



Housing and Human Services in the Social Economy

**A Literature Review for
BALTA Social Economy Research Cluster 1**

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1. Introduction

The Social Economy Research Cluster #1 was given the responsibility for housing and human services, two areas of social policy that are inherently linked. It is widely recognized that housing is a major determinant of the health and welfare of individuals. According to the federal government's Policy Research Initiative (2005), "support of individual and collective forms of home-ownership is increasingly viewed as a core issue to be addressed if poverty and exclusion are to be effectively reduced." Vaillancourt and Ducharme (2001) state: "social housing policy is an essential and indispensable component of any coherent and integrated social policy." Human services is a large category, which includes health care, elder care, child day care and others. While it is important to identify the areas that social economy organizations operate, this literature review is not meant to be an exhaustive list of human services organizations. Instead, this paper examines common themes that run between housing and human services. It seeks to identify areas in the literature that can support the development of theory that may advance knowledge of best practices in these organizations.

The opportunities for social economy organizations in the current decade (2000-2009) are expanding as government continues to explore ways to work with local community-based organisations to deliver both housing and human services to vulnerable populations. While many see the state's withdrawal from these areas, others recognize that some form of state intervention is always needed in social policy (Vaillancourt & Ducharme, 2001). The authors call upon the state to maintain funding and regulation of social policy but devolve responsibility for implementation to community organizations that operate within the social economy. In this context, social economy organizations needs to identify how best to embrace the new relationship with government. Will these organizations merely react to the actions of government, or can social economy organizations shape the environment in which they choose to operate?

Due to the diversity that exists within the fields of housing and human services, it is helpful for this research cluster to think about how to differentiate between actors. Earles (2006) provides an overview that may be helpful to BALTA researchers. In her work, Earles differentiates between social economy organizations according to their size: large institutions, large field-service organizations and small community-managed organizations. Social economy organizations have different purposes, which may also serve as a method for organizing research approaches. Finally, worker-owned vs. user-owned organizations provide is a third method of differentiating between organizations. In this paper, these differences are highlighted where possible, although it would be impossible to categorize all existing literature accordingly.

2 Housing

2.1 Overview

The need for social housing arises where individuals or families are not able to meet their needs for shelter through their own resources (Pomeroy, 2001). The Canada Mortgage and Housing Corporation (CMHC) defines *core housing need* in Canada according to three criteria: adequacy, suitability and affordability (CMHC, 2007). Suitability measures if households have a sufficient number of bedrooms based on family composition, adequacy measures housing standards according to safety and habitable status, and affordability calculates a ratio of housing expenditures to total household income (greater than 30% of a household income spent on housing is considered in need). Of these three criteria, affordability is by far the most common reason that households are either in housing need or 'at-risk' for housing need. Households that pay more than 50 per cent of their income on housing are labelled 'worst case need' or 'severely burdened households'.

Housing affordability is an issue for households due to low incomes or the high relative cost of renting or owning a home. In the first half of the 1990s, an increase in unemployment due to an economic downturn was the primary cause of affordability problems. The percentage of Canadian households in core housing need increased from 13.6 to 17.9 per cent between 1991 and 1996 (CMHC, 2004). Even as growth in the Canadian economy accelerated in the second half of the decade, dramatic increases in rental costs in several urban centres kept the population of those in core housing need high (Pomeroy, 2001). In 2001, 15.8 per cent of the Canadian population remained in core housing need (CMHC, 2004). The economic boom that British Columbia continues to enjoy throughout this decade (2000-2007) has dramatically increased housing prices and led to a shortage of affordable rental units. Even in times of significant economic growth and full-employment, affordable housing remains elusive to a segment of British Columbia's population.

According to BC Housing, 15.8 per cent or 223,700 households are in core housing need (BC Housing, 2006). Of this population, 61,155 are renter households paying more than 50 per cent of their income on housing (BC Housing, 2006). The affordability problems are concentrated among single-family households, new entrants to the labour force with low-incomes, and the elderly. While many seniors have paid off their mortgages, seniors who live in rental units are vulnerable to increases in rent after they are removed from the labour force. In the 1996 Census, 68 per cent of the households in need were renters (Pomeroy, 2001). Therefore, programs aimed at providing affordable rental housing make up the majority of social housing initiatives.

In order to address issues of marginalisation that occur within vulnerable populations, social policy analysts favour initiatives that move beyond renting toward ownership. Home ownership provides households with financial security, and can be viewed as an avenue toward self-sufficiency. Two groups that are disproportionately affected by the cost of affordable housing are aboriginals and new-Canadians. More than 28 per cent of off-reserve Aboriginal households are in core housing need compared to 15.8 per cent for all non-Aboriginal households (BC Housing, 2006).

The majority of households participate in the private housing market. All levels of government have withdrawn from most direct aspects of social housing. The federal and provincial governments have provided very limited funding to support new social housing initiatives since the

early 1990s (Pomeroy, 2001). In many cases, social economy enterprises have filled a variety of roles that were previously the responsibility of the government. Many social economy enterprises in this sector continue to interact with government to varying degrees of autonomy. For example, government can play a large role in encouraging non-profit ownership through capital grants and favourable terms for land acquisition. The following sections will discuss the current state of research literature that examines the actors within the housing sector and the challenges and opportunities they face to develop a vibrant social economy.

Within the housing sector, the role of social economy enterprises may change over time as the causes of affordability shift and government involvement in the housing sector changes. It is important that social policy research support the ability of social economy enterprises to adapt to change by first developing a solid theoretical base within the housing sector. This theoretical base should include what qualities make social economy enterprises prosperous.

2.2 Key Actors

Vaillancourt & London (2000) identify four groups within the social economy in Quebec that have played an important role in the social housing sector. They include: advocacy groups, such as members of Quebec's housing rights organization FRAPRU; co-operative and community non-profit organizations; technical resource groups that offer services such as setting up a non-profit organization or helping to provide expert advice and skills; and families.

2.2.1 Non-profits

Walker (1993) credits the nonprofit housing sector with “a remarkable diversity of organizational forms, attested to by the variety of names attached to nonprofit housing development agencies: community development corporations (CDCs), nonprofit development organizations, community housing development organizations, and so on.” Many nonprofit organizations involved in the housing sector also take on expanded roles in the delivery of social service provision and play a key role in other areas of community development. Nonprofits are involved in every type of housing venture including housing development, marketing, management, conversion and repair. Walker (1993) notes that disproportionate amounts of housing units produced by nonprofits are in large metropolitan areas. It is estimated that about half of all nonprofit housing organizations produce fewer than 10 housing units per year and a small number of organizations produce roughly 25 percent of all nonprofit housing development (Walker, 1993). Walker describes the advantage of nonprofits as its ability to link housing production and preservation to community development.

2.2.2 Co-operatives

Aimed at low- and moderate-income families, Canada's housing co-operatives are mixed-income communities, owned by those who live in them, and operated for their mutual benefit on a not-for-profit basis. They are democratically governed by elected volunteers, who rely on the principles of the international co-operative movement and are stakeholders in the long-term success of their housing (Co-operative Housing Federation of Canada, 2005). Housing co-ops differ from other forms of assisted housing due to their reliance on volunteers to govern and manage their own housing.

Mutuals

Levi (2006) describes the essential nature of mutuality as follows:

One cannot be associated (be a member) without undertaking the commitment to participate in the activity of the cooperative, in the same way as it is impossible to benefit from its services without having the quality of member. This defines briefly what is commonly known as ‘mutuality’ (Levi, 2006, 150).

There are a small number of examples of organizations attempting to utilise mutual associations to deliver affordable housing (Rodgers, 2005; Pollock, 2002). Pollock (2002) supports a return to the idea of mutuality, a concept that reflects the community ideals of cooperation, self-help, savings and homeownership. Among eight key characteristics of mutuals, Pollock stresses a purpose not to maximize profits but the mutual financial progress of its members, local organization, and local management. Mutuals enjoy tax-exempt status, allowing participants substantial gains in their pooled resources.

In Mutual Home Ownership (MHO), residents pay for the cost of building but not for the land (Rodgers, 2005). Once land is secured by a social economy enterprise, it is transferred into the ownership of a Community Land Trust that holds it in perpetuity for the provision of affordable housing in their community. Residents eligible to participate in this type of housing are given an equity stake in a Mutual Home Ownership Society (MHOS) based upon their contributions, which appreciate as the value of their property rises. The MHOS takes out a long-term corporate mortgage that enables its members to avoid qualifying for mortgages as individuals. It also works out to be less expensive in the long-term due to lower transaction costs and a more favourable interest rate.

2.3 Financing

The major limitation for all types of organizations involved in affordable housing is the lack of capital (Levi, 2006). After the Second World War until the mid-1990s in Canada, the federal government was the major source of funding for affordable housing. For a brief history of the federal government’s role in social housing, see Skelton, 1996. The federal government has transferred responsibility for housing to the provincial governments, without an increase in taxation powers to continue funding in this area. Larger nonprofit organizations are more likely to be recipients of government financing (Walker, 1993). Direct federal assistance is not a very common source of funding among social economy enterprises (Walker, 1993). It is suggested in the literature that diversity of financing sources may be an indicator of the ability of organizations to survive over the long-term. The history of affordable housing in the United States (Sazama, 2000) provides lessons that may be applicable to the Canadian context.

2.3.1 Case Studies

Some organizations that provide housing and social services have turned to social enterprise, or, a for-profit business model to support their core operations. Nonprofit organizations such as Atira Women’s Resource Society faced increasing demand for its services at the same time that funding from government was deteriorating. Atira Property Management offers valuable insight for other organizations looking to pursue this option.

In order to expand the scope of affordable housing, social economy enterprises may want to examine entering into partnerships with private and public sector actors. It is common for affordable housing organizations to enter into partnerships with developers to build housing units, since the developers have the capacity and expertise in these areas (Rodgers, 2005). In Victoria, B.C., social economy organizations participate with other partners in the Regional Housing Trust Fund (RHTF) to support affordable housing options (Makhoul, 2005). Graefe (2001) believes that globalization forces the state to partner with social actors and their resources.

In the domain of social policy, this increasingly means creating partnerships with community organizations that encourage the latter to provide socially useful goods and services, arguably at lower cost and with higher responsiveness than if provided by the state bureaucracy. In the process, the line between social and economic policy is blurred, as these organizations are seen to provide both local economic benefits through job creation and social benefits through the activities they undertake (Graefe, 2001, p.36).

Graefe (2001) cites Quebec as the case study to follow where social economy actors work with the state to mobilize communities toward social goals such as affordable housing.

Wilson (1999) provides an example of one CED, Quint Development Corporation that focuses on urban revitalisation in Saskatoon, Saskatchewan through affordable housing schemes and community development. Quint works with local government and credit unions to provide home ownership at carrying costs that are lower than rental market value. Quint has purchased ten houses in Saskatoon. The organization provides lessons for others looking to start similar operations, including how organizations with little or no track record can convince financial groups to finance social developments. The model proposed by Quint is unique in its goal to transfer title and equity from the organization to participants in the program. Quint requires that 75 per cent of its board of directors live in the effected neighbourhoods and strong representation from aboriginal and low-income residents. This case study is typical of the literature that exists on housing initiatives in the social economy. It is evident that further work needs to be done to evaluate the success of such programs in order to for other organizations to learn from Qunit's success and failures.

2.3.2 Opportunities

Many organizations involved in the social economy possess valuable physical assets in the form of real estate located in highly desirable urban locations. Since financing is one of the biggest challenges faced by social economy enterprises, it would appear logical that some sort of synergy be accomplished between these assets and the needs of the community. The review of literature in this area was unable to uncover any relevant material that demonstrated activity in this area.

The cost of housing is influenced by interest rates, land costs, labour and material costs, and mortgage insurance premiums. Lewis & Gilson (2002) call upon financing institutions such as credit unions to think creatively how they can leverage their resources strategically. One example is where a credit union allocates a portion of its dividend pool to subsidize or eliminate the interest rate charged on loans for the construction of affordable housing. For many co-ops, their operating agreements with the federal government are approaching their end, as are their current mortgages. This situation presents opportunities and challenges as secure and sustainable financial structures must be established (CHFC, 2005).

2.3.3 Challenges/Gaps

One of the most common reasons that organizations fail or run into difficulty is due to the chronic shortfalls of operating revenues needed to finance ongoing operating and predevelopment costs (Walker, 1993). The costs associated with predevelopment are a deterrent for many private developers, let alone organizations without substantial financial reserves. Many organizations have thin operating margins that have implications for an organization's ability to perform key functional activities. Even successful social enterprises such as Atira Property Management (Abbott, 2005) experienced a major cash flow crisis during their second year of operation due to the debt-load common to housing organisations. New York State and Massachusetts are two states that have provided predevelopment and operating support for nonprofit organizations in their states (Walker, 1993).

In order to fund housing developments, social economy enterprises require multiple sources of financing (Walker, 1993). Mayer and Blake (1984) found nonprofit organizations required an average of six funding sources per project; Abt. Associates (1992) found that 7.8 sources were necessary. The time, cost and risks involved with organizing these sources of financing impacts the choice and size of projects. Several case studies indicate that multiple sources of financing create a bias toward larger housing projects (Walker, 1993). Social enterprises may be competing against one another for limited sources of capital instead of working together. Instead of sharing information with each other, these organizations may be duplicating services and working inefficiently (Lewis & Gilson, 2002). Coordination between organizations is needed to reduce such overlap

2.4 Accounting

Housing programs operated by social economy enterprises produce development spillovers that are typically difficult to measure. Walker (1993) states: "Nearly all costs of housing produced by CDCs are explicit and immediate; many of the benefits are implicit, deferred, and widely dispersed." For an in-depth look at social accounting, Mook, Richmond & Quarter (2003) provide an alternative model that nonprofits and cooperatives can use to assess their social impact. Mook & Quarter (2006) present a model of social accounting called the socioeconomic impact statement in order to reflect the unique characteristics that nonprofits contribute to society. In a previous study (Mook, Richmond & Quarter, 2003), the authors use a case-study from the Jane/Finch Community and Family Centre, a small non-profit organization in Toronto, Ontario to compare social accounting with traditional forms of accounting. Another example of the impact that social economy organizations have on individuals' lives is in the change in the quality of life of those affected by social housing initiatives. In Montreal (Vaillancourt & London, 2000), the impact of community support from nonprofits measured increases in tenants' physical environment (e.g. accommodation, neighbourhood services), social relations (e.g. friends, family, the general population) and self-esteem (e.g. confidence, self-image).

2.5 Leadership

According to the literature, community-based organizations that are responsible for the delivery of housing services require strong leadership. "Leadership and vision includes the presence of a cohesive board of directors as well as evidence of community participation and support for that leadership" (Fredericksen & London, 2000). More specifically, the presence of a distinct set of goals and values enables organizations to be effective in their work. "Organizational direction via a

vision/mission statement that has been articulated by the directing board contributes to coordinated action.” (Fredericksen & London, 2000). While strong leaders exist within both small and large organizations, it appears that different approaches are required depending on the size of the organization.

2.5.1 Case Studies

Nonprofit leadership in general has received a great deal of scholarly attention. Leadership is essential to develop and maintain an organization’s success over time. Atira Property Management (Abbott, 2005) is an excellent example of a situation where visionary leadership can expand the core focus of an organization in order to survive. As significant players in the financial market, credit unions play a major role in shaping affordable housing policy and community development.

2.5.2 Opportunities

Social economy enterprises have the potential to introduce innovation to the affordable housing sector. One such endeavour is the YouthBuild programs (Lewis & Gilson, 2002) that train at-risk youth in construction skills development while these youth complete courses required for their high school diplomas. These programs meet the needs of labour shortages in the construction industry, help to construct affordable housing and provide employment skills for a vulnerable group of youth. In order to make these programs a reality, leadership within the community is required to coordinate with various levels of government and organizations to receive funding. It is also a challenge for social economy accounting to demonstrate the social value-added of such ventures.

2.5.3 Challenges

As outlined in the Co-operative Housing Federation of Canada’s Strategic Plan for 2005-2010, leadership within the social economy is at a cross-roads. “The community activists who organized the building of many housing co-ops are stepping back from their leadership roles” (CHFC, 2005). The challenge for social economy organizations is how and from where will the leadership transition occur? CHF Canada has made an effort to recruit younger people into co-op governance, but little has been written on this topic.

2.6 Governance

Issues related to nonprofit management and governance have a great deal of received scholarly attention. Chaves & Sajardo-Moreno (2004) argue that in order to meet the challenges of efficiency and competitiveness required of organizations that interact with a market system, social economy firms need “an increasingly professional structure and competent strategic human resources.” The paradox is that acquiring these business tools can alter their identity. Most social enterprises in the housing sector are relatively small organizations in terms of staff size and budget (Walker, 1993). As social economy firms become larger, it is likely they will encounter issues of management that will affect the future direction of their organization. A key challenge for all firms, including social economy firms is how to avoid management, which is differentiated from companies’ ownership, from assuming the key governance role in organizations (Chaves & Sajardo-Moreno, 2004).

Economic factors, based on the ever-greater technical and professional skills required and social/organizational factors, largely linked to the growing 'apathy' of the members, contribute to the managers' increasing their control over the company's strategic information and thereby increasing their freedom for manoeuvre. As a result, they may guide the company on a degenerative course or a positive course that strengthens its social economy identity (Chaves & Sajardo-Moreno, 2004, p.157).

In larger organizations, the scale of operations is sufficiently large enough to allow specialization to occur among its staff; in contrast, smaller organizations are face with the challenge of relying upon a smaller staff to fulfil multiple roles, sometimes on an as-needed basis (Walker, 1993).

As social economy organizations grow, they must consider how and where they will source new employees and managers. Chaves & Sajardo-Moreno differentiate between social economy managers and business school managers. The authors feel that while business managers may possess the technical expertise needed by social economy organizations to increase their professionalism, this type of manager faces serious deficiencies in their training and understanding of the social economy. The social enterprise manager is preferred since they share the values of their organization, its operational methods and the social goals of the company in which they work. While the authors favour social economy managers over business school managers, the issue of where new social economy managers will be trained remains unanswered, especially as the sector continues to expand. Will these managers come from smaller social economy organizations, thereby depriving smaller firms of their managerial expertise? Will managers developed 'in-house' possess the necessary specialization to keep their firms competitive?

In order to separate management from ownership, external bodies or councils have been suggested to oversee the performance of management, such as a Board of Directors or Governing Council. The problem with these bodies remains the same as with managers, which is the possibility that individual interests can capture these positions. In both situations, member apathy is to blame for allowing individuals within organizations to dominate the organization's direction. A challenge for social economy organizations as they grow is to retain the interest and participation of its membership through its democratic decision-making process. Davis (2001) considers methods for institutionalising the profession of a cooperative manager (or social economy managers) as follows:

1. A professional association or college specifically for this type of manager, which would be responsible for providing information on the profession and acting as a professional watchdog, publicising or denouncing good and bad practices;
2. A code of conduct specifically for this profession, whereby its values and loyalty would become operative;
3. Specialist training institutions for the social economy, offering specific training for this sector in both its technical aspects (accountancy, tax regime, etc.), and organisation and values;
4. Recruitment and placement mechanisms specific to the profession, linked to the professional association and the training institutions, to make the task easier for those seeking this type of manager.

The need to develop and train social economy managers is set to increase as the role of the social economy expands within Canada and the rest of the world. As social economy organizations continue to expand, there is a danger that members will lose interest in the operation of the

organization. Should researchers concern themselves with the increased power ceded to management within these organizations?

In principle, mutuals are owned and controlled by their members, but in practice as they have grown larger members have ceded governance to an elected board and the running of the business to managers. It can be argued that the lack of member participation does not matter, because members still benefit from the right to the 'residual' (Hansmann 1996).

2.6.1 Human Resources

Staff retention can be problematic for social economy organizations where staff possess valuable skills and are well educated. The research indicates that retaining employees should be a focus of social economy organizations. Many organizations rely upon volunteers for staffing.

2.7 Public Relations

In order to expand their scope of practice, social economy enterprises need to overcome the image crisis that afflicts many organisations in the housing sector. Walker (1993) suggests that community-based developers are a diverse group. He states:

At one extreme, nonprofit community development organizations have been viewed with suspicion, derided as inefficient and incompetent as developers but deft as manipulators of the political process. At the other extreme, they have been lauded as the only institutions capable of devising and implementing comprehensive community renewal strategies.

Because social economy enterprises often have several human service tasks in addition to housing services, it is difficult for these organizations to develop a straightforward characterization. For example, in Montreal, community organizations dissatisfied with the services provided by public and private sectors took it upon themselves to combine social housing with community support programs (Therriault, 2001). Individuals with mental health issues represent a significant portion of the homeless population in Canada (Hulchanski et al., 1999). According to U.S. data, one-quarter of housing nonprofits provide counselling to homeowners or tenants, advocate community reinvestment, provide homeless housing or emergency food assistance, or train residents for employment (Walker, 1993).

In order to increase support for social economy enterprises among the public and within policy circles, it is necessary to increase the amount of research being conducted in this area. This literature review found it difficult to make the decision what should be included as social economy enterprises. Is there a difference between social housing and affordable housing? In order to gain support within the general public, this distinction may be important (Makhoul, 2005).

2.7.1 Risk

Social economy enterprises in the housing sector frequently enter into projects with high risk that other organizations are unwilling to assume. In many cases, the projects taken on by nonprofit organizations are more complex, low-income projects, and/or frequently in low-income neighbourhoods. These projects all increase the level of risk that most developers are unwilling to assume. Whereas diversification of risk may be an option for large private developers, the undercapitalization of social economy enterprises does not allow these organizations to operate several projects at the same time. CBDOs do "the difficult job of providing service and leadership

in communities that need help and that other agencies cannot or will not serve” (Bratt et al., 1994, p.111).

2.8 Conclusion

In order to envision the future of social economy organizations in the housing sector, it is necessary to think about the housing environment in Canada and the characteristics needed to be successful within this environment. Figure 2-1 provides an excellent summary of the key areas that social economy organizations (referred to here as community-based development organizations) can use to identify their strengths and weaknesses as they look to expand within the housing sector.

Figure 2-1 Elements of Community-Based Development Organization Capacity

<p>Leadership and Vision</p> <ul style="list-style-type: none">• Does the CBDO have a directing board?• Is there evidence of community participation in selection of the board?• Is there evidence of community support for the board?• Does the leadership have an articulated vision/mission statement for the CBDO?• Is staff representative of community demographics?• Are board members representative of community demographics? <p>Management and Planning</p> <ul style="list-style-type: none">• Does the CBDO have formal written policies and procedures for internal operations?• What evidence is there of planning in the CBDO?<ul style="list-style-type: none">• Does the CBDO have a strategic plan?• Does the CBDO have written goals and objectives?• Does the CBDO have a budget? <p>Fiscal Planning and Practice</p> <ul style="list-style-type: none">• Does the CBDO have formal financial statements?• Does the CBDO have an organization budget?• What are the primary sources and predictability of funds?<ul style="list-style-type: none">• Self-generated?• Public/private grants?• Local fundraising? <p>Operational Support</p> <ul style="list-style-type: none">• What evidence is there that the CBDO has and can retain predictable levels of skilled staff?<ul style="list-style-type: none">• What is the emphasis upon staff versus volunteers?• What are the educational levels of the staff?• Are general compensation packages available to recruit and retain employees?• What is the role of staff in the CBDO?• What evidence is there of adequate infrastructure and support for CBDO operations?<ul style="list-style-type: none">• Do the CBDOs report having adequate physical space?• What equipment is available to support CBDO operations?• What funds are available to support operations? <p><small>*Drawn from Fredericksen and London (1997).</small></p>
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Often, organizational persistence also requires the ability to adapt to changing events and/or environmental demands, and many nonprofit (and public) organizations that have successfully adapted to those changes have adopted and implemented systematic strategic planning processes (Bryson 1995; Pynes 1997).

3 Human Services

3.1 Overview

A great deal of literature has been written in recent years about the future direction of human services delivery in countries where the state traditionally plays a major role in its provision. The past quarter-century has witnessed a shift from the state to the community as providers of human services. The 'hollow state' is an organizational model suggested by Milward, Provan, and Else (1993) to describe a system of third party governance. Discussions of the hollow state refer to the contemporary context of a decline in federal funding and direct service provision, a focus upon privatization, and a perception that policies can be more efficiently delivered and effectively tailored in a community context.

3.2 Key Actors

3.2.1 Health Care

One of the reasons that social economy organizations may be able to offer better service than other providers is their bottom-up approach. Community-based organizations can be more responsive to their members in the community and delivery better quality care. For example, health co-operatives can establish their own rules and pay physicians based upon salaries instead of on a fee-for-service arrangement (Rushton et al., 2002). Hewitt (2006) argues that ownership of provision will matter less than the quality of care.

Angus and Manga (1990) summarise the benefits of the community and quasi-community models of health care:

- they have lower rates of hospitalization of their patients;
- they are better structured to provide preventive services to their patients;
- the physicians are more likely to believe their remuneration method is conducive to the delivery of preventive services;
- the lengths of stay in hospital are lower for their patients;
- the drug costs are lower; and
- there is evidence that some models provide higher quality of care. (p. 28)

Third sector organizations allow individuals to feel connected to their health care delivery and feel they have more say in decisions over their health. Community based organizations in B.C. and Alberta looking to establish these clinics require strong support from government, such as the type that is occurring in the UK.

3.2.2 Home Care

Home care refers to a wide range of health and social services delivered at home to recovering, disabled, chronically or terminally ill people in need of medical, nursing, social or therapeutic treatment and/or assistance with the essential activities of daily living (Bowman, 2001). In 25 years, greater than 25 percent of the Canadian population will be over the age of 65 years old. The demand on long-term care services to the aging population will place a heavy burden on the state to provide these services. Remembering that co-operatives can be an important site of local innovation, it is appropriate that people with disabilities and seniors use home care/home

support/personal assistance as a site for co-operative development as part of the empowerment process (Bowman, 2001). Two case studies, the Cooperative Home Care Associates and the Stockholm Cooperative for Independent Living consider the differences between a worker-owned and a consumer-owned home care cooperative (Bowman, 2001). Sandwell Community Caring Trust is one example of a homecare service that has reduced sickness rates among its members alongside an improvement in service delivery (Neno, 2007).

3.3 Financing

As in the affordable housing sector, the sustainability of funding is a key concern for social economy organizations (Bruce, 2004). Many organizations do not have revenue coming in from members, so they need to look at sources of funding from the government and non-government sector. For organizations that have surpluses or capital, a key question that social economy organizations need to consider to varying degrees is how to invest their surpluses. The example from the RNIB in the UK (Bruce, 2004) demonstrate an excellent example where an organization must choose between reinvesting their surpluses in capital projects in order to provide a stable income stream, or expanding services to the organization's clients. No doubt, many social economy organizations will struggle with such decisions. In order to demonstrate the worthiness of their investment in nonprofits, many donors, including government are increasing their demands upon nonprofits to demonstrate the effectiveness of their programs (Bruce, 2004).

3.4 Governance

A comprehensive review of the literature on nonprofit governance by Ostrower & Stone (2001) argues that there are major gaps in our theoretical and empirical knowledge of nonprofit boards of directors. Miller-Millesen (2003) and Callen (2003) attempt to fill this gap in nonprofit governance by drawing upon organizational theory, agency theory and resource dependence theory. In order to increase its profile within the community, boards are likely to increase the representation of highly educated, professional, and/or managerial types (Abzug & Galaskiewicz, 2001). The neo-institutional (see Galaskiewicz & Rauschenbach, 1988) literature on boards of directors indicates that these resources are useful to secure loans, investments, or customers for the organization.

Perhaps a more pressing consideration for community-based nonprofit organizations is their dependence on local constituencies for their legitimacy, which is typically reflected on their board of directors. Abzug & Galaskiewicz (2001) give examples of some nonprofit boards that are dominated by different gender, racial and religious identities, demonstrating the role social economy organizations play in representing different interest groups in the community. A question that permeates the literature on social enterprises is identifying what community they represent. As social economy organizations grow, they must balance their responsiveness to local constituencies with pressures to become more efficient so that they can compete within the market. Abzug & Galaskiewicz (2001) provide an in-depth analysis how non-profit boards respond to both sets of pressures.

Spear (2004) outlines some of the major theoretical perspectives on corporate governance in democratic member-based organisations. Data from UK consumer cooperatives (Davies & Donaldson, 2001) indicate that 1-5 per cent of members participate in board elections. Smaller co-operatives are more likely to have higher participation. Several co-operatives have increased their efforts to make it easier for members to participate in elections. There is a common perception that

as size and age of the organization increases, active membership and democracy will decline or degenerate (Spear, 2004). Low voter participation raises the danger that boards may lack the legitimacy to represent its members. The Co-operative Commission Report (2001) stated: “our concern was that the currently minority was not necessarily representative – for instance in age structure – of either the membership as a whole or the consumer population at large.” In principle, social economy organizations extend membership rights to its users; however, leadership within these organizations is more insulated from the pressures to perform than in the private sector.

Harlan and Sidel (1994) develop four main roles for nonprofit boards: facilitator role, political advocate role, buffer role, and value guardian role. Spear argues that good management occurs where professional standards and expectations are created through training, education and accreditation. The challenge for social economy organizations is to develop sufficient capacity within its management. In order to attract the highest quality management, the role of incentives needs careful consideration. Poor governance systems are partially responsible for poorly performing social enterprises, as they are unable to respond to increasingly competitive markets (Brazda and Schediwy, 1989). In order to make boards more accountable, social economy organizations have experimented with corporate governance codes, social audits and forums which link members and managers directly (Spear, 2004). Fama and Jensen (1983) argue that major donors on nonprofit boards monitor organizations in ways that are parallel to large shareholders on for-profit boards. This argument is supported by further research by Hansmann (1980) and Callen (2003).

3.4.1 Human Resources

In order to increase their competitiveness, social economy organizations recognize a need for planning to increase their internal capacity. Bruce (2004) describes how the Royal National Institute of the Blind (RNIB) in the UK has raised the competency of its staff, committee members (leadership) and other volunteers. In addition, it is important for the RNIB to develop the organization’s structure and process, and improve internal and external communication channels. The RNIB demonstrates an example of progressive requirements to include blind and partially sighted people on its Board of Directors. Member participation does carry costs (Leadbeater and Christie 1999) either because of the need to provide incentives to members to become interested or because they bring different, potentially conflicting interests to the decision-making process. Many social economy organizations depend on a voluntary workforce to carry out their operations. There is a large volume of research in this area, although not specifically under the guide of social economy organizations.

3.5 Relationship with Government

An area that emerges from the European literature on the delivery of human services concerns the appropriate balance between state and voluntary sector involvement (Bode et al., 2003; Dahlberg, 2005). Whereas some Western European or Scandinavian states are heavily involved in the delivery of human services, other states have pulled back almost entirely from the sector. Dahlberg (2005) argues that the former states underutilize the voluntary sector while the latter states expect too much from their voluntary sector. Further research can examine what the ideal balance should be between government and social economy organizations in the delivery of human services. Voluntary organizations can relieve pressure on public expenditures and possibly delivery services

more effectively given their involvement in local communities. Dahlberg sees the social economy organizations as a mediating structure between citizens and state.

The United Kingdom has witnessed an increase interest in social economy enterprise in recent years in various sectors. Patricia Hewitt, the Secretary of State for Health has been instrumental in promoting the role of social enterprise in the areas of primary and community care. The UK government believes that social enterprise has an important role to play in the delivery of health services, with financial backing from government. Hewitt (2006) believes that social enterprises have the capacity to develop innovative and flexible solutions to the financial challenges that all welfare economies are currently facing. Ms. Hewitt's background is in the voluntary sector, and as Trade and Industry Secretary, she established the Social Enterprise Unit and a new legal structure, the Community Interest Company. Hewitt espouses the ideals of better quality health care and the best possible value for money through social enterprise partnerships. Among her recommendations is support from government to ensure that third sector organizations are able to compete on an equal playing field with other providers.

At a conference organized to explore the implications of social enterprises on the health care profession in the UK, nurses expressed concern that this new direction would open up the field to privatization (Cook, 2006). Similar opinions were expressed in Quebec when citizens began organizing health co-operatives (Girard, 2003). In the UK, the 'community interest company' has been specifically designed with an asset lock, which is a legal device that ensures the organization can never be bought out by private interests (Cook, 2006). Cook's article highlights several case studies that illustrate the work that social enterprises are doing under the UK's new legislative framework. Ferreira's work in Portugal (2006) makes an important observation that the relationship of social economy organizations with government will likely differ in each country, depending on the degree of centralization of power in the hands of government.

It is likely that government will continue to play a large role in human services, albeit with less direct involvement than in the past. The field of institutional childcare in Europe is an area where social economy organizations provide services and the state establishes regulation and finances most of the services (Bode et al., 2003). Non-profit public health organizations were described as most effective and influential when the organization had a close working relationship with government (Padgett et al., 2005). The relationship with government can include support from key research institutes, including state officials on an organization's board, or working collaboratively with key officials on policy issues, projects or conferences. In other words, social economy organizations need to expend effort to make connections with government to secure funding and support.

3.5.1 Barriers

The Rainbow Centre Health Co-operative located in Surrey, B.C. feels that the government offered very little support to help them get started. The only way that they could survive was to solicit assistance from community organizations and research assistance from the University of British Columbia. The authors state:

The largest problem for the Rainbow Co-op, and indeed for many co-ops today, may be that governments and policy makers in Canada too often overlook the nature of co-operative organizations. As a result, policies often undermine the potential advantages and benefits of choosing to form a co-op (Rushton et al., 2002, p.8).

Instead of a one-size-fits-all approach to cooperatives, representatives from the RCHC believe that the system needs to be more flexible to accommodate the different needs of its members.

In the UK, the transition of service delivery from the National Health Service (government) to third sector organizations encountered some obstacles. One of the key obstacles to maximizing its potential was for government officials to understand the third sector, the organizations within it and their potential contribution to health care delivery (Hewitt, 2006). In other words, the issue of image and branding discussed within the housing sector is relevant here. While part of the onus is on government officials, the third sector organizations need to clearly communicate their unique selling points, develop strategies to ensure the services they deliver are of the highest quality and effectiveness, and secure robust and transparent systems of governance.

A great deal of literature on social economy organizations in the UK has been written by the very practitioners that are affected by the new model of health care delivery in those countries. Most of this literature is published in journals that target these practitioners, and is written with the prime intention of providing education. It is interesting to understand their perspective on the introduction of third sector organizations into fields previously dominated by the state. In these publications, the focus switches from the members that will be affected by health care cooperative toward the staff that work within health cooperatives. One concern that is evident is where these health care workers may view the concept of health cooperatives or social enterprises with suspicion. Different situations call for different measures, and management will need to be aware of methods of developing staff loyalty.

3.6 Innovation

Populations in rural centres are especially hard hit by the closure of medical clinics in their communities. They have found it difficult under traditional methods to attract physicians to establish practices in rural settings. Girard (2003) describes the creation of a health co-operative in rural Quebec that contained a range of health services in one location, including physician services. People were invited to join the co-op, and the local credit union collected money for shares based upon people's ability to pay. Keys to success were the credit union's favourable mortgage conditions, support from the municipality and special taxation treatment. The clinic changed its status from that of a consumer co-operative to that of a solidarity co-operative (one that includes users, workers and stakeholders). In 1996, a survey conducted by the Chaire de cooperation Guy-Bernier (the centre for co-operative studies at the University of Quebec in Montreal) reported that approximately 125 municipalities in Quebec with populations between 1,000 to 10,000 inhabitants lacked primary health care services.

While other communities have been successful in their attempts to establish health co-operatives, others have failed in their efforts. There exists a need in the academic research to promote best practices in establishing health co-operatives. Part of this research would involve developing an understanding why health co-operatives fail. Unfortunately, research is more likely to examine success stories rather than examine failures. Quebec has produced many human services organizations established as co-operatives that have been in existence since the 1990s. They include paramedic worker co-operatives, public health producer co-operatives, home care co-operatives and others (Girard, 2003). It would be a worthwhile endeavour to see how these co-operatives are currently faring and research how and why any co-operatives are no longer in existence.

Zeuli, Freshwater & Barkley (2003) describe the Rural Wisconsin Health Cooperative (RWHC), an example of an organization that represents multiple health co-operatives instead of on a case-by-case basis such as the situation that occurs in Quebec. Like other social economy organizations, the RWHC has two distinct missions: first, to help rural hospitals maintain and share services, especially staffing; second, to act as a general advocate for rural health care issues at both the state and national levels. The survey of research included in this literature review suggests that larger organizations are more suited for this second task, which involves being advocates for their cause. It appears that while small- and mid-size organizations attempt this advocacy role, the amount of time and energy it requires can be burdensome on its other operations.

Organizations like the RWHC are able to provide services such as professional accreditation for all of its members at a lower cost than if each member were to attempt this task individually. From this perspective, it appears that there are large benefits associated with working together (Zeuli et al., 2003). A key question emerges regarding how social economy organizations can work together, to coordinate efforts and cooperate rather than compete for the same resources. The RWHC has found that as hospitals get bigger, they no longer require the services of the health co-operative. In this sense, health co-operatives may be a transitional mechanism, best suited to hospitals or clinics starting operations.

The Rainbow Community Health Co-operative (RCHC) located in Surrey, B.C. is an example of an organization that fills a gap in traditional health care delivery (Rushton et al., 2002). The RCHC provided services primarily to new immigrants from South Asia, since these new or relatively new immigrants have special linguistic and cultural needs and resources. For other health co-operatives looking to establish themselves in B.C., the RCHC provides information on funding and operational practices. One of the keys to success for the RCHC was the support from a sponsoring organization, the Progressive Intercultural Community Services Society (PICS). PICS is involved in the community, providing services in housing, employment, immigration consulting and other areas. In this instance, credibility was key to getting the health co-operative operational.

3.7 Leadership

The literature in the field of human services is more abundant than in the housing sector. Continuing on the topic of leadership within social economy organizations from the housing sector, the case studies from the human services literature provides examples of Board of Director engagement. First, the Rural Wisconsin Health Cooperative provides an example of a Board of Directors with high levels of participation and strong leadership (Zeuli et al., 2003). Each member hospital has one representative, usually the hospital administrator, on the board of directors. They meet once a month and attendance is on average 60-70 per cent, which is high compared to most cooperative membership meetings. In contrast, the Rainbow Centre Health Cooperative's board of directors no longer meets on a regular basis. In this cooperative, board members have become disenfranchised with the board's leadership, which they feel has been monopolised by a few individuals. At the same time that the relationship between the RCHC and PICS is beneficial to its operations, the dominant vision of PICS has divided its leadership (Rushton et al., 2002).

3.8 Public relations

In order for social economy organizations to be accepted as part of the health care system, which will continue to be heavily regulated by the state, both the public and officials need to

understand better what is meant by the social economy. Public health practitioners have not traditionally focused on communicating the value of their own efforts (Padgett et al., 2005). Social economy organizations have traditionally been unwilling to spend part of their limited resources on self-promotion, instead, spending this money on their members; however, the example of Turning Point partnerships demonstrates an effective strategy for increasing an organization's image (Padgett et al., 2005). In order to gain support for their cause, Turning Point made sure to let their community allies and partners know in advance of their strategy to spend money on lobbying efforts. The Rural Wisconsin Health Co-operative is another example of a co-operative that designates one percent of its overall budget toward lobbying efforts. The question for Canadian researchers is whether or not such an approach would be useful in this country.

3.9 Conclusion

The provision of human services by social economy organizations no doubt has a large impact on the target population of individuals receiving direct services; however, the delivery of these services create positive market externalities that improve the quality of communities and regions. The experiences establishing rural health co-operatives in Quebec hold great relevance for citizens in British Columbia and Alberta. While the health care system in B.C. and Alberta are under budgetary pressures everywhere, there is perhaps a greater need to examine the role of social economy organization in rural locations.

Angus & Manga (2000) put forward the following recommendations to further the acceptance and implementation of community health co-operatives:

- Develop clear definitions, goals, and objectives as the basis for new centres and the expansion of existing ones;
- Develop a legislative and financial framework to encourage legislated legitimacy;
- Redesign the curriculum in medical schools to incorporate the benefits of health promotion, preventative health care, and working in multidisciplinary teams;
- Educate the public and “users” of the health system as to the benefits and disadvantages of the current and alternative models of health care;
- Provide policy makers with evidence of the advantages and possible disadvantages of co-operatives, through case studies, outcome research, and evaluation;
- Develop evaluation frameworks that are consistent with the philosophy of a community health model.

These recommendations are a useful summary of many of the discussions reflected in the literature. Social economy organizations need to be open to the establishment of new partnerships between actors from the private, public and community sectors.

4 Conclusion

A theme that is emerging in the literature is the need to develop a holistic view of the interaction between housing and social policy. Progress in this area would require collaboration between different levels of organizations, including social economy organizations. Although the two areas were separated for the purposes of this literature review, it became evident that the issues affecting both sectors share many commonalities. Linking the two approaches requires a collaborative effort between organizations and leadership from an organization willing to coordinate efforts.

Several themes emerged from the literature review that seems to favour large organizations over small organizations. These examples include the ability of social economy organizations to reduce transaction costs and negotiate better terms of purchase with other contractual parties. Research may want to focus on ways that smaller organizations can group together or partner with other community organizations to realize these benefits. Another way to look at the situation is that small organizations will always be less likely to receive the same attention by academic literature as larger organizations. Perhaps this indicates a greater need for smaller organizations to receive attention from scholars.

The task of compiling a review of the literature on housing and human services within the social economy is not easy. The great variety of heterogeneous organizations with different purposes, sizes and activities make comparison a challenge. One of the largest debates within the social economy literature surrounds the issue of governance, and the need for leadership to represent the needs of members vs. its clients. This area probably receives the greatest amount of attention from academic circles, including business schools, which are supporters of the innovation that social economy organizations bring to governance. The unique nature of social economy organizations provide many interesting case-studies of success and failure.

In both housing and human services, adequate financing is a major concern for most social economy organizations. Without a source of stable funding, it is difficult to attract quality managers or employees. It is also difficult to plan for the long-term. The research done by Earles (2006) in Australia may be a direction that BALTA may wish to examine in Canada. It traces the development of third sector organizations throughout the past several decades and establishes reasons that organizations changed and how they were (or were not) able to survive. Earles points out the tension between organizations need to advocate for increased funding, and donor's reluctance to have their funding used for this purpose.

The literature on the social economy in housing and human services is reflective of the current state of the concept in general: there is a lot of literature in existence; however, it is scattered and labelled under different names. The BALTA research clusters can be of great use to further research by the mapping process currently under way in Alberta and British Columbia. By defining the field of social economy in language that academics and practitioners can clearly understand and communicate with decision-makers and the public, the concept has much to offer Canada's social fabric. It is hoped that this literature review can point out directions for BALTA to set a new direction in Western Canada.

Appendices

Annotated Bibliography

Housing

Abbott, J. (2005). What Value Social Enterprise? Understanding the success of Atira Property Management.

A charity that manages transition houses in B.C.'s lower mainland is in the curious position of both making and breaking the case for social enterprise. Atira Women's Resource Society has found itself well-positioned to make property management serve its greater goals and turn a profit as well. Business has given a creative, independent outlet to much of the time and energy once given over to fund-raising. While recognizing the immense value of this experiment, however, executive director Janice Abbott cautions those who might think their entry into the property management business is easily replicable. The APM case provides important clues to the kind of supports that have been important in the start-up and survival of specific social enterprises.

Chaves, R., & Sajardo-Moreno, A. (2004). Social Economy Managers: Between Values and Entrenchment. *Annals of Public and Cooperative Economics* 75(1): 139-161.

Managers play a key role in Social Economy corporate governance and can determine the path that these companies will take. This article analyses the theoretical aspects underlying the central role of managers in Social Economy enterprises, the nature of these strategic human resources, particularly the variables that influence their behaviour, and their ability to shape paths or strategies that strengthen or undermine the Social Economy identity of these enterprises. Finally, taking a prescriptive approach, it examines the advantages and limitations of different options for management selection and control.

Levi Y. 2006. From the 'Double Nature' of Cooperation to the Social Economy: Fifty Years of Associationalism. 2006. *International Review of Sociology* 16, no. 1 (03/01) : 149.

The past 50 years or so have witnessed significant changes in the way of conceiving and practising cooperation. Three major shifts are presented here: (1) from the single to the multi-stakeholder cooperative; (2) from internal to extended mutuality in cooperatives and (3) from the historical 'double nature' of cooperation to the social economy. It is argued that these shifts testify of the capability of the cooperative system to adapt to such global trends as privatization, deregulation and 'tertiarization' that came in the wake of globalization. Moving from the traditional model of the single stakeholder cooperative based on internal homogeneity and on the identification of the notion of member and user, to a new model of multi-stakeholder organization, broadened the scope of cooperatives yet, at the same time, sharpened the socio-economic tension at the inter-cooperative level. Hence, the need, for cooperatives, to strengthen their links with similar nonprofit organizations as partners in the social economy. Our approach is grounded on a Western European interpretation of cooperatives, although the social economy is recently making strides outside Europe, especially in Canada and Latin America.

Lewis, M., & Gilson, B. (2002). Taking The YouthBuild Challenge. Making Waves, 13(2), 41-45.

Many 21st century dilemmas will defy small-scale solutions. Here's a way to scale up a hugely successful youth at risk program started in the U.S. with some innovative ways of mobilizing Credit Union financing; the aim - to expand affordable housing, foster citizenship, and to stave off the labour shortages in the building trades. Key to the replication of Youth Build from its Harlem roots was the systematic work of a national intermediary dedicated to support the expansion of the model across the U.S. Recommended several years ago to a large B.C. credit union as one element of an affordable housing strategy there has been little take up. The other component described in the article, a way of reinvesting patronage dividends that could painlessly mobilize \$1 billion in no-interest credit within ten years has likewise not been taken up. Meanwhile affordable housing in Canada's most expensive city is becoming a more and more remote objective.

Pollock, AJ. (2002). How to Create Low-Income Homeownership Through Local Mutual Associations. Housing Finance International 16, no. 3 (03/01) : 3.

The author suggests rediscovering an old financial idea, mutuality as a model for building homeownership in lower-income communities. Building and loan associations started as neighbourhood clubs for neighbours that wished to become homeowners and began contributing monthly sums. The authors outline the structure of these organizations. First, the purpose was not maximum profits but the mutual financial progress of its members. Second, organization was local with a focus on the neighbourhood or town. Third, associations promoted thrift, self-denial, temperance, simple living, success and independence. Fourth, credits were to be sound, always based on first liens on property known to its management or board. Fifth, there was a commitment to the local community to help itself. Sixth, management was local. Seventh, it could be helped by the federal government investing on a matching basis in an amount up to the investment raised locally. Eighth, it was exempt from federal taxes. The authors suggest the basic framework of the 1933 version of the Home Owners' Loan Act is logical and available to re-enact after adjusting values to reflect inflation.

Rodgers, D. (2005). CDS: A simple guide to mutual home ownership.

This article explains the term mutual home ownership, a form of tenure that seeks to increase the supply of affordable intermediate market housing without requiring a major increase in capital investment from Government.

Sazama, G.W. (2000). Lessons from the history of affordable housing cooperatives in the United States: a case study in American affordable housing policy. The American Journal of Economics and Sociology 59, no. 4: 573-608.

Understanding the history of the affordable housing cooperatives in the United States helps us understand the general history of American affordable housing policy. This paper contains a decade-by-decade summary of the history of affordable cooperatives. The affordable cooperative movement has evolved from ethnic and union groups which developed self-help cooperatives in the 1920s, through the federal funding of low-income cooperatives in the 1960s and 70s, to local nonprofit organizations using ad hoc packages of funds to organize cooperatives during the 1980s and 90s. As this history unfolds, it provides answers to contemporary questions affecting both cooperatives and affordable housing in general.

Skelton I, Selig C. (2006) A Strategic Mismatch: The Implications of Home Ownership Strategies for CED.

Affordable housing has been central to strategies of neighbourhood renewal since the 1960s. But the push in federal policy away from community or co-operative initiatives in the mid 90's and towards individual home ownership is an area that needs careful review by CED proponents. In communities like Winnipeg where entire neighbourhoods have been depressed, the emphasis on home ownership represents an uncritical commitment to market forces. Moves to enhance housing street by street are indeed improving property values and people are getting into their own house, but what does this mean for low income people that cannot afford the increases. There is a deeply disturbing warning at the heart of this article. "Rather than trying to decide the 'right thing to do', community-based housing organizations are focusing on 'doing the best possible with the resources' available". This article is a good example of how broader policy change shapes community level action and a modest reminder that absent capacity to pro-actively advance policy change through good research and political action (2), the potential for advancing CED and the Social Economy is thwarted.

Spear, R. (2004). Governance in democratic member-based organizations. *Annals of Public and Cooperative Economics*. 75 (1), 33-59.

This paper considers issues of governance in democratic, member-based organizations (DMOs), such as co-operatives and mutual societies. It examines the processes whereby members' interests are mediated through the democratic process, and the board; and it explores some of the factors influencing the power of managers. It goes on to argue that the system of governance in DMOs in their institutional context runs the risks of managers becoming powerful and entrenched in poorly performing social economy organisations, unless countervailing measures are adopted.

Theriault, L. (2001). Social Housing with Community Support: A Study of the FOHM Experience. Caledon Institute of Social Policy. Retrieved on April 2, 2007, from <http://www.caledoninst.org/Publications/PDF/fohm.pdf>

This paper presents the results of an evaluation of the social housing program of the Fédération des OSBL d'habitation de Montréal (FOHM) (Montreal Federation of Housing Nonprofit Organizations). This organization directly manages 325 units occupied by tenants who suffer from physical or mental health problems, contend with drug or alcohol addiction, or have AIDS. Triangulation [Denzin and Lincoln 1994] of the data was achieved using the following strategies: 33 tenants from three different housing units were interviewed using a survey questionnaire. Focus groups were conducted with frontline staff as well as with administrators and external partners of the FOHM. Documentation of the literature on the social housing sector's management and support practices augmented the picture. The findings indicate that the program has improved the quality of life of the tenants, although this improvement was more significant in some aspects of their lives than in others. Overall, the evaluation provides evidence of the need for this type of program as well as for better integrated social policies in the areas of housing, health and social services.

Vaillancourt, Y., & Ducharme, M-N. (2001). Social Housing – A Key Component of Social Policies in Transformation: The Quebec Experience. Caledon Institute of Social Policy. Retrieved on April 2, 2007, from <http://www.caledoninst.org/Publications/PDF/1-894598-85-7.pdf>

The paper reports a number of innovative practices in the social housing field in Quebec over the last ten years, using these as examples of new approaches in social housing policy and practices, notably those affecting vulnerable populations. The context of these new approaches is the reconfiguration of social policy occurring in Quebec and in Canada. The new practices highlight the importance of Quebec's social movements and third-sector actors in the development of effective solutions. The policies and practices discussed help situate social housing as an essential element of a cohesive and integrated social policy.

Walker C. (1993). Non-profit Housing Development: Status, Trends, and Prospects. *Housing Policy Debate*, 4(3): 369-414.

This article relies on a national survey of community-based housing development organizations to profile production levels, spatial coverage, funding sources, and non-developmental roles of nonprofit housing development sector. It also uses Urban Institute case study results and secondary data sources to examine continuing barriers to increased production in the sector and the evolution of institutional responses to those barriers.

Wilson, G. (1999). At Quint, Housing Is One Part of the Community Development Equation. *Making Waves*, 9(2), p. 4-9.

Since its launch in 1995, Quint Development Corporation has skillfully fused local determination with outside expertise, money, & political influence. This article was written before the results were in. Quint's co-op housing strategy is to turn renters into homeowners - with all the skills, values, & equity that entails and has since been recognized far beyond the borders of core neighborhoods of Saskatoon. Indeed, national recognition of Quint's innovation and results has been forthcoming in recent years. This article effectively sets out the lessons learned.

Human Services

Abzug, R. and Galaskiewicz, J. (2001), 'Nonprofit Boards: Crucibles of Expertise or Symbols of Local Identities?', *Nonprofit and Voluntary Sector Quarterly*, Vol. 30, n° 1, pp. 51-73.

Non-profit boards, as boundary spanners, often serve the institutional purpose of affording legitimacy to organizations. Neo-institutional theory suggests that non-profit organizations, as particularly susceptible to legitimacy demands of changing environments, would tend toward rationalizing internal structures. This article, using historical panel data, explores the extent of one form of rationalization, recruiting trustees with college education and/or professional or managerial occupations. It finds that trustees with college education, managers, and professionals continue to have significant representation on non-profit boards. Also, many boards are increasingly less exclusive with respect to gender, race, and religion. Some select nonprofit boards, however, continue to be dominated by different gender, racial, and religious identities, suggesting that nonprofit boards also serve the purpose of representing different identity and/or interest groups in the community.

Bode, I., Gardin, L., Laville, J-L, L'huillier, V., & Petrella, F. (2003). Introduction Social Economy and Welfare Mix: A Framework for the Analysis of Relational Services. Annals of Public & Cooperative Economics 74 (4), 585.

The author argues that due to its mode of organization, institutional childcare can on the one hand be conceived as a branch of the social economy. Childcare providers are formally independent providers taking their own decisions, but driven by a social aim. On the other hand, the state proves to be an important player in this field, setting up basic rules and financing most of the services. This makes the question of public regulation a crucial issue. The authors look at public-private partnerships for providing various kinds of relational services such as child care. Issues that the authors feel need future elaboration are the share of responsibility among relevant actors and the economic resources related to care.

Borzaga C, Defourny J. (eds). (2004). The Emergence of Social Enterprise. London: Routledge.

Several chapters in this book stand out as models from other countries in Europe. Chapter 1, Austria: social enterprises and new childcare services. Chapter 2, Belgium: social enterprises in community services. Chapter 3, Denmark: co-operative activity and community development. Chapter 8, Ireland: social enterprises and local development. Chapter 9, Italy: from traditional co-operatives to innovative social enterprises. Chapter 11, Portugal: co-operatives for rehabilitation of people with disabilities. Chapter 18, The social enterprise: towards a theoretical socio-economic approach. Chapter 19, Management challenges for social enterprises.

Bowman L. (2001). *Home Care, Home Support, Personal Assistance: the Co-operative Model in Context*. British Columbia Institute for Co-operative Studies. University of Victoria.

The co-operative model presents opportunities for innovation and local control over development; these possibilities are particularly relevant in the field of health care. Here, I look at the co-operative model in the context of home care and home support. The objectives of this research are three-fold: to discover how co-operative models of community economic development can meet the needs of both consumers of home care/home support and the providers of that health care; to consider available case studies, focusing on the impetus for development of particular co-operatives; and to reflect upon the need for home support co-operatives in the Capital Health Region, Vancouver Island, British Columbia. This report has three components. The first part is an introduction to concepts important to a discussion of health, home care, home support, and co-operative development. In the second component I provide description and analysis of two models of co-operatives working to provide home care/home support to consumers. Finally, in the third part I examine the potential for co-operative home support delivery as an alternative to the current models of home health care. I devote attention to the conceptualization in order to lay the groundwork for the rest of this research and discussion. It also provides the foundation for my contention that concepts, placed in context, provide the impetus behind co-operative development. My conceptualization combines an analysis of the meaning of terms that are used to describe people's health status with a practical look at health care and how it could better serve us all as users of the system. Furthermore, it sheds light on how co-operative forms of organization provide people with disabilities an opportunity for empowerment. In this respect, I hope this research will be useful as an educational tool for anyone interested in examining a potential application of the co-operative model.

Bruce I. (2004). Surpluses and Deficits – Some key resource management dilemmas for human services nonprofits. *ISTR Working papers. Volume IV Sixth International Conference. Toronto, ON., Retrieved on February 12, 2007, from <http://www.istr.org/conferences/toronto/workingpapers/bruce.ian.pdf>*

There is much discussion in the sector and beyond of sustainable funding and the dilemmas that waxing and waning income generate. It is widely assumed that nonprofits which attract significant non-tied or non-earmarked income from sources such as bequests or legacies are in more advantageous positions to withstand pressure on fee and fundraised income through the use of cushions of reserves built up over years of surpluses. Although this will be true in many cases, apparent superfluity produces its own dilemmas. This paper chronicles and explores the financial resource management in one leading UK nonprofit, in this position, the Royal National Institute of the Blind (RNIB). It presents a chief officer's perspective on the RNIB's strategy over time, (the author was Director General between 1983 and 2003); identifying distinct phases in the development of the RNIB resource management strategy; and considers wider learning implications for the nonprofit sector.

Callen, J.L., Klein, A. and Tinkelman, D. (2003), 'Board Composition, Committees, and Organizational Efficiency: The Case of Nonprofits', *Nonprofit and Voluntary Sector Quarterly*, 32(4), pp. 493-520.

This article investigates the relationship between nonprofit board composition and organizational efficiency. Overall, we find a significant statistical association between the presence of major donors on the board and indicators of organizational efficiency. Although causality cannot be demonstrated, our findings are consistent with the Fama and Jensen (1983) conjecture that major donors monitor nonprofit organizations at least in part through their board membership. The multivariate analysis shows that the ratio of total expenses to program expenses is significantly and negatively associated with higher donor representation. Decomposing the total expense ratio into its two components, we find that different factors affect the administrative and fundraising expense ratios. The percentage of major donors on the finance committee, a key committee overseeing budgets and administrative expenses, is negatively related to the organization's administrative expenses ratio. The presence of major donors on other board committees is not significantly statistically associated with nonprofit efficiency.

Cook N. (2006). What does social enterprise mean for community nursing? *British Journal of Community Nursing*. 11(11): 472-474.

The concept of social enterprise has gained currency since the publication of the health white paper *Our Health, Our Care, Our Say* (Department of Health, 2001). Social enterprise is a way of introducing competition into health-care provision without focusing on extracting maximum profit, since in most cases any profits are reinvested into the enterprise. Rosemary Cook takes a look at the thinking behind social enterprise, its potential role in the NHS and what it could mean for community nursing. Three case studies: Rushcliffe Mutual - a GP practices social enterprise, Local Care Direct – one of the largest providers of out-of-hours health care services in the UK, and Choice healthcare CIC – a community interest company in school nursing. The paper focuses on the skepticism by some that social enterprise is paving the way for backdoor privatisation of the healthcare system.

Dahlberg L. (2005). Interaction between Voluntary and Statutory Social Service Provision in Sweden: A Matter of Welfare Pluralism, Substitution or Complementarity? *Social Policy & Administration*. 39 (7): 740-763.

Many welfare states have met with criticism and it has been argued that they are in crisis. Simultaneously, there has been a greater openness to voluntary work as an alternative to statutory services, for example in Sweden. Sometimes the activities of voluntary organizations have been seen as complementary to those of local authorities; at other times this issue has been addressed in terms of welfare pluralism. However, countries with strong welfare states have often been assumed to have insignificant voluntary work—as claimed in substitution theory. The purpose of this article is to examine variation in welfare service provision in the light of welfare pluralism, substitution theory and complementarity theory. The study was carried out in the area of support for relatives of older people in Sweden. It was conducted by means of national questionnaire surveys of voluntary organizations and local authorities in 1999 and 2002. In this period, there was an increase in statutory service provision and more voluntary organizations were involved in service provision. However, it is yet too early to describe this in terms of welfare pluralism. Neither was any evidence found for substitution theory. Furthermore, overlaps in service provision from voluntary organizations and local authorities question complementarity theory, which assumes that different actors specialize in different tasks. Nevertheless, the actors tended to be complementary at a local level. It is suggested that this complementarity might be explained by ideological support for a norm of complementarity.

Earles W. (2006) Third Sector Shaping Revisited: A 20-year Window into Organizational Change. The International Society for Third-Sector Research (ISTR), Seventh International Conference Bangkok, Thailand. July 9-12, 2006. Working paper. Retrieved on April 2, 2007, from <http://www.istr.org/conferences/bangkok/WPVolume/Earles.Wendy.pdf>

This 2005 study was a follow-up to a PhD, *Powerless Places and Placeless Powers*, which explored organizational reshaping in Western Australian community and health services from 1985-1995 under the 'enterprise culture' (Earles 1999; Earles & Moon 2000). The original study identified parameters of the new geographies of the third sector within the institutional context of community and health services practice. Territorially these new geographies consisted of centralized government funding organizations and localised providers. Vertically (authority structures) these new geographies implied concentrated but multi-centred government funding organizations and third sector providers operating within restricted devolution of strategic decision-making. Governance-wise these new geographies comprised dismantled and devalued participatory structures and emerging new dialogue spaces (Earles 1999c). **Author's Note:** This paper represents an initial synthesis of empirical findings ONLY. Anyone wishing to cite this paper should contact the author for an update on the analysis.

Ferreira S. The places of the third sector in the Portuguese welfare regime: the case of social and family services. Retrieved on March 14, 2007, from http://www.crida-fr.org/03_actualites/streams.html

The aim of this presentation is to contribute to the analysis of the relationship between the state and the third sector and the place each one occupies in the Portuguese welfare regime. It will be argued that this relationship has been influencing both the field of welfare services and organizations themselves. We will look at the mechanisms of this mutual influence in the general framework of the Portuguese welfare regime, state institutions and third sector organizations. Third Sector

Organizations (TSO) and their relationship with the state can be described differently in different countries and in different moments. TSO influence over social welfare may be analysed in two ways: how they influence the policy process and what is the place they occupy in social welfare. In order to do this we can look at how regulation is made and who are the social actors involved.

Fredericksen, P., & London, R. (2000). Disconnect in the Hollow State: The Pivotal Role of Organizational Capacity in Community-Based Development Organizations. Public Administration Review. 60(3), 230-239.

Partnerships between government and community-based development organizations (CBDOs) have proven to be central to long-term neighbourhood revitalization in many settings. These successes, coupled with the political popularity of community-driven projects, have stimulated further reliance on this approach. Unfortunately, scant research has been done on the organizational capacity of local community-based development organizations to administer these projects. It may be that many of them do not have the capacity to do the job. This article examines elements of organizational capacity in CBDOs developing affordable housing in a United States–Mexico border community. Evidence of capacity was limited, raising serious questions about the implementation of public policy in the hollow state. In their haste to contract with not-for-profits to create affordable housing, government officials may not be considering the serious possibility that CBDOs do not have the capacity to deliver services or effectively administer projects over time.

Girard J-P. (2003). Revolution Within A Revolution: Québec's experiment with co-operative health care & social service.

Québec's decade of experimentation with health care and social service co-operatives has given rise to a reconfiguration of the actors in the health system. No longer do people talk about a system with two actors. Rather than wait for the State or for physician-entrepreneurs to supply needed services, more and more citizens are taking effective action through the structure of the solidarity co-op or that of the non-profit community-based organization. Without discounting the importance of the state in health care, Girard invokes economist Gilles Paquet who “Forget the Quiet Revolution” whose analysis of state intervention in the 60’s across numerous sectors of Quebec society leads to his conclusion that a new social consciousness is required – “one that prizes initiative and local development and eases the grip of State supervision and protection”. Girard demonstrates that concrete results are being achieved. However, he points out that success it is not a foregone conclusion, citing several examples on the other side of the ledger. Nevertheless, the problems in the health care system and a steadily aging demographic will, Girard believes, lead to a multiplication of initiatives that reconfigure the relationship between citizens, professionals, insurance claimants and the community.

Graefe P. 2001. Whose social economy? Debating new state practices in Quebec. *Critical Social Policy* 21, no. 1 (02/01) : 35.

Despite the pressures of globalization, states remain relevant and maintain significant social policy capacities. Fulfilling these capacities has required innovation, with states increasingly acting on a local scale and seeking to leverage other actors’ resources to meet their ends. The study of the state–community interface in the construction of the social economy in Québec highlights that the renewed state remains as much an object of social struggle as before. The question for communities in Québec, as elsewhere, is whether they can organize to advance democracy, or whether they will be harnessed to underwrite national accumulation strategies.

Hewitt P. (2006). Social enterprise in primary and community care. Social enterprise coalition: the voice of social enterprise. Retrieved on March 7, 2007 from http://www.socialenterprise.org.uk/cms/documents/socialenterprise_primary_community_care.pdf

There are currently around 55,000 social enterprises in the UK. They have a combined turnover of £27 billion per year, employ half a million people and contribute almost 1% of annual GDP. As Secretary of State for Health, Patricia Hewitt is attempting to ensure government makes full use of the skills and abilities of the third sector and social enterprise as we continue to transform the NHS and social care to deliver the best possible health and care for patients, and the best possible value for money for taxpayers. This pamphlet sets out government's vision for the provision of health and social care services, why social enterprises should play a greater role in future, and how government intends to overcome some of the barriers to this expanded involvement in the coming months. Hewitt highlights an under-explored issue to date: the role social enterprises could play in unleashing the potential of staff within the NHS to deliver better services for patients.

Kramer R. (2000). A Third Sector in the Third Millennium? *Voluntas*. 11(1): 1-23.

Three trends since the 1960s underscore the need for different ways of conceptualizing the new mixed economy in the human services. First, there has been an enormous increase in the number and types of nonprofit organizations, and greater dependence on governmental revenue. Second: extensive growth in privatization and commercialization in the human services. Third, this culminated in the convergence and blurring of sectoral boundaries. Numerous metaphors have been suggested to describe these new patterns, but more suitable concepts and theories are needed. Four theoretical frameworks are analyzed for an intersectoral study of organizations in the same industry: (1) political economy, (2) organizational ecology, (3) neoinstitutionalism, and (4) mixed, open systems. As analytic paradigms, these frameworks could supplement, complement, or be integrated with other research models for third sector studies, and could contribute to theory building and social policy.

Miller-Millesen, J.L. (2003), 'Understanding the Behavior of Nonprofit Boards of Directors: A Theory-Based Approach', *Nonprofit and Voluntary Sector Quarterly*, Vol. 32, n° 4, pp. 521-547.

The literature on nonprofit boards of directors is rich with prescriptive advice about the kinds of activities that should occupy the board's time and attention. Using organizational theory that has dominated the empirical investigation of private sector board behavior (agency, resource dependence, and institutional), this article contributes to the literature on nonprofit board governance in three important ways. First, it provides a link between theory and practice by identifying the theoretical assumptions that have served as the foundation for the "best practice" literature. Second, the article presents a theory-based framework of board behavior that identifies the environmental conditions and board/organizational considerations that are likely to affect board behavior. And finally, it offers a set of hypotheses that can be used in future empirical investigations that seek to understand the conditions under which a nonprofit board might assume certain roles and responsibilities over others.

Mook, L., & Quarter, J. (2006). Accounting for the Social Economy: The Socioeconomic Impact Statement. *Annals of Public and Cooperative Economics* 77(2), 247.

Organizations within the social economy have unique characteristics, yet their accounting procedures do not reflect this uniqueness, and rather are designed for private-sector organizations that exchange their goods and services in the market. We argue that conventional accounting creates a perception that social economy organizations are users of resources and separate from the private and public sectors, rather than creators of value and an integral part of our society (Quarter, Mook, and Richmond, 2003a). This paper addresses the accounting needs of social economy organizations by presenting a model of social accounting—the Socioeconomic Impact Statement—that may help bring out the impact of such organizations. The paper presents a demonstration project of the potential utility of the Socioeconomic Impact Statement.

Mook L, Richmond BJ, & Quarter J. (2003). Integrated Social Accounting for Nonprofits: A Case from Canada. *Voluntas*. 14(3), 283.

Whereas social accounting has been strong in its critique of conventional accounting, to date it has not been as effective in developing accounting frameworks consistent with its principles. This is particularly true for nonprofit organizations. The costs of nonprofits can be easily measured; however, not captured by conventional accounting is the value of their non-monetized resources such as volunteers. This paper argues that social accounting for nonprofits would benefit by creating accounting statements that combine the economic and social impact of an organization (referred to as an integrated approach). After discussing some historic examples of integrated social accounting, the paper presents a Canadian case study in which the value added by volunteers of a nonprofit organization is combined with its financial statements in an Expanded Value Added Statement. By combining social and economic information, a very different performance story of the organization emerges.

Neno R. (2007). Social enterprise, an acceptable model for the health service? *Nursing Older People*. 19(1): 7-8.

The article reports on whether a social enterprise in the field of health care in Great Britain goes well with the ethics of the National Health Services. There are at least 550,000 social enterprises in Great Britain and approximately one third of these are within the health and social care arena (home care, GP cooperatives or dentistry). Social enterprise has been put forward by the Department of health as one alternative healthcare provide model to deal with rising costs of health delivery due to an aging population. The Department of Health claims the benefits of social enterprises are enhanced quality provision, ability to better meet needs of clients and groups, expert knowledge in specific areas, value for money and wider social dividend.

Padgett SM, Bekemeier B, Berkowitz B. (2005). Building Sustainable Public Health Systems Change at the State Level. *Journal of Public Health Management and Practice*. 11(2): 109-115.

Reforming the public health infrastructure requires substantial system changes at the state level, including the reorganization of state agencies' plans, roles, and relationships with other sectors and communities. Beyond the limited time period of pilot programs and grants, how are these public health system changes to be sustained? Turning Point is an initiative of The Robert Wood Johnson Foundation to transform and strengthen the public health system. The 21 states participating in this

initiative developed multi-sector partnerships to produce public health improvement plans and from these, chose one or more priorities for implementation. Reform efforts to strengthen the public health system occur within complex fiscal and political environments, however, and must cope with both uncertainty and turbulence in the process of implementing change. Turning Point state partners have developed a variety of approaches to the challenge of incorporating effective community collaborations as a permanent strategy for transforming public health systems. A qualitative, descriptive study design was used to analyze the strategies used by Turning Point state partnerships to meet the challenges of sustaining their system Improvements. These strategies included: institutionalization within government, establishing "third sector" institutions, cultivating relationships with significant allies, and enhancing communication and visibility among multiple communities.

Rushton, Cory, Sinats, Kristen, and Tatlay, Upkar-Singh. (2002). *A Case Study of the Rainbow Health Co-operative*. British Columbia Institute for Co-operative Studies. University of Victoria.

In British Columbia, the creation and development of the Rainbow Community Health Co-operative represents a concerted effort to effectively and respectfully deliver health related services to people living in the communities of Surrey and Delta, one of the fastest growing areas in Canada with a diverse population of people of South-Asian, Chinese, Filipino, East European, Spanish, and Vietnamese descent. The Rainbow Community Health Co-operative (RCHC) focuses on providing health-care services for Canadians of South-Asian descent and new immigrants from South Asia although no one is excluded from its services. People in these specific groups, especially new or relatively new immigrants, have special linguistic and cultural needs and resources and may experience barriers to accessing the health care system because of income, language and cultural differences. As of 2001, RCHC is the only health co-operative which operates in British Columbia. The study outlines the health co-op's origins, its roots in the South Asian community that it serves, its daily operations, its external and internal structures, and its future plans.

Sinats, Kristen. *Health Co-operatives: A Viable Solution to the Current Crisis in Health Service Delivery*. British Columbia Institute for Co-operative Studies. University of Victoria.

Many sectors of health care would benefit from one kind of community health model: the health co-operative. User- or client-owned health co-operatives are set up by individuals in the same community to help them meet their own health care needs. Member-users determine goals and practices, thereby enabling ordinary citizens to empower themselves with respect to health care. Members and owners each contribute shares of capital and subsequently contribute to operating costs, usually by prepaid premiums, and appoint managers to negotiate contracts with health insurance and health care providers. Often these co-operatives purchase and operate hospitals and other facilities, and hire professional and other staff. Services range from simple preventative care and basic insurance to advanced curative and rehabilitative interventions (International Co-operative Alliance, Website).

Wylie, Lloy. 2001. *European Social Co-operatives: A Survey and Analysis of Current Developments*. British Columbia Institute for Co-operative Studies. University of Victoria.

Europe is the birthplace of the modern co-operative movement and has had two and a half centuries of experience with official co-operative organisation. An analysis of the co-operative movement in Europe provides important insights for co-operative development elsewhere. Co-operatives in

Europe exist in diverse sectors of the economy and have experimented with a multitude of organisational forms. The extensiveness of this experience provides a wealth of resources. There are many lessons offered regarding the types of problems and solutions that co-operators are likely to face in the course of co-operative development. The European co-operative movement spans many countries and sectors, which allows for a broad range of experiences, providing a significant repertoire of organisational forms and practices. The movement has had a particularly strong presence in the provision of social services, which is an important area to be considered in co-operative development in British Columbia today. Throughout this report, I provide examples of co-operative strategies that will have increasing importance for cooperative development in sectors such as health care. The current challenges facing British Columbians require new responses, and, as the European example has shown, the increasing presence of co-operative forms could be an effective reaction.

Zeuli K, Freshwater D, Barkley D. Rural Wisconsin Health Cooperative in Non-agricultural Cooperatives in Rural Areas: Fourteen Case Studies. UWCC Case Studies Series: Case Study #1. Retrieved on March 12, 2007 from <http://www.rwhc.com/papers/UWCC.Case.Study.pdf>, p. 28-32.

This case study profiles the Rural Wisconsin Health Cooperative (RWHC) which was established in 1979 in an effort to help relatively small rural hospitals in south central Wisconsin work together. It is one of the earliest models of cooperation among rural hospitals in the US. Rural hospitals' primary issue in the late 1970s was staff recruitment. A regional health planning agency was recommending that most rural hospitals should either close or consolidate. The RWHC was created with the following mission: to help rural hospitals share services, especially staffing. It quickly discovered a second mission: to act as a general advocate for rural health care issues at both the state and national levels. The founders thought the co-op model would be seen as a more collective approach than the non-profit approach with more direct ownership ties between the hospitals and RWHC. Issues of governance, leadership, financing and government relations are included in this case study.

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Additional Website Resources

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