

Portfolio Volume 1: Major Research Project

A Social Care Co-operative: Doing Care Differently

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'In times when the course of world events seems to leave little reason for hope, these stories are worth telling for they lend a hopeful light on human affairs and hint at a future worth striving for.' (Restakis, 2010, p.6)

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ABSTRACT

A manifestation of neoliberal ideas, which has been linked to a general erosion of working conditions and the quality of care in the UK care sector, is the recent trend for local authorities to respond to their budgets being cut by outsourcing care to privately-owned companies (Button & Bedford, 2019; Jensen, 2018). The consensus of long-term crisis in the sector has necessitated the exploration of alternative ownership models, including social care co-operatives (SCCs), a type of ‘community business’ which take an asset-based approach (ABA) by responding to needs in particular geographical places, seeking to benefit whole local communities, and ensure that communities are able to influence the direction of the business (Hopkins & Rippon, 2015; Richards et al., 2018). This research conducted semi-structured interviews with 9 members of ‘Care Co-operative’ (CC) (a pseudonym), a multi-stakeholder SCC in Wales, and aimed to explore the social processes that shape wellbeing in a SCC. Data was analysed using a Situational Analysis methodology, an adaptation of Grounded Theory (GT). Wellbeing at CC was understood in terms of two core processes, ‘constructing equality’ and ‘facilitating relationships’, that were both supported and restricted by a range of contextual factors including Covid-19 and statutory systems. As well as recommendations for service development at CC, implications for policymakers and clinical psychologists wishing to further the growth of ABAs and SCCs are discussed.

CHAPTER 1: INTRODUCTION

This study investigates wellbeing within a social care co-operative (SCC). This chapter introduces the values and philosophical positions that underpin the research, before providing an overview of the current crisis in UK adult social care, referring to the ideological, historical, and political context of neoliberalism. Responses to the crisis are considered, including support for asset-based approaches (ABAs) (see SCIE, 2020a), and calls to reverse the recent trend towards private care providers and redirect funding to alternative models of service-ownership (community businesses, and more specifically co-operatives) that embed asset-based ideas. ‘Care Co-operative’ (a pseudonym), a SCC that predominantly supports people with learning disabilities in Wales, is introduced, alongside explorations of the Welsh tradition of community businesses, and the relationships of people with learning disabilities with social care and community businesses. Finally, a definition of wellbeing is proposed, before an overview of existing research looking at wellbeing and community businesses.

1.1 Orientation

1.1.1 Values

This project is underpinned by a collection of values. At the core of these values, are the ideas that the most fundamental quality of human beings is compassion (as opposed to the abilities that enable us to compete), and that the typical way that societies have chosen to organise themselves across human history has prioritised compassion for others by continually redistributing power (as opposed to prioritising particular people through the establishment of fixed hierarchies) (Graeber & Wengrow, 2021). Having worked for the last eight years in services concerned with people’s wellbeing in the UK, it is clear to me that

there are systems which facilitate compassionate practices, and (to a much lesser degree) the sharing of power. It is also self-evident that the ideologies which underpin these systems, often prevent a distribution of power, place significant limits upon compassion, and harm people.

Another central conviction is that it is possible to realise a different future where harm is minimised, and the limits placed upon compassion are extended; people can and will continue to respond to harmful systems by breaking boundaries and forging new, and more just, ways of living and working. A re-orientation away from the pursuit of traditional conceptions of economic growth, towards a definition of wellbeing which includes the connections and contributions that we make within our communities (the ‘core economy’ – see Cooke et al., 2011), can help build collective motivation to invest in such a future. As a discipline which is associated with wellbeing, clinical psychology has the potential to play a significant role in helping this happen.

1.1.2 Epistemology and ontology

This research is under-pinned by a critical realist social constructionist stance (Harper, 2012). While participants’ expression, and my interpretation of their expression, are considered to be shaped by our individual subjectivities and discursive contexts, I assume that both can communicate an approximation of a contested yet shared reality that exists independently of us. With an understanding of the influence of context, I believe that this approximation can be used as a guide for intervening in that reality in the pursuit of desired outcomes (in this case the wellbeing of those involved in the UK adult social care sector).

1.2 Adult Social Care in the UK

1.2.1 Crisis

The quality of adult social care in the UK has long been known to be inadequate (Button & Bedford, 2019; Centre for Health and the Public Interest, 2016). While Boris Johnson used his first speech as prime minister to declare ‘we will fix the crisis in social care once and for all’ (Prime Minister’s Office, 2019), his solutions were criticised as being narrow in scope and lacking resources (Button, 2022; Oliver, 2021), before being either repealed or postponed by his successor Liz Truss. Issues within the social care system have been described as ‘wicked problems’ (Fenge, 2015), sustained by various factors which are difficult to address (SCIE, 2020b). While perhaps the most notorious symptom of the crisis remains the 11 staff that were convicted for abusing patients at the (privately-owned) Winterbourne View hospital in 2012, a 2012 Care Quality Commission (CQC) review of 13,000 services found systemic failings, with many providers failing to meet basic needs and standards (Conaty, 2014). CQC’s (2022) review of health and social care described a ‘gridlocked system’ (p.7), with staff shortages in social care leading to 2.2 million hours of missed homecare between January and March 2022, and consequent ‘unmet and under-met needs’ (p.8).

1.2.2 Neoliberalism and austerity

After the social care systems that developed in industrialised countries across the nineteenth and twentieth centuries have been associated with an unprecedented improvement in citizens’ quality of life, one factor that has been argued to be implicated in their decline is neoliberalism (Restakis, 2010, Tronto, 2013; Jensen, 2018).

Sometimes criticised for being too broadly defined to allow for useful analysis (Jensen, 2018), neoliberalism has been described as ‘a cultural form: patterns of ideas and their material manifestations in institutions, practices, and artifacts’ (Adams & Estrada-Villalta, 2019, pp.2-3). Seen to originate in Friedrich Hayek’s work in the 1930s (see Hayek, 1976), neoliberal ideas include: individualism – viewing society as a collection of individuals competing to further their own interests, and seeing people as independent of their contexts (and therefore responsible for what happens to them); and privatisation – encouraging the sale of publicly-owned assets to private investors, thereby expanding the sphere of unregulated market competition, and limiting the role of co-operation (Adams & Estrada-Villalta, 2019; Jensen, 2018; Zlotowitz & Burton, 2022).

The start of the most significant manifestations of neoliberal ideas in the UK are attributed to Margaret Thatcher’s term as prime minister from 1979-1990, including rhetoric which positioned people relying on state support as entitled and irresponsible, blaming them for the economic crises of the 1970s, and legitimising a reduction in funding for welfare and social services at a time when other policies were eroding alternative forms of support (e.g., the deindustrialisation agenda weakening particular communities by forcing younger people to move away in search of work) (Jensen, 2018; Zlotowitz & Burton, 2022).

This realisation of neoliberal ideas has been seen to continue until the present day, with the 2008 economic crash being used to justify a renewed programme of cuts to public services, commonly known as ‘austerity’, which were normalised by political and media discourses demonising people receiving state support (Jensen, 2018; Tronto, 2013). Taking into account the increasing pressures placed upon UK social care by an ageing population, real-terms spending for the sector has continued to fall (The Health Foundation, 2020; TLAP, 2019).

As well as the impact that neoliberal ideas have had upon the funding and ownership of social care services (see below), the lack of value that neoliberalism places upon broad social ties can be seen to play a part in the way that services have come to equate care with the provision of tasks that are essential for physical survival (Button, 2021b; Sibthorp, n.d.), obscuring other needs which, when fulfilled, enable people to live well (e.g., being able to contribute to one's community) (Huta & Waterman, 2013). The way that neoliberal rhetoric has portrayed people accessing services as irresponsible and incompetent, can also be seen to undermine the quality of care by normalising the exclusion of people who are supported¹ from service design, therefore limiting the democratic nature of services (Tronto, 2013).

1.2.3 Privatisation and poor working conditions

Another manifestation of neoliberal ideas which has been linked to the poor quality of care in the UK, is the recent trend for local authorities to respond to their budgets being cut by outsourcing care to privately-owned companies (Button & Bedford, 2019). Partly enabled by the NHS and Community Care Act (1990), the proportion of privately-owned homecare services increased from 5% in 1993 to 87% in 2011 (Conaty, 2014), with an increasing number of companies demonstrating a vulnerability to repeated crises through a process of extracting public money for shareholders by taking on significant amounts of debt (Bedford, 2020). The number of care company insolvencies more than doubled between 2010 and 2012, with a notable example being the 2011 collapse and publicly-funded rescue of 'Southern Cross', a private company responsible for the care of 31,000 residents (Conaty, 2014; Rowland, 2019).

¹ The term 'people who are supported' is used throughout this report, as this is how people who are supported at 'Care Co-operative' chose to be referred to, following a organisation-wide consultation.

Competitive tendering processes, and the drive to reward shareholders with profit, have encouraged private companies (and inevitably other providers who have to compete with them to secure work) to cut costs by recruiting staff on low-paid, zero-hour contracts (Centre for Health and the Public Interest, 2016), not paying staff for the time they spend travelling between people who are supported (Conaty, 2014), reducing staff training, and delivering standardised interventions that prioritise efficiency above person-centred care (Fisher, Baines & Rayner, 2012; Restakis, 2010). With care being an intensely relational activity, the consequent high turnover of staff, and the limited time that staff are able to spend with people who are supported, have made it more difficult for staff to provide dignified care (Bedford, 2020; Conaty, 2014; Dromley & Hochlaf, 2018).

1.2.4 Impact of Covid-19

The Covid-19 pandemic exposed economic fragilities and exacerbated social inequalities (UNITFSSE, 2020), having a devastating impact upon a sector already suffering from chronic crisis. Indicative of the level of existing systemic precarity, the responsibilities bestowed upon services by the Care Act (2014) were suspended (Button, 2021a), as people were exposed to the day-to-day risks of a lack of personal protective equipment and testing kits (SCIE, 2020c), the distress caused by sudden cuts to (or increased charges for) care packages (Carter, 2021), the combination of increased workload and reduced pay for staff due to inadequate sick-leave provision (Shembavnekar et al., 2021), and the overarching threat of financial ruin for care providers and local authorities that were already stretched thin (SCIE, 2020c). Despite the documented resilience, passion and empathy of the people involved (Shembavnekar et al., 2021), these effects were ultimately expressed in the tragedy

of preventable deaths, and higher mortality rates than in the general population (SCIE, 2020c; Shembavnekar et al., 2021).

1.3 Responses to the crisis

1.3.1 Grassroots movements

Thinking about social care services supporting people, not only to survive, but to live well as equal citizens, ‘reaches back over decades of campaigning, activism and people daring to try to do things differently’ (Murphy & Holmes, n.d.). Although a detailed account of these movements is beyond the scope of this report, their core elements include concerns for democracy and the choice of people who are supported: “nothing about us without us” is a central idea within the disability rights movement that has been linked with interest in co-production within local authorities, and the introduction of direct payments which enable people who are supported to source and pay for care themselves (Charlton, 2000; Roulstone & Kwang Hwang, 2015). Such movements can be seen to be supported by proponents of more democratic care services within academia, for example Tronto (2013) arguing that genuine democracy, and genuine equality, cannot be achieved until care services support people who are supported to exercise their voices and political rights on an equal footing with others.

#socialcarefuture is a recently-established movement of people campaigning for ‘major positive change’ within social care in the UK (#scf, n.d.). A group of 500 people who are supported participated in #socialcarefuture’s (2021) inquiry into experiences of care services which reported that most people’s experiences did not match #socialcarefuture’s vision of ‘living in a place we call home with people and things we love, in communities where we look out for one another, doing things that matter to us’. Participants suggested

key steps towards them being supported as equal citizens, including having choice over where and with whom they lived, and being enabled to share their gifts and talents with their communities (#scf, 2021).

1.3.2 Statutory systems: asset-based approaches

While UK policy and legislation can be seen as aiming for change, with the Care Act (2014) emphasising the need for the choice and control of people who are supported, and for local authorities to take a preventative approach by proactively supporting people's wellbeing, the level of commitment to these principles remains questionable while they are still not widely reflected in people's experiences (Farquharson, n.d.; SCIE, 2019b; SCIE, 2021). Although researchers have voiced concerns about the capacity for government-funded professional bodies to effectively challenge the status-quo, and about the practice of making centralised decisions about what constitutes 'good practice' for people situated across a diverse range of contexts (J. Thoburn, personal communication, n.d., cited in Batty, 2002, para.6), a potential attempt to address this disparity is the efforts of the Social Care Institute for Excellence (SCIE) to investigate and promote innovative practice within the sector (SCIE, 2019a). SCIE's research into innovative practice has documented a diverse collection of values, ideas and strategies which can be referred to as ABAs (SCIE, 2020a).

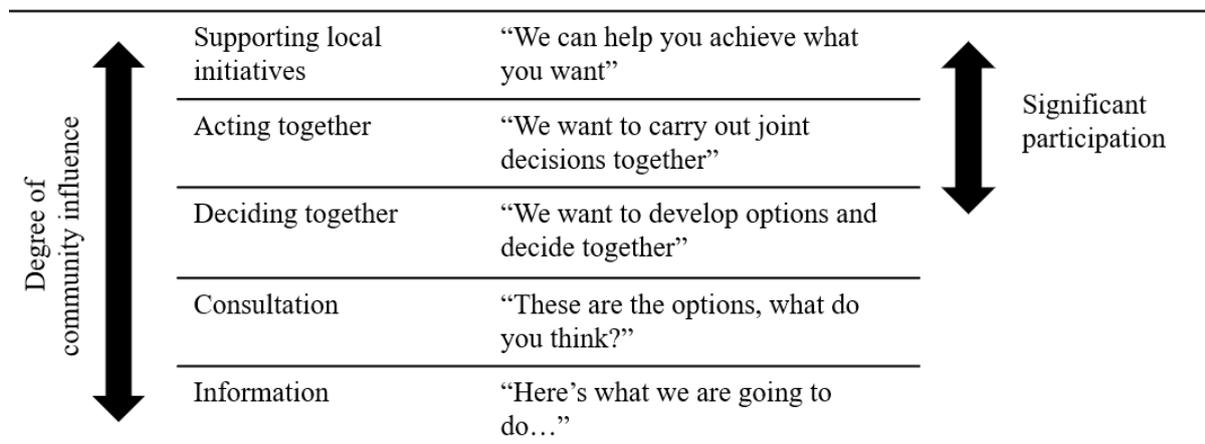
ABA is an umbrella term, used in a healthcare context to describe projects which move away from a traditional model of responding to predetermined needs, to proactively find and develop the different kinds of 'assets' (physical, mental, social, and material) that underpin wellbeing (SCDC & GCPH, 2015; SCIE, 2019b; see salutogenic theory: Antonovsky, 1996; Lindstrom & Eriksson, 2005). Important strategies for doing this include supporting communities to talk about their existing strengths and resources, and ways in

which they hope to use them (Hopkins & Rippon, 2015; Kretzmann & McKnight, 1993), facilitating relationships at multiple levels (e.g., between community members, community members and professionals, and third sector and statutory organisations) (Foresster, Kurth & Oliver, 2020; SCDC, 2011), and promoting citizens' agency through promoting their participation in community activities, co-producing projects with them that have a positive local impact, and supporting statutory services to involve them in co-producing service-design (Daly & Westwood, 2018; McLean & McNeice, 2012; SCIE, 2019a).

1.4 Community businesses

One aspect of the support for ABAs, are calls for social care funding to be directed away from private companies, and invested in not-for-profit organisations that embed asset-based ideas within their organisational structure, aiming to ensure that interest in practices like co-production does not become a passing trend by providing a legal platform from which power can be sustainably given back to those giving and receiving care (Button & Bedford, 2019; Conaty, 2014). Such organisations adopt a range of different ownership models, and are often referred to by catch-all terms such as 'social enterprise' or 'community business'. Richards et al. (2018) define community businesses as organisations that respond to needs in a particular geographical place, seeking to benefit the whole local community, and ensuring that the community is able to influence the direction of the business. The extent of community influence can be understood as a spectrum, ranging from communities helping organisations to make decisions, to organisations supporting communities to achieve their own goals (see Figure 1).

Figure 1 *Wilcox’s ladder of participation (What Works Wellbeing 2020, p.120; Wilcox, 1994)*



Community businesses have been described as the ‘gold standard’ of preventative approaches to wellbeing and a crucial aspect of the global recovery from Covid-19, with their growth evidenced in 76 countries (UNITFSSE, 2020, p.5). Despite international examples of community businesses successfully delivering care services (see *Buurtzorg* – Monsen & de Blok, 2013; Fisher, Baines & Rayner, 2012), the most recent iteration of austerity in the UK has contributed to risk-averse commissioning, and a reluctance within local authorities to share power with their communities (What Works Wellbeing, 2020). While service models that constitute a fundamental change in approach are likely to take time to gather momentum (Tronto, 2013), the way that community businesses provide people who are supported with the formal governance structures through which to influence the running of services, has been seen to have the potential to contribute to the response to the UK care crisis: ‘if you own something and you are engaged in its design or delivery, then you are more likely to be empowered to address the issue of standards’ (M. Eastman, personal communication, n.d., cited in Sheffield, 2017, para.13). Although UK commissioners have been described as having a lack of strategic awareness about the different legal forms that community

businesses take, and ways in which they could work in partnership with statutory services, a number of allied organisations (inc. SCIE) are increasingly providing support for ABAs and community businesses (e.g., with promoting ownership by people who are supported) and contributing to a growing breadth of good practice (Conaty, 2014).

1.4.1 Co-operatives

Co-operatives are a particularly prevalent type of community business, with members of the 3 million co-operatives constituting at least 12% of the world's population (ICA, n.d.b). While people have always collaborated in the pursuit of mutual advantage, and independent co-operatives formed in other countries, the official co-operative movement originated in northern England, with working people formally pooling their resources in response to the threat of being forced into poverty by the industrial revolution and onset of capitalism (Restakis, 2010; Roulstone & Kwang Hwang, 2015). Today, co-operatives exist in various organisational forms that are bound together by the International Cooperative Alliance's seven principles which centre upon democratic member control and ownership, and a concern for community (ICA, n.d.a). Compared to other forms of community business, co-operatives are generally seen to have more specific requirements for key stakeholders to occupy positions of influence and be involved in decision-making (Leviton-Reid & Hoyt, 2009).

1.4.2 Social Care Co-operatives (SCCs)

While co-operatives are most commonly found in retail, social finance and farming sectors (Nolan et al., 2013), SCCs have been described as the most significant addition to the co-operative movement in the last 40 years (Restakis, 2010). Often formed in response to the

frustration at a lack of the voices of people who are supported within existing services, SCCs have been seen as a potential alternative to parental public services or charities, private companies overly-focussed on profit, and individualist reforms such as direct payments (money provided by local government so that individuals can source and pay for their own care) (Restakis, 2010; Roulstone & Kwang Hwang, 2015). Internationally, Italy is considered a world-leader in using SCCs, with the Italian government responding to fiscal crises in the 1970s by passing legislation which supported co-operatives to partner with statutory services to fill gaps in provision (ILO, 2012). There are now more than 14,000 SCCs delivering 81% of social services in Italy (Restakis, 2010), with similar models pursued to varying degrees in places such as Quebec, Portugal and France (Conaty, 2014).

In the UK, despite awareness of the potential role of SCCs being described as growing (Sheffield, 2017), only 25 examples were listed by national network of co-operatives, 'Co-operatives UK', in 2014 (Conaty, 2014), and searches for potential partners for this research yielded only a few results. Although few UK government policy documents speak to the role that co-operatives could play in the provision of care, Co-operatives UK have previously proposed three different forms of SCC, including people-who-are-supported-owned, worker-owned, and multi-stakeholder (people receiving and giving care owning and running services together) (Roulstone & Kwang Hwang, 2015). While examples featuring in academic research appear to be relatively scarce, Roulstone and Kwang (2015) describe a group of people-who-are-supported-owners in England who pooled their direct payments to both source care and part-fund a card- and stationary-making business. People-who-are-supported-owners, even those who had previously received large care packages, reported that pooling resources brought increased social connection as well as a more efficient use of resources (Roulstone & Kwang Hwang, 2015).

Many of the difficulties associated with SCCs, can be seen to relate to member participation, often cited as a measure of a successful co-operative (The Co-operative Commission, 2001). For example, for SCCs to realise their potential to improve staff morale and job satisfaction, in addition to staff owning a share in the business, staff also need to have regular access to information about the organisation and feel that they have a voice in decision-making (Pierce & Peck, 2018). Participation in co-operatives has been found to be dependent upon members' resources (e.g., confidence, existing relationships within the organisation, or prior experience of participating in a similar organisation) and motivation (e.g., wanting to influence service delivery, or being asked to participate by someone they know, face-to-face) (Birchall & Simmons, 2004a; Birchall & Simmons, 2004b). And although these resources facilitate participation, they can also threaten its value. For example, the role that existing relationships play in mobilising members can contribute to cliques of active members that are not culturally representative of the wider membership (Birchall & Simmons, 2004a). Participation is also a particular challenge for large co-operatives (such as CC) (What Works Wellbeing, 2020), and the motivation of active members can be undermined by the feeling that others are not doing as much (Birchall & Simmons, 2004a).

1.5 Wales and 'Care Co-operative'

1.5.1 Community businesses in Wales

Wales, one of the four constituent countries that make up the UK, has a particularly rich tradition of community businesses. One of the most historically significant examples is the Tredegar Workmen's Medical Aid Society, with Welsh politician Aneurin Bevan (formerly a member of the society's committee, and son of one of the society's founders)

acknowledging its role in informing the creation of the National Health Service (Launer, 2019). The society, one of several similar organisations set up in the late nineteenth century in coal and iron mining towns in south Wales, asked for part of members' wages to arrange for medical care, sick pay, and funeral expenses (Curtic & Thompson, 2014; Jewell, 2006). Including 20,000 members at its peak (Heath, 1998), the society owned a cottage hospital, employed a range of medical professionals, and supported 95% of the town (including disabled and retired workers, and workers' wives and children) (Launer, 2019). All members could have a say in the activities of the society, for example voting on which medical professionals were employed, and which type of prosthetic limbs were sourced (Curtic & Thompson, 2014; Jewell, 2006).

Coal, iron and steel continued to be prominent industries in Wales until an era of deindustrialisation and economic decline between 1975 and 2000, when over 100,000 jobs were lost without being adequately replaced (Smith et al., 2011). Amidst the concerning news in 1992 that the few remaining mines were to be closed, a campaign was started by the National Union of Mineworkers at Tower Colliery, to purchase the mine as a workers' cooperative; built upon a long-standing culture of self-education, solidarity, and socialism in the south Wales mining communities, all workers contributed £1,000 and elected an executive group which prepared a successful tender (Smith et al., 2011). The co-operative operated (profitably) as the last deep coal mine in south Wales for another 13 years, featuring democratic governance structures and resulting in increased productivity, improved working conditions (inc. wages, sick pay and staff training), and positive ties with the local community (Osmond, 1995; Unknown, 1997). Members decided to close the mine with dignity in 2008 (Smith et al., 2011).

In social care, with 'Disability Wales' campaigning for the introduction of community business models which enable ABAs (Roulstone & Kwang Hwang, 2015), the Welsh

government have been more explicitly facilitative than their UK counterparts (Sheffield, 2017). Despite issues that undermine the power of the Welsh government, including low turnouts in elections (Evans, 2018), and the lack of a separate legal system to England (as is the case in Scotland and Northern Ireland) (Welsh Government, 2013), the Social Services and Well-being Act (2014) encourages the development of SCCs through a vision for involving people who are supported and members of local communities in the commissioning of citizen-centred services (Roulstone & Kwang Hwang, 2015). Additional membership networks such as the ‘Social Co-operation Forum for Wales’ and the ‘Co-production Network for Wales’, are further evidence of the desire to further the growth of community businesses within Welsh social care (Conaty, 2014; Wales Co-operative Centre, 2020).

1.5.2 'Care Co-operative'

In 2017, in response to the Social Services and Well-being Act (2014), a charity which mainly delivered care services to people with learning disabilities in rural Wales, transformed itself by becoming ‘Care Co-operative’ (CC) (a pseudonym), a multi-stakeholder SCC (Wales Co-operative Centre, 2020). Being a multi-stakeholder co-operative means that each employee, people who are supported, and supporter of the co-operative, can own an equal share in the business by becoming a member (Scott, 2016). The membership then elect a body of members which influence the running of the organisation through appointing and regularly meeting with the co-operative’s management board. Members have also been supported to run meetings in their local areas to discuss issues within the co-operative and propose ideas for local projects. The entire membership is regularly invited to vote on issues that impact the organisation.

1.6 People with learning disabilities

People with learning disabilities are particularly marginalised by neoliberal ideas that equate social value with an individual's capacity to 'independently' (we are all dependent upon a vast array of material and social conditions) (Bates et al., 2017; Tronto, 2013) support themselves and engage in paid employment (Goodley & Runswick-Cole, 2015). Despite experiencing a range of social, health, and economic disadvantages that have been exacerbated by austerity and the Covid-19 pandemic (LDE, 2022; Lewis, 2022), disabled people have increasingly found ways to participate in public life (Goodley & Runswick-Cole, 2015; ILO, 2012). For people with learning disabilities, a crucial way of promoting their participation has been organising movements which have developed their capacity to self-advocate, and campaign for their increased involvement in the co-production of support services. In the UK, 'Learning Disability England' (LDE) have published the findings of various consultations with their members about social care services. Aligning with critiques of neoliberal policies and support for ABAs, the reports emphasise the choices, rights and responsibilities that people should share with other citizens (see the REACH standards: Warren & Giles, 2014), and describe people's desires to develop enduring relationships with staff that are well-paid and well-trained, and to be supported to participate in their local communities (LDE, 2019; 2022). LDE's commitment to ABAs and community businesses is further evidenced by their transformation from being a charity, to pioneering a new governance model based on multi-stakeholder co-operatives (Alcock, 2016).

The most significant examples of UK government policy regarding people with learning disabilities are *Valuing People* (DoH, 2001) and *Valuing People Now* (HM Government, 2009). Both reports express a vision for people with LD participating in their communities but, similarly to UK legislation concerning social care, can be seen as positive

ambitions which are still not widely reflected in people's experiences. LDE (2022) reported that the following quote from *Valuing People* still rings true today:

'people with learning disabilities are amongst the most vulnerable and socially excluded in our society. Very few have jobs, live in their own homes or have choice over who cares for them' (DoH, 2001, p.2, cited in LDE, 2022, p.64).

Welsh government policy appears to be more up-to-date, with the *Learning Disability Strategic Action Plan 2022 to 2026* (Welsh Government, 2022) echoing the Social Services and Well-being Act (2014) in calling for the increased involvement of people with learning disabilities in the design and delivery of services, and promotion of people's choice and control through self-advocacy. 'Learning Disability Wales' noted the number of promises within the plan, and the need for scoping exercises to be promptly turned into practical delivery commitments (Krause, 2022).

1.6.1 People with learning disabilities and co-operatives

Founded upon values that often overlap with disability movements (e.g., shared ownership, user control, and a concern for community) (ILO, 2012), community businesses have a track record of enabling people with learning disabilities to be involved in decisions that affect their lives, and their local communities (Roulstone & Kwang Hwang, 2015; UNITSFSE, 2020). Co-operatives have been found to facilitate economic and social inclusion for people with disabilities in a variety of different ways. For example, the first co-operative in the UK to be set up and run solely by people with learning disabilities was a worker-co-operative that has provided cleaning services in Bristol since 1995, with one employee progressing to the position of director after previously being told that she would not be able to hold down a job (Mencap, 2015). As a further example, The Nundah

Community Enterprise Co-operative (NCEC) in Brisbane, Australia, is run by a membership mostly consisting of people with disabilities, partnering with social care services while providing people with training and employment opportunities at the organisation's café, and in local park maintenance (Westoby & Shevellar, 2019).

1.7 Wellbeing and co-operatives

1.7.1 Defining wellbeing

Co-operatives are oriented towards the expression of values that go beyond members' survival or economic profitability, to include the pursuit of individual and collective wellbeing (Restakis, 2010). Wellbeing is a keenly contested concept, with a plethora of definitions (see Huta & Waterman, 2013) (for further discussion, see an extract from the primary researcher's reflective diary in Appendix A). This study adopts a definition of wellbeing closely aligning with Keyes (200) and shown in Table 1.

Table 1 *The current study's definition of wellbeing, adapted from Keyes (2002)*

Type of wellbeing	Elements of definition
Emotional wellbeing	Subjective experience (e.g., life satisfaction, the presence of positive affect)
Psychological wellbeing	Relationships, personal growth, and autonomy (as cited in Ryff, 1989)
Social wellbeing	Participation (in civic life), social contribution

Keyes' (2002) definition is relevant to this project as the focus on psychological and emotional wellbeing connects to the traditional individualist forms of clinical psychology,

while the focus on social wellbeing attempts to speak to the more collectivist edges of the discipline and engage with the ecological nature of co-operatives. Keyes' (2002) approach to psychological and social wellbeing of including aspects of functioning (e.g., positive relations with others, social contribution) (Huta & Waterman, 2013) also resonates with the way in which social care is concerned with enabling people to live their lives.

1.7.2 Existing research

Disabled people's involvement in co-operatives has been associated with a variety of wellbeing indicators, including increased access to employment and education through skills development, greater self-confidence, and reports of improved health status and quality of life (Roulstone & Kwang Hwang, 2015). A systematic review of the general impact of community businesses, mainly located in the UK, found evidence of positive effects upon both individual well-being, and community well-being (defined as the relational conditions which allow communities to thrive – e.g., social networks, levels of trust) (What Works Wellbeing, 2020). The review found that this impact was made primarily through three mechanisms: facilitating relationships between members of the community, both through directly engaging them in the running of the organisation, and indirectly through people becoming more involved in their community as a whole; strengthening community infrastructure, such as providing physical spaces where other local services could meet community members; and developing the skills of local people through training, education, and facilitating their participation in democratic governance structures (What Works Wellbeing, 2020). Such participation also means that community businesses tend to be less rigidly hierarchical than other organisations, leading to improved employee satisfaction and better relationships between colleagues (Lee & Edmondson, 2017).

Although there is evidence of the beneficial impacts of community businesses, they also involve particular challenges (Lee & Edmondson, 2017). After typically taking significant amounts of voluntary work to set up, community businesses often experience a tension between remaining true to their values (e.g., ensuring member participation in their governance structures), and becoming financially sustainable by expanding, and securing diverse sources of funding (What Works Wellbeing, 2020). For example, as in CC's case, long-term contracts with local authorities can prevent dependence upon grant funding, but also expose the organisation to a hierarchical and bureaucratic approach which necessitates various licences, certifications, and permits (What Works Wellbeing, 2020). Despite being associated with positive impacts upon well-being, increased employee control within an organisation can also lead to stress and burnout (Lee & Edmondson, 2017).

So far, this chapter has introduced CC, the focus of this study, and located community businesses and SCCs within the adult social care sector in the UK, in light of historical, political and ideological contexts. Following the definition of wellbeing set out above, and the introduction to existing research regarding wellbeing and community businesses, a systematic literature review will investigate this topic in more depth.

1.8 Systematic Literature Review

The current study considered wellbeing within a SCC. An initial scoping review of the literature found very few studies relating to this specific kind of co-operative. The review found a sufficient number of peer-reviewed studies featuring co-operatives of different types and containing data concerning wellbeing. A systematic review of peer-reviewed empirical literature was therefore carried out to answer the question, 'what does the empirical literature tell us about the wellbeing of members of co-operatives?'

1.8.1 Search Strategy

The relative lack of centralised databases through which to search for grey literature, and the sufficient number of relevant peer-reviewed studies found during preliminary searches, led to a decision to only include peer-reviewed research within the review.

Informed by the search strategy used by What Works Wellbeing's (2020) systematic review, searches were conducted in Google Scholar, as well as four bibliographic databases accessed via the University of Hertfordshire and University of Manchester: Scopus, Cinahl Plus, Social Policy and Practice, and Business Source Premier. The reference list of What Works Wellbeing's (2020) review was also searched to identify articles looking specifically at co-operatives.

A series of preliminary searches helped identify terms (see Table 2) that were frequently used in the titles of relevant articles (see Appendix B), and aided thinking about which studies to include and exclude from the review. One important issue was deciding how to define a co-operative. After referring to the International Co-operative Alliance's (n.d.) seven co-operative principles, an internationally-recognised definition of co-operatives, the only principle which seemed likely to be discernible within academic research was the seventh, 'concern for community'. It was therefore decided to include any studies which featured organisations that were referred to as co-operatives, and as having explicit intentions to benefit their communities (beyond their membership).

Table 2 *Literature search terms*

Terms related to sample/context (co-operatives)	AND	Terms related to phenomenon of interest (wellbeing)
“co-operative”		“Wellbeing”
OR		OR
“cooperative”		“well-being”
OR		OR
“co-op”		“well AND being”
		OR
		“wellness”
		OR
		“mental AND health”
		OR
		“community”
		OR
		“social AND capital”

The scoping review had identified articles which engaged only with members of co-operatives who were in leadership positions. Such studies were excluded on the grounds that they did not reflect the democratic value underpinning the co-operative movement (International Co-operative Alliance, n.d.), and could not claim to speak to the wellbeing of members as a whole. It was decided that any peer-reviewed research featuring a co-operative, and containing a meaningful amount of data relating to members’ wellbeing would be included. In order to promote theoretical coherence, wellbeing was defined as the six elements of emotional, psychological and social wellbeing set out above (autonomy, participation, personal growth, relationships, social contribution and subjective experience) (Keyes, 2002).

Searches were carried out which identified the presence of search terms within article titles, helping ensure that searches retrieved relevant results. Results were screened according to the inclusion and exclusion criteria set out in Table 3.

Table 3 *Inclusion and Exclusion Criteria*

Inclusion criteria	Exclusion criteria
Published in the English language	Not published in the English language
Peer-reviewed empirical research, including case studies	Purely conceptual or theoretical articles
Focused on at least one currently functioning organisation referred to as a co-operative, and as having explicit intentions to benefit its local community	Focused on co-operatives which were not currently functioning, the context surrounding co-operatives, or co-operatives with no explicit intentions to providing benefits beyond its membership
Focused on the wellbeing of co-operative members (defined as autonomy, participation, personal growth, relationships, social contribution and subjective experience)	A lack of meaningful data concerning wellbeing or a sole focus upon members in leadership positions

1.8.2 Results

The titles of 1,956 articles were screened according to the inclusion and exclusion criteria. After 1,849 articles were excluded, followed by 37 duplicates, the abstracts of the 80 remaining articles were screened according to the same criteria. 54 articles were excluded, leaving 26 articles for full-text screening. A further eight articles were excluded, with one additional article proving inaccessible. This left 17 articles to be included in the current review (see PRISMA flow-chart, Figure 2).

Figure 2 PRISMA flow-chart detailing the process of selecting records

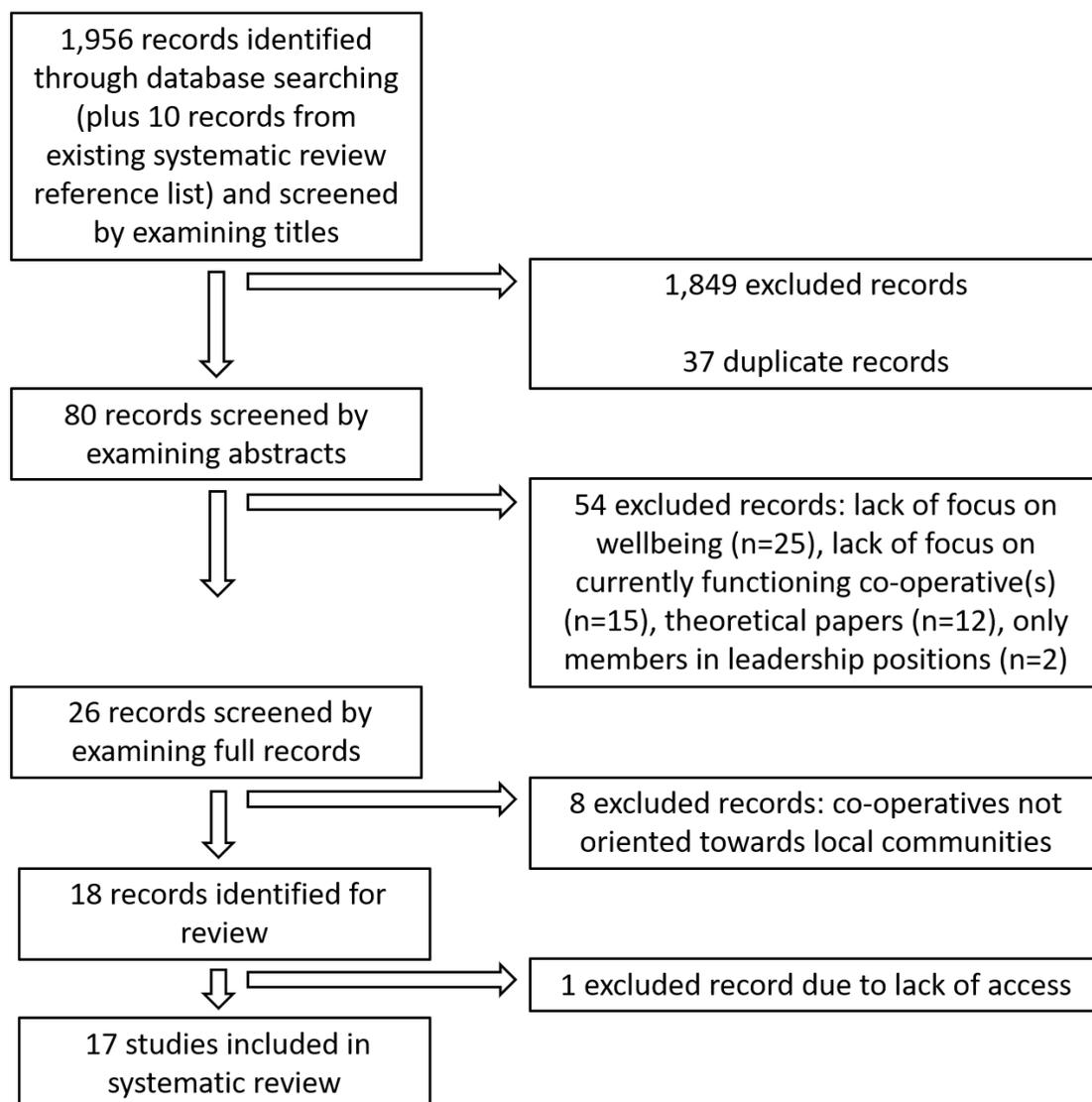


Table 4 Summary of studies included in the systematic literature review

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
1	Bauwens, T. & Defourney, J. (2017)	Social capital and public versus mutual benefit: The case of renewable energy co-operatives (Belgium)	To compare the relationships between social capital in co-operatives that are oriented towards benefitting the public, and those oriented towards benefitting their members	Quantitative study. Cross-sectional survey design featuring members of two co-operatives. Members within one co-operative were divided into three groups, reflecting time periods in which the co-operative was deemed to be more or less oriented towards public benefit. Probit regression analysis.	Members of the co-operatives.	Co-operatives oriented towards public benefit are associated with closer relationships between members, and members having a stronger sense of belonging to the co-operative. This association is partly mediated by the geographical proximity between members, and the size of the membership.	<p><i>Strengths</i> Low response rate mitigated by post-stratification weighting to ensure that the characteristics of the sample better matched some characteristics of the total membership.</p> <p><i>Limitations</i> Lack of information about participants. Lack of information about how the specific co-operatives were chosen. Parts of existing measures were used within the survey, raising questions about validity.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
2	Bromwich, D. & Saunders, M. (2012)	Establishing cooperatives for effective community development in rural China (China)	To assess the economic and community development impact of a group of rural co-operatives, three years after they were founded.	Qualitative study. Four co-operatives from the same area were chosen in collaboration with government officials to represent a range of organisational performance (according to prior evaluation). Surveys, focus groups, semi-structured interviews, document review.	41 co-operative members (21 male, 20 female), 21 co-operative members in leadership positions, and groups of local farmers who were not members of the co-operative.	The establishment of the co-operatives led to increased collaboration between members. The co-operatives were associated with women's increased economic participation and autonomy (within the co-operative and the household).	<p><i>Strengths</i> Credibility through thick description and data triangulation.</p> <p><i>Limitations</i> Lack of rigour through an absence of information about participants, or the process of data analysis. A lack of theoretical constructs, or relating of findings to wider literature.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
3	Gordon, M. (2002)	The Contribution of the Community Cooperatives of the Highlands and Islands of Scotland to the Development of the Social Economy (Scotland, UK)	To evaluate the social and economic impact of community co-operatives	Qualitative study. Seven community co-operatives within the region of interest were identified following scoping interviews with staff from several government and third-sector bodies. Semi-structured interviews and ethnographic visits.	'Key individuals' within the seven co-operatives and with three staff members from two other 'community enterprises' in the area	Co-operatives offer employment, control of collective assets, and provide services, all of which benefit their local communities. Being part of co-operatives involves struggle, including disagreements between members, sometimes resulting from variable levels of involvement.	<i>Strengths</i> Detailed exploration of the socio-political and historical contexts of the research situation. Sincerity through transparency about the way that the research questions evolved in response to ongoing data collection. <i>Limitations</i> Limited rigour due to an absence of information about epistemology, or processes of data analysis. Limited credibility due to a lack of quotations from participants being included in the reported findings.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
4	Hadjielias, E., Christofi, M., Vrontis, D. & Khan, H. (2022)	Social impact through family firms' interorganizational relationships within a community and a cooperative: An embedded view of stewardship (Cyprus)	To further understand how interorganizational relationships can facilitate social impact, with reference to a co-operative of family businesses.	Qualitative study. Multiple case study design featuring a co-operative purposively chosen to reflect study aims. Purposive and snowball sampling to identify participants. Semi-structured interviews, participant observations and document review. Data analysed using the 'Gioia methodology' (Gioia et al., 2013). Dynamic interaction between data collection and analysis until saturation was considered to be achieved.	41 participants connected to seven small rural family firms that were members of the co-operative (aged 24-79) (inc. family members, non-family employees and local community members).	The co-operative facilitated members sharing knowledge about projects that had a positive social impact in their communities. Members successfully replicated projects in their own areas, sometimes in collaboration with other community organisations.	<i>Strengths</i> Rigour through clear use of theoretical constructs and high level of transparency regarding methods. Credibility through thick description and triangulation. <i>Limitations</i> Lack of self-reflexivity. Despite multiple case studies, the homogeneity of the sample in terms of size, location and type of organisation, undermines the generalisability of findings.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
5	Hibbert, S., Piacentini, M. & Al Dajani, H. (2003)	Understanding volunteer motivation for participation in a community-based food cooperative (Scotland, UK)	To explore why people chose to participate in the co-operative, and how their relationship with the organisation developed over time.	Qualitative study. 'In-depth' interviews. Systematic coding and content analysis.	Eight people that volunteered for the co-operative (all female) and 21 community members from the local area (both male and female, a range of ages).	Participating in the co-operative provided opportunities to meet new people, and strengthen existing relationships. Volunteers were undergoing a process of self-empowerment, through the development of knowledge, skills, self-esteem and confidence.	<p><i>Strengths</i> Thick description and using participant quotations helped achieve resonance. Credibility by engaging with tensions within participants' accounts, including the difficulties involved in being part of a co-operative.</p> <p><i>Limitations</i> No information about sampling. A lack of coherence by not relating findings back to academic literature.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
6	Laratta, R. (2016)	An Interface Between Mental Health Systems and the Community: Italian Social Cooperatives (Italy)	Using a case study to outline the factors that contribute to the success of Italian B-type social co- operatives in working with 'disadvantaged' people.	Qualitative study. Case study design. Interviews, site visits and observations.	Members of a social co-operative in Turin.	By facilitating 'peer support' between members, and tailored professional development that led to meaningful work within the local community, members accessed increased self- respect and inclusion within their community.	<p><i>Strengths</i> Detailed exploration of the historical and legal contexts of the co- operative.</p> <p><i>Limitations</i> Limited rigour due to a lack of information about sampling, participants, data collection or data analysis. Limited credibility due to a lack of engagement with participant's accounts in the reported findings.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
7	Lemon, C. & Lemon, J. (2003)	Community-based cooperative ventures for adults with intellectual disabilities (Canada)	To describe community-based co-operatives that attempt to support people with learning disabilities in a strengths-focussed and collective way, in contrast to problem-focussed and individualising statutory services.	Qualitative study. Description of multiple co-operatives in which the researchers had participated.	None.	For people with intellectual disabilities and their families working towards life goals, co-operatives can promote autonomy, and provide a framework for building relationships, both with each other, and with a diverse range of people from the local community.	<p><i>Strengths</i> Research engaging with experiences of participation within a group that is typically excluded. Detailed description of the socio-political context of the co-operatives.</p> <p><i>Limitations</i> A lack of information about methods (inc. how the researchers decided how to describe the projects). A lack of locating findings within wider literature.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
8	Majee, W. & Hoyt, A. (2009)	Building Community Trust Through Cooperatives: A Case Study of a Worker-Owned Homecare Cooperative (USA)	To consider how co-operatives facilitate the development of trust between members, their clients, and other professionals.	Mixed-methods study. Case study design featuring a co-operative purposively chosen according to criteria related to the research aims. Purposive and snowball sampling. Semi-structured interviews, a survey, and document review. Dynamic interaction between data collection and analysis. Interview data was coded and interpreted into themes. Quantitative survey data was used to support or contradict qualitative data.	36 co-operative staff (members) (typically White women aged 40-55), 10 co-operative development professionals with knowledge of the co-operative, and five clients receiving support from the co-operative (typically White women aged 70-80).	Transitioning from a statutory service to a co-operative led to more trusting relationships. Factors behind this included increased interaction (e.g., through meetings and social activities), the explicit communication of a set of relationally-minded values, and members developing skills by becoming more involved in the running of the organisation.	<i>Strengths</i> Credibility through engaging with several different groups of participants with different positions in relation to the co-operative, and thick description using participant accounts. Rigour through a high level of transparency relating to data collection and analysis methods. <i>Limitations</i> Lack of credibility due to an absence of tension or negative experiences of co-operatives within the findings. Lack of self-reflexivity.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
9	Matthew, R. A. & Bransburg, V. (2017)	Democratizing Caring Labor: The Promise of Community-Based, Worker-Owned Childcare Cooperatives (USA)	To explore ways of responding to problems in the care sector that promote quality of care and staff wellbeing, with reference to a community-based, worker-owned childcare co-operative.	Qualitative study. Researcher's description of a co-operative, aided by secondary survey and organisational data provided by the co-operative.	None.	Member-owners reported improvements in their emotional and psychological wellbeing since joining the co-operative. Higher wages (compared to sector averages) meant that member-owners could elect to work less and spend more time their families.	<p><i>Strengths</i> Relevant topic of responding to the 'mounting care deficit' in neoliberal contexts. Clear use of theoretical constructs.</p> <p><i>Limitations</i> A lack of information about method (inc. how the researcher decided how to describe the co-operative, and how the secondary data was collected).</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
10	Phillips, R. (2012)	Food cooperatives as community- level self-help and development (USA)	To illustrate the association between co- operative and community development, and economic self- sufficiency, using a case study of a food co-operative.	Qualitative study. Interviews, site observations, and document review.	No information.	The food co- operative was successful in its explicit intention to benefit the local community. This was achieved primarily through community outreach programmes, and providing a physical space in which members and the wider community could interact.	<p><i>Strengths</i> Some rigour through use of theoretical constructs.</p> <p><i>Limitations</i> Lack of rigour through an absence of information about participants, sampling, or the processes of data collection and analysis. Lack of credibility through an absence of engagement with tension or divergent perspectives within the findings.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
11	Sims, L. (2021)	How a dairy cooperative transformed a community: Learning results from a Colombian case study (Colombia)	To investigate learning associated with participation in the governance and activities of a dairy co-operative	Qualitative study. Case study design. Purposive sampling of interviewees who had participated in the co-operative's activities. Semi-structured interviews, participant observation, focus-group discussions, and document review.	29 interviewees (15 men and 14 women). 26 were members of the co-operative.	Through participating in the co-operative, members developed new skills and perspectives. This learning was associated with increased confidence and autonomy (particularly for women), and greater senses of hope, responsibility, and interdependence, in relation to the community and natural world.	<p><i>Strengths</i> Rigour through clear use of theoretical constructs, and coherence through relating findings to wider literature. Resonance achieved through evocative writing and the substantial incorporation of participant accounts.</p> <p><i>Limitations</i> Lack of sincerity due to absence of self-reflexivity or transparency about challenges.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
12	Seyfang, G. (2007)	Growing sustainable consumption communities: The case of local organic food networks (England, UK)	To consider the efficacy of community-based organisations trying to promote sustainable consumption, using a case study of an organic food producer cooperative.	Mixed-methods study. Semi-structured interviews, site visits, a customer survey, and document review.	Interviews were completed with the founder of the co-operative, and four other staff members. Surveys were completed by 144 customers of the co-operative.	The co-operative was perceived to have positive social and environmental impacts. The co-operative enabled collaboration between farmers, and eventually facilitated relationships between members and the local community.	<i>Strengths</i> Clear use of existing theory. Appropriate integration of quantitative and qualitative data. <i>Limitations</i> No information about why or how the specific co-operative was chosen. A lack of rigour through an absence of information about data analysis.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
13	Sousa, J. (2015)	Realizing the Cooperative Advantage at the Atkinson Housing Co-operative: The Role of Community Development to Improve Public Housing (Canada)	To describe the role of community development within the conversion from a public housing project to a housing co-operative	Qualitative study. Case study design involving nine semi-structured interviews and document review (e.g., meeting minutes).	Members of the cooperative, government officials, and supporters of cooperative housing.	Members participated in co-operative activities, although this was concentrated in those who were elected to the board. Some members had an increased sense of agency, and of the co-operative benefiting the community, while others did not perceive any impact. There were divisions between cultural groups and problems with making information accessible to all.	<p><i>Strengths</i> Novel research topic considering the first transition from a public housing project to a co-operative in Canada. The extent to which the researcher was embedded within the research situation.</p> <p><i>Limitations</i> A lack of transparency about the process of data analysis. A lack of self-reflexivity, particularly given that the researcher had been a resident within the co-operative.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
14	Tenzin, G. & Natsuda, K. (2016)	Social capital, household income, and community development in Bhutan: a case study of a dairy cooperative (Bhutan)	To investigate the relationship between social capital, household income and community development in rural areas, including the role of co-operatives in forming social capital.	Mixed-methods study. Case study design. Random selection of households within the area surrounding a co-operative. Questionnaires, semi-structured interviews and document review.	30 participants from the areas surrounding a co-operative (15 members and 15 non-members), the chairman of the co-operative, and other 'key informants'.	High levels of interactions, and participation in group meetings, helped co-operative members develop confidence and skills, as well as form trusting bonds. Members regularly collaborated with external groups (e.g., through sharing knowledge and experience, or mutually-beneficial work)	<i>Strengths</i> Clearly grounded in the theoretical construct of social capital. <i>Limitations</i> A lack of information about why the specific co-operative was chosen, the process of randomisation, and the process of data analysis.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
15	Vo, S. (2016)	Concern for Community: A Case Study of Cooperatives in Costa Rica (Costa Rica)	Using a case-study approach, to explore the relationship between co-operatives and community development.	Qualitative study. Case study design featuring two coffee-producing co-operatives in the same region, where the researcher had lived for 4 years. Semi-structured interviews (purposive and snowball sampling), participant observation during co-operative and community activities, and document review (inc. co-operative records). Data collected across a year period.	115 participants including government officials, co-operative members and community members.	Co-operative members were proud to be part of organisations which actively helped bring tangible benefits the communities in which they were located. One important form of this work involved members in leadership positions using their connections with other civic organisations as a means to influence policy makers.	<p><i>Strengths</i> The extent to which the researcher was embedded within the research situation. Transparency regarding data collection and analysis processes. Credibility due to thick description and data triangulation. Attention paid to self-reflexivity and ethical issues.</p> <p><i>Limitations</i> Limited scope for generalising findings.</p>

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
16	Wells, V., Ellis, N., Slack, R. & Moufahim, M. (2019)	“It’s Us, You Know, There’s a Feeling of Community”: Exploring Notions of Community in a Consumer Co-operative (England, UK)	To explore ideas of community through analysing discursive identity construction practices within a co-operative public house.	Qualitative study. Co-operative was chosen because one of the researchers was a member. Semi-structured interviews. Deductive and inductive coding of transcripts as per discourse analysis (Potter & Wetherell, 1987).	37 founder members of the co-operative (aged 29-83; 28 male, 9 female)	Although co-operative members mostly utilised discourses of community (e.g., talk of doing important work together, or feeling excited about their sense of ownership), they also drew upon discourses of division (e.g., highlighting their difference from other members in terms of values, social class, or decision-making power).	<i>Strengths</i> Credibility through thick description and detailed demonstration of the process of interpretation. Explicit epistemology. Extensive use of theoretical constructs, and linking findings back to wider literature. <i>Limitations</i> A lack of self-reflexivity (a particular limitation given the social constructionist epistemology). Lack of information about sampling. Some inaccessible language.

No.	Authors (Year)	Title (Country)	Aims	Methodology (inc. sampling and data collection)	Participants	Key Findings	Strengths and Limitations
17	Wu, L., Li, C. & Gao, Y. (2021).	Regional agricultural cooperatives and subjective wellbeing of rural households in China (China)	To investigate the relationship between subjective wellbeing and membership of agricultural co-operatives	Quantitative study. Cross-sectional survey design conducted in areas of a Chinese province (chosen according to criteria relating to the study aims), with villages and households within these areas selected randomly. Descriptive statistics and regression analysis.	466 households within nine different areas of the same Chinese province.	Co-operative membership was associated with higher subjective well-being, and this association was mediated by increased social interaction with others, and a greater level of trust towards others. Co-operatives therefore encourage farmers to participate in public space, benefitting rural communities.	<i>Strengths</i> Transparency and clear rationale regarding sampling methods. Sampling involved an element of randomisation. High response rate (93.2%). Dependent variable measured using a validated scale. <i>Limitations</i> Mediator variables not measured using validated scales.

1.8.3 Critical Appraisal of Study Quality

Three separate quality appraisal tools were used to evaluate the qualitative, quantitative, and mixed-methods studies that formed part of the review (see Appendix C). Despite making it more difficult to compare studies from different categories, it was felt that it was more important to get a detailed sense of the specific strengths and limitations of each individual study.

Twelve qualitative studies were evaluated using Tracy's (2010) "Big-Tent" Criteria for Excellent Qualitative Research. Following the decision to use three separate appraisal tools, these criteria prevented the need for further fragmentation due to being designed to apply to the full range of qualitative methodologies (Tracy, 2010).

Two quantitative studies both featured a cross-sectional design and were evaluated using Critical Appraisal Skills Programme's (CASP) (2022) Cohort Study Checklist. This checklist was chosen as it was specifically developed for observational designs, such as cross-sectional studies, and because of the tool's development having been informed by decades of international workshops (CASP, n.d.).

Three mixed-methods studies were evaluated using the Mixed-Methods Appraisal Tool (MMAT) (Hong et al., 2018). This tool was chosen as it helped consider the integration of both the qualitative and quantitative elements of each study, as a key indicator of quality, and because of the tool's rigorous development process which included consideration of other available tools, and consultation with users of the tool (Hong et al., 2018).

All of the studies were deemed to explore relevant and interesting topics, collecting data that helped construct appropriate answers to clear research questions, and making significant contributions to the field. Most of the qualitative studies were considered to have 'resonance', in that they demonstrated an ability to move the reader through evocative

portrayals of the research situation (Tracy, 2010, p.840). This was particularly evident in studies which incorporated ethnographic methods (see Hadjielias et al., 2022; Vo, 2016) or demonstrated a clear commitment to giving expression to participants' voices (see Sims, 2021; Wells et al., 2019). Both quantitative studies incorporated confounding variables into their analysis, strengthening the validity of their findings concerning the relationship between co-operative membership and wellbeing, while all three mixed-methods studies effectively integrated quantitative and qualitative elements in the presentation of their analyses. Across all methodologies, around a third of studies satisfied a high proportion of their respective criteria.

Common limitations amongst the qualitative studies included a lack of credibility, often through studies relying too heavily on the voice of the researcher. Gordon's (2002) research is typical of these studies in acknowledging interviews and ethnographic visits as part of data collection methods, before reporting findings solely in the voice of the researcher. Phillips (2012), Laratta (2016), and Lemon & Lemon (2003) similarly undermined their trustworthiness by failing to substantiate researchers' descriptions with concrete detail from participants' experience, choosing to tell the reader about the research situation, rather than show them (Tracy, 2010). In Phillips' (2012) case in particular, this lack of multivocality combined with an absence of tension, and a felt sense that the research was being used to promote rather than investigate the co-operative model. Posing further questions of trustworthiness, the vast majority of qualitative studies also failed to demonstrate researchers' self-reflexivity, with Vo (2016) proving an exception due to their reflections on having lived in the community in which they were researching for several years.

Issues of rigour were apparent across all methodologies, with a general lack of information about sampling strategies amongst quantitative elements, and processes of data analysis within qualitative elements. Two out of the three mixed-methods studies failed to

give an explicit rationale which demonstrated why mixed methods were suitable for answering the research question.

1.8.4 Synthesis of findings

The included research spanned a wide range of types of co-operative and research questions, communicating different conceptualisations of wellbeing, and mostly engaging with wellbeing implicitly, rather than as a primary focus. In order to preserve a sense of coherence, it was decided that an integrative approach to data analysis (Boland et al., 2017), coding the data within each study deductively, according to the six elements of wellbeing identified above, would be best placed to answer the review question. Drawing upon the framework synthesis method outlined by Oliver et al. (2008), initial codes were interpreted into themes, before themes were grouped into the six pre-defined categories. The synthesis below attempts to summarise the extracted data relating to each element of wellbeing, as well as give an indication of the proportion of studies which contained data within each category.

1.8.4.1 Relationships

All of the studies contained data about relationships. Fundamentally, co-operatives were described as operating in the context of existing relationships. One case study featured two coffee-producing co-operatives in a rural area of Costa Rica, where a historic lack of state support was seen to have contributed to the foundation of co-operatives by necessitating a regional culture of mutual help (Vo, 2016). From a more localised perspective, involvement in particular social networks was found to be a common prerequisite to membership in multiple co-operatives, with the majority of members having existing

relationships with members that had joined before them (Hibbert et al., 2003; Tenzin & Natsuda, 2016). On one hand, the homogeneity of such networks, for example in terms of occupation (Hadjielias et al., 2022; Seyfang, 2007; Vo, 2016), was described as a crucial facilitator of the strong bonds needed to sustain co-operatives (Vo, 2016). On the other hand, new members sometimes perceived bonds between existing members as cliques, inhibiting their desire to participate in the organisation (Hibbert et al., 2003; Wells et al., 2019).

All of the studies presented evidence of co-operatives facilitating new relationships for their members, with over two-thirds of studies explicitly discussing relationships between members. Building upon members' sense of shared identity, solidarity or common purpose (Hadjielias et al., 2022; Lemon & Lemon 2003; Seyfang, 2007, Wells et al., 2019), co-operatives were described as enabling supportive networks through opportunities for collaboration (Lemon & Lemon, 2003; Sousa, 2015), for example in a case study of a dairy co-operative in Colombia which documented members coming together to fix local roads (Sims, 2021). Another important factor which supported members' relationships was co-operatives facilitating opportunities for socialising (Bauwens & Defourney, 2017; Hadjielias et al., 2022; Hibbert et al., 2003; Phillips, 2012), with links to increased trust between members (Majee & Hoyt, 2009; Tenzin & Natsuda, 2016) and improvements in members' emotional wellbeing (Wu et al., 2021).

The vast majority of studies also highlighted relationships between co-operative members, and people from their local communities. Almost all of the co-operatives facilitated physical spaces in which members could build relationships with local people, sometimes leading to further social interaction outside of the co-operative (Hibbert et al., 2003; Lemon & Lemon, 2003; Phillips, 2012). For co-operatives that provided services, the local knowledge that came from members tending to come from the community themselves, was seen to improve the quality of services (Bromwich & Saunders, 2012; Gordon, 2002;

Sims, 2021). In the case of a worker-owned SCC in the USA, the perceived high quality of care was linked to the value that the co-operative placed on relationships (evidenced by lower staff turnover and staff being able to spend more time with clients, compared to when the service had been state-run), and the fact that staff had a sense that they were caring for their own people (Majee & Hoyt, 2009). Beyond providing services, co-operatives were also found to form meaningful relationships with other co-operatives and community organisations (Bromwich & Saunders, 2012; Tenzin & Natsuda, 2016).

Around a third of studies discussed relational challenges for members, partly related to the ongoing process of participating in co-operatives, such as members perceiving other members as not doing their fair share of the work (Gordon, 2002; Sims, 2021; Sousa, 2015). In terms of their relationship with overarching power structures that connect people from different groups, co-operatives were described as sites of both collusion and resistance. Several co-operatives were credited with providing tailored opportunities (e.g., employment) that enabled people from marginalised groups to participate in the organisation, and to access a perceived increase in self-respect through a sense of equality with other members, and a recognition of status from the local community (Laratta, 2016; Lemon & Lemon, 2003; Phillips, 2012; Sims, 2021). Two studies of co-operatives in China and Colombia talked specifically about gender equity. In both contexts, co-operatives were deemed to have helped facilitate an increased level of female participation in public life (e.g., through hosting gender equity workshops), resulting in women having more control of household finances, and increased status within the community (Bromwich & Saunders, 2012; Sims, 2021). Despite these shifts, women continued to experience barriers to participation (e.g., a lack of men doing childcare) and opposition to women's changing position in rural society that posed risks of social exclusion, reduced income, and violence (Bromwich & Saunders, 2012; Sims, 2021).

The comprehensive spread of data concerning relationships suggests that relationships are an inherent part of co-operatives. Although the ways that relationships were associated with the homogeneity of members, and co-operatives were described as reproducing exclusionary power structures, were seen to pose threats to members, the vast majority of data conveyed relationships as a clear enabler of wellbeing.

1.8.4.2 Social contribution

The vast majority of studies evidenced co-operatives affecting social change at a community level. Several studies reported co-operatives' socially-minded values (Lemon & Lemon, 2003; Phillips, 2012; Vo, 2016) and members' belief in their capacity to make a positive contribution to the local community (Hibbert et al., 2003; Sousa, 2015). One important such contribution was the physical public spaces that co-operatives provided being seen to increase community participation in civic society (Bromwich & Saunders, 2012; Gordon, 2002; Hibbert et al., 2003; Lemon & Lemon, 2003; Majee & Hoyt, 2009; Phillips, 2012; Wu et al., 2021). In a multiple case study of a co-operative made up of family food-retail businesses in Cyprus, multiple members described going beyond the provision of space by planning and delivering community projects (e.g., a folk dance club) in collaboration with local stakeholders, learning about the history of successful projects in the area in order to maximise impact (Hadjielias et al., 2022).

Co-operatives were also found to provide local services and employment, often filling gaps in public and private investment (Bromwich & Saunders, 2012; Gordon, 2002; Laratta, 2016; Matthew & Bransburg, 2017; Vo, 2016) and operating in a way which prioritised keeping wealth within the local economy (Phillips, 2012; Seyfang, 2007). Several co-operatives were found to have affected change at a more fundamental level, building the

capacity of people within their communities to excel within the employment opportunities that were available, for example by improving access to education and training (Phillips, 2012; Sims, 2021; Vo, 2016). In addition to co-operative employees from marginalised groups accessing increased self-respect, people in local communities were described as having become more open to the contributions of people from marginalised groups, something that was linked to increased community cohesion (Bromwich & Saunders, 2012; Laratta, 2016).

Over a third of studies referenced co-operatives affecting change at a wider, societal level. Several co-operatives were described as facilitating increased awareness amongst members about how they were affected by government policy, with multiple examples of members advocating for regional or sector-wide changes (Matthew & Bransburg, 2017; Tenzin & Natsuda, 2016). A coffee-producing co-operative in Costa Rica was recognised as having created a coalition of 75 community organisations which lobbied and protested against policy makers regarding collective concerns, eventually securing concessions which included resources to restore degraded arable land, and improvements to local roads (Vo, 2016):

‘Through the work of the Civic Commission, the cooperatives reached outward to create a macro environment conducive to community flourishing.’ (Vo, 2016, p. 72).

The significant spread of data relating to social contribution is not surprising, given that concern for community was one of the review’s inclusion criteria. While there are many instances of researchers describing co-operatives’ social contribution, one of the consequences of the lack of credibility and over-reliance on the voice of the researcher within a lot of the studies, is that the extent to which individual members internalised a sense of social contribution remains unclear. Given that they are the people performing the co-

operatives' activities, it seems fair to assume that members would be conscious of their contribution, but the literature would benefit from researchers showing this.

1.8.4.3 Personal Growth

Around two-thirds of the studies explicitly referred to processes of learning. Many co-operatives were described as having cultures that facilitated learning, for example through an emphasis on education and training (Majee & Hoyt, 2009; Vo, 2016), members sharing knowledge with each other (Hadjielias et al., 2022; Tenzin & Natsuda, 2016), or members sharing knowledge with the local community (Vo, 2016; Sims, 2021). Through being part of co-operatives, members were found to have developed skills and knowledge, learning how to do things that they had not expected to be able to do, bringing them a sense of empowerment and control (Gordon, 2002; Hibbert et al., 2003). The content of the learning varied according to context, and most commonly involved relational skills (e.g., collective decision-making) (Sousa, 2015), or work-related skills (e.g., organisational governance) (Matthew & Bransburg, 2017). In a dairy co-operative in Colombia, members were provided with training about alternative farming practices which resulted in a higher quantity and quality of produce, increased income, and environmental benefits (Sims, 2021).

Acquiring new knowledge and skills was only part of the findings that related to learning. Around a third of studies discussed members' broader personal development, including changes in their views of themselves, such as increased self-esteem, self-respect and confidence (Gordon, 2002; Hibbert et al., 2003, Majee & Hoyt, 2009; Matthew & Bransburg, 2017; Sims, 2021; Tenzin & Natsuda, 2016). A member of the dairy co-operative in Colombia reported that:

‘by participating with Coocampo I realised who I really am, what abilities I have. These often go undiscovered due to a lack of experiences or contact with others. I changed the way I deal with people...I wasn’t used to interacting with people. Before, I found public speaking hard. Today I’m very proud of myself.’ (Sims, 2021, p. 5)

The same study also discussed members’ views of others and the world around them, with members described as becoming more conscious of their interdependence with others, and a sense of collective resilience following the experience of mutual accomplishment (Sims, 2021). Changes in members’ views of self and others were presented as dynamically related, as members’ awareness of interdependence was associated with them recognising their own individual role and responsibility for contributing to community well-being:

‘results reveal that farmers gained confidence and a sense of self-worth as their fundamental role in society became apparent to them, they became more critically conscious of their responsibilities for the health and well-being of society and the environment as manifest through their milk production.’ (Sims, 2021, p. 6)

The considerable spread of data relating to learning, and members’ explicit expression of its benefits, portray personal growth as an important and valued facilitator of wellbeing within co-operatives. Findings also demonstrate strong connections between multiple elements of wellbeing. For example, Sim (2021) highlights how members’ access to a newfound sense of interdependence (a change in perspective which could be seen as personal growth) was inextricably linked to both their experiences of collective achievements (relationships), and their commitment to practices that support community wellbeing (social contribution).

1.8.4.4 Participation

Over half of the studies explicitly explored members' participation in co-operative activities. Evidence of participation ranged from referring to the existence of meetings, and the fact that members were encouraged to attend (Lemon & Lemon, 2003; Phillips, 2021, Sousa, 2015), to describing members' attendance and contribution to meetings, committees and elections (Bromwich & Saunders, 2012; Hibbert et al., 2003; Matthew & Bransburg, 2017; Sims, 2021). Some studies reported changes in participation, for example over time, with members tending to move from a passive role, to being able to express their opinion and discuss issues in meetings, to taking on more responsibility and being active within decision-making processes (Bromwich & Saunders, 2012; Sims 2021). Other studies described differences between members, with many members of two worker-owned SCCs in the USA focussed on their core duties, while a smaller group of members were seen as motivated to invest extra energy in contributing to the development of the organisation (Majee & Hoyt, 2009; Matthew & Bransburg, 2017).

Several studies discussed factors which facilitated or inhibited member participation. Facilitators of general participation included members' desire to keep busy, especially through activity that aligned with personal values or interests, and their experience of having their participation recognised by others (Hibbert et al., 2003; Sims, 2021). In some co-operatives, increased levels of participation which involved contributing to the development of the co-operative were associated with being appreciated and encouraged to feel a sense of ownership for the co-operative by members in leadership positions (Majee & Hoyt, 2009; Vo, 2016). In contrast, in a public-housing co-operative in Canada, member-leaders were viewed as not doing enough to include other members in decision-making, through disseminating inconsistent information that was not translated into the languages spoken by all members (Sousa, 2015). Other barriers to participation included a lack of

geographical proximity between members (Bauwens & Defourney, 2017), and members not feeling competent enough to complete required tasks, or simply not wanting to take on extra responsibility (Hibbert et al., 2003).

Compared to the three elements above, fewer studies explicitly engaged with member participation. Although this raises questions about the centrality of participation within the overall findings, one potential explanation is that researchers took a certain level of participation for granted as members could not have accessed relationships, a sense of social contribution, or personal growth, without first participating in their co-operatives. That being said, the extent of members' participation appeared to be contested; with evidence of meaningful participation being unevenly distributed amongst members.

1.8.4.5 Subjective Experience

Over half of the studies explored subjective experiences related to being part of a co-operative. A cross-sectional analysis of survey data collected from households in a rural area of China found that co-operative membership was associated with higher subjective wellbeing (Wu et al., 2021). This finding was substantiated by further survey data collected from members of a worker-owned childcare co-operative in the USA, who reported a reduction in experiences of depression, anxiety or stress since joining the co-operative (Matthew & Bransburg, 2017), and semi-structured interviews as part of a study of a dairy co-operative in Colombia in which members talked about the co-operative bringing them an increased quality of life (Sims, 2021).

Over a third of studies referenced positive emotional experiences for members. The most frequently reported experience was pride. A member of a worker-owned SCC in the USA, conveyed the impact on members after transitioning from being a statutory service by

describing how ‘it’s not just me it’s now us; I see that just in their body language. They walk taller, they have pride in what they are doing’ (Majee & Hoyt, 2009, p.454). Other accounts of pride were related to co-operatives being recognised as the ‘lifeblood’ of the community (Vo, 2016, p.68), or as playing a role in protecting the community’s culture (Wells et al., 2019). As well as pride, members also talked about feeling optimistic about the future of their co-operative (Hibbert et al., 2003), and about their co-operative helping them feel hopeful about their community being a place of possibility (Sims, 2021).

Aside from the relational challenges outlined in the ‘relationships’ section above, and the issues with leader-members in the ‘participation’ section, there were few further instances of data alluding to members’ negative emotional experiences. From a broad viewpoint of having researched seven community co-operatives in the Scottish Highlands, Gordon (2002) commented upon the experience of sustaining a co-operative within a society where they are not the norm, suggesting that co-operatives are inherently vulnerable organisations which are subject to ambiguous and complex influences, and which inevitably involve struggle.

The relative lack of engagement with subjective experience across the included studies may be a reflection of the social, rather than individual, focus of research looking at co-operatives. Although the spread of data was narrower, the vast majority of data within this category demonstrated members accessing wellbeing through positive experiences.

1.8.4.6 Autonomy

Around a third of studies presented findings relating to autonomy. Multiple co-operatives were described as creating the conditions for self-empowerment (Hibbert et al., 2003; Laratta, 2016; Sims, 2021), with a member of a consumer co-operative in England attesting to the value of the opportunity to experience agency:

‘it’s actually you’re part of operating something, rather than just being a consumer of it, and I think that’s really important.’ (Wells et al., 2019, p.626)

Multiple studies discussed a sense of autonomy in terms of activities within co-operatives, including members having control over what training they received (Sousa, 2015), being able to choose what community projects they were involved in (Sims, 2021), and being able to innovate or adapt their roles by taking on extra responsibility (Hibbert et al., 2003). Autonomy was also seen to be promoted outside of the co-operative, with members of multiple co-operatives accessing greater commercial control through collaboration with other members (Seyfang, 2007; Sims, 2021), and a SCC in the USA asking people in the local community to choose which co-operative members provided them with care (Majee & Hoyt, 2009). In contrast, a case study of a public housing co-operative in Canada noted how wider systems surrounding the co-operative retained power and restricted members’ autonomy, for example by retaining control of the co-operative’s overall budget, and the rent cap for residents (Sousa, 2015).

While autonomy was the category with the narrowest spread of data, most data portrayed co-operatives as facilitating members’ wellbeing through access to autonomy. As indicated above, there appeared to be particular connections between autonomy and participation, with reports of members exercising influence within their co-operatives often fitting into both categories.

1.8.4.7 Conclusion

17 studies were included in the final analysis. Analysis found data associating all of the considered elements of wellbeing with co-operative membership, often in a mutually-reinforcing way. The most straightforward association appeared to be with learning, with

considerable evidence of co-operatives facilitating members' personal development, including impact upon their views of self and others. There was also comprehensive evidence of members accessing relationships, and significant evidence of co-operatives being seen as involved in social change, although certain relational challenges were seen to pose threats to members' wellbeing, and it was unclear to what extent individual members had internalised a sense of the social contribution that was attributed to their co-operatives. While there was less evidence relating to subjective experience and autonomy, the vast majority of reported emotional experiences were positive (mostly centring upon pride), and most data relating to autonomy portrayed co-operatives as facilitators of members' control and agency. The most contested association appeared to be with participation, with participation and influence upon decision-making seen to be unevenly distributed between members, sometimes as a result of the actions of members in leadership positions. Overall, the studies communicate that co-operatives are broadly supportive of their members' wellbeing, particularly by facilitating learning and relationships.

1.9 Rationale and Aims for the Current Study

1.9.1 Rationale

The evidence that the trend towards funding privately-owned services is contributing to the crisis in adult social care in the UK, confers a responsibility upon people involved in the sector to explore alternatives. Community businesses are one (currently marginal) innovation which has been found to have a positive impact on the people that they involve, and the communities that they are located within (What Works Wellbeing, 2020). The literature review above demonstrates how co-operatives are a specific type of community business which, across a wide range of contexts, facilitate members' access to various

elements of wellbeing. However, the review found a lack of studies featuring SCCs (especially in the UK), and a lack of research grounded in participants' experience. This constitutes a need for empirical research which explores members' wellbeing in a SCC in a UK setting (Conaty, 2014; SCIE, 2020b).

Clinical psychologists have a unique role in working to promote the wellbeing of both the people employed and supported by care services. Despite an increasing focus upon people who are supported being involved in service design (NHS England, 2014; 2017; SCIE, 2015; 2017), and evidence of the benefits of people who are supported having a sense of ownership over their care (Mifsud et al., 2019), economic structures such as service ownership models are typically seen as outside of the remit of clinical psychology (Zlotowitz & Burton, 2022). Nevertheless, economic factors are a major influence upon wellbeing, with the most recent iteration of neoliberal austerity associated with a range of mental health problems (Psychologists Against Austerity, 2015). Research exploring the impact that co-operative ownership models have upon care can help challenge the tacit assumption that it is health professionals who should own services, equipping clinical psychologists with new understandings of how service ownership models relate to wellbeing, and the potential responsibility of collaborating with marginalised communities to build democratic organisations (Zlotowitz & Burton, 2022). In attending to sites of co-operation, research can also challenge the constructions of 'competitive individuals' at the heart of neoliberalism and mainstream Western psychology, supporting a re-orientation towards relational wellbeing by telling a different story about human psychology (Adams & Estrada-Villalta, 2019; Zlotowitz & Burton, 2022).

1.9.2 Aims and research questions

The current study aims to develop understandings about how the co-operative model relates to wellbeing within an adult social care setting in the UK. As well as giving existing co-operatives such as CC further insight into their practices, this theory could add to the resources available to policy makers aiming to address the social care crisis, by better understanding co-operatives as an alternative to privately-owned care providers which seek to transfer power from professionals and investors, to the people that are involved in care. The study's primary research question is 'what are the social processes that shape wellbeing in a SCC?'

CHAPTER 2: METHODOLOGY

This chapter considers the rationales behind various design choices, including the over-arching methodology, means of data collection, and recruitment processes. The impact of Covid-19 upon the research, ethical considerations, the extent of consultation with ‘experts by experience’, participant demographics, and the processes of data collection and analysis are also outlined.

2.1 Design

As SCCs are a recent development in the UK, and research considering how they operate is lacking, a qualitative method was chosen to prioritise exploration through the rich detail and specificity that language can offer.

Situational analysis (SA) (Clarke, 2005), an adaptation of grounded theory (GT) (Glaser & Strauss, 1967), was selected due to the resonance between studying an organisation based on the idea of co-operation, and SA’s conceptualisation of ‘research situations’ as complex sites of dynamically-interacting elements. Data was collected using semi-structured interviews, and analysed using both traditional GT strategies, and SA tools.

2.1.1 Epistemology

The epistemological stance outlined in the previous chapter expressed the viewpoint that, providing enough attention is paid to the context surrounding phenomena, it is possible and valuable to use research to inform policy. SA is compatible with this stance in that it seeks to strike a balance between mapping the multitude of elements that are part of research situations (e.g., the groups of people, contemporary sociohistorical events, and discourses

which all play a role in constituting a co-operative), while retaining the traditional GT commitment to work towards explanatory theory (Clarke et al., 2016).

2.1.2 Grounded Theory and Situational Analysis

GT consists of a set of strategies which can be used to identify pertinent social processes (e.g., instances of action or change) within the focus of a research project, before generating new theory about the relationships between processes, with the ultimate aim of informing considerations of the phenomena of interest in other contexts (Morse et al., 2021).

This approach was considered more suitable to the current project than other methodologies. For example, it was felt that the orientation towards participants' internal sense-making at the heart of interpretative phenomenological analysis (see Smith, Larkin & Flower, 2009) would obscure the connections between people that are an integral part of studying organisations, and that the degree of focus upon the discourses in which participants' accounts are situated that is central to discursive methodologies (e.g., see Potter & Wetherell, 1987) would take too much attention away from the aim of informing policy.

As well as its capacity for developing theory in an area where there has been a lack of research, GT was deemed suitable for the current study as it shares an orientation with the primary research question, towards the social processes that are happening within the research situation, and because of its focus upon the interplay between social structures (e.g., service ownership models) and behaviour (an important part of the definition of wellbeing set out above) (Tweed & Charmaz, 2012).

There are currently three distinct interpretations of GT, which conceptualise or apply the core strategies in different ways: the objectivist tradition (see Glaser, 1998) prioritises generalisability and sees researchers as discovering theory that is latent within the data;

constructivist GT (see Charmaz, 2014) values reflexivity and considers theory to be constructed through a dynamic interaction between researcher and data; while SA (see Clarke, 2005) is grounded in the symbolic interactionist view of life as a product of human participation and negotiation (Willig, 2013), and uses visual mapping tools to shift focus from social process to social ecology, emphasising the role of the context in which researchers and participants are situated (Charmaz & Henwood, 2017). The focus on human participation and ecology within SA was deemed a particularly appropriate lens through which to view a multi-stakeholder co-operative – a kind of organisation whose success has been seen to depend upon the continued participation of different groups of people (Birchall & Simmons, 2004b).

2.1.3 Semi-structured interviews

Semi-structured interviews are the most common method of qualitative data collection in health services research (DeJonckheere & Vaughn, 2019). One of their strengths, which was seen to be suited to the novel focus of this research, is the freedom that participants are afforded to develop their ideas organically, facilitating dialogue and eliciting new questions from researchers (Willig, 2013). This inclination towards dialogue makes the quality of data contingent upon the rapport between interviewer and interviewee (DeJonckheere & Vaughn, 2019; Willig, 2013). This led the primary researcher of the current study to seek to build meaningful rapport with prospective participants prior to the interviews. When participants' capacity allowed (in seven out of nine cases), the primary researcher had preliminary conversations with participants, which included explicit acknowledgement of the researcher's stake and interest in the topic (Potter & Hepburn, 2005), and an invitation for participants to ask about the researcher's context. Two out of these seven participants had also previously

spent time with the primary researcher in an organisation-wide meeting, while an additional four out of the seven participants had previously been part of the project's consultant panel (involving additional meetings, and protected time for socialising and discussing the Anglo-Welsh rugby rivalry). The vast majority of preliminary meetings and interviews being conducted via video call also provided opportunities for relationship-building, in that participants were able to see part of the researcher's home, while having the choice of sharing a part of their home or work environment.

The social constructionist element of the project's epistemological stance informs a view of the varying degrees of rapport that participants were able to build with the primary researcher, as having inevitably influenced what participants talked about in their interviews. Although having not been able to spend time with the primary researcher prior to interview may have inhibited the likelihood of two participants feeling able to share varied, personal, or evocative experiences (this was supported by the primary researcher's reflection that one of these participants seemed particularly concerned with sharing experiences that reflected CC's values), having less of a sense of the primary researcher may have also tempered any inclination to connect with the researcher's interest and values, and made these participants more likely to talk about experiences which were important to them.

One risk of using semi-structured interviews was the potential of over-identifying with the realist element of the project's epistemological stance and taking data at face value, as a useful reflection of reality, while neglecting the influence of the context in which the interviews were situated (Willig, 2013). Considering the context of the interviews, the project's explicit focus upon the co-operative ownership model was seen as conceivably leading to the recruitment of participants who were likely to view the co-operative positively, either through their involvement or interest in it. Furthermore, the choice to use members of the project's consultant panel to act as gate-keepers who would recruit participants via word-

of-mouth (a strategy advised by the consultant panel), resulted in most participants being recommended to the project by a senior member of staff who was a passionate advocate of the co-operative. This meant that participants might have been conscious of sounding positive and ‘on-brand’ about the co-operative, especially when being interviewed by someone external to the organisation at a time of acute organisational stress due to the Covid-19 pandemic. While it was deemed important to continue with this recruitment strategy in order to utilise the expertise of the consultant panel, to respect the relational nature of co-operatives highlighted by the academic literature, and to reflect the ecological framework underpinning SA, efforts were made during the development of the interview schedule (see Appendix D) to permit critique of the co-operative by: avoiding leading language when asking about concepts considered to be supportive of wellbeing; including a core question about the disadvantages of being a co-operative; and asking several follow-up questions which explicitly targeted challenges to wellbeing.

The social constructionist element of the project’s epistemological position supported thinking around interviews as social interactions constituted by context, highlighting the importance of considering the subjectivities of all involved (Edwards & Holland, 2013). The probability of interviewing participants with learning disabilities raised the issue of the reliance upon language within semi-structured interviewing, and the consequent possible power imbalances between participants and the primary researcher, or between participants and CC staff who were present at their interviews in either a supporter or co-participant capacity (Baggs, 2007). While the primary researcher developed strategies for managing the potential for staff speaking over, or for, participants with learning disabilities (e.g., being explicit about who questions were being addressed to; arranging a separate interview to access staff’s perspectives where necessary, to keep the focus of an entire interview with a participant who was being supported), the researcher was also mindful of the benefits of

retaining a strengths-focussed view of relationships between people who are supported and their support staff.

2.2 Impact of Covid-19

To further address the potentially exclusionary nature of the reliance on language inherent within interviews, and supported by the project's consultant panel (see 'consultation' below), the original design of the project included an adaptation of 'photovoice' (Wang & Burris, 1997), a methodology designed to ensure that the voices of marginalised people are included in policy debate (Labbé et al., 2021; Povee, Bishop & Roberts, 2014). This involved participants being given the option of responding to the research question creatively (e.g., by taking photographs, or drawing), and then bringing a selection of their creative expression to form the basis of the conversation at either an interview, or a focus group with other participants.

Unfortunately, despite recruitment for the current study beginning in the autumn of 2021, after the final Covid-19 lockdown had ended, the challenges facing CC did not ease as staff had hoped. Data commissioned by the Department of Health and Social Care to assess the adult social care workforce in England showed that around 50,000 staff left the sector between 2020/21 and 2021/22, leaving the rate of vacant posts at 10.7%, the highest since data was first collected in 2012/13 (Skills for Care, 2022). While comparable data could not be sourced for Wales, the Welsh government has described a similarly unprecedented crisis within the social care workforce in Wales (James, 2022), citing a combination of staff's exhaustion following the Covid-19 pandemic, and longer term issues such as staff feeling undervalued (particularly in comparison to NHS staff), and the availability of better-paid jobs within sectors which have struggled with staffing since Brexit (e.g., retail, leisure and

hospitality) (Health and Social Care Committee, 2022). CC staff reported significant and persistent staff shortages, leaving remaining staff extremely stretched, and without sufficient resources to either express themselves creatively, or assist others in doing so. Even the small number of participants (two out of nine) who remained enthusiastic about photovoice, proved unable to find the time needed to participate and had to revert back to the option of a standard interview.

2.3 Ethics

2.3.1 Ethical approval

This project was granted ethical approval by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (protocol number: LMS/PGR/UH/04571) (see Appendix E).

2.3.2 Ethical considerations

2.3.2.1 Accessibility and inclusion

By involving people with learning disabilities, it was important that the research was suitably accessible. Working towards this aim involved producing documentation with reduced text and more visual cues than might have otherwise been used. This was particularly important when obtaining consent to participate in the study, using reduced text versions of the information sheet and consent form (see Appendices F and G). The primary researcher also produced two accessible versions of the project's findings (see Appendix H) to help communicate the findings of the study to all participants.

As CC is a bi-lingual organisation which includes both English and Welsh speakers, the project's consultant panel advised that it was important to make the project accessible to Welsh speakers. Although no participants asked to be interviewed in Welsh, all documentation was provided in Welsh, and funds were available for Welsh interpreters if required.

2.3.2.2 Informed consent

All prospective participants were provided with a participant information sheet (Appendix F) and a consent form (Appendix G), and invited to a preliminary meeting to allow the primary researcher to assess their capacity to consent to take part, as well as answer any questions and confirm whether they still wished to take part. Referring to the Mental Capacity Act (2005) for guidance, there were no concerns regarding participants' capacity to consent.

2.3.2.3 Confidentiality

Interviews were audio-recorded and transcribed by a professional transcriber who signed a confidentiality agreement (Appendix I). All names and other pieces of information that could be used to identify someone (e.g., names of places, or other organisations) were omitted from the transcriptions to protect participants' confidentiality. The relatively large size of CC was considered to be helpful in further protecting participants' anonymity.

2.3.2.4 Data management

Audio recordings were stored on the primary researcher's secure cloud-based storage system provided by the University of Hertfordshire, and were deleted upon completion of the study. Anonymized transcriptions and electronic copies of participants' consent forms (all physical copies were destroyed) were stored on the same storage system, and will be stored for 5 years before being destroyed.

2.3.2.5 Participant distress

Participants were informed that they could withdraw at any point during the interview, and a debrief took place at the end of each interview whereby participants had the opportunity to discuss how they found the interview and whether it brought up any difficult emotions for them. Participants were provided with a debriefing sheet (Appendix J), signposting them to emotional support both internal and external to CC.

2.4 Consultation

A consultant panel was convened and consulted about the design of the project. In addition to one-to-one introductory phone calls, the group met on six occasions (via video call) and included two people who are supported, two members of support staff, one service manager, and two members of senior staff.

A member of the panel participated in a pilot interview, observed by another member of the group. The two consultants gave constructive feedback about the primary researcher's interviewing technique, including advice to keep questions simple, and avoid focussing too much on feelings. The panel also contributed to the development of accessible

documentation, for example suggesting that a shorter version of the reduced text information sheet was needed (see Appendix F).

2.5 Participants

2.5.1 Recruitment

The project's consultant panel felt that it would be best to use convenience and snowball sampling approaches by recruiting participants through word of mouth – i.e., by members of the panel speaking about the project at staff meetings or events (e.g., Zoom quizzes), or by talking to people in their networks. Rather than a sample that was representative of the people connected to CC, the aim was to recruit participants who could offer a range of perspectives on life at CC.

This approach led to the recruitment of 6 participants, with a further 3 being recruited after the primary researcher attended a CC organisation-wide co-operative meeting. Both participants who were supported by CC chose to be assisted by one of their support workers in their preliminary meetings. Both support workers chose to participate in the study as well.

2.5.2 Inclusion and exclusion criteria

Aligning with SA's focus on multiple perspectives (Clarke, 2005), the consultant panel suggested that it would be important to include people supported by CC, their friends or family members, care staff, and office-based staff (e.g., managers, HR). Difficulties with recruitment led to these criteria being widened to community supporters of CC.

Providing there was a member of care staff who knew them well, who would have been willing and able to provide the necessary support to facilitate their participation, and to

have helped translate their communication into spoken word, it was decided to include participants who were supported by CC and typically communicated using non-verbal means. Although making the inclusion of participants who typically communicate non-verbally contingent upon other factors in this way is problematic, choosing to not attempt to recruit them because of the complexities involved has been seen as more unethical (McClimens & Allmark, 2011). The consultant panel felt that support staff would have been able to attune to body language and other forms of non-verbal communication to support a participant to communicate something of their experience. Unfortunately, perhaps another limitation that was related to pressures upon staff, no participants who typically communicate using non-verbal methods were put in touch with the primary researcher.

2.5.3 Recruitment challenges

The staffing shortages outlined above made it difficult to recruit participants. One prospective participant, a member of care staff who had been connected to the project through a member of the consultant panel, explained that she was currently working 90–100-hour weeks, and that she had recently taken a week’s annual leave, only to fall ill due to exhaustion. She asked if it was ok if she did not participate in the study, and the decision was taken to prioritise staff wellbeing over the desire to collect data.

Around this time, staff also began to drop out of the consultant panel, while others were unable to attend meetings or respond to emails as frequently as before, making it difficult to co-produce changes in recruitment strategy. Remaining members of the panel reported sharing details about the project within their teams, but that staff felt they had no spare time or energy to contemplate getting involved. Strategies used to address this issue involved advertising the study in CC’s monthly newsletter, and discussing it at an

organisation-wide co-operative meeting. Fortunately, 3 participants were sourced through this meeting and the project was able to go ahead.

The difficulties in recruiting, and the time-limited nature of researching as part of a professional doctorate, meant that plans for multiple waves of data collection and analysis, and the process of formal theoretical sampling, in which later interviews could have been geared towards testing and developing tentative theory resulting from earlier interviews, had to be dropped. While the viability of the project was yet to be secured, time that could have been spent analysing early interviews had to be spent thinking about alternative projects. Once the viability of the project had been secured, no further participants were recruited and it was felt that all feasible avenues for doing so had been exhausted.

2.5.4 Rationale for sample size

Rather than focus on participant numbers, GT traditionally works towards theoretical saturation, a point at which new data collected through theoretical sampling is no longer yielding ideas which help further develop the analysis (Clarke & Charmaz, 2019). Although by the end of the analysis, clear social processes were being constructed from the data, pointing towards data sufficiency (Dey, 1999), the restrictions placed upon recruitment mean that theoretical saturation cannot be claimed. Findings should therefore be treated with caution and additional research should be carried out to develop them further.

2.5.5 Participant demographics

Participants' demographic information is displayed in Table 5.

Table 5 *Participants' demographic information*

Pseudonym	Type of role	Length of time at CC	Gender	Age	Ethnicity
Abigail	Support staff	3-5 years	Female	45-54	White British
David*	Office-based staff**	-	-	-	-
Hopper	Community Supporter	10-14 years	Male	65-74	White British
Jay	Office-based staff**	3-5 years	Male	35-44	White and Asian
Jenny	Office-based staff**	25+ years	Female	55-64	White British
Kate	People who are supported	3-5 years	Female	25-34	White British
Kim*	People who are supported	-	-	-	-
Mandy	Office-based staff**	15-24 years	Female	55-64	White British
Megan*	Support staff	15-24 years	-	-	-

*Incomplete due to demographic information being collected post data-analysis

**Includes senior staff, middle-management and organisational development roles

2.6 Data collection

2.6.1 Developing the interview schedule

An interview schedule (see Appendix D) was developed to provide the interviewer with a checklist of important topics to scaffold conversation. In-keeping with GT methodology, the schedule sought to strike a balance between giving participants the freedom to explore their experiences, and eliciting information relating to concepts of interest

(Charmaz & Belgrave, 2012). To help ensure that participants were given an opportunity to begin their interviews in an open-ended way, the first question asked participants how they would describe CC – a topic about which they would hopefully have a lot to say. This aimed to set a tone that avoided being too directive, or restrictive of participants taking the conversation in different directions (Wimpenny & Gass, 2000).

Subsequent questions were devised, in conversation with the project's supervisory team and consultant panel, with regard to the core elements of the definition of wellbeing set out in the previous chapter. Although the recruitment challenges outlined above restricted plans for formal theoretical sampling, it was still possible to introduce additional prompts based on initial reflections following interviews. For example, multiple participants described 'going the extra mile' as part of the culture amongst staff at CC, but were unsure about whether CC recruited staff who were already this way inclined, or whether CC supported staff to develop this capacity. To investigate this further, subsequent participants were asked about their perspective on this, including their thoughts on CC's recruitment and training processes.

2.6.2 Interview procedure

The vast majority of participants chose for their interviews to be online, via video-call software, with one participant choosing to complete theirs by telephone. Interviews lasted between 46 and 98 minutes, with an average length of 69 minutes. During a preliminary meeting, or at the start of the interview when a preliminary meeting had not been possible, the primary researcher introduced the focus of the research as wanting to find out about 'life at CC', intended to be a more accessible interpretation of the research question that would be more meaningful to participants (Willig, 2013). Two people who are supported were

interviewed alongside members of their support staff who also participated in the study. One of these interviews felt like it appropriately facilitated a rhythm of moving between each of the participants' perspectives. In the other interview, a combination of constraints on time, and the relational dynamic, led the researcher to feel that the people who are supported would benefit from having the whole of the interview focussed on facilitating their expression, and to arrange a separate interview with the member of staff. In a context of staff being stretched by the challenges documented above, the final question of the interview schedule was positively framed to try and end interviews on a positive note (Charmaz & Belgrave, 2012).

2.7 Data analysis

All interviews were transcribed verbatim and analysed using GT techniques and informed by SA's focus upon social processes and context (Clarke et al., 2016).

2.7.1 Initial coding

'NVivo 12' was used to carry out initial coding (see Appendix K). This mitigated the imposition of preconceived ideas by systematically contemplating the data line-by-line, considering what was happening in terms of the individuals, relationships and discourses that were present, and identifying words and phrases that described apparent social processes (Charmaz & Henwood, 2017). Most initial codes included gerunds, the noun form of a verb (e.g., coding), to reflect the focus upon process. As participants were from a range of different stakeholder groups within CC, and two interviews involved both people who are supported and their support workers, codes also specified which stakeholders were involved in each social process (e.g., 'support staff valuing what people who are supported said').

The first anonymised transcript to be coded was also coded independently by a member of the supervisory team, to help the primary researcher maintain an awareness of the impact of their own subjectivity upon their interpretation of the data, and of alternative perspectives. One salient learning point involved the primary researcher noticing their tendency to take an emotionally-detached view of data, noticing social processes happening between people, while missing social processes that could be interpreted through being grounded in each participant's emotional experience. Starting to consider social processes not only from a birds-eye view, but also from the perspective of each participant, helped increase the richness of subsequent coding.

2.7.2 Focused coding

Following initial coding, codes were printed out and considered in relation to one another. This process of focused coding resulted in initial codes being physically grouped together (see Appendix L), helping construct another set of focused codes that reflected the most frequent or significant initial codes (Charmaz & Henwood, 2017).

Throughout all levels of coding, new insights were sought through the GT strategy of constant comparison, the continual and systematic comparing of data, codes, themes and categories with each other (as well as considering them in light of the overall data), paying attention to similarities and differences to help express the full complexity of the data (Tweed & Charmaz, 2012). The interpretations and decisions within this process were recorded in written memos (see Appendix M). Memoing is another GT strategy which can help express justifications for particular codes, explore the relationships between codes, or record general thoughts or questions which can help guide the analysis (Clarke, 2005; Willig, 2013).

2.7.3 Theoretical coding

The focused codes were then recorded electronically using 'Excel' software. This facilitated a further process of theoretical coding which considered the relationships between the focused codes, re-grouping and refining them, eventually producing the set of themes, sub-categories and categories reported in the 'Results' chapter below (see Appendix N) (Charmaz, 2014). The relationships between these themes, sub-categories and categories were expressed visually in the form of a GT conceptualisation of the overall findings (see Appendix O). Multiple supervisory meetings facilitated discussion of the themes, sub-categories, categories and GT conceptualisation, forming an essential part of the analysis and helping co-construct the final presentation of the findings.

2.7.4 Situational analysis

SA's three visual mapping tools (see Table 6) complimented the use of traditional GT strategies outlined above, helping 'open up' and 'interrogate' the data in new ways' (Clarke, 2005, p.83).

Situational and social worlds/arenas maps were used to help conceptualise the project (see Appendices P and Q). The social worlds/arenas map was particularly useful in orientating the study to CC's links to statutory systems, helping the primary researcher be open to data corresponding to a theme which would become an important part of the findings.

Towards the end of the analysis, the existing situational and social arena maps were revised to ensure the consideration of context and the contested nature of the research situation was maintained (Clarke et al., 2016). Several positional maps were also created in relation to points of particular tension within the data (see Appendix R). Memoing supported

thinking, particularly around whether participating in co-operative activities constituted extra work, one of the key debates within the data.

Table 6 *Situational analysis visual mapping tools (Clarke et al., 2016)*

Type of map	Function	Stage at which they are used
Situational	Sets out the various types of elements (e.g., human, discursive, historical) that make up the research situation. Facilitates consideration of the relationships between elements, and of the kind of data needs to be collected.	During the design stage, and again after each wave of data analysis.
Social worlds/arenas	Notes all of the collective actors (e.g., organisations, discourses) within the broader context of the research situation, and facilitates thinking about their relationships to one another.	During the design stage, and again after each wave of data analysis.
Positional	Helps researchers to identify particular concepts, debates, or discourses within the data, considering all the positions taken and not taken in the data, relating to each issue.	After all data has been collected.

2.8 Evaluation of methodology

This research was evaluated using the same criteria applied to qualitative studies in the systematic literature review – Tracy’s (2010) “Big-Tent” Criteria for Excellent Qualitative Research. Key strengths and limitations are elaborated in the Discussion chapter (section 4.4).

CHAPTER 3: RESULTS

This chapter includes a summary of the GT conceptualisation, before describing each of the categories and sub-categories that form the conceptualisation, with reference to data from participants' interviews.

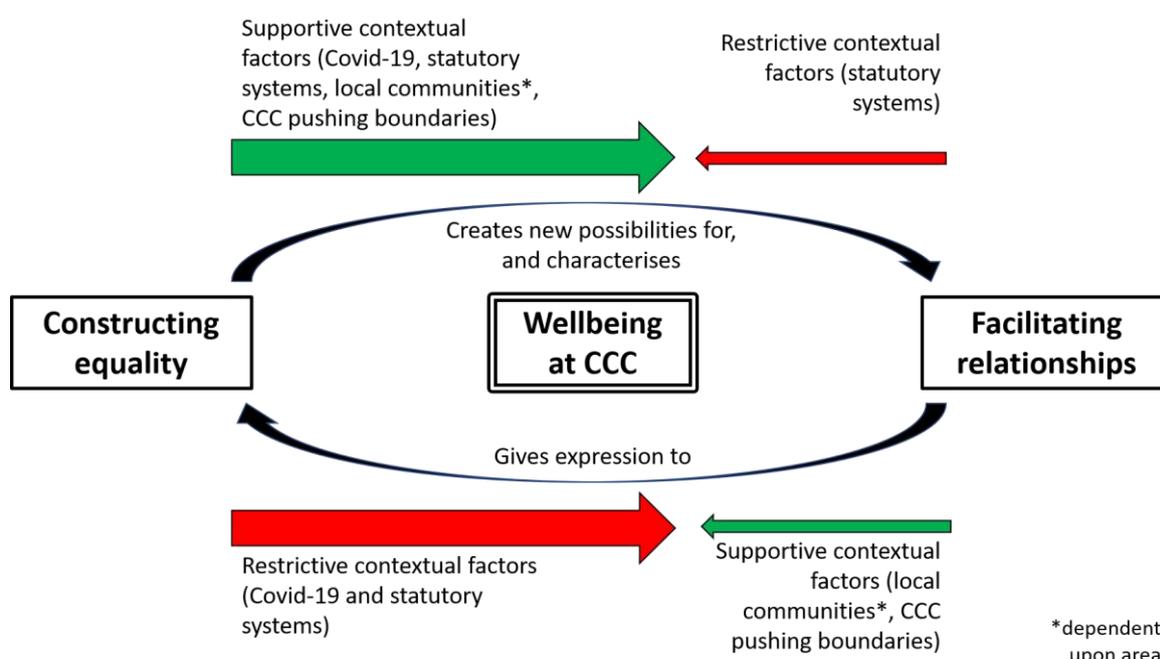
3.1 The grounded theory conceptualisation: a summary

Data analysis resulted in the construction of the three categories and nine sub-categories listed in Table 7. Figure 3 demonstrates how wellbeing at CC is a result of the symbiotic relationship between 'constructing equality' and 'facilitating relationships', accounting for the impact upon this relationship of 'operating in a context that is both supportive and restrictive'. Figure 3 indicates how each of the sub-categories relating to context either support or restrict the relationship between the other two categories. To preserve the accessibility of the conceptualisation, and retain a primary focus upon the relationship between 'constructing equality' and 'facilitating relationships', elaboration on the role of the remaining sub-categories is included in Appendix O.

Table 7 Social processes in the grounded theory conceptualisation

Category	Sub-category
1 Constructing equality	1A Orienting towards equality
	1B Facilitating more equal participation
2 Facilitating relationships	2A Orienting towards relationships
	2B Building and maintaining relationships
	2C Facing barriers to relationships
3 Operating in a context that is both supportive and restrictive	3A Being impacted by Covid-19
	3B Statutory systems both supporting and restricting CC's capacity to operate according to its values
	3C Being situated within communities that are connected to differing degrees
	3D Pushing boundaries

Figure 3 Grounded theory conceptualisation: the social processes that shape wellbeing at CC



3.2 Category 1 - Constructing equality

This category consists of social processes occurring mainly between people at CC. The two sub-categories are ‘orienting towards equality’ and ‘facilitating more equal participation’. Participants indicated that, while there were ways in which certain groups were less valued than others, or were participating less in their communities, people at CC predominantly perceived and related to others in ways which promoted equality.

3.2.1 Sub-category 1A - Orienting towards equality

This sub-category explores the different ways that people at CC attributed value to each other, and the overall distribution of value. The themes ‘seeing people as equal’ and ‘humanising’ engage with the values and perspectives through which people promoted a sense of people having equal worth at CC. The theme ‘seeing people who are supported as lesser than’ encapsulates a smaller set of instances of participants describing how a sense of equality was undermined by people who are supported being viewed in a deficit-focussed way.

The different perceptions of people are expressed both in the form of ‘telling’ (e.g., participants explicitly describing values at CC) and ‘showing’ (e.g., participants recalling stories which illustrate how values manifest in day-to-day life) (Tracy, 2010, p. 843).

3.2.1.1 Seeing people as equal

A fundamental way in which people at CC were seen as equal, was the expression of collective identity in participants’ accounts. Most participants often referred to people at CC

as ‘members’, and used the inclusive pronoun ‘we’, to refer to various groups collectively (e.g., people who are supported, staff), rather than distinguishing between them.

(Interviewer): *What kind of things make you feel most part of [CC], do you think?*

Kim (People who are supported): *Um... I help... when we've got... so we... oh what do you call it? Shredding to do*

Mandy (Office-based staff) suggested that participating in activities organised through co-operative meetings were particular spaces in which people embraced their identity as members, and the sense of equality that this created.

'work is work but the co-operative side, where we go out and help other people... there we're all the same... we're just [CC]' (Mandy)

Moving beyond collective identity, a majority of participants illustrated how people were considered to have an equal right to influence the organisation through value being placed on democratic ways of working.

'I suppose the idea is that it's... it's for everybody... that it's for everybody to put their input and... share ideas, and things' (Megan – Support staff)

Multiple participants confirmed the presence of democratic governance structures designed to feature an equal number of representatives of people who are supported, staff and community supporters, as well as a spread across the different geographical regions containing CC services. Both Kim and Jay (Office-based staff) demonstrated valuing democracy by celebrating Kim's involvement in multiple types of co-operative meeting, including her role in representing the views of other people who are supported:

(Interviewer): *what's that like, being part of [organisation-wide co-operative meeting]?*

Kim: It's brilliant. I used to be with [third sector organisation] doing the same thing years ago... so, I'm happy.

'I know that she feels that she is a big voice for the company and other people that might not be as verbal, or as vocal... it's quite nice to see that we can champion Kim to speak for others, and she will go around others... just to get their views' (Jay)

Participants also referred to equality of access being valued at CC, through the inclusion of people with different needs. Several participants discussed either thinking about, debating, or implementing ways of including people who are supported with different care needs, particularly people who are supported who did not communicate verbally.

'just being in a place with other people will give them something sometimes, if that's what they want to do and... and other people... they're not seen as separate and other and isolated' (David – Office-based Staff)

Another element of perceiving people as equal, communicated by a majority of participants, was a focus upon people's assets throughout CC. Multiple participants conveyed a strengths-based view of staff, and referred to efforts taken to support staff to view people who are supported through this lens. Megan demonstrated alignment with these efforts by showing a fundamental appreciation of the strengths of a person who is supported:

'she's not verbal – she's deaf – but she does her own sign which staff who know her understand... I actually never think of her as not being able to speak'

A particular asset that almost all of the participants spoke about being valued at CC, was the independence of people who are supported. Several participants contributed to a description of how, as well as providing any necessary care (e.g., support with medication), CC valued enabling people who are supported (e.g., by involving them in planning varied and interesting lives).

‘I go into a service and I think “Hmm... what quality of life is that person having?” I think of my own quality of life. And I think “Hmm where’s the comparison there?” And I’m thinking “What would they like to do? Are they being offered that opportunity?”’ (Jenny – Office-based staff)

Multiple participants talked about valuing the independence of people who are supported, and demonstrated different ways of applying this in their work. Abigail (Support Staff) referred to striving to help people who are supported realise their hopes, while Megan spoke about assisting people who are supported to differing degrees, depending on their level of need, and respecting their ability to ask for help when needed. Various participants attested to the wider body of staff being supported to recognise the independence of people who are supported, and to support staff celebrating the impact of doing so.

‘you’ll talk to staff, and they’ll all say “Yeah, it was amazing what she did... it’s been great to see his progression... or it’s really nice that she’s now got these friendships that she didn’t have before”’ (David)

Valuing the independence of people who are supported was an example of how traditional conceptualisations of support staff as ‘helpers’, and people who are supported as ‘helped’, were disrupted at CC. Multiple participants referred to disrupting these ideas by seeing each person who is supported as ‘a *valued member of the community, and not just a recipient of care*’ (David). On an interpersonal level, Kate (People who are supported) and Abigail portrayed a relationship based on a particularly equal footing, telling several stories about things that they had done together, often finishing each other’s sentences in a way that evoked a sense of losing track of who was a person who is supported, and who was a member of staff. An explicit illustration of how they constructed the dynamic between people who

are supported and support staff in a more equal way than ‘helper’ and ‘helped’ was when they discussed Kate’s recent holiday:

Abigail: Kate went with staff... and another lady that also is supported by [CC]... but it was seen as an independent holiday because they paid for it and went on their own to it... like with support... um...

Kate: ...with support but... um... independent

3.2.1.2 Humanising

Over half of the participants indicated that an important factor behind the orientation towards equality at CC, was an organisational culture which recognised people’s common humanity.

Although participants stressed CC’s diligence in following rules and regulations, they reported that core parts of the humanising culture were people being seen as unique individuals, and a willingness to work in flexible and person-centred ways where possible. This applied both to managers’ approach to staff (e.g., Abigail was able to change her working hours to help her deal with challenges outside of work), and to support staff looking to facilitate people who are supported living according to their preferences (e.g., not having to complete day-to-day tasks within set time frames, or going on holidays that reflected their interests).

‘when I first started working here it actually... it sh... not shocked me – that’s the wrong word... because I’d worked in other companies that were so regimented, I actually found it quite hard’ (Abigail)

'we have one lady who absolutely loves trains and boats... we managed to get her that she went on holiday that she travelled to [place] on the train (chuckles)... and then had a cruise (chuckles)... she loved it... absolutely loved it... she didn't want to come home!' (Megan)

Another manifestation of the humanising culture was the way in which Abigail felt invited to be a relaxed and authentic version of herself at work. On a practical level, Abigail described how wearing her own clothes, rather than the uniform that she was required to wear in previous jobs, helped her feel less under pressure to behave in certain ways, and more able to participate in relationships (e.g., having a laugh with Kate in public). Abigail also recalled being encouraged by her manager to recognise times when all the necessary work was done, and to relax (e.g., Abigail reading her book while sitting with Kate when she was watching television). Abigail relayed how part of the rationale for encouraging staff to do this was to help create a sense of home for people who are supported.

'when I used to wear my uniform, I used to feel like I was on edge all the time... you feel you have to sort of be... be seen to be tidy, do you know what I mean?' (Abigail)

'I've worked in some jobs, you know, your manager's walked in, and you've gone "Oooh shit!" Better look sharp!'... whereas this manager could walk in, and she's bringing in her knitting, you know.' (Abigail)

3.2.1.3 Seeing people who are supported as lesser than

While participants communicated many more instances of people being seen as equal at CC, almost all participants used language in relation to people who are supported, or mentioned others approaching people who are supported, in ways that could be seen as deficit-focussed. Several participants highlighted understandings of caring sometimes

contributing to staff taking a parental approach to people who are supported, providing care in a way that reflected traditional ideas of staff as ‘helpers’ and people who are supported as ‘helped’.

‘they felt... "ok so, social services have deemed that Mandy needs 24-hour support, so I’m going to care for Mandy” ... it’s being a bit motherly... it’s that I suppose’
(Mandy)

Some participants, even those who clearly evidenced their commitment to the independence of people who are supported throughout their interviews, still used language which could be seen to align with a more disempowering view of care. One prominent example was language associated with permission, such as staff ‘letting’ or ‘allowing’ people who are supported to do things.

‘People let me get involved in things.’ (Kim)

‘We just kind of let them lead the meeting really more than anything’ (Jay)

3.2.2 Sub-category 1B - Facilitating more equal participation

This sub-category engages with ways that people affected the extent to which others participated within CC and their wider communities, and how the extent of people’s participation compared to others. The themes ‘caring’ and ‘enabling’ contain evidence indicating the prevailing direction of people’s efforts at CC – people being supported to participate in their communities as much as others around them. The theme ‘disabling’ contains examples of this prevailing direction being contested through the degrees of people’s participation being unevenly distributed.

3.2.2.1 Caring

Although participants communicated a core value of CC to be moving beyond a ‘caring’ approach to an ‘enabling’ approach, almost all participants showed how caring remained integral, helping meet people’s more basic needs, so that they were able to go on and participate within the organisation and their communities.

Regarding people who are supported, a majority of participants evidenced being conscious of the limits of their independence and keeping them safe, supporting their communication (both Kim’s and Kate’s interviews were full of examples of Megan and Abigail helping them understand, remember, and express themselves), and proactively strategizing to promote their comfort and wellbeing. Both Kim and Kate testified to relying on staff at times, as well as feeling cared for, helped and looked after.

‘preparing [Person who is supported] really for... for the deterioration [in his Dad’s health] and how this would impact... the staff team were very sort of... empathetic and... concerned in how... how this may reflect on his well-being and his anxiety levels’ (Jenny)

‘the staff are very caring with you... they help you a lot when you need them’ (Kim)

Around half of the participants described how staff often went above and beyond their assigned hours and responsibilities to care for people who are supported (e.g., staying late or driving long distances). In a context of working long hours due to chronic short-staffing, Megan briefly had to leave her interview to liaise with colleagues about ensuring additional support for a person who is supported who was in hospital.

‘we’re trying to organise... she just doesn’t get hospital support... but... we’re trying to arrange that somebody does go in every day to see her.’ (Megan)

Several participants, both managers and support staff, described caring for others as being part of intensely demanding jobs, and to the need for a caring approach to also be taken with staff. Care for staff included managers regularly enquiring about staff's wellbeing, being able to contain staff's distress through listening, and introducing weekly wellbeing breaks for staff working remotely during the Covid-19 pandemic.

'it can be quite full on sometimes... you know, you do have days when you go home, and you think "Jesus Christ, I can't go back tomorrow!" (giggles)' (Abigail)

'days can be quite rough' (Mandy)

'if I've had a bit of a bad night with my Mum – I know I can come in and my manager will go "Right. Well let's sit for 5 minutes." And he'll listen to me have a... not a rant but have a... "Oh my God, I don't know how I'm coping... da-da-da..." and then it's... it's... you click in and then it's fine' (Abigail)

3.2.2.2 Enabling

All participants spoke to at least one aspect of people at CC being enabled to participate in the different communities to which they belonged (e.g., individual houses, the organisation as a whole, wider local communities).

Over half of the participants gave examples of people who are supported exercising choice and independently participating in their communities, ranging from doing chores around the house and arranging social plans, to attending CC activities and going out to work.

(Interviewer): *And what's helped you become more independent... do you think?*

(Kim): *Letting me do my own cooking, and things... I do my own bed on a Sunday... I change it on a Sunday... clean my bedroom.*

'I have choices that if I don't want to do anything... because sometimes I say "OK. What do [activities]... do they involve?'" (Kate)

A majority of participants also described roles that different staff played in facilitating links between people who are supported and their local communities. Support staff were reported to play a direct role in encouraging people who are supported to live an active and varied life, while providing any necessary support (e.g., to see friends, or go on day trips). Office-based staff were said to also help by getting to know the interests of people who are supported, and linking them up with suitable events or activities.

'there was a [type of event] on, and... and I just knew straight away the person we support that would love to go! So, I got in touch on the communication book, I said "Hey guys, there's a great event on, and I'm sure this person will really love to go... And they did go, and he had an amazing time' (Jenny)

There were multiple examples of staff supporting people who are supported to participate in their community, before gradually withdrawing to prioritise their independence from formalised support. For one person who is supported, David described how staff initially took her to and from church (staying with her throughout the service), before they slowly scaled back their support to the point where members of the congregation provided all necessary support themselves.

Going beyond participation, most participants provided evidence of people who are supported contributing to their communities and challenging discourses which positioned them as people who only receive support. Within CC, Kim reported teaching others to knit, making knitwear to sell at a charity fundraiser for a local hospice, and being due to organise a story-telling competition. Outside of CC, both Kim and Kate reported previously having jobs

in their local areas, with Kate describing how being enabled to work, further enabled her to develop as a person:

'in the café, I could meet lots of people, and make new friends and... build up my confidence through that way of social... social skills' (Kate)

Other people who are supported were reported to be involved in groups working to benefit the community. Among others, participants referred to people who are supported who regularly helped raise money for a charity that gave grants to local people, and one person who is supported who had recently started volunteering for a social enterprise set up to help maintain a community woodland.

'we've had [Person who is supported] going to like... sort of care homes as it were... just sort of chatting to people, or you know... helping them reminisce' (Mandy)

'there is... a local group of people, and we've got two people we support involved... that go to local supermarkets... get out-of-date food... food that can be used and prepared... they get that and deliver it for lunch to people in their local community'
(Mandy)

A majority of participants again highlighted different roles that staff played in supporting people who are supported to contribute. Multiple participants attested to the importance of staff being connected to their local communities themselves, so that they were aware of opportunities for people who are supported to contribute. David outlined how part of his job was liaising with other community and third-sector organisations, and how he made a point to regularly ask how people who are supported could support them. A majority of participants also gave lots of examples of staff highlighting the ability of people who are supported to contribute, and encouraging them to do so.

'I'm a [name of place]... [name of place] person... so, I... I know people... I was aware that... so, for [name of local charity], I knew that their members were depleting... that, to them, to have additional help would be absolutely amazing'

(Mandy)

'I've said we've got people we support who have their own cars or staff drive them, so perhaps there is some overlap there... if we can't support you to an appointment, we could at least pick up your prescription' (David)

All participants talked about people being enabled to have a say in the running of CC. All participants confirmed how a range of stakeholders (people who are supported, family members of people who are supported, support staff, office-based staff, community supporters) were supported to participate in CC's formal democratic governance structures, with David offering insight into how becoming a co-operative led to stronger structures which were more widely promoted than those that had come before them, and which allowed more scope for people to raise their own ideas and issues, as well as responding to consultations initiated by office-based staff and trustees.

'a lady in the other house that I support, she is actually a member on the [organisation-wide co-operative meeting]... so, I used to take her, and go with her, and do her notes and stuff... and help her with... meetings, and arranging meetings and stuff' (Abigail)

'we'd have... a meeting at the [name of place] office here where everybody brought a plate so we shared a lunch... and we'd talk about things that they would like to see changed in... within [CC] possibly... or their support' (Mandy)

Beyond formal structures, participants portrayed a general organisational culture of collaborative decision-making, including involving multiple stakeholders in the process of

recruiting new staff. Jay recalled how people who are supported, support staff, three different levels of management and trustees were all directly involved in the recent process of recruiting a new CEO.

'more people get a bit of input into things... rather than just a couple of people at the top just deciding "Well, this is what we'll do." You know it's discussed with more people' (Megan)

A proportion of participants also conveyed how, although there was a clear formal hierarchy for staff, people were enabled to participate in the organisation through the sense of hierarchy being frequently disrupted by the amount of contact between senior and junior staff, and opportunities for junior staff to gain leadership experience. Multiple participants suggested that becoming a co-operative had facilitated led to a *'kind of democratisation... kind of levelling out'* (David).

'there's a couple... of members of staff are on the [organisation-wide co-operative meeting] who... one of them would sort of talk about... how good she thought it was because otherwise she didn't think she'd ever get a chance to talk to [name of CEO].'
(David)

'some members of staff who were quite active... some of them would say things like "Oh I've never run a meeting before."' (David)

'when we drop in to services, you know them... like myself, the area managers, you know... we're always dropping into services... there's no kind of hierarchy... people know who we are' (Jay)

3.2.2.3 Disabling

Although the overall balance of the data provided a view of the way that people at CC were enabled to participate within their communities, a majority of participants illustrated how processes of enabling were contested by referring to instances of, or factors behind, a lack of equality in people's participation.

Multiple participants talked about a proportion of support staff who undermined the independence of people who are supported by finding it difficult to stop doing things for them (e.g., cleaning their house to a very high standard), or to allow them to make the kind of mistakes that are part of everyday life (e.g., cutting oneself while shaving).

'some people, perhaps it's too... a little bit too much out of their comfort zone, to actually leave someone almost to their own devices at times, and allow people to fail'

(David)

This dynamic of being 'over-caring' was also present at times during Kim's and Kate's interviews. While it appeared to be a very delicate balance that Megan and Abigail had to strike (between supporting Kim and Kate to understand and answer questions, and giving them space to do these things themselves), on some occasions, the potential of undermining Kim's and Kate's independence by asking leading questions was apparent.

(Megan – Support Staff): *Do you feel that you're more at home here?*

(Kim – People who are supported): *Yeah.*

(Megan): *Rather than just somewhere to live.*

(Kim): *Yeah.*

(Abigail): *how do the events make you feel?*

(Kate): *...um...*

(Abigail): *...do you enjoy them? Do they make you feel happy? Do they make you... how do they make you feel?*

Although not as extensive as the evidence of people participating in CC's democratic governance structures, most participants also spoke about ways in which participation could be inaccessible. For example, Kate and Abigail described how the first co-operative meeting that they went to was not accessible for Kate:

(Kate): *very... um... very... quick!*

(Abigail): *yeah, you didn't have time... Kate likes time to think and talk... whereas in these meetings if you didn't talk quite quick enough... you seemed to be... "Well, you've said your bit now, we'll move on, and we'll look at that when we can."*

Multiple participants acknowledged that it was challenging to ensure accessible participation given people's wide range of needs, but reported that co-operative meetings often favoured extroverted people who communicated verbally. Abigail indicated the importance of the number of attendees at meetings by comparing her negative experience with a meeting in a different area: *'it was a lot smaller group, everybody had their say, it was a lot nicer'*.

Despite evidence that people's participation at CC was enabled through a disruption of hierarchy, a minority of participants described how the maintenance of hierarchy continued to limit the degree of equal participation. A particularly notable example of hierarchy was the transformation of CC becoming a co-operative being a top-down process

led by the CEO at the time, something which David acknowledged as being counter to the co-operative ethos:

'it was still done to people... you know, [CC] became a co-op... it wasn't like... we didn't have a vote on it'

Interestingly, several participants also reported being comfortable with elements of hierarchy, describing themselves, or other people within CC, as not being interested in taking the opportunities to influence the running of the organisation that the co-operative model afforded. Multiple participants described people using co-operative meetings solely as a means to socialise.

(Interviewer): *'what's that like for you Kate... feeling that the decisions go on higher up the ladder?'*

(Kate): *'It doesn't bother me... it makes it nice that I'm being... well... being thought of really with the... with the events going on'*

In 'constructing equality', participants told of, and showed, ways that people at CC were predominantly seen as having equal worth. Despite some evidence of barriers that reinforced social inequalities, the prevailing perspective of equality was seen to be put into practice by people being cared for and enabled to participate in CC and their local communities.

3.3 Category 2 - Facilitating relationships

This category consists of social processes occurring mainly between people at CC. The three sub-categories are 'orienting towards relationships', 'building and maintaining relationships' and 'facing barriers to relationships'. Participants described how, despite

experiencing challenges in promoting relationships at CC (particularly in relation to people being motivated to participate in co-operative activities), a strong grounding in relational values and skills enabled a plethora of connections on both practical and emotional levels.

3.3.1 Sub-category 2A – Orienting towards relationships

This sub-category considers the foundations of relationship-building at CC, including the value that people placed on relationships, both internal and external to the organisation, and a commitment to bringing people together through events and activities.

A majority of participants conveyed how relationships were valued throughout the organisation, including by people who are supported (*'I like meeting people... I like... well, being sociable'* – Kate - People who are supported), support staff who made supporting people who are supported to socialise a core part of their approach, and office-based staff who appreciated investing time in building relationships:

'that's what a really good support worker is... it's not about someone who's... knows all the manual handling techniques... it's much more about... the relationships that people can build really' (David – Office-based staff)

'I was chatting to him about the old times – he was in his glory, having that chat with me... And I thought it was really... made my day, spending time...' (Jenny – Office-based staff)

Beyond internal relationships, a proportion of participants also portrayed CC as an externally-facing organisation which valued community and working in partnership with others. Some participants acknowledged how, before becoming part of CC, they had already

contributed to their local communities, while other participants referred to the way that adopting the co-operative ethos within CC promoted engagement at this level.

'the Co-operative, to me, means about being like in partnership, being... you know, a place for working with others as well' (Jay – Office-based staff)

'I was a [member of a local charity] before that, so I was always involved with different things, fundraising... and with my job on the council as well... I met an awful lot of people on there' (Hopper – Community Supporter)

'it was sold to people as "Right... you'll be a [CC] member, it's not just about working in a co-operative manner within [CC], it's also about contributing to your community"' (David)

Multiple participants communicated a particularly fundamental valuing of community by describing community activities organised by the co-operative as an expression of their personal as well as professional identity. For example, Megan (Support Staff) described community activities as *'kind of involved with work but not work'*, while Mandy (Office-based staff) said of working for CC, *'it's more than a job... it's not just a job... um... and it's... very much part of my life'*.

As well as orienting towards relationships through valuing relationships and community, all participants spoke about the way that facilitating activity provided opportunities for relationship building. At a local level, several participants referred to co-operative meetings in which members organised a range of social activities. At an organisational level, the most prominent example of activity was 'Catrefi Fest', an annual 5-day festival of (currently online) activities and events for members to join (*'a little bit of hope... kind of bringing everyone together'* – Jay). Participants also referred to efforts within CC to share information about activities to enable people to get involved.

'what I did find was that [the local co-operative meeting] were quite active... talking about some quizzes... yeah, they played bingo, and there was arts and crafts' (Jay)

'it was a Christmas party... in the Workmens' Club in [name of place]... you know, I was helping them sell raffle tickets and everything for that night' (Hopper)

'with doing events for people... for the clients, and organising different things... they're very good at that' (Abigail – Support Staff)

3.3.2 Sub-category 2B - Building and maintaining relationships

This sub-category examines both the presence and processes of relationships engaged in by the range of stakeholders at CC. Important ways of building relationships include valuing, appreciating and empathising with others, while consideration of the maintenance of relationships focuses on feelings of connection.

All participants illustrated ways in which people at CC connected with others. Most participants referred to people who are supported connecting with others, especially friends, romantic partners, and people from their local communities. Kate and Kim (People who are supported) both reported seeing their partners regularly, as well as seeing various friends who were also supported by CC. They conveyed a sense of people who are supported sharing their lives with each other, for example by coming together to celebrate each other's birthdays. Several participants highlighted co-operative meetings as a particular place where people who are supported socialised.

'I'm hoping to do more days out with him, because... well me and my partner went to the cinema and we watched a new... um... [name of film] in the cinema, and it was really good' (Kate)

'It's a good place to live because I got other friends live in [CC]. I got my best friend living in another house, and I go see her a lot.' (Kim)

(Interviewer): *...what's the best thing about being part of the [organisation-wide co-operative meeting]?*

(Kim): *Seeing my friend [name of person who is supported]*

Some participants referred to staff connecting with each other, although this looked differently for different staff. While Abigail reported spending most of her time working alone, and only sharing small talk with colleagues when handing over between shifts, Megan and Mandy described connecting with colleagues outside of work, with Mandy explaining how friendships had been facilitated by being involved in co-operative activities.

'even out of work, we'll message each other and you know say "How are you today?" ... and even if, say I'm off for a while... I might message to see how are... how are the ladies getting on' (Megan)

'I think it's because we sat maybe round the table at lunchtime here in the office, trying to work out "OK, what is it we can do?" ... and it's brought us closer together' (Mandy)

Over half of participants described how CC connected with local communities, including other organisations, and local people. David reported often meeting with other support providers, third sector organisations and community groups to share information and ideas about best practice, as well as discuss the potential for collaborative work. In her area, Megan indicated how CC had established mutually-beneficial relationships with other services:

'you see a lot of the kind of interlinked agencies... they will... you know, let [CC] clients know that there's something on, and they can join in if they want... and the same if [CC] are doing something' (Megan)

Other participants recalled more targeted outreach, with Hopper recalling how CC wrote to a local charity that he was a member of to ask if they would sponsor or pay for a bus to take a group of people who are supported to an event. Hopper explained how after getting talking to Mandy on the bus, he convinced her to become a member of the charity, while she persuaded him to join CC as a Community Supporter.

'it was Mandy that got me in... in to [CC]... err... joining the co-op to start with... and... [name of office-based staff] is very good at persuasion as well' (Hopper)

Several participants also gave examples of CC having a visible presence within local communities, ranging from having offices embedded within the community (*'we're in a... a chapel... and there's a nursery next door, so that's why you can hear kids in the background'* – Jay) to hosting CC events in community venues (e.g., a local Workmen's Club). Hopper reported that while CC events mostly attracted people with an existing connection to the organisation, a summer event that was hosted in a particularly visible venue within a town engaged a considerable amount of local people.

As well as evidencing connections between people, all participants described processes through which those relationships were built and maintained.

Considering ways that staff built relationships with people who are supported, a majority of participants spoke about the fundamental factor of staff caring about people who are supported. Several participants talked about encouraging staff to see people who are

supported as *'part of the extended family'* (Jay), while others reported staff wanting people who are supported to be happy, hoping for them to succeed, and valuing their wellbeing.

'I think everybody wants the same thing really... they want the best for the clients, you know... that they get what they want and that they're happy.' (Megan)

Most participants referred to ways that staff further invested in relationships with people who are supported, with various participants conveying how staff approached people who are supported as individuals, for example taking time to learn about their particular history or preferences. Multiple participants also demonstrated how they empathised with people who are supported, both in terms of sharing in their emotional experiences, and trying to think about the impact of their practice from the points of view of people who are supported.

(Kim): *And I'm going to my Mum's on the day because I haven't been to my Mum's for my birthday for 2 years*

(Megan): *Lovely.*

'I always think of it as... if somebody came into my home, and told me "Right! Come on you've got to wash your dinner dishes..." Well, if I hadn't washed them for a week, fair enough! But if it's only there since this morning and I had something to do, well I'll do it at dinner time' (Abigail)

In terms of ways that people who are supported were shown to build relationships with staff, Kate and Kim evidenced different processes. Kate shared how she helped Abigail know how to best support her by *'well... um... talking'*, while Kim demonstrated on several occasions how she expressed care and appreciation for Megan.

(Megan): *...you know, I never feel "Oh no, I've got to go to work later"...*

(Kim): *...because you're brilliant*

Over half of participants evidenced processes of building relationships occurring between staff, including different ways that senior staff showed that they valued support staff. In a day-to-day sense, multiple participants referred to managers building relationships by taking an interest in their staff's welfare.

'we have the managers that will message you and go "Are you alright now?" You know... "How did you find that"... they will check you're alright, you know.'

(Abigail)

On a more organisational level, senior staff were also seen to express their valuing of support staff by engaging with the issue of low pay across the care sector. Although multiple participants presented CC as unable to give support workers the pay rise that they wanted, due to their limited income (*'There's only one pot of money'* – Mandy), several participants attested to a staff consultation which resulted in support staff voting for a higher hourly rate in exchange for a reduced annual leave allowance. Abigail indicated how for her, more importantly than the practical implications of the consultation, senior staff invested in relationships with support staff by being explicit in their recognition of their low pay, and their gratitude for their service.

'They've always remembered to say you know "sorry we can't give you your pay-rise, but this is what we think"' (Abigail)

'through it all, from the top CEO down, they've never forgot to say "Thank you" which actually... when you're waving to your family through a window, and you go for weeks, months on end with not talking or seeing other people because you're literally going out of your house, into your car, to work, done work, into your car,

back into your house, and you're not seeing anyone, that "Thank you" means a lot at the end of the day.' (Abigail)

In addition to instances within CC, several participants gave examples of CC staff building relationships with other organisations, often referring to CC staff working to ensure that projects were as mutually-beneficial as possible. David reported how in working with an outdoor activity organisation to enable a group of people who are supported to go on a country walk, he shared a written report of the project so that the other organisation could use it to promote their work. Similarly, in creating an innovative partnership working agreement which facilitated CC, a local authority, and other support providers, working jointly to support a person who is supported, Jay described his approach as having *'really maximised co-operative working, looking at... what helps others, what benefits others'*.

A final way of building relationships which almost all participants either demonstrated or described as present across all configurations of relationships at CC, was having a laugh. Some interviews, particularly those with people who are supported and support staff, had humour running through them, while other participants often recalled activities as having a sense of fun.

'how would I say I've changed? Would you say I've changed Kate? There you are, I'll ask you ... would you say I've changed since I started working with you Kate? (Kate: Hmmmmm...)... or am I just as dull as I was back then? (All laugh)' (Abigail)

'everyone was really engaged, playing games, having a laugh, music, dancing... so, I think it's trying to just have fun... at the end of the day, we're all people just having fun' (Jay)

One factor which all participants evidenced, and which could be seen to contribute to the maintenance of relationships at CC, was people feeling connected.

For people who are supported, as well as feeling accepted and valued at CC, several participants described how their relationships with friends were an important source of feeling connected. Kate and Abigail indicated the degree to which Kate was embedded in her network of friends when they both struggled to remember how Kate had met her closest friend, before Kate suggested that it must have been through one of their other mutual friends. Kim evidently experienced a lot of satisfaction in both looking forward to having ‘a *cuddle*’ with her boyfriend, and remembering visiting her friend during one of the Covid-19 lockdowns:

‘she was pleased to see me... she had a big smile on her face when she saw me’ (Kim)

Participants also referred to people who are supported feeling connected through feeling like a valued part of CC and their local community. Kim was explicit in communicating her attachment to CC (*‘I’m happy living somewhere that I like... I’d never leave here because I like it so much’*), and said that it was *‘brilliant’* and made her *‘happy’* to be able to be part of the organisation-wide co-operative meetings. Kate communicated feeling connected to her local community through her experiences of working in a café, and being able to keep in touch with colleagues after she left.

‘because I was allowed to have breaks, they said “Oh you can go and sit down... and I chat to... err... chat to the nice ladies who were... who came in regularly... so I got used to the regulars coming in and out’ (Kate)

‘if I do go to [name of place] I do sort of... um... if the door is open, I sort of... wave them ‘hello’ and stuff... and... I managed to... err... find the people that I worked there with... I managed to be friends with them via Facebook’ (Kate)

For people who are supported and staff, several participants conveyed feelings of connection by comparing relationships to being part of a family. In her interview with Megan, Kim demonstrated this connection by referring to another person who is supported as *'one of our friends in hospital'*, undermining traditional boundaries between professionals and people who are supported. In a similar vein, Kate and Abigail reported that they had each kept a memento of one particular event that they had participated in together, with several participants explicitly acknowledging how activities arranged by CC brought people who are supported and support staff closer together in ways that were mutually-beneficial.

(Megan): *I think it makes everybody feel closer together and...*

(Kim): *...yeah...*

(Megan): *...and that you now feel comfortable with each other, and that you can talk about things, or do things, or if you think somebody's worried about something, you can kind of sort it out before it gets too...*

(Kim): *...it makes me happy when I get on with people*

For staff and community supporters, a proportion of participants presented a source of feeling connected as the satisfaction of knowing that they were making a difference in people's lives. Multiple participants celebrated being able to help others, while others celebrated the feeling of being able to see people who are supported smile, or seeing them valued as an equal part of CC.

(Interviewer): *what helps you feel good in your life, would you say?*

(Hopper): *well, I suppose it's helping people... you know, the likes of [CC]... helping people when we're in [local charity]*

'there's nothing better than knowing that you've made a difference to someone's day, seeing a smile on someone's face' (Jay)

'it's great... it's lovely to see them... the people we support being very much considered by everybody just community... um... [CC] members... co-operative members' (Mandy)

Similarly to conceptions of the relationships between people who are supported and staff, a proportion of participants highlighted the extent to which staff felt connected to each other through friendships and a feeling of *'coming to work as part of a family... not just a team'* (Jay). In contrast to widely-known struggles within the wider care sector, multiple participants mentioned CC's ability to retain staff, with Jay estimating that *'about 50% of the staff, if not more... have been here for many, many years'*.

'I've been... what... nearly 20 years Kim?... there's another lady that works in the other house... she's worked for the company for what ...thirty-five years?... she was one of the very early staff at [CC] (chuckles)... well, she did try and retire! But she came back again, because she... she missed it (laughs)' (Megan)

3.3.3 Sub-category 2C - Facing barriers to relationships

Although the overall balance of the data pointed to the facilitation of relationships at CC, this sub-category highlights barriers to relationships, particularly regarding participation in co-operative activities.

Despite the evidence of engagement with the co-operative, a proportion of participants indicated that there was also resistance to it, expressing concern about the level of participation, particularly in some areas.

'there is a lot of people... people and staff that aren't members as well' (Jenny)

'there isn't the level of engagement that there should be... we haven't, for quite a long time, had the full compliment of [organisation-wide co-operative meeting] members'

(David)

The people that did participate in the co-operative were described as a relatively closed group. Participants from both perspectives (those that participated and those that did not) expressed unease about this.

'it's quite ... very obvious... how it's like... it's always the same people we support who attend these events' (Jenny)

(Abigail): *they would talk to certain people quite a lot, and a lot of people, it was...*

"well, you've given me a sentence answer – now, that will do" ... They were quite cliquy is the word I'd use.

(Kate): *Cliquy.*

Several participants conveyed contextual factors behind the challenges to participation, including ways in which the co-operative had been mis-communicated, for example by explaining that staff working in a co-operative way would be expected to contribute to their local communities, without making it clear that any ways in which they were already contributing (including with people who are supported, or in their lives outside of work) would be considered part of this.

'we kind of pitched that slightly wrong. What we should have sort of said was "Is there stuff you're already doing in your community?"' (David)

Various participants indicated how this mis-communication might have created a significant barrier to staff engagement in co-operative activities by contributing to a

proportion of staff feeling that CC was trying to get them to do more work for no extra pay (“*You just want us to do things for nothing*” – Mandy), or not being convinced that the co-operative could be part of their core duties.

‘the downfall is that people get a little bit... they don’t think it’s necessarily of any relevance perhaps... “I come in... I mean, I do my job and... I do it as best I can, and I pick up my wage, and that’s enough for me”’ (David)

In ‘facilitating relationships’, participants described the values, skills and experiences that realised and supported the extensive network of relationships at CC, as well as the constraints posed by issues with the level of participation in co-operative activities.

3.4 Category 3 - Operating in a context that is both supportive and restrictive

This category is comprised of social processes occurring mainly between people at CC, and elements of CC’s context, including people, organisations, ideas and Covid-19. The four sub-categories are ‘being impacted by Covid-19’, ‘statutory systems both supporting and restricting CC’s capacity to operate according to its values’, ‘being situated within communities that are connected to differing degrees’ and ‘pushing boundaries’. Participants described how CC was both challenged and strengthened by various environmental factors, as well as ways in which CC responded to, and exerted influence upon, its context.

3.4.1 Sub-category 3A - Being impacted by Covid-19

This sub-category connects to participants’ descriptions of how Covid-19 affected CC. The theme ‘Covid-19 taking assets away from CC and local communities’ considers how Covid-19 disrupted people’s capacity to relate to each other and organise activity, both within

CC and its local communities. Despite this disruption, the theme ‘Covid-19 facilitating new opportunities for CC to contribute to local communities’ highlights how Covid-19 was associated with some positive consequences, such as a re-evaluation of parts of the routines of people who are supported, and the opening up of new opportunities for people who are supported to contribute to their communities by supporting local people.

3.4.1.1 Covid-19 taking assets away from CC and local communities

A majority of participants spoke about losses that people who are supported experienced due to Covid-19. Several participants described the impact that restrictions on physical contact had upon the relationships of people who are supported, and their ability to live varied lives. Even as restrictions eased, multiple participants referred to people who are supported being reluctant and fearful about starting to attend activities again.

‘When Covid was on, it was very hard... just to see him. He said to me “I miss you.” ... And I said “I miss you too darling”’ (Kim – People who are supported)

‘like starting from square one for some people again ... you know, starting from the beginning again’ (David – Office-based staff)

Various participants emphasised how Covid-19 had lessened the ability of people who are supported to contribute to both CC and their local communities. Kate (People who are supported) conveyed the significant emotional impact of losing her job at a community café which closed during the pandemic, and being unable to find alternative employment.

(Kate): I was really, really gutted when I found out it was all under new management... I thought “Ohhhh I can’t go back there! Because I’d LOVE to go!” ... and that hasn’t been... well, that hasn’t been...

(Abigail – Support Staff): *...it hasn't been easy Kate... has it? ...*

(Kate): *...NO! (takes a deep breath)...*

(Abigail): *...because a lot of the businesses are struggling aren't they?*

(Kate): *(still breathing heavily)*

Most participants described the negative impact that Covid-19 was having upon staff, explaining how it had exacerbated existing staff shortages, leaving support staff having to work incredibly long hours.

'we've worked some horrendous shifts... long shifts, and long weeks with Covid and stuff... it's frightening actually when you look back... you do wonder how the hell you kept going' (Abigail)

'when I finish here, I'll be finishing and then I'm starting work in the other house at half past five... (Kim: oh god!)... so, I've got just a few hours in between... and then I'm working through til four o'clock tomorrow... there are no staff, basically...'

(Megan – Support Staff)

While participants mentioned the impact that the pandemic was having upon the well-being of all staff, several participants referred to the particular sacrifices made by support staff, including staff who at points had chosen to move into the houses of people who are supported in order to keep services running. Abigail gave an especially powerful illustration of the impact that working long hours and being subject to tighter restrictions than the general population had upon support staff's relationships with their own families:

'my daughter turned round and said to me, "Mum," she said "I've got all the time in the world, and I love you to bits, and I'm proud of what you've done..." ... and she is,

and she said “But you forgot about your family” (her voice breaks)... sorry...

“because you’re busy looking after everybody else’s” ... and that actually really hurt’

As well as the personal impact of Covid-19 upon people who are supported and staff, most participants referred to the detrimental effects on co-operative meetings and activities. While the organisation-wide co-operative meeting continued operating online, participants explained how local co-operative meetings stopped altogether. Various participants conveyed how responding to the challenges posed by the pandemic was a drain on resources that could have otherwise been invested in developing the co-operative, and how, as the final lockdown restrictions were starting to ease, *‘it almost feels like we’re starting again’* (David).

‘I think we’re so reactive... to... the pandemic, to cope at the minute, we’ve not really had a chance to be proactive...’ (Jay – Office-based staff)

‘it needs to be refreshed and shared and have a bit of oomph behind it again. Because I think people may have lost a bit of their way’ (Jenny – Office-based staff)

Some participants highlighted how one potential barrier to redeveloping elements of the co-operative might have been the legacy of Covid-19 in local communities. Multiple participants noted *‘the closure of day services, centres and... a lack of activities in the communities because of Covid’* (Jay). Hopper (Community Supporter) illustrated the way that challenges faced by local government during the pandemic had a knock-on effect upon CC, explaining how the council in his area had sold the local Market Hall to a private individual, threatening the preferential access that CC had previously enjoyed:

‘I don’t know whether we’ll be able to have a meeting... a show in there again... I think they got hold of the guy, and I don’t think the response they had was... was very good... he was supposed to have been very rude on the phone’

3.4.1.2 Covid-19 facilitating new opportunities for CC to contribute to local communities

Although the overall balance of data pointed to the negative impact of Covid-19, several participants gave examples of positive consequences. Multiple participants reported that the disruption to the routines of people who are supported led to reflection, both for people who are supported and their social workers, considering how people who are supported wanted to spend their time, and the value of structured activities such as day services.

‘the local authority are working more with people now in looking... “Well, we’re not just going to be sending people back to day service... it’s got to be purposeful, and see what they’re getting out of it.”’ (Jenny)

Multiple participants also referred to the pandemic opening up new opportunities for people who are supported and staff wanting to contribute to their local communities, either through the increase in vacancies at third-sector and voluntary organisations as lockdown restrictions eased, or through increasing (or legitimising) local people’s dependence upon others.

‘there have been a fair few team members who have... embraced change in a way where... they’re driving somebody’s mobility car and, in the back, they’ve got the street’s shopping... Covid has helped that in a kind of a way... because that is something staff would never have done before’ (David)

3.4.2 Sub-category 3B – Statutory systems both supporting and restricting CC's capacity to operate according to its values

This sub-category refers to some of the ways that statutory systems were seen to impinge upon CC's values, including people who are supported having choice over their lives, investing time in relationships, and valuing others (e.g., by paying staff fairly). Ways in which statutory systems bolstered CC's values, such as long-term, locality-based commissioning, and a shift away from competitive tendering, are also considered.

A majority of participants referred to ways in which statutory systems constrained the lives of people who are supported. Multiple participants acknowledged a fundamental example as many people who are supported not being able to choose who they lived with: *'the "who I live with", for a lot of people, isn't a choice'* (David). Abigail and Kate pointed to statutory systems' role in this restriction when talking about Kate's desire to move out of her current home to live with her partner, and the need for CC to liaise with the local authority to advocate for this happening.

'I know, perhaps, sometimes, in Kate's eyes, and in other people's eyes, we're not moving fast enough... it is happening but it is ... but it's such a long, slow process'
(Abigail)

Other participants reported similar frustrations with the amount of resources that it took to arrange for statutory services to support people who are supported with basic choices, or the way that filling out forms to justify funding from local authorities felt deficit-focussed and took time away from building relationships with people who are supported.

'we're trying to go round the houses just to get somebody a bath because that's what they love!... And it's taken red tape and months... to sort... which doesn't add up'
(Jenny)

'I have to say I find it a little bit... a little bit condescending... they're well able to do the stuff anyway, but you still have to write down every day that 'so-and-so did this well today'... and I find that kind of takes time away from actually spending time with the clients' (Megan)

A proportion of participants also highlighted how statutory systems contributed to difficulties for CC at an organisational level, particularly through the allocation of insufficient resource. Although acknowledging that Covid-19 had made the situation worse, several participants described the difficulty of promoting a co-operative way of working in a long-term context of chronic staff shortages, with support staff feeling undervalued by being required to work long hours for low pay.

'we'd like to be paid more of what we actually think we are... should be... deserve to be paid' (Abigail)

'when the NHS were getting clapped, and I said "Ooo God, there's no bugger out clapping for us!" (Abigail)

'it's not a very well-paid job... we're short-staffed and that as well, so then... then to also say to them... "actually, we'd quite like you to be on this [organisation-wide co-operative meeting], or on this local [co-operative meeting], would you like to come along and have a say in the running of the organisation?" (David)

As well as difficulties caused by a lack of resource, multiple participants spoke about the lack of experience of collaboration within local government (*'[local authority] said they haven't worked with any of the providers collaboratively, like a partnership working before'* – Jay), with David portraying the culture of competitive tendering within statutory systems as creating mistrust and restricting CC's ability to work with other support providers.

Although statutory systems were mostly seen as restricting CC's ability to operate according to its values, David noted how in a broad sense *'it hasn't done [CC] any harm being a co-op when... that's the direction of travel of Welsh government and... local government thinking as well'*.

David communicated several examples of the growing alignment between CC's values and statutory systems, including legislation that promoted co-operation and co-production, a move away from competitive tendering (partly enabled by Brexit), support providers being given longer-term contracts, and the development of locality-based commissioning.

'it's now a 5-7 year contract... whereas prior to that it would be 3 years at the most... we'll be supporting... not just the people we support – it's anyone else in that locality... so that is much more about partnership working' (David)

3.4.3 Sub-category 3C – Being situated within communities that are connected to differing degrees

This sub-category engages with factors behind CC's local communities being seen as both connected and disconnected, including relationships, activity, population density and demographic trends.

Over half of participants offered descriptions of the varying communities that CC services were situated within. Most portrayed communities as active and connected, referencing people at CC who knew each other before they joined the organisation. While Kim mentioned knowing one of her friends at CC from home (*'I was living with my mum ... in [place] ... and [name of friend] was living across the way from us'*), Hopper described

himself, and people at CC, as part of a visible network of relationships within his local community:

'I know most of the... most of the staff that's worked there, and I know most of the residents... you see them out on the street... I mean... you know their husbands and this, that and the other, you know their children...'

On a broader level than relationships within CC, multiple participants also referred to activity within local communities which either directly benefitted CC members, or brought indirect advantages by helping facilitate co-operative events.

'I'm a [member of local charity]... we used to go round with Father Christmas on the sleigh. Now there's certain houses that [CC] own or run... you get such a welcome'
(Hopper)

'in [name of place], we've got lots of young farmers who will do anything... they've grown up in communities that are always doing something... you will see that they will be part of any festivities, any gatherings that we arrange... they're always up for it' (Mandy – Office-based staff)

In contrast, some participants described challenges that communities faced to being connected. Multiple participants cited material factors such as geography and demographic trends, with several participants explaining how co-operative activities were less developed in North Wales due to some of these challenges.

'the trouble is in the North, the... the properties are so rural... it's quite hard to get people to travel' – (Jay)

'[name of county] is quite an old population county... and future projections of the population are that it's going to get older as well, and there'll be less and less young people, so there are obviously, you know, effects of that' (David)

3.4.4 Sub-category 3D – Pushing boundaries

This sub-category describes how, by connecting with others and promoting innovation, CC exerted influence on its material and discursive contexts. This included resisting discourses which positioned people who are supported as separate to their communities, and successfully lobbying for change to government regulations.

A majority of participants described CC as different to other support providers. While some participants highlighted changes at CC that they attributed to becoming a co-operative, others emphasised becoming a co-operative as the *'natural next step'* (David) from a position of already supporting innovation, and practising in a way that gave people a say in the running of the organisation and sought to facilitate people who are supported playing valued roles within their communities.

'without the Co-op... we would have continued with supporting people in their own homes... thinking – wrongly – that the people we support have their lives, have their routines... but we've, I think, pushed boundaries, and been able to get staff to understand that, you know, their lives are for living – they're very much part of their community. And they can also give something back to their community.' (Mandy)

'there's been that sort of thread run through where we've always tried... to actually look at ways in which we can improve the well-being of the people that we support... just through innovative practices, and keeping ourselves updated as to how... how we do that' (David)

Although different and innovative, multiple participants acknowledged how CC has never been alone, and rather part of a movement of activists, practitioners and academics promoting similar ideas or working in similar ways. While David acknowledged how CC's ex-CEO was *'very much at the forefront [of this movement] ... on various boards, and... and various pressure organisations... within Wales'*, multiple participants recognised the way that CC's practice has been influenced by people who are supported and movements led by people with learning disabilities.

'we've got youngsters coming through who are not going to put up with the old model of supported tenancies... they will want... "Well, this is going to be my home... I want my own front door key, and if I want to go out for a pint tonight, and come home drunk at eleven, that's what I'm going to do!"... and that's right!... and it's going to be a challenge to a lot of people' (Mandy)

'they can speak up for themselves and organisations like Learning Disability Wales, or... People First are... obviously doing really good work in... instilling that in people' (David)

Multiple participants indicated that one element of pushing boundaries to support innovative practice at CC was changing staff's aversion to risk (*'there is that element of care, but you need the innovator, you need the people who will do things and allow the people we support to have the best lives'* – Mandy). Although several participants emphasised how CC practised in line with all relevant rules, regulations and ethical principles (*'we're not regimental at all, but we follow those care plans to the letter'* – Abigail), Mandy described seeing a shift from staff being *'frightened'* of going out with people who are supported, to a view of risk assessments as a tool for enabling:

'managers get that freedom, and you know, it trickles down to staff... there are no boundaries... a risk assessment is put in place to help that risk, to help you go and do that thing...' (Mandy)

As well as pushing boundaries internally at CC, a proportion of participants referred to people at CC challenging the wider statutory systems that they were a part of. While several participants gave examples of CC advocating for local authorities to meet the needs of people who are supported, (*'they would like to move to Swansea... the system doesn't allow them to just go... so, we... we start challenging that system'* – Abigail), David recalled a situation when CC's ex-CEO joined other support providers in successfully lobbying the Welsh government to change a set of unsuitable regulations that were released during the Covid-19 pandemic:

'we came together with other organisations which obviously makes a ... you know ... more powerful argument to say "Yeah, you do need to ... you do need to adapt some of these rules because it just doesn't fit with what we do."'

In 'operating in a context that is both supportive and restrictive', participants conveyed how Covid-19, statutory systems and the characteristics of local communities, (to differing degrees) each bolstered and undermined people's capacities to construct equality and facilitate relationships at CC. The way in which CC responded to and influenced its context to support these capacities was also highlighted.

CHAPTER 4: DISCUSSION

4.1 Summary of results

This study constructed three sets of social processes that move towards a theoretical understanding of interacting processes that shape wellbeing in SCCs. Although sometimes restricted (e.g., by staff approaching people who are supported in deficit-focused ways, or by people who are supported and junior staff being excluded from decisions), one set of processes expressed the furthering of equality at CC, both through ways of valuing and seeing people as equal, and by putting these orientations into practice by supporting people traditionally constructed as less powerful than others to contribute to CC and their local communities. These processes included the fostering of togetherness through attending to people's needs and strengths across the organisation, and the disrupting of hierarchies through an organisational structure and culture that encouraged people who are supported, junior staff and senior staff to spend time and collaborate with each other.

Processes of promoting equality were symbiotically related to a second set of processes that articulated the facilitation of relationships, creating opportunities for new relationships (e.g., the enabling of people who are supported participating in their communities leading to new relationships with local people), and characterising existing relationships (e.g., disrupting hierarchical conceptualisations of people who are supported as 'helped' and staff as 'helpers' allowing for relationships that were described as more akin to family). Processes of facilitating relationships were grounded in relational and community-orientated values, a drive to organise events and activities, and an externally-facing stance geared towards working in partnership with others. Despite barriers to putting these inclinations into practice, (e.g., issues with communicating the demands and benefits of staff operating in a co-operative way, and the associated lack of broad participation in co-operative

activities), participants illustrated a rich web of interpersonal and organisational relationships at CC, built and sustained through people's abilities to empathise, appreciate, and have a laugh with others, culminating in significant feelings of attachment and connection.

A third set of processes conveyed various contextual factors that were seen to both support and restrict the furthering of equality and the facilitation of relationships at CC. While statutory systems were found to both strengthen and undermine the promotion of equality (e.g., by encouraging co-operation through a shift towards locality-based commissioning, but failing to allocate sufficient resources to pay staff fairly, and restricting the choices of people who are supported about where and with whom they lived), the existing activity in some of CC's local communities, and the way that Covid-19 created new opportunities for people who are supported to help local people, both supported the construction of equality through increasing members' access to socially-valued roles. In a similarly contested dynamic, although the relationships already supported by some of CC's local communities helped the facilitation of further relationships at CC, the administrative burden imposed on staff by statutory systems was seen to have consistently taken resources away from relationships, before Covid-19 wreaked major relational damage throughout the organisation and its context. A final sub-set of processes, which supported both the advance of equality and the enablement of relationships, was made up of ways in which CC, drawing upon the ideas of a wider social movement aiming to increase the access of people who are supported to social value, pushed the boundaries of its organisational and ideological contexts. This involved internal support for innovative practice and positive risk-taking, and external challenges to local and national government when they practised in ways that ran counter to CC's values.

4.2 Considering the results in light of the literature and existing psychological theory

The interplay between the results of the study and the existing research referred to in the introductory chapter will be explored, framed by the same six elements of wellbeing used to synthesise the findings of the systematic literature review (autonomy, participation, personal growth, relationships, social contribution and subjective experience) (Keyes, 2002), and drawing upon the concepts of neoliberalism and ABAs.

4.2.1 Participation

One way in which participants evidenced *facilitating more equal participation* (sub-category 1B) at CC, was by referring to the broad range of members that participated in the running of CC, both through its formal democratic governance structures, and more ad-hoc opportunities (e.g., a range of stakeholders being involved in the recruitment of new staff). Despite offering evidence of engagement, participants also reported CC *facing barriers to relationships* (sub-category 2C), including the significant number of people who did not participate, a common challenge for a community business of CC's size (What Works Wellbeing, 2020), and one which has been found to limit the potential for employees to experience a sense of ownership over their organisation, and the increased job satisfaction that this can bring (Pierce & Peck, 2018). Participants' description of the bulk of meaningful participation at CC involving a relatively small group of committed members, while the majority of members focus on their core duties, fits with examples from the co-operatives literature (Majee & Hoyt, 2009; Matthew & Bransburg, 2017; Westoby & Shevellar, 2019).

Some of the barriers to participation that were reported at CC overlap with existing research, including the challenge of ensuring participation is accessible for a diverse

membership with a range of needs (Sousa, 2015), members being demotivated by perceiving their level of participation to be greater than others' (Birchall & Simmons, 2004a; Gordon, 2002; Sims, 2021), and a proportion of members simply not having the inclination or capacity to participate (Hibbert et al., 2003).

The current study also indicates barriers to participation that are not apparent in the literature, such as the nature of participation being miscommunicated, including a failure to recognise how prospective members may already be practising according to co-operative principles (e.g., CC staff being part of a community group outside of work). A particular consequence that participants attributed to this miscommunication, the proportion of support staff at CC who were sceptical of the personal benefits of joining the co-operative, and suspicious that CC was asking them to do more work without extra pay, can be understood more clearly by considering CC as operating within a neoliberal context. In a sector where an expansion of private capital has been associated with an erosion of working conditions (Fisher, Baines & Rayner, 2012), and in a society where the proliferation of individualist philosophies can be seen to have encouraged people's drive to defend the resources that they remain in control of (Zlotowitz & Burton, 2022), it is perhaps not surprising if CC staff adopted a transactional attitude towards their employers, or were wary of their resources being further eroded.

4.2.2 Autonomy

With participants communicating that enabling the independence of people who are supported was one of CC's core aims, the current study had more of an explicit focus on facilitating members' autonomy than much of the co-operatives literature. Participants reported CC having some ways of promoting autonomy that were similar to findings in

previous studies, including members being able to choose the cooperative activities that they got involved in (Sims, 2021), and staff *pushing boundaries* (sub-category 3D) through viewing risk assessment as a tool for enabling. Participants' views of some of the limits on CC's ability to facilitate members' autonomy also resonate with the literature, particularly Sousa's (2015) case study of a public housing co-operative in Canada which refers to wider statutory systems which restricted the co-operative's financial autonomy. This can be seen to be reflected in the way that participants reported *statutory systems both supporting and restricting CC's capacity to operate according to its values* (sub-category 3B); even in a context of Welsh government legislation promoting commissioning approaches that involved members in service design, and a range of stakeholders having positions of influence within CC, national government ultimately retained control of CC's budget, limiting the extent to which they could act autonomously (e.g., pay support staff a fair wage).

Participants also reported barriers to the facilitation of members' autonomy that were not reported in the wider literature. These tended to revolve around people who are supported and staff lower down the formal hierarchy being excluded from decisions, for example the decision that CC was to transform from a charity to a co-operative, or from preliminary discussions about ideas for events and co-operative activities (e.g., a charity fundraiser). While a lack of resources was an important constraint on CC's ability to practise according to its values, and participants also referred to the particular challenge of making participation accessible to a diverse membership in a context that typically fails to account for the needs of people with learning disabilities (LDE, 2022), these examples of exclusion can again be understood with reference to CC's exposure to neoliberal discourse. In a similar way to participants who showed a clear commitment to facilitating the independence of people who are supported, but still sometimes used language which could be seen to disempower people who are supported, even an organisation which was portrayed as being

centred upon a respect for members' autonomy, can still be influenced by neoliberal discourses which position people accessing support services as incompetent (Tronto, 2013).

4.2.3 Subjective experience

The current study adds to qualitative understandings of members' subjective experience of co-operatives, in a literature that is over-reliant on the voices of researchers. While some participants reported a sense of pride about being part of their co-operative, similar to experiences found in previous studies (Majee & Hoyt, 2009; Vo, 2016; Wells et al., 2019), participants predominantly communicated feelings of connection (including feeling relaxed, happy, and part of the CC family), either with other members or local people. More than a welcome by-product of being part of CC, these experiences warrant particular attention by being understood as an important factor in *building and maintaining relationships* (sub-category 2C), as well as people's motivation to participate in the organisation. For example, participants reported how staff feeling relaxed in their roles (e.g., by wearing their own clothes, or being encouraged to engage in one of their hobbies at work) helped cultivate an experience of home for people who are supported, and people who are supported and staff reported feeling closer to each other being a primary benefit of their involvement in collaborative co-operative activities. Although individuals' drive and right to pursue positive emotional experiences has been described as a component of neoliberalism (Adams & Estrada-Villalta, 2019), these findings are a reminder of the role that they can play in building social assets and sustaining collective, as well as individual, wellbeing.

While the co-operatives literature refers mostly to positive subjective experiences, existing research detailing the current state of UK social care acknowledges the negative emotional toll of long-term crisis that has been exacerbated by Covid-19 (Carter, 2021; SCIE,

2020c). Participants descriptions of *being impacted by Covid-19* (sub-category 3A) largely align with this research, including people who are supported being disappointed at losing roles in their communities (e.g., employment), staff attesting to the stress involved in working in a chronically under-staffed sector, and support staff feeling persistently undervalued, on top of the emotional pain of having to sacrifice their own family relationships during the Covid-19 pandemic. Despite the resilience that participants portrayed within CC, similar to that documented within other care providers (Shembavnekar et al., 2021), such negative experiences have been implicated in the high rate of vacancies in UK adult social care and therefore represent a threat to the organisation moving forward (Health Foundation, 2020).

4.2.4 Relationships

The depth and breadth of relationships found at CC fit with the general picture of relational benefits illustrated by existing research into community businesses (What Works Wellbeing, 2020). They can also be seen as indicative of a preventative ABA which seeks to promote wellbeing through the development of social connections (SCIE, 2019b), and counter to manifestations of individualist neoliberal ideas which see relationships primarily as means of self-expression (Adams & Estrada-Villalta, 2019).

Many of the elements that supported the *orienting towards relationships* (sub-category 2A) at CC were also reported in previous studies of co-operatives, in particular the facilitation of activity through which members socialised (Bauwens & Defourney, 2017; Hadjielias et al., 2022; Phillips, 2012), and of members caring about each other (Westoby & Shevellar; 2019). Given the context of poor working conditions and high staff turnover across UK social care (Health Foundation, 2020; Shembavnekar et al., 2021), one of the most notable relational findings in the current study was CC's reportedly high retainment of

staff. With CC mostly having to compete with other providers to secure local government contracts, and therefore being unable to make significant improvements to economic working conditions (e.g., pay) (A. Roper, personal communication, n.d., cited in Sheffield, 2017, para.22), it could be argued that any increased retention of staff is likely to be associated with the relational aspects of working at CC (e.g., the valuing of staff spending time with people who are supported, managers being interested in staff's welfare, and senior management expressing their gratitude for staff's sacrifices). Research linking improved working conditions and staff retention with an increased quality of care within SCCs (Leviten-Reid & Hoyt, 2009; Majee & Hoyt, 2009), further supports the finding that the facilitation of relationships is central to wellbeing at CC.

Another process which underpinned relationships, was *CC facilitating more equal participation* (sub-category 1B) through members collaborating with each other. Although member collaboration was referenced in the systematic literature review (see Lemon & Lemon, 2003; Sousa, 2015), the current findings contribute by showing how disrupting hierarchies can facilitate such collaboration in a multi-stakeholder co-operative. While wider organisational behaviour research has previously indicated drawbacks to maintaining rigid hierarchies within organisations (e.g., staff being less likely to share issues with colleagues, and less able to solve complex problems) (Lee & Edmondson, 2017; Tronto, 2013), participants' accounts of how CC facilitated different stakeholders spending time together, discussing concerns, and experiencing a more equal identity through organising activities together, illustrate how collaboration can be promoted, even within organisations which retain formal hierarchies.

While there were only limited examples of people who are supported forming relationships with local people that were sustained beyond direct involvement in particular projects, another aspect of facilitating more equal participation at CC which was largely

reflected in existing research, was the ABA of facilitating relationships between people who are supported and local people (Foresster, Kurth & Oliver, 2020). This manifested either through members' visible participation in community activities (e.g., attending church) (ILO, 2012), or their more explicit contributions (e.g., reminiscing with care home residents, or helping look after a community woodland) (What Works Wellbeing, 2020).

4.2.5 *Social contribution*

The current study adds to the co-operatives literature by helping address the over-reliance on researchers' accounts of social contribution. Individual participants showed that they were conscious of contributing to their communities, recounting working for local services, organising fundraising events for local charities, and supporting other members to volunteer for social enterprises. One participant linked CC's concern with social contribution to the legislative and policy context in Wales, including a shift towards locality-based commissioning, raising the question of whether similar policies could help exploit the potential for other care providers to contribute to their communities in other parts of the UK. In addition to demonstrating the asset-based strategy of promoting citizen's agency through *facilitating more equal participation* (sub-category 1B) in community activities (Daly & Westwood, 2018), CC's commitment to sharing its resources with its local communities (particularly in a context of being chronically under-staffed) can also be seen to contribute to narratives of collectivism that offer an alternative to neoliberalism's view of people competing in the pursuit of self-orientated goals (Zlotowitz & Burton, 2022).

As well as providing members' accounts of their co-operative's social contribution, the current study bolsters existing research by evidencing social processes through which co-operatives can provide particular support to members from marginalised groups wanting to

contribute to their communities. Laratta's (2016) study of an Italian social co-operative documents how members described as having 'mental disabilities' were supported into employment, primarily through peer support (e.g., encouragement), the provision of tailored job opportunities, and respect for members' independence (e.g., looking to withdraw support where possible). The current findings demonstrate an overlapping but more extensive range of processes which facilitated members' social contribution, including fundamental forms of caring (e.g., supporting people who are supported with communication), and the discursive processes involved in *orienting towards equality* (sub-category 1A) (e.g., supporting practice which disrupted constructions of staff as 'helpers' and people who are supported as 'helped'). The extent of processes found to be associated with the social contribution of people who are supported, and therefore their wellbeing, at CC, runs counter to the neoliberal view of care as the tasks which are essential for physical survival (Button, 2021b; Sibthorp, n.d.).

As well as describing working conditions at CC *being impacted by Covid-19* (sub-category 3C), participants also described the impact that Covid-19 had upon CC's capacity to contribute to its communities. For example, participants identified several instances of CC losing important connections with its communities during the Covid-19 pandemic – e.g., a community café that employed people who are supported closing down and being replaced by a business that chose not to re-employ people who are supported, and a local authority being forced to sell a public building to a private investor who was not amenable to continuing to give CC favourable access. Considered in their historical context, communities losing resources during the Covid-19 pandemic can be seen as inextricably linked to the wider programme of austerity measures implemented in the UK since 2010 (Jensen, 2018), and these findings show how the potential for co-operatives to develop local assets through partnership working is significantly limited if other community-minded stakeholders are not

well-resourced themselves (SCDC, 2011). While participants highlighted the opportunities created by the Welsh government's shift towards asset-based commissioning, without greater fiscal devolution or Welsh independence, the potential benefits of such policies could continue to be undermined by the UK government continuing to pursue a programme of austerity.

4.2.6 Personal Growth

While personal growth was a consistent facilitator of wellbeing within the systematic literature review, it was more contested across participants' accounts. Existing research referred to members developing specific skills or perspectives, either through participating in their co-operatives, or receiving training (Sims, 2021; Sousa, 2015). In the current study, although there were examples of *facilitating more equal participation* (sub-category 1B) leading to a person who is supported developing in confidence and social skills through accessing employment, and a member of staff accessing leadership opportunities through participating in the co-operative, there was a contingent of staff who were described as resistant to training which championed an enabling rather than a caring approach, and another person who is supported who indicated that the abilities that enabled her to lead co-operative meetings had been developed in a previous role, external to CC. Several participants found it easier to describe their development before joining CC, resonating with existing research by reporting that they had developed a greater appreciation of their interdependence with others (Sims, 2021), but suggesting that they had developed this perspective before joining CC. This raises the question of whether, as well as contributing to people's personal development, co-operatives also attract people with certain existing skills, tendencies, or perspectives.

4.3 Practice implications and future research

This research project has explored the processes that shape the wellbeing of members at CC. This section therefore includes recommendations for CC (tentatively addressing other SCCs), as well as two other stakeholder groups charged with promoting wellbeing across the wider care sector in the UK: policymakers, and clinical psychologists.

4.3.1 Care Co-operative (CC)

4.3.1.1 Overcoming barriers to participation

Several participants reported issues with co-operative meetings at CC, including there being too many people, the conversation being too fast-paced, and a general feeling that they favoured extroverted people with verbal communication skills. Webster et al. (2020) argue that co-operatives need to put specific measures in place in collaborative spaces, to prevent the exclusion of members with fewer social resources. This suggests the potential benefits of CC taking steps such as limiting the number of people attending meetings, or introducing structured ways to invite equitable contributions from everyone that is present. Alternatively, a study of the NCEC in Australia also identified sporadic participation in formal meetings, but found that members influenced the organisation through more informal means – often conversations with supervisors with whom they had formed good working relationships (Westoby & Shevellar, 2019). Investigating or investing in more informal routes for members to participate could be another way for CC to address the barrier of a lack of participation.

The association made above, between the propagation of neoliberal ideas and the inhibition of participation in SCCs, would suggest that SCCs operating in neoliberal contexts may need to pay particular attention to the way that they promote participation to prospective

members (e.g., being very clear about the costs and benefits, in terms of members' resources). This also highlights the potential benefits of co-operatives investing resources in collaborating with others to campaign against neoliberal policy agendas. While participants reported CC focussing a significant number of resources on ameliorative projects that could be seen to address the gaps in UK social and welfare provision (e.g., fundraising to give grants to people who do not have enough money, or delivering lunches to people who do not have enough access to food), other co-operatives have been found to target more structural or transformative change, for example by raising members' awareness of how they are impacted by government policy, and campaigning for financial concessions or policy reform (Matthew & Bransburg, 2017; Tenzin & Natsuda, 2016; Vo, 2016).

4.3.1.2 Facilitating relationships with local people

Participants reported limited examples of people who are supported forming relationships with local people that were sustained beyond direct involvement in particular projects. One strategy for developing such relationships which was common in the literature was the facilitation of physical spaces in which co-operative members and local people could spend time together (Hibbert et al., 2003; Lemon & Lemon, 2003; Phillips, 2012). CC were reported to have rarely attracted local people to their community events, and the facilitation of more consistent physical spaces where members and local people can interact, could form part of CC's desire to refresh their asset-based activities following the Covid-19 pandemic.

4.3.1.3 Promoting the autonomy of people who are supported

Involving people who are supported in projects after staff had already taken decisions about what projects would look like (e.g., deciding to organise a charity fundraiser) may still

have facilitated positive experiences or skills development. However, involving people who are supported at the design stage (e.g., preliminary discussions about ideas for projects) would arguably take full advantage of the opportunities for asset-development and co-production afforded by the multi-stakeholder co-operative model (Kretzmann & McKnight, 1993; Restakis, 2010).

4.3.2 Policy

The current study offers a rationale for considering how policy could help enable the growth of ABAs and co-operatives, so that they become established within the UK care sector.

Westoby and Shevellar (2019, p. 1361) warn against attempts to roll out a one-size-fits-all blueprint for SCCs, referring to the creation of the NCEC as an inherently ‘opportunistic’ and ‘adaptive’ venture, based on multiple stakeholders coming together and recognising the particular needs and openings within their context (for further reflections about the merits and drawbacks of advocating for specific organisational structures, see Appendix A). This portrays co-operatives as highly contingent upon people and place, suggesting that those wishing to take inspiration from SCCs like CC, rather than attempting full replication, would be better off identifying a smaller set of fundamental elements which would need to underpin any new project.

This perspective resonates with SCIE’s (2019a) assertion that the problem in UK social care is not a lack of innovation (see LGA, 2022; SCIE, 2020c; SCIE, 2021; TLAP, 2019), but the barriers that prevent innovative practice from taking root. As well as austerity measures taking resources away from third-sector organisations and communities (SCIE, 2019b), notable barriers include a persistent culture of rules-based commissioning and

performance management which over-prescribes short-term targets and fixed strategies for reaching them (Brogan, 2020), and competitive tendering processes discouraging co-operation between providers.

Policies which address these barriers may help support the growth of co-operatives. Examples could include local authorities giving more weight to evidence of social value within tendering processes, or following the example of the Welsh government by starting to move away from competitive tendering altogether, towards collaborating with trustworthy providers and allowing them to define cost-effective care that balances short-term efficiency with investing in asset-based strategies that target long-term benefits (A. Roper, personal communication, n.d., cited in Sheffield, 2017, para.22-24). The example from the current findings of the Welsh government facilitating longer-term, locality-based commissioning, could also support other commissioners to move away from over-prescribing fixed outcomes, thereby expanding the scope for democratic and multi-stakeholder participation in services, and the potential for this to facilitate wellbeing.

Learning from some of the policies that helped support the development of social co-operatives in Italy (Conaty, 2014), the International Labour Organisation (2003, as cited in Nolan et al., 2013) also highlight the growth of co-operatives as reliant on broader capacity building such as leadership training, access to favourable financial borrowing, and the development of inter-co-operative networks. In the UK, if significant numbers of traditional businesses are to follow CC's example of transforming into a co-operative, there would first need to be government investment in training professionals that can help guide the legal aspects of this process, as well as advise on the risks, commitments and responsibilities of owner-membership (J. Gordon-Farleigh, personal communication, 2020).

4.3.3 *Clinical psychology*

In a care system which has been acknowledged as chronically under-resourced, clinical psychologists in the UK typically constitute a form of external resources assigned in response to symptoms of distress, using mostly individual- or group-level interventions to promote the wellbeing of people giving or receiving care. While some psychologists may engage with the relationships between people's distress and aspects of their environment (e.g., cultural context), the role of economic structures is usually ignored (Zlotowitz & Burton, 2022). Encouraging individuals or groups to adapt so that they function better within services, without making links between distress and the economic ideologies that currently underpin the care system, helps legitimise and reproduce neoliberalism (Adams & Estrada-Villalta, 2019). Research which implicates the expansion of private interests within the UK care sector (a manifestation of neoliberal ideas) with a decline in the quality of care (Button & Bedford, 2019), and the current findings which associate an array of processes that facilitate wellbeing with an alternative ownership model, offer psychologists connected to adult social care a rationale for incorporating an economic focus into different levels of their work.

At a systemic level, given the crucial role that reversing austerity measures has been seen to play in the potential for the growth of ABAs and SCCs within the care system, psychologists could also contribute to social movements supporting psychologists to influence policy debates (see Psychologists for Social Change, n.d.)

At a service-development level, following the example of the 'opportunistic' and 'adaptive' NCEC (Westoby & Shevellar, 2019, p. 1361), psychologists could seek to build relationships with people from a variety of stakeholder groups in their local context, including people supported and excluded by services, before considering the needs and

opportunities for furthering ABAs, or founding a new SCC. This could involve connecting with an existing coalition of third sector organisations (see CLES, n.d.) pursuing a programme of ‘community wealth building’ by helping local authorities support community businesses, and the co-production of local services (Zlotowitz & Burton, 2022).

At an individual or group level, this could include psychologists drawing on approaches such as community psychology (Walker et al., 2022) and liberation psychology (Afuape & Hughes, 2015) to help people within care services make sense of their distress with reference to the economic ideologies that shape the care system. In addition, psychologists could support people to connect with the existing social movements mentioned above, or start their own process of building relationships with like-minded people in their area.

4.4 Study evaluation

Table 8 explores the strengths and limitations of the study using Tracy’s (2010) “Big-Tent” Criteria for Excellent Qualitative Research.

Table 8 *Strengths and limitations of the current study, according to the “Big-Tent” Criteria for Excellent Qualitative Research (Tracy, 2010)*

Strengths		
Criterion	Definition	Implementation within the current study
Worthy topic	A topic that is relevant, timely, significant, or interesting	<ul style="list-style-type: none"> - Co-operatives embed strategies for sharing power, engaging with the growing interest in co-production within statutory services, and helping address confusion about how genuine co-production differs from more tokenistic forms of involvement (Forbat et al., 2009, cited in NCCMH, 2019). - Co-operatives are predisposed to democratic member control, and reciprocal community relationships, representing a challenge to a neoliberal orthodoxy within UK politics that has been associated with increasing income inequality and mental distress (Jensen, 2018; Wilkinson & Pickett, 2018).
Significant contribution	Either conceptual, theoretical, practical, moral, methodological, or heuristic	<ul style="list-style-type: none"> - Moral contribution by bearing witness to the harm done to support staff navigating the Covid-19 pandemic in the context of a chronically under-funded care system. The significance of investigating alternatives to neoliberal economic structures grows as the damage that they inflict upon people’s wellbeing continues (Wilkinson & Pickett, 2018).
Credibility	Trustworthy, plausible and persuasive findings	<ul style="list-style-type: none"> - Involvement of consultant panel included multiple voices within the study’s design (e.g., recruitment) - Interviews involving multiple participants were particularly facilitative of participants ‘showing’ rather than ‘telling’ of social processes (Tracy, 2010, p.843), with SA’s concern with context enabling ‘thick description’ of these processes by inviting a discursive and systemic analysis of the concrete details that participants shared (Clarke, 2005). - Significant engagement with challenges at CC (‘Results’ - ‘disabling’ and ‘facing barriers to relationships’)
Sincerity	Self-reflexivity, transparency about methods and challenges	<ul style="list-style-type: none"> - Acknowledging the challenges of conducting time-bound research during the Covid-19 pandemic. The extent of the impact of the Covid-19 pandemic upon social care services, and the urgency of reform in a sector subject to such long-term crisis, provide some rationale for tolerating the limitations below as the price for amplifying the voices of people involved in UK social care at this time.
Limitations		
Credibility	Trustworthy, plausible and persuasive findings	<ul style="list-style-type: none"> - A lack of triangulation (via a second method of data collection) caused by not being able to resource or motivate participants enough to use ‘photovoice’. This also raised an ethical question about an over-reliance on verbal communication and equitable access.
Rich rigour	Using sufficient and appropriate: theoretical constructs, participants, data and time in the field, data collection and analysis processes	<ul style="list-style-type: none"> - Despite incorporating a range of voices (e.g., people who are supported, different kinds of staff, and a community supporter) the sample was not big enough to facilitate theoretical saturation (Clarke & Charmaz, 2019). Any transferability to other contexts must be done tentatively, with further research needed to challenge, substantiate or elaborate on key social processes and themes. - Despite significant resource being invested in building relationships with participants and members of the consultant panel, the research was conducted exclusively online, obscuring implicit data which would have enriched the findings.

4.4.1 Reflections on striving for relational research

One piece of advice that my supervisor Sally gave to me during the design phase, and something which I have held onto throughout this project, was to make a long-term commitment to the relationships that I would go on to build. Learning from my concurrent experience of working at MAC-UK, a charity which strives to put relationships at the centre (both internally, and within its work with communities and professional systems), researching within one service gave me an opportunity to try and immerse myself in CC as much as I could, accessing data beyond the confines of interviews by attending a variety of events (e.g., Zoom quizzes, co-operative meetings), and most of all, by getting to know the group of members who formed the project's consultant panel. Although building meaningful relationships with members of the consultant panel who were also participants presented certain challenges, in particular testing my resolve to retain findings that highlighted instances of practice which did not align with CC's values, it was ultimately my trust in these relationships, and their capacity to weather difficult conversations, which supported me to do so. The next steps in honouring the relationships built during this study include organising a long-overdue gathering in Wales, celebrating everyone involved in the project and continuing conversations about disseminating our findings.

4.5 Suggestions for future research

Although the issues of rigour in the current study invite suggestions for further and more extensive research with SCCs such as CC, until issues with staff shortages begin to ease, or unless projects can offer significant remuneration for participants' time, it is difficult to believe that such projects would be firmly in participants' best interests. Without either of these conditions being met, researchers could support people involved in SCCs by joining

social movements that share an interest in ABAs and co-operatives – e.g., #socialcarefuture. Depending upon the existing needs within such networks, researchers could be mindful of opportunities to collaborate with others in developing projects based on participatory action research methods, helping promote research that is relevant to the community that it seeks to serve, and in this case aligned with co-operatives' concern with democracy (Hall, 1992). Alternatively, researchers could be open to the possibility of discursive projects, including those which explore the relationships between neoliberal ideas and the experience of being part of a social care service (Zlotowitz & Burton, 2022), or investigating the discursive resources that restrict or enable the sharing of power between people who are supported and staff, or people who are supported accessing valued roles within their communities.

As the preliminary stages of founding a SCC have been described as crucial, and it has been acknowledged that there are significant barriers to ventures taking root (Westoby & Shevellar, 2019; SCIE, 2019a), researchers could also search for groups at the very start of the process of considering setting up (or transforming into) a SCC. Compared to working with a fully-functioning co-operative, it is more likely that researchers could be of genuine assistance (e.g., by taking minutes at meetings, or supporting with access to university spaces for meetings), as well as being better able to assess the conditions that either support or inhibit success.

4.6 Final reflections

Having begun this project from a position of wanting to promote co-operatives, a growing familiarity with a view of a 'research situation' as an ecology of process and context (Clarke et al., 2016), has left this initial aim feeling somewhat naïve. Striving to see process,

rather than outcome, and beginning to recognise the successes of CC (and other co-operatives) as emergent and highly contingent, has further highlighted the potential pitfalls in recommending prescriptive dissemination, even of something apparently valuable. While I hope that the example of CC inspires consideration of applying their core processes, and their multi-stakeholder model, in other contexts, I equally hope to draw attention to the lack of resources and struggles to share power with citizens that have been argued to inhibit diverse groups of people coming together to respond to the needs and opportunities for co-production in their own settings.

Finally, this project was founded on a view of SCCs as breaking boundaries, and forging new, and more just, ways of living and working. The association between pursuing an experience of freedom from constraints and neoliberal ideas (Adams & Estrada-Villalta, 2019), has encouraged me to attune to the ways in which, as well as being counter-hegemonic in the UK, co-operatives constitute a formal structure which has retained a capacity to facilitate wellbeing for over 150 years. Participants' accounts of the scale of structure and organisation that has enabled CC to realise its values, have emphasised how any value in breaking boundaries stems from having alternative boundaries through which to scaffold new connections.

4.7 Conclusion

This study has furthered understandings of how, accounting for the impact of a range of socio-political factors and events, an ABA of orienting towards (and realising) equality and relationships, can facilitate wellbeing within a SCC. While there were found to be significant barriers to these processes at CC (more clearly understood through the lens of operating in a neoliberal context), their success can perhaps be best summarised with

reference to the relationships and experiences of connection that supported people typically constructed as having less power than others to participate in, and contribute to, their communities. The processes found to both facilitate and constrain various aspects of wellbeing overlapped with existing studies of co-operatives, while suggesting a more contested picture of members' personal growth, and contributing processes connected to the multi-stakeholder model, such as fundamental facets of caring helping enable experiences of social contribution, and the disruption of hierarchies facilitating relationships. The findings also gave generous expression to members' voices and subjective experiences, with the wider literature dominated by the perspectives of researchers. Beyond CC, the relevance of the study centres upon its capacity to 'hint at a future worth striving for' (Restakis, 2010), and to highlight to policymakers, commissioners and clinical psychologists a practical means of striving.

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APPENDICES

Appendix A Extracts from primary researcher's reflective diary

Defining wellbeing - eudaimonia or hedonia?

1.4.22 – Reading about wellbeing

In a recent supervisory meeting, we spoke about how I am defining wellbeing, and Sally introduced the distinction between eudaimonia (typically defined as personal growth, meaning, authenticity, excellence) and hedonia (typically defined as pleasure, enjoyment, comfort, absence of distress). My initial reaction was that I wanted to define well-being more as eudaimonia, because of a feeling that hedonia is inherently more fleeting. Sally also reminded me of how this project has been designed, in some ways, to challenge the discipline of clinical psychology, by focussing on the environmental and social determinants of wellbeing (service ownership model/governance structure), as opposed to individualising discourses that focus primarily on internal experiences. I agreed with wanting to retain a stance of challenging individualising discourses within clinical psychology, and intuitively agreed with the idea that eudaimonia aligned with this stance more than hedonia.

Having started to read more about eudaimonia and hedonia, looking back at my initial reaction, I wonder if personal growth, meaning, authenticity or excellence are any less individualising or internal than pleasure, enjoyment, comfort, or the absence of distress. Thinking about my own life, they are all things which I experience in relation to others. A lot of the things I most enjoy, and the general level of comfort and distress I experience, are heavily dependent on other people in my life, and the structural power and privilege that I am afforded. The difference with the eudaimonic concepts is perhaps more that these are experiences which have longer chronological trajectories – experiences of personal growth have shallower peaks and troughs than experiences of pleasure.

One paper I read talked about how eudaimonia and hedonia can be seen as competing ideas of how to live a good life, but also how we can perhaps attain greater wellbeing by pursuing them both. I remember reading some naf Facebook poll when I was a teenager, about how in Ancient Egyptian culture, the success of someone's life was judged by a combination of how much joy that had experienced, and how much joy that had enabled others to experience. The idea that both joy and the meaning inherent in serving others were both of value really stuck with me, so perhaps it would be most congruent with my values to define wellbeing as made up of both eudaimonia and hedonia, whilst utilising the distinction to deepen my thinking and make clearer my contribution to the wellbeing literature.

And even if hedonia is more internal than eudaimonia, as well as believing that the discipline of clinical psychology would serve society better by becoming less individualising, I also see the contribution that it can make by being a discipline which meaningfully works at multiple levels, from the individual to the structural. I am definitely interested in whether the co-operative ownership model facilitates moments of internal pleasure and enjoyment for its members, as well as personal growth. I think in aspiring to do social justice work that is driven by moral principles, it can be easy to become overly-earnest, and forget about the value of hedonia.

6.12.22 – Reading about neoliberalism

Really interesting to think about some of the relational findings through a lens of neoliberalism. The pursuit of positive subjective experience has been associated with neoliberalism, and portrayed negatively as part of individualism. But at CC, feeling happy and relaxed were a central part of feeling connected, and sustaining relationships and collective identities (experiencing CC as a family). Maybe I'm over-interpreting the literature as being wary of individual subjective experience, or maybe I'm over-wary and moralising about it myself, or maybe it's an example of where critiques of neoliberalism can go too far – I can definitely see how pursuing positive emotional experiences can de-prioritise collective structures, but as the participants suggest, they can also be a crucial part of relationships.

Keeping it loose with principles, or advocating for specific structures?

2.8.22 – Reading about co-operatives involving people with learning disabilities

Read this great paper this morning about a worker co-operative in Australia that mainly employs people with learning disabilities (shame it didn't turn up in my lit review searches!). It's got some great stuff about how it aims to influence the policy landscape – about how it's not advocating for a 'blueprint model' (i.e. evidencing that co-ops are good, and then trying to roll them out en masse), but more for creating the conditions for innovations like co-operatives to emerge organically in their own contexts. This chimes with stuff I've been reading from SCIE recently about their efforts to do exactly this in the UK. One of their reports references this blog about changing the way that we commission services so that we move away from the outcome-focussed cycle of 'pilot > evidence of success > roll-out', to something that is more contextual and process-based. Got very excited reading it - the desire to support this move away from traditional generalised evidence and prescriptive services, to something more localised and fluid, is something that I feel in my body and is definitely one of the main drivers behind wanting to do this piece of research about innovative practice (and behind wanting to do the placement at MAC-UK) (and interestingly, the advanced systemic module facilitated a lot of reflection on my role within my family for 'pushing boundaries' - really interesting to think about the intersections between personal, professional and research interests/experiences).

This all took me back to an early supervisory meeting where we talked about the issue of being clear that we are researching the co-operative model vs focussing on the core elements that underpin the various kinds of community businesses (e.g., democratic governance structures, co-production). Sally mentioned the dangers of losing a focus on a specific model, when large systems have such a tendency to co-opt core elements and make them tokenistic, but this recent reading has brought the importance of not getting too wedded to the model into focus. Definitely something to bear in mind when writing about the relationship between the research and the wider policy context.

5.12.22 – Reading about neoliberalism

This Adams & Estrada-Villalta paper has properly stopped in my tracks – feels like I've been wanting to read something like this for ages. The bit where it associates a desire to feel free from constraints (pushing boundaries!?) with individualist neoliberal ideas, really made me re-appraise the value of doing things differently. One of the very first things I said to myself when thinking about what to research for this project was, 'I want to help promote an example of people doing things differently'.

And I still believe in the importance of doing things differently (there are obviously so many things in the world that need to be done differently), but I think in the paper they talk about breaking boundaries but then making sure you create alternative collectivist structures. And I'd never fully acknowledged how that's what co-operatives are – they are so structured (essentially they're made up of loads of boundaries). And maybe if you focus too much on values and breaking boundaries, without having new boundaries in place, projects are susceptible to reverting to individualist norms. So it's a proper balance with the focusing on the principles vs focussing on the specific co-operative model debate – it's good to avoid being prescriptive so people can come together in their own contexts and do whatever looks best from their position, but there need to be some specific structures there so it's not too susceptible to reverting back to individualist norms, or being co-opted.

Appendix B *Systematic literature review search strategy*

The search terms in Table 1 were identified through consulting What Works Wellbeing’s (2020) existing systematic review which considered the impact of community businesses upon wellbeing, and a series of pilot searches of four bibliographic databases accessed via the University of Hertfordshire and University of Manchester: Scopus, Cinahl Plus, Social Policy and Practice and Business Source Premier.

The pilot searches helped to determine which terms identified relevant literature, whilst retrieving a manageable number of results. Initially, a greater number of synonyms for wellbeing were included, but this returned too many search results. A process of funnelling helped reduce the number of terms and results, with care taken to retain a balance between synonyms relating to the three main components within the current study’s definition of wellbeing: psychological, social, and emotional wellbeing.

The lack of search engine functionality meant it was not possible to retrieve instances of ‘co-operative’ being used as a noun, rather than an adjective, making it difficult to reduce the number of search results further.

Table 1 *Search Terms*

Terms related to sample/context (co-operatives)	AND	Terms related to phenomenon of interest (wellbeing)
“co-operative” OR “cooperative” OR “co-op”		“Wellbeing” OR “well-being” OR “well AND being” OR “wellness” OR “mental AND health” OR “community” OR “social AND capital”

Final searches of the four bibliographic databases all used the search terms as set out in Table 1. The comparatively limited search function of Google Scholar necessitated carrying out three separate searches, one for each of the iterations of ‘co-operative’. All searches looked for search terms within the title of peer-reviewed articles to help return the most relevant results. The limited functionality of Google Scholar meant that results that were not peer-reviewed had to be excluded by the researcher.

Appendix C *Systematic literature review critical appraisal tools*

Table 1 *Qualitative Studies. “Big-Tent” Criteria for Excellent Qualitative Research (Tracy, 2010).*

	Bromwich, D. & Saunders, M. (2012)	Gordon, M. (2002)	Hadjielias, E., Christofi, M., Vrontis, D. & Khan, H. (2022)	Hibbert, S., Piacentini, M. & Al Dajani, H. (2003)	Laratta, R. (2016)	Lemon, C. & Lemon, J. (2003)
Worthy topic	Yes	Yes	Yes	Yes	Yes	Yes
Rich rigor	Limited - lack of theoretical constructs and information about data analysis	Limited – lack of information about data analysis	Yes	Yes	No	No
Sincerity	No	No	Limited – lack of self-reflexivity	No	No	Limited – lack of transparency about methods
Credibility	Yes	Limited – telling rather than showing	Yes	Yes	No	No
Resonance	Yes	Yes	Yes	Yes	Yes	Some
Significant contribution	Yes	Yes	Yes	Yes	Yes	Yes
Ethical	Limited	Limited – no mention of ethical issues	Limited – no mention of ethical issues	Limited	Limited – no mention of ethical issues	Limited – no mention of ethical issues
Meaningful coherence	Limited - lack of connecting findings with literature	Limited – lack of connecting findings with literature	Yes	Limited – lack of connecting findings with literature	Yes	Limited – lack of information about methods or connecting findings with literature

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	Matthew, R. A. & Bransburg, V. (2017)	Phillips, R. (2012)	Sims, L. (2021)	Sousa, J. (2015)	Vo, S. (2016)	Wells, V., Ellis, N., Slack, R. & Moufahim, M. (2019)
Worthy topic	Yes	Yes	Yes	Yes	Yes	Yes
Rich rigor	Limited – lack of information about method	No	Yes	Limited – lack of information about data analysis	Yes	Yes
Sincerity	No	No	Limited – lack of self-reflexivity	No	Yes	Limited – lack of self-reflexivity
Credibility	No	No	Yes	Limited	Yes	Yes
Resonance	Yes	Yes	Yes	Yes	Yes	Some
Significant contribution	Yes	Yes	Yes	Yes	Yes	Yes
Ethical	Limited – no mention of ethical issues	Limited – no mention of ethical issues	Yes	Limited – no mention of ethical issues	Yes	Yes
Meaningful coherence	Yes	Limited - lack of connecting findings with literature	Yes	Limited - lack of connecting findings with literature	Yes	Yes

Table 2 *Quantitative Studies. Critical Appraisal Skills Programme’s Cohort Study Checklist (CASP, 2022)*

	Bauwens, T. & Defourney, J. (2017)	Wu, L., Li, C. & Gao, Y. (2021).
1. Did the study address a clearly focused issue?	Yes	Yes
2. Was the cohort recruited in an acceptable way?	Yes (although unclear whether there are more co-operatives that could have been included)	Yes
3. Was the exposure accurately measured to minimise bias?	No (subjective measurements regarding the ‘phases’ that one of the co-operatives was judged to have been through, and the extent to which the other co-operative was oriented towards public or mutual benefit was not operationalised)	Yes
4. Was the outcome accurately measured to minimise bias?	Yes (although parts of existing measures were borrowed, raising questions about validity)	Yes (although the dependent variable was measured using a validated measure, the mediator variables were not, raising questions about their validity)
5. a) Have the authors identified all important confounding factors?	Yes	Yes
b) Have they taken account of the confounding factors in the design and/or analysis?	Yes	Yes
6. a) Was the follow up of subjects complete enough?	n/a – cross-sectional design	n/a – cross-sectional design
b) Was the follow up of subjects long enough?	n/a – cross-sectional design	n/a – cross-sectional design
7. What are the results of this study?	See Table 1	See Table 1

8. How precise are the results?	Confidence intervals not reported.	Acceptable standard errors reported.
9. Do you believe the results?	Yes	Yes
10. Can the results be applied to the local population?	Can't tell (must be applied tentatively due to specific characteristics of co-operatives)	Can't tell (must be applied tentatively due to cultural differences)
11. Do the results of this study fit with other available evidence?	Yes	Yes
12. What are the implications of this study for practice?	Consumer co-operatives could be advised that if they wish to increase the scale of their impact, while maintaining the strength of their member's relationships and their sense of belonging to the co-operative, it would be better to set up another co-operative (following a franchise model), or share learning with other co-operatives, rather than expanding the current membership and offering them economic benefits.	Policy makers could explore facilitating the development of agricultural co-operatives as a way of increasing the subjective wellbeing and social capital of rural communities.

Table 3 *Mixed-methods studies. Mixed Methods Appraisal Tool, version 2018 (Hong et al., 2018)*

Category of study designs	Methodological quality criteria	Tenzin, G. & Natsuda, K. (2016)	Seyfang, G. (2007)	Majee, W. & Hoyt, A. (2009)
Screening questions (for all types)	Are there clear research questions?	Y	Y	Y
	Do the collected data allow to address the research questions?	Y	Y	Y
Qualitative	Is the qualitative approach appropriate to answer the research question?	Y	Y	Y
	Are the qualitative data collection methods adequate to address the research question?	Y	Y	Y
	Are the findings adequately derived from the data?	Can't tell	Can't tell	Can't tell
	Is the interpretation of results sufficiently substantiated by data?	N	Y	Y
	Is there coherence between qualitative data sources, collection, analysis and interpretation?	Can't tell	Can't tell	Y
Quantitative descriptive	Is the sampling strategy relevant to address the research question?	Can't tell	Can't tell	Y
	Is the sample representative of the target population?	Can't tell	Can't tell	Can't tell
	Are the measurements appropriate?	Can't tell	Can't tell	Y
	Is the risk of nonresponse bias low?	Y	Can't tell	N
	Is the statistical analysis appropriate to answer the research question?	Can't tell	N	Y
Mixed methods	Is there an adequate rationale for using a mixed methods design to address the research question?	N	N	Y
	Are the different components of the study effectively integrated to answer the research question?	Y	Y	Y
	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Y	Y	Y
	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	N	Can't tell	N
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Can't tell	Can't tell	Y

Appendix D *Interview schedule*

Interview guide (without prompts – full version below)

Topics

- *Perception of Care Co-operative (CC)*
- *Autonomy*
- *Relationships*
- *Participation; social contribution*
- *Inclusion*
- *Personal growth*
- *Subjective experience*

Questions

Questions for everyone
Questions for people receiving support
Questions for staff
Questions for community supporters

Perception of CC

1. How would you describe CC?
2. Who does CC belong to?
3. What are the advantages to CC being a co-operative? What are the disadvantages?

Autonomy

4. Who decides what happens at CC?
5. Who decides what happens in your life?
6. How do CC staff know how to support you?
5. Who decides how you do your job?
6. How do you know how to support the people that you support? (*support staff only)
5. Who decides your role at CC?
6. How do you know how to support CC?

Relationships

7. What are your relationships like with other people at CC? (people you support/people who support you, people in the community, colleagues)

Participation; social contribution

8. As well as the people who support you, who do you see on a regular basis? (other people involved with CC, people in the wider community, other services)
9. What things do you do in a typical month? (CC meetings, CC events, other activities)
9. As well as providing hands-on care for people/doing your main duties, do you do anything else with CC? (CC meetings, CC events, engaging with the local community)

9. What do you do as community support of CC? (CC meetings, CC events, engaging with the local community)

Inclusion

11. Who gets involved at CC? Who doesn't get involved?

Personal growth

12. How have you changed in the last few years? (new skills, learning, personal development, volunteering/job opportunities)

Subjective experience

13. What helps you feel good in your life?

-

Interview guide (with prompts)

Questions for everyone
Questions for people receiving support
Questions for staff
Questions for community supporters

Perception of CC

1. How would you describe CC?
 - How do you feel about CC?
 - What makes you feel that way?
 - How do those feelings affect you? (day-to-day life, well-being; benefits/costs)
2. Who does CC belong to?
 - How much do you feel like you are part of CC, or not part of CC?
 - What helps you feel part of it?
 - What makes you feel like you're not part of it?
 - How does this affect you? (day-to-day life, well-being; benefits/costs)
3. What are the advantages to CC being a co-operative? What are the disadvantages?
 - How did you learn about CC being a co-operative?
 - How often do they contact you?
 - What do they contact you about?

Autonomy

4. Who decides what happens at CC?
 - How much control do you have?
 - How much control do other people have?
 - How does this affect you? (day-to-day life, well-being; benefits/costs)
 - When do you feel in control/not in control?
5. Who decides what happens in your life?
 - How much control do you have?
 - How much control do other people have?

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- How does this affect you? (day-to-day life, well-being; benefits/costs)
- When do you feel in control/not in control?
- 6. How do CC staff know how to support you?
 - How do they know?
 - How could they find out more about supporting you?
- 5. Who decides how you do your job?
 - How much control do you have?
 - How much control do other people have?
 - How does that affect you? (day-to-day life, well-being; benefits/costs)
 - When do you feel in control/not in control?
- 6. How do you know how to support the people that you support? (*support staff only)
- 5. Who decides what your role is at CC?
 - How much control do you have?
 - How much control do other people have?
 - How does that affect you? (day-to-day life, well-being; benefits/costs)
 - When do you feel in control/not in control?
- 6. How do you know how to support CC?

Relationships

- 7. What are your relationships like with other people at CC? (people you support/people who support you, people in the community, colleagues)
 - What helps makes these relationships good relationships?
 - What could help improve them?
 - What challenges them?
 - How do these relationships affect you? (day-to-day life, well-being; benefits/costs)

Participation; social contribution

- 8. As well as the people that support you, who else do you see on a regular basis? (other people involved with CC, people in the wider community, other services)
 - How did you meet them?
 - What helped make that possible?
 - What helps you continue seeing them?
 - What makes it difficult?
 - How does seeing them affect you? (day-to-day life, well-being; costs/benefits)
- 9. What things do you do in a typical month? (CC meetings, CC events, other activities)
 - How did you get involved with that?
 - What helped you get involved?
 - What helps you continue to do that?
 - What makes it difficult?
 - Who else is involved?
 - How does being involved affect you? (day-to-day life, well-being; costs/benefits)
- 9. As well as providing hands-on care for people/doing your main duties, do you do anything else with CC? (CC meetings, CC events, engaging with the local community)
 - How did you get involved?
 - What helped you get involved?
 - What made it difficult?
 - What helps you keep doing this?
 - What makes it difficult?

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- Who else is involved?
- How does being involved affect you? (day-to-day life, well-being; costs, benefits)
- 9. What do you do as community support of CC? (CC meetings, CC events, engaging with the local community)
 - How did you get involved?
 - What helped you get involved?
 - What made it difficult?
 - What helps you keep doing this?
 - What makes it difficult?
 - Who else is involved?
 - How does being involved affect you? (day-to-day life, well-being; costs, benefits)

Inclusion

- 11. Who gets involved at CC?
 - Why do they get involved?
 - Who doesn't get involved?
 - Why don't they get involved?

Personal growth

- 12. How have you changed in the last few years? (new skills, learning, personal development, volunteering/job opportunities)
 - What has helped you change?
 - What has made it difficult to change?
 - What impact has this had on you? (day-to-day life, well-being)

Subjective experience

- 13. What helps you feel good in your life?
 - What makes you feel not so good?

Appendix E *Ethical approval notification*



**HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA
ETHICS APPROVAL NOTIFICATION**

TO Jonathan Oliver
CC Dr Lizette Nolte
FROM Dr Roberto Gutierrez, Health, Science, Engineering & Technology ECDA Vice Chair
DATE 25/05/2021

Protocol number: LMS/PGR/UH/04571
Title of study: A Social Care Co-operative: Doing Care Differently.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr. Sally Zlotowitz (external to the university)

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 01/07/2021

To: 01/07/2022

Appendix F *Participant Information Sheets (inc. official, reduced text, brief reduced text, Welsh reduced text, and Welsh brief reduced text versions)*

Participant Information Sheet (Official version)

UNIVERSITY OF HERTFORDSHIRE

**ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
(‘ETHICS COMMITTEE’)**

FORM EC6: PARTICIPANT INFORMATION SHEET

1 Title of study

‘A Social Care Co-operative: Doing Care Differently’

2 Introduction

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University’s regulation, UPR RE01, ‘Studies Involving the Use of Human Participants’ can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs>

(after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

3 What is the purpose of this study?

The purpose of this study is to understand how being part of a social care co-operative has an impact on people’s experience of care, and their well-being. It is hoped that having a better understanding of these things will help social care co-operatives know more about how to support the well-being of their members. It is also hoped that this study will help commissioners consider whether to commission more social care co-operatives in the UK.

4 Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect any treatment/care that you may receive (should this be relevant).

If you do not currently receive treatment/care from CC, taking part in the study will not change this.

5 How long will my part in the study take?

If you decide to take part in this study, you will be involved in it for 3-6 months. After this time there may be further opportunities for involvement but these will be entirely voluntary.

6 What will happen to me if I take part?

N.B. All one-to-one meetings may take place over telephone or video-call, depending on your preference. All group meetings may take place by video-call. If government guidelines relating to Covid-19 allow for face-to-face meetings, this will be discussed with you on a case-by-case basis. Your preference will be taken into account, alongside the availability of the principal investigator.

Firstly you will be invited to have a conversation (c. 30mins) with the principal investigator where you can ask any questions about the study and consider whether you want to participate. If relevant, you will be asked whether you would like to be accompanied to meetings by a member of CC care staff, and if needed the principal investigator will help make any necessary arrangements. If you still wish to participate in the study, you will be asked to sign a consent form. This form will be explained to you by the principal investigator and you will be given chance to ask any further questions.

After giving your consent to participate in the study, you will be invited to another meeting (c. 30mins) with the principal investigator to discuss the question(s) that the study is trying to explore. You can choose whether this meeting is one-to-one, or with other participants. You will be asked to think about whether you would like to explore the research question(s) in creative ways – e.g., photography, drawing, writing etc. If relevant, the principal investigator will arrange a separate conversation (c. 30 mins) to help you think about getting the things that you need to express yourself creatively. If any staff support is required, where needed the principal investigator will help make arrangements for this. People who choose to express themselves creatively will then agree a time-frame (between 2-4 weeks) in which they will aim to finish their creative expression.

Everyone will then be given the choice of attending a one-to-one meeting (c. 60-90 mins including a break) with the principal investigator, or attending a group meeting including other participants. At these meetings, you will be asked to discuss up to 10 items of your creative expression (e.g., photographs or drawings) and answer questions about life at CC. For group meetings (c. 2 hours, including a break), you will be asked to submit your creative expressions to the principal investigator so that they can be circulated to other group members before the meeting. Group members will also be asked to discuss each other's work.

At the end of the meeting you will be asked whether you would like to be further involved in promoting the findings of the study, for example by helping organise a public exhibition of participants' creative expression. The principal investigator will then arrange to meet with anyone who is interested to come up with a plan.

7 What are the possible disadvantages, risks or side effects of taking part?

Participants may become tired of attending meetings, particularly if all of the meetings are online. Meetings may involve moments of frustration or disagreement with others.

8 What are the possible benefits of taking part?

We cannot guarantee any direct benefits for you personally of taking part. However, participants may find that they enjoy using their creative skills, or come to a better understanding of what their life is like as part of CC. Participants may also develop their relationships with other people through discussion at group meetings, through supporting others/being supported by others to express themselves creatively, and through helping organise an event to promote the findings of the study.

9 How will my taking part in this study be kept confidential?

Electronic copies of all consent forms will be stored on the principal investigator's 'One Drive' (secure cloud-based storage system, provided by the University of Hertfordshire). All hard copies of consent forms will be destroyed and all electronic copies will be stored for 5 years before being destroyed.

Efforts will be taken to ensure that information which could be used to identify participants is removed from the final report and any subsequent publications.

10 Audio-visual material

The final round of meetings, when participants will be asked to discuss examples of creative expression and answer questions relating to life at CC, will be audio-recorded. These recordings will be sent to a professional transcription service to be transcribed verbatim. All names and other pieces of information that could be used to identify someone (e.g., names of places, or other organisations) will be omitted from transcriptions to protect participants' confidentiality. Audio recordings will be deleted after they are transcribed and anonymized transcriptions will be stored on the principal investigator's 'One Drive' (secure cloud-based storage system, provided by the University of Hertfordshire). They will be stored for 5 years before being destroyed.

Photographs of participants' creative expressions will be stored on the principal investigator's 'One Drive' (secure cloud-based storage system, provided by the University of Hertfordshire) and will be stored for 5 years before being destroyed. A small selection of these photographs will be included in the final report of the study's findings, depending on whether the participants that created them provide further consent for this and sign a 'Contributors' Release Form'. As part of the consent process, the principal investigator will explain why they would like each photograph to be included in the report.

Participants will be encouraged to keep a record of their own creative expressions in case they wish for them to be part of an event promoting the findings of the study.

11 What will happen to the data collected within this study?

- The data collected will be stored electronically in the principal investigator's 'One Drive' (secure cloud-based storage system, provided by the University of

Hertfordshire), for 5 years, after which time it will be destroyed under secure conditions.

- You will be asked to sign a 'Contributors' Release Form' to allow the transmission of the audio/visual material to which you have contributed.

12 Will the data be required for use in further studies?

- The data collected may be re-used or subjected to further analysis as part of a future ethically-approved study; the data to be re-used will be anonymised.

13 Who has reviewed this study?

This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is LMS/PGR/UH/04571

14 Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

15 Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email: *Jonathan Oliver, 97 Roding Road, London, E5 0DR; 07519 213 488; j.graham7@herts.ac.uk*

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

University of Hertfordshire

Participant Information Sheet

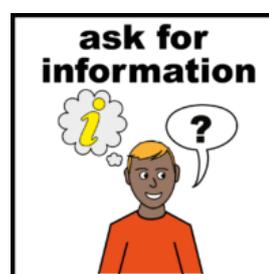
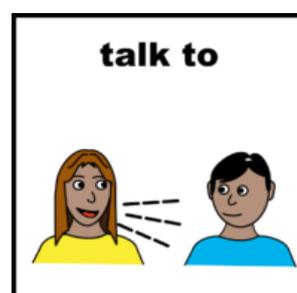
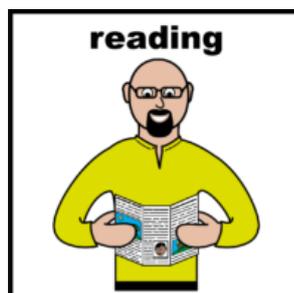
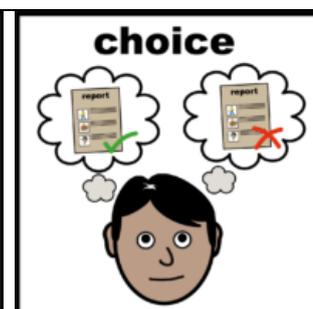
1. This research study is called 'A Social Care Co-operative: Doing Care Differently'

2. You are invited to take part in this study.

Before you decide, please read this information. You can discuss it with other people if you want to.

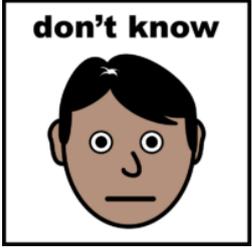
You can also ask questions. Please take your time.

3. The purpose of this study is to think about life at CC



?

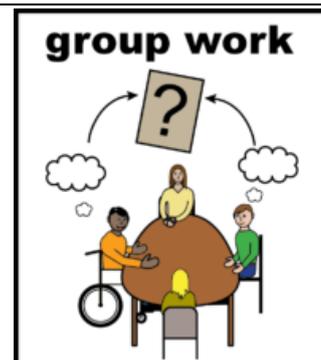
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	?	?
<p>We hope it will help people in co-operatives like CC.</p>		
<p>4. You decide if you want to take part or not.</p> <p>If you want to take part, we will give you a consent form to sign.</p> <p>You can leave the study at any time and you don't have to give a reason.</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>choosing</p>  </div> <div style="text-align: center;"> <p>choosing</p>  </div> <div style="text-align: center;"> <p>don't know</p>  </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>consent</p>  </div> <div style="text-align: center; margin-top: 20px;"> <p>leaving</p>  </div>	
<p>Leaving the study will not change the care you receive at CC.</p> <p>If you do not currently receive support from CC, taking part in this study will not change this.</p>		
<p>5. If you take part, this will be for 3-6 months.</p> <p>After this there might be more opportunities to get involved. These opportunities will be optional.</p>		

6. If you take part, you can attend meetings to talk about life at CC.

If you want, you can be supported in meetings by a member of care staff.

If you want to, you can show us what life at CC is like by being creative.



If you want, you could help us organise an event to show people your photos/art work.

Most meetings will be by telephone or video-call. Some meetings could be face-to-face.



After you complete the project, you will receive £20 compensation for your time.



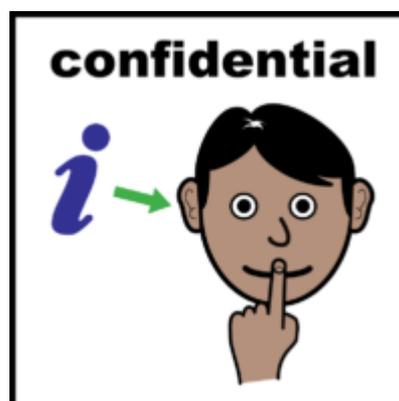
7. If you take part, you might get tired or frustrated during meetings.



8. If you take part, your personal information will be kept safe. We will delete your information after 5 years.

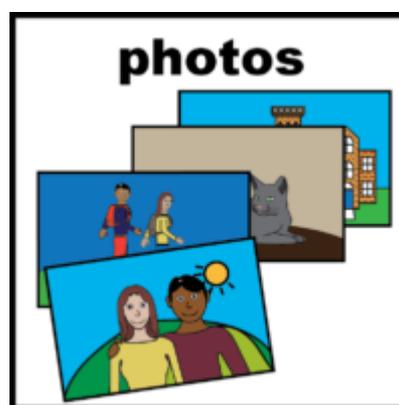


If you take part, we won't tell anyone else. For example, we won't put your name in any reports.



9. If you take part, some meetings will be voice-recorded. We will write down what you say and then delete the recording.

If you show us what life is like at CC through photos/art work, we will keep a copy of what you create.



After 5 years, we will delete all our records of what you said, and the copies of your photos/art work.

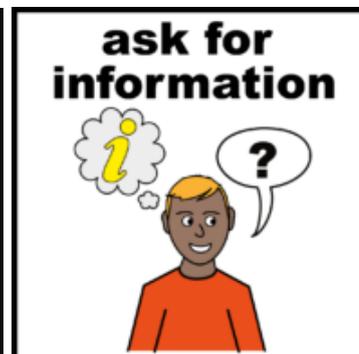
If we want to show your photos/art work to anyone, we will ask you first.

10. If you take part, what you say could be used in another study in the future.

11. This study has been reviewed by the University of Hertfordshire.

12. If you take part and you tell the researcher about anything illegal or dangerous, they might need to tell someone else about it.

13. If you would like to take part, or if you have any questions, please contact Jonathan Oliver:



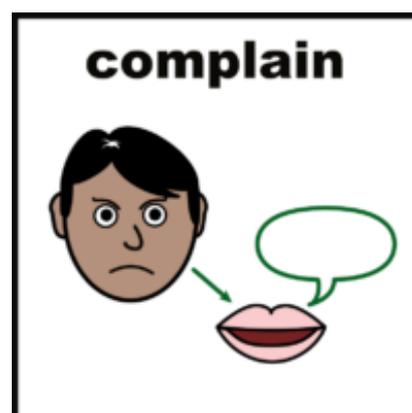
Post – Jonathan Oliver, 115 Edward Road, London, E17 6PA

Phone – 07519 213 488

Email – j.r.oliver@herts.ac.uk

14. If you have a complaint you can send a letter to:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

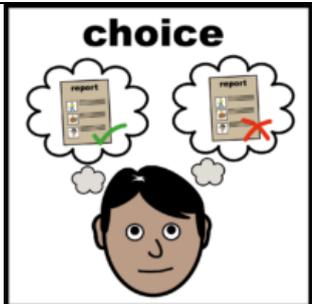
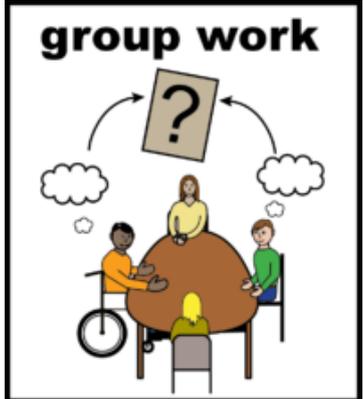


Thank you for reading.

University of Hertfordshire

Participant Information Sheet

1. This research study is called 'A Social Care Co-operative: Doing Care Differently'

<p>2. You are invited to take part in this study.</p>		
<p>3. The purpose of this study is to think about life at CC</p>	<p>?</p> <p>?</p>	<p>?</p> <p>?</p>
<p>4. If you take part, you can attend meetings to talk about life at CC.</p>		
<p>5. If you want, you can be supported</p>		

in meetings by a member of care staff.

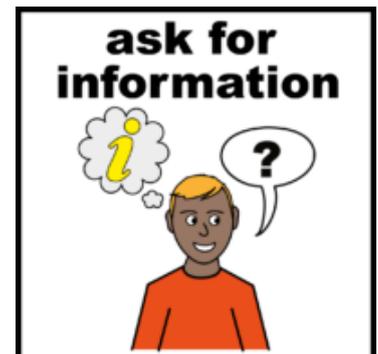
6. If you want to, you can show us what life at CC is like by being creative.

7. Most meetings will be by telephone or video-call.

8. After you complete the project, you will receive £20 compensation for your time.

9. If you would like to take part, or if you have any questions, please contact Jonathan Oliver (contact details below):





Post – Jonathan Oliver, 115 Edward Road, London, E17
6PA

Phone – 07519 213 488

Email – j.r.oliver@herts.ac.uk

Prifysgol Swydd Hertford

Taflen Gwybodaeth Cyfranogwyr

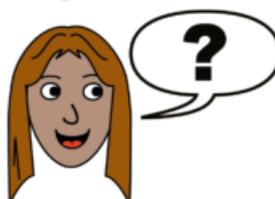
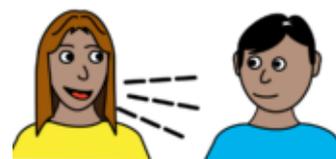
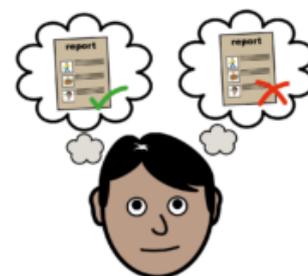
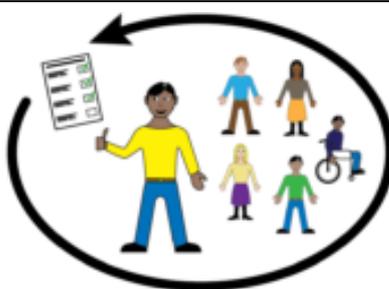
1. Enw'r astudiaeth ymchwil hon yw 'Cydweithfa Gofal Cymdeithasol: Gwneud Gofal yn Wahanol'

2. Fe'ch gwahoddir i gymryd rhan yn yr astudiaeth hon.

Cyn i chi benderfynu, darllenwch y wybodaeth hon. Gallwch ei drafod â phobl eraill os ydych chi eisiau.

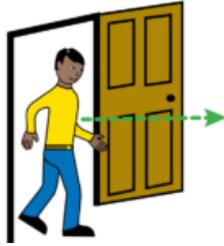
Gallwch hefyd ofyn cwestiynau. Cymerwch eich amser.

3. Pwrpas yr astudiaeth hon yw meddwl am fywyd yn CC



?

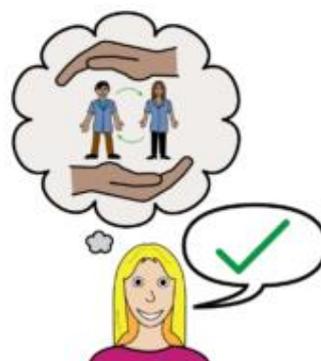
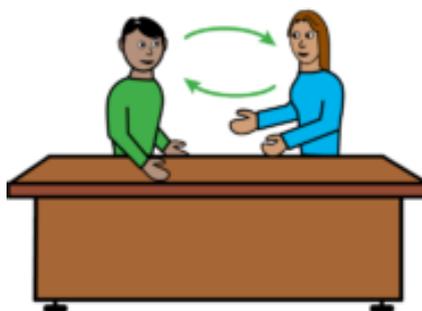
?

	?
<p>Gobeithiwn y bydd yn helpu pobl mewn cwmnïau cydweithredol fel CC.</p>	
<p>4. Chi sy'n penderfynu a ydych chi am gymryd rhan ai peidio.</p> <p>Os ydych chi am gymryd rhan, byddwn yn rhoi ffurflen gydsynio i chi ei llofnodi.</p> <p>Gallwch adael yr astudiaeth ar unrhyw adeg ac nid oes rhaid i chi roi rheswm.</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div> <div style="text-align: center; margin-top: 20px;">  </div> <div style="text-align: center; margin-top: 20px;">  </div>
<p>Ni fydd gadael yr astudiaeth yn newid y gofal a gewch gyda CC.</p>	
<p>5. Os cymerwch ran, bydd hyn am 3-6 mis.</p> <p>Ar ôl hyn efallai y bydd mwy o gyfleoedd i gymryd rhan. Bydd y cyfleoedd hyn yn ddewisol.</p>	

6. Os cymerwch ran, gallwch fynd i gyfarfodydd i siarad am fywyd gyda CC.

Os ydych chi eisiau, gallwch chi gael eich cefnogi mewn cyfarfodydd gan aelod o staff gofal.

Os ydych chi eisiau, gallwch chi ddangos i ni sut beth yw bywyd yn CC trwy fod yn greadigol.



Os ydych chi eisiau, fe allech chi ein helpu i drefnu digwyddiad i ddangos eich lluniau / gwaith celf i bobl.

Bydd mwyafrif y cyfarfodydd dros y ffôn neu ar alwad fideo. Gallai rhai cyfarfodydd fod wyneb yn wyneb.
7. Os cymerwch ran, efallai y byddwch

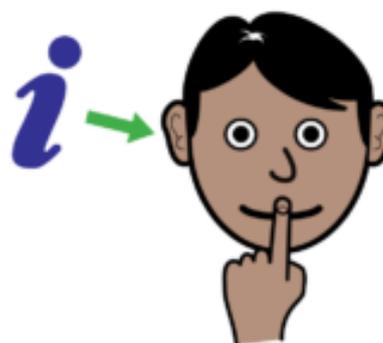


wedi blino neu'n rhwystredig yn ystod cyfarfodydd.

8. Os cymerwch ran, bydd eich gwybodaeth bersonol yn cael ei chadw'n ddiogel. Byddwn yn dileu eich gwybodaeth ar ôl 5 mlynedd.

Os cymerwch ran, ni ddylem ddweud wrth unrhyw un arall. Er enghraifft, ni wnaethom roi eich enw mewn unrhyw adroddiadau.

9. Os cymerwch ran, bydd rhai cyfarfodydd yn cael eu recordio ar lais. Byddwn yn ysgrifennu'r hyn rydych chi'n ei ddweud ac yna'n dileu'r recordiad. Os byddwch chi'n dangos i ni sut beth



yw bywyd yn CC Co-operative trwy ffotograffau / gwaith celf, byddwn yn cadw copi o'r hyn rydych chi'n ei greu.



Ar ôl 5 mlynedd, byddwn yn dileu ein holl gofnodion o'r hyn a ddywedasoch, a'r copïau o'ch lluniau / gwaith celf.

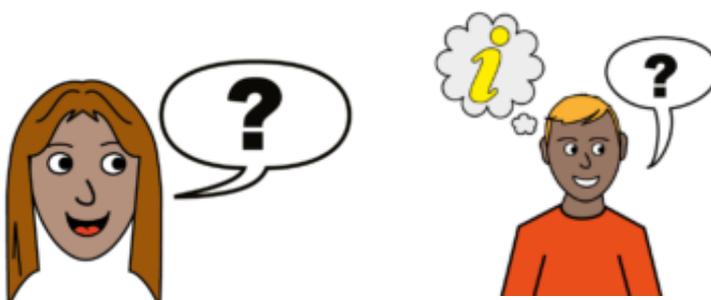
Os ydym am ddangos eich lluniau / gwaith celf i unrhyw un, byddwn yn gofyn ichi yn gyntaf.

10. Os cymerwch ran, gellid defnyddio'r hyn a ddywedwch mewn astudiaeth arall yn y dyfodol.

11. Adolygwyd yr astudiaeth hon gan Brifysgol Swydd Hertford.

12. Os cymerwch ran a'ch bod yn dweud wrth yr ymchwilydd am unrhyw beth anghyfreithlon neu beryglus, efallai y bydd angen iddynt ddweud wrth rywun arall amdano.

13. Os hoffech chi gymryd rhan, neu os oes gennych chi unrhyw gwestiynau, cysylltwch â Jonathan Oliver:



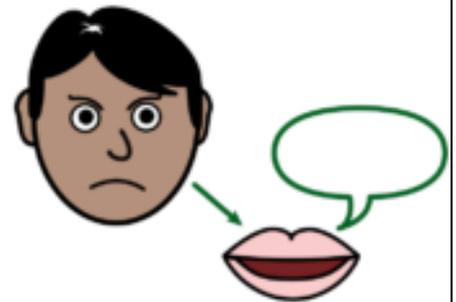
Post – Jonathan Oliver, 97 Roding Road, London, E5 0DR

Ffôn – 07519 213 488

Ebost – j.graham7@herts.ac.uk

14. Os oes gennych gŵyn, gallwch anfon llythyr at:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

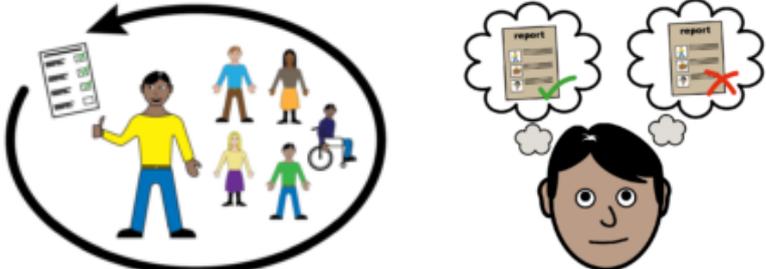


Diolch am ddarllen.

Prifysgol Swydd Hertford

Taflen Gwybodaeth Cyfranogwyr

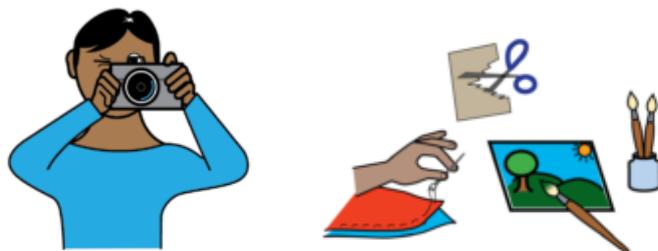
1. Enw'r astudiaeth ymchwil hon yw 'Cydwethfa Gofal Cymdeithasol: Gwneud Gofal yn Wahanol'

<p>2. Fe'ch gwahoddir i gymryd rhan yn yr astudiaeth hon.</p>	
<p>3. Pwrpas yr astudiaeth hon yw meddwl am fywyd gyda CC Co-operative.</p>	<p style="text-align: center;">?</p> <p style="text-align: center;">?</p>
<p>4. Os cymerwch ran, gallwch fynd i gyfarfodydd i siarad am fywyd gyda CC Co-operative.</p>	

5. Os ydych chi eisiau, gallwch chi gael eich cefnogi mewn cyfarfodydd gan aelod o staff gofal.



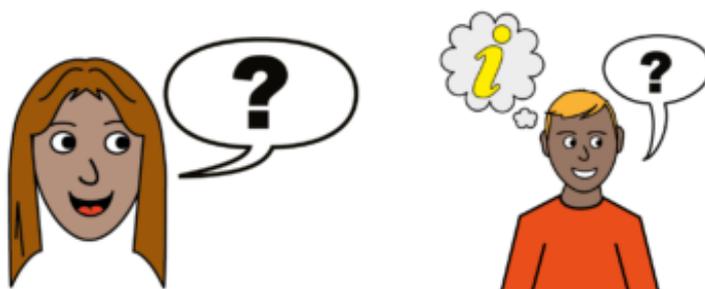
6. Os ydych chi eisiau, gallwch chi ddangos i ni sut beth yw bywyd yn CC trwy fod yn greadigol.



7. Bydd mwyafrif y cyfarfodydd dros y ffôn neu ar alwad fideo.



6. Os hoffech chi gymryd rhan, neu os oes gennych unrhyw gwestiynau, cysylltwch â Jonathan Oliver (manylion cyswllt isod):



Post – Jonathan Oliver, 97 Roding Road, London, E5 0DR

Ffôn – 07519 213 488

Ebost – j.graham7@herts.ac.uk

Appendix G *Consent forms (inc. official, reduced text, and Welsh reduced text versions)*

Consent form (Official version)

**UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
(‘ETHICS COMMITTEE’)**

**FORM EC3
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS**

I, the undersigned [*please give your name here, in BLOCK CAPITALS*]

.....
of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address*]

.....
hereby freely agree to take part in the study entitled

‘*A Social Care Co-operative: Doing Care Differently*’.....

(UH Protocol number LMS/PGR/UH/04571)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

2 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

3 In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

4 I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used, including the possibility of anonymised data being deposited in a repository with open access (freely available).

5 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

6 I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant.....Date.....

Signature of (principal)
investigator.....Date.....

A Social Care Co-operative: Doing Care Differently

Name of (principal) investigator [*in BLOCK CAPITALS please*]

JONATHAN OLIVER.....

Consent form (Reduced text version)

University of Hertfordshire

Research Consent Form

Please write your name here:

.....

Please write your contact details here (e.g., phone number, email address, postal address):

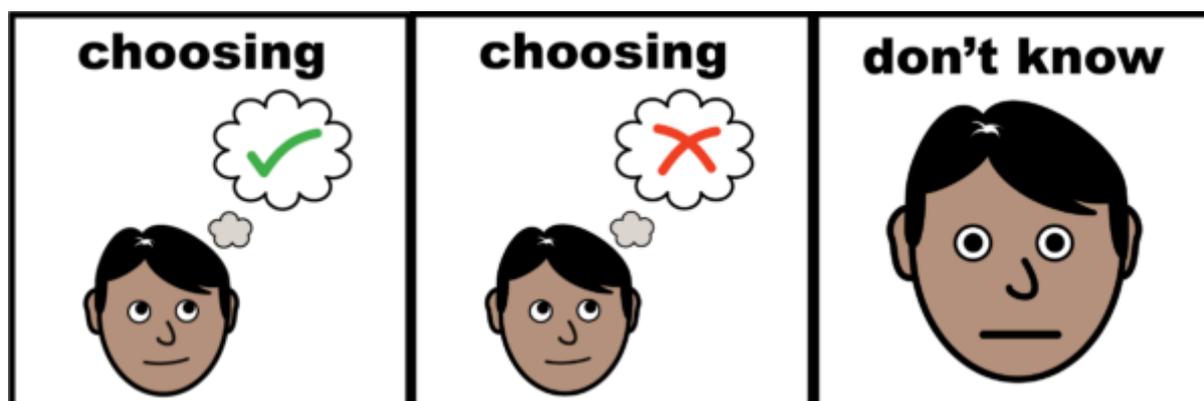
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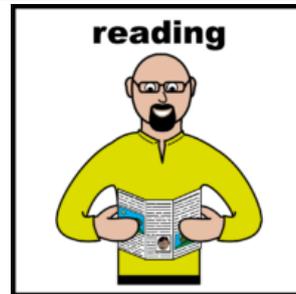
I agree to take part in the research study called 'A Social Care Co-operative: Doing Care Differently'

Please circle one answer: Yes / No / Don't know



I agree that:

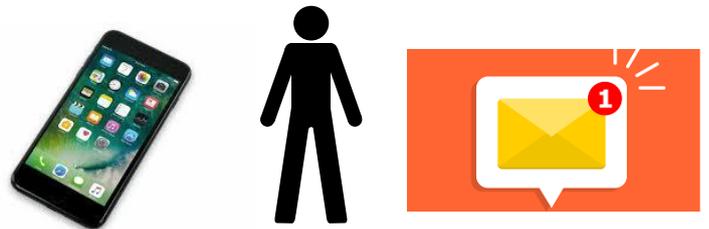
1. I have a
'Participant
Information
Sheet'.



I know about the
aims of the study



I know the contact
details for the
main researcher

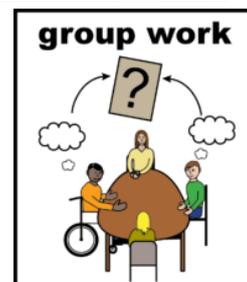
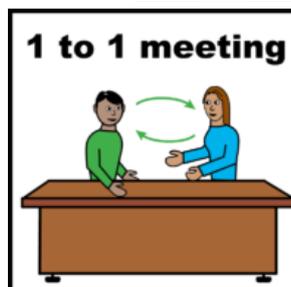


I know some
things that might
be good if I take
part



I know some
things that might

be difficult if I take part
I know what I will be asked to do if I take part

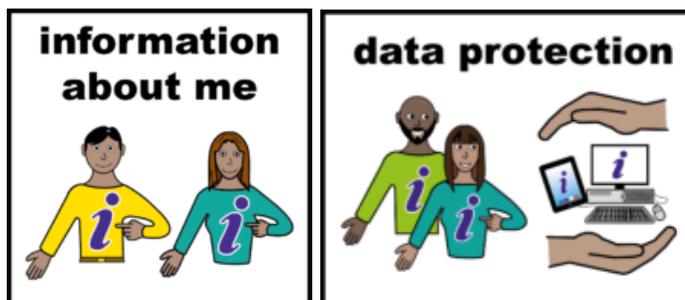


2. I know I can leave the research at any time. I know I don't need to give a reason.

3. I know that some of the things that I say will be recorded. I know what will happen to the recordings.



4. I know that the researcher will have information about me. I know what will happen to the information.



5. I know that if I tell the researcher about anything illegal or dangerous, they might need to tell someone else about it.

6. I know that the researcher might contact me in the future about this study, or another study.

My signature: Date:

Researcher signature: Date:

Name of researcher: Jonathan Oliver.....

Consent form (Welsh reduced text version)

Prifysgol Swydd Hertford

Ffurflen Cydsyniad

Ysgrifennwch eich enw yma:

.....

Ysgrifennwch eich manylion cyswllt yma
(e.e. rhif ffôn, cyfeiriad e-bost, cyfeiriad post):

.....

.....

.....

Rwy'n cytuno i gymryd rhan yn yr astudiaeth ymchwil o'r enw
'Cydweithfa Gofal Cymdeithasol: Gwneud Gofal yn Wahanol

Rhowch gylch o amgylch un ateb:

Ydw / Nac ydw / Ddim yn gwybod



Rwy'n cytuno:

15. Mae gen i
'Daflen
Gwybodaeth
Cyfranogwyr'.

Rwy'n gwybod am
nodau'r
astudiaeth.

Rwy'n gwybod y
manylion cyswllt
ar gyfer y prif
ymchwilydd.

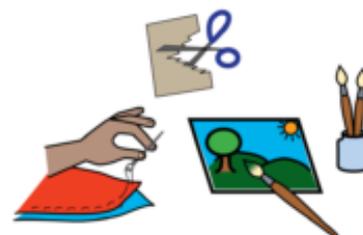
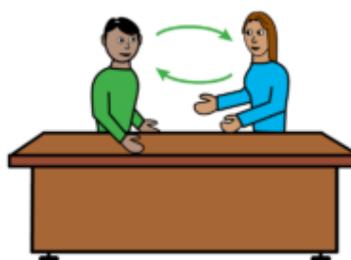
Rwy'n gwybod
rhai pethau a allai
fod yn dda os
cymeraf ran.

Rwy'n gwybod
rhai pethau a allai



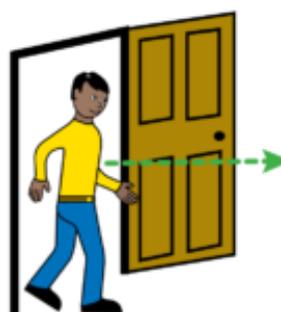
fod yn anodd os
cymeraf ran.

Rwy'n gwybod beth y
gofynnir imi ei wneud
os cymeraf ran.



16. Rwy'n
gwybod y gallaf
adael yr ymchwil
ar unrhyw adeg.
Rwy'n gwybod
nad oes angen i mi
roi rheswm.

17. Gwn y bydd
rhai o'r pethau a
ddywedaf yn cael
eu cofnodi. Rwy'n
gwybod beth fydd
yn digwydd i'r
recordiadau.



18. Gwn y bydd gan yr ymchwilydd wybodaeth amdanaf. Rwy'n gwybod beth fydd yn digwydd i'r wybodaeth.



19. Rwy'n gwybod os dywedaf wrth yr ymchwilydd am unrhyw beth anghyfreithlon neu beryglus, efallai y bydd angen iddynt ddweud wrth rywun arall amdano.

6. Gwn y gallai'r ymchwilydd gysylltu â mi yn y dyfodol ynghylch yr astudiaeth hon, neu astudiaeth arall.

Fy llofnod: Dyddiad:

Llofnod yr ymchwilydd: Dyddiad:

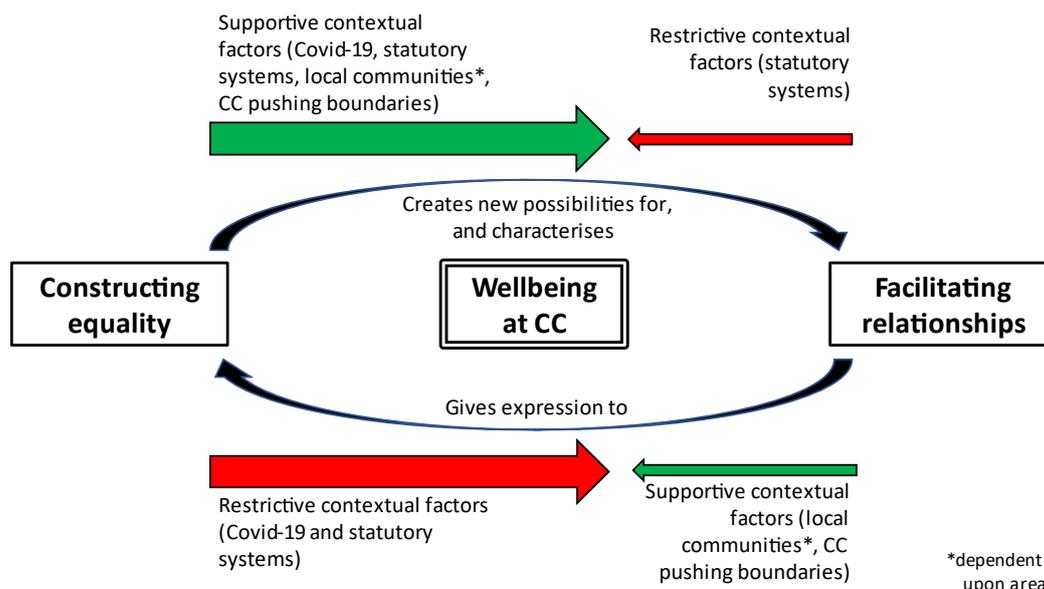
Enw'r ymchwilydd: Jonathan Oliver.....

Appendix H Accessible summaries of findings (inc. text and reduced text versions)

Text version

Overview

Figure 1 The social processes that shape wellbeing at CC



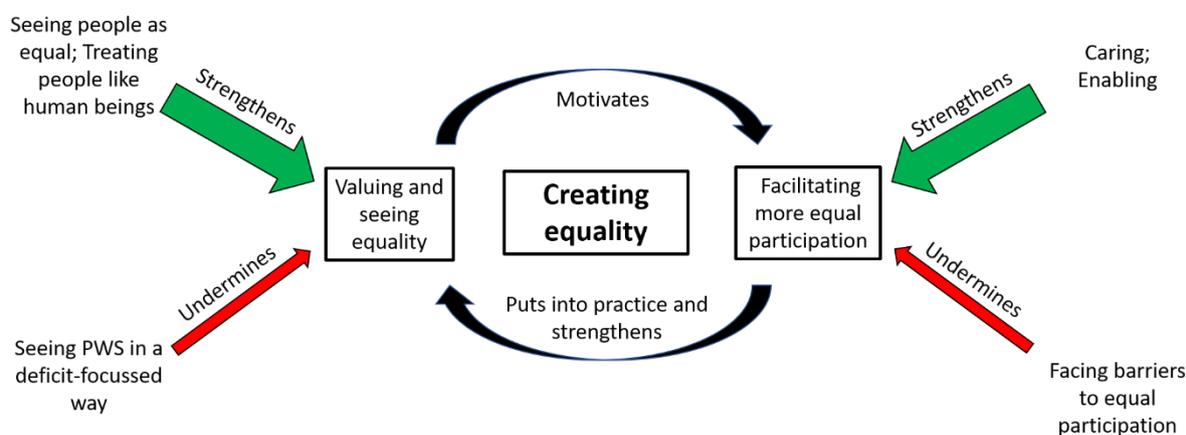
The diagram above shows how the research found two main processes that affected people’s wellbeing at CC (CC) – **creating equality** and **facilitating relationships**. These two processes were connected:

- Creating equality made new relationships possible (e.g., seeing people who are supported as an equal part of their local communities led to supporting people who are supported to build relationships in their communities), and encouraged existing relationships to be on a more equal footing (e.g., support staff recognising the independence of people who are supported).
- Facilitating relationships was one way of putting equality into practice (e.g., a member of support staff joining the council of members and building relationships with senior staff)

The research also found that **contextual factors** (e.g., Covid-19, local and national government) had an impact on people’s ability to create equality and facilitate relationships at CC. The factors above the green arrow at the top supported people to create equality at CC, and the factor above the red arrow restricted this process. The factors below the green arrow at the bottom supported people to facilitate relationships at CC, and the factors below the red arrow restricted this process. The size of the red and green arrows shows the size of the impact that contextual factors had (big arrows = big impact, small arrows = small impact).

Creating equality

Figure 2 The processes in the category 'creating equality'



The diagram above shows how the research found two main ways that equality was created at CC – valuing and seeing equality, and facilitating people to participate more equally in CC and their local communities. Again, these two processes were connected:

- Valuing and seeing equality motivated people to help others participate more equally in their communities
- Facilitating others to participate more equally in their communities put people’s values into practice, and strengthened these values by showing people that they could make a difference

Valuing and seeing equality included the values held by people at CC, and the ways that people were seen as equal:

- *Seeing people as equal:*
 - Seeing people as ‘CC members’, rather than ‘people who are supported’ or ‘staff’
 - Valuing democratic ways of working, valuing inclusion and accessibility, and valuing the independence of people who are supported
 - Seeing people’s strengths
 - Challenging traditional ideas of staff as ‘helpers’ and people who are supported as ‘helped’ by seeing them on a more equal footing
 - Supporting local people to see people who are supported as part of their communities
- *Treating people like human beings:*
 - Working in a flexible and person-centred way where possible
 - Encouraging a culture where people can feel relaxed and be themselves

Although the majority of the data showed how people were seen as equal at CC, there were some examples of *people who are supported being seen in a deficit-focussed way*. These included:

A Social Care Co-operative: Doing Care Differently

- Support staff seeing people who are supported in an overly-parental way
- Disempowering language – e.g., ‘letting’ people who are supported do things, or people who are supported ‘being allowed’ to do things

Facilitating more equal participation started with people *caring* for each other, helping meet people’s more basic needs so that everyone had the best chance of being able to participate in CC and their local community. This included:

- Support staff caring for people who are supported (e.g., keeping people safe, supporting with communication, going the extra mile)
- people who are supported feeling cared for
- Managers caring for staff (e.g., regularly checking in, listening, engaging with staff’s personal lives, providing well-being breaks)

Although the vast majority of data showed how people were caring at CC, one historic example of a staff member not taking a caring approach was discussed (participants reported that this was quickly addressed).

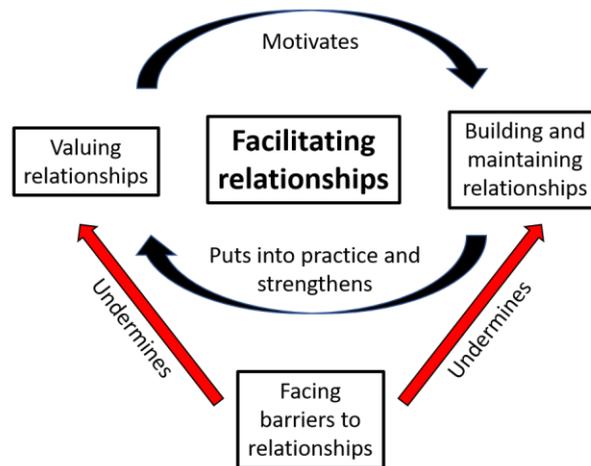
As well as meeting people’s more basic needs, facilitating more equal participation included ways of *enabling* people who are supported to participate in, and contribute to, CC and their local communities. It also included evidence of different stakeholders participating in co-operative meetings, as well as a general culture of collaboration and undermining hierarchy at CC (e.g., through people who are supported, support staff and senior staff having lots of contact with each other).

Although the majority of data showed things that helped facilitate more equal participation, participants also talked about *facing barriers to equal participation*. These included:

- Support staff being over-caring and struggling to stop doing things for people who are supported
- Co-operative meetings being inaccessible – e.g., meetings being too big, people feeling like they weren’t given enough time to say what they wanted to say
- Some decisions being taken by people further up the hierarchy, including the decision to become a co-operative.

Facilitating relationships

Figure 3 The processes in the category 'facilitating relationships'



The diagram above shows how the research found two main ways that relationships were facilitated at CC – valuing relationships, and building and maintaining relationships. Again, these two processes were connected:

- Valuing relationships motivated people to build and maintain them
- Building and maintaining relationships put people's values into practice, and strengthened these values by showing people that they could make a difference

Valuing relationships included ways that people found relationships to be important at CC (e.g., enjoying spending time with others, support staff being committed to supporting people who are supported to socialise, and people organising lots of social events – CC Fest, Bingo, Christmas parties etc.). It also included ways that CC was shown to be an externally-facing organisation that valued relationships with local communities, and working in partnership with other organisations.

Building and maintaining relationships included evidence of some of the different kinds of relationships at CC:

- People who are supported connecting with friends
- Staff connecting with each other
- CC connecting with other support providers, third sector organisations, community groups and community supporters

This section also included the processes through which people built these relationships:

- Caring about others - wanting what's best for them and seeing them as part of the CC family
- Getting to know people as individuals
- Empathising with people

A Social Care Co-operative: Doing Care Differently

- Appreciating others – managers acknowledging that support staff deserve to be paid more and apologising for not being able to make this happen, managers saying thank you for the sacrifices made by support staff
- Being able to talk about disagreements or conflict
- Teamwork
- Having a laugh
- Being mindful of how other organisations can benefit through collaborative projects

One thing that was seen to help people maintain relationships at CC was people feeling connected to each other:

- A person who is supported waving to ex-colleagues and connecting with them on social media
- People feeling close to each other after engaging in co-operative activities together
- People knowing that they have made a difference in other people's lives
- Feeling part of the CC family, and CC being able to retain a high proportion of its staff

Although the majority of data showed the facilitation of relationships at CC, participants also talked about facing barriers to relationships. These included:

- Resistance to the co-operative and a lack of participation in co-operative activities
- The same group of people participating in co-operative activities
- The co-operative being mis-communicated by failing to emphasise that anything that staff were already doing to contribute to their communities (including in their personal lives, or with people who are supported) would count as co-operative working

Contextual factors

Contextual factors that impacted creating equality and facilitating relationships at CC included Covid-19, statutory systems (e.g., social services, local authorities, national government), and the local communities that CC services were situated within.

On the whole, the research found that Covid-19 made it more difficult to facilitate relationships at CC by:

- Making it harder for people who are supported to socialise, and restricting their ability to contribute to CC
- Making staff shortages worse, meaning staff had to work even longer hours than usual
- Support staff being subject to even tighter restrictions than the general population, and making significant sacrifices to keep CC services going, including not seeing their own families
- Disrupting co-operative activities (e.g., co-operative forums stopped happening)
- Causing other third-sector services and community organisations to close-down, taking away opportunities for building relationships with the local community

However, there were also some ways that Covid-19 helped create equality at CC:

- A re-evaluation of supporting people who are supported, with a renewed focus on the preferences of people who are supported and purposeful activity
- New opportunities for people who are supported and their staff to contribute to communities – e.g., helping local people with their shopping

Similarly, the research found that statutory systems had different effects on CC.

In terms of creating equality, statutory systems were found to promote equality through legislation that favoured co-operative ways of working and co-production, but to restrict equality through preventing people who are supported from being able to choose who they lived with, and through not providing CC with enough funding to pay support staff fairly.

In terms of relationships, statutory systems were found to promote relationships through a recent shift away from short-term and competitive tendering, to longer-term locality-based commissioning, but to restrict relationships by requiring staff to take time away from investing in relationships to do what was seen as an unnecessary amount of paperwork.

The local communities that CC services were situated within were also seen to have different effects upon efforts to facilitate relationships at CC. Communities were sometimes described as places that helped facilitate relationships, evidenced by the fact that CC members often knew each other before they became part of CC, and examples of community assets (e.g., spaces where CC could easily hold events such as a Workmen's Club, or an active community of young farmers that liked to get involved with CC events).

Communities were also described as facing barriers to relationships, including rural communities where people had to travel large distances to meet (seen as a particular barrier to the development

A Social Care Co-operative: Doing Care Differently

of co-operative activities in North Wales), or ageing populations which threatened the survival of community organisations.

As well as being impacted by contextual factors, CC was seen to respond and influence its context by pushing boundaries. CC was seen to be part of a wider movement of activists, organisations led by people with learning disabilities, other support providers, and academics, which promoted innovative ways of creating equality (e.g., facilitating people who are supported to build relationships and play valued roles in their communities). Internally, CC was seen to be supportive of innovation, particularly around empowering support staff to move away from risk-averse practice. CC was also seen to push boundaries by challenging local authorities to meet the needs of people who are supported, and by joining with other support providers in successfully lobbying the Welsh government to change regulations that were not suitable for organisations using a supported living model.

Reduced text version (2 PowerPoint slides per page)



What did we learn
from the research
project?

Reminder

?

?

- We asked people about life at CC

?

?



- We asked people about things that made them feel good



One thing that made people feel good at CC was EQUALITY.

- Being seen as equal to other people
- Being supported to be an equal part of CC, and the local community



Some things that made it difficult to have equality at CC were:

1. Not having enough time to say what you think at meetings
2. Staff not getting paid enough and feeling undervalued
3. PWS not having choice over who they live with

Another thing that made people feel good at CC was RELATIONSHIPS.



(photo from CC website)

1. Caring about other people and having fun
2. Working with other people in Cartrefi, or in the community
3. Feeling part of a family at Cartrefi

Some things that made relationships difficult at CC were:



1. Covid-19
2. Staff having too much paperwork to do
3. Not being able to persuade more people to get involved with the co-operative

Appendix I Confidentiality agreement with transcription service

Non-Disclosure Agreement with Transcription Company

This non-disclosure agreement is in reference to the following parties:

Jonathan Oliver (discloser)
and
Kate MacFarlane (transcriber)

- The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.
- If the recipient is able to identify and knows the participant in the recording, the recipient agrees to cease transcription, inform the disclosure and destroy any copies of the recording.
- The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.
- The recipient agrees to return and/or destroy any copies of the recordings they were able to access provided by the discloser.

TRANSCRIBER TO COMPLETE:

SIGNED: *Kate MacFarlane*

NAME: KATE MACFARLANE

DATE: 26/7/2022

University of Hertfordshire UH Ethics Committee

This is an official notification by student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: A Social Care Co-operative: Doing Care Differently

Protocol Number: LMS/PGR/UH/04571

Approving Committee: Health, Science, Engineering & Technology ECDA

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me Jonathan Oliver Trainee Clinical Psychologist, 07519 213 488, j.r.oliver@herts.ac.uk or my supervisor Dr Lizette Nolte, Research Lead, lnolte@herts.ac.uk

Appendix J *Participant debriefing sheet*

Research project debriefing sheet

Thank you for taking part in this project. During our session today, we discussed some things about your life. We talked about some positive things, and some challenging things. Sometimes, when we talk about challenging things, we can feel difficult emotions – e.g., feeling sad, angry, or stressed. Some people can find it helpful to speak to a family member or friend about how they are feeling. Other people prefer to speak to a professional, or people that they don't know as well. If you feel any difficult emotions in the next few days, there is a list below of people/organisations that you can speak to. These people/organisations can support you.

CC

- You can speak to any member of staff at CC and tell them how you feel. They will be able to talk to you. They will also be able to help you think about things you can both do to help you feel better.
- Staff at CC can speak to their line managers about how they are feeling.

Mencap

- 0808 808 1111 (free) – only available from 10am – 3pm, Monday – Friday
- You can ring mencap's free Learning Disability Helpline for advice and information. They can help you find further support in your area.
- Or you can email helpline@mencap.org.uk
- Or you can fill in an online form at:
https://www.mencap.org.uk/contact/contact_mencap_direct

Samaritans

- 116 123 (free) – available 24 hours a day, 7 days a week
- Anyone can call and speak to volunteers who are trained to listen. Volunteers will also help you think through things that are bothering you.
- Or email jo@samaritans.org

Appendix K *Example of initial coding*

Extract from Kim and Megan's interview, with initial codes

Transcript	Initial coding
<p>I: OK. And ... and Megan ...</p> <p>I: ... how much do you feel like you are part of CC ... personally?</p> <p>M: Um (short pause and chuckles) ... um ... I feel ... you know, alright I'm just a member of staff, really, aren't I? But I do feel that if ... you know, if I've got something I want to say ... um ... you know, I can tell the manager, you know, if there's something we're concerned about ... it will be taken further ...</p> <p>I: ... mmm ...</p> <p>M: ... and ... um ... yeah, they do ... um ... you know, there's a scheme where you can put ideas in place, you know if you think there's a good idea for something and ...</p> <p>I: ... yeah ...</p> <p>M: Yeah.</p> <p>I: OK. And do any examples come to mind of where you've been able to have something listened to, or responded to, or you've been able to put an idea in?</p> <p>M: Um ... yeah, well there ... mmm ... there's lots of little things really that ... I don't know ... I mean, you know ... um ... I mean we ... we've got better holidays really ... we have one lady who absolutely loves trains and boats ... so, we arranged ... um ... and we had to ask ... you know, and get all the ... permission, and was it a good idea ... and all that ... and ... err ... we managed to get her that she went on holiday that she travelled to [place] on the train (chuckles) ... and then had a cruise (chuckles) ... on a ship, and then back on the train again,</p>	<p>Support staff feeling able to talk to managers Support staff downplaying their importance Hierarchy in place Support staff trusting concerns will be taken further</p> <p>Support staff being able to contribute ideas</p> <p>Support staff consistently able to influence the running of the organisation Support staff arranging a holiday suited to the interests of a person who is supported Person who is supported feeling happy after going on a holiday suited to her interests</p>

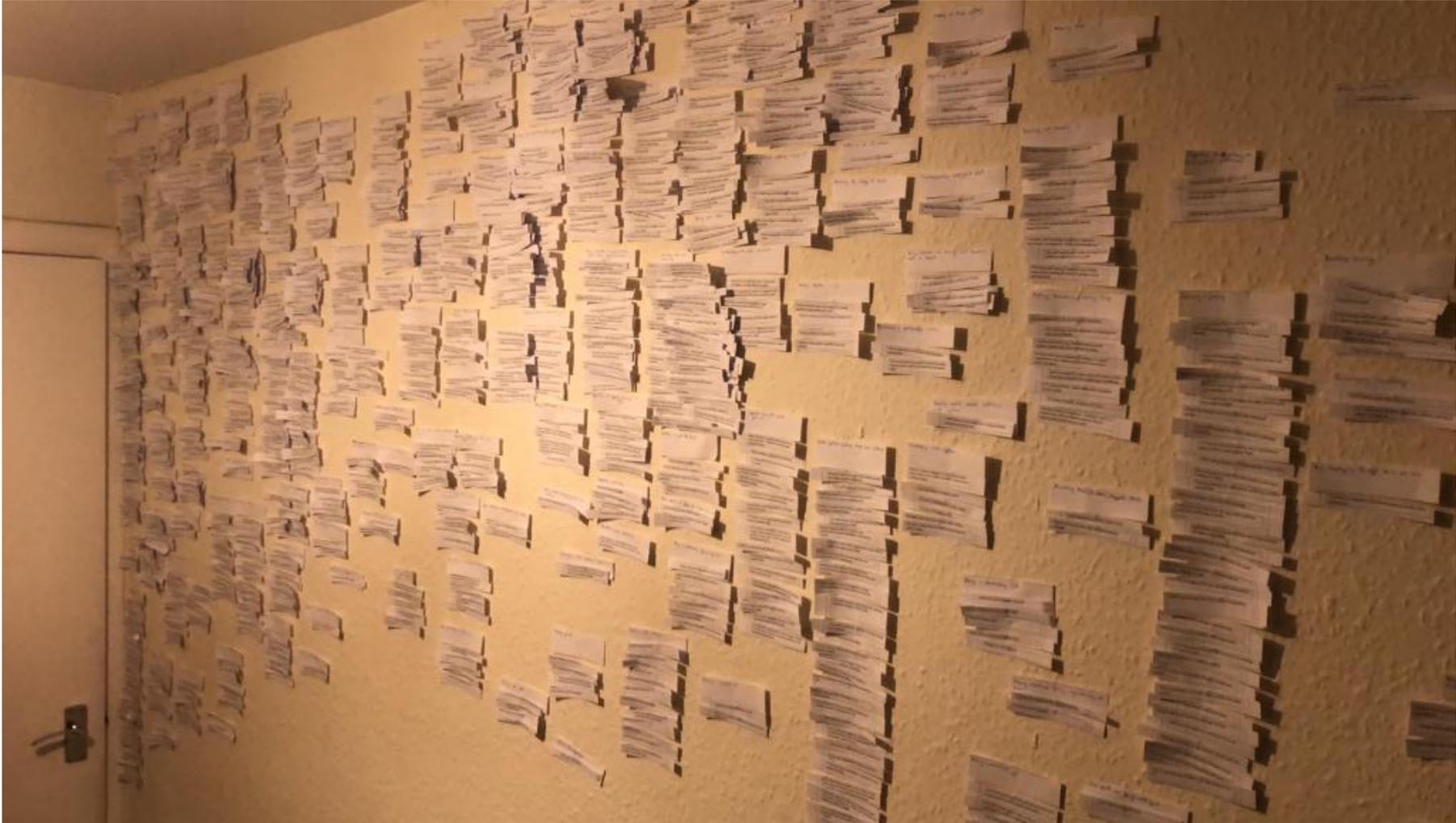
<p>so ... you know, that was ... that was kind of my idea because that's what she wanted and ... yeah, everybody went along with it, so she got what she wanted ... everybody was happy!</p> <p>I: Yeah, yeah ... and what ... what's that like for you as a ... as a support worker, being able to listen to the clients and then suggest ideas based on that, and make something happen?</p> <p>M: Yeah. I think it's good. Yeah, it's nice! You know, I suppose, you know, in a lot of places that wouldn't happen would it? But ... yeah ... no, it ... it's good.</p> <p>I: OK. OK.</p> <p>K: And you went to [place] didn't you?</p> <p>M: ... she went ... no ... not [place] ... she went to ... um ... I don't ... they've actually been on two cruises ... but ... um ... where did [name] go ... trying to think now? Ah ... she went on to [place] and then we went to ...</p> <p>K: ... [place] ...</p> <p>M: ... oh, the Christmas ... that's another thing, she ... this particular lady, loved shopping, loved markets ... she loves car boot sales, but markets ... so, on the cruise it went to the Christmas markets and that ... um ... in [place] ...</p> <p>I: ... mmm ...</p> <p>M: ... and she loved it ... absolutely loved it ... um ... she didn't want to come home! (I chuckles) ... she was so upset when we had to pack (chuckles) ... and she had to get off the boat, because she had her ... another thing she likes is having her ... because she's not verbal – she's deaf – but, well, she does her own sign which staff who know her understand ... I ... I actually never think of her as not being able to speak ... err ... it's strange really because I ... err ... I can, you know (slight pause) ... I know what she wants and she knows what I'm trying to tell her, so it's not like we don't ... we're not able to speak ... although, she doesn't speak</p>	<p>Support staff feeling happy about arranging a positive experience for person who is supported</p> <p>Support staff seeing a good outcome to their suggestion</p> <p>Support staff appreciating being able to make suggestions</p> <p>Support staff positioning CC as better than other support providers?</p> <p>Person who is supported going on holiday</p> <p>Support staff knowing person who is supported as an individual</p> <p>Support staff arranging a holiday suited to the interests of a person who is supported</p> <p>Person who is supported feeling happy after going on a holiday suited to her interests</p> <p>Support staff viewing person who is supported in a fundamentally strengths-focussed way</p> <p>Support staff and person who is supported communicating without speaking</p>
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<p>... um ... but she likes to have her hair done and all these treatments and things, and she got all those on the cruise, and ... oh she was so happy ... so happy about it.</p> <p>I: Yeah, amazing.</p> <p>K: ... did [name 4] go to [place] with you ...</p> <p>M: ... oh, [name 4] went to ... um ... [place] and [place], and she loved that as well actually, that was ... she absolutely loved it ... yeah ...</p> <p>K: ... she got engaged as well ...</p> <p>M: ... oh that's why we went to [place] Kim ...</p> <p>K: ... yeah ...</p> <p>M: ... they've been to [place] as well, yeah ... you haven't have you Kim? But the others went to [place] ...</p> <p>K: ... I don't like the rides ...</p> <p>M: (laughs) ... no, that's why ...</p> <p>I: Yeah, fair enough! And what ... what about you Kim? How much do you feel like you're part of CC?</p> <p>K: A lot. I'm happy living somewhere that I like.</p> <p>I: Yeah. And what ...</p> <p>K: (interrupts) ... aren't I Megan?</p>	<p>Person who is supported feeling happy after going on a holiday suited to her interests</p> <p>People who are supported and support staff being involved in one another's lives</p> <p>Person who is supported loving going on holiday</p> <p>Support staff seeing people who are supported love activities</p> <p>Person who is supported getting engaged</p> <p>Person who is supported going on a holiday connected to their engagement</p> <p>People who are supported and support staff being involved in one another's lives</p> <p>Person who is supported choosing not to go on a holiday that didn't suit their interests</p> <p>Person who is supported feeling part of CC 'a lot'</p> <p>Person who is supported feeling happy about living at CC</p>
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<p>I: ... what helps you feel part of CC?</p> <p>K: People let me get involved in things.</p> <p>I: Getting involved in things?</p> <p>K: Yeah.</p> <p>I: What kind of things make you feel most part of CC, do you think?</p> <p>K: Um ... I help ... when we've got ... so we ... oh what do you call it? Shredding to do ... they call me, and ask me to help them.</p>	<p>Person who is supported seeking validation from support staff</p> <p>Person who is supported getting involved in things</p> <p>Person who is supported describing staff as 'letting her get involved in things</p> <p>Person who is supported appreciating being called on to help</p> <p>Person who is supported feeling part of CC through helping staff</p> <p>Staff asking person who is supported to help around the house</p>
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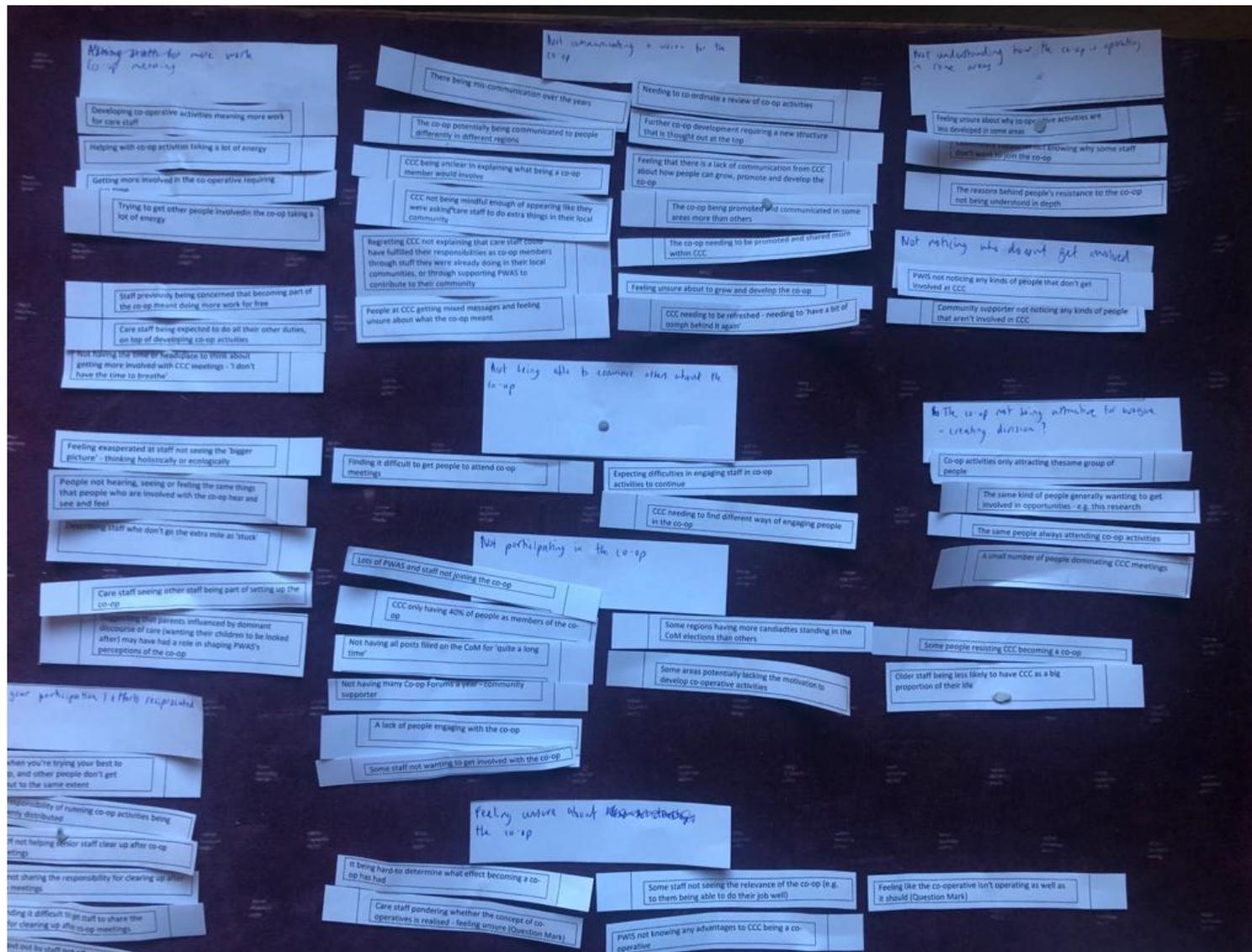
Appendix L *Example of focused coding*

Part-way through grouping initial codes and creating focused coding



A Social Care Co-operative: Doing Care Differently

Examples of initial codes grouped under focused codes



Appendix M *Example of memoing*

Example memos related to Kim and Megan's interview

Related quotation from interview	Memo
<p>M: Kim ... like I say ... Kim is very able to ... she's virtually independent, really aren't you?</p> <p>K: Yeah.</p> <p>M: ... she just needs a little bit of help some things that you worry about ... um ... and some tasks that she can't quite manage, but mainly, Kim is self-managing.</p> <p>K: Yeah.</p>	<p>This was a pattern that was repeated a few times - promote independence then acknowledge the limits of independence - felt like a strengths-focussed approach while avoiding being patronising.</p>
<p>K: So, that's how we met.</p> <p>I: OK. OK.</p> <p>M: And you didn't see her for a long time.</p>	<p>Support staff helping person who is supported tell a story. This intervention felt supportive and enabling - it felt well-timed and no more directive than it needed to be - subtly prompting person who is supported to continue without giving more information than necessary. Also shows staff's knowledge of the history of the person who is supported.</p>
<p>K: People let me get involved in things.</p>	<p>'Let me get involved' - although K seems to have a very positive view of CC, and is someone who gets involved with lots of things, there is still a sense of them needing permission to do this, presumably from staff - their sense of agency seems to be compromised.</p>
<p>M: ... and you go to suggest things, that you want, as well can't you? ...</p> <p>K: ... yeah ... one of my friends got engaged yesterday. [name 5] ... so I said congratulations to her.</p>	<p>Great example of staff member interrupting, potentially to try and steer the conversation to things that, to her, are more aligned with the theory of CC, and the person who is supported taking it back to what is important to her (relationships) (which are actually very aligned with the theory of CC). What would it mean if the democratic governance structures at CC were primarily used by people who are supported to facilitate socialising, rather than influencing the running of the organisation?</p>
<p>General memo after finishing initial coding for this transcript</p>	<p>For K, it seemed to be very much about keeping busy (helping staff with jobs, fundraisers, activities, teaching people to knit) and relationships - friendships, romantic relationship,</p>

	<p>getting on well with staff and fellow people who are supported. M talked about staff and people who are supported creating a sense of a family network and this came across - staff and people who are supported keep in touch outside of organisational boundaries, and when talking about the fundraisers, or supporting someone in another house, there was a sense of collaboration, even if the staff still seemed to be in charge. Saying that, some of K and M's relationship sounded like a traditional helper/helped dynamic (judging from K's language, which could have been shaped by decades of experience with other care providers, before coming to CC). But activities like the fundraisers definitely seemed to benefit relationships. For K, the co-operative meetings seemed to be more about relationships, than actually influencing CC. K sounded like she had some level of choice and control in her life, but there was definitely a present discourse of asking for staff's permission for everything (this was expressed in the dynamic within the interview where there was a lot of asking for reassurance) - perhaps a pattern that was shaped by negative previous experiences at another support provider.</p>
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Appendix N *Example of theoretical coding*

Example of focused codes being grouped under themes, sub-category and category

Category	Sub-category	Theme	Focused code
Constructing equality	Orienting towards equality	Seeing people as equal	Valuing democracy
			Valuing inclusion and accessibility
			Valuing the independence of people who are supported
			Disrupting 'helper' and 'helped' by seeing staff and people who are supported on a more equal footing
			Seeing others' strengths and assets
			Seeing collective identity or ownership
		Humanising	Treating people like human beings'
			Practising in a person-centred way
			Bringing the personal into work
			Balancing the personal and professional
			Keeping personal and professional lives separate
		Seeing people who are supported as lesser than	Seeing people who are supported in a deficit-focussed way
			Seeing people who are supported as 'other'

A Social Care Co-operative: Doing Care Differently

			Seeing staff as 'allowing' people who are supported to do things
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Appendix O Grounded Theory conceptualisation of findings

Figure 1 The social processes that shape wellbeing at CC

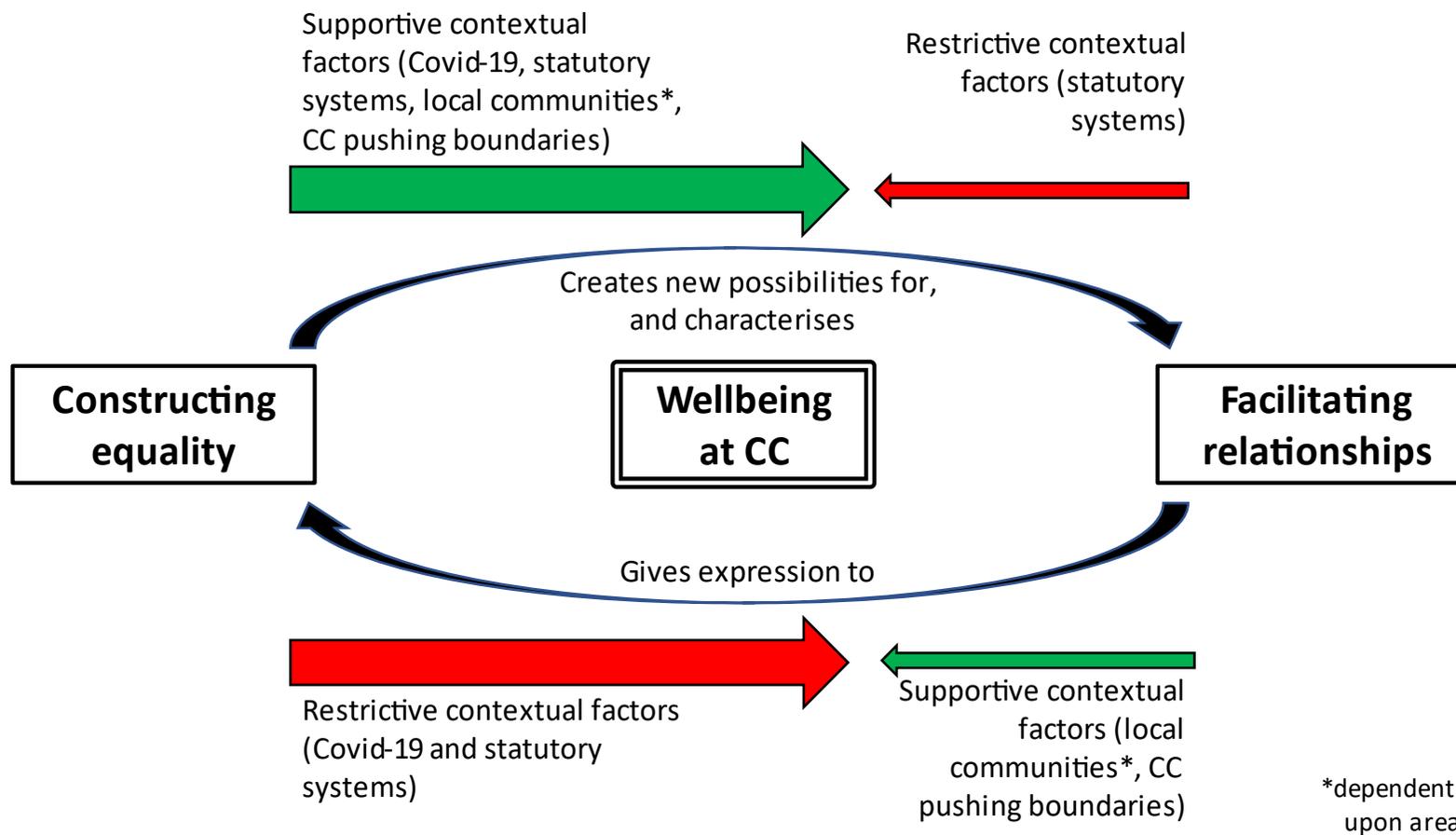


Figure 2 The social processes that comprise the category 'constructing equality'

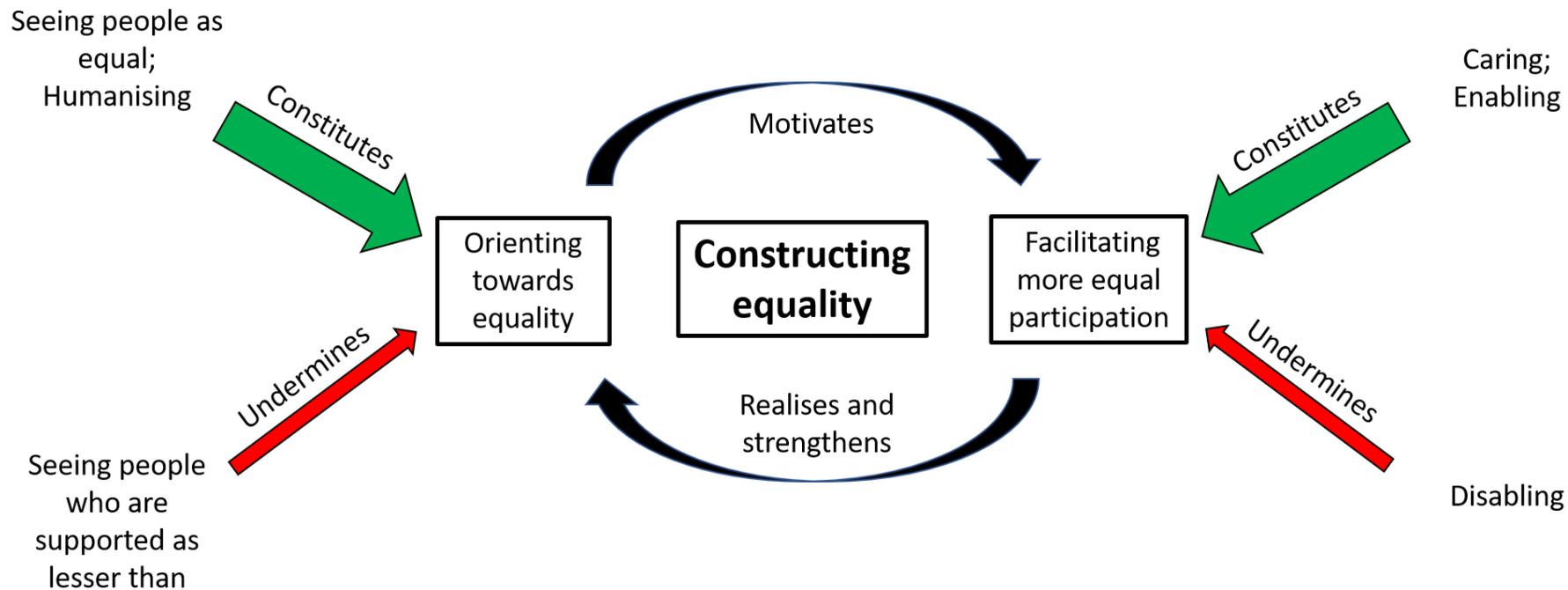
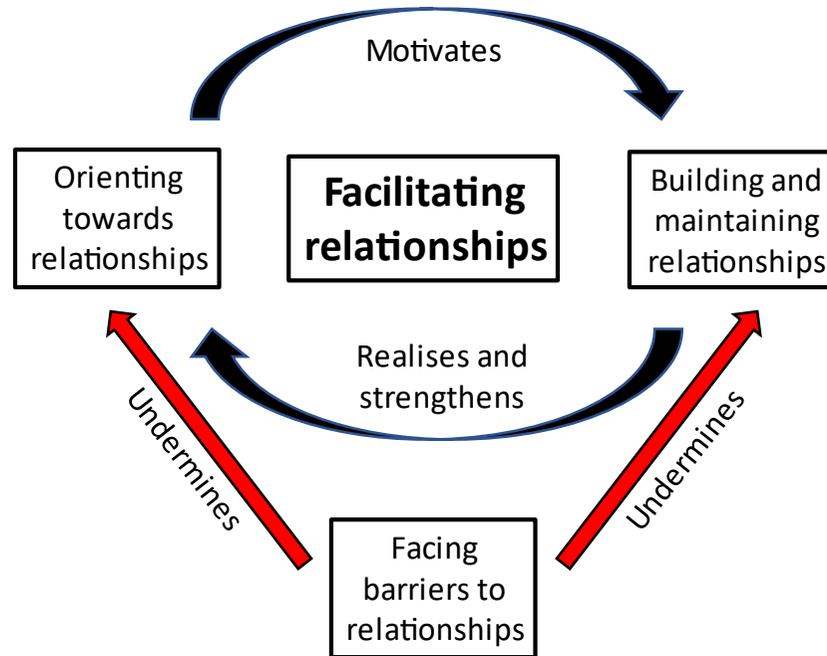


Figure 3 *The social processes that comprise the category 'facilitating relationships'*



Appendix P *Situational Maps (inc. 'messy' and 'ordered' versions)*

Messy version



First ordered version – 6.10.21

<p>Collective human actors</p> <p><i>Within CC:</i></p> <ol style="list-style-type: none"> 1. People receiving care 2. The family members and friends of people receiving care 3. Care staff 4. Office staff 5. Community supporters of CC, and other people in the local areas 6. Management board and trustees <p><i>External to CC</i></p> <ol style="list-style-type: none"> 7. Local businesses and third sector services 8. Housing associations 	<p>Implicated/silent actors/actants</p> <ol style="list-style-type: none"> 1. People involved in CC who are not members (inc. 'old school staff')
<p>Discursive constructions of human actors</p> <ol style="list-style-type: none"> 1. People with care needs (esp. people with learning disabilities) as inactive 2. Care as low-skilled work 3. Care services as neglected during the Covid-19 pandemic 4. Wales as a country of White people 	<p>Non-human elements</p> <ol style="list-style-type: none"> 1. CC offices, inc. remote communication equipment 2. Care equipment, inc. PPE 3. Housing association, local business and third sector service properties 4. Progressive employee policies (inc. paid travel, no zero-hour contracts, sick pay) 5. Events where the co-operative is promoted – e.g., CC Fest 6. CC newsletter and promotional videos 7. CC values (e.g., promoting people who are supported being independent and contributing to local communities) 8. Democratic governance structures – local forums (inactive) and council of members
<p>Political/economic elements</p> <ol style="list-style-type: none"> 1. UK social care considered to be in crisis 2. Austerity measures 3. Competitive tendering 4. Social Services and Wellbeing Act (Wales) 	<p>Sociocultural/symbolic elements</p> <ol style="list-style-type: none"> 1. Bi-lingual organisation – Welsh identity
<p>Temporal elements</p> <ol style="list-style-type: none"> 1. Covid-19 pandemic 2. Difficulties recruiting within CC 	<p>Spatial elements</p> <ol style="list-style-type: none"> 1. CC services mainly in rural communities 2. CC services spread across Wales
<p>Debates</p> <ol style="list-style-type: none"> 1. 'Old school' staff seeing the co-operative as extra work 	<p>Related discourses</p> <ol style="list-style-type: none"> 1. Five Year Forward View – promotion of involving people who are supported in service design

Second ordered version – 17.11.22 (things added since first version are highlighted in yellow)

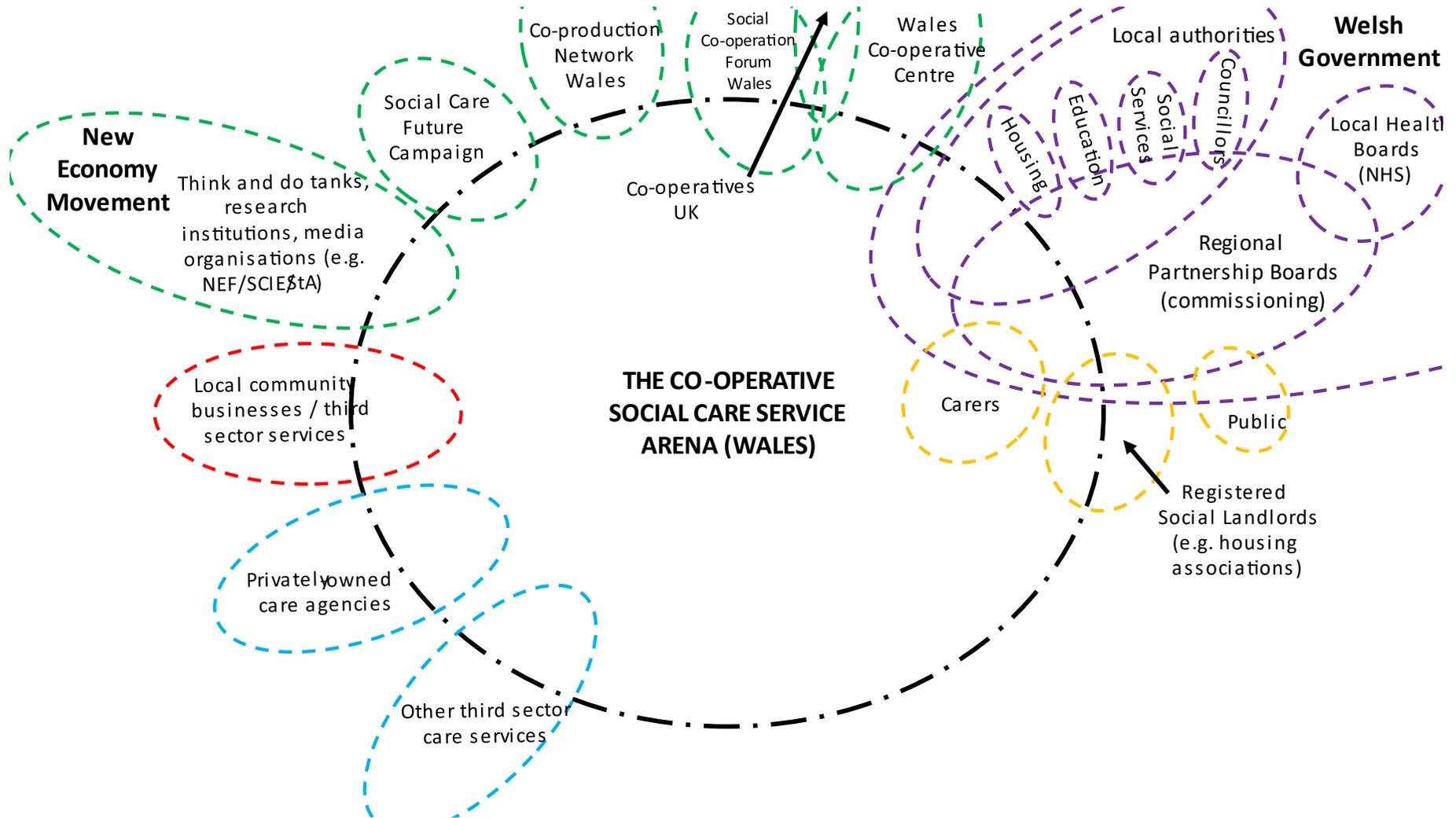
<p>Collective human actors</p> <p><i>Within CC):</i></p> <ol style="list-style-type: none"> 9. People receiving care 10. The family members and friends of people receiving care 11. Care staff 12. Office staff 13. Community supporters of CC, and other people in the local areas 14. Management board and trustees <p><i>External to CC</i></p> <ol style="list-style-type: none"> 15. Local businesses and third sector services (inc. organisations led by people with LD) 16. Housing associations 17. Local Authorities 18. Commissioners 19. Welsh and UK Governments 20. Statutory health services 21. Wider society 22. Employers in sectors which offer alternative employment for care staff (e.g., retail, hospitality) 	<p>Implicated/silent actors/actants</p> <ol style="list-style-type: none"> 2. People involved in CC who are not members (inc. 'old school staff') 3. People of colour 4. Male people who are supported or care staff
<p>Discursive constructions of human actors</p> <ol style="list-style-type: none"> 5. People with care needs (esp. people with learning disabilities) as inactive, lacking in some way, 'other', or infantile 6. People who are supported as living full lives 7. People who are supported as members of, participants in, and contributors to, their communities 8. People who are supported as equal partners in reciprocal relationships with staff or local people 9. Care as low-skilled work 10. Care staff as enablers 11. Care services as neglected during the Covid-19 pandemic (inc. care staff being undervalued, compared to NHS staff) 12. Staff who do not wish to join the co-operative as 'stuck' or 'wanting an easy life' 13. CC as human 14. Wales as a country of White people 	<p>Non-human elements</p> <ol style="list-style-type: none"> 9. CC offices, inc. remote communication equipment 10. IT equipment to facilitate CC consulting with staff and people who are supported through questionnaires 11. Mobile phones for staff to encourage research into local activities 12. Objects related to staff's hobbies that help them create a sense of home within the homes of people who are supported (e.g., books, knitting) 13. Equipment to facilitate events (e.g., bingo, games, stalls) 14. Care equipment, inc. PPE 15. Housing association (The homes of people who are supported, inc. private space for each person who is supported), local business and third sector service properties 16. Equipment to allow a community supporter to tour local villages as Father Christmas 17. Community spaces to host CC events (e.g., Market Hall, Workmen's Club)

	<ul style="list-style-type: none"> 18. Public transport to facilitate the independence of people who are supported 19. Progressive employee policies (inc. paid travel, no zero-hour contracts, sick pay) 20. Events where the co-operative is promoted – e.g., CC Fest 21. CC newsletter and promotional videos 22. CC values (e.g., promoting people who are supported being independent and contributing to local communities) 23. Democratic governance structures – local forums (inactive) and council of members
<p>Political/economic elements</p> <ul style="list-style-type: none"> 5. UK social care considered to be in crisis – legislative plan to address the crisis considered inadequate before being delayed or repealed 6. The UK government deciding to allow the majority of the increases in the price of energy to be paid by citizens and businesses 7. Austerity measures 8. Competitive tendering 9. A shift away from competitive tendering (facilitated by Brexit) and towards longer contracts 10. A shift from needs-based to locality-based commissioning 11. Social Services and Wellbeing Act (Wales) and other UK and Welsh government legislation promoting co-production/co-operation/community approaches 	<p>Sociocultural/symbolic elements</p> <ul style="list-style-type: none"> 2. Bi-lingual organisation – Welsh identity 3. Clap for carers – primarily for the NHS, before widening out to include social care
<p>Temporal elements</p> <ul style="list-style-type: none"> 3. Covid-19 pandemic 4. Difficulties recruiting within CC and wider care sector 5. Russia’s invasion of Ukraine, the ongoing war, and subsequent increases in the price of energy 	<p>Spatial elements</p> <ul style="list-style-type: none"> 3. CC services mainly in rural communities 4. CC services spread across Wales
<p>Debates</p> <ul style="list-style-type: none"> 1. ‘Old school’ staff seeing the co-operative as extra work (is the co-op extra work or not?) 	<p>Related discourses</p> <ul style="list-style-type: none"> 2. Five Year Forward View – promotion of people who are supported being involved in service design

<ol style="list-style-type: none">2. Has becoming a co-op made CC more democratic, or did CC become a co-op because it was already democratic?3. To what extent does CC develop staff's ability to be enabling (rather than caring), and build connections with local communities, or to what extent are staff that are good at these things attracted to CC?4. Given the impact of the pandemic, is CC still living up to being a co-op? Can resources be found within the current context to help the co-operative recover to the levels it was at pre-pandemic? Can the success in mid-Wales be disseminated to the other regions?	
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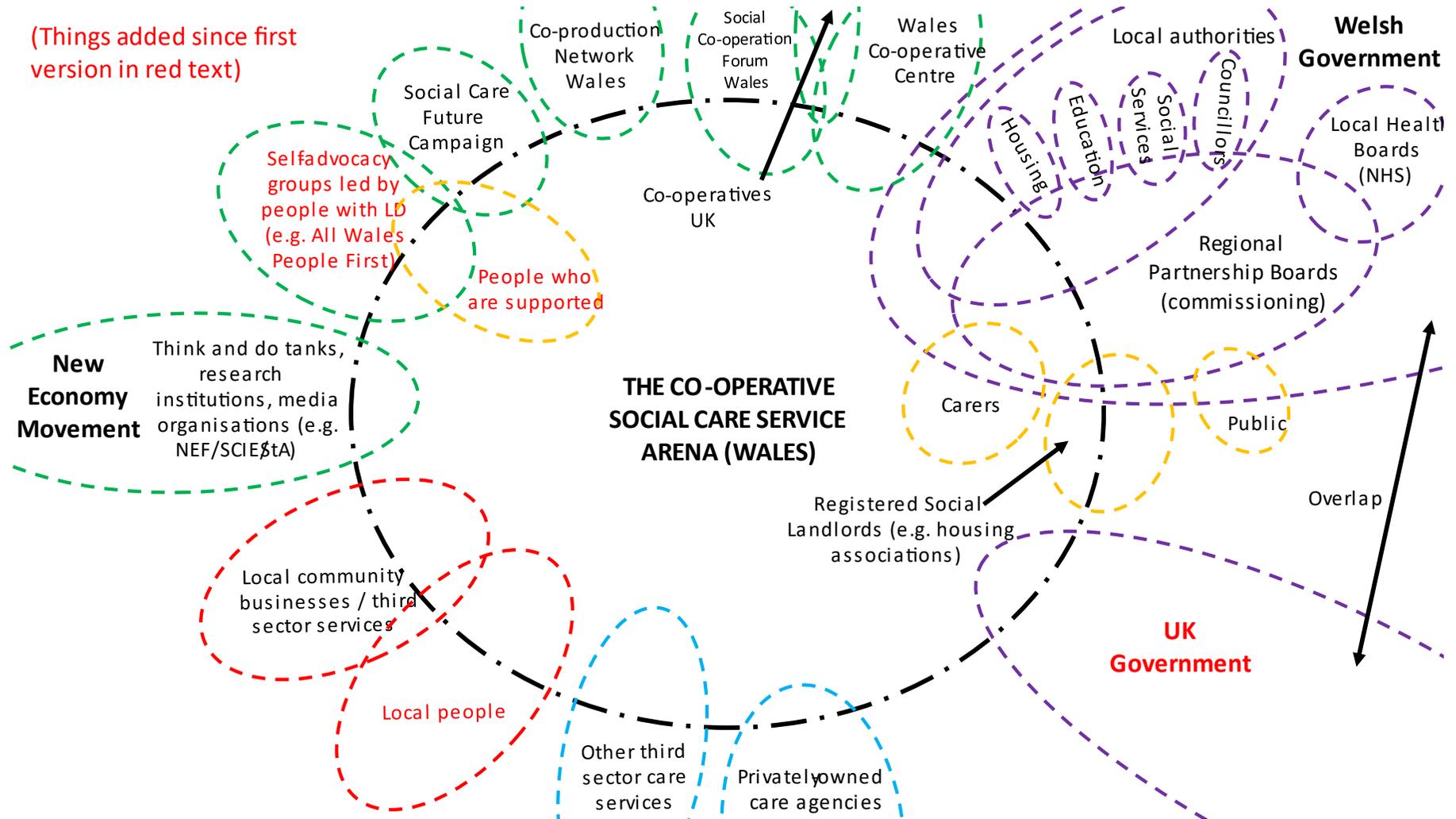
Appendix Q Social worlds/arenas maps

First version – 6.10.21



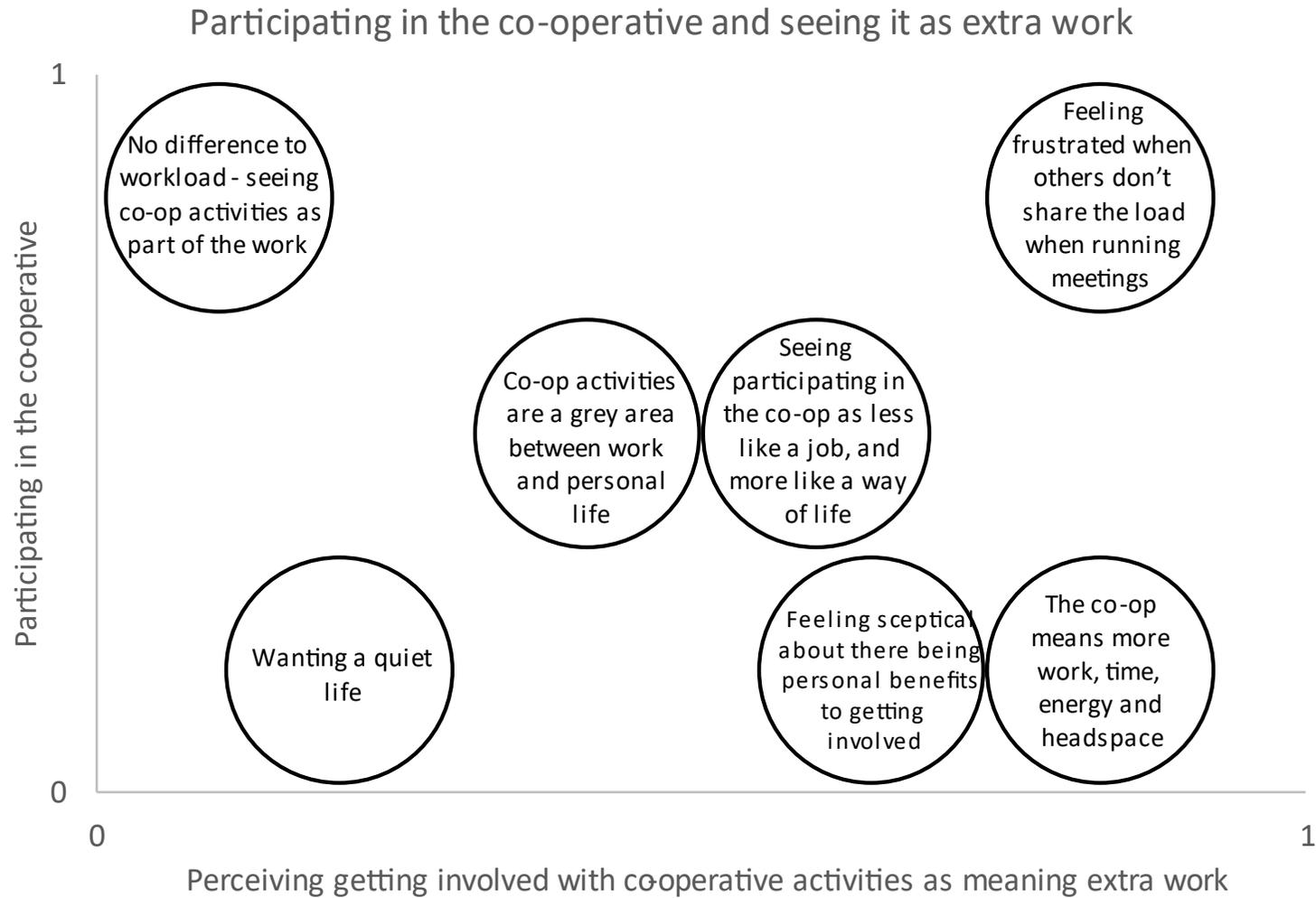
A Social Care Co-operative: Doing Care Differently

Second version – 18.11.22



Appendix R Example positional map and memo

Positional map



Memo

There seems to be a variety of ways that people conceptualise participating in the co-op. Some seem to see their participation as discrete events which wouldn't otherwise be happening, and which use resources, evidenced by frustration at others not sharing that load (top-right) – this experience highlights a potential threat to wellbeing in a co-operative. Others seem to see their participation less as discrete events, and more as a process that is inherent to their work (top-left), perhaps indicative of some people operating according to co-operative values before CC became a co-op. Others seem to go a step further and suggest that their participation goes beyond work, becoming something which expresses their personal as well as professional identities (centre).

For those who do not participate in the co-op, there is a range of positions ranging from being sure that participation will demand extra resources that people don't feel they have (bottom-right), to believing that it will mean extra work which would be acceptable if it involved corresponding benefits (e.g., pay) (bottom-centre-right), and perhaps being ambivalent about whether it will mean much extra work but prioritising stability nonetheless (bottom-left).

Another position taken in the data (not shown here) is regret about not communicating to staff that any way that they participated in their communities outside of work, or any ways in which they facilitated people who are supported participating in their communities, would be deemed participating in the co-op. It is possible that some of the people at the bottom-right of the map may be participating in their local communities, or supporting people who are supported to do so, and could change their perspective on the co-op meaning extra work, if the more holistic view of participation was clearly communicated to them. This could help address divisions within the co-op between people who are seen to embrace the co-op, and people who are seen to resist it (another position in the data characterised them as 'stuck').

There may also be people on the bottom-right who don't participate in their community, and don't support people who are supported to do so, and are accurate in saying that adapting the way they operate to fit with the co-op, without remuneration, would (at least initially) cost them resources. The people who truly believe in the co-op may think that if people who don't participate do adapt, then they will come to see the benefits of a more holistic way of working, but this position is not expressed in the data. This raises questions about the extent to which co-ops change their members, and the extent to which co-ops attract and support people who already share their values, while marginalising those who don't.