

Cooperatives, the brewing pots for social capital!

An exploration of social capital creation in a worker-owned homecare cooperative.

Wilson Majee¹

Through an interpretive case study analysis of a worker-owned cooperative, this study demonstrates how cooperatives expand the social capital asset base of the poor which can be combined with financial, human and physical capital to help them participate in developmental decisions affecting their welfare. Two major observations are made. First, regular contacts during training, task oriented committees, general membership meetings, and social events, generate shared understanding, trust and reciprocity among worker-owners and between them, their clients and professionals. This leads to increased self confidence, employability and optimism, which in turn, increases participation in group activities. Second, interaction with professionals and other workers in the home care industry during conferences and training facilitates the creation of bridging social capital. This leads to more confidence in business and community activities which, in turn, yields individual and group socio-economic gains through increased productivity, better quality services, better wages and negotiation skills.

Key-words: community development, cooperatives, social capital

As academics and practitioners intensify searches for alternative strategies that can benefit the poor, it is increasingly believed that lasting solutions will come through the involvement of the poor in economic and social activities in their communities (Bradshaw, 2006; Chambers, 1997; Jensen, 2006; United Nations, 2005). One alternative involvement strategy for revitalizing low-income communities may be local organizing of small cooperatives (Nembhard, 2000). Cooperatives are jointly-owned and democratically controlled enterprises designed to meet common needs of their members (<http://www.ica.coop/index.html>, accessed February 22, 2007; Fairbairn, Bold, Fulton Ketilson and Ish, 1995; United States Department of Agriculture, 1995). They are believed to provide a platform, through open membership and local ownership of the enterprise, on which participation of local people in both social and economic activities can be enhanced. Cooperatives are seen as potential tools for economic development in that they make possible that which could not be achieved by individuals operating alone: they can build stock of capital, give members a “voice” to advocate change in government policies, promote local ownership, create jobs, promote local control of capital, and fight inequality (racism and segregation). Thus, going far beyond income supplements, cooperative strategies would expand the capital asset bases of the poor: physical, financial, human and social. It is understood that where these forms of capital are created, especially if under cooperatively owned business, they increase poor people’s capabilities to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives (Hoyt, 2004). These are interesting and convincing

¹ Wilson Majee recently graduated with a Ph.D in Development from the University of Wisconsin-Madison

theoretical assertions. However, empirical research is needed to assess their validity by looking at the processes behind the creation of these opportunities. For example, a clear view of the processes through which cooperatives create social capital, and how the members use and maintain it, may mean the difference between prescribing effective community development policies and continuing to use ineffective development strategies. Woolcock et al, (2000) argue that finding ways and means by which to help the poor utilize their social ties to connect with outside resources is crucial for development:

The social networks of the poor are one of the primary resources they have for managing risk and vulnerability, and outside agents therefore need to find ways to complement these resources, rather than substitute for them (p. 242).

Community development emphasizes the importance of building assets of all types as a strategy to enable low-income/low-wealth families to improve well-being or escape poverty². These assets include: natural capital, physical capital, financial capital, human capital and social capital³. Scholars have long recognized the importance of most of these assets in community development. Recent scholarly work on social capital, however, has renewed interest in how social organization and norms of cooperation, both within a community and in its relationships to outside institutions, affect development. In fact, research is revealing how social capital and other community assets interact for successful economic development. Some researchers have concluded that enhanced community networking can improve access to financial capital, political influence, and other resources which in turn sustain human capital (Gittel and Thompson, 1999). Thus, it is important to identify the community's social capital and build on it for community economic development. But to understand social capital and be able to build it for the benefit of low-income communities, we need to learn how it is created especially in organizations that operate within resource-limited communities. The need for research on how social capital is created in cooperatives becomes critical. The main research question this study explores is: how do worker-owned cooperatives create social capital? Secondary aims are to explore the forms of social capital created and how they influence the well-being of those involved in the creation of the social capital. Three subsidiary questions that arise from the main question are,

- When worker-owned cooperatives create trust, how do they do this?
- How do worker-owned cooperatives enhance member participation?
- When worker-owned cooperatives enhance social connectedness, how do they do it?

Why are these questions significant? In the search for new strategies that can benefit people in low-income/low-wealth communities, there is growing interest in both the cooperative

² Poverty essentially has three closely interrelated aspects: “poverty of money”, “poverty of access”, and “poverty of power.” The most prevalent means of measuring poverty have been and continue to be those related to money where being poor is living below a set income threshold. However, the lack of money is more a symptom of poverty than its cause. The poor are not without income; what they lack is the ability to accumulate assets.

³ Human capital refers to the education, experience and skills that people acquire through learning, natural capital includes natural resources (lakes, parks, minerals, mountains), physical capital refers to man made assets like infrastructure (buildings, motor vehicles, roads) and financial capital refers to liquid assets like money.

model as an instrument for rejuvenating poor communities and in social capital as an avenue through which the reach of cooperatives to poor people can be enhanced.⁴ However as argued by Fairbairn (2006), “there has been surprisingly little scholarship concerning how voluntary organizations and locally based businesses develop social capital; and even less research on cooperatives in particular” (Fairbairn, 2006, Abstract for a conference paper). Though social capital continues to get increased attention in the development literature, little has been done to understand this phenomenon from a cooperative business perspective.

This study uses interviews, surveys and document analysis to examine how cooperatives create social capital. It focuses on worker-owned cooperatives on the assumption that, as locally owned and democratically controlled businesses, they provide the greatest opportunity for the creation of social capital at the level of the individual member, the group and the community. In order to corroborate/ substantiate data from the case study, comparative data was also collected from employees of an investor-owned firm.

The rest of this paper is laid out in four sections. The first section presents a synthesis and analysis of the literature on social capital and cooperatives and the link between the two from a community economic development perspective. It offers an explanation of the value of social capital and the importance of cooperatives. The second section provides a description of the design and procedures used in this study. It profiles the research site and participants, and describes data collection and analysis procedures. This is followed by a presentation of findings in the third section. The last section offers a discussion of the findings and draws conclusions and suggests possible limitations of the study and areas for future research in this realm.

Theoretical and Empirical Literature Review

Social capital has been conceptualized in a variety of ways.⁵ Putnam (1995) defines social capital as “features of social organization, such as networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives.” In his view social capital consists of two factors: trust in others (social trust) and “social connectedness (civic engagement) – people’s connections with the life of their communities” (Putnam, 1995b, p. 665). He asserts that social capital is central to economic development in that it promotes cooperation among community members. He notes that networks of social connectedness build trust in others, which in turn, facilitates coordination and communication, and allows for collective

⁴ Major international conferences (the World Summit for Social Development, 1995; the 4th Women’s Conference, 1995; Habitat II, 1996; World Food Summit, 1996) and reports (The Status and Role of Cooperatives in the Light of New Economic and Social Trends, 1996, United Nations General Assembly: Cooperatives in social development, 2005; Bibby and Shaw (2005): Making a Difference-Cooperative solutions to global poverty) highlight the contribution of cooperatives to development and their potential to play a greater role.

⁵ There is debate over what should be the standard indicators of social capital (Grootaert and van Bastelaer, 2001). The question of what is the valid unit of observation/analysis of social capital has not yet been adequately determined. There is a lack of agreement on the spatial area to be studied. Some researchers (Fukuyama, 2001) maintain that social capital should be assessed at the national level, others (Putnam, 2000) say at region or community level, yet others (Glaeser, 2001) point out that the decision to invest in social capital is made by individuals, not communities, hence social capital should be defined at the individual level (<http://www.hc-sc.gc.ca>). So, the challenge of development agencies, academics, and researchers is to reach a consensus or a standard on how the concept should be conceptualized.

deliberation and action. When individuals interact regularly and trust one another, social transactions are more efficient and communal problems are more easily resolved. This, in turn, facilitates community development.

For Woolcock and Narayan (2000), social capital refers to “the norms and networks that enable people to act collectively” (p. 226). This simple definition of social capital “permits the incorporation of different dimensions of social capital” and the recognition that communities possess these dimensions in varying degrees. The poor and the rich, males and females, the young and the old, all have different propensities to invest in social capital. The poor, for example, may have a closed network that involves “bonding social capital” that helps the process of “getting by” in life on a daily basis. Bonding/horizontal social capital refers to the intra-community ties (immediate neighbors, family members, friends etc). The non-poor may deploy a more diffuse and extensive “bridging social capital” that helps the process of “getting ahead” (Stone, 2001, p. 16). Bridging/vertical social capital refers to extra-community networks (workplace and community ties that open up resources from one network to a member of another network). It helps people to get ahead in life. This study heavily borrows from this simple definition and uses the three key indicators of social capital that are used in the social capital literature: trust, group participation and social networks.

There is increased realization for the need for socio-economic approaches that are both deep and wide, involving all stakeholders (community members, private sector and the government) and promoting the accumulation of assets (human, financial and *social*) by all concerned. Woolcock and Narayan’s networks view is one such approach. It stresses the importance of bonding (horizontal) and bridging (vertical) social capital. The networks view argues that communities can be characterized by their endowments of these two types of social capital, and that different combinations of them account for the range of outcomes associated with social capital (Woolcock et al., 2000). Range of outcomes may vary from easy collective action due to high level of trust in the community or business, increased productivity due to high social and business confidence, to increased participation in group activities due to improved access to information.

The networks view has increasingly been used in understanding the economic effect of social capital on the performance of agricultural traders (Fafchamps and Minten, 1999), the role of social capital in community based programs (Miles, et. al., 2005) and in the study of social resources and strategies used by poor people in search for employment (Green, Tigges and Browne, 1995). These studies identify positive aspects of social capital that enhance development. However, as argued by Woolcock and Narayan (2000), in order to fully understand the benefits of social capital and prescribe appropriate policies for its creation there is need to identify,

...the conditions under which the many positive aspects of ‘bonding’ social capital in poor communities can be harnessed and its integrity can be retained, (and, if necessary, its negative aspects dissipated) while simultaneously helping the poor gain access to formal institutions and a more diverse stock of ‘bridging’ social capital. (p. 233)

Cooperatives are seen as potential tools for economic development because they promote group effort to address individual and community needs. Both theory (Bourdieu, 1986; Hoyt,

2004, Nembhard, 2000) and limited empirical work (Casadesus-Masanell and Khanna, 2003; Fairbairn, et. al., 995) indicate that cooperatives appear to create social capital which improves access to or accumulation of other forms of capital. We know that cooperatives bring people together to meet a shared need through operation of a democratically controlled business. They train and educate their members, and create employment opportunities. As organizations founded on a set of shared principles, members share common values such as honesty, openness, social responsibility, and caring for others. Further, cooperatives are expected to cooperate with other cooperatives and pursue goals that are beneficial to the community. Thus from both individual member and business perspectives, cooperatives promote interaction. This interaction enables members to use their knowledge of each other and of the cooperative to engage in peer monitoring in their conduct of business. This helps to build more trust among members and between members and their customers/clients which in turn strengthens the business. In this context, it appears a cooperative might be the first choice business model for locally based, locally controlled community development because cooperatives appear to promote participation by local residents in economic and social opportunities in their communities.

Based on the assumptions that individuals can achieve significant economic benefits from participation in cooperative business and that cooperatives have unique processes through which they foster the creation of social capital, this study empirically explores how cooperatives build trust, promote participation and fosters the creation of networks.⁶

Methods

Research Site selection

The case study was selected basing on the following criteria: 1) operating in a rural area 2) employees or members are low to moderate income people, 3) successful 4) less than 10 years old, 5) preliminary contacts had shown that cooperative members will be willing to participate and 6) all costs were within budget. These conditions were critical to the objective of the study, for example, limiting the age of the cooperative to less than 10 years was meant to reduce biases involved in data collection especially when interviewees depend on recollection of events. This also provided the opportunity to involve founder members in the research. Also, situations change over time, we are living in a world of fast-changing technology, so understanding how an organization created social capital 50 years ago may no longer be relevant for today's policy debate purposes.

Description of Research Site: Caring Home Services

Caring Home Services is a worker-owned cooperative located in a poor rural Midwestern county. It provides homemaker and certified nursing assistant care⁷ to the elderly and disabled

⁶ In putting emphasis on social capital, I am not arguing that the standard forms of capital (financial, human, physical and natural and environmental) are not important. Rather I am emphasizing the fact that in addition to financial and human capital, people draw on social connections with other members of their communities for both social and economic goals. That is, social capital is not disconnected from other forms of capital.

⁷ The Home Care industry is discussed in detail in Chapter Three.

of the county in their own homes. It was started in 2001 and incorporated in 2002. At the time of this study it had 81 member-owners and four administrative staff: an Executive Director, a Business Office Manager, a Business Office Assistant and a Registered Nurse. The Executive Director, who is a hired manager, coordinates the daily administrative and management tasks of the business, including the hiring of new members in consultation with the board of directors. The Executive Director also represents the cooperative to the public. The Business Office Manager is responsible for provider/client scheduling, office management, and payroll and accounting duties. The Business Office Assistant provides assistance with scheduling and clerical duties as needed. The Registered Nurse coordinates client related care, provides training, and quality assurance, assesses and recommends nursing home residents for home care. None of the administrative staff are members of the cooperative.

Member-owners are grouped into two skill categories: personal care provider and home care provider. Some members perform both functions. In a typical day, a cooperative member starts the day by visiting a client to provide morning personal cares. This is usually for a few hours after which she proceeds to another client to do personal care again. Depending on the schedule of the care giver, over lunch the worker may continue to work in the same home to provide home care perhaps cooking and cleaning. If not, most worker-owners stop by the cooperative office to catch up on news from staff at the office.

A board of directors is formed from among the members. Worker-owners interested in board positions campaign and are elected by their counterparts during the cooperative membership general annual meeting. Board members are charged with the responsibility of making strategic decisions on behalf of the other members. The president is also elected through a vote by the membership. The board president serves as the presiding officer at all board meetings and at the annual meeting. Thus worker-owners can have multiple roles: personal care giver, mentor, board member and/or trainer. Appendix 6 shows the organizational structure of Caring Home Services and the powers and duties of the Board of Directors and the Executive Director.

Description of JBS Placements

JBS Placements is a privately owned home care business in Columbus, Wisconsin. JBS Placements provides temporary and permanent support to individuals with developmental disabilities and older adults in their homes. The organization was founded by John Buhrow as a means to care for disabled and elderly people in their homes. Unlike Caring Home Services where members are represented by the Board of Directors and the Executive Directors reports to and is hired by the board, JBS has a vertical hierarchical structure, the caregiver being the lowest and the President (and owner) being the highest and most powerful. As shown in Appendix 7, in between these two extremes we have Home Coordinators, who supervise caregivers and Vice Presidents, whose subordinates are Home Coordinators, and whose roles are similar to the administrative staff at Caring Home Services.

JBS caregivers provide personal care for the clients similar to that provided by Caring Home Services members to their clients. Apart from supervising direct caregivers, coordinators play an important role in that they are the link between caregivers, management and clients. They manage staff scheduling and play a supervisory role in making sure that clients' needs are

met. (These include food, clothing, personal hygiene, entertainment, community involvement and cleanliness of the home). Coordinators also train new employees, and coordinate training for regular employees. Responsibilities of maintaining the home in good order are delegated to coordinators.

Measures

Trust: Scholars have long emphasized the importance of trust to families, societies, organizations and countries (Coleman, 1994; Fukuyama, 1995; Putnam, 1993; Stone, 2001; Uphoff, 2000). Most of these studies acknowledge that trust develops through social interactions. Trust is a relational notion: it generally develops among people. Bryk and Schneider (2002, p. 137) explain how relational trust develops, “Relational trust is forged in daily social exchanges...Trust grows over time through exchanges where expectations held for others are validated in actions.” Thus trust can be interpersonal or can be viewed as an organizational resource. The main elements of trust explored in this study are: trust among people and trust between people and institutions - whether individuals trust their workmates and whether they consider their business a place where people help each other and others in need.

Group Participation: Three types of social participation are particularly important to the social capital definition: religious participation, civic participation, and philanthropy (SMS Research 2001). Civic engagement is measured by membership or participation in organizations, groups, or networks offering social or political activities. It includes voting, community organization activities, and support for social and political change. Religious participation includes membership in religious organizations, groups or networks offering spiritual support. Philanthropy includes participation in donations or charity for improving the well-being of others. In this study I deliberately ask questions on all three. Groups in this context are very broadly defined to include people living in a specific neighborhood (geographical group), people in the same profession (professional group), and families, friends, church-based groups (social and religious group).

Networks: Social networks the connections people have with others. These are formed in the person’s immediate and secondary environment. Immediate environment includes personal relationships within the family and neighborhood. Secondary networks are relationships emanating from connections at work and from other activities beyond the neighborhood. These personal relationships and social networks are critical to the well-being of the individual, and that of the community and an economy. Networks are the *social glue* that holds the community and the local economy together (<http://www.worldbank.org> accessed May 15, 2005).

In this study I measure networks not in terms of the number of friends or contacts cooperative members have established since joining the cooperative but by trying to understand how they value the contacts they have established, how much social contact network members have. This was achieved by eliciting stories of connections they have made since joining (employment with) the cooperative (business).

Data Collection

Three types of data collection were employed in this study: 1) semi-structured interviews schedules, 2) a written survey and 3) document analysis.

Interviews

Thirty-seven semi-structured personal interviews were conducted; 22 with Caring Home Services members, 10 with professionals (cooperative development and human services) and 5 with clients. This triangulation of research participants (professionals, clients and cooperative members) was meant to enhance both the credibility and completeness of my findings. Caring Home Services, in doing its business serves the community in which it is located and also associate with other business people, so bringing together the experiences of all these people provides a complete reliable understanding of the creation of capital. In addition to these three immediate groups, comparative interviews were conducted with employees of a privately owned firm as a way to confirm data presented by cooperative members.

Interviews lasted 30 to 50 minutes. The “typical” Caring Home Services member I interviewed is a white woman, between 40 and 55 years of age, with a high school diploma. She has lived more than 10 years in the community and has been a Caring Home Services member for 3 and 5 years. In terms of age groups, I interviewed both young and old members, the youngest being about 22 years and the oldest being about 72 years old. In terms of years on the job, my interviewees varied from 7 months on the job to a maximum possible of 5 years. The wide spectrum of interviewees allowed a detailed understanding of how the cooperative helps in the creation of social capital. Each group of interviews expressed the benefits of the business in the community from their own perspective.

Interviews with professionals lasted between 30 and 60 minutes. Potential client interviewees were identified through document analysis and personal knowledge and experience of administrative staff with the clients. Factors considered in selecting clients were: the ability of the client to understand and converse comprehensively, number of years they have been served by the cooperative, availability and willingness to participate. All five client interviews were conducted in their homes in the presence of a caregiver. Interviews with clients were fairly short, averaging 15 minutes, ranging from 10 to 25 minutes.

All the interviews I conducted at Caring Home Services, were audio taped and I also took notes.

Similar procedures were followed with JBS to access the research site and the participants. I interviewed 3 coordinators, 2 vice presidents, the president, 9 caregivers and 2 clients. Caregivers were selected from a pool of workers in two homes, one located in the east side and the other in the west side of a metropolitan area.⁸ Each home had about 9 employees working part-time. The clients were both from the west-side home. Coordinators were

⁸ The home in the east had mostly employees of an African (West Africa) descent whilst the home in west consisted of employees from Asia (the Philippines).

interviewed in the home they coordinate. All but one of the interviews at JBS were audio taped.⁹ For all the interviews I also took notes and jotted descriptions of the environment in which the interview was held, the facial expressions of the interviewees, and the major concepts brought out by the research participants. Ten follow up interviews were conducted by phone.

In both sites, survey and document analysis were used to supplement interview data.

Analytical Procedures

Data collection and analysis took place throughout the study. However, I saw two phases to data collection, coding and analysis: *preliminary* and *final* analysis. During preliminary analysis, I reflected upon the data as I gathered it. I reflected on every interview before conducting the next one. Preliminary analysis occurred primarily after on-site data collection ended and during transcribing the interviews. Analytical memos were written at the end of fieldwork. Summary reports were written at the end of each week of data collection. These summaries helped me to identify emerging themes, concepts and ideas (Rubin and Rubin, 1995; Stake, 1995) and provided an opportunity to generate more focused questions as the interviews continued. As I continued data collection and coding, I began to develop, eliminate and refine concepts. Building the road as I traveled enabled me to focus and shape the study as it proceeded (Glesne, 1999). This practice is acceptable in emergent research designs because the objective is to seek deeper understanding of emerging themes. The second step of my data analysis involved transcribing all interviews. Transcribing gave me more familiarity with the data.

Building on preliminary data analysis, final analysis entailed putting “into one category all the material from all the interviews that speaks to one concept or theme” (Rubin and Rubin, 1995 p. 226). I compared material within categories to discover “variations in” and “connections between” themes (Rubin and Rubin, 1995 p. 226-227). This process allowed me to make connections among the different experiences of participants. Coding was begun by labeling concepts within field notes, interview transcripts and document review notes. Initially I coded for expressions (concepts) that stood out in the text material, for example I associated the following codes with social capital development: (a) working together, (b) confidence, (c) information sharing, (d) communication, (e) knowing each other, (f) personal growth, (g) responsible workers and (h) group problem solving. Coding builds familiarity with the data and is not very restrictive hence gives an opportunity to understand the data more without losing important themes or concepts. Later, in focused coding, material was compared across categories searching for patterns and consistency. The goal of the final analysis was to “integrate the themes and concepts into one meaning” that offers an accurate, detailed, yet subtle interpretation of the data.

Quantitative data collected through survey were grouped and percentages and ratios computed. These were used to support or contradict data collected from interviews and documents.

⁹ The one which I could not audio record was because the interviewee had requested an informational meeting in which a date for interview was to be set. During the meeting he changed his mind and requested to be interviewed immediately. Recording equipment was not available at that interview.

Findings

Cooperating to build trust

Building trust entails interaction among the people who are consciously or unconsciously trying to nurture trusting relationships. Apart from the people's attitude towards interaction, trust building is also influenced by other factors, for example, the receptiveness of the environment in which interaction or trust building occurs (home, workplace, or community). By nature, the home care business creates worker-isolation from other workers mainly because clients receiving care in their homes usually do not require more than one worker at a time. Also, most care is given as and when needed. Some clients are semi-independent and need services only for a limited number of hours in a day; others might require care for longer periods. Provision of services to one client might range from two hours every morning and evening (for bathing, toileting and transferring in and out of bed), to 24 hours a day. Services are provided in the clients' homes where caregivers work one-on-one with elderly and/or disabled clients as opposed to a nursing home or group home where more than one caregiver can be at work at the same time. Often caregivers may or may not even encounter other caregivers. They have only occasional contact with supervisors, other health professionals and the client's family members.

Social isolation, a phenomenon of non-participation in a society's institutions (Barry, 1998) which may be voluntary or involuntary¹⁰, destroys the fabric through which trust is built. First isolated workers remain powerless in making decisions that affect their working conditions. They remain uninformed on issues pertaining to their industry. Second, workers who do not interact with others in their profession fail to accumulate skills that are valued in that labor market. Usually many skills are acquired either through direct training/learning or as a by-product of participation in social activities. Good examples of skills that can be enhanced through interaction with others are interpersonal skills: honesty, patience, responsibility and punctuality. Finally, isolation from others in the same occupation and lack of regular interaction prohibits the development of friendships or relationships. It is only when people get to know each other better that they can start to develop personal trust in each other. Personal trust is critical in bringing people together so they can mutually address their needs. Trust is a building block for social capital.

In explaining their experiences in building trust, Caring Home Services members talked mostly about three forms of trust: trust among member-owners, client/caregiver trust and trust between members and professionals (including Caring Home Services office administrators).

Trust between member-owners

Most, 15 of the 22, member-owners I interviewed tended to compare the pre and post Caring Home Services periods in explaining how their trust of co-workers has been influenced. They expressed feeling more isolated from other workers during the time they worked in the County In-Home Provider Program (a program administered by the county in which most

¹⁰ Voluntary isolation is when an individual(s) make the choice not to participate in societal activities whereas involuntary isolation may be due to circumstances beyond one's control. Whether voluntary or involuntary, social isolation has many consequences.

caregivers participated) than in the cooperative. They argued that though members of the In-Home Provider program met, the meetings were very erratic and informal. One cooperative member who feels she has experienced significant changes since the In-Home Provider Program was transformed into a cooperative is Hagee. Hagee is an elderly widow in her early seventies. She was among the members who were involved in the start-up of the business, but because of her age she did not participate in many of the meetings that were done. In describing her employment situation before becoming a member-owner of Caring Home Services, Hagee said,

I did not have much exposure to other co-workers in the county. Communication was with the social worker and mostly by phone. The only other people you would meet were employees you are taking over from or handing over your shift to (Interview with researcher, May 30, 2006).

Another member, Bickle, a woman in her fifties, who joined the cooperative at its inception and had experience working in the county In-Home Providers Program, compared the two working environments and submitted,

We know each other better here [at the cooperative]. Being in this kind of work we do not meet each other unless it's another caregiver at the same home. I do not even remember how many years I worked for social services, I think 3 years, and in that time I met one other employee (Interview with researcher, May 11, 2006).

Most interviewees explained that the activities organized by the cooperative provided opportunities for people get to know each other better. These opportunities were not available when they were independent caregivers. Gately, a woman in her fifties who had worked in a Group Home for developmentally disabled people for nearly 11 years said,

When I first started [working at the cooperative] I did not see any other co-workers because you go house to house and you do not see other co-workers. But since we are owner-members and we own this [business] I became more involved in committee meetings, the trainings sessions and then I became a mentor and went through the mentor training and now I have "mentees" who I talk to. This is helping [me] get to know some of the members. (Interview with researcher, May 18, 2006)

Although there are programs (e.g. mentor program) to facilitate interaction among members, I observed that, trust building is an explicit value in the underlying philosophy of Caring Home Services. All members of Caring Home Services are introduced to a set of working values that are aimed at building trust among member-owners. Appendix 9 is a listing of the member-owner values that Caring Home Services has developed. The values are continually upgraded to remain in line with business operations. They are intended to build a sense of oneness, accountability and responsibility among member-owners.

Values are expectations about action, which express what action is right or wrong. Caring Home Services values prescribe and proscribe certain actions to ensure members conduct themselves in a way that benefits themselves, the business and the community. Obedience to the values is faced with some sort of reward (such as approval from co-workers, or increased work hours) for upholding prescribed actions. Disobedience, on the other hand, results in some form of punishment (such as disapproval from co-workers) for performing a proscribed action (for example being dishonest, tardy or impolite). Thus Caring Home Services exercises some right to influence members' actions through the teaching of values. Viewing trust as a crucial concept in the philosophy of Caring Home Services, Fisher echoed feelings of many other cooperative members when she submits that,

...there are some members that we help to become trustworthy, we help them to grow, the values that we are working on right now, we expect our members to live by certain values of honest and dependability (Interview with researcher, May 10, 2006).

Evidence from survey data also suggests that membership in Caring Home Services facilitates the building of trust among members. For example in response to the question of trusting and valuing other members, 43% and 57% respectively acknowledged that Caring Homes Services had improved the way they trust other members.

Trust between caregivers and clients

The second form of trust found in the data is trust between caregivers and their clients. Most interviewees believed that membership in Caring Home Services had increased the level of trust between them and their clients despite the fact that,

...various [client] cognitive impairments make the building of trust with clients or their family members difficult as some clients may falsely accuse a caregiver of stealing or mistreatment (Travis, 2006).

Sometimes, clients or their family members treat caregivers as maids or domestic servants. In addition, society in general does not appreciate caregivers' work, causing caregivers to feel a lack of respect. It appears, however, that members of Caring Home Services are overcoming these barriers to earn the trust of their clients. Most Caring Home Services members agreed that the cooperative way of doing business provided "quality time" for the clients, which helped in the creation of a trusting relationship between them and their clients. Looking back to her experience in a Group Home, Gately contrasted the two and said,

[In Caring Home Services] I now work one to one with my clients versus one [caregiver] to four or five [clients] in a Group Home setting or even one [caregiver] to ten [clients]. It's much easier to establish the trusting relationship [here at the cooperative]. The client learns to rely on you as far as household set up, personal care, shopping lists, what needs to be told their family first and safety features. There is much more of those things that the

client learns to trust you for because they see you on a much more regular basis (Interview with researcher, May 18, 2006).

One client, Ms. Reed, a young quadriplegic woman, could not agree more with Gately. She felt that Caring Home Services provides quality care to their clients. She described the “girls” who work for her as, “dependable” and “great”. “I never worry about anything” she added (Interview with researcher, June 14, 2006). Echoing feelings expressed by Ms. Reed and all the clients I interviewed, one cooperative member explained that,

There is no comparison between working in a nursing home and working in a home. It’s like day and night. [In a nursing home, you] quickly get the job done because you have a time limit. The clients got to be in bed at such a time, so their quality of care is not the same as what a person gets within their own home. In their homes, it’s one on one as compared to two people coming in and doing this quick slap them job. (Interview with Researcher, August 30, 2006)

One of the professionals, Young, also believed that values play an important role in building trust. Many cooperative members and outside professionals regard Young highly for her efforts to support growth of the business and the people involved in it. She has been in the field of long-term care for over 25 years. Prior to joining Caring Home Services she worked for a non-profit organization providing all kinds of services for people with disabilities and she worked for Lutheran Homes providing residential services for people with disabilities. Young is also a professional writer. Commenting on how different organizations create trust relationships among workers and among workers and management, Young emphasized the importance of teaching values. She stated that,

I do not think that trust in the cooperative is any different in [home care agencies]. But I think it’s very different [here] than other places I have worked in, where values weren’t talked about and power and manipulation were the name of the game (Interview with researcher, June 27, 2006).

The trusting relationships facilitate information sharing between caregivers and their clients. Both clients and caregivers act as referral resources on issues that concern either party. For example, Gately recalled a case in which she helped her client to enroll in the Meals on Wheels program.¹¹ For those seniors who do not have care-givers coming into their homes during lunch, the meals on wheels program provides another person that checks on them during the day.

¹¹ Meals on Wheels is a community program that brings a hot meal to a senior at lunchtime. Apart from bringing meals to the homes, the “Meals on Wheels” program also has a community center (The County I- Senior Center) where members can meet and socialize. Clients at this center can participate in activities such as bingo, aerobics, computer classes, and line dancing. According to County I Guide (2006), the Senior Center is the place for all those aged 50 years or more.

The fact that information sharing can be instrumental in building trust among people was also expressed by Williams. Williams joined the cooperative in 2002 and she provides personal care mainly to her mother-in-law who is 94 years old. In addition to the cooperative membership, she works (for close to 36 years at the time of study) as a hairdresser at a Veterans Home and as a waitress (for 20 years). Contrasting experiences in the three work places, Williams acknowledged,

I trust everybody here [at Caring Home Services]. You call other members and they give you information. But at my hairdressing job, people kind of look down upon others. I think it's different here, you get any information you want and they also call me asking for help. Here you trust everybody (Interview with researcher, June 2, 2006).

Actually, theorists on information and knowledge argue that the conversion of information to knowledge begins from understanding that, "knowledge is formed through interaction" and that "knowledge is situated" (McFarlane, 2006, p. 294). Knowledge is conceived as a product of social, cultural, environmental, economic and political conditions. It is believed to be enshrined in the lives and experiences of people. This speaks to the importance of sharing information. All forms of interaction among individuals such as informal meetings, chats during coffee hour at church, and during volunteering activities add to the inventory of knowledge. A knowledgeable person feels valued by his peers and is motivated to participate more in activities involving his counterparts and in which his knowledge is situated.

Although the general experience among cooperative members is that Caring Home Services is impacting the members and the community in a positive manner through giving members a shared identity, this does not mean that all members agree. I interviewed one member, Lindsay, who had a different perspective. Lindsay strongly feels that the cooperative has not positively changed the way she trusts other co-workers nor the way clients trust workers, rather it is negatively affecting both clients and members. Although Lindsay was the only research participant in my study who had serious complaints against the cooperative, it is possible that her story could be shared by many other cooperative members I did not interview. Two important lessons can be drawn from this isolated case. First, it shows that when trust is absent between caregivers and management, the client also suffers and fails to trust both the caregivers and the business. Second, it supports the fact that cooperative members have to submit to the principles, values and bylaws on which their business is founded.

In summary Caring Home Services offers unique services that promote the building of trust among members and their clients. Some of the services are: one to one caregiver-client working environment, consistent caregiver client matching, values teaching and encouraging clients to participate in social activities organized by the cooperative. These practices help in creating an enabling environment for the development of trust. However when trust between cooperative members and professional in the office is constrained, client trust suffers. In the next section I look at the trust between co-op members and professionals.

Trust between members and professionals

The third form of trust that came up during the interviews was the trust between members and professionals including managers at the Caring Home Services offices. Responding to the

question on how membership in the cooperative has changed the way she trusts professionals, Shaw said, “I can call [the Executive Director]. I come to her with any problem. She either sets me straight on my thinking or helps me [to] work it through” (Interview with researcher, May 10, 2006).

According to most members, the open communication between them and professionals in the office promotes the development of trust. For most of them, their previous employers did not provide an opportunity for individual workers to approach the executive director or business manager for help. At Caring Home Services workers trust each other (including management) because each member carries the responsibility of being honest with others. One member, Smith, a CNA who has been with Caring Home Services for 2.5 years explained how the cooperative has helped to build trust in others,

Since I came to the cooperative, I actually learn. I met a lot of people I can trust because they have always been straight with me, they try to help me. They keep on you. Like our director, she helps you through when you have problems. You can talk to them [office staff and mentors] with a problem and they will help you out as much as they can (Interview with researcher, June 01, 2006).

Smith’s statement clearly shows that member-owners and professionals in the office are consistent in their helping efforts. This was also expressed by Gately, who strongly feels supported by the cooperative management team in her position on the board of a statewide caregiver association. Expressing her appreciation of the support she smiled and said, “my executive director has even offered to help with writing grants if need be to help the organization get going” (Interview with researcher, May 18, 2006).

On the other hand the Executive Director deeply appreciates cooperative members who step up and take responsibility and ownership of the business by involving themselves more in activities that help them and the business grow. These efforts by caregivers to take advantage of being member-owners have created and enhanced trusting relationships between them and the office administrators. Echoing this observation, Young stated that,

There are many members who come to work, get their check [and go back home] but then there are some who really want to be able [to grow the business]. [For them] work is a bigger portion of their lives and they get more affirmation from their work. For those people the cooperative has created good matches. [Some are] on the board of a statewide direct care workers organization that is being formed. They would have never thought of doing [such a thing](Interview with researcher, June 27, 2006).

Although Young believed the cooperative had made lots of progress in helping members understand that they are the owners of the business, she felt that “ownership” can be a two edged sword, in that, “once [members] get the sense of empowerment, they might feel they do not need to keep me informed” (Interview with researcher, June 27, 2006). This threatens the development of trusting relationships between management and member-owners, because information sharing will be biased towards member-owners. Evidence from survey data suggests that membership in Caring Home Services has had little influence in the way members

trust management. In response to the questions on trusting management, 64% of participants indicated that there has been no change while 36% believed that the cooperative is helping them in building trust with management.

Promoting participation through confidence building

Most professionals I interviewed, especially those from the local area, confirmed that the continuing education program offered by the cooperative is improving the social welfare of cooperative members in terms of their confidence when they interact with others.

One of the professionals, Kurtz, a registered nurse who works with the long term care support unit in the county is very knowledgeable about the caregivers' working conditions prior to and after establishment of the cooperative. Recalling her experiences with the members in both the pre and current cooperative era, she, with a wide smile, said,

I do see them out in the community telling people that they work for Caring Home Services. It has been funny to watch their transition....I have seen some of the early board members do presentations at conferences. I am currently the president of a State Personal Services Association, which is the state organization for personal care agencies. I actually had some of the cooperative members come to our conferences to do presentations and they did a wonderful job. It is difficult, it was public speaking to a large group of basically professionals that consisted of social workers, nurses and business owners and they did a wonderful job (Interview with researcher, May 10, 2006).

Loyd, another registered nurse who works for Caring Home Services as the nursing supervisor echoed the same observations, "I can see a lot more involvement, like participation at conferences and this is due to Young seeking out these opportunities for them" (Interview with researcher, May 18, 2006). Loyd is also very knowledgeable about the home care industry. She has many years of experience in both long term care and home care. She worked as a nurse in medical review for Blue Cross Blue Shield, as a supervisor in a nursing home, and as clinical coordinator for a Milwaukee home care agency (County I Argus, Wednesday, October, 2004, p.18).

Young, the Executive Director, felt that,

[the cooperative] is in the very beginning of seeing the [influences of empowerment]. I think that members feel more confident about being with other community members, being in situations where there are people of power. [They are] starting to see this significance that they are business owners and then venturing out of their safe space and doing things that are very different for them to do (Interview with researcher, June 27, 2006).

Pointing at increased self confidence among members, an opinion celebrated by many professionals, Kurtz said,

I believe it [the cooperative] has boosted their self-esteem and their confidence enormously. They have all learned a great deal about the day to day operations of a business....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, they are able to verbalize (Interview with researcher, May 10, 2006).

The activities organized by the cooperative, ranging from training sessions at the cooperative office, presentations at conferences, to picnics in the parks have all, in varying degrees, connected them with other people and improved their understanding of and participation in community activities. Members who have attended conferences talked about the people they met and how it felt to be appreciated in what they do. In describing her experience at a three-day conference in Florida, Cole said, "it was awesome". When I asked her to explain further she handed over a note she had written to the conference organizers expressing her feelings. As if explaining each letter in the acronym a.w.e.s.o.m.e, she wrote,

I felt **A**ffirmation. Being in a room with so many Direct Care Workers (DCWs) was inexplicable. We all had the same concerns. Talking with people who "get it" was great. You can talk with family and friends but it's not the same. I felt **W**onderful. The experience recharged my batteries. [It was] a great learning experience. The sessions were informative. The hard part was picking which ones to attend. I wish there was more time so I could have gone to more. I felt **E**xcited being chosen by the co-op to attend the conference. The opportunity was one I would not have enjoyed if not for the scholarship. I also felt **S**pecial to be in a room with people who cared about me and what I had to say was great. Everyone was friendly and interesting. I now truly realize how special I am because not all people can do my job. I had just finished my mentor training for the co-op, and got to put some of it to use. I am by no means a seasoned traveler, but I made it there and back with no problems. I also spoke up in the sessions and participated which is out of the norm for me. I felt **O**ut of my comfort zone....It was **M**agical to realize there are that many DCWs across the country that care as much as I do. By the end of the conference I could not wait to come home and share my experience with anyone who would listen. I felt **E**ager, encouraged (Document review, Florida Conference Notes, 2005).

Cole's experience at the conference clearly demonstrates the impact of interaction in people's lives. The affirmation she felt being around other caregivers provided fertile ground for confidence and the desire to share with and encourage other cooperative members. Despite these great opportunities experienced by some members, other members continue to shy away from group participation for different reasons. Cowie, a woman aged about fifty five years and a member since the inception of the cooperative, submitted that the cooperative has not changed the way she feels about participating in group or community activities. She said,

I have not been to any formal meeting. I am not a group person at all. Big groups scare me, so I will avoid that at any cost. If they tell me I have to be at a place where there would be 400 people, I would probably have to go to Alaska or somewhere that week (Interview with Researcher, May 30, 2006).

It appears the experiences shared by Cowie and Lindsay speak to the importance of making better choices in order to improve one's well being. Cooperative members who prefer not to accept the responsibility of ownership by avoiding working with other members seem also to be missing opportunities to develop their skills and increase their confidence in business and interaction with others.

In summary, most cooperative members feel their business has exposed them to many activities which they did not have in their previous jobs. The cooperative has created opportunities for those willing to be trained as mentors, to train for better business skills, to attend conferences on care giving, and to run for board positions within and outside Caring Home Services. For those who have taken up the opportunities, they have grown in confidence and the desire to participate in more activities in the field of care giving, as evidenced by Gately and Cole's experiences.

Creating networks

Bringing people together has helped Caring Home Services members build connections with other people. In response to questions on networks, most interviewees shared the view that they have become more connected and established several ties because of their membership in Caring Home Services. Describing her experiences as a member and as the president of the board of directors, Fisher appreciated the close relationships she has with some professionals,

I have found good relationships through the cooperative. I have developed a very close relationship with the cooperative development specialist in Stevens Point. There has been some tough years but I found that with the cooperative when I come across some things I do not understand in the business, all I needed to do is to pick up the phone. I do not know how many times I picked up that phone to call [the USDA Cooperative Development Specialist based in Stevens Point] or [the Assistant Director of the University of Wisconsin Center for Cooperatives]. Help is just a phone call away (Interview with researcher, May 10, 2006).

Some of the members feel the social benefits created by the cooperatives have strengthened them in pursuing other activities in the community. For example, Shaw, in her mid-seventies, still works as an advocate for the poor and disenfranchised in the county. She coordinates the only food pantry in the local area. She thinks that her involvement with the cooperative, on the board and on committees, has enhanced her connections with other people,

...the social aspect of getting to know everyone that works here (at the cooperative), having people around me that think the same way I do and

have the same invested interest in health care that I can talk to, socialize with and get to know and all the people that they know....there is that social networking....you know I can refer people, I refer patients here (Interview with researcher, May 10, 2006).

For some members joy comes from the mere fact that the cooperative has given them the opportunity to interact with people they would otherwise never have met. Cole feels that although she hasn't made contact yet with some of the people she met at the conference in Florida, just getting to know them made her feel as though the whole world was right in her hands. The experience opened a window of opportunity through rubbing shoulders with important people in the home care industry. This would not have happened were it not of the conference. She said,

At the conference in Florida, I met Herbert, the head of the DCA [Direct Caregivers Association], and now I am on the Executive Board for WACE with him. He is from another county. I do not make contact with him but I did meet a lot of people (Interview with researcher, May 11, 2006).

In summary, cooperative members are convinced that their presence in the community as business owners has helped to connect people. This has been done in several ways. First by helping others to get the services they need. Taking a client to the grocery store or bank regularly helps the client get connected with people that support his/her independent living. Talking about the cooperative, referring people who are looking for jobs and those in need of services to the cooperative, keeps it connected with the community. Secondly, cooperative members have also helped in building ties among people. By regularly visiting people in their homes, they have created a sense of responsibility among community members, who now realize that there are people in their neighborhood who cannot provide for themselves. For example one cooperative member stated that due to her regular visits to her client in a residential complex, other residents in the complex now pay attention to this client. They pick up the news paper for her on the days the cooperative member is not working. Finally, because they are owners, they have been able to connect with other professionals in and out of the care giving industry (professionals from universities, state departments, and other non-profit organizations).

Comparative data: the case of JBS

Creation of social capital is not found only in cooperative businesses. All businesses, cooperatives, privately owned and non-profit, bring people together and help build relationships among them. From the evidence presented in the previous section, the reader is prompted to wonder if social capital creation is different in non-cooperative businesses. In order to corroborate findings in the case of Caring Home Services, additional research explored social capital creation processes in a sole proprietorship. As stated in the methods section, this was not a separate case study but a triangulation of data sources used to confirm or disconfirm evidence from the case study.

Building trust

In JBS Placements two forms of trust were mentioned by research participants. These are trust among caregivers and trust between caregivers and management. The third form, trust between members and their clients (including family members of clients), which is discussed under Caring Home Services, was not adequately explored/addressed in JBS.¹²

Trust among caregivers

Evidence of the creation or strengthening of trust among JBS caregivers and between caregivers and their supervisors showed disparities between the two groups of employees (that is among caregivers on one hand and between caregivers and their supervisors on the other). Most caregivers expressed that working for JBS had not affected the way they trust their counterparts. Wapaka, a married African woman, aged 28 years who got to know about JBS through her brother who was already working for the company, said, “not at all” (Interview with researcher, August 28, 2006), as her full response to the question, *How has your employment with JBS influenced the way you trust other coworkers and people in general?* Wapaka has worked for JBS for about 6 months. Expressing the same feelings, Eastwood, a Philippine woman aged about 45 years, who has worked 3.5 years in JBS submitted, “well, there is no difference, I trust my co-workers the same here and in the other organization I work for” (Interview with researcher, August 12, 2006).

Washington, another woman from the Philippines, who has worked for JBS for over 3 years in the same home with Eastwood, feels that people in JBS can be trusted because she knows them. In her view, “I trust people here, [because] they are good. I know them” (Interview with researcher, August 12, 2006). During interview, Dickson¹³ expressed that he trusted his counterparts because he has not experienced any problems working with them,

As far as I know, I never encounter any problems because we work as a team. The same thing in the other company I work in. As long as you do your duty, you know, I do not think I have encountered any problems so far (Interview with researcher, August 12, 2006).

¹² This was mainly because the two homes from which participants were drawn had clients with serious physical and mental disabilities, yet these were the homes the owner identified as having clients with “reasonable disabilities”. The conditions of the clients were not amenable to comprehensible interview. I did, however, with the help of the coordinator, interview two of the clients in one of the homes but the data was not reliable mainly because the coordinator used lots of leading questions. Efforts were made to no avail to identify clients that could express themselves intelligibly. However, talking through their caregivers as interpreters, the two clients I spoke with expressed more satisfaction with JBS than with their previous home care agencies.

¹³ Dickson is Washington’s husband. He got to know about JBS through his wife who was hired first. He has worked for JBS for close to 3 years and has worked 7 years in another home care agency.

Evidence from JBS caregivers suggests that people trust other people because they have interacted with them on the job, knew them prior to working together, or came from the same country.

Trust between caregivers and management (coordinators and directors)

Although caregivers felt that JBS as a company has not influenced the way they trust co-workers, evidence from coordinators and management shed a different light on what influences people to trust others in JBS, an investor owned business. Hartman, a Vice President at JBS, believes information sharing contributes to the building of trust among employees. She pointed out that the job itself carries the expectation that employees will communicate about each care giving situation. Reporting what happened during the shift is, in itself, a way through which employees learn to be open and honest with each other. This form of communication creates dependability of each other which in turn fosters the development of trust. Hartman explained that,

Because we work so closely with other staff members we have to build a relationship that is based on believing what the person before us said. [For example] if staff from the first shift lets us know what has been going on in the house during their shift, we are kind of able to preconceive what will go on for the second shift. In that, we have to trust each other about everything. [Also], we all know each other's phone numbers, if we need something we call them up. (Interview with researcher, July 30, 2006)

One of the coordinators, Vetrone, also believes communication is central to the development of trust with subordinates. Vetrone is in his early forties, has worked full-time for JBS for 5 years and works part-time for another home care agency. He said, "Having good communication among people is really important, that's one thing I have learnt. That's the biggest change for me" (Interview with researcher, August 2, 2006).

In JBS Placements employees in positions of power (coordinators and directors) felt that smooth flow of information was enhanced by the fact that JBS was a small organization when compared to the agencies they worked for prior to joining JBS. They believed because they had access to the president and owner of the organization this helped in advancing and solving problems. Hartman argued that, "...in this company [JBS] if I have a problem, I can [go] to my boss. Say I need three weeks off because I have a surgery, I am granted without any repercussions whatsoever" (Interview with researcher, July 30, 2006).

In addition to having good communication and easy access to the owner of the business, coordinators believed that the flexibility they are given in managing the homes facilitates the development of trusting relations between them and their subordinates (caregivers) and among home coordinators. In their understanding, this is because when authority is delegated to them they feel more confident about their job. Supervisors' delegated responsibilities include supervising caregivers, interacting with clients' guardians and brokers. These roles, groom them to be accountable, responsible and dependable people. Over time this improves their self-confidence which helps them to feel comfortable interacting with all people within their sphere of influence. Summing up this, Calwel said,

I think one of the advantages is the flexibility and the amount of autonomy they give me to manage and govern the house without a lot of strict rules and regulations. I think by empowering the coordinators JBS allows us to do our job and feel good without feeling judged or criticized. (Interview with researcher, August 8, 2006)

Calwel's feelings were echoed by Hoerning, another coordinator,

I am extremely independent out in the field. I normally do not contact the office unless it's an emergency. I take care of most things myself in the homes and then just give an update after the fact to the office. (Interview with researcher, July 25, 2006)

Although coordinators and managers felt that there was free flow of information in JBS by way of "memorandum" "communication log books" or "telephone", and that their independence has helped in developing trust with caregivers, several caregivers (6 out of 9) had "bones of contention" with management for some important issues that were not communicated to them at all. According to the caregivers, sometime in April 2006, 3 months before my study, they were served with letters notifying them of a decision by the owner to cut their hourly wage by a dollar. During data collection, caregivers expressed (off the record) dissatisfaction over the fact that JBS had cut their wages by \$1 per hour. Because power and control are not equitably distributed in the organization, the majority of employees felt voiceless when it comes to influencing decisions that affect their well-being. According to the caregivers JBS management did not consult them. To some of the caregivers this was a clear indication that management did not value their input and was cause for them not to trust them and look elsewhere for part-time jobs because, as summed up in Truman's statement, "It's more [in] how you really communicate with each other that you build trust" (Interview with researcher, August 12, 2006). Truman is a caregiver aged 27 years and is from the Philippines who strongly believed that the one way "top-down" communication on issues affecting caregivers had caused caregivers to view management negatively.

Caregivers felt that since a higher wage was the main benefit offered by JBS they were supposed to be informed prior to having their wage cut. Thus lack of consultation or transparency provided fertile ground for the breeding of distrust, which in turn encouraged caregivers to shy away from management. This erodes any possibilities of them participating in social or business activities organized by management. Distrust feeds on dissatisfaction. The wage cut was source of dissatisfaction among caregivers. Listening to their complaints and looking at them as they narrated their dissatisfaction, they all showed a sense of being unappreciated.

Evidence from survey data suggests low levels of trust between caregivers and management. 67% felt that employment with JBS had not influenced the way they trust management, while 33% felt it had improved their levels of trust in management.

Another factor (closely linked to the issue of communication, independence and appreciation of employee efforts) that caregivers identified as affecting the building of trust

between caregivers and their management is the manner in which problems are solved. Although most caregivers felt that they were free to contact senior management (vice president or president) with problems, one caregiver in particular expressed how grateful she was to Hartman (Vice President) for the way she handled a problem the caregiver faced at one of the JBS homes. When employees have access to management and when management attends to issues raised by employees, employees feel that their input at the job is appreciated. A feeling of appreciation brings a sense of belongingness and this encourages employees not only to stay longer in their employment but trust their managers. This is discerned from Wapaka's statement, "At one time I had a problem at the house I worked in, I phoned and told them I wanted to quit, but with the help of Hartman the problem was resolved and I am still here [in JBS]" (Interview with researcher, August 28, 2006). According to Wapaka she was having problems with the way she was being scheduled for work. The coordinator kept scheduling her for short shifts, 2 to 3 hours, when she was interested in longer shifts, like 6 to 9 hours.

I also discerned from the data that the source of motivation for work contributes to the creation of trust. JBS management believes that care giving is more than a "pay check" job. According to Hartman, caregivers should have the "love" or "heart" for the job. She believes, "it's all about the heart, if you do not have the heart you cannot do this job" (Interview with researcher, July 30, 2006). However, data presented by caregivers contradicts this line of thinking. According to caregivers, they are drawn to the organization more by the financial benefits than the love for the job. All nine part-time caregivers I interviewed made it clear they accepted part-time employment in JBS because of the better wage even though no benefits were offered. I observed that the general practice among caregivers was to work elsewhere, where there are benefits, on a full time basis and work part-time for other better paying agencies without benefits. Expressing her motivation for working part-time at JBS, Wapaka said, "The only advantage I see in working for JBS is that their wage is good, but compared to other companies, they do not have benefits" (Interview with researcher, August 28, 2007). Dickson complemented this feeling when he expressly compared JBS with the other organization he works for saying,

In JBS I work part time right now [because] they have no benefits. I do not have any problems working full time in [the other organization I work for]. They have good benefits, they have insurance, they have pension plan, and 401K they are talking about, which is good enough whenever me and my wife will retire.
(Interview with researcher, August 25, 2006)

The fact that in JBS caregivers are motivated by financial gains was also further explained by the observation that none of them showed energy or enthusiasm to talk about their involvement in social activities outside business life. All caregivers stated that they work more than one job which left them with no time for group socialization or volunteering.

Although evidence presented under Caring Home Services showed that training plays an important role in bringing people together and helping them to know each other better, caregivers in JBS had no positive experiences to share about training. There is no evidence of any efforts on the part of JBS management to organize in-home training and encourage caregivers to participate. According to some caregivers, JBS does not organize training for its

employees. Instead employees are required to attend mandatory training sessions offered through the county. This is summed up in Truman's statement, "We have training like safe medications, blood borne pathogens which are mandatory and organized by the county" (Interview with research, August 12, 2006). Thus the lack of training organized by JBS for its specific needs isolates caregivers within JBS from each other. This practice is aided by the fact that JBS draws its labor force from its competitors. Although this is cost effective for JBS, the implication is that caregivers are robbed of the opportunity to meet and interact with other JBS caregivers/employees during training sessions.

Data analysis under Caring Home Services revealed that interaction among members through annual (all-member) meetings and picnics facilitates the sharing of experiences, learning of skills, and the building of friendships. In JBS, staff (caregivers, coordinator, and/or vice president) meetings are held by managers in clients' homes. Attendance is usually low as only caregivers who will be working in the home at the time of the meeting attend. Although she worked for over 3 years in JBS, Eastwood said, "We don't have meetings in JBS. But in my other job we have monthly meetings" (Interview with researcher, August 12, 2006). Again this contrasts with the abundant opportunities worker-owners have to participate in meetings set up to resolve issues arising in homes or about the business in general. As a matter of fact, some members volunteer to coordinate some meetings. Also all members are free to bring concerns to the board of directors, observe board meetings and learn from the proceedings. In JBS caregivers do not attend strategic management meetings.

In sum, this section presented evidence that employment in JBS has not influenced trust relations among caregivers in a big way. Two factors explain this. First, the caregivers I interviewed were immigrant workers, mostly from West Africa and the Philippines. Secondly, caregivers from the same country worked in the same home (Africans were in one home and Filipinos in another). This influenced the creation of social capital in that immigrants from one country tended to interact more with each other than with immigrants from another region. Thus evidence on the building of trust among caregivers suggests that people trust other people because they have either interacted with them on the job or knew them prior to working together and/or are from the same country. On the other hand, evidence on trust between caregivers and supervisors revealed that open communication is critical in building trusting relationships. Closely linked to communication was the observation that "delegation of responsibilities" builds self-confidence among supervisors which in turn fosters the building of trusting relations with their subordinates.

Promoting community participation

Participation of employees in group business or social activities is not only important for the building of trust but also in giving people a voice in things that affect their lives. Responding to the question on how employment with JBS has influenced their participation in group or community activities, management had more positive experiences to share than caregivers. For most caregivers, employment with JBS has not changed the way they participate in community activities either as individuals or on behalf of their clients. Long serving caregivers all said their employment with JBS had in no way influenced their participation in community activities. Instead, they talked mostly of the activities they do as part of caregiving rather than what they do

in their personal life. The activities mentioned include taking their clients for lunch, shopping, walking in the park, and sometimes for picnics organized by other organizations (Eastwood, Washington, Dickson, interviews with researcher, July-August, 2006). Thus there was no evidence that caregivers volunteer or participate in community social activities outside their caregiving duties.

However for those in positions of authority within JBS, their experiences have been somewhat different. Some of the coordinators believe that JBS has empowered them to be better community residents. They stated that JBS has provided opportunities they did not have in their previous jobs and were not able to create as individuals. One coordinator who strongly feels that JBS has changed his life in many ways is Vetrone. Alluding to the fact that working for JBS gives them opportunities to interact with other people (caregivers and other officers in the home care industry), Vetrone submitted, “The door that opened up for me was a broader door, a bigger vision of meeting [interacting with] people” (Interview with researcher, August 2, 2006). With a broad smile, he added,

I am more recognized now, so when I am out in the community people notice me. So when they see me they know that I have influence other than just a caregiver. I am more recognized because I am in meetings with brokers¹⁴ and guardians. (Interview with researcher, August 2, 2006)

Hartman points out that her employment with JBS has greatly influenced the way she interacts with people especially those with disabilities. She now plays a major part in their lives as she stated,

Socially, my life consists of doing things with the developmentally disabled community. Whether it's through another agency, when they have a huge picnic and my family is invited, we go. [Other things I do are] picking up a client on a Saturday afternoon because they have nothing to do and bring them to my family reunion. [I make people part of my life] which I didn't do in the other organization I worked for. (Interview with researcher, July 30, 2006)

On the other hand, Hoerning feels that JBS has done little or nothing to influence the way he participates in group or community activities. For example, in response to the question on whether and how employment with JBS had influenced his involvement in community activities, he gave a simple response that, “No I do not think so”. If anything, Hoerning felt that JBS has taken up as much of his time as he has to be available to employees even when he is not on duty.

The consensus among caregivers is that employment with JBS has not changed the way they participate in community activities outside their care giving duties. For management, however, some believe that JBS has positively influenced their involvement in community activities. Others believe that JBS has robbed them of their social time. When compared with caregivers, it appears the responsibilities the coordinators perform are instrumental to their increased confidence and this has in turn elevated their profile in business and social circles.

¹⁴ Brokers are advocates for disabled and elderly people. They monitor the nature and quality of services given to clients by Home Care Agencies and suggest improvements.

Creating networks

Creating networks involves interacting with people. It appears that employment with JBS Placements has helped caregivers and supervisors alike to build or strengthen connections with other people. Some caregivers confirmed having developed new ties with co-workers and clients' guardians, family members or professionals outside JBS Placements.

In response to the question about how employment with JBS had helped them connect with other people, caregivers shared the view that they have strengthened ties with co-workers they already knew prior to joining JBS. They expressed that they had met people from their home countries (the Philippines and West Africa, for example) through employment with JBS Placements. Dickson's wife (from the Philippines) who works only 2 days a week in one home said "I know only people I work with in this house, and most of them I knew them before coming here" (Interview with researcher, August 12, 2006). Truman, also from the Philippines said,

I never knew any Filipino before getting here. When I joined JBS I got to know Dickson, Washington and Eastwood and that's how I kind of broaden [and strengthen] my relationship with Filipinos. Some of them tell me when there is a Filipino party and I get to meet more people. Eastwood has become like my mother, friend and mentor. It's really helpful to me. (Interview with researcher, August 12, 2006)

Describing her relationship with Truman, Eastwood also acknowledged that she considers Truman an important connection she has established through employment in JBS. Their relationship is based on mutual benefit (reciprocity) as she stated, "Truman helps a lot with my job. If I cannot work she works for me. It's just helping each other" (Interview with researcher, August 12, 2006).

In the same vein Wapaka (from West Africa) submitted that she had strengthened her connections with the other caregivers from West Africa whom she knew prior to joining the organization. She stated,

Now, I know my brother's friend better because he now works in this home too and we are from the same country. If I have any problems, for example with my children at home, and I am unable to work, these are the people I call first to cover my shift. (Interview with researcher, August 28, 2007)

As far as building connections with influential people, most caregivers talked of their immediate supervisors and to a lesser extent, management. In JBS, bridging ties for caregivers extended only to immediate supervisors or senior managers within. For example, for Wapaka, the communication she had with Hartman when she had a problem gave her an opportunity to establish a connection with management as she explicitly said, "They [management] try to help people each time we have problems....I would say Hartman [is an important connection I have established]" (Interview with researcher, August 28, 2006).

It appears the more responsible one's position is in JBS Placements, the more contact one has with the outside world as a result of employment at JBS. In explaining the important people he has connected with as a result of working for JBS, Vetrone said,

[When I was a caregiver] the only time I saw a broker was at a team meeting. Now I actually help head the meetings, I call a meeting. [Prior to joining JBS] I never set a date for a meeting. [Now] I have more communication with the brokers and guardians because I have more responsibility.... I am kind of directing the ship in a lot of ways. (Interview with researcher, August 2, 2006)

In support of Vetrone's experience, Hoerning submitted that, "the important connections I have made are with brokers. Just how many brokers I have gotten to know" (Interview with researcher, July 25, 2006). At JBS it appears that the personal networks created by managers were mostly with people already known to the owner of the organization. Hartman acknowledged that her employment with JBS has opened several opportunities for her to participate in important meetings at the county and state levels,

I have a lot of connections with people in the county and Human Services Department. I made those connections because my boss [the owner of JBS] introduced me to those people and I maintain them by just keeping the communication lines open. Some of them have become personal connections while some of them are business connections.... Without the business connections, our agency is going to fall. You know, our income comes from the County and the State.... Having personal connections in the same area helps because they can put me in the direction of what is happening. You know, one of my connections is one of the top people at the county. (Interview with researcher, July 30, 2006)

Expressing her appreciation on what JBS has done for her, Hartman smiled and said, "I never would have been able to go to those meetings other than from here (JBS)" (Interview with researcher, July 30, 2006). Participants in coalition meetings include owners of home care agencies, their representatives, county and state officials and home coordinators. Issues discussed center on the fiscal challenges faced by agencies in supporting elderly and disabled people in their homes.

In conclusion, it appears that findings from JBS substantiate in many ways observations made in Caring Home Services. First, because the cooperative is democratically controlled, strategic decisions are taken by as many people as possible through representation by the board of directors. Members believe they are equal and this affects the way they relate to each other. For example, words such as "employee", and "worker" are not in Caring Home Services members' vocabulary. Members popularly refer to themselves as "the girls", "caregivers" or "members". In contrast, the language used by JBS coordinators, "I lead", "I am in charge", which was not heard in Caring Home Services interviews, shows the power imbalance at JBS Placements. As evidenced by the existence of strong bonds among caregivers and weak ties between caregivers and supervisors in JBS Placements, it would appear that workplaces that exhibit hierarchical power structures nurture "master-servant" relationships thereby slowing

down the development of trust across hierarchical ranks. In such cases obedience may take the place of trust. Second, in Caring Home Services, it is important that members have access to information so that they can exercise their voting rights intelligently. Interestingly, JBS data also speaks to the importance of open communication in building trusting relationships among employees. Evidence from JBS caregivers and supervisors acknowledges communication as an important tool for building trust. However, because of the ownership structure, caregivers have no right of access to information about the condition of the business. Third, in Caring Home Services, ownership and participation in task forces teach members to fish, by training them to take ownership of the business, facilitating interaction and exchange of ideas and skills. This helps them to be better business owners and community members. Faced with similar problems, members are likely to resolve problems without necessarily calling for a “task committee” as they would apply the knowledge and skills acquired from participating in the committees. Conversely, employees in JBS, who are being fed fish, would continue to report issues to management, as it is not within their jurisdiction to make final decisions on important matters. Thus their confidence and ability to network with other employees remain constrained. Finally, evidence from JBS data confirms that ownership bonds workers together. Caregivers in JBS expressed that their motivation for work was the higher wage yet most Caring Home Services members, (18 of the 22 interviewees) felt that ownership made them more willing to work for the success of the business. Put simply, ownership instills the feeling that “united we stand and divided we fall” which in turn nurtures the building of trust and zeal to participate in cooperative activities.

Discussion: Cooperatives, the brewing pots for social capital creation

Broadly, this research adds to the growing body of research that explores social capital and its role in well-being (Birchall 2003, 2004; Fairbairn, 1995, Bibby and Shaw, 2005). Specifically, the research addresses an area that has received limited attention: the potential of worker-owned cooperatives in creating social capital. Thus it makes an important contribution to the literature by providing empirical evidence that illuminates the processes involved in creation of social capital in a cooperatively worker-owned business. The data revealed that worker-owned cooperatives influence the creation of social capital in a variety of ways: teaching of cooperative principles and values; training; fostering conditions that reduce the potential for member conflict or member–staff conflict; encouraging member participation in decision-making; promoting member participation in local and national business activities; volunteering; and engaging both members and their clients in social activities. All these practices contribute to fostering increased *trust, participation and network building* for the members and the business.

Cultivating trust

According to Casadesus-Masanell and Khanna (2003), a worker is trustworthy if he is expected to exert more effort than what material preferences would include. Evidence from the case study shows that it is common practice for member-owners to extend help to other members, clients and people in general beyond what money can pay for. This was not so evident in the privately owned business. It appears priceless help was shared among those members who

strongly believe in the principles and values of the cooperative. However, the interest of this study is on how Caring Home Services initiates and/or upholds trust. Evidence points to several processes.

First, the critical thing with Caring Home Services is that prior to joining the cooperative every member has to be willing to work in line with stipulated values (such as respect, honest, welcoming, dependability and transparency) and principles (such as democratic control, member economic participation, equitable distribution of profits, and open membership) or has to be willing to be educated on these values and principles. The evidence suggests that the teaching of these principles and values and the extent to which members practice them are important determinants of the processes the cooperative adopts in promoting interaction among members.

Second, the principles and values are reinforced by providing several platforms through which members interact and share their experiences. Involvement in business and social activities (annual meetings, picnics, parades and group training) help participants accumulate interpersonal skills (e.g. patience, honesty, reliability) that are valued in society and other skills (punctuality, responsibility, cleanliness) that are important in the labor market. From a business perspective, having a labor force with such skills is critical because it helps build an organization which rehabilitates rather than rejects people when they experience illness or disability. While doing business, people are put at the fore. This helps in the retention of workers which aids in the creation of trust. High labor turnover erodes any potential for employees or members to know each other in a trusting manner.

Evidence presented indicates that interaction plays a key role in the building of trust. Through interaction individuals discern the intentions of others based on past experiences, observed behavior, and/or the reputation of the person. High levels of interaction among member-owners in formal and informal meetings has not only strengthened existing trust, but has expanded the sphere of trust among themselves, between themselves and administrators, and for the organization by the community (clients, and professionals). So through teaching values and promoting interaction Caring Home Services facilitates the creation of both interpersonal and relational trust. This supports existing literature (Bryk and Schneider, 2002; Fukuyama, 1995; Putnam, 1995 a & b) that trust develops through interaction among people. This happens over time as illustrated in the data.

Third, Caring Home Services is a locally owned business. Evidence suggests that co-op members are providing care to people they knew prior to formation of the cooperative. Some are providing care to family-members, and others to neighbors. This affects the building of trust in more than one way. The fact that both the members and the clients have some prior local knowledge of each other may erode any suspicions that might hinder trust development. Case data also shows that clients get satisfaction from the existence of a local cooperatively owned home care business, which makes it possible for them to choose from a pool of caregivers provided by Caring Home Services. So the realization that help is a phone call away coupled with the ability to choose provides fertile ground for cultivating trust with caregivers. It also appears that, because of the teaching of values, members are not offended when clients choose other members instead of them. According to members this actually helps them learn from each other how best to provide quality service.

Trust is also created through the perception members have of the cooperative management and their leadership. Evidence from the study suggests management and their

leadership is critical for cultivating and sustaining trust in a cooperative. Caring Home Services members point to the critical role the Executive Director plays in cultivating trust. Her actions from the time she assumed directorship of the cooperative are particularly indicative of the ways that leaders can cultivate trust. The Executive Director practices an “open door” policy. All cooperative members are free to call her and discuss both business and/or social issues concerning them. The Executive Director pays particular attention to reducing interpersonal conflicts between members. She has also taken several steps to encourage members to take ownership of and responsibility for the business. For example, she started the mentorship program and initiated the “task committees”. This helped create trust in two ways: 1) the positive behavior by management encouraged members to be committed to the leadership and business; and 2) it facilitated member participation in business activities. This substantiates the argument advanced by Uphoff (2000) that, “certain reinforcing kinds of behaviors, especially by persons who are in positions of leadership and authority...can support structural and cognitive forms of social capital...” (p. 229). The effect of leadership attitudes is also demonstrated in the relationship of cooperative members and senior county officials. The county officials’ involvement and support, particularly during the development of the business, strengthened prospective members and laid down a foundation for the building of trust between members and professionals from the county. For example, county director participated in organizational meetings and conferences and awarded Caring Home Services the contract for home care provision in the county.

Participation

Evidence suggests that Caring Home Services facilitates member participation in business and social activities through information sharing. Information and communication form the crux of social interactions. The cooperative encourages free downward, horizontal and vertical flow of information. This is achieved through several avenues. Management or leadership communicates with cooperative members and the community through newsletters, annual reports, newspaper articles, parades and an open door policy. Members, on the other hand, communicate among themselves and with management through media such as task committees, training programs, the board of directors, visiting or phoning the offices, annual general meetings and social platforms. Evidence confirms Fairbairn, et. al.’s (1995) observation that cooperative members view their business not only as an economic entity but a social meeting point for people to talk and share experiences. This open dialogue fosters a sense of oneness, of community. Many cooperative members (for example Gately, Cole, Johnson, Diane and Bickle) seized the opportunity to develop themselves through mentorship program and also through running for board of director positions. Taking up responsibilities exposed them to more information, in particular decision-making information, which encouraged them to increase their involvement with the business. This corroborates McFarlane’s (2006) theory that knowledge builds confidence and increases participation levels. Although increased participation in activities related to the business (parades, picnics, annual meetings, training) was shown in the data, the data appears to suggest that membership in Caring Home Services has not influenced participation in religious and political activities. This could be either because most members

who participated in the study were already participating in such activities or that the skills they are gaining from the business have not yet connected them to those activities.

Closely linked to information sharing is the principle of cooperative ownership of the business. Because members jointly own the business and equitably share returns, ownership makes them more inclined to participate for the success of the business. Research participants stated that a sense of ownership is empowering. Case data demonstrates that it is through individual empowerment (access to information/knowledge, ownership) that confidence is instilled in members which set in motion a process of acquiring more information and knowledge, increasing confidence, increased participation and this ultimately results in more social capital, of both bonding and bridging nature.

Network building

Caring Home Services is a locally owned business whose members live in the community. As such they increase the circulation of money within the community. Local ownership of businesses, as suggested by Nemon (2000), helps in local wealth creation. In the process of doing their personal business (grocery, banking, and medical appointments) members also connect with other community members. Frequent and regular interaction eventually builds trust between cooperative members and community members.

Caring Home Services, as a business based on a participatory development strategy, and facilitated network building from the time of its inception. Evidence from interviews points to the fact that the co-op's association with county and state officials in its organization stages built bridges to government networks. Case study data also suggests that participation in horizontal activities such as mentorship and training sessions administered by other cooperative members resulted in bonding social capital. On the other hand, participation in vertical activities, such as national conferences and training sessions led by outside professionals made it possible for participating cooperative members to bond and also to access resources in other networks (like professionals from regional and national universities, and state politicians).

From an organizational perspective, business and social alliances help to connect members and the business to other networks. In his speech to the 10th National Cooperative Congress in Costa Rica, Levin (2001) argued that one of the greatest assets of the cooperative movement is its network of vertical and horizontal links both on the national, regional and international levels. In Caring Home Services efforts to establish these networks are starting to be evident. The cooperative has established alliances with other organizations. For example, they signed a contract with Unique Care to provide care services for the second shifts in a group home located about 50 miles from their office. The cooperative is still serving local interests whilst expanding so as to remain competitive. Caring Home Services also established social alliances with other humane organizations in the neighboring towns. A likely outcome of such business and social alliances is that both cooperative members' participation in community activities and community members' involvement are enhanced, so are networks.

In sum, it appears the three indicators of social capital feed on each other. Trust feeds on participation and vice versa. Network building grows from participation and trust. Evidence from the case study shows several factors at play in the creation of social capital (trust, participation and networks) in Caring Home Services. Factors, though interdependent, vary from

the structure of ownerships, principles and values underlying the business model, extent of information sharing, perceptions of members of their leaders, to individual member character/traits. The more conducive these are to group participation the more likely it is for social capital to be created.

Implications for development

In the face of continued debate about the effectiveness of participatory development approaches in improving well-being, this study argues for programs or strategies that are both people and place based. That is, strategies which develop both people and the places where they live. The experience of Caring Home Services supports Jensen's (2006) idea that efforts to increase socio-economic well-being must be flexible enough to be tailored to the special opportunities and challenges associated with various localities and regions. In this case, the development of Caring Home Services demonstrates a wide and flexible effort in which several parties (the county, community institutions and individuals, including cooperative members) pooled their resources to address a community need. Evidence from the case also implies that strategies or programs aimed at improving socio-economic well-being should be deep enough to take advantage of individual traits of community members. The variation in the manner with which cooperative members pursued opportunities for growth substantiates Bradshaw's (2006) notion that individuals who make "better choices" and "work hard" are more likely to improve their well-being than those who lack these traits.

As discussed in previous chapters, for the transition from an economically challenging situation to economic mainstream to happen, the social capital development in and through the business should enable members to gain skills and resources that help them participate in networks beyond their community. One way to access other resources in other networks is through business expansion. This could be achieved through geographic expansion, increased market penetration, or product differentiation. Both geographic and product expansion will provide more job opportunities and more people with whom "bridges" of trust could be built. This will increase interaction. Increased interaction builds more confidence among member-owners in themselves, their business and in dealing with other professionals. As these clusters of cooperative businesses emerge, individuals benefit from both the bonding and bridging social capital created, and eventually stronger communities are built around the nucleus of the cooperative. Regular interaction among people in organized efforts also instills the spirit of cooperation making societal operations more effective and efficient.

It is important to note that social capital is not as easily created as argued in Putnam's work (2000). In his study, Putnam identified four factors that have contributed to the decline in civic engagement and social capital in America. These are: "pressures of time and money", "suburbanization, commuting, and sprawl", "electronic entertainment" and "generational change" (Putnam, 2000, 277-8). Putnam concluded that of these four factors, general change and electronic entertainment contributed over 50% and 25% respectively in the decline of civic engagement and social capital. In my study, evidence suggests that worker-owned cooperatives create social capital. It is not, however, arguing that they can overcome structural forces such as generational change, electronic entertainment and 24/7 pressures of time and money that hinder the creation of social capital.

Conclusion and future research

This study used in-depth interviews, document analysis and survey data to explore how social capital is created in a rural worker-owned cooperative, Caring Home Services. Data was also collected from an investor-owned firm to corroborate findings from the case. The study found access to information as the central factor that ignites the process of creating social capital in Caring Home Services. From the earlier stages of developing the business, members were taught about cooperative principles and values, trained in care giving and mentorship, problem solving and how to present themselves before audiences. The knowledge and skills they acquired empowered them as demonstrated through increased confidence in business and social life. Increased confidence facilitated more participation, which in turn helped members to know other people better. So while participation leads to knowledge, knowledge empowers and leads to further participation. Through regular interaction, trust, more participation and networks are built with other members, clients, professionals and community members.

It is important to realize that the study has several limitations, ranging from the fact that it is based on one case to the composition of the research participants. In view of these limitations evidence from this study suggests several implications for further research. We view the following three as critical. Each of the areas has profound implications for the development of a theory on the role of cooperatives in the creation of social capital. First, although this study provides evidence of the process of social capital creation in Caring Home Services, it remains unclear whether the social capital creation processes identified would be specific to worker-owned cooperatives irrespective of rural-urban context, industry and the demographics of cooperative membership. In future research it is of critical importance to incorporate a large sample of worker-owned cooperatives in different industries, from both rural and urban areas and consisting of diverse memberships (gender and race in particular).

Second, the size of the organization is an important variable in the creation of social capital. Exploring the extent to which large co-operatives (Land O' Lakes for example) adhere to cooperative principles and values and how this impacts the social capital creation process would aid in establishing whether cooperatives are consistent in the way they create social capital irrespective of size.

Third, additional research that compares worker-owned cooperatives with investor-owned firms within the context of social capital creation may prove particularly useful in generating a deeper understanding of the processes involved in creating social capital. In this study, an investor-owned firm was only used as an additional source of data to substantiate findings from the case study. In order to make the case that cooperatives are unique brewing pots for social capital it is critical to compare them with other business models.

Research that would address these three areas would be important in either validating or invalidating the network-welfare transition model developed in this study. This would aid the development of a theory on the role of cooperatives and social capital creation.

APPENDIX 1: Caring Home Services Worker Members' Interview Schedule

1. Please tell me about the job you used to work prior to becoming a cooperative member?
2. Now tell me about your current job, what do you do at the cooperative and what positions have you held here at the cooperative? For example, personal care, home care, office position.
3. Tell me the story of how you became a cooperative member?
4. How did you learn about Caring Home Services?
5.
 - a) How does trust in Caring Home Services compare to trust in a private organization, when you worked for someone else?
 - b) Do you think your experience as a member of Caring Home Services has influenced how much you trust other workers or people in general?
6. Apart from financial benefits, what other benefits have you gained from being a cooperative member?
7.
 - a) What are some of the advantages/strengths you have experienced from being a member of Caring Home Services as compared with working for someone else?
 - b) What are the disadvantages/weaknesses you have experienced from being a member of Caring Home Services as compared to working for someone else?
8.
 - a) People say, cooperatives help connect people. Do you agree?
 - b) Tell me about important connections you have establishment since you joined Caring Home Services. How you established them? How have you maintained them?
9. Apart from Caring Home Services, do you belong to any other organization? How did you become a member? When? Why? For example: Parent School Groups, Church Groups, Volunteering.
10. Look back to the time before you were a member of Caring Home Services and tell me how your membership in Caring Home Services has influenced your participation in group or community activities? For example do you feel more comfortable interacting with a group of professionals?
11. Describe one community, business or social, event that you participated in since you joined Caring Home Services? With whom and why did you participate?
12. Some people think cooperatives help to develop stronger (e.g. self-sufficient, empowered, responsible) communities. Would you agree with them? Why? Can you give me some specific examples from your experience with Caring Home Services?

APPENDIX 2: Interview Schedule for Professionals in Cooperative Development, Community Development and Health Care fields who are involved with Caring Home Services

1. Please tell me about your job?
2. How did you become involved with Caring Home Services?
3. What influence, if any, would you say Caring Home Services has had on its members and their participation in community activities or other organizations? Can you give examples?
4. Have the members' feelings towards you and other professionals changed since they joined the cooperative? Can you give me specific examples?
5. What problems have you experienced in dealing with Caring Home Services members?
6. Comparing the time before and after the formation of Caring Home Services, what benefits has Caring Home Services created for its members and for the community in general?
7. Some people think cooperatives help to develop stronger communities. Would you agree with them? Why? Can you give me some specific examples from your experience with Caring Home Services?
8. If you were asked to give advice to a group of low-income people intending to establish a worker-owned cooperative, what would you tell them? Explain with reference to your experience with Caring Home Services.

APPENDIX 3: Caring Home Services Clients' Interview Schedule

1. Please tell me about the services you used to get prior to being served by Cooperative Care.
2. Now tell me about the services you are getting from Caring Home Services
3. Tell me the story of how you got to know about Caring Home Services.
4. How has your involvement with Caring Home Services changed your life?
5. Tell me about important connections you have establishment since you joined JBS. How you established them? How have you maintained them?
6. Describe one community or social event that you participated in since you joined Caring Home Services started serving you
7. Some people think cooperatives help to develop stronger (e.g. self-sufficient, empowered, responsible) communities. Would you agree with them? Why? Can you give me some specific examples from your experience with Caring Home Services?

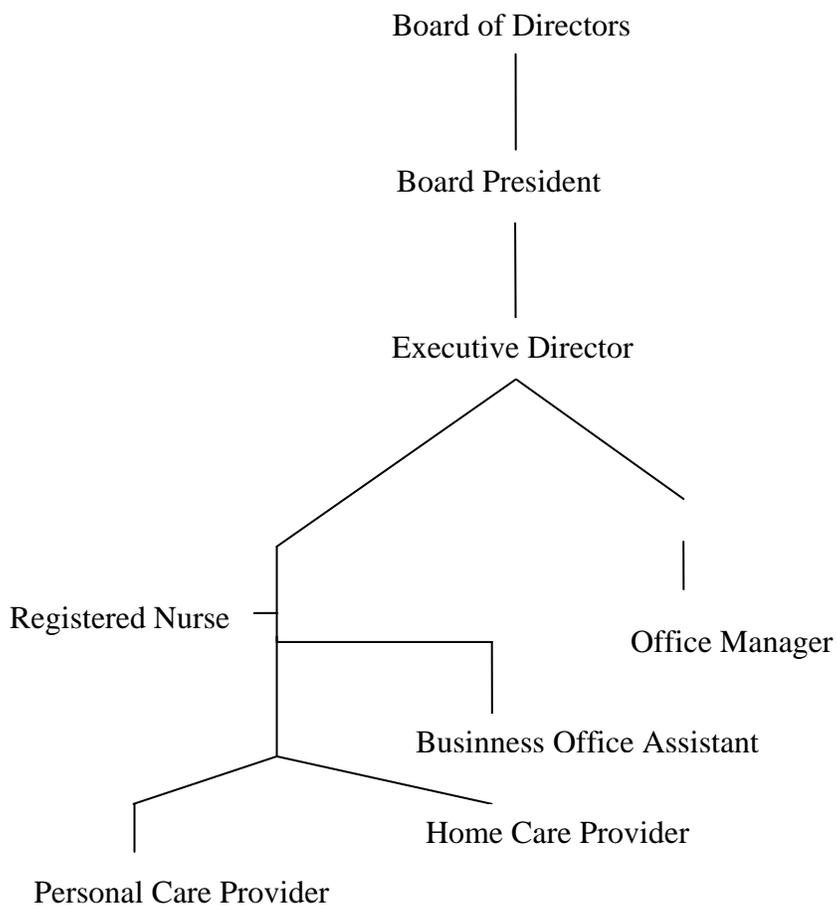
APPENDIX 4: JBS Management and Employees' Interview Schedule

1. Please tell me about the job you used to work prior to joining JBS
2. Now tell me about your job, what do you do at JBS and what other positions you have held in the organization?
3. Tell me the story of how you became an employee of JBS. How did you learn about JBS?
4. Do you think your experience as an employee of JBS has influenced how much you trust other workers or people in general?
5. Apart from financial benefits, what other benefits have you gained from being an employee of JBS?
6.
 - a) What are some of the advantages/strengths you have experienced from being an employee of JBS as compared with your previous job?
 - b) What are the disadvantages/weaknesses you have experienced from being an employee of JBS as compared with your previous job?
7. Tell me about important connections you have establishment since you joined JBS. How you established them? How have you maintained them?
8. Apart from JBS, do you belong to any other organization? How did you become a member? When? Why? For example: Parent School Groups, Church Groups, Volunteering.
9. Look back to the time before you were an employee of JBS and tell me how your employment with JBS has influenced your participation in group or community activities?
10. Describe one community, business or social, event that you participated in since you started working for JBS. With whom and why did you participate?
11. If JBS were to give all the employees the choice of taking over the company and turn it into a worker-owned cooperative, would you join the cooperatives? Why?

APPENDIX 5: JBS Placements Clients' Interview Schedule

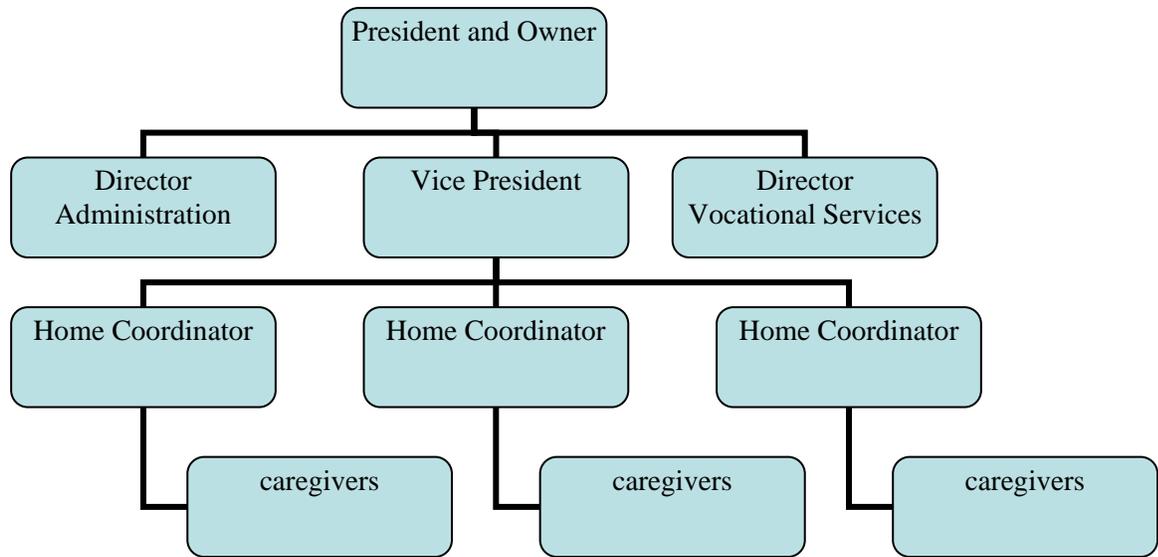
1. Please tell me about the services you used to get prior to being served by JBS Placements.
2. Now tell me about the services you are getting from JBS Placements.
3. Tell me the story of how you got to know about JBS Placements.
4. How has your involvement with JBS Placements changed your life?
5. Describe one community or social event that you participated in since you joined Caring Home Services started serving you.

APPENDIX 6: Caring Home Services Organizational Structure



Source: Caring Home Services

APPENDIX 7: Organizational Chart, JBS Placements



APPENDIX 8: Caring Home Services Values

Equity: We are all equals. No one of us is better than the other in inherent worth. Our deep seated belief in this is the basis for our being able to respect each other even through bad times.

Respect: Each and every person deserves respect. We will not point fingers and blame. We will not gossip or bad mouth. We will not belittle or criticize. We will work to resolve differences through orderly and mature means.

Listening: Every person has a right to be heard. We will listen even when we disagree.

Fairness: We will try to take into consideration all the issues affecting each circumstance or member. Being as fair as we can be with resources makes the cooperatives stronger.

Consideration: We will consider other' feelings, time situation, and gifts as we do our work and interact as cooperative members.

Thoughtfulness: We will not jump to conclusions before we know the facts. We will try to consider the other sides of an issue. We will be thoughtful in our work and interactions.

Welcoming: New members are the lifeblood of the future. Users of our services are why we exist. Open hearts build positive, strong relationships. We welcome new members, new users, and all visitors.

Professionalism: We are a business. People buy our services. We show pride in our ownership in the cooperative by our professional interactions and appearance.

Determination: It is hard to stay the course sometimes, but we are determined to give high quality service to people who need assistance and we are determined to do what it takes to make our services the best even if this means sometimes making ourselves uncomfortable.

Openness: we remain open to examining what is good about our care and services and what needs improving. We will improve only if we are open to examining ourselves and our roles in making positive change.

Generosity: Members of the cooperative share a value of forgiveness. They believe that their generosity is of the heart. This means members are expected to accept that they each have their weaknesses and faults. The acceptance of their own weaknesses makes them able to accept the weaknesses and faults of others. This generosity allows them to forgive others and themselves.

Responsibility: We are responsible to the users, to ourselves, and to each other. This responsibility means we can depend on each other and that we act in ways that demonstrate our understanding of this responsibility.

Source: Caring Home Services Values flyer, 2006

REFERENCES

- Aarstad, J., & Haugland, S.A. (2006). Performance Spillover Effects in Entrepreneurial Networks: Assessing a Dyadic Theory of Social Capital. Norwegian School of Economics and Business Administration. Norway.
- Barret, L. (2004). Care Giving in the United States. Research Paper. National Alliance for Caregiving and AARP.
- Barry, B. (1998). Social Exclusion, Social Isolation and the Distribution of Income mimeo, STICERD, London School of Economics, Center for Analysis of Social Exclusion Discussion Paper: CASE/12.
- Bendrick, M. Jr., & Egan, M.L. (1995). Worker Ownership and Participation Enhances Economic Development in Low-Opportunity Communities. *Journal of Community Practice, Vol. 2*(1), 61-85. The Haworth Press.
- Bergen, A., & While, A. (2000). A case for case studies: explaining the use of case study design in community nursing research. *Journal of Advanced Nursing, 31*(4), 926-934. Blackwell Science Ltd.
- Bibby, A., & Shaw, L. (2005). Making a Difference: Cooperative Solution to global poverty. Manchester Cooperative College.
- Birchall, J. (2003). Rediscovering the cooperative advantage: poverty reduction through self-help. International Labor Organization. Geneva.
- Birchall, J. (2004). Cooperatives and the Millenium Development Goals. Cooperative Branch and Policy Integration Department. International Labour Office. Geneva.
- Bodenheimer, T., Wagner, E.H., & Grumbach, K. (2002). Improving care for patients with chronic illness: The chronic care model, Part 2. *Journal of the American Medical Association 288*, 1909-1914.
- Bourdieu, P. (1986). The forms of social capital. In J.G. Richardson (Ed.), *Handbook of theory and research for the sociology of Education* (pp. 241-258). New York: Greenwood.
- Bradshaw, T. (2006). Theories of Poverty and Antipoverty Programs in Community Development. *Perspectives on Poverty, Policy & Place, 3*(4), Winter 2006. Retrieved from <http://www.rprconline.org/Perspectives/Perspectivesvol3n4.pdf>, Rural Policy Research Institute.

- Brennan, M.A., & Luloff, A.E. (2005). A Cooperative Approach to Rural Development in Ireland: Cultural Artifacts and the Irish Diaspora as an Example. *Journal of International Agricultural and Extension Education*.
- Brockner, J., & Siegel, P. (1996). Understanding the interaction between procedural and distributive justice: the role of trust. In R.M. Kramer and T.R Tyler (Eds), *Trust in organizations: Frontiers of theory and research*. Thousand Oaks. CA, Sage.
- Bromley, D.B. (1986). *The Case-Study Method in Psychology and Related Disciplines*. New York: John Wiley & Sons.
- Brown, E., & Ferris J.M., (2001). Social Capital in Los Angeles: Findings from the social capital community benchmark survey. University of Southern California. Ca.
- Brown, J., and Quarter, J. (1994). Resistance to Change: the influence of Social Networks on the Conversion of a Privately-owned Unionized Business to a Worker Cooperative. *Economic and Industrial Democracy*, Vol. 15. pp 259-282. SAGE. Thousand Oaks.
- Bryk, A., & Schneider, B. (2002). *Trust in schools: A core resource for improvement*. New York: Russell Sage Foundation.
- Bullen, P., and Onyx, J. (1998). Measuring Social Capital in Five Communities in NSW in Australia, Center, *CACOM Working paper Series* No. 41. University of Technology, Sydney.
- Casadesus-Masanell, R., & Khanna, T. (2003). Globalization and Trust: Theory and Evidence from Cooperatives. Working Paper 592. William Davidson Institute. Michigan.
- Chambers, R. (1997). *Rural Development: Putting the First Last*. Intermediate Technology Publications. London. UK.
- Coleman, J.S. (1988). Social Capital in the creation of human capital. *American Journal of Sociology*, 94 (Suppl.) S95-S120.
- Coleman, J.S. (1990). *Foundations of social theory*. Cambridge, MA: Harvard University Press
- Connell, J., Lynch C., & Waring, P. (2001). Constraints, Compromises and Choices: Comparing Three Qualitative Research Studies. *The Qualitative Report* 6(4) retrieved July 8, 2005 from <http://www.nova.edu/ssss/QR/QR6-4/connell.html>
- Caring Home Services Newsletter. *Cooperative Notes* 5,7,8,9. Caring Home Services.

- Credit Union National Association (2005). *The Story of the Credit Union Movement: People, Not Profit*. 4th Edition. Center for Professional Development. Madison. Wisconsin.
- Cropp, R., & Zeuli, K (2004). *Co-operatives: principles and practices in the 21st century*. University of Wisconsin-Extension.
- Crosthwaite, J., MacLeod, N., & Malcolm, B. (1997). Case Studies: theory and practice in natural resource management. In Vanclay, F. and Mesiti, L (eds): *Sustainability and Social Research*. Wagga Wagga: Center for Rural Social Research. Charles Sturt University.
- Dawson, S.L., & Surpin, R. (2001). Direct-care Healthcare Worker: You Get What You Pay For. *Generations*, 25(1): 23-28.
- Debraj, R. (1998). *Development Economics*. Princeton University Press.
- DeFilippis, J. (2001). The Myth of social capital in community development. *Housing Policy Debate*, 12(4), 781-806
- Denzin, N.K., & Lincoln, Y.S. (1998). *Collecting and Interpreting Qualitative Materials*. SAGE Publications. Thousand Oaks. London.
- DeNavas-Walt, C., Proctor, B.D., & Lee, C.H. (2006). *Income, Poverty and Health Insurance Coverage in the United States: 2005*. Current Populations Reports. U.S. Department of Commerce. U.S. Census Bureau.
- Dershem, L. & Gzirishvili, D. (1998). Informal social support networks and household vulnerability: Empirical findings from Georgia. *World Development* 26, 1827-1838.
- De Vaus, D.A. (2001). *Research design in social research*. Thousand Oaks. California. SAGE.
- Dominguez, S., & Watkins, C. (2003). Creating Networks for Survival and Mobility: Social Capital Among African-American and Latin-American Low-income mothers. *Social Problems*, 50(1), 111-135. University of California Press.
- Dresser, L., Lange, D. & Sirkus, A. (1999). *Improving Retention of Frontline Caregivers in Dane County*. Madison, Wisconsin: Center on Wisconsin Strategy.
- Ehrenberg, R.G., & Smith, R.S. (2000). *Modern Labor Economics: theory and public policy*. Addison Wesley Longman. New York.

- Fafchamps, M., & Minten, B.(1999). Social capital and the firm: Evidence from Agricultural Traders. *Social Capital Initiative Working Paper 17*. The World Bank. Retrieved August 3, 2005 from <http://siteresources.worldbank.org/INTSOCIALCAPITAL/Resources/Social-Capital-Initiative-Working-Paper-Series/SCI-WPS-17.pdf>
- Fairbairn, B., J., Bold, M., Fulton, L., Ketilson, H., & Ish, D. (1995). Co-operatives and Community Development, Saskatchewan, Saskatchewan: University of Saskatchewan.
- Fukuyama, F. (2001). Social capital, civic society and development. *Third World Quarterly*, 22(1). Taylor and Francis Group. New York.
- Fukuyama, F. (1995). Trust: the social virtues and the creation of prosperity. Hamish Hamilton. London.
- Gates, J.R. (1998). The Ownership Solution. Reading, MA: Addison-Wesley.
- Gittell, R.J., & Thompson, J.P. (1999). Making Social Capital Work: Blending Social Capital and Other Community Assets in Community Economic Development. Paper presented at the Conference on Social Capital and Poor Communities: Building and Using Social assets to Combat Poverty.
- Glaeser, E.L. (2001). The formation of Social Capital. National Bureau of Economic Research. *Isuma* 2(1).
- Glaser, B., & Strauss, A. (1967). The Discovery of Grounded Theory. Chicago: Aldine.
- Glesne, C. (1999). Becoming Qualitative Researchers: An Introduction. Longman. NY
- Gottschalk, L. (1968). Understanding History: A Primer of Historical Method. New York: Alfred A. Knopf.
- Green, G.P., Tigges, L.M., & Browne, I.(1995). Social Resources, job search and poverty in Atlanta. JAI Press. *Research Community Sociology*, 5, 161-182.
- Green, G.P., & Haines, A. (2002). Asset building& community development. Thousand Oaks. California. Sage Publications.
- Greene, A., Hawes, C., Wood, M., & Woodsong, C. (1998). How do family Members Define Quality in Assisted Living Facilities? *Generations* 21(4), 34-36.

- Grootaert, C., Narayan D., Jones V.N., & Woolcock M. (2003). *Measuring Social Capital: An Integrated Questionnaire*. The World Bank. Washington D.C.
- Grootaert, C., & Van Bastelaer, T. (2001). Understanding and measuring social capital: A Synthesis of findings and recommendations from the social capital initiative. *Social Capital Initiative Working Paper 24*. Retrieved on August 4, 2005 from <http://siteresources.worldbank.org/INTSOCIALCAPITAL/Resources/Social-Capital-Initiative-Working-Paper-Series/SCI-WPS-24.pdf>
- Guba, E.G and Y.S. Lincoln (1983). *Effective Evaluation*. Jossey-Bass Publishers. San Francisco.
- Haggerty, M.C., Stockdale-Woolley, R., & Nair, S. (1991). Resi-Care: An Innovative Home Care Program for the Patient with chronic obstructive Pulmonary Disease. *Chest*, 3, 607-612.
- Hansen, G.B., Coontz, E.K., & Malan, A. (1997). *Steps to Starting a Worker co-op*. An information booklet provided by the Northwest Cooperative Federation & the Center for Cooperatives, University of California.
- Haynes, C. Jr., & Nembhard, G.J. (1999). *Cooperative economics-A community revitalization strategy*. Readings in *Black Political Economy*. Kendall/Hunt Publishing Company. Iowa.
- Hoyt, A. (2004). *Consumer Ownership in Capitalist Economies: Approaches of Theory to Consumer Cooperation*. In *Co-operative and Local Development* by Merret and Walzer (Eds.)
- Howard, M.W. (2004). *Worker-Controlled Workplaces*. *Humanity and Society*, 28(3).
- Hughes, S.L., Cummings J., Weaver, F., Braun, B., & Conrad, K. (1992). A Randomized Trial of the Cost Effectiveness of VA Hospital-based Home Care for the Terminally ill. *Health Services Research*, 6, 801-817.
- Hunter, D.J. (1996). The changing roles of health care personnel in health and health care management. *Social Science and Medicine*, 43(5), 799-808.
- Huysamen, G.K. (1997). Parallels Between Qualitative Research and Sequentially Performed Quantitative Research. *South African Journal of Psychology*, 27,1-18.
- International Cooperative Alliance (1995). *Statement on Cooperative Identity*. Report to the 31st Congress Manchester, in *Review of International Cooperation*, 88.3.

- International Labour Office (2000). Promotion of Cooperatives: Report V(1). International Labour Conference, 89th Session. Geneva.
- Jarret R.L., Sullivan P.J, & Watkins, N.D. (2005) Developing Social Capital through participation in organized youth programs: qualitative insights from three programs. *Journal of Community Psychology*, 33(1): 41-55. Wiley Periodicals.
- Jennings, R. (2000). Participatory Development as New Paradim: The Transition of Development Professionalism. Prepared for the “Community Based Reintegration and Rehabilitation in Post-Conflict Settings” Conference. Washington DC.
- Jensen, L. (2006). At the Razor’s Edge: Building Hope for America’s Rural Poor. *Rural Sociological Society* 1(1). Missouri.
- John, D., & MacArthur C.T (2000). Social Capital. Research Network on Socioeconomic Status and Health.
- Kawachi, I., Kennedy, B.P, Lochner, K., & Prothrow-Stith, D. (1997). Social Capital, income inequality and mortality. *American Journal of Public Health*. 87 (9):1491-1498
- Kerlinger, F.N., & Lee, H.B. (2000). Foundations of behavioral research, 4th Edition. Fort Worth: Harcourt Brace.
- Khan, M.H. (2001). Rural Poverty in Developing Countries: Implications for Public Policy. International Monetary Fund.
- Knack, S. (1999). Social Capital, Growth And Poverty: A Survey of Cross-Country Evidence. *Social Capital Initiative Working paper no. 7*. The World Bank.
- Knack, S. & Keefer, P. (1997). Does Social Capital have an Economic Payoff? A Cross-Country Investigation. *The Quarterly Journal of Economics*, 112 (4), 1251-1288.
- Kornowski, R., Zeeli, D., Averburch, M., & Finkelstein A. (1995). Intensive Homecare Surveillance Prevents Hospitalization and Improved Morbidity Rates Among Elderly Patients with severe congestive Heart Failure. *American Heart Journal* no. 4, 762-766.
- Krishna, A., & Shrader, E. (2000). Cross-cultural measures of social capital: A tool and results from India and Panama. *The World Bank Social Capital Initiative Working Paper no. 21*.
- Larsen, S.R. (2000). Better staffing: Retention is the key. Assisted Living, November 2000: 46-47.

- Levine, C., Albert, S.M., Hokenstad, A., Halper, D., & Hart, A. (2006). This Case is Closed: Family Caregivers and the Termination of Home Health Care Services for Stroke Patients. *The Milbank Quarterly*, 84(2), 305-331.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage publications.
- Lord, A., & Meller, M. (1996). Women and the Cooperative Provision of Care: The example of the “Fukushi Club” in Japan. *Economic and Industrial Democracy*, 17, 199-220, Sage. Thousand Oaks.
- Lorendahl, B. (1996). New Cooperatives and Local Development: A Study of Six Cases in Jamtland, Sweden. *Journal of Rural Studies*, 12(2), 143-150
- Mandane, M. (2002). Cooperative Rejuvenation Through Self-help Groups and Other Alternatives. *Review of International Cooperation*. 95(1), 104-114.
- McClellan, M.B., Saving, T.R., Palmer, J.L., Snow, J.W. & Chao, E.L (2006). Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. Washington D.C.
- McCulloch, H., & Robinson, L.(2001). Sharing Wealth: Resident Ownership Mechanisms. A Policy Link Report. *Policy Link*. Oakland. California.
- Mechanic, D. (1996). Changing medical organization and the erosion of trust. *The Milbank Quarterly*, 74(2), 171-189.
- Mechanic, D. (1998). Public trust and initiatives for new health care partnerships. *The Milbank Quarterly*, 76(2), 281-302.
- Miles, N., Hudson, R., Tully, J., Robinson, F., & Rotheroe, N. (2005). Social Capital and Economic Development in the North East of England: Promoting Economic Inclusion through Community Based Programmes and Projects. Durham University. U.K.
- Narayan, D.(1997). Voices of the poor: Poverty and Social Capital in Tanzania. *Environmentally and Socially Sustainable Studies and Monographs Series No. 20*. World Bank. Washington D.C.
- Narayan, D. and Nyamwaya, D. (1996). Learning from the Poor: A Participatory Poverty Assessment in Kenya. *Environment Department Papers*, Participation Series 34. World Bank, Social Policy and Resettlement Division, Washington, D.C.
- Nembhard, G.J. (2000). Community Economic Development: Alternative Visions for the 21st Century. *Black Political Economy*. Kendall/Hunt Publishing Company. Iowa.

- Nembhard, G.J. (2002). Cooperatives and Wealth Accumulation: Preliminary Analysis. *Asset Accumulation in African-American Communities*, 92(2).
- Nembhard, G.J., & Haynes, C. Jr. (2003). Networked Cooperative Economic Development: Mondragon as a Model for African-American Urban Revitalization. *Afro-American Studies and Democracy Collaborative*. University of Maryland.
- Nemon, H. (2000). Community Economic Development in Distressed Urban Neighborhoods: A Case Study of the Philadelphia Empowerment Zone. *Dissertation*. University of Pennsylvania.
- Neuman, L. (2003). Class Reading, Chapter 8, Qualitative and Quantitative Sampling.
- Pigott, H.E., & Trott, L. (1993). Translating Research into Practice: The Implementation of an In-home Crisis Intervention Triage and Treatment Service in the Private Sector. *American Journal of Health Quality*, no. 3, 138-144.
- Putnam, R.D. (1995a). Bowling Alone: America's declining social capital. *Journal of Democracy*, 6(1) 65-78.
- Putnam, R.D. (1995b)). Tuning in, tuning out: The strange disappearance of social capital in America. *PS: Political Science & Politics*, 28, 664-683.
- Putnam, R.D. (2000). Bowling Alone: the collapse and revival of American community. Simon and Schuster. New York.
- Robson, C. (2002). Real World Research. A Resource for Social Scientists and Practitioner-Researchers. Blackwell Publications. USA.
- Rose, R. (1999). What Does Social Capital Add to Individual Welfare? An Empirical Analysis of Russia. *Social Capital Initiative Working paper No. 15*. The World Bank.
- Rubin, H.J., & Rubin, I.S. (1995). Qualitative Interviewing: The Art of Hearing Data. Thousand Oaks: Sage Publications.
- Rugg, A.V. (1983). Children of Misfortune: One Hundred Years of Public Care for People With Mental Retardation in Wisconsin, 1871-1971. *The Wisconsin Council on Developmental Disabilities*, Madison Wisconsin.
- Sager, M., & Wisconsin Alzheimer's Institute. (2002). Long Term care Symposium.

- Saegert, S., & Winkel, G. (1998). Social Capital and the Revitalization of New York City's Distressed Inner-city Housing. *Housing Policy Debate*. 9 (1) Fannie Mae Foundation.
- Sen, A. (1985). Well-being, agency and freedom: the Dewey lectures. *Journal of Philosophy*, 82(4): 169-221
- Shaffer, R., Deller, S., & Marcouiller, D. (2004). *Community Economics: Linking Theory and Practice*. 2nd Edition. Iowa State Press.
- Seipel, M.F., & Heffernan, W.D. (1997). Cooperatives in a Changing Global Food System. United States Department of Agriculture. *Research Report 157*. University of Missouri-Columbia.
- Shapiro, T.M. (2001). The Importance Of Assets. In *Assets for the Poor: The Benefits of Spreading Asset Ownership*. The Ford Foundation Series on Asset Building. Russel Sage Foundation. New York.
- Sherraden, M. (2001). Asset-Building Policy And Programs For The Poor. In "Assets for the Poor: The Benefits of Spreading Asset Ownership". The Ford Foundation Series on Asset Building. Russel Sage Foundation. New York
- Sherraden, M. (1991). *Assets and the Poor. A New American Welfare Policy*. M.E. Sharpe. New York.
- Shortall, S. (2004). Social or Economic Goals, Civic Inclusion or Exclusion? An Analysis of Rural Development Theory and Practice. *Sociologia Ruralis*. 44(1). European Society for Rural Sociology. Blackwell Publishing. UK
- Shuman, M. (2000). *Going Local: Creating self-reliant communities in a global age*. The Free Press. New York.
- Smith, S.C. (1997). *Case Studies in Economic Development*. Addison-Wesley Longman. New York.
- SMS Research (2001). *Hawaii Social Capital Benchmark Survey, 2000*. Honolulu. Hawaii
- Stake, R.E. (1995). *The Art of Case Study Research*. Sage, Thousand Oaks, California.
- Stone, W. (2001). Measuring social capital: Towards a theoretically informed measurement framework for researching social capital in family and community life. *Research Paper no. 24*. Australian Institute of Family Studies. Melbourne. Australia.
- Sudman, S. & Bradburn, N.M. (1982). *Asking questions*. SanFrancisco: Jossey-Bass.

- Taylor-Powell, E. & Renner, M. (2003). *Analyzing Qualitative Data*. Program Development and Evaluation. UW-extension. Cooperative Extension, Madison WI.
- Tendler, J. (1997). *Good government in the tropics*. Baltimore: The John Hopkins Press.
- Torgerson, R.E., Reynolds, B.J., & Gray, T.(1997). Evolution of cooperative thought, theory and purpose. Presentation: Conference on Cooperatives: their importance in the Future of the Food and Agricultural System," Food and Agricultural Marketing Consortium, Las Vegas.
- Twenge, J.M. (2000). The age of anxiety? Birth cohort change in anxiety and neuroticism. *Journal of personality and social psychology*, 79, 1007-1021. American Psychological Association.
- United Nations (1995). World Summit for Social Development in Copenhagen,. Department of Economic and Social Affairs.
- United Nations (1995). 4th World Women's Conference: Action for Equality, Development and Peace held in Beijing, China. Division for the Advancement of Women. Department of Economic and Social Affairs.
- United Nations (1996). Habitat II: Conference on Human Settlements held in Istanbul. Turkey.
- United Nations (1996). World Food Summit, held in Rome, Italy.
- United Nations Development Program (1999). SURF-AS Report. Participatory Development.
- United Nations Development Program (1996). Zimbabwe: Dancing with the people to the song that the people have chosen. Participatory Development Center for Poverty Reduction.
- United Nations Development Program (1990). Human Development Report. Oxford University Press: Oxford.
- Unpublished documents:
- Congressional Research Briefing: Rural Dimensions of Welfare Reform. Joint Center for Poverty Research (June 2000).
- Caring Home Services: Serving Elders and Empowering their Caregivers. . Provided by Travis¹⁵. USDA Rural Development (2003)
- Caring Home Services: Confidential report from a Kennedy School scholar after a 3 day

¹⁵ For confidentiality purposes, a pseudonym was used.

visit to Caring Home Services. Provided by Travis, USDA Rural Development (2004)

Caring Home Services: A History of Caring Home Services. Narratives compiled from monthly reports submitted to the USDA national office about cooperative development activity. Provided by Travis, USDA Rural Development (2006)

Caring Home Services: By Laws. Provided by President.

Fairbairn, B. (2006). The Cultivation of Civility: The Role of Cooperatives in Building Social Cohesion. Abstract of a Paper presented on the “Cooperatives and the Pursuit of Peace” held in Victoria, B.C.

Tarbox⁴⁶, D. (2002) Essay written for submission to Harvard Innovations in American Government Award.

Levin, M. (2001). The Role of Cooperatives in Providing Local Answers to Globalization. Keynote Speech to the 10th National Cooperative Congress held in Costa Rica.

National Cooperative Business Association. Paper on the CLUSA Approach. Provided by Ann Hoyt (2004)

Novkovic, S. (2005). Cooperatives and Globalization: Toward a New Model of Global Economy.

United Nations General Assembly (2005). Cooperatives in Social Development.

Whitaker, J. (2001) Preventing a “Revolving Door” Workforce: Lessons from the Literature. Wisconsin Department of Health and Family Services.

Zeuli, K. (2005) Co-operatives in Rural Community Development: A New Framework for Analysis. Provided by K. Zeuli, UW-Madison. Wisconsin.

Watson-Boone, R.A. (1995). A Qualitative Study of how Librarians at a Public Research -1 University Envision Their Work and Work Lives. Dissertation. University of Wisconsin-Madison. Wisconsin.

Whitaker, J. (2003). Seeking compassionate women: The crisis in low-wage health care work. Dissertation. University of Wisconsin-Madison. Wisconsin.

Whitaker, J., Schneider, S. & Travis, M. (2005). Home Care Cooperative: worker ownership in focus. Wisconsin Long Term Care Workforce Alliance.

- Wisconsin Coalition for Advocacy Newsletter (1981). 1(2).
- Wisconsin Mental Retardation and Implementation Program, *The Quiet Revolution* (1967).
- Woolcock, M., & Narayan, D. (2000). Social Capital: Implications for Development Theory, research and Policy. *World Bank Research Observer* 15(2).
- Wright, B. (2005). Direct Care Workers in Long-Term Care. AARO Public Policy Institute. <http://www.aarp.org> accessed October 20, 2006.
- Yin, R.K. (1994). Case Study Research: Design and Methods. *Applied Social Research Methods Series Vol. 5*. SAGE Publications. Thousand Oaks. California.
- Zeuli, K. (2004). The Evolution of the Cooperative Model. In *Cooperatives and Local Development: theory and applications for the 21st Century*. M.E. Sharpe. New York.
- Zeuli, K., Freshwater, D., Markley, D. & Barley, D. (2003). Non-agricultural Cooperatives in Rural Areas: 14 case studies. *Case Study Series no. 1*. University of Wisconsin-Extension.