher than for other co-ops. And so that's a limiting factor for people who would like to live here and don't have resources... it's a \$17 million building, and we got less than \$4 million in public sector funding. So, to make up the difference we have had, we have pretty high shares, and those are... that's a factor that's hard to overcome.”

However, the community had responded to the potential financial constraints prospective low-income members faced through a fundraising campaign to offset share costs:

“We raised \$225,000 to offset the shares of people who couldn't afford their shares over five years; it took a long time. So, but what that now means is that anyone who needs an income subsidy has a much lower entry-level to live in the co-op. So, we've been able to reduce shares [for] most of those people to 25% or less of the shares. [But], it's still high compared to other co-ops so for, one bedroom [it] will be \$4,000 instead of the \$16,000... but, another co-op for one-bedroom in the city that was built under federal funding three decades ago, their shares are only \$1,000 or \$1,500. But then you're not living in a brand-new building either with all of the amenities that this one has, so there's certainly a trade-off.”

HC4 is in City 4, Province 3, and its rent levels have historically been below the market rent. However, the COVID-19 pandemic was hurting the cooperative's affordability. The perception was that an exodus of out-of-province workers due to the pandemic intensified an existing economic downturn and drove down rents:

“We were actually under [market rent] up until COVID hit, and people started abandoning houses and moving back home to wherever home was. [Province 3] has a lot of people from out of provinces that... live here, and they’re all moving home. So, our market is flooded right now with empty spaces. But typically, we were under, back before the econo... I’m not going to blame it all on COVID because the economic downturn started in 2014. Back then, we were usually \$100-\$150, sometimes \$200 depending on what you're looking at dollars a month cheaper.”

Due to the pandemic, the cooperative – at the time of the interview – was charging roughly \$50 higher than [market rent] per month. Subsidies were available for 50% of the units – 12 out of 24 units. In previous years changes to government programs had slashed the funds available for subsidies:

“Up until last year [the government] provided what we needed. Last year, [the government] said this is our budget; we're not going [a] dollar over it. And we had people, 12 units on subsidy that all of a sudden were looking at four... three months that they weren't going to get subsidized. That was a big economical stress for this co-op to figure out how we can keep really good residents - they are - without making them pay a full housing charge because they can't, they don't have the income to do so.”

Moreover, the future of the subsidies was uncertain, as the cooperative was preparing to transition “from provincial [to] federal” programs. If subsidies were not available, there was a risk of “[losing] 12 tenants”.

HC3 is in City 3, in Province 3. Subsidies are available for 50% of the units – 29 out of 58 units. There is uncertainty surrounding the subsidy programs continuing due to the cooperative approaching its

end-of-operating agreement. However, HC3 has created a plan if subsidies are discontinued, and residents face potential financial difficulties:

“We have a plan in place, in the event that the next government does not honour and continue to extend the rent supplement program, we do have a plan in place to support subsidies ourselves, we won't be able to do it at the level that we're currently receiving, but there will still be subsidies available. It won't be at the depth, or we won't be able to serve as many families, but we have a commitment to continue to be mixed-income. So yeah, we have planned for that; it is a matter of [our] successive members and boards, who are willing to continue to support that because it means that the higher income earners will have to be putting money aside in a pool for the lower-income earners to access.”

Also, HC3 has adopted measures for members facing unseen financial difficulties, creating a “security of tenure pool”. This fund provides members with “up to three months” of funds to cover housing charges:

“We have what we call a security tenure pool. So, we budget to put in so much money into that pool every year, so people who wouldn't normally qualify for a subsidy, who may have had a sudden drop of income, you know, maybe they've had to take time off of work due to health concerns, they can access the security of tenure fund. There's an application process; for up to three months, you can access the security of tenure fund.”

Moreover, in response to the COVID-19 pandemic, HC3 had implemented protective measures by taking a “surplus fund” and putting it into a “COVID-19 fund”, which was available for residents.

HC5 in City 5 in Province 3 had rent levels set “a little bit lower” than the market-rent in a neighbouring city “to attract people”. Subsidies were available for six suites, with only “two or three” being utilized. The perception was the rural location lowered the demand for subsidized housing:

“The local housing management body [in the neighbouring city], which is the low-income subsidized housing, they're not full, they have high vacancy rates right now, as well. So, it doesn't surprise me that we only need a few subsidies up here because most people wouldn't come all the way out to a rural farming community for [a] subsidy, they would go to the local housing management body in town right.”

Moreover, the financial impact of the cooperative on members was perceived to be mixed and dependent on members' subsidy status:

“The rent is a little bit less out here, but if they work in town, it's the drive back and forth, so it probably kind of offsets that cost. A few of the [members] that are subsidized, being able to live out here in the community that they either grew up in or that they have family in, definitely might have some financial impacts on a few of them. Most of the people are here because they want to be in the Community.”

HC12 has units in City 10, Province 2; the communities are accessible by ferry rides from a Island community, which is home to a First Nation. HC12 provides housing for Métis, Inuit, and First Nations peoples. The cooperative was unique amongst the co-ops studied. It was a “section 95 cooperative”, allowing for 100% of its units to be subsidized and rent levels to be restricted to 25% of members' gross income, with the remainder being provided via subsidy. At the time of the interview, the organization was approaching the end of its operating agreement for 20 units. There was uncertainty regarding the future of the cooperative, and the cooperative was currently in

discussions with CMHC to continue the subsidy program. The perception was that without the subsidy program, members would be potentially facing relocation or homelessness:

“If there was a market rent amount established, and I mean we have lots of people that are on [social assistance], and I mean those people can't pay any more than their maximum shelter allowance without taking into their basic needs, or if their housing charges did go up to \$1500 a month, they can't afford to stay where they are. So, I mean, we don't want to see 25 families out on the streets... right now, the membership, I would say, is very nervous and scared that they're going to end up homeless or end up with full market rent and not being able to afford it and the organization itself is worried that they may have to start selling off homes in order to sustain themselves.”

In addition to members having affordable rent levels and access to subsidies, the response of HC12 to financial difficulties was contrasted with the perceptions of landlords on the private market:

“I think a private landlord is not going to, if you don't pay your rent on time, they're not going to be like ‘oh don't worry about it’, they're going to be like, ‘if you do that too many more times, we're going to evict you right away’. Where we do performance agreements, that type of thing, I think we try, and I mean we're in the business of housing people, not evicting people, right”.

Finally, affordability of HC12 coupled with its location in City 10 was perceived to have an impact on education, employment, quality of life and potentially improve intergenerational mobility for members of the First Nation:

“I think our housing has provided an opportunity for a lot of the [First Nation] families or Indigenous families; it's giving them an opportunity... [the] First Nation is on [an] Island. So,

it's a ferry ride from the island to the mainland... typically [families] try and find lodging in town for the kids to attend school, for high school. There is a school on the island for public school, but there's lots [of] better opportunity in town for education. Just basically education, lifestyles, housing, basically to make a better life for themselves the opportunities are better for them on the mainland. A lot of them want the opportunity to make a better life for their families and those opportunities better if they can get a job and they can do that if they can find a place in town. And, they have that opportunity if they can get one of our houses because it's not full market rent it gives them a chance...it's like a stepping stone to get ahead... it's just a better opportunity to make a better way for themselves a better way for their families and make a better life for their future and future generations.”

HC11 is in City 2, Province 2 and provides housing for Indigenous persons over the age of 40. Their “mandate” requires that rent levels remain “at or below 80% of market rent in the city of [City 2]”. However, in practice, rents were “60-62%” of market rent in City 2 due to the cooperative’s unwillingness to raise rents to keep up with what they believed was an “inflated” market. Currently, subsidies have not been made available to HC11, which presents potential impediments to providing affordable housing for some members due to the inability of seniors’ pensions to keep pace with the rental market:

“A lot of the folks who live here are on or are very close to being on old-age pensions. I had a member who came to me last year, our housing charge went up for that person’s unit, went up let’s say it was fifty dollars, it was a little more than that but let’s say fifty dollars and she brought me her pension statement from the government, and she said ‘yeah I got a raise I’ll be able to pay that’... she showed me the raise on her pension statement and her raise was

forty cents a month as her increase, and I said ‘how are you ever’, I’m looking down the road five years ten years hoping that she’s going to be here but how is she ever going to be able to keep up with that, with those costs like I don’t know how that is going to be able to happen.”

HC10 is in City 9, Province 5 and is a mixed-income community. Rent levels are lower than in the private market. For example, a townhouse in the cooperative costs \$800 a month, while a townhouse in the private market costs \$1400-1500. Rent levels are typically increased “1-2% on an annual basis” to “keep pace with what’s happening in the market”. However, recently housing charges have not increased due to the “impact [COVID-19] had on the members”. The co-op highlighted the stability in housing charges within the cooperative, contrasting it to recent increases in the City 9 private market:

“In [City 9] right now, that's really important we've got investors coming in and buying up all of the buildings... I have calls every day from people who say my building was sold, and I just got a letter that my rents going up \$300. That does not happen in the housing co-op, nor will it right.”

HC10 was able to provide subsidies and units to marginalized individuals through several organizations. These relationships were discussed in depth in the previous section under unconceptualized mechanisms (pg. 87). Finally, the HC10 noted that members experiencing financial difficulties received income testing and were not subject to economic evictions.

HC13 is in City 11, Province 6. Rent-levels are lower than the private market costing approximately \$670 a month, while private market rental is “\$1500 for a similar apartment”. There were no subsidies available to members, with the being “completely independent” of the “city” and “any government”.

The affordability of the HC13 was perceived to have a significant impact on members' quality of life and health:

“The kind of apartment that we rent today for five-piece, it's \$670... [in City 11] on the market you'd pay like \$1500 for a similar apartment, and sometimes it's worse, it's worse. So, for a people, and today we... at the beginning, we talked a lot of the people that has really low income, you know, really, really low. Like today someone that done \$40,000 a year or also \$50,000 year that's not, it's not that much you know. And then, when so if you have two children, you have to pay \$1000-1500 for your rent, you know, it's going fast. So that show we have a big impact on the quality of life of the people that can that live in the community... there's a big impact on the health, because if you can have a place that is good to live, at the right price. That you don't, that you don't have to put all of your money on your rent, you know,”

Moreover, HC13 tries to “take care” of members experiencing financial difficulties; this approach was rooted in the collectivist values underpinning the organization:

“Because the goal that is reach[ed], at the basic of the collective enterprise, it is not the same [in the private enterprise], the basic goal is not profit, it is human, for the human, for the way of life, for the quality of life. And [that] does not that mean that we cannot do [with] some money, but if we plan to do [with] some money, it will be because we want something to develop a new services for members or things like that. And we can take care of our people, if a member has a [stroke of] bad luck, you lose your job or something about your health and so you can take arrangement that we can work together, we [can] help.”

HC14 is in City 12, Province 7 and provides housing to a mix of individuals, including “families, singles, seniors’ students”. The provincial government set rent levels through a 35-year operating agreement which required members to pay “market-rate housing” increasing by “3% each year”. However, the operating agreement was set to expire in July 2021, providing HC14 with more autonomy to set rent levels:

“We're a little bit gag-ordered with it right (laugh); we don't really have a lot of control. So that's one of the options we're seriously looking at right now is, now that we're not in this agreement, and we can really set our own, how do we make sure we maintain that affordability and we're really looking at the CMHC's numbers on our area, what do they consider market rent and then charging 30% under that. Is what we'd like to do for 2022.”

Also, subsidies are available to all members “paying more than 30% of [their] income into rent”. However, due to the end-of-operating agreement – set for July 2021 – there was uncertainty regarding HC14's “ability to offer those subsidy programs” as the provincial government had “been very clear” that they didn't plan to “maintain [the] relationship” moving forward. The ending of subsidies was perceived to be a potentially harmful effect on health and wellbeing for members:

“What we're really concerned about is the people who live there, the people who suddenly are going to have to say ‘I can't afford this prescription this month’ or ‘looks like we're eating MAC and cheese again’ instead of protein and fruits and vegetables.”

HC14 had adopted approaches for supporting members who were experiencing one-time and reoccurring financial difficulties. For example, for members experiencing one-time difficulties, HC14 allowed “defer[ing] payments, and mak[ing] plans over a period of time, rather than demanding it all at once.” For members experiencing reoccurring financial difficulties – which would potentially cause

the member to be facing eviction – HC14 linked members with “other non-profits out there that are teaching people budgeting, and credit management”.

Siddiq a member at HC2 experienced the affordability CMOC. They had chosen to live in housing cooperatives during their times as a student and now as a retiree due to affordability:

“we’re in a cooperative previously a different co-op... I went back to school, and so we needed a more affordable place, and it was affordable housing back when I went to school. Then we got out when I was done school and started working, and the rent started increasing with... it goes by your income. [So] we moved out of a co-op at that time. And then, as I started getting closer to retirement, we applied to this co-op because I knew my income was going to go back down again. And we got into this co-op, and right now it's suiting our needs, it's more like, I guess a monetary thing, but it's the rent is on par with what our income is.”

The affordability of the housing cooperatives had impacted their quality of life, leading to a reduction in “constantly worrying about, how we’re going to have enough money to pay rent if the rent is going up this year and how much” producing a “sense of stability”. Also, the increased disposable income allowed increased spending on family and grandchildren, allowing them to “spend more money on them on their birthdays, or [getting] something special for them... [and] tak[ing] them places”.

Likewise, Moose a member at HC1 experienced affordability through living at the cooperative. They highlighted affordability as a “big” benefit to living in the cooperative. Compared to a previous housing arrangement – a two-bedroom apartment – rent levels at their cooperative were roughly “\$500 lower” per month. Moreover, the housing cooperative was a semi-detached home, provided “one more bedroom” and outdoor space in the form of “tundra”. While affordability was not discussed in

relation to health and wellbeing, the additional benefits – increased space –are discussed in the property quality section.

6.2 Tenancy Experience

Rolfe et al. (2020) propose the tenancy experience CMOOC can influence health and wellbeing through the standard of housing service, including support and responsiveness, and previous experiences and expectations of housing service. This arises through the “experience of (comparatively) good housing service”, which “reduces stress and enables tenants to gain benefits from housing as home”. Both tenancy experience and the mediating variables in the Roy et al (2017) framework for “improving access to information and welfare” and “engendering a safe and supportive environment” are heavily influenced by housing cooperative staff and share a degree of overlap.

Two housing cooperatives (HC8, HC12) perceived their standard of housing services to be more extensive than the private market rental. HC8 staff were mindful of the cooperative being “community-based”, and they sought to do “a little bit more” than would typically be seen in “residential apartments” – as previously discussed in the expanding social networks trust and cooperation section (pg. 57). Within HC12, the coordinators’ role extended farther than “collecting rent” and incorporated “tenant counselling”. They engaged in helping members “whatever” their needs, supporting members in “dealing with crisis” such as experiences of violent crime, assisting members in getting support for their children, supporting members experiencing addictions and adjusting service delivery for members with “literacy issues”. Moreover, they perceived that in comparison to the private rental market, their organization was considerably more supportive and responsive:

“Compared to what I hear about even the county housing, I’m pretty sure that our response time on dealing with situations is much quicker and higher than the average person. I think I’m way more accommodating at dealing with situations, like, if I get a phone call at 4:00 pm on Friday night, I usually have it dealt with by like 4:15 pm kind of thing and have somebody there showing up by 4:30 pm. Where I think the county... you’ll be lucky if you get somebody showing up Monday at some point. I think we’re just much quicker at handling situations. We respond to things faster, we deal with situations quicker, we are more personable with dealing with things, definitely more accommodating; I think we just do a better job of dealing with people in general.”

Within two cooperatives (HC8, HC4), the board of directors was responsive to members needs and questions. HC8 operated with an “open-door policy” for members. Within HC4, this was elaborated:

“Anytime they have a question on how the how the whole thing works, any board member is available to answer that question walk them through it... but the Board is open for any question any resident.”

For HC11, housing service extended into other facets, such as engaging in bulk purchasing. For example, HC11 elected to bulk purchase internet and cable packages to combat isolation and enhance the ability of members to stay connected with family and during the COVID-19 pandemic:

“We’ve been able to do some workarounds and some things that are able to help our members... we’ve entered into a five-year agreement with a cable and internet provider, so they sell the bulk price to [HC11], and then we put the cost down to our member[s]... [during] COVID this is really important so that they can maintain contact with the outside world. In March of 2020, when the world shut down, I would say in the month of April last year,

probably 95% of our members never left this building unless they were required to visit a doctor or something. So, they were staying home, and it did have a bit of an impact on them in not being able to see their family. So being able to provide those services, where on the internet they could do facetime or zoom meetings or video calls to their families was definitely helpful.”

Siddiq had a related experience also with their cooperative recently “giving out food cards”, noting “you wouldn’t find [that] in [a] regular [private] market place.”

Rolfe et al. (2020) hypothesized but did not find strong evidence for tenancy security as an important contextual factor linking health and wellbeing among residents within the housing organizations they identified. However, three housing cooperatives (HC4, HC8, HC9) highlighted tenancy stability. For HC4, only “two or three units a year” turned over, with the majority being “long-termers”. For HC8, the perception was the majority were “long-term based tenants”, with approximately 25% of residents being there greater than 15 years, 25% were between 5-10 years, and the remaining 50% were between 1-3 years. HC9 discussed “security of tenure” as an accomplishment of the cooperative in contrast to private-rental markets and stated this was a significant social return:

“People are not going to be... evicted because the landlord wants to turn the place into condos. So greater certainty about what your future holds, I guess as a major social factor”.

Siddiq echoed these sentiments regarding tenancy security, contrasting it with their previous tenancy experiences in the private-rental market:

“Oh yeah, I think there is a lot [more stability] because the co-op is not as far as we know, is not going to go out of business, but like when you’re renting, you don’t know if the owner is going to all of a sudden decided he wants to sell the place. Then you’re going to have to find

another place to live, but here, you know that as long as you keep paying rent and do things with the co-op that you're always going to have a place to live.”

Moreover, this was perceived to impact their health and wellbeing by reducing ‘worry’:

“Well yeah [it does impact health], I think so, we don't have to worry about you know, is the owner going to sell the place or we're going to have to move soon, and you know you seem like you can... we've never owned, so I guess [it] would be kind of a comparison to that, like we kind of own this home now. You know, we can decide that we want to move, and it's not up to the landlord; it will be up to us if we ever decided to move.”

A unique perspective was expressed by Moose, distinguishing between individuals living in City 1 long-term and peoples engaged in short-term labour contracts. The high levels of turnover attributed to the high number of people involved in short-term labour contracts were perceived to have an impact on the experience of cooperative tenancy:

“Well, it's people; yeah, co-op is about people. And so, you it's whoever is in your co-op that makes a co-op. And so, I found it can change quickly, especially in a city like [City 1] there's a high turnover in the population because a lot of people come here for quick contract 2-3 years, they're out. And so, there's some units, people [have] been here literally their whole life, they moved in when it was built, they went away to college, but then they took back the unit, right after and they've been living here in their whole life. And then there are some unit(s) [were] it's changing every year there's a new tenant and so it's difficult to kind of create a culture and the vision and okay, this is where we want to go.”

The involvement of members within the governance and decision-making process within the cooperative may also be an area to consider in the standard of housing service. As discussed in relation

to the Roy et al (2017) framework variable for “expanding social networks, building trust and cooperation” all cooperatives engaged members within governance and decision making. Involvement in the governance and decision-making process was often linked to empowerment. For Rolfe et al. (2020), tenancy experience acts through empowerment, namely through improving individuals’ “sense of control, autonomy and safety” and positively impacting health and wellbeing.

As highlighted in the improving access to information and welfare sections. Four housing cooperatives (HC3, HC14, HC10, HC11) were engaged in connecting members to several external organizations and services. The framework presented by Rolfe et al. (2020) states support and responsiveness as aspects of housing service. Still, it does not explicitly note connections with external organizations and services as a form of housing service support. Such factors may represent a potential way for standard housing service to impact the tenancy experience and impact health and wellbeing.

6.3 Property Quality

Rolfe et al. (2020) propose that the property quality-CMOC acts through ‘comfortable well-presented housing’, which ‘enables relaxation and a sense of status’, ultimately resulting in improved health and wellbeing. The following section discusses how housing cooperatives perceived property quality is affecting members’ health and wellbeing.

HC4 housing cooperative, and both housing cooperative residents cited the importance of decorating and building within their homes. HC4 allowed residents to decorate lawns and gardens, which was seen as important to members experiencing “home” and was contrasted to experiences renting:

“Living in a co-op, you make your home your home... which is a difference between co-ops and people who rent. Renting, you hang a picture and... your damage deposit [is] docked because you got a hole in the wall, that doesn’t happen here. Most residents paint their units.

I've got units [where] they've painted every... single room a different colour. Because it's their home, and we let them make it their home, and we want them to make it their home. That's the kind of amenity sort of; it's not really an amenity, but it's a freedom. It's a freedom when they become a member of a co-op: they buy shares, there's no damage deposit, they buy shares, it makes the little space where they live in theirs. As long as they're not damaging the unit, they can do pretty much whatever they want inside and make it their own.”

Similarly, Siddiq created a small vegetable plot in their yard, which became a gardening space for the family – grandchildren and great-grandchildren. They felt the garden had given them and the children “more gardening skills” through building “raised garden boxes”. In addition, they felt the cooperative encouraged and allowed them to engage in gardening:

“Yeah, like I said, we have our own place now. So, with [the] stuff that you do in your yard, [it] is governed by the rules of the co-op, but still, stuff that you want to do in [your yard] they can't say, well, you can't do that, but I think they encourage it too.”

In comparing to their previous apartment, Moose enjoyed being able to do “little things” around the house like “paint and fix” and “build”. They had begun building structures underneath the home for the children to play:

“You can build stuff under the house like for kids to play with... like it's almost like a Park, you know, like there's a swing under the house monkey bar... anyway, like there's a lot of stuff under that where the kids can play, but it's also fun for us to build our stuff and to like we build... I like doing stuff outside, and so here we have this opportunity to do those things. I guess it's the access to our yard, that is, like really healthy and helpful.”

Two housing cooperatives (HC11, HC12) contrasted experiences with reporting maintenance related issues in housing cooperatives and private rental markets. HC12 provided an example of members' experience with previous landlords not addressing maintenance concerns, stating that tenants expressed, "my last landlord [they] would never come in to fix [a leaky tap]". HC11 discussed how tenants' previous experiences had led them to not report maintenance concerns due to a fear of being charged for repairs and "price gouged":

"We had a member who lived here who had some difficulties in their unit, and they had a problem with their air conditioner, they had a problem with their bathroom fans, they had a problem with their drains, they had a problem with all sorts of stuff. And [because of] where they had lived before, they were afraid, they didn't want to come to the management because they were expecting that if we fixed everything, they were going to get a huge bill at the end of the month for all of the repairs that we did. So, they left it, didn't come to us and then something happened, and management found out that this person was dealing with some issues in their unit. So, we went in, and we cleaned up the issues, and we took care of everything, and I asked the member, 'why didn't you come to me sooner and tell me this was happening' and they said, 'I can't afford to fix it', and I said 'but that's not how we work here. If you need something we'll do our best to take care of it and if we can't take care of it we'll find someone who will but we're not going to put that back on you. This isn't a regular residential place. This isn't you know a property management company that would gouge you for the littlest things. I mean here we pay for the lightbulbs in the unit for the members simply because they don't have to go out and get them. We buy them in bulk, and not only will we give you the lightbulb, we'll change it for you since that's how we operate."

HC4 and Moose spoke of changes in property quality impacting health and wellbeing. However, these changes were not reflective of any characteristic of the housing cooperatives. Moose also attributed having more property space with health and wellbeing; this depended on how the property differed from their previous housing arrangements. The additional space allowed their kids' area to “play outside” and “be free”; and allowed everybody to be able to “go outside more easily”, which was perceived as “much healthier or for everybody”. Finally, HC4 had renovated units and found this had a positive impact on members:

“I noticed, as we do the improvements, the contentedness of the residents is improving, the interaction is improved, especially between the board and the residents... for example, over the course of the last six months, we've renovated 46 bathrooms. From what was originally installed to brand new... the ability to continue to improve [units] has lifted the spirits in each resident.”

Moreover, HC4 renovates units when tenants move out “painting”, “re-floor[ing]”, and “touch[ing] up” units before new tenants move in. The perception is that this produces positive first experiences for tenants.

6.4 Neighbourhood and Support Networks

Rolfe et al. (2020) hypothesize that both neighbourhood quality and availability of social support networks can improve health and wellbeing via the environment and networks reducing stress and increasing opportunities for socialization. Neighbourhood quality is further subdivided into: previous experience and expectations of neighbourhood, and aspects of the neighbourhood relating to choice of neighbourhood. The role of social networks within housing cooperatives and the impacts this can have on health and wellbeing are explored extensively in the Roy et al (2017) framework section on

“expanding social networks, building trust and cooperation.” Only HC11 housing cooperative discussed the impact of the neighbourhood on members. The cooperative’s location allowed members to be near their home communities and medical facilities:

“We have our three First Nations communities’ reserves that are in a short drive of here and a lot of the folks that live here come from those First Nations. They like being here because they are close to the hospital for their medical needs, but they are not that far away from home base so that they can get back home to visit their families”.

The location allowed members to maintain social networks with home communities and improved access to medical facilities.

6.5 Summary

The experiences of the housing cooperative representatives and members in this study reflected the affordability CMO. For example, housing cooperatives representatives noted the presence of three of the four contexts: most housing cooperative have access to subsidies, housing cooperatives typically had lower-rent levels than the private-market and housing cooperative organizations sought to support members facing financial difficulties. Moreover, representatives and members perceived affordability translating to reduced financial stress and freeing up income for other expenditures which was connected to perceived improvements in health and wellbeing.

Finally, the results also indicated some barriers to the affordability CMO. Housing cooperatives were approaching end-of-operating agreements leading to the potential loss of subsidies, seniors’ pensions were failing to keep pace with the housing market, and COVID-19 had impacted the housing market in one community. For some housing cooperatives a discontinuation of subsidies was perceived to increase the risk of losing subsidised tenants.

The experience of housing cooperative representatives and members reflected the tenancy experience CMOC through responsive and supportive staff and greater tenancy security. However, results provided evidence only for greater tenancy security contributing to reductions in stress and improvements in health and wellbeing. Also, housing cooperatives involving members in the governance and decision-making and connecting members to external organizations may be a unique way that the tenancy experience CMOC operates in the housing cooperative context.

The property quality CMOC may be realized within housing cooperatives by members having the ability to alter their home environment through building, painting, gardening, among other things. Also, maintenance may be tackled differently in private-market rentals versus housing cooperatives. Finally, improving property quality through renovations or accessing more space appeared to be linked to health and wellbeing – although these may not be attributed to any unique characteristics of housing cooperatives. Finally, property quality was impacted through cooperative governance. For example, membership often faced competing incentives of rent levels, carrying out maintenance and maintaining property quality.

The final CMOC involved neighbourhood quality and availability of social support networks. As noted in chapter 5, housing cooperatives impact members social networks and contribute to health and wellbeing. However, only one housing cooperative discussed the impact of the neighbourhood on members. Proximity to amenities and services – e.g., medical facilities – and proximity to family and home communities was perceived to be important. However, impacts on individuals' health and wellbeing were not reported.

Chapter 7: Discussion and Conclusion

This research sought to answer two research questions:

- 1) How are members of housing cooperatives experiencing health and wellbeing outcomes from living in housing cooperatives?
- 2) Do members experiences of health and wellbeing reflect the proposed mechanisms to health and wellbeing in the conceptual frameworks?

The study aimed to interview participants living in a housing cooperative in a northern region. However, the data collection process was modified due to limitations imposed by the COVID-19 pandemic. Interviews were conducted with two housing cooperatives members (interview set one) and twelve representatives of housing cooperatives (interview set two) across Canada. Note that interview set one spoke to individuals about their personal experiences, while interview set two representatives spoke on behalf of the collective membership. Therefore, results should be understood to reflect primarily representatives' perceptions of members' health and wellbeing outcomes. Due to changes in data collection, research question one could not be answered because there were insufficient members recruited to share their perspectives on how they experience health and wellbeing. However, results did indicate that members of housing cooperatives may experience health and wellbeing via the mechanisms in the frameworks. The results reflect several mechanisms present in the social enterprise and health framework (Roy et al., 2017) and the housing and health framework (Rolfe et al., 2020). Also, unconceptualized mechanisms for the social enterprise framework (Roy et al., 2017), evidence for the affordability CMO-C – previously unconfirmed in the Scottish housing market – and evidence for one of the initial CMO-Cs (Rolfe et al., 2020) are present. These results

indicate that housing cooperatives have the potential to promote health and wellbeing via the mechanisms present in the frameworks.

The following discussion has two sub-sections. The first section discussed the social enterprise and health framework and the related literature. The section is subdivided by the various intermediate outcomes. The second section discusses the housing and health framework and the related literature. The section is organized according to the frameworks CMOCs. Following the discussion section, the strengths and limitations of the research are discussed followed by the concluding remarks on the research.

7.1 Social Enterprise and Health

The following section discusses how the results related to the Roy et al. (2017) framework. The results are discussed in the context of other literature in the area. The section is organized by the intermediate outcomes present within the framework.

7.1.1 Expanding Social Networks; Building Trust and Cooperation

Results indicate that representatives and members perceive that housing cooperatives expand social networks and build trust and cooperation. The results suggest organized communal activities, and the underlying cooperative philosophy, led to the realization of the mediating variable. Organized communal events such as group meals, games nights, celebrations were perceived to expand social networks. Moreover, communal events were explicitly connected to fostering community, and members viewed the presence and absence of communal events as increasing or decreasing the sense of community. Findings echo community-led housing (CLH) research recognizing “organized social activity” is linked with building social connections and alleviating loneliness among residents (Hudson et al., 2021). In addition to organized social activity, representatives often perceived housing

cooperatives had a general family and community atmosphere in contrast to the private market. They emphasized that members were constantly checking in on one another, building friendships, and always had somebody close.

A unique sub-case was senior housing cooperatives which emphasized reduced loneliness and social isolation for seniors compared to the private market and nursing homes. There is limited literature on seniors' populations living in housing cooperatives. However, Hughes and Cooper (1992) document reduced loneliness and sense of community among seniors living in cooperatives. Within cohousing literature, a systematic review has found improvements in the psychosocial determinants of health – increased social support, sense of community and physical, emotional and economic security – and reduced social isolation, particularly for seniors (Carrere et al., 2020). Also, Hudson et al. (2021) find that reduction in loneliness is more significant for community housing populations than for populations not in community housing. The results indicated cooperatives reduced loneliness by having an atmosphere where seniors could socialize and build friendships indicating that expanding social networks building trust and cooperation played a role.

Cooperation is the foundational goal of housing cooperatives. Representatives shared how members support one another formally– e.g., volunteering on committees, renovating members' homes – and informally – e.g., sharing produce, helping members cook, providing rides to appointments, picking up medication and shoveling snow. Moreover, this was believed to contribute to health and wellbeing through improved social capital, sense of community, and feelings of trust and safety. Findings echo examples of mutual support and cooperation documented in the literature on housing cooperatives (Bunce, 2013; Gírbés-Peco et al., 2020; Morris, 2015; Thériault et al., 2010; White, 2021). The presence of cooperation among members is not unexpected, as the goal of housing cooperatives is to live

cooperatively. Likewise, members and representatives attributed acts of cooperation to the organization's philosophical commitments to cooperativism. Notably, one representative did perceive social events reinforced volunteering. Participation in social events grew the sense of community, leading to more volunteering.

Findings provided unique insights into how housing cooperatives adapted to the COVID-19 pandemic. For example, representatives noted how members maintained social networks by organizing outdoor social events and social media groups or engaging in cooperation by organizing the purchase of goods and checking in on members. Results were not conclusive on health outcomes. However, adaptations may have had impacts on health and wellbeing. For example, many households in the general population were experiencing social isolation, loneliness (Baker, 2020; Gurney, 2021; Tinson & Clair, 2020) and feelings of helplessness (Baker, 2020) during the pandemic lockdowns. Moreover, experiencing loneliness and declines in physical activity were risk factors for worsening mental health during the pandemic (Creese et al., 2021). Little sense of belonging to the community of lockdown exacerbated feelings of helplessness and loneliness (Bower et al., 2021). Housing cooperative members providing social support, the sense of community and events – outdoor activities, social events – may have potentially protected members from the pandemic's impacts on health and wellbeing by combating loneliness, social isolation, and declines in physical activity. Moreover, investigations of CLH – including housing cooperatives – found that residents adapted to the pandemic by mobilizing the existing mutual-support networks to respond to the COVID-19 pandemic (Hudson et al., 2021). Results appear to support Hudson et al. (2021) finding that CLH members responded to the pandemic by relying on existing mutual-support networks fostered through cooperative living.

The cooperative governance model – reflecting the mediating variable 'trust and cooperation' – was perceived to improve confidence and feelings of empowerment. Adopting a cooperative governance model was perceived by members and representatives to improve empowerment by providing a voice. Also, members contrasted the cooperative model to the disempowering effects of being beholden to landlords in the private market. However, there were exceptions as one cooperative reported residents did not show a desire to participate in cooperative governance. Previous research has documented that housing cooperative members valuing having control over decision making – typically in contrast to previous experiences in the private-rental market (Bunce, 2013; Huron, 2012; McCracken & Watson, 2004; White, 2021). Moreover, members often perceive improvements to quality of life and wellbeing (Carrere et al., 2020; Cooper & Rodman, 1994) and empowerment (Overbeek & Boulet, 2012). Also, while not documented in this study, research by Overbeek and Boulet (2012) indicates improved personal pride, dignity, sense of self-esteem, and self-worth may also be realized in housing cooperatives. The last extensive study of Canadian housing cooperatives came from the CMHC, which found that 90% of cooperative residents report participating in housing governance (CMHC, 2003). Moreover, it found that participating in the governance of housing was significantly higher in cooperatives relative to alternate tenure types – 3.3% in private rentals, 36.6% in condominiums, 4.4% in mixed-income non-profit rentals and 17.1% in targeted non-profit rental (CMHC, 2003). However, only 75-80% report benefitting from participation and 65-70% reported gaining the ability to influence decisions about housing (CMHC, 2003).

Expanding social networks by building trust and cooperation was also perceived to improve feelings of trust and safety through residents self-monitoring the community and producing a safe place for members and children. Results reflected the literature which documents housing cooperatives producing safety. A handful of studies document low-income women finding housing cooperatives

safer than previous housing situations (McCracken & Watson, 2004; Wasylishyn & Johnson, 1998). Safety is attributed to social networks between housing cooperative members, i.e., knowing your neighbours, watching out for each other, communication (Bunce, 2013; Low et al., 2012; McCracken & Watson, 2004; Rodgers, 2001; Wasylishyn & Johnson, 1998). Moreover, Wasylishyn and Johnson (1998) connect improvements in safety with improved wellbeing. The results documented safety for children plays an important role as well. Bunce (2013) has found that community watchfulness can produce a safe space for children and a "nostalgic return of [the] 1950s and 1960s" neighbourhoods. While not identified in the results, Low et al. (2012) attribute feelings of safety to the vetting process involved in becoming a cooperative member, which creates a homogenous social environment. Results did not report tenants' feelings unsafe. However, literature notes that living in high-crime neighbourhoods can produce safety concerns (Bunce, 2013; Thériault et al., 2010). This indicates that housing cooperatives may not be able to overcome broader neighbourhood characteristics.

7.1.2 Improving Knowledge and Skills

The results demonstrate that the mediating variable “improving knowledge and skills” occurred through member participation in education and training programmes, capital projects, organizing social events, committees, and on the board of directors. Previous research (Bunce, 2013; Crabtree et al., 2019; Gírbés-Peco et al., 2020; Huron, 2012; Leviten-Reid & Campbell, 2016; Morris, 2015; Overbeek & Boulet, 2012; Schugurensky et al., 2006; White, 2021) as well as the cooperative principle #5 "Education, Training, and Information"³ provide support to the perception that housing

³ International Cooperative Principle adopted by the International Cooperative Alliance and adapted for housing cooperative in Canada by the Cooperative Housing Federation of Canada

cooperatives can develop members knowledge and skills. However, participants' connections between activities improving knowledge and skills and the proposed intermediate outcomes were varied. The following paragraphs will discuss these activities – education and training programmes, capital projects, organizing social events, and involvement in committees and the board of directors – and the impacts on health and wellbeing.

The involvement of members in capital projects – and their subsequent development of housing maintenance skills – was cited as a source of financial stability for the organization. 'Sweat-Equity' has been identified as a strategy that housing providers such as community-land trusts (Hudson et al., 2021), housing cooperatives (Miceli et al., 1994), cohousing co-ops (Crabtree, 2006) and Habitat for Humanity Australia (Crabtree, 2006) employ to keep housing affordable; and an example of how the cooperative principle of member economic participation is put into practice (Morris, 2015). Although the results did not comment on the potential health and wellbeing outcomes experienced by volunteers in capital projects, Hiscock et al. (2001) has proposed that psychosocial benefits can be experienced by residents having the skills to carry out maintenance because it increases autonomy over the home. A critical strategy adopted by housing cooperatives to keep housing affordable involves members in maintenance; the relationship between developing maintenance-related skills and wellbeing requires a closer look.

Education and training programmes aimed at developing members' cooperative living and governance competencies were available at a handful of housing cooperatives involved with this research. Education and training programmes are essential tools utilized by housing cooperatives. Girbés-Peco et al. (2020) document a Spanish housing cooperative hosting workshops with various professionals – e.g., architects, financial advisors, environmental consultants – to develop members' governance

competencies. While White (2021), examining cooperatives in Vancouver, has documented the perceived importance members ascribe to these programmes for cooperative development. However, Morris (2015), examining a housing cooperative in Ottawa, notes mixed results, including a lack of member participation in training and insufficient budgets to train members. Results did not directly support involvement in education and training as related to improvements in health and wellbeing.

The results suggest that the cooperatives perceive these programmes as a tool to reduce the burden of governance and increase members' ability to be involved and live in a collaborative setting. Therefore, programmes may function to promote health and wellbeing in several ways. For example, programmes aiming to improve members' interpersonal skills, e.g., communication, conflict resolution – could reduce stress from governance disputes. Morris (2015) has noted that programmes aiming to improve conflict resolution are available and may benefit members. Future research is needed to examine the accessibility of education and training programmes, member involvement in education and training programmes, and impacts on members' wellbeing.

The results found that youth volunteering and employed at the cooperative were perceived to be contributing to the development of early job skills, responsibility, building resumes and gaining income and employment. Notably, one of the cooperatives employed youth living in the broader community and not just cooperative members. Results suggest that these youth may experience sustained employment, increased income, and enhanced future employability. Similarly, Ellerby and Leviten-Reid (2015) have found benefits from youth involvement in governance include: skill development e.g. leadership skills, collaborative skills, management skills, financial skills; enhanced employability; self-efficacy e.g. confidence, speaking out and a sense of community and expanding social networks. While literature exists on the effects of youth involvement within social enterprise (Ferguson & Islam,

2008; Hazenberg et al., 2014; Seddon et al., 2013) the literature on youth involvement in housing cooperatives is limited. This remains an understudied area and a potential basis for future research.

Results suggest that member participation in the board of directors and on committees develops knowledge and skills which translated to: “improved confidence and feelings of empowerment”; “feeling calm and relaxed, better able to express ideas” and “sustained employment, increased income, and enhanced future employability.” The results are supported by the literature, which finds participation in the governance process can lead to improvements in interpersonal skills – including but not limited to comfort voicing opinions (Ellerby & Leviten-Reid, 2015; McCracken & Watson, 2004; Rodgers, 2001; Schugurensky et al., 2006). Moreover, a handful of studies have identified employment outcomes due to skills development at housing cooperatives (Bunce, 2013; Huron, 2012; Overbeek & Boulet, 2012; Schugurensky et al., 2006; Ziersch & Arthurson, 2005). For example, members involved in governance have used the experience to find employment (Bunce, 2013; Huron, 2012; Overbeek & Boulet, 2012; Schugurensky et al., 2006).

Employment outcomes could be arising from a combination of a supportive and encouraging environment produced by housing cooperatives which enables growth and skill development, eventually producing improved employment prospects. Similar explanations are found in grey and peer-reviewed literature (Bunce, 2013; Huron, 2012; Overbeek & Boulet, 2012; Ziersch & Arthurson, 2005). However, it’s worth noting the CMHCs comparison of housing cooperatives to other tenure-types found improved employment was more likely in cooperatives than condominium-tenure, as likely in non-profit rental tenure, and less likely than private rental tenure (CMHC, 2003). Indicating that while employment benefits may be occurring in housing cooperatives, they may not be unique to

and sometimes not as pronounced as other forms of tenure. The relationship between skill development in housing cooperatives and labour market engagement remains an understudied area.

7.1.3 Providing Meaningful Work

Results for the provision of meaningful work mechanisms of the Roy et al. (2017) framework are unclear. Work provided by housing cooperatives may be interpreted as meaningful however the intermediate outcomes proposed by Roy et al. (2017) are not present. Work provided by housing cooperatives included volunteering on capital projects and committees, participating on the board of directors and governance, and ruminative employment.

The work may be meaningful as members perceive maintaining housing affordability or contributing to the cooperative community as meaningful. For example, results suggested volunteering on capital projects and involvement in cooperative governance – e.g., board of directors, committees – was integral in maintaining housing stock, affordability and ensuring the organization's financial sustainability. Also, ruminative employment was credited with helping residents pay rent, helping morale in the buildings and providing employment to youth in the community.

Literature documenting members' participation in work at housing cooperatives and impacts on health and wellbeing is limited. However, Bunce (2013) describes a member choosing part-time employment to allow them to continue engagement in volunteer work within the cooperative – although the author interprets the member prioritizing volunteering over labour-market participation as an adverse effect of cooperative volunteer labour. The literature does indicate that some members place importance on being able to participate in the governance and decision-making process (Huron, 2012; McCracken & Watson, 2004). However, there is little commentary on members' perceptions of access to ruminative employment benefits or the communities' perceptions of having members having access to

employment. The existing examples focus on social enterprises created by housing cooperatives that function to develop members' skills and reinvest into the organization (Streich et al., 2016); and community development outcomes (Rodgers, 2001).

7.1.4 Engendering a Safe and Supportive Environment

Results suggest that housing cooperatives are engendering a safe and supportive environment for vulnerable people by increasing housing accessibility, providing safe and stable housing, and offering an understanding approach to residents experiencing hardship. Moreover, members moved toward homeownership to attain education and employment, suggesting the intermediate outcomes in the Roy et al. (2017) framework of: sustained employment, increased income, and enhanced future employability.

Results mirror the literature which documents housing cooperatives adopting policies for cultural diversity and social inclusion (Overbeek & Boulet, 2012; White, 2021) and operating to serve marginalized communities, e.g. immigrants, LGBTQ2+, Indigenous (Fischler et al., 2013; Morris, 2015). However, the literature reports mixed results regarding a safe and supportive environment for vulnerable people.

Examples of housing cooperatives providing a safe and supportive environment include members avoiding homelessness and the ability to have stability and dignity for children (Overbeek & Boulet, 2012); members receiving support and encouragement to take on management roles (Huron, 2012; Overbeek & Boulet, 2012) leading to skill development, confidence and securing future employment (Overbeek & Boulet, 2012); cooperatives demonstrating flexibility and understanding for members experiencing hardships – e.g. financial, mental health difficulties, drug misuse (Hudson et al., 2021; Overbeek & Boulet, 2012; White, 2021).

However, the literature also documents what could be considered an unsafe and unsupportive environment for members. For example, members unable to volunteer can experience shaming or fines (Morris, 2015), social criticism (Bunce, 2013) and exclusion (McCracken & Watson, 2004). However, non-participation can arise from legitimate reasons that may not consistently be recognized, e.g., experiencing mental illness, physical limitations, conflicting family and work commitments (Morris, 2015; Thériault et al., 2010). Moreover, residents may experience burnout from providing care to struggling members (Thériault et al., 2010) or struggle with living close to members experiencing hardship (Fischler et al., 2013; Morris, 2015; Thériault et al., 2010). Also, members may feel that marginalized groups receive preferential access to cooperative housing (Fischler et al., 2013). The absence of adverse outcomes reported in the results may reflect the sample, composed primarily of housing cooperative representatives rather than individual members, who may be less likely to report adverse health outcomes.

7.1.5 Improving Access to Information and Welfare

Results suggest that members experience improved access to information and welfare. Housing cooperatives formally and informally link members to various community organizations. For example, members were receiving information and services relating to finances (HC14), food security (HC10, HC11), Indigenous health and culture (HC11) and mental health services (HC14, HC3). Likewise, literature documents housing cooperatives: linking members to financial services and government support (Bunce, 2013; Overbeek & Boulet, 2012); retaining social workers on staff to aid members (Fischler et al., 2013), and employing outreach workers – through a public programme administered within public housing – that link members to training and job counselling (Ziersch & Arthurson, 2005).

The two cooperatives connecting members to mental health services may improve coping and resilience. While the results did not directly mention improved coping and resilience for members, they appeared to be implied through the examples. There were no examples that indicated members experiencing the other two mechanisms: (1) improved sense of personal pride, dignity, sense of self-esteem and self-worth; and (2) sustained employment, increased income, and enhanced future employability. These two mechanisms could feasibly be realized through HC14 and HC3 linking members to financial and social services and HC11 linking members to Indigenous cultural services. For example, participating in cultural organizations may produce an improved sense of personal pride, dignity, self-esteem, and self-worth. Also, engaging with mental health services may translate to increased income and enhanced future employability if an individual's improving mental health allows them to retain employment.

In addition, HC11 hosted events through collaborations with health organizations which may have the potential to act on previously unconceptualized intermediate outcomes. For example, the events focused on encouraging exercise, diabetes management, and reducing food insecurity, implying they could act on improved physical wellbeing and healing and improved nutrition. Similarly, research from Thériault et al. (2010) notes Tannery Court cooperative inviting a nutritionist to discuss healthy cooking with interested members. Similarly, Rodgers (2001) documents health workers delivering parenting classes, and Kelly et al. (2021) studying Men's Sheds documents the delivery of various men's health classes. Kelly et al. (2021) suggest that Men Sheds function as a comfortable environment where members can organize and gain access to various forms of health education and promotion that they would otherwise not access. Likewise, the results suggest that housing cooperatives may function similarly.

7.1.6 Working to Improve Public Awareness and Understanding of Social Issues

Results suggest housing cooperatives may develop public awareness and understanding of social issues among the membership. Housing cooperatives engaged in political organizing and lobbying government officials and organizations on social issues. The presence of improving public awareness and understanding of social issues among the membership is supported by previous literature on housing cooperatives and political engagement. Previous studies have documented members organizing for housing and social issues (Huron, 2012; Morris, 2015). Also Schugurensky et al. (2006) document increasing political efficacy – defined as contacts with politicians and elected representatives; political interest and knowledge, and civic and political engagement – for members . However, results and housing cooperative literature do not indicate that improved public awareness and understanding of social issues translates to reduced stigmatization or marginalization for housing cooperative members.

Moreover, results highlighted essential questions about the direction of the relationship between involvement in politics and social issues and housing cooperatives. The representatives of HC9, along with Siddiq, noted how engagement within politics and social issues reflected previous tendencies to be involved rather than an outcome of participating in the housing cooperative. In a series of related quantitative studies exploring involvement in cohousing (defined as attendance at meetings, attendance at management team meetings, participation in skills sharing/training, participation in services exchange, and participation in materials exchange) and involvement in political activities (defined as, writing to elected officials, campaign contributions, and campaigning door-to-door (Berggren, 2017, 2020)) cohousing involvement was shown to increase political involvement (Berggren, 2017). This effect was influenced by the self-selection of cohousing tenants and exposure

to the cohousing environment (Berggren, 2020). The relationship between living in housing cooperatives and political involvement may be similar.

7.2 Housing and Health

The following section discusses how the results related to the housing and health framework (Rolfe et al., 2020). The results are discussed in relation to the literature available in this area. The discussion is organized according to the Context-Mechanism-Outcome-Configurations (CMOC's).

7.2.1 Tenancy Experience

The results suggest the proposed tenancy experience CMOC's are present within housing cooperatives. Also, both tenancy experience and the mediating variables (improving access to information and welfare and engendering a safe and supportive environment) found in the (Roy et al., 2017) framework are heavily influenced by cooperative housing staff and share a degree of overlap. The tenancy experience CMOC occurred through responsive and supportive staff and greater tenancy security; however, results provided evidence only for greater tenancy security contributing to reductions in stress.

The perception of participants in this study was that staff are responsive and supportive towards members' needs. Examples included staff linking members to external organizations (e.g., financial organizations, mental health services information and welfare; adjusting service delivery to meet member's needs (e.g., adjusting to literacy levels); staff checking-in and supporting vulnerable members (e.g., seniors, members experiencing crises); having an open-door policy for questions and concerns; engaging in bulk purchasing for common-goods (e.g., internet and providing members with food-cards). Moreover, the perception was that the standard of service was more significant than in private-market rentals. Literature reflects similar sentiments to the results. Other research has

documented staff linking members to external organizations (Bunce, 2013; Overbeek & Boulet, 2012). Also, Rolfe and Garnham (2019) document: staff adjusting service delivery to meet member's needs; providing informal support – e.g. rides; being communicative, approachable, and a “sense of being treated as a person, rather than simply a source of income” (p. 20).

Moreover, good relationships with the housing provider are strongly associated with improved self-reported health and wellbeing (Rolfe & Garnham, 2019). In contrast, results did not identify representatives and members reporting reductions in stress due to these actions. However, this was likely due to limitations in the research methodology.

Rolfe et al. (2020) hypothesized but did not find strong evidence for tenancy security as an important contextual factor contributing to health and wellbeing. However, housing cooperatives were perceived to provide members with greater tenancy security than the private market. Security of tenure was achieved through organizations: committing to providing housing (e.g., protection from evictions due to sale or renovation of housing); flexible financial arrangements for members experiencing financial difficulties and; organizations providing security of tenure funds. Findings are were in line with previous research, which documents housing cooperatives providing greater security of tenure than comparable private market accommodation (Bunce, 2013; CMHC, 2003; Crabtree et al., 2019; Fischler et al., 2013; Hudson et al., 2021; McCracken & Watson, 2004; Morris, 2015; Overbeek & Boulet, 2012; Saegert & Benítez, 2005; White, 2021). For members, tenancy security acted on health and wellbeing by providing stability which reduced worry and provided feelings analogous to homeownership. The literature supports the findings, noting that tenancy security can provide feelings of home or ownership (Bunce, 2013; Huron, 2012; Overbeek & Boulet, 2012; Rolfe & Garnham, 2019). Also, social housing tenures – including housing cooperatives – are documented to reduce stress by

providing security of tenure (Beer et al., 2011; Bunce, 2013; Hiscock et al., 2001; Phibbs & Thompson, 2011).

For Rolfe et al. (2020), tenancy experience acts through empowerment, improving individuals' "sense of control, autonomy and safety" and positively impacting health and wellbeing. While involvement in governance and decision-making are not mentioned in the Housing and Health framework, the involvement of members within the governance and decision-making process within the cooperative may be an area to consider in the standard of housing service. All cooperatives in this study engaged members within governance and decision-making. Moreover, involvement in the governance and decision-making process was often linked to empowerment.

7.2.2 Property Quality

The results suggest that housing cooperatives' property quality (Rolfe et al., 2020) contributes to health and wellbeing. Factors contributing to property quality included: members having the autonomy to modify their housing environment through building, painting, gardening; responsive maintenance; improved property quality through renovations or accessing more space. Moreover, member control over governance and decision-making was perceived to influence property quality by providing control over the maintenance of housing stock – and competing incentives of rent levels.

The results suggest housing cooperatives provided members with the autonomy to alter the property – e.g., decorating, painting, building, gardening. Frequently, contrasts were made to the private market, where autonomy to alter the property is limited. Moreover, members and representatives reported benefits including decorating, allowing members to feel at home; enjoying being able to build, paint, repair the home; the garden is providing a space for the family to spend quality time and learn gardening skills; being able to build structures – a playground – for children which increased physical

activity. Results are reflected in the literature, noting that having the autonomy to alter the home promotes feelings of home, which produce wellbeing (Bunce, 2013; Garnham et al., 2021; Rolfe & Garnham, 2019).

Physical housing quality, e.g., damp, cold, defects, is an important aspect of how the property quality CMO acts on health and wellbeing (Rolfe & Garnham, 2019; Rolfe et al., 2020). Results suggested that several housing cooperatives were improving physical housing quality by renovating. Moreover, renovations were perceived to improve members' health and wellbeing by improving social interactions, producing feelings of contentment, and instilling positive first impressions on move-in day. Literature on housing interventions aimed at renovations and health and wellbeing does lend some support to the findings. Rolfe and Garnham (2019) found move-in-day conditions influence health and wellbeing and are “distinct” from the typical “longer-term issues highlighted in previous research” - e.g., damp, cold, and toxins. Also, Curl and Kearns (2015) found that fabric improvements to the home improve residents' mental health and hypothesize this is due to improvements in external appearance. Finally, public housing renewal interventions improving the housing quality resulted in improvements in happiness, self-esteem, and reduced feelings of stigmatization (Arthurson et al., 2016). These studies lend credence to the findings that renovations and move-in days would positively impact member health and wellbeing.

Results indicate that representatives perceived housing cooperatives as more responsive to maintenance issues than the private market. An observation which the literature reiterates (Bunce, 2013; Hiscock et al., 2001; Huron, 2012; McCracken & Watson, 2004; Rodgers, 2001). Also, physical property quality was impacted by members' democratic governance decisions. Control and autonomy over rent-price and maintenance and repairs were perceived to produce tensions between the short-

term rent levels and long-term preservation of housing stock. However, effective planning was perceived as a solution to this challenge. The CMHC (2003) study documented that 45% of housing cooperatives did not have sufficient reserve funds to repair housing stock in 2001/02. Moreover, buildings and management were significant factors for cooperatives experiencing financial difficulties (CMHC, 2003).

7.2.3 Affordability

Rolfe et al. (2020) proposed the affordability CMOC 's contexts composed of rent levels, income levels, availability of benefits and landlords' response to financial difficulty. The results indicated that housing cooperatives exhibited many of these affordability CMOCs contexts – however, income levels could not be measured in a meaningful manner. Housing cooperatives had lower rental levels than the private market, benefits were available to members, and landlords responded supportively to financial difficulties.

Housing cooperatives' rental levels were typically lower or comparable to the private market. Results echo a previous CMHC national study which found housing cooperatives were at least or more affordable than the rental market (CMHC, 2003). However, one housing cooperative (HC4) did have rent levels that were above due to the downward pressure imposed by COVID-19 on the local rental market; and two housing cooperatives (HC14, HC9) had rent levels at the median-market rate (HC9) and the market-rate (HC14). The higher costs at HC9 were attributed to the newer building and having extensive amenities, including a sustainable building. Crabtree (2018) notes that socially and environmentally friendly designed communities are a "premium property product" and may trade at market levels. While HC9 is a non-for-profit, the building was newer, built without public funding and incorporated sustainable design and amenities which contributed to the rental price. On the other

hand, HC14 was required to charge market-rent due to its operating agreement – the impacts of which are discussed later.

Benefits were available through a variety of government programs. Most housing cooperatives received rent subsidies for eligible members from provincial and federal governments. However, two housing cooperatives (HC13, HC11) did not receive subsidies. Beer et al. (2011) note the provision of housing assistance improves health and wellbeing. Subsidies were typically made available through operating agreements with provincial and federal governments—operating agreements influence affordability in Canada. Eight of the ten housing cooperatives had operating agreements. The agreements specify conditions for funding from governments. Many operating agreements are scheduled to expire in the coming years. The end of operating agreements had consequences for affordability. For example, two housing cooperatives (HC12, HC14) perceived that organizations would no longer be able to provide affordable housing to low-income members without a renewal of funding. Consequences were perceived as members experiencing relocation, homelessness, or decreased disposable income for needs such as foods and medicines. Results echo previous literature documenting food insecurity due to benefits cuts for social housing residents (Holding et al., 2020). However, literature that documents how benefits cuts impact future relocation or experiences of homelessness was not identified.

Solutions to the end of operating agreements and loss of subsidies were presented through economies of scale and plans for the members to create in-house subsidies. Both HC10 and HC13 had created economies of scale by merging local housing cooperatives. The approach enabled affordable housing, and for HC10 was perceived to protect against the end of operating agreements, while HC13 functioned in the absence of government support. Both cases appear to embody the hypothesis

proposed by Archer (2020) that "economies of scale" and "other revenue-generating activity" could allow "highly affordable prices" in the "absence of significant external subsidies." Also, if the government no longer provides subsidies, HC3 had planned to continue providing subsidies by creating an in-house subsidy. Exploring the impact of the end of operating agreements on housing cooperative members' health and well-being, particularly subsidized members, represents an important area of future research.

Several housing cooperatives supported members experiencing financial difficulties. Financial support occurred through cooperatives creating security of tenure funds, funds to support members during the COVID-19 pandemic, fundraising to offset share costs, creating flexible payment arrangements, and referring members to financial counselling. The approaches adopted by the housing cooperatives in response to member financial difficulty are echoed in the literature. Other literature documents that organizations adopt flexible policies (e.g. sublease policies payment agreements) to allow members to address financial difficulties and life events (Hudson et al., 2021; White, 2021). During the COVID-19 pandemic, community housing – including cooperatives – in the United Kingdom provided providing financial support for members struggling during lockdowns (Hudson et al., 2021). At the same time, previous studies do not document housing cooperatives' fundraising to offset high-share costs. McCracken and Watson (2004) have documented share-costs prohibitive for low-income women looking to join housing cooperatives.

Moreover, affordable housing costs were linked to reduced stress, worry and feelings of stability. Outcomes of reduced stress and worry align with literature that documents a relationship between housing affordability and mental health. However, the explanations offered in the literature for how mental health and unaffordable housing are correlated are diverse. For example, literature documents

declining mental health with prolonged and intermittent exposure to unaffordable housing (Baker, Lester, et al., 2020); moreover, effects appear to be cumulative – and stronger for men (Bentley et al., 2012) as well as for people with initial low to moderate mental health (Baker, Pham, et al., 2020). Also, the relationship between unaffordable housing and mental health may be modified with the cooperative tenure type and the Canadian national context. For example, Bentley et al. (2016) found that home purchasers tended to have better mental health outcomes than private-renters in Australia when faced with unaffordable housing; the opposite occurred in the United Kingdom. Finally, spending more than 30% of income on housing is detrimental to the mental health of low to moderate-income households, but not for high-income households (Bentley et al., 2011). Notably, The CMHCs 2003 national study found housing costs were greater than 30% for a third of all housing cooperative members (CMHC, 2003).

Rolfe et al. (2020) proposed that the affordability CMOC realizes health and wellbeing by reducing financial stress and freeing up income for other expenditures. Results showed that representatives perceived that member experienced reduced financial stress and had increased disposable income. Increased disposable income influenced enrollment in education, expenditures for children, food security, groceries and spending more money in the local economy. Members also reported housing affordability leading to reduced worry and a sense of stability. Results reflect the literature which documents extensive health and wellbeing outcomes arising from housing affordability. Reports of Canadian housing cooperatives note affordability – alongside safety – is perceived by members to provide opportunities to improve personal circumstances (Fischler et al., 2013; McCracken & Watson, 2004).

7.2.4 Neighbourhood and Support Networks

Rolfe et al. (2020) hypothesize that both neighbourhood quality and availability of social support networks can improve health and wellbeing via the environment and networks reducing stress and increasing opportunities for socialization. In a series of studies, neighbourhood quality is further subdivided to include amenities and services, e.g., shops, green space, transportation (Rolfe & Garnham, 2020), and safety (Rolfe & Garnham, 2019). The results relating to social networks within the housing cooperative are discussed in a previous section. This section discusses proximity to community social networks, proximity to neighbourhood amenities and services and neighbourhood safety.

Representatives perceived proximity to neighbourhood social networks to be significant for members. For example, HC11 housing cooperative – serving Indigenous seniors – was located near several Indigenous communities, which was perceived to allow members to maintain social networks with their communities and contribute to quality of life. The results echo Rolfe and Garnham (2020), who found proximity to family and friends valuable for participants' support and quality of life.

Results indicate that representatives perceive proximity to neighbourhood amenities and services – e.g., community facilities, parks, public transport, and medical facilities – to be valuable for members. Seniors were perceived to select housing cooperatives that had proximity to medical facilities. Members utilized nearby community facilities and parks for organizing social gatherings and outdoor activities. Finally, proximity to public transport was believed to increase walking. Previous literature confirms that residents value proximity to various services and amenities – e.g., grocery stores, libraries, community centres, public transport (Bunce, 2013; Huron, 2012; McCracken & Watson, 2004; Rolfe & Garnham, 2020; Thériault et al., 2010). When discussing the benefits of proximity to

amenities and services, the literature is typically framed in terms of benefiting those who do not have access to vehicles (Bunce, 2013) – sometimes framed as low-income women (Huron, 2012; McCracken & Watson, 2004) and seniors (Huron, 2012). However, explanations for how access to various amenities and services that benefit health and wellbeing are not as expected. Rolfe and Garnham (2020) note that neighbourhood impacts – including proximity to amenities and services – on low-income tenants' health and wellbeing vary from tenant to tenant and reflect previous needs, experiences, expectations, and resources. No health and wellbeing outcomes were reported from proximity to services and amenities. However, this may be due to the small sample of members interviewed.

7.3 Strengths and Limitations

The COVID-19 pandemic represented a significant limitation on the data collection process. First, the pandemic impaired the ability to recruit participants. Moreover, impaired recruitment and academic time constraints resulted in unexpected changes to studies and data collection methods, as described thoroughly in the methods section. For example, participant recruitment from northern and rural cooperatives could not continue indeterminately until 15 participants were reached. In the interests of completing the thesis in an acceptable time frame the decision was made to incorporate interviews initially conducted by the researcher for a parallel project. Consequently, only two housing cooperative members were recruited, and twelve interviews with housing cooperative representatives – initially carried out for a related study – were used as data. The data from representatives was collected using an interview guide which was not optimized for use with the frameworks in this study. Interview questions from this projects interview guide were not created to examine each mechanism or member's health and wellbeing thoroughly; instead, outcomes had to be pulled out from questions

that were at times tangentially related. Consequently, results may understate the impacts of housing cooperatives on the proposed mechanisms to health and wellbeing presented by the frameworks.

A handful of potential limitations arise from interviewing representatives. First, representatives are reporting their perceptions of members' health and wellbeing. Consequently, perceptions of another's health and wellbeing may not represent their self-perceived health and wellbeing. Moreover, representatives may tend to overreport positive outcomes and underreport adverse outcomes. Finally, representatives' stories report best-case scenarios – therefore, the results should not be interpreted as a representation of the cooperative experience for every member; but rather a representation of the potential mechanisms to health and wellbeing that may be realized in a housing cooperative context.

Limitations arise from using the conceptual frameworks in a housing cooperative context. Neither conceptual framework was created for use in the housing cooperative context. However, due to the position of housing cooperatives as both a social enterprise and form of housing and after reflection on the literature the frameworks were believed to be an appropriate starting point for understanding mechanisms to health and wellbeing within housing cooperatives. Moreover, the two frameworks were perceived to be complementary. For example, the housing and health framework accounted for many of the housing related mechanisms – e.g., rent level, property quality etc. – that the social enterprise and health framework did not account for – and vice versa.

Limitations exist from the application of the conceptual frameworks to Indigenous populations. Indigenous populations were an incidental group within the study. Indigenous participants included representatives of two housing cooperatives serving Indigenous populations and a member from an Indigenous serving cooperative. Conceptualizations of health and wellbeing can differ among Indigenous and non-Indigenous peoples. However, the methodology was not adapted to account for

conceptualizations of Indigenous health. As a result, the mechanisms proposed in the conceptual frameworks are not inclusive of mechanisms to health and wellbeing that exist within the context of Indigenous populations. For example, more appropriate understandings of health could involve incorporating theory from frameworks on social determinants of health for Indigenous people or Indigenous knowledge's related to health and wellbeing.

The biases of the researcher represent a potential limitation. For example, I am sympathetic toward forms of social organization – cooperatives included – that represent potential alternatives to neo-liberal market economies. As with all research, including qualitative research, my values may have introduced biases into the research. However, attempts were made to address these by using existing conceptual frameworks to guide the research. The use of existing conceptual frameworks and theories provides a potential strength. For example, both Rolfe et al. (2020) and (Roy et al., 2017) developed conceptual frameworks using existing literature and conducting research on social enterprise and health (Roy et al., 2017) and housing and health (Rolfe et al., 2020). This research builds upon these existing frameworks rather than proposing new explanations for how mechanisms to health and wellbeing may be realized in housing cooperatives.

A potential strength and limitation arose from the reliance on a diverse sample of housing cooperatives. Housing cooperatives participated from many regions in Canada – e.g., Alberta, Manitoba, Ontario, New Brunswick, Quebec, Saskatchewan, and Nunavut. The diverse sample can allow for the identification of generalizable trends in the data. However, the sample was highly heterogenous consisting of housing cooperatives of various sizes – e.g., smallest 24 units, largest 294 units – and populations served – e.g., Indigenous peoples, seniors, general population. As a result, data may be unable to identify outcomes connected to housing cooperatives with specific

characteristics. For example, two housing cooperatives (HC5, HC12) did not report the mediating variable expanding social networks, trust, and cooperation, while the remainder did. This may suggest that expanding social networks and building trust and cooperation are generalizable – with few exceptions that share unique attributes. Consequently, future research is needed to determine which outcomes may be due to unique cases and which are generalizable.

7.4 Recommendations

The practical application of this research is primarily as a launching point for housing cooperatives seeking to demonstrate the co-benefits they have on health and wellbeing through and beyond the provision of housing. For example, housing cooperatives may begin – if they are not already – considering contributions to expanding social networks, building trust and cooperation, improving knowledge and skills – to name a few – and the various effects such actions have on members' health and wellbeing. In turn, housing cooperatives – and other forms of social housing – that are better able to articulate co-benefits may be more competitive when lobbying for support from governments.

The findings demonstrate that housing cooperatives exhibit functional similarities to other social enterprises on health and wellbeing. However, significant differences arise through housing provision, which is accounted for through the housing and health framework. Future research could begin to amend or expand the Roy et al. (2017) and Rolfe et al. (2020) frameworks to account for the unique characteristics of housing cooperative organizations - as a type of social enterprise organization that provides both housing and work.

Future research exploring housing cooperatives and health and wellbeing should occur from members' perspectives. The present study was primarily informed by representatives speaking on behalf of members. As a result, it may not accurately represent members' experiences of health and wellbeing.

Research with members can further elucidate the effects of the proposed mechanisms present in the frameworks. Moreover, research drawing upon quantitative methodologies would allow larger sample sizes and aid in determining the strength of the proposed outcomes. Most housing cooperative research has utilized case-study approaches and qualitative interviews to date.

Several of the Roy et al. (2017) framework's mechanisms may not be unique to housing cooperatives and could occur in related tenure types. For example: expanding social networks, building trust and cooperation, and engendering a safe and supportive environment – to name a few – are potentially achievable under a variety of community housing models. Comparison across tenure types – whether through the use of the framework or not – would aid in elucidating which activities producing health and wellbeing are independent of housing cooperatives and which may be found in related tenure types. Moreover, such comparisons may be necessary for distinguishing the various economic and social returns available through each tenure-type; and allow for information for the public and government decisions on housing strategies.

Results predominantly reported stories of members with fruitful involvement experiences. However, literature suggests that not all members choose to get involved, and not all members benefit from involvement. While Walker et al. (2020) have provided determinants of volunteering within social housing communities, many studies note barriers to involvement, e.g. time constraints; mental health. There is a lack of literature exploring this topic within housing cooperatives – however, research on volunteerism exists more broadly. Future research could bridge the literature between housing cooperatives and volunteerism. Moreover, future research could explore the barriers and facilitators of involvement within housing cooperatives, whether there are any characteristics of involved and

non-involved residents and the distribution of health and wellbeing benefits between involved and non-involved groups.

There was an inability to determine if numerous proposed mechanisms produced health and wellbeing outcomes, despite the mediating variables (Roy et al., 2017) and contexts (Rolfe et al., 2020). For example, the Rolfe et al. (2020) framework results identified representatives' perceived proximity to services and amenities to be valuable for members - and reported members making use of community amenities and choosing housing cooperatives due to proximity to services, e.g., hospitals. However, results in this study were unable to determine the impacts of proximity to amenities and services on members' health and wellbeing of members. Also, the Roy et al. (2017) framework results suggested housing cooperatives were improving public awareness and understanding of social issues and providing meaningful work. However, impacts on the expected health outcomes were unclear. Shortcomings may be due to limitations imposed on methodology and sampling due to the COVID-19 pandemic. Future research employing these frameworks and with members will help clarify if improvements in health and wellbeing are experienced.

Results were collected from a diverse sample of housing cooperatives. Differences between provinces in government support for housing cooperatives were apparent – although beyond the scope of this study. Future research could differentiate between government support for housing cooperatives and subsequent health and wellbeing consequences. Moreover, differences in the presence of some mediating variables were present in housing cooperatives by community size, location, and housing density. For example, (HC5 HC12) did not perceive expanding social networks, trust and cooperation occurring because of the housing cooperative. The housing cooperatives had unique characteristics – they were not micro-communities but had housing units spread throughout the city. Moreover, HC12

felt that most members knew one another through Indigenous cultural organizations rather than the housing cooperative. Also, HC5 did not perceive significant member involvement in governance – but rather governance incorporated members and community stakeholders. This may have been due to HC5 being in a small, rural community that allowed the cooperative to connect with broader community life. Research could explore differences between housing cooperatives by community size, location, density, and target population.

Housing cooperatives can serve various ethnic and cultural groups, e.g., Indigenous peoples, seniors, immigrants, women, LGBTQ2+. Effects on the mechanisms in the frameworks or health and well-being may vary by population served. For example, Indigenous housing cooperatives sought to incorporate Indigenous governance approaches which could impact health and well-being; also, Indigenous housing cooperatives increased housing access and fought marginalization from the traditional housing market. Also, seniors' cooperatives often sought to combat unique vulnerabilities faced by seniors – e.g., loneliness, mobility, isolation, aging. Presently, there is a lack of literature examining the impacts on health and well-being for housing cooperatives serving different cultural and ethnic groups. Future research examining these housing cooperatives could help further elucidate how these housing cooperatives impact health and well-being compared to more 'general purpose' housing cooperatives.

Finally, the National Housing Strategy is committed to a Gender-Based-Analysis Plus (GBA+) approach to housing (Canada, 2019). Moreover, the relationship between housing and health can be understood a GBA+ approach. For example: 55% of households in core-housing need are female-led; 63% of people living in subsidized housing are women and a significant number of vulnerable populations e.g., immigrants, northern and remote residents, seniors, Indigenous peoples and peoples

with disabilities – and women within these subgroups – experience housing needs (Canada, 2019). Presently, Parker and Leviten-Reid (2022) have raised the need for research taking intersectional and interdisciplinary approaches within housing studies to examine gender housing needs. Future research taking a GBA+ approach to examining the relationship between housing cooperative tenure and health is needed.

7.5 Conclusion

The principal objectives of this study were to understand how living in a housing cooperative may impact health and wellbeing. Moreover, the study addressed gaps in the literature on housing cooperatives and health and the need for research demonstrating the impacts of social enterprises on health. The study employed two recently created realist conceptual frameworks. The first, by Roy et al. (2017), proposed a series of mechanisms for how social enterprises may act on health and wellbeing. The second, by Rolfe et al. (2020), provides preliminary mechanisms for how housing can affect health and wellbeing. Frameworks were utilized due to the position of housing cooperatives as a form of housing and a social enterprise. Due to changes in data collection, there was insufficient data on members experiences of health and wellbeing. However, results indicated that living in housing cooperatives may impact members' health and wellbeing via the mechanisms provided in the frameworks developed by Roy et al. (2017) and Rolfe et al. (2020).

Several mediating variables and intermediate outcomes were present for the social enterprise and health framework (Roy et al., 2017). Housing cooperatives appeared to provide meaningful work; engender a safe and supportive environment; improve knowledge and skills; expand social networks, build trust and cooperation, improve access to information and welfare and work to improve public awareness and understanding of social issues. Moreover, members experiencing a safe and supportive

environment were perceived to experience sustained employment, increased income, and enhanced future employability. Perceived improvements in knowledge and skills resulted in improved confidence and feelings of empowerment, calm and relaxation, better ability to express ideas and sustained employment, increased income, and enhanced future employability. Expanding social networks and building trust and cooperation improved confidence and feelings of empowerment and improved social capital, sense of community, and trust and safety. Finally, improving access to information resulted in improved coping and resilience.

In addition, results suggest the presence of several mediating variables without the proposed intermediate health outcomes. For example, members worked to improve public awareness and understanding of social issues and engage in meaningful work. However, the expected outcomes of reduced stigmatization and marginalization, increased sense of purpose and meaning, motivation and commitment to life goals/direction, and improved physical wellbeing were not identified. Finally, two potential unconceptualized mechanisms to health outcomes were identified. First, housing cooperatives functioned as a space for members to collaborate with various nutrition and health organizations to deliver services. Also, housing cooperatives appeared to reduce stigmatization and marginalization by providing housing access to marginalized groups and providing a safe space for marginalized groups to organize events.

For the housing and health framework (Rolfe et al., 2020) representatives and members experiences reflected the proposed CMOCs. Members experienced affordability through having lower than market rental levels, access to subsidies and benefits and housing cooperatives adopting an understanding and flexible attitude toward financial difficulties. Moreover, this was perceived to allow for tenancy security, aging-in-place, social mobility and increased disposable income for expenditures on basic

needs, food security, education, and enrolling children in sports. Finally, members reported increased feelings of stability and reduced stress. Three barriers to housing affordability were identified. Housing cooperatives were approaching end-of-operating agreements leading to the potential loss of subsidies, seniors' pensions were failing to keep pace with the housing market, and COVID-19 had impacted the housing market in one community. Out of the barriers, the end-of-operating agreements and loss of subsidies were perceived to have the potential to negatively impact health and wellbeing through increasing housing insecurity, the risk for homelessness and stress. The remaining barriers may also impact health and wellbeing; however, representatives did not discuss them.

Housing cooperative residents were perceived to experience health and wellbeing through the tenancy experience CMO-C (Rolfe et al., 2020). Tenancy experience was influenced by staff's support and responsiveness to members' needs. For example, housing cooperatives typically applied timely maintenance – with one keeping an onsite handyperson. Also, in response to the COVID-19 pandemic, one housing cooperative had bulk-purchased cable and internet packages to combat isolation – allowing members to remain in contact with friends and family. Finally, members reported housing cooperatives providing food cards. The perception was that support and responsiveness exceeded what would be provided in the private market. Tenancy experience also occurred through housing cooperatives providing tenancy security. Factors contributing to tenancy security included responses to financial difficulties – discussed in the affordability section – and the cooperative's commitment to providing security of tenure. Finally, housing cooperatives involving members in the governance and decision-making and connecting members to external organizations may be a unique way that the tenancy experience CMO-C operates in the housing cooperative context.

Housing cooperatives were perceived to impact health and wellbeing by influencing property quality. The perception was that health and wellbeing were experienced through the freedom to alter the home environment – gardening, décor, building structures – which allowed members to develop feelings of home and improve health and wellbeing. Moreover, freedom to alter the home was contrasted with restrictions commonly faced in the private market. Property quality was impacted through cooperative governance. For example, membership often faced competing incentives of rent levels, carrying out maintenance and maintaining property quality. Several housing cooperatives acknowledged the need to engage in preventative maintenance and avoid short-term thinking. In addition to investing in maintenance, a housing cooperative had elected to invest in more green space. However, governance decisions' on maintaining property and health and wellbeing impacts were unclear.

The final CMOC proposed by Rolfe and Garnham (2019) is that neighbourhoods and social networks influence health and wellbeing. The CMOC shared overlap with the expanding social networks pathway in the Roy et al. (2017) framework. However, only one housing cooperative discussed the impact of the neighbourhood on members. Proximity to amenities and services – e.g., medical facilities – and proximity to family and home communities was perceived to be important. However, impacts on individuals' health and wellbeing were not reported.

Overall, research demonstrates that housing cooperatives may improve members' health and wellbeing via the mechanisms proposed in the frameworks for social enterprise (Roy et al., 2017) and housing and health (Rolfe et al., 2020). The results represent a starting point for housing cooperatives and researchers seeking to demonstrate the benefits to health and wellbeing of this tenure-type. Moreover, the study is among the first in Canada to attempt to provide an overview of potential mechanisms for health and wellbeing. However, this study had several limitations: the COVID-19 pandemic resulted

in methodology changes and data primarily reports representatives' perceptions of members' experiences. Future research interviewing members adopting quantitative and qualitative approaches and longitudinal study design would be helpful.

Moreover, researchers could compare health and wellbeing between varying tenure types. Also, results suggest potential differences for some outcomes by community size, location, and housing density and unique outcomes for cultural and ethnic groups and seniors. Future research examining these unique cases may help develop a more comprehensive understanding of the diverse manner housing cooperatives benefit Canadians.

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Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

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Appendices

Appendix A: Search Strategy

Search Queries	Database	Results
"Social Enterprise" OR "Social enterprise" AND "Work Integration" OR "Social Enterprise" AND "Youth"	ProQuest Social Services Abstracts	364
All=("Social Enterprise" AND "Work Integration")	Web of Science	47
"Social Enterprise" OR ("Social Enterprise" AND "Work Integration") OR ("Social Enterprise" AND "Youth")	Proquest PsychInfo	2
((("Work Integration social enterprise" AND PEER(yes)) OR ("social enterprise" AND PEER(yes))) AND (((health OR wellbeing OR (social inclusion) OR (social exclusion)) AND peer(yes)) AND PEER(yes))	Proquest Nursing & Allied Health	648
((("Work Integration social enterprise" AND PEER(yes)) OR ("social enterprise" AND PEER(yes))) AND (youth AND PEER(yes))	Proquest Nursing & Allied Health	76
((((Social Enterprise) OR "Social Enterprise")) AND (((Health) OR (Wellbeing) OR (Social Determinants)))	Pub-Med	493
		1630

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

Purpose of Search	Database	Search	Refinements	Results
General overview	Google Scholar	Housing Cooperative OR Housing Co-op OR Co-op Housing Or Cooperative Housing AND Canada		200 ~ first 10 pages examined
Historical Overview	Canadian Historical Review	Could not find anything with the above search; therefore, used cooperative instead		75 results
Historical Overview	Urban History Review	(All fields : Housing Cooperative OR Housing Co-op OR Co-op Housing Or Cooperative Housing) AND (Journals : ['Urban History Review'])		230 results
Historical Overview	Journal of Canadian Studies	all of the terms [housing] [cooperative] [housing] [co-op] [co-op] [housing] [cooperative] [housing] in content		2
Historical Overview	Social Science Research Network	all of the terms [housing] [cooperative] [housing] [co-op] [co-op] [housing] [cooperative] [housing] in content		4
	ABI/INFORM Global	(cooperative housing) OR (housing cooperative) OR (co-op housing) OR (housing co-op) OR (housing cooperative) OR (cooperative housing) OR (housing cooperatives) OR (co-op housing) AND Canada*	Location: Canada	242
	WebOfScience	ALL=(Housing Cooperatives) OR ALL=(Housing Co-op) OR ALL=(Co-op housing) OR ALL=(Cooperative Housing) OR ALL=(Cooperative Housing) OR ALL=(Housing Cooperative)	Refined by: WEB OF SCIENCE CATEGORIES: (SOCIOLOGY OR DEVELOPMENT STUDIES OR BUSINESS OR URBAN STUDIES OR REGIONAL URBAN PLANNING OR ECONOMICS OR LAW OR SOCIAL SCIENCES INTERDISCIPLINARY OR SOCIAL ISSUES OR HEALTH POLICY SERVICES OR	401

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

			HISTORY OF SOCIAL SCIENCES OR MANAGEMENT OR POLITICAL SCIENCE OR SOCIAL WORK OR HISTORY OR PUBLIC ADMINISTRATI ON) AND DOCUMENT TYPES: (ARTICLE)	
	CINHAL	Housing Cooperative OR Housing Co- op OR Co-op Housing Or Cooperative Housing OR Cooperative Housing OR Housing Cooperative OR housing cooperatives		6
	Proquest	ab(cooperative housing) OR ab(cooperative housing) OR ab(housing cooperative) OR ab(housing co-op) OR ab(co-op housing)	Abstracts	156
	Mining references	Mining References		15
	JSTOR			61
TOTAL				1392

Appendix B: Recruitment Emails and Advertisements

Cooperative Housing Federation of Canada – eNews advertisement	“Lakehead University researcher Mandeep Sidhu is seeking members of northern and rural co-ops to participate in an anonymous survey and interview examining the health and wellbeing of co-op members. Respondents will receive a \$15 gift card. For details, email Mandeep at [insert email address] or call [insert phone number]”
Recruitment email sent to housing cooperatives	<p>“Hello [insert housing cooperative name],</p> <p>I would like to invite your organization to participate in a research project looking at residents' perceptions of health and wellbeing arising from living in a housing cooperative in Canada. We were hoping that you (or a representative) will be interested in allowing us to advertise a call for participation to your residents.</p> <p>If you have any interest or questions, please get in touch with me, and I can fill you in on further details, and we can coordinate a call for participation for residents.</p> <p>Thank you for your time and consideration.</p> <p>Best,</p> <p>Mandeep”</p>
Participant invitation – advertisement provided to cooperative board to forward to members	<p>“Invitation to participate in research study about cooperative housing and wellness</p> <p>Lakehead University researcher, Mandeep Sidhu, is looking for 10-15 interested members of (organization name) to participate in a research study about health and wellbeing, for coop members. We would like to invite you to participate in an interview that would take 1 hour of your time. Participation is anonymous and will not affect your relationship with your coop. There will be a small appreciation gift – a \$15 gift card – for completing the survey and interview. The interviews will take place on a date and time of your choosing. If you would like to participate, please contact Mandeep Sidhu at [insert phone number] or [insert email address]”</p>

Appendix C: Characteristics of Housing Cooperatives

Co-operative	Characteristics
HC8	<p>Number of Units: 64 Units</p> <p>Length & Tenure Type: Monthly subsidized rent (RGI)</p> <p>Unit Type(s): Apartments & Townhouses</p> <p>Population Served: Diverse Clientele</p>
HC4	<p>Number of Units: 24 Units</p> <p>Length & Tenure Type: Monthly subsidized rent (RGI)</p> <p>Unit Type(s): Townhouses</p> <p>Population Served: Diverse Clientele</p>
HC11	<p>Number of Units: 33 Units</p> <p>Length & Tenure Type: Monthly rate at or below 80% market rent</p> <p>Unit Type(s): Apartment Building</p> <p>Population Served: Indigenous Clientele</p>
HC13	<p>Number of Units: 17 blocks with 7 or 8 apartments each</p> <p>Length & Tenure Type: Affordable rate below market rent</p> <p>Unit Type(s): Apartment Building</p> <p>Population Served: Diverse Clientele</p>
HC9	<p>Number of Units: 64 Units</p> <p>Length & Tenure Type: Monthly rent per MB affordable housing guidelines</p> <p>Unit Type(s): Apartments & Townhouses</p> <p>Population Served: Diverse Clientele</p>
HC14	<p>Number of Units: 87 Units</p> <p>Length & Tenure Type: Monthly rate below market rent</p> <p>Unit Type(s): Apartments, Townhouses & Bungalows</p> <p>Population Served: Diverse Clientele</p>
HC7	<p>Number of units: 47 Units</p> <p>Unit Type(s): Apartment Building</p> <p>Length & Tenure Type: Mixed Income Model (RGI, subsidized, & market rate)</p> <p>Population Served: Senior Clientele</p>

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

HC10	Number of units: 294 Units Unit Type(s): Apartments, Townhouses & Bungalows Length & Tenure Type: Monthly rate below market rent Population Served: Diverse Clientele
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Appendix D: Information and Consent Letter



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Health and well-being in the social economy: perceptions of health and well-being from residents of housing cooperative(s)

Dear Potential Participant:

We, Mandjeep Sidhu and Dr. Rebecca Schiff invite you to take part in this study. This is because of your membership in a housing co-operative. Please read this letter carefully. If you have questions, please ask. We appreciate your time and help. Keep in mind taking part in this study is voluntary.

Please note, that your housing co-operative has given us permission to advertise within the community. Your housing co-operative is not directly involved in the research. The board will not know whether you have participated and participating will not impact your housing at your housing co-operative.

PURPOSE

Understanding the health and well-being outcomes living in housing co-operatives for individuals.

WHAT INFORMATION WILL BE COLLECTED?

Info about your experiences in the program. With a focus on your experiences of health and well-being, and the activities of the program.

WHAT IS REQUESTED OF ME AS A PARTICIPANT?

60-minutes for a verbal demographic survey and interview via Zoom or telephone. You choose the date and time. We would like to audio-record interviews. Audio recording allows us to get your words accurately. However, you do not have to do audio-recording.

With no audio recording:

- Notes are taken during the interview.
- Notes are used in place of a transcript.
- You can check if the notes are accurate

With audio recording:

- Recording is used to write an exact transcript
- Transcripts are sent back to you
- You can read the transcript and check if it gets how you feel, and if it describes what you said correctly.

We will need your contact information to send the transcripts back to you.



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WHAT ARE MY RIGHTS AS A PARTICIPANT?

Participation is voluntary.

- You can end the interview at any time.
- You can choose not to answer questions.
- You can withdraw from the study and have your interview information removed up until all answers are put together.
- Doing any of the above, will not affect your tenancy in your housing cooperative

If you want to withdraw, contact the student researcher (Mandeep Sidhu). Contact information is at the end of this document.

WHAT ARE THE RISKS AND BENEFITS?

Risks of experiencing discomfort:

- we do not expect you to experience discomfort in this study.

Risks of being identified:

- Since the community is small, there is a risk someone may identify you by your words.
- To minimize this risk, we will be conducting the interview in private, remove all identifying information and anonymizing the data (unless you want to be named).

You are benefiting:

- Housing cooperatives by helping provide evidence on the effects of cooperative housing.
- Researchers by helping to contribute to the academic work on health and well-being outcomes from cooperative housing.

Potential future benefits:

- if evidence shows housing cooperatives are effective public health interventions, cooperatives can lobby for public health resources.



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HOW CAN I RECEIVE A COPY OF THE RESEARCH RESULTS?

To receive a copy of the research results, such as, any presentations, the report, or the paper. Contact the student researcher (Mandeep Sidhu). Contact info is found at the end of this document.

WHAT IF I WANT TO WITHDRAW FROM THE STUDY?

To withdraw contact the student researcher (Mandeep Sidhu). Contact info is found at the end of this document. You can withdraw any information you have contributed until a written report/peer-reviewed/presentation/submission has been made. At this point, only the information that has not been used yet will be destroyed.

RESEARCHER CONTACT INFORMATION:

Mandeep Sidhu
Department of Health Sciences, Lakehead University
e. msidhu3@lakeheadu.ca
t. 289-983-5932
m: Mandeep Sidhu c/o Rebecca Schiff, Department of Health Sciences, Lakehead University, 955 Oliver Road, Thunder Bay ON P7B 5E1

Rebecca Schiff
Department of Health Sciences, Lakehead University
t. 807-766-7199
e. rschiff@lakeheadu.ca
m: Department of Health Sciences, Lakehead University, 955 Oliver Road, Thunder Bay ON P7B 5E1

RESEARCH ETHICS BOARD REVIEW AND APPROVAL:

This research study has been reviewed and approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team, please contact Sue Wright at the Research Ethics Board at [807-343-8283](tel:807-343-8283) or research@lakeheadu.ca.



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HOW WILL MY CONFIDENTIALITY BE MAINTAINED?

To maintain your confidentiality, we will:

- Do Interviews in private.
- Remove your name from all documents.
- Anonymize your data. To anonymize data, after the interview, we remove identifiers from your information and code your identity (i.e. given a numbered I.D.).
- Keep the codes and interview data on password protected computers, in password protected files.
- Keep the codes and interview data in separate password protected files.
- Passwords will only be given to the student researcher (Mandeep Sidhu) and the supervisors (Dr. Rebecca Schiff)

However, we can use your name if you want. If you want your name to be used, we will not anonymize your data, and will use your name in documents.

WHAT WILL MY DATA BE USED FOR?

1. The data will be used to publish a paper.
2. To prepare a presentation for housing cooperatives/organizations
3. Conference presentations

WHERE WILL MY DATA BE STORED?

The student researcher (Mandeep Sidhu) and the principal investigator (Dr. Rebecca Schiff) will store your data

Electronic data:

- stored on password encrypted laptops, within password encrypted files.
- The student researcher (Mandeep Sidhu) will keep data until the research is completed.
- The Principal investigator (Dr. Rebecca Schiff) will store data for a minimum of 5 years following the completion of the project.

Paper Data:

- Kept in a locked storage box within Dr. Rebecca Schiff's office (SN 1006) in the Department of Health Sciences, Lakehead University, Thunder Bay Ontario.



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Consent Form

MY CONSENT:

By checking the boxes, I agree to the following:

I have read and understand the Information Letter	Yes {}	No {}
I understand the risks and benefits to the study	Yes {}	No {}
I understand that I am a volunteer and can withdraw from the study at any time (up until all answers are combine, approximately May 1, 2021)	Yes {}	No {}
I understand that I may choose not to answer any question	Yes {}	No {}
I understand that the data will be securely stored on the principal investigator'(Dr. Rebecca Schiff's) laptop for a minimum period of 5 years following completion of the research project	Yes {}	No {}
I understand that the research findings will be made available to me upon request	Yes {}	No {}
I will remain anonymous (check NO if you do not want confidentiality)	Yes {}	No {}
All my questions have been answered	Yes {}	No {}
By consenting to participate, I have not waived any rights to legal recourse in the event of research-related harm.	Yes {}	No {}
I agree to be audio-taped	Yes {}	No {}
I agree to participate	Yes {}	No {}

Signature of participant

Name printed

Year Month Day

To be signed by the investigator obtaining consent

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Signature of investigator
Day

Name printed

Year Month

Telephone number: _____

Appendix E: Interview Guides

Definition

To be read to the interviewee:

Health: World Health Organization defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Question	Probe
What does health and wellbeing mean for you?	Encourage participant to consider health and wellbeing throughout interview
Can you tell me how you come to live at your cooperative?	
How long have you been living here?	
How does the cooperative compare to your previous housing arrangement?	<ul style="list-style-type: none"> - Community? - Cleanliness? - Affordability? - Stability?
Has there been a change in your quality of life since moving into the cooperative?	
Do you do types of volunteering or are you involved with any committees within the cooperative?	<ul style="list-style-type: none"> - What type of work are you involved in? - How does it impact you - Impact on skills? - How does involvement make you feel?

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

Do you utilize any of the amenities and have they had an impact on your health and wellbeing?	<ul style="list-style-type: none"> - Skating Rink; Basketball Court; Baseball Diamond? - Engaging in more physical activity?
Do you attend any of the events at your cooperative? If so, which events to you attend?	<ul style="list-style-type: none"> - Any impacts on your health and wellbeing?
What benefits do you experience living in the cooperative?	<ul style="list-style-type: none"> - Safety? - Services and activities? - Support from cooperative members? - Environmental? - Affordability?
Has living in the cooperative had an impact on your social-life or relationships?	<ul style="list-style-type: none"> - Impact on social skills? Communication skills? - Expanded social networks? - Social support? - peer support and family support?
What's important to you about being a part of this community and your relationships within this community?	<ul style="list-style-type: none"> - Provides a sense of community? - Feelings of trust and safety?
Do you believe living in the cooperative has impacted your mental health? And would you be open to share a story or example of how?	<ul style="list-style-type: none"> - confidence, empowerment - Purpose/meaning new direction/commitment to life goals or direction - Coping and resilience - Improved satisfaction with life; better supports; fewer instances of depression

Perceptions of Health and Wellbeing Benefits from Living in Housing Cooperatives in Canada

	<ul style="list-style-type: none"> - Feeling calm, relaxed, better able to express ideas - Improved sense of self-esteem; self-worth
Has there been an impact on your physical health? And how, and through what activities?	<ul style="list-style-type: none"> - Nutrition - Improved health behaviours e.g. decrease in illicit drugs or dangerous behaviours - Improved physical wellbeing; healing
How do you feel about the location of your cooperative?	<ul style="list-style-type: none"> - Is it accessible to the city?
One of the mandates of cooperative housing is sustainability, has living here impacted your relationship to nature or sustainability?	<ul style="list-style-type: none"> - Awareness of environmental issues? - Engagement in sustainable living? - Engagement with outdoors?
Has engagement in the cooperative impacted your involvement in the politics?	<ul style="list-style-type: none"> - Do you vote more often? - Do you take more of an interest in the political process?
Has living at your cooperative helped you impact or develop your skills?	<ul style="list-style-type: none"> - Could be related to hobbies; knowledge on health and wellbeing; cooking; work related skills; gardening etc... - How do you perceive the consequence of that impact?
Has living here impacted your views or values?	<ul style="list-style-type: none"> - Views on diversity? - Views on democracy? - Awareness on social issues or understanding of social issues
Are there aspects to living in the cooperative that you would like to highlight?	

Are there any negatives to living at your cooperative? Or things you would change?	
Has the cooperative impacted your health and wellbeing in any manner we haven't discussed?	

Semi-Structured Interview Guide: Community Housing Models Survey

Main Themes:

The purpose of this semi-structured interview will be to produce dialogue that assists the research team in identifying innovative organizational forms of non-market housing that:

Theme 1: Promote Financial Sustainability

Theme 2: Yield High Social Returns on Federal, Provincial, or Municipal Investments

Theme 3: Provide Housing Units or Social Services to a Population Poorly Served by Other Housing Models

Guiding Questions (and Suggested Follow-Ups)

1. Most community (or non-market) housing providers seem to have some kind of origin story or mission statement and values. Can you speak to yours?
2. Can you describe your organizational structure
 - a. Do members or tenants play a role in governance and decision making? If so, please explain
3. If you receive federal funding: has your organization received any funding from the NHS – or have you had any formal participation in the NHS?
4. If you do not receive federal funding, is there a lack of access to federal funding and programs that hinders your organisation?
5. What is considered in determining rents or housing charges?
 - a. Do you have access to subsidies for rents?
 - b. Are annual capital contributions considered? How is capital planned and paid for?
 - c. How are operational contributions planned for?
6. What factors do you feel support financial sustainability?
7. What factors do you feel hinder financial sustainability?
8. Has a change in government or a shift in policy or regulations caused difficulties for how your organization operates? For example, actual or pending legislation.
 - a. Has the end of operating agreement threatened your organization's stability at any point?

9. What kinds of financial impacts and social returns do you think your organization has on its members and community?

- a. Financial impacts? (employment, stabilized income)
- b. Social / soft impacts? (resident health & wellbeing, food security, community safety, community cohesion / connectedness)

Potential Follow-Up: Do you have any information or data in this regard that your organization has produced itself or through another research partner?

10. What formal and informal supports are available for residents in your housing units?

- a. Formal programs provided by your organization?
Formal programs provided by another organisations directly to your tenants?
- b. Informal activities?
- c. Are tenants / members involved with governance of your organisation?

i. If so, please explain

11. What does your organization accomplish that a private rental market housing complex cannot?

12. What factors do you feel support social returns on investment?

13. What factors do you feel hinder social returns on investment?

- a. Informal supports such as general community and social activities?

14. If you are a community housing provider are you able to share organisational charts?

15. Is there something unique or innovative about your model that you wanted to share before we conclude?

Appendix F: Worked Example for Framework

Worked Example A: Kathy's story adapted from Roy (2015, pp. 249–252).

Kathy, 74, is a widow and lives alone. Her two adult children moved away several decades ago and only rarely have the opportunity to visit her at her home in the northeast of Glasgow, where she has lived most of her adult life. She has never met her two young grandchildren who live in Sydney, Australia, with her oldest daughter, a single parent. The area in which she lives was pleasant enough when the block of flats was built in the early 1960s, but in recent decades the area has declined considerably. Over the years the council has barely kept her flat wind and watertight. Since the rumours started that the flats have been earmarked for demolition, it seems that the local housing association are reluctant to even do that anymore.

In the last few years she has increasingly noticed that groups of young people tend to congregate at the entrance to her flat. She finds them intimidating and often wonders why they never seem to be at work or college. She is tired of the mess, the noise and the graffiti they cause, but keeps her head down: in recent years she has felt increasingly unsafe outside, particularly since being mugged two years ago. A young man she hadn't seen before pushed her over and grabbed her bag when she entered the lift to her flat. Since then she has only ventured out when absolutely necessary, and only to the local shop for necessities like bread and milk. She dreads travelling up and down the lift; she finds it claustrophobic and the idea of being robbed again makes her feel anxious and panicky. But she isn't physically fit enough to walk up the 12 flights of steps to her flat, even when her shopping bags are empty. She can't remember the last time she had a proper night's sleep. She often relives the mugging in her mind, and lack of sleep finally drove her to see the doctor in order to get a prescription for sleeping tablets. Although the doctor seemed kind enough, she felt that the appointment was rushed. He prescribed her with a mild sleeping pill, but after a series of what she felt were quite personal and probing questions, he also prescribed her with anti-depressants. However the tablets made her feel sick and not quite herself, so she stopped taking them and hasn't been back to the doctor since.

Antecedent variables = social isolation, deprivation, complex mental health issues

While travelling down in the lift one morning on her way to the shops, she notices a small, bright leaflet stuck to the inside of the door, advertising a new walking class based out of the local community centre. She often walks past the community centre, but has never ventured inside. Although Kathy didn't notice the small print, this explains that the community centre, run by a local community-based social enterprise, has been awarded a contract from the local community health and care partnership to provide activities aimed at promoting physical activity in older people.

Form of SOCIAL ENTERPRISE 'intervention' = community development

Today Kathy decides to pluck up the courage to venture in to the centre to ask about the class. She immediately warms to the friendly member of staff, Alison, who invites her in for a cup of tea and a chat. Kathy can't remember the last time she felt comfortable enough to just sit and talk to a relative stranger, particularly

Mediating variables = improving knowledge and skills; expanding social networks

someone so nice and friendly and down to earth. She doesn't feel rushed, or that she is wasting Alison's time at all. She explains to Alison that since her husband died in an industrial accident almost twenty years ago, she has not kept up with her friends and, in fact, almost never walks further than the local shops, apart from the odd occasion to get her hair done in town, which involves a complex journey on the bus. She hasn't felt brave enough to face the bus since being mugged. She likes the idea of the walking group, though, and thinks that walking around in a slightly larger group, even if it's not very far, might make her feel safer in her neighbourhood and might even help her to get a bit fitter and lose a bit of weight at the same time. Even the idea of meeting new people doesn't seem quite so intimidating as it did before she set foot inside the centre.

That afternoon, Kathy joins a group of eight people, all around her age or even older, and takes her first walking session around the neighbourhood. The walk is not too strenuous, and only lasts an hour, but the time flies by and she feels like she hasn't laughed so much in years. It transpires that one of her fellow walkers is a woman called Jean who went to school with her late sister, almost sixty years previously, and now happens to live in the block of flats next to hers. She enjoys reminiscing about the 'good old days' remembering the characters they knew growing up, but they reflect too on how much their neighbourhood has changed since those days.

Jean explains to Kathy that she has been involved in a number of activities at the centre including life drawing, craft skills and salsa dancing. She explains that she is learning new skills and hobbies while having fun and meeting new people at the same time. She encourages Kathy to join her at a painting class at the end of the week. Kathy agrees, and, for the first time in quite a while, has something to look forward to.

Six months pass. Kathy feels younger than she has done in years. She is able to sleep a lot better, and can't remember the last time she thought about being mugged in the lift. At the centre Alison has noticed that Kathy looks more energetic, confident, and almost never stops laughing and joking. She has noticed too that that Kathy has started taking pride in her appearance and, overall, seems a lot happier and confident compared to the frail, unsure woman she first encountered six months previously.

Outcomes =
improved physical
well-being; improved
confidence; improved
social capital, sense of
community, feelings
of trust and safety

While Kathy is still unsure about the groups of youths congregating outside her block of flats, a couple of them have started to say hello and hold the door open for her when she returns with her shopping. She recognises them from when they come in to play Ping-Pong at the centre. She understands from speaking to them and others that a number of them have been receiving skills training and job advice at the centre. She thinks that times are harder on young people now than when she and her late husband were young. Although back then no-one seemed to have very much, at least jobs were plentiful and

mostly everyone in the neighbourhood seemed to be roughly in the same position.

At a push, she is now even able to climb up the twelve flights of stairs to her home after not being able to do so for many years. She feels happy too that she has widened her group of friends considerably. Every other Saturday she gets the bus into town to get her hair done. Jean often comes along too, and sometimes one of the other women from the walking group, the sewing group, the art class, the community choir, or even one of the men from the salsa class join them at an old fashioned tea shop they enjoy. The last time she was in town she put a small deposit down on flights to Australia to go and visit her grandchildren: something else to look forward to, she thinks.

The various components of the model, identified from the description provided, can be combined to form an explanatory ‘causal pathway’ relevant to the Kathy example, and this is shown at Figure 7.3.

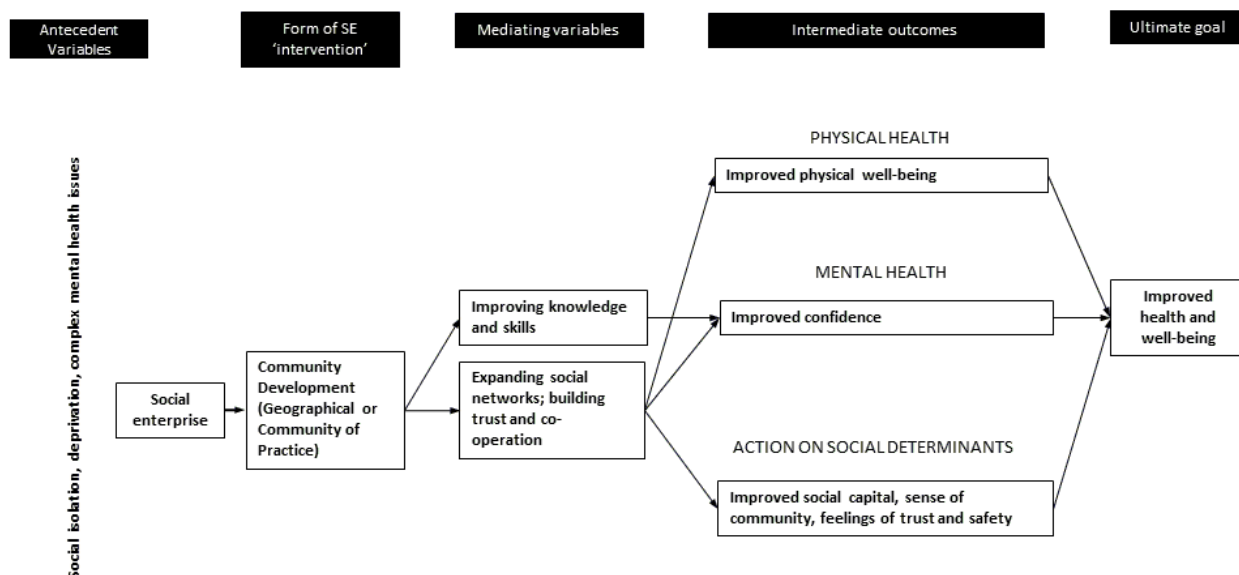


Figure 7.3: Causal pathway for worked example A adapted from Roy (2015, p. 252).

Appendix G: REB Approval



Research Ethics Board
t:(807) 343-8283
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March 29, 2021

Principal Investigator: Dr. Rebecca Schiff
Co-Investigator: Mandeep Sidhu

Health and Behavioural Sciences\Health Sciences
Lakehead University
SN 1006
955 Oliver Road
Thunder Bay, ON P7B 5E1

Dear Dr. Rebecca Schiff:

Re: Romeo File No: 1468540
Granting Agency: N/A
Agency Reference #: N/A

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project titled, "Health and well-being within the social economy: perceptions of health and well-being from residents of a housing cooperative in northern Ontario".

Ethics approval is valid until March 30th 2022. Please submit a Request for Renewal to the Office of Research Services via the Romeo Research Portal by February 28th, 2022 if your research involving human participants will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Access the Romeo Research Portal by logging into myInfo at: <https://erpwp.lakeheadu.ca/>

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin Burnett".

Dr. Kristin Burnett
Chair, Research Ethics Board

/lb