EMPOWERMENT THROUGH CO-OPERATION:
DISABILITY INCLUSION VIA MULTI-STAKEHOLDER
CO-OPERATIVE DEVELOPMENT

A Thesis Submitted to the
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Abstract

The disability community is one of the largest minority groups vulnerable to social exclusion and marginalization, too often forced into poverty, unemployment and social isolation through dependence on the state. This is the result of systemic discrimination, and is being challenged by the social model of disability which frames disability as a political creation: it proposes that barriers, prejudice, and exclusion created by society (purposely or inadvertently) are the ultimate factors defining disability. The social model empowers people with disabilities to dismantle barriers so they have choice, flexibility, and control to gain the dignity, autonomy, equality, and solidarity associated with human rights and citizenship, and calls for research that takes an emancipatory approach and has a political commitment to confront oppression and exclusion. This interdisciplinary Master’s thesis looks at the ways co-operatives can be vehicles for inclusion and empowerment for the disability community. It looks particularly at the multi-stakeholder model of co-operative, which is especially promising for the empowerment of the disability community as it brings together different member categories in an appropriate form of interdependence. My research uses case study methodology to explore how socially constructed barriers are the impairment to development in the disability community and to identify successes where informal multi-stakeholder co-operatives have been used to empower people with disabilities through analysis on four dimensions: how consumer-controlled the co-op is, use of multi-stakeholder alliances, promotion of the social model of disability, and ability to promote economic inclusion and social solidarity. The disability community needs new opportunities for empowerment and community development to overcome disadvantage and marginalization, and this thesis explores the potential of multi-stakeholder co-operatives, vis-à-vis the social model of disability, to do this. This research will help shape policies needed to foster social inclusion to empower people with disabilities and build disability solidarity through co-operative development.
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Understanding the complexities and possibilities of both the disability and co-operative movements can only be fully understood by creating an interdisciplinary approach. I would also like to thank the rest of my advisory committee, including Lou Hammond Ketilson, Director of the Centre for the Study of Co-operatives (CSC), Michael Gertler, Department of Sociology and CSC, and Louise Clark, Edwards School of Business and university co-director of the Community-University Institute for Social Research (CUISR). This was truly an interdisciplinary team.

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I’ve always looked for ways to combine my academic interests with more practical matters. For instance, I graduated from the University of Saskatchewan with a BA Honours in psychology in 2002, while employed as the Community Housing Coordinator at the North Saskatchewan Independent Living Centre (NSILC). NSILC is a community-based, non-profit cross-disability\(^1\) community organization that encourages people with disabilities, also known as consumers\(^2\), to develop the tools necessary to foster independence. My position involved a lot of contact with the community, but also provided a number of opportunities for research and development. I acquired an expertise in affordable and accessible housing through both a graduate-level practicum in applied social psychology and a research internship conducting a needs assessment on affordable, accessible housing with NSILC and the Community-University Institute for Social Research.

\(^1\) This means it is inclusive of all types of disabilities. NSILC supports individuals with any type of disability including, but not limited to, those with invisible, mobility, mental health, sensory, intellectual, and multiple disabilities.

\(^2\) This refers to any direct user of a disability services. It is used to avoid the labels of “client” or “patient.” For many people with disabilities, the word consumer is an empowering one, reflecting the individual’s right to make informed decisions regarding their best interests. In disability community organizations, the word consumer also emphasizes shared experiences, regardless of the form of disability.
During this period I led the creation of a housing co-op for people with disabilities, the Saskatoon Independent Living Co-operative (SILC). Recognizing the potential that the co-operative model has for empowering people with disabilities, SILC intended to allow them to have a chance at home ownership. I worked to incorporate SILC, recruited members, and developed a number of proposals for potential housing projects backed by several levels of government and the community.

SILC’s biggest achievement was an intangible one. SILC used an informal\(^3\) multi-stakeholder co-operative model that brought professionals with various backgrounds together with people with disabilities as partners, and empowered and educated those involved on how diverse people could co-operate. Unfortunately, after a five-year lifespan, SILC’s momentum was lost. This was due to a myriad of reasons including a lack of government legislation and policy to facilitate and support the co-op's multi-stakeholder model, a failure of policy and program support among different levels of government, insufficient financial resources, and time and energy constraints on members.

My experience with SILC inspired this interdisciplinary Master’s thesis through the Centre for the Study of Co-operatives at the University of Saskatchewan. I look at the marginalized disability community and recognize the potential of co-operatives to empower\(^4\) people with disabilities both socially and economically. Given my pivotal role in the development of SILC, I have a unique opportunity to present the ways co-operatives can be vehicles for the empowerment in the disability community. My research frames involvement of

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\(^3\) This means that although SILC was not legally incorporated as a multi-stakeholder co-operative, it operated as though it were.

\(^4\) For people with disabilities, empowerment is a process of obtaining basic economic and social opportunities; it is defined as: “A multilevel construct that involves people assuming control and mastery over their lives in the context of their social and political environment; they gain a sense of control and purposefulness to exert political power as they participate in the democratic life of their community for social change” (Wallerstein 1992: 198, in Develtere 1992).
the disability community in Canada’s social economy in a language of empowerment, equality, and inclusion, and contributes to the literature in many areas including disability studies, community economic development, co-operative studies, social cohesion, and social capital.

Forming a co-operative is an empowerment strategy used by the disability community, as co-operatives have proven to be effective responses to the exclusion issues facing other marginalized communities. A multi-stakeholder co-operative model, in particular, holds the ability to empower the disability community while addressing its need for interdependence. My thesis explores this, and explains why this model could be used more in the future to counter disadvantage and marginalization. The disability community needs new opportunities for empowerment and for economic and social development, and this thesis explores the potential of multi-stakeholder co-operatives to provide such opportunities.
Participation is vital for empowerment and social inclusion of any community. The disability community is one of the largest minority groups vulnerable to social exclusion and marginalization in Canada. Forced to confront social, economic, and cultural challenges including growing unemployment, poverty, homelessness, and political disempowerment, this community faces numerous difficulties in addressing the structural and institutional barriers to participation within the community and beyond. It faces obstacles to developing leadership capacity, enhancing social capital, and forging solutions that can fundamentally transform its circumstances in order to improve quality of life (Van Houten and Jacobs 2005). Simply stated, this community is excluded from full participation in the benefits of society (Toye and Infanti 2004).

Who makes up the disability community? There are many ways to define community, but for this thesis, the disability community is made up only of people who self-identify as having a disability. The disability community is heterogeneous, as there are sub-groups made up of black and/or Asian people with disabilities, gay, lesbian, bisexual, and transgendered people with disabilities, for women with disabilities, and so on, but they all have this in common: they are
people with disabilities. The broader grouping of people with disabilities and their non-disabled allies make up the disability movement, which is discussed in Chapter Two.

As a result of historical and ongoing devaluation, society marginalizes people with disabilities, denying them opportunities for empowerment and participation. People with disabilities are too often forced into poverty, unemployment and social isolation through dependence on the state for economic and social assistance. This lack of participation is a result of systemic discrimination and is caused by viewing disability as an individual, medical problem. This view is challenged by the social model of disability, which promotes the philosophy that people with disabilities have the right to be meaningfully involved in the political, economic, cultural, and social aspects of society. People with disabilities need to gain the means and tools necessary to achieve the dignity, autonomy, equality, and solidarity associated with human rights.

The multi-stakeholder co-operative model is especially promising for the empowerment of the disability community as it brings together different member categories in an appropriate form of interdependence. The multi-stakeholder model, known as “solidarity co-ops” in Quebec and “social co-ops” in Europe, brings together different member categories such as consumer-members, worker-members, and “supporting members” who have an interest in the co-op’s economic or social purpose (Girard and Langlois 2005; Langlois and De Bortoli 2006). This model holds the potential to empower people with disabilities by building upon self-help and solidarity within the community.

The exclusion and systemic obstacles to empowerment and opportunity faced by the disability community are well recognized (Barnes and Mercer 2004; Fawcett 1996; Oliver 1993; Titchkosky 2003; Snyder and Mitchell 2006; Soles 2007), but there have been few courses of
action offered to transcend these obstacles. The current work will remedy this by highlighting possibilities for economic inclusion and capacity-building in the disability community through multi-stakeholder co-operative development. The purpose of this thesis is to gain a better understanding of the potential the co-operative movement holds to empower people with disabilities through promoting economic inclusion and social solidarity.

To do this, it is necessary to first familiarize the reader with some of the major concepts used in this thesis. This chapter begins by introducing the emerging field of Critical Disability Studies, its impact on the different views of ability and disability that exist today, and the emergence of a new research paradigm based on the social model of disability. Introducing the field of Co-operative Studies, Part II looks at how general purpose co-ops empower other disadvantaged communities, and explores their roles in and connections to the social economy. It then describes a new model of co-op, the multi-stakeholder co-operative model, and discusses how they have emerged to reflect the needs and aspirations of people with disabilities. Part III outlines the similarities and overlaps between the two fields of study.

**Part I: Critical Disability Studies**

Emerging as an attempt to foster a new thought process related to disability, Critical Disability Studies is now receiving space within the academic community to promote the growth of knowledge based on the contributions, experiences, history, and culture of people with disabilities. The interdisciplinary field of Critical Disability Studies has recently gained considerable credence as an academic discipline and provides an opportunity to think critically
about disability. It draws from a variety of disciplines to study disability as a key aspect of human experience on par with race, class, gender, sex, and sexual orientation.

A goal of Critical Disability Studies is the promotion of social equality: a social state of affairs in which all people within a specific society or isolated group has the same status at least in certain respects. This includes equal rights under the law, such as security, voting rights, freedom of speech and assembly, and also includes access to education, health care, and other social securities (Vanhala 2006). It takes an approach to research and education that recognizes that disability is a form of institutional discrimination and social exclusion, rather than the consequence of a physical problem (Stienstra and Wight-Felske 2003).

Helping to elevate the place of disability within society, Critical Disability Studies adds valuable perspectives on a broad range of ideas, issues, and policies beyond the disability community. A central insight of Critical Disability Studies is that disability is not solely a medical condition but a complex social experience and that the study of disability has important political, social, and economic importance for society as a whole (Goodley 2007). It explores models and theories that examine social, political, cultural, and economic factors that define marginalization and help determine personal and collective responses to difference (Society for Disability Studies 2008). A variety of approaches, discussed in the next section, have been developed to help understand this complex social phenomenon.

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5 Despite the recent academic interest in disability, there are still relatively few academic conferences in the area of disability studies when compared to other relatively new areas such as women's studies, race relations, or minority studies (Titchkosky 2003).

6 Traditional approaches have kept disability research isolated in the field of medicine, whereas the rapidly growing body of new research highlights the oppressive character of society from the view of disciplines such as sociology, political studies, and economics. Medicine studies pathology and begins with the conception of the disabled body as having, and thus being, a problem.
Views of (Dis)Ability

Historically, disability has been viewed by the majority of society, both people with disabilities and their non-disabled counterparts, as an individual issue: the person with the disability is seen as inadequate and to blame for his or her own inability to function in society (Barnes 1997; Barnes and Mercer 2004; Titchkosky 2003). In the past 30 years, there has been a paradigm shift—society is now seen as being largely to blame for an individual’s inability to function within it. This social model, in contrast, shifts the focus from the individual onto society, using this term to refer to disabling social, environmental, and attitudinal barriers rather than lack of functional ability.

Traditional medical and charitable approaches to disability focus on pitying the individual and disability is defined as loss or reduction of functional ability. Medical or technical interventions may be offered to alleviate or repair some of the damage done by disability (Rioux and Bach 1994). This medical model of disability is so pervasive throughout media representations, language, cultural beliefs, research, policy, and professional practice, that it seems natural to feel sorry for people with disabilities. The medical model focuses on curing or managing disability by identifying it, understanding it, learning to control it and alter its course.

The medical model:

- Approaches disability as a field of professional expertise
- Primarily uses a positivist paradigm
- Emphasizes primary prevention, including the manipulation of biological and environmental conditions (such as genetic screening⁷)

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⁷ Does genetic screening for defects that cause intellectual disability presuppose a value judgment about the lives of people with disabilities, and, if so, what is the basis for such judgments? This is a hotly-debated and complex issue that is well beyond the scope of this thesis. For more information, see Gillott, J. 2001. Screening for disability: A eugenic pursuit? Journal of Medical Ethics. 27, 5: 21-24, or Shakespeare, T. 2005. Solving the disability problem. Public Policy Research. 12, 1: 44-48,
• Characterizes disability as a comparative incapacity and distinguishes it as an social burden
• Portrays inclusion of people with disabilities as a private responsibility
• Uses the individual as the unit of analysis for research and policy purposes
• Depicts the individual condition as the primary point of intervention
• Prioritizes the amelioration of perceived suffering (Barnes and Mercer 2004; Gabel and Peters 2004).

Just as the medical expertise of a few played a significant role in propping up racism by theorizing blacks were an inferior race based on biological abnormalities, the medical model of disability has characterized such features as blindness, deafness, and physical disability as abnormal. The medical model of disability, then, is used to justify the isolation and exclusion of people with disabilities from society (Russell 2000). Within this framework, a person’s functional limitations (impairments) are viewed as the root cause of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure.

Social Model of Disability

In the 1980s, British academic Michael Oliver (1984) coined the phrase “social model of disability” to refer to the shift away from emphasis on individual impairments toward the ways in which physical, cultural, and social environments exclude people who are labelled disabled. It challenges the view of disability as an individual deficit or defect that can be remedied solely through medical intervention or rehabilitation by experts and other service providers (Barnes and Mercer 2004). The social model of disability does not deny the functional impairment of disability but rather locates the creation of the problem of disability squarely within society. It is not individual limitations that are the cause of the problem, but society’s failure to provide appropriate services and adequately ensure that the needs of people with disabilities are fully taken into account in its social organizations.
The social model of disability represents nothing more complicated than a focus on the economic, environmental, and cultural barriers encountered by people with disabilities (Oliver and Zarb 1997; Titchkosky 2006; Vanhala 2006). These include inaccessible education, information and working environments, inadequate disability benefits, discriminatory health and social support services, inaccessible transport and communication systems, housing, and public buildings, and the devaluing of people with disabilities through negative images in the media. It addresses issues such as the under-estimation of the potential of people to add economic value to society. Building on this perspective, many people with disabilities now pursue a strategy of social change (Davis 2000; Humphrey 2000).

Critiques of the Social Model of Disability

There is no doubt that the social model of disability has put down substantial roots worldwide. However, over the last decade, a growing number of scholars in Critical Disability Studies have begun to critique the social model of disability (Gabel and Peters 2004; Galvin 2003; Humphrey 2000; Shakespeare 1997; Snyder and Mitchell 2006; Swain and French 2000; Swain, French and Cameron 2003; Shakespeare and Watson 2002). The majority of scholars in the field of Critical Disability Studies has a disability themselves, and feels a personal connection to the social model. Many, as Liz Crow (1996) says in her critique below, fear appearing disloyal:

[The] social model of disability has enabled a vision of ourselves free from the constraints of disability (oppression) and provided a direction for our commitment to social change. The contribution of the social model of disability, now and in the future, to achieving equal rights for disabled people is incalculable. So …it is with trepidation that I criticise it (55, 56).
When they are offered, most critiques of the social model of disability have to do with complex concepts like identity politics and postmodern thought, and are beyond the scope of this discussion. While these critiques do have their merits, they seem to serve to distract people with disabilities from the strengths of the social model. Arguing over minute differences is counterproductive and ignores the reality that people with disabilities are bound by oppressive social and economic conditions that are much more difficult to transcend. However, an important lesson learned from the example of feminist studies is that failure to engage in criticism can seriously undermine an emancipatory movement.

Criticism can be constructive when delivered in a practical way. Richard Light (2000) in *Social Model or Unsociable Muddle?* says the following on the impractical criticism being offered by many scholars:

> One of the key issues in disability activism—the Social Model of Disability—is subject to repeated attacks, particularly within the academic community... [This] is a heartfelt plea for theorists to understand the damage that is done by sweeping claims as to the social model's shortcomings, without proposing alternatives (10).

Many academics seem to only offer critiques, and do not offer practical alternatives.

One of the main constructive critiques addressed in this thesis is that the social model of disability focuses too much on the collective: it tends to group all people with disabilities together and ignores individual differences. However, seeing that the oppression of people with disabilities experienced on a daily basis is not an inevitable consequence of functional limitation, but is the product of the prejudice held against them by the majority of mainstream society. A person with disabilities’ exclusion is often justified on the grounds that they cannot meet the

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economy’s needs for an efficient and productive workforce. Looking at the issue through a social model lens can help to overcome oppression and the aspect of solidarity among people with disabilities, within the social model, is a necessary step towards their empowerment.

*Independent Living Philosophy*[^9]

Critical Disability Studies is guided by the philosophy of Independent Living (IL), which emphasizes human rights, self-help, interdependence, self-advocacy, equality, and full and valued participation of all people with disabilities (Barnes and Mercer 2004). The social model of disability promotes the IL philosophy, which states that people with disabilities have the capacity for personal development and embody the skills, determination, and creativity to be meaningfully involved in all aspects of society (Phillips 2003). IL philosophy is based on four assumptions (Morris 1991):

1. That all human life is of value
2. That anyone is capable of exerting choices
3. That people who are disabled by society’s reaction to physical, intellectual, and sensory impairment and to emotional distress have the right to assert control over their lives
4. That people with disabilities have the right to full participation in society (21).

IL is about empowering people with disabilities so they have choice, flexibility, and control to gain the means and tools necessary to achieve the dignity, autonomy, equality, and solidarity associated with human rights (Abbas 2005; Walters 2002). IL philosophy asserts that people with disabilities should be able to claim rights, exercise responsibilities, participate in political and community life, and identify with and feel connected to the community without question or

[^9]: Independent Living is premised on the philosophy that all people with disabilities have skills, determination, creativity and a passion for life, yet many are unable to fully participate in the economic, political and cultural life because barriers to full citizenship persist in Canadian society outdated attitudes, inflexible laws and regulations, and fragmented and uncoordinated approach to everything from hiring, to housing, to public transportation. Walters 2002; Phillips 2003).
qualification of any kind\textsuperscript{10}. It creates a new social paradigm for people with disabilities, emphasizing that people with disabilities are the best experts on their own needs, have crucial and valuable perspective to contribute and deserving of equal opportunity to decide how to live, work, and take part in their communities, particularly in reference to services that powerfully affect their day-to-day lives and access to independence.

In her description of IL, Sandra Carpenter (1988, in Walters 2002) states:

Independent Living represents choice within the community. Rather than focusing on limitations and dependency on professional interventions, the emphasis is on quality of life and involvement in the community.... Independent Living assumes that individuals will become empowered in society…access to information, and knowledge of how best to use it is the key to empowerment (2, 4).

This statement shows the connection between the IL philosophy and the social model, and how both of these concepts are part of a process of empowerment of people with disabilities as a group. This is not brought about through social policies and programs delivered by establishment politicians and policy makers, nor through treatments and interventions provided by the medical profession, but through the realization of rights and power. The adoption of the social model and IL philosophy by the majority of disability organizations has gone a long way toward the empowerment of the disability community.

\textbf{Undoing Positivist Research}

Arguments made by disability activists claimed that existing research has been a greater source of exploitation than liberation (Stone and Priestley 1996; Barnes and Mercer 2004).

Oliver (1992) argues that traditional positivist research methodologies have done almost nothing

\textsuperscript{10} The philosophy of Independent Living is different from the traditional western value of physical independence and having to do everything on your own; rather it involves a sense of interdependence, where a person with a disability controls their own life and makes their own decisions when given appropriate supportive services.
to address the social oppression which people with disabilities experience on a daily basis.

Positivist research is generally (but not exclusively) linked with a quantitative approach (using numerical data and associated techniques and assumptions) to establish cause-and-effect relationships between social phenomena. It also generally follows a typical sequence of stages: specify theory, derive hypotheses, operationalize concepts and develop measures, collect data, test hypotheses, and reassess theory (Mercer 2002).

There have been many problems with positivist disability research in the past, including the fact that most was conducted by non-disabled people who did not have any experiential knowledge of disability (Stone and Priestley 1996; Barnes 1992). This disability research generated an understanding of disability that bore little relationship to the actual experiences of people with disabilities, and tended to perpetuate the medical model of disability. Disability was studied as a personal tragedy rather than as social oppression (Abberly 1986; Oliver 1996; Rioux and Bach 1994). Disability research needed to break away from mainstream approaches (Shakespeare 1997; Barnes and Mercer 2004). This resulted in the generation of a new emancipatory methodology that promoted more radical, socio-political models of disability.

**Emancipatory Disability Research**

The growing unease led to calls for research that takes an emancipatory approach: research that has a political commitment to confront oppression and exclusion (Abberly 1986). Emancipatory disability research is about the empowerment of people with disabilities through the generation of meaningful and accessible knowledge about the various structures—economic, political, cultural, and environmental—that create and maintain the multiple deprivations
encountered by an overwhelming majority of people with disabilities (Oliver 1993). The need for emancipatory methodology:

[S]tems from the gradual rejection of the positivistic view of social research as the pursuit of absolute knowledge through the scientific method… The emancipatory paradigm, as the name implies, is about the facilitating of a politics of the possible by confronting social oppression at whatever levels it occurs (Oliver 1992: 110).

Change is slow because society’s knowledge of disability is flawed. Disability research must recognize the oppressive conditions faced by people with disabilities in order to suggest opportunities to help overcome these circumstances.

Stone and Priestley (1996) suggest that emancipatory research entails:

- the adoption of a social model of disability as the ontological and epistemological basis for research production;
- the surrender of falsely-premised claims to objectivity through overt political commitment to the struggles of people with disabilities for self-emancipation;
- the willingness only to undertake research where it will be of some practical benefit to the self-empowerment of people with disabilities and/or the removal of disabling barriers;
- the ability to give voice to the personal while endeavoring to collectivize the commonality of experiences and barriers; and
- The willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of people with disabilities (706).

The social model of disability is a core component of the emancipatory methodology paradigm.

The integrating theme running through social model thinking and emancipatory disability research is its transformative aim: the collective and individual empowerment of people with disabilities (Stone and Priestley 1996; Barnes and Mercer 2004). Disability research follows the idea that it is not possible to research oppression in an objective or scientific way: disability research is aimed at bringing about a positive transformation in the lives of people with
disabilities. Emancipation is not an event or series of events with a fixed beginning and end (Barnes and Mercer 2004).

Emancipatory research does not necessarily involve any specific method\(^\text{11}\), but is a perspective that research has the ability to change the conditions of peoples’ lives and can help overcome the way society is organized to exclude them. This research is generally associated with qualitative rather than quantitative data collection strategies, because large scale surveys and detailed quantitative analyses have never captured fully the extent and complexity of the oppression encountered by people with disabilities (Barnes 1992). The rationale of the emancipatory disability research paradigm is the production of research that has some meaningful practical outcome for people with disabilities, and that exposes and confronts the various ways in which oppression is maintained.

**Part II: Co-operative Studies**

The purpose of Co-operative Studies is to provide education to inform the public about the nature and benefits of co-ops and co-operation, and engage in critical study, research, and analysis to illuminate the strengths and weaknesses of the co-op model. It pursues an interdisciplinary approach to show how the co-op model functions within different contexts to contribute to meeting economic and social needs and how it can empower people and communities (MacPherson 2008; Canadian Co-operative Association 2002). Co-operatives are an effective way to work with others to meet economic and social needs, strengthen communities and generate local employment (Barraket 2001).

\(^{11}\) Emancipatory research as a perspective is often confused with participatory research, a research method whereby the subject of the research participates in the production of the knowledge.
The International Co-operative Alliance (ICA) defines a co-operative as:

An autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise (MacPherson 1996: 1).

A co-operative upholds the values of self-help, self-responsibility, democracy, equality, equity, solidarity, honesty, openness, social responsibility, and caring for others. The co-operative principles are guidelines by which co-operatives put these values into practice, and are:

- 1st Principle: Voluntary and Open Membership
- 2nd Principle: Democratic Member Control
- 3rd Principle: Member Economic Participation
- 4th Principle: Autonomy and Independence
- 5th Principle: Education, Training and Information
- 6th Principle: Co-operation among Co-operatives
- 7th Principle: Concern for Community (MacPherson 1996: 1)

Empowerment is basic to the idea of co-operatives where people work together to achieve goals that they could not achieve as individuals. The intent of a co-operative is to empower individuals by bringing people together to focus on developing collective solutions to shared social and economic problems (Barraket 2001). Co-ops are usually formed by groups that are experiencing some kind of unequal treatment, as they see it, and that are attempting to overcome social inequality and systemic injustices to alter dependent relationships. Co-operatives exist because people in communities learned to think in innovative ways to develop and preserve their communities and learned to operate in an interdependent way (Hammond Ketilson et al. 1998).

Co-operatives invariably have special relationships with marginalized communities (Barraket 2001). They contribute directly to the eradication of poverty through the economic and social progress of their members and employees and indirectly through stimulating the
economies and enhancing the social fabric of the communities in which they operate (Craig 1993). Many co-operatives explicitly recognize a responsibility to make significant human and financial contributions to communities (Craig 1993; Co-op Online 2008). They seek to promote the economic as well as social well-being of individuals.

Co-operatives have the benefit of maximizing knowledge networks and ensuring collective contribution to, and ownership of, community solutions to economic, social, and political challenges. Co-operatives can offer a unique experience for people with disabilities to enhance empowerment and decrease dependence on the state by becoming part of the social economy through co-operative development. But what is the social economy? A brief description is found in the next section.

**Social Economy**

This section examines how co-operative studies seeks to better understand the role of co-ops in creating social change through the social economy. The social economy consists of a range of community-based organizations including co-operatives, non-profits, and social enterprises that draw upon the best practices of both the voluntary and for-profit sectors. A definition, based on the values of solidarity, autonomy and citizenship, used by the Chantier de l’économie sociale (Chair of the Social Economy), in Québec, is derived from five principles: 1) objective of service to the members and the community rather than of profit; 2) management autonomy (the primary element distinguishing it from the public sector); 3) democratic decision-making process; 4) primacy of persons and of work in the distribution of revenues and surpluses; and 5) participation, empowerment, and responsibility, both individual and collective (Bouchard, Ferraton and Michaud 2006).
The social economy refers to initiatives that are not a part of the public economy or the traditional private sector. In essence, it is characterized by enterprises and organizations which are autonomous and private in nature, but where capital and the means of production are collective (Government of Canada 2006b). Typically, social economy organizations are involved in a wide range of social and economic activities that include such initiatives as job creation, workforce integration, job training, and the provision of community services, neighbourhood improvement, and many other endeavours that improve quality of life (Moulaert and Ailenei 2005). These social economy organizations provide innovative and entrepreneurial solutions to individual and community problems to combat exclusion and create new wealth (Levesque and Mendell 2004; Neamtan 2002). The social economy has recently gained the attention of both academics and politicians, being recognized for its contribution to both economic growth and social development in Canadian communities (Government of Canada 2005). In creating links between economic development and social development, the social economy focuses on serving the community rather than on generating profits for shareholders (Bouchard, Ferraton and Michaud 2006).

Co-operatives are key players in the social economy, which is that sector of the economy that bridges social and economic policy and links community development with inclusion of the economically and socially marginalized (Jenson 1998). Co-operatives are considered an integral part of Canada's social economy, since they are democratically controlled enterprises designed to meet the social and economic needs of their members. Co-operatives are a proven tool for mutual self-help, allowing people to work together towards common goals. This in turn helps build social cohesion by promoting inclusion, trust and equity among citizens. In their one-hundred-year history in Canada, co-operatives have helped thousands of disadvantaged people and
communities to create effective solutions to social and economic challenges, while building local leadership skills, local autonomy and control. Canadians continue to use the co-op model in innovative ways to address a wide range of needs and challenges – including the needs of aboriginal and immigrant groups, youth, disabled persons, and low-income communities.

The economic role of co-operatives and their contribution to the social economy are often overlooked, and one reason is because they sometimes rely on volunteer labour and unpaid member contributions. Many rely on government understanding of and appreciation for social outputs and grants. Co-ops that do not sell their services in the market have difficulty quantifying their economic contribution. Yet, much like for-profit businesses, co-operatives purchase supplies, rent office space, employ paid staff who pay taxes, and provide valuable services (Quarter, Mook, and Richmond 2003).

One objective of the social economy, similar to that of co-operatives, is to give marginalized groups the chance to learn how to fend for themselves within an environment of self-sufficiency and economic prosperity (Moulaert and Ailenei 2005). A social economy enterprise serves its members or the community, instead of simply striving for financial profit (Bouchard, Ferraton and Michaud 2006). Social economy organizations pursue common principles and shared structural elements, such as being autonomous of the State, establishing a democratic decision-making process that implies the necessary participation of users and workers, prioritizing people and work over capital in the distribution of revenue and surplus, and basing its activities on principles of participation, empowerment, and individual and collective responsibility (Neamtan 2002).
Advantages of Co-operation for Marginalized Communities

Co-operatives are democratic organizations controlled by their members, and this democratic character of co-operatives is one of the features that make them attractive to marginalized communities. Open to all persons able to use their services and willing to accept the responsibilities of membership, co-operatives are voluntary organizations that operate without gender, social, racial, political, or religious discrimination (Van Vliet 2006). Co-operatives put people first, not capital, by following a set of values different from those associated purely with making a profit. Because co-operatives are owned and democratically controlled by their members (individuals or groups), their operations balance the need for profitability with the needs of their members and the wider interests of the community (Co-operatives Secretariat 2008; Barraket 2001).

A co-operative can target strategies that contribute to structural changes that reduce the need for ongoing dependence. Co-operative development helps to eradicate the barriers faced by marginalized groups by promoting education and capacity-building, in order to decrease dependence on the state. Co-operative institutions are favoured by marginalized and excluded groups because they can serve as a means for empowerment (Craig 1993; United Nations General Assembly 2005). They are community-based enterprises that build local assets and keep wealth in the community by returning dividends to members (Hammond-Ketilson et al. 1998).

Co-operatives have the opportunity and ability to promote diversity, and are often tools used by social movements to strengthen their organizations to engage marginalized peoples in meaningful employment and to promote social inclusion. The result is a stronger community from which everyone benefits. Co-operatives are significant economic and social actors in local and national economies, making personal development a reality and contributing to the well-
being of entire populations. They promote solidarity and promote the rights of each individual (Co-operatives Secretariat 2008). Members develop commitment, accountability, trust, honesty, and respect for the rights of other members, so the larger community benefits.

**Issues Facing Co-operatives**

Along with the advantages that they promise, co-operatives also have certain characteristic issues that they must address. According to various researchers, these often involve questions of governance, management, autonomy, and the life cycle of co-operatives. Because co-ops are directed by volunteer boards, the need for director training is paramount. A co-op is controlled by its members, but sometimes it is necessary to involve professional management. This brings about the possibility that professional managers might not serve the needs of the members\(^{12}\), so the need for member education and involvement is essential. Many co-operatives in some sectors find it difficult to attract capital and resources because they are essentially non-profit, and this can lead to particular difficulties in upholding the principle of autonomy when they are active in the provision of public services and largely funded by government (Fairbairn, MacPherson, and Russell 2000; Hammond Ketilson et al. 1998; CCA. CCC, and the Co-operative Secretariat 2000).

Cook (1995; cited in Brewin, Beilik and Oleson 2008) suggests that co-operatives tend to follow a “life cycle.” The 5 stages of co-op development are presented in Table 1:

**Table 1 5-stage Co-operative Life Cycle Model (13)**

| Stage one: | A co-operative is formed as a response to market failure: individual producers act collectively. Co-operative’s strategy is defensive in nature. |
| Stage two: | The co-operative provides net benefits by marketing products or providing |

\(^{12}\) Traditional co-operatives lack some of the means for mitigating the problems arising when there is separation between an organization’s owners and those who manage the organization on their behalf (i.e. managers) – the classic principal agent problem.
services on more favourable terms than market or state providers.

<table>
<thead>
<tr>
<th>Stage three:</th>
<th>The market changes and co-operative benefits become less certain. Focus turns inward to examine co-operative.</th>
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</thead>
<tbody>
<tr>
<td>Stage four:</td>
<td>Managing the co-operative becomes exceedingly difficult and co-operative leaders consider strategic alternatives: exit, continue or transition to new ownership structure.</td>
</tr>
</tbody>
</table>
| Stage five: | The co-operative leaders implement a new strategy: 1) exit by liquidating, merging or converting to “for-profit”
                               2) continue but address tendency to undercapitalize by seeking outside equity without complete restructure.
                               Co-operative more offensive in nature. |

There is frequently dynamism at the beginning, then reduced vitality over time. This is because co-operatives exist to meet needs, some argue they will naturally decline or cease to exist when members perceive needs to be less urgent. These common issues are ones that are addressed later in the case studies and conclusion (Chapters Three and Four).

**The Multi-stakeholder Co-operative Model**

One model of co-operative in particular offers an opportunity for people with disabilities to enhance empowerment and decrease the need for ongoing dependence. The multi-stakeholder co-operative model, which involves many different levels of membership working together towards a common goal, enriches mainstream thinking about economic agency and appropriate forms of interdependence (Girard and De Bortoli 2004). It can provide a flexible structure that can respond to the issues facing disability communities, and promotes social integration of people with disabilities by developing community involvement and promoting social inclusion.

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13 Most surplus in most co-ops is retained to further develop the co-op. In a for-profit co-op, this surplus is allocated to member share accounts that can eventually be redeemed by the members for cash; some may be paid out annually in cash patronage refunds.
Pioneered in Italy in the 1960’s, multi-stakeholder co-operatives are an innovative model of co-op that began in the service sector for people with disabilities, delivering services cost-effectively in the absence of government programming. The objective of these social co-operatives, as the Italians call them, is to pursue the general good of the community through social integration of citizens by managing health, social, and educational services, and for engaging marginalized people in different types of activities in which they are normally not involved (Putnam 1993).

The ownership structure of social co-ops is comprised of several categories of members, which may include workers, users, volunteers, investors, and public bodies (Putnam 1993). This multi-stakeholder aspect has figured prominently in the evolution of social co-ops to pursue public aims and also reflects the expanding focus on community service as opposed to the traditional co-op focus on member benefit (Wylie 2001; Thomas 2004). These organizations rely far more on the broader representation of stakeholder interests than they do on the traditional constraint on the distribution of profit. Social co-ops pursue the general community’s interest (Thomas 2004), and are recognized as having goals that promote benefits to the community and its citizens, rather than maximizing economic benefits (Wylie 2001).

**Beginnings in Canada**

The multi-stakeholder co-operative model was first introduced into Québec’s co-operative legislation in 1997 as solidarity co-operatives. Solidarity co-ops offer a complex model of organization that combines potentially opposing interests, and offers a mixture of user members, worker members, and supporting members. This is a relatively new composition of
membership in Canada\(^\text{14}\) (Langlois and De Bortoli 2006). It may seem difficult to reconcile the interests of users and workers in a multi-stakeholder system where both are user-members, but in a multi-stakeholder co-op, the different stakeholders share the common goal of ensuring the success of the co-operative, so greater trust solidarity and is thereby established.

Solidarity co-operatives have a diverse membership and composition of their boards of directors, as well as being diverse in their fields of activity, and give clear evidence that a co-operative can work and can be economically viable when composed of people with diverse interests, resources, skills, abilities, and needs. Joining workers and users is a new way to use volunteer and activist resources, and reinforces the values of altruism and reciprocity (Girard and Langlois 2005). Like social co-operatives in Italy, solidarity co-ops are an original way of reconstructing the link between the economic and the social spheres. They may or may not be considered profitable from a financial point of view, but they are socially profitable from the point of view of usage. Solidarity co-operatives have, for example, made it possible for villages to retain a minimum of services, an instance where economic value is measured in multiple ways and social value is again considered more important than profit (Langlois and De Bortoli 2006).

**Part III: Combining Disability and Co-operatives**

Critical Disability Studies and Co-operative Studies may at first seem unrelated, but their teachings have a lot in common. Critical Disability Studies, which promotes the social model of disability, and Co-operative Studies, which teaches about the values and principles present in the co-op model, have a similar set of basic values. The social model of disability highlights rights, self-help, interdependence, self-advocacy, equality, and full and valued participation. These

\(^\text{14}\) This governance model is thus far from the dominant organizational model used in Canada which is an organization with only one category of member (Girard and De Bortoli 2004).
values are also present in the co-op model when it speaks of social responsibility, caring for others, equality, democratic member control, member economic participation, and concern for community.

Both the co-op model and the social model of disability advocate self-help. The term self-help is based on the belief that all people can and should strive to control their own destiny, and refers to “the use of one’s own efforts and resources to achieve things” (Oxford English Dictionary 2008). It can be thought of as economic, intellectual, or spiritual self-guided improvement through social interaction with others. Individuals develop skills that further support their own growth through the understandings that they gain about their peers and by the insights they gain about the wider society of which they are a part. Another way to describe this concept is interdependence or the dynamic of being “dependent on each other” (Oxford English Dictionary 2008). Interdependence means being mutually responsible and sharing a common set of principles with others.

Democracy is a complex concept with no universally accepted definition, yet its ideal figures prominently in both the social model of disability and the co-op model. Coming from the Greek word demos meaning “rule by the people,” democracy as a descriptive term is commonly synonymous with majority rule (Oxford English Dictionary 2008). There are two principles that any definition of democracy is required to include. The first principle is that all members of the society have equal access to power, and the second is that all members enjoy universally recognized freedoms and liberties (Dahl, Shapiro, and Cheibub 2003). Within co-operatives and the social model of disability, democracy includes considerations of rights and responsibilities, equality, equity, and solidarity.
A fundamental aspect of the social model of disability and the co-op model concerns equality:

[Equality] refers most commonly to the condition of having equal dignity, rank or privileges with others or of being equal in power, ability, achievement, or excellence. It means there is some important quality or condition that is the same for the people in question—not that they are the same or equal in every respect. (Oxford English Dictionary 2008)

Co-operatives are based on equality: the basic unit of the co-operative is the member, regardless of race, gender, ability, etc. This is one of the main features distinguishing a co-operative from firms controlled primarily in the interests of capital. Members have rights of participation, a right to be informed, a right to be heard, and a right to be involved in making decisions.

People with disabilities, like other socially marginalized groups, struggle for equity, which is “the quality of being fair and impartial: equity of treatment” and which is “concerned with fairness and justice” (Oxford English Dictionary 2008). Disability studies stress the significance of people’s differing experiences of disability while advocating their right to equitable access of opportunity. Equal rights are said to give empowerment, the ability to make decisions, and the opportunity to live life to the fullest.

Solidarity means a “unity or agreement of feeling or action, especially among individuals with a common interest; mutual support within a group” (Oxford English Dictionary 2008), and is an underlying current directing both disability studies and co-operative studies. In disability studies, solidarity involves uniting together to form a stronger front in the face of oppression. This manifests in the formation of the Disability Movement, which is discussed in Chapter Two. In co-operative studies, solidarity means that co-operators and co-operatives stand together, and members recognize shared responsibility and interests. They draw energy from and contribute to
the creation of a broader Co-operative Movement, locally, nationally, regionally, and internationally. They accept that there is a commonality among all co-operatives, regardless of their diverse purposes and their different contexts. Solidarity is the very cause and consequence of self-help and mutual help, two of the fundamental concepts at the heart of both disability studies and co-operative studies.

Co-operative development in the disability community can provide new opportunities and avenues for empowerment. Where people are individually powerless, they group together in co-operatives, which embody the four elements present in successful efforts at empowerment: access to information, inclusion and participation, accountability, and local organizational capacity (Ployer and Krogh 2000; Stienstra and Wight-Felske 2003; Rassmussen and Krogh 2000). Co-operatives acknowledge and integrate difference and diversity, and offer opportunities for people with disabilities to overcome the barriers and disincentive toward active participation in society.

**Purpose of Current Project**

This thesis looks at the ways co-operatives serve as vehicles for economic inclusion and empowerment for the disability community in Canada’s social economy. Some of the obstacles to empowerment and opportunity negotiated by the disability community are outlined. Recognizing that the disability community needs new opportunities for empowerment to overcome disadvantage and marginalization, this thesis explores the potential of co-operatives to provide such opportunities. In particular it suggests that multi-stakeholder co-operatives are especially well-suited for the empowerment of the disability community.\(^{15}\)

\(^{15}\) Although co-ops can create economic sustainability, this thesis is primarily focused on how co-ops create economic empowerment.
Chapter One has introduced the foundational concepts behind disability studies and co-operative studies to give a basic understanding of the concepts used in this thesis. Chapter Two focuses on the disability community, the obstacles it faces to community development, and its resistance through the disability movement. Chapter Three contains case studies that identify successes where informal multi-stakeholder co-operatives have been used to empower and promote economic inclusion and social solidarity of people with disabilities as stakeholders. The purpose of these case studies is to gain a better understanding of the potential the co-operative movement holds to empower people with disabilities. Chapter Four provides an analysis of these case studies, and discusses the future policy and legislative directions that need to be taken. All the multi-stakeholder co-ops studied here operate informally, so offering facilitating legislation and extensive promotion of the model would lead to new multi-stakeholder co-op development, and greater empowerment of the disability community.
Over three and a half million people make up the disability community in Canada (Government of Canada 2002), constituting a vast wealth of expertise and human capital. Yet despite their enormous potential, people with disabilities are systemically marginalized, denied full citizenship rights, and forced to rely on social policy to survive because of their inability to access the labour market (Gilson et al. 1997; Soles 2007; Furrie 2006; Peters 2004). People with disabilities in Canada tend to have lower levels of education, lower earnings and household incomes, and higher rates of unemployment than their non-disabled counterparts (Council of Canadians with Disabilities 2004a).

This chapter explores how people with disabilities are one of the largest politically, economically, culturally, and socially oppressed communities in Canada. It argues that society and government have oppressed people with disabilities by failing to provide sufficient social policy, resources, accessible environments, and progressive social attitudes to address systemic oppression.

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16 The Canadian Charter of Rights and Freedoms legally protects the basic rights and freedoms of everyone in Canada. Some of these rights and freedoms are:
- legal rights, such as the right to a fair trial;
- equality rights, such as the right to protection against discrimination;
- mobility rights, such as the right to live and work anywhere in Canada;
- Aboriginal peoples’ rights; and
- basic freedoms, such as freedom of thought, speech, religion and peaceful assembly.
oppression. The rights of people with disabilities as Canadian citizens are being violated\(^\text{17}\), and many people with disabilities are resisting this violation through the mobilization of the disability movement. Multi-stakeholder alliances, which are partnerships between people with and without disabilities, can only increase the emancipatory potential (or the ability to overcome oppression) of the disability movement. The first portion of this chapter will discuss in greater detail these concepts of disability oppression. The capacities of people with disabilities need to be promoted to reflect the rejection of presumptions of tragedy, dependency, and abnormality (Charlton 2000; Oliver 1999). Acts of resistance where people with disabilities seek to develop a critical view of their oppression and transform their reality will be discussed later in this chapter.

**Part I: Disability as Oppression**

Disability oppression was first recognized in the public consciousness in North America during the civil rights movement of the 1960s and unfortunately, this oppression still exists today. Disability oppression affects the social, cultural, economic, and political relations of people with disabilities to the rest of society. People with disabilities encounter prejudice on a daily basis that expresses itself in discrimination and oppression. In *Justice and the Politics of Difference*, Iris Young (1990) refers to the “vast and deep injustices” that some groups suffer as a consequence of “often unconscious assumptions and reactions of well-meaning people in

\(^\text{17}\) Human rights violations are an everyday occurrence for people with disabilities. For instance, a blind man may not be able to use a bank machine without support if the keys are not in Braille. During an election, he cannot exercise his right to vote if the campaign literature and ballots are not accessible because they are not supplied in Braille. A woman with a disability who has an attendant must pay two fares on public transit, despite her low income. A woman using a wheelchair is not allowed into a movie theatre because the two designated wheelchair spots are already occupied.

"Our constitution guarantees equality for all of us, but the reality is that people with disabilities are not treated equally. People with disabilities are still denied their rights on a daily basis. It is absolutely inexcusable that, in the 21st century, in a country as wealthy as Canada, people with disabilities can’t exercise their rights in the same way that others can." - York Professor Marcia Rioux, Chair of York’s School of Health Policy & Management. (York University News release 2006).
ordinary interactions and structural features of bureaucratic hierarchies— the normal processes of everyday life” (41). People with disabilities are constantly subjected to political, economic, cultural, or social degradation because of their membership in a devalued identity group\textsuperscript{18} (Charlton 2000; Oliver 1999; Russell 2000; Cameron 2007).

Most of Canadian society still operates from the medical model view of disability, in that disability is seen as intrinsic to the individual and the focus is on the reduced quality of life and the obvious disadvantage of having a disability. As a result, curing or managing illness or disability revolves around identifying it, understanding it, and learning to control and alter its course. A society such as Canada is then seen as compassionate and progressive because it invests resources in health care and related services in an attempt to cure disability with medical treatment and improve functioning to allow people with disabilities a more normal life (Rioux and Bach 1994; Barnes 1997).

Images in the media often reflect the devaluation of people with disabilities. In an extended reading of images circulated by advertising agencies, public service announcements, telethons, pornography, and the health care industry, Eli Clare in \textit{Exile and Pride} (1999) suggests that representations of people with disabilities are as both dependent children and objects of investigation:

Imagine a group of straight men raking in the bucks for women's rights by portraying women as pitiful and tragic individuals who lead unbearable lives by virtue, not of sexism, but of their femaleness. Or imagine straight people, who purported to advocate for gay/lesbian/ bi people, raising money by reaffirming the cultural belief that homosexuality is a devastating but curable condition. These situations would be intolerable; queer and feminist activists would rise up in revolt. But this is exactly where disabled people find us.

\textsuperscript{18} These include inaccessible education, information and communication systems, working environments, inadequate disability benefits, discriminatory health and social support services; inaccessible transport, houses, public buildings and amenities, and the devaluing of people with disabilities through negative images in the media.
Nondisabled people, like Jerry Lewis, who purport to be working in the interests of disabled people, turn their backs on disability oppression, rev up the stereotypes of tragic and helpless cripples, and pour the bucks into research rather than civil rights. And disability activists are rising up in revolt, naming the telethon a pity festival and challenging the disability charity industry head on (107).

This fundraising industry needs the medical model of disability to function.

After years of oppression under a traditional medical view of disability, people with disabilities are looking to overcome the way society is organized to exclude them. This social model of disability has enabled a vision of people with disabilities being free from the constraints of disability (oppression) and provides a direction for their commitment to social change (Abberly 1986). It has played a central role in promoting individual self-worth, collective identity, and political organization of people with disabilities.

**Political Oppression: Current Policy Agenda**

To engage successfully in and make meaningful contributions to a community, a sense of attachment, equality of opportunity, and knowledge of individual rights as citizens are required. This can be especially difficult for people with disabilities as they often feel alienated and disenfranchised from the larger society (Soles 2003; Gilson et al. 1997; Peters 2004). The Government of Canada says it is committed to helping people with disabilities participate as fully as possible in Canadian society, but there has been little actual advancement on this issue (Prince 2006; Government of Canada 2006). One reason for this slow change in social policy aimed at benefiting people with disabilities is the exclusion of the disability community from actively participating in setting policy agendas (Prince 2004, 2006; Titchkosky 2003; Jongbloed 2003).
The disability policy agenda in Canada still views disability as a personal tragedy or a medical problem. When most government officials speak on disability issues, they see disability as a need that threatens personal well-being and security and strains resources. Disability policy-making is then about formulating programs and providing services for people with disabilities in order to best control this problem and minimize its consequences with methods and processes of state intervention (Turnbull and Stowe 2001; Schalock 2004; Titchkosky 2006). In fact, disability policy is guided by the risk of disability to able-bodied, mainstream society rather than being developed by the disability community itself. As such, the disability policy agenda in Canada consists of piecemeal interventions that may appear progressive and sufficient but, in reality, fail to adopt a human rights and equality perspective.

In broader society, the belief is that the normal state of being in western developed societies is good health, and that disability is a deviation from what is seen as normality. Disability has traditionally been studied as a personal tragedy and represents everything society fears: tragedy, loss, dark, and the unknown (Hunt 1981). The focus of this approach, then, is on the experience of illness, rather than the environmental and social barriers faced by people with disabilities (Rioux and Bach 1994; Barnes 1997).

Lately there has been a reframing of disability as a socio-political issue rather than as an individual or medical problem. The social model of disability focuses on the economic, environmental, and cultural barriers encountered by people with disabilities and challenges the view of disability as an individual deficit or defect that can be remedied solely through medical intervention or rehabilitation. Disability rights have gained greater prominence within the mainstream political agenda (Jongbloed 2003), but we still have a long way to go. This is a focus of the disability movement, which will be discussed later in this chapter. General fiscal and
economic policies, as well as more specific policies on employment, health care, income support, social services, and education are critical factors affecting people with disabilities.

**Economic Oppression: The Under-employed and the Unemployed**

According to the 2001 Participation and Activity Limitation Survey, 3.6 million Canadians, or 12.4 percent of the population, have a disability (Government of Canada 2002). This represents a major portion of the labour force, yet Canadians with disabilities remain a huge untapped resource to Canada’s production potential, and are often disproportionately dependent on Social Welfare systems compared to those without disabilities (Furrie 2006). Because of their physical and/or mental limitations (or societal misconceptions of their ability), many find it difficult to secure opportunities to earn an income above subsistence. As a result, people with disabilities are one of the largest economically disadvantaged groups in Canada, either being unemployed or underemployed (Hunter and Miazdyck 2004; Elwan 1999; Echenberg 2000). The non-employment rate, which includes the underemployed and the unemployed, among people with disabilities is 52 percent, which means that over one million working-age adults with disabilities in Canada are not in the labour force (Government of Canada 2000).

Paul Hunt (1981), one of the first disability activists, argues that because people with disabilities are viewed as posing a direct challenge to commonly held western values and are seen as not being able to enjoy the material and social benefits of modern society, they are seen as unnecessary. Because of the centrality of paid work in western culture, people with disabilities are seen as being of no use since they are considered not able to contribute economically to the community. People with disabilities are at risk of persistent poverty, defined as a situation where there are multiple barriers to participation in the workforce, and where income assistance is
absolutely essential yet insufficient to effectively combat poverty (Elwan 1999). A majority of people with disabilities in Canada live in persistent poverty because they are unable to compete in the labour market, and have to rely on social assistance benefits for income (National Council of Welfare 2006a). Almost 60 percent of working-age adults with disabilities are currently unemployed or excluded from the labour market, and are therefore over-represented in provincial welfare systems (Council of Canadians with Disabilities 2004a; Torjman 1988; Saskatchewan Voice of People with Disabilities 2006).

Most provinces and territories distinguish between those who have a disability (the “deserving poor”) and those who do not within their social assistance systems (Finkel 2006). Social assistance programs for people with disabilities that tend to require less on-going policing, fewer job searches, and less contact with community services and/or training, and offer slightly higher benefit rates. Currently, in Saskatchewan, a person with a disability receives only $8,893 a year in social assistance payments, including a supplementary allowance of $1,213 (National Council of Welfare 2006b). Given the increased medical and equipment costs and the barriers faced by people with disabilities, including access to labour market participation, this supplementary allowance is often far from adequate to empower people with disabilities to pursue their goals like any other Canadian.

The unemployment rate for people with disabilities is almost three times that of non-disabled people; even when people with disabilities are employed, there is a greater tendency for them to be under-employed relative to their levels of education and training (Saskatchewan Voice of People with Disabilities 2006). Many people with disabilities not currently employed are capable of at least some form of work under the right circumstances (Council of Canadians with Disabilities 2004a; Thornton and Lunt 1997; Fawcett 1996). However, even when they are
able and willing to work, people with disabilities experience many external barriers that prevent participation in the labour market (Council of Canadians with Disabilities 2004a 2004b; Soles 2003; Torjman 1988). Many people with disabilities require some accommodation in the workplace in order for them to participate (Fawcett 1996; Lee 2000) but policies are not yet in place to ensure this.

The need for policy to ensure equal access to employment also stems from a concern that sheltered workshops\(^\text{19}\) and vocational rehabilitation programs isolate people with disabilities from the larger labour force and from the broader labour market. In addition, these programs may not have fulfilled their mandate of preparing people with disabilities to move into integrated work settings (Torjman 1988). The sheltered workshop also made competitive employment an unachievable goal for many people with severe and complex disabilities. The work and social skills acquired in these protected environments do not easily generalize to the nature and conditions of the work performed in competitive workplaces (Hunt, 1981). Supported employment, however, shifts the locus of training to workplaces in the open community where employees with disabilities can learn the same skills as those learned by nondisabled employees (Council of Canadians with Disabilities 2004a 2004b).

Jenson (1998) discusses the important influence of employment and economic participation on people’s identities, expressing concern that economic exclusion leaves people fragile, isolated, and apathetic. Exclusion and a lack of access to disability supports perpetuate the poverty of people with disabilities. The result is isolation, increased vulnerability, and limited opportunity for these Canadians to participate and be valued as full citizens (Council of

\(^{19}\) A sheltered workshop says it is a workplace that provides a supportive environment where physically or mentally challenged persons can acquire job skills and vocational experience, but is actually a way to exploit people with disabilities as cheap sources of labour. An employee of a sheltered workshop is paid far less than minimum wage and is allowed under the guise of “training” or “skill development.”
The frequent inconsistencies, contradictions, and oversights in disability policies can further inhibit the attainment of personal and social goals for people with disabilities.

**Cultural and Social Oppression: Coming Together in a Disability Culture**

If the disability community is so diverse, how can it possibly come together with one voice? The answer is the disability culture. People with disabilities have come to identify themselves as sharing a distinct “disability culture,” based on common life experiences shared only by people who have disabilities (Galvin 2003). People with disabilities may not share the same medical diagnosis, but common experiences such as devaluation, marginalization, and stigmatization provide a basis for a group identity. The disability culture has served as an awakening of kinship among people with a variety of disabilities that have previously been painfully isolated from each other (Titchkosky 2003; Watson 2002; Galvin 2003).

The word “culture” has many definitions and meanings, but Hall (1997) provides a definition that seems appropriate this thesis:

> [Culture] is not so much a set of things…as a process, a set of practices concerned with the production and exchange of meanings between the members of a society or group. [It] depends on the participants interpreting meaningfully what is around them, and making sense of the world, in broadly similar ways. (2)

Cultural knowledge is the norms, values, and standards by which people act, and that provide a definition of social reality. Culture runs deep and embodies perceptions that appear natural only to the insider (Hall 1997).

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20 Examples of this would be the recent emergence of “peer support” programs at many disability community organizations, like the North Saskatchewan Independent Living Centre (NSILC) or the Canadian Paraplegic Association (CPA).
Embracing the disability culture means the acquisition of a new self-concept, attitudes, and behaviours, and means being competent, assertive, proud of oneself, and independent in decision making. This enhanced confidence allows people with disabilities to transcend the definitions held by others, and strengthens a person’s belief that he or she is included as a member of society. This sense of inclusion allows a person with a disability to identify more strongly with the larger constituency of people with disabilities, and reject mainstream cultural ideas that they are the deviant other (Frazee 2006). As people with disabilities discover their own cultural identity, they “seize the power of naming difference itself” (Young 1990: 171).

Disability culture allows people with disabilities:

To contest…the marginalization of their lives; bringing people together in ways that enable them to recognize each other and to challenge their exclusion from society… [Disability culture] is an essential route to collective empowerment. (Abbas et al. 2004: 4)

Societal integration for people with disabilities requires self-empowerment in addition to overcoming the problems posed by societal discrimination. Disability culture involves not only changing conceptions of the self, but also the ability to change society (Snyder and Mitchell 2006; Lord and Hutchinson 2007). Disability culture allows a person with a disability to identify more strongly with the larger constituency of people with disabilities. The process of becoming a member of the disability culture is one of cultural assimilation. It is the recognition of similarities with other people with disabilities that begins the process of becoming a member of the culture (Watson 2002).

The broader significance of how a disability culture affects the policy arena becomes apparent when the role of culture in shaping social practices, social institutions, and social policy is considered. Many governments use a dominant cultural narrative of disability in their approach
to disability policy (Peters 2004; Snyder and Mitchell 2006), assuming that people with disabilities are only capable of certain types of economic participation, such as sheltered workshop employee or social assistance recipient. The policy arena involves production and exchange of meanings related to disability based on mainstream cultural ideas that shut down the voices of people with disabilities (Frazee 2006).

“Mainstream culture” is the underlying patterns and experiences of western society with its emphasis on physical appearance and beauty. In mainstream culture, it is deemed natural to view people with disabilities as being different (Barnes 1997; Snyder and Mitchell 2006). This difference is culturally constructed, based on beliefs about individuals who depart from so-called normal physical, cognitive, or sensory ability. Western cultural beliefs about physical appearance and function operate to make it appear that people with disabilities are naturally different from others (Steinstra and Wright-Felske 2003). In mainstream culture, individuals are socialized into believing those with disabilities are somehow inferior and disadvantaged.

Mainstream cultural narratives of disability have been used to exclude people with disabilities from community life, including neighbourhoods, schools, employment, and leisure activities, and lead many people with disabilities to feel ashamed to have a disability\textsuperscript{21}. This is an impediment to the development of political consciousness even among people with disabilities themselves. How can one hope to overcome this social oppression? The answer lies in the disability movement, which is transforming the political identity of disability from being a “problem” to a positive identity based on the quest for equality (Beckett 2006), and emphasizes

\textsuperscript{21}To remedy this, a process of self-acceptance is required that allows a person with a disability to identify more strongly with the larger constituency of people with disabilities that are working to improve social conditions, and is necessary for empowerment and full integration into this changed society.
that the discrimination and exclusion faced by people with disabilities can be eliminated only through profound and wide-ranging socio-political change (Davis 2000).

If the mainstream cultural narratives were replaced with new narratives based on the social model of disability, they would go a long way towards helping the oppressed disability community make sense of its experience and work to transform social inequality. The next section will show how people with disabilities and their non-disabled allies are working together in the disability movement. Seeking to change these dominant cultural narratives, the disability movement is all about resisting oppression. Since its beginning, the disability movement has made great progress, but despite this progress, people with disabilities seldom work together for change. The potential for social change would be much greater if the different movements could find ways to increase their collaboration. The disability movement is a call for solidarity within and across movements, as it is community and civic engagement that will ensure all citizens experience true citizenship. The disability movement means having a vision about how change occurs, working across traditional boundaries with other organizations and groups, and having a mechanism to identify and involve constituents in meaningful ways (Lord and Hutchinson 2007). One of the most important ways to do this is collaboration among key stakeholders within the disability movement and the wider community.

Part II: Resisting Oppression

After a long history of being wrongly portrayed as inadequate and incapable, people with disabilities are looking for ways to change the conditions of life in order to overcome the way society is organized to exclude them (Mulcahly 2005). In place of the medical, activists have substituted a socio-political, minority-group model of disability that takes action as the disability
movement. Rather than only pursuing a strategy of medical cure or rehabilitation, many people with disabilities now pursue a strategy of social change (Davis 2000; Humphrey 2000). A central aim of the disability movement has been to change the definition of disability from one of helplessness and tragedy, brought about by impairment, to one of civil rights and equality where disabling barriers are believed to be the cause of disability (Oliver and Zarb 1997; Russell 2000).

**Disability as a New Social Movement**

A new social movement (NSM) is a collective action that challenges a mode of generalized social domination (Tourraine 2002). NSM’s such as the environmental movement, anti-discrimination movements, or new waves of feminism, tend to have some different characteristics from past social movements (like the labour movement or farm movements): NSMs have been said to be less structured; more based on values than on social-economic interests; more infused with individual perspectives and activism rather than group organization (Tourraine 2002; Hutchison et al. 2004). NSMs emphasize collective action in the cultural or civil sphere and are concerned with the defence of culture and identity, with lifestyle, and with structural reforms (Lord and Hutchinson 2007). They consist of an informal, loosely organized social network of supporters rather than members who are connected through a shared focus on specific political or social issues aimed at implementing societal change. Defined as collective challenges to elites, authorities, other groups or cultural codes, by people with common purposes and solidarity, new social movements wish to see change on an (inter)national level on various issues in relation to their set of beliefs and ideals (Lord and Hutchinson 2007).

The disability movement is often seen as a new social movement (Hutchison et al. 2004; Oliver 1997; Shakespeare 1993), as it emphasizes a group or collective identity, values, and
lifestyles (Longmore and Umansky 2001). Strongly influenced by the American civil rights movement of the 1960s, which helped create an awareness of the human rights of all groups that had long been marginalized, the disability movement’s demand for civic contribution is the essential theme that runs through all its work. Not only the movement’s main actors (people with disabilities) but also allies, non-disabled people who support the goals of the movement, play a role in shaping the ideology, the praxis, and the mode of organization of disability movement (Develtere 1992). This atmosphere of interdependence defines the disability movement, as it consists of people with disabilities and a social network of supporters.

In order to advance their agenda, people with disabilities will need to align themselves with others in a struggle for equality, inclusion and full citizenship; with those who express dissatisfaction with institutional or broader social norms. These allies have an awareness of disability issues and a broad commitment to social justice and ending exclusion or disadvantage (Barnes, Newman, and Sullivan 2006). Regardless of cultural differences, people with disabilities and their allies are now fighting to change their world, and this raised consciousness of dignity, anger, and empowerment has meaningfully affected the way in which many people with disabilities interact politically in society.

**Empowerment**

One of the main claims of the disability movement is that empowerment on a community level cannot fully be achieved without a voice in and control over matters regarding its members’ lives (Branfield 1999; Oliver 1997; Charlton 2000; Peters 2004; Beckett 2006). Following this idea, Young (1997, cited in Allen 2008) defines empowerment as:
...a process in which relatively powerless persons come to understand the social sources of their powerlessness and see the possibility of acting collectively to change their social environment... each participant undergoes some personal transformation, but [also aides] others in doing so, in order that together they might be empowered to engage in effective collective action (167).

This approach focuses on mobilizing their own self-help efforts to increase the individual or collective power of people with disabilities (Beckett 2006).

The disability movement leads people with disabilities to feel empowered, and increases their spiritual, political, social, and economic strength. It addresses those whom social discrimination has excluded from decision-making, and involves these excluded groups in developing confidence in their own capacities (Oliver 1997; Shakespeare 1993). This movement has supported people with disabilities be more active participants in society and has given the disability community increased power, demonstrated in its collective strength shown through action and voice. The disability movement has enhanced the lives of people with disabilities, but there is still much more to be done.

**Resistance Theory of Disability**

The social model, itself, is the result of resistance to the medical model and to the oppression of people with disabilities (Russell 2000; Barnes and Mercer 2004). It is grounded in resistance aimed at social processes that oppress people with disabilities. Resistance can take the form of political struggle or anything that bumps up against tradition and will erupt in response to oppression (Allen 2008). It functions as a way for people with disabilities to push against dominance (Lord and Hutchinson 2007). It can foster increased solidarity while respecting individual rights (Gabel and Peters 2004). Resistance can be understood as holding the potential
for greater productivity, increased empowerment, and improved effectiveness in the fight against oppression.

**Affirmation Model of Disability**

There is a connection between the affirmation model and resistance theory. The affirmation model, like the social model, resists the medical model of disability (Swain, French and Cameron 2003). It extends the social model by directly challenging presumptions of personal tragedy and the determination of identity through the value-laden presumptions of society. It is essentially a non-tragic view of disability which encompasses positive social identities —both individual and collective— for people with disabilities grounded in the benefits of life experience associated with having a disability (Swain and French 2000; Gabel and Peters 2004). People with disabilities look toward a society not merely free of structural, environment, or attitudinal barriers, but also one that celebrates differences and values people irrespective of race, sexual preference, gender, age, or disability (Abbas et al. 2004; Erikson 2007).

Through the affirmation model of disability, people with disabilities are beginning to celebrate themselves and seize control of the definition of their identities. They declare that they prize self-determination, interdependence, personal connection, and human community. In recent years, people with disabilities, like lesbians and gay men, have “come out,” rejecting the labels imposed on them and celebrating their difference. They have asserted a positive identity that counteracts the negative identities imposed on them by others which they may have internalized.

**Emancipatory Potential of the Disability Movement**

The disability movement challenges existing oppression and exclusion of people with disabilities, bringing about a positive transformation in their lives, and contributing to political
change. The disability movement empowers through the transformation of society, and generates meaningful and accessible knowledge about the various structures—economic, political, cultural and environmental—that create and maintain the multiple deprivations encountered by an overwhelming majority of people with disabilities. This emancipatory potential of the disability movement is an ongoing dialectical process of growth and development characterized by conflict and resolution, and is a form of consciousness raising for people with disabilities. Strategies have to be devised to ensure the disability movement reaches its maximum potential.

Multi-stakeholder Alliances

A disability movement, according to Oliver’s (1997) definition, can only be constituted by organizations of people with disabilities, not organizations run by non-disabled people for people with disabilities. There are those who claim the disability movement is a movement of people with disabilities, and should only be made up of people with disabilities: “Our history is a history of domination by non disabled people. Why should we now want to give them our movement?” (Branfield 1999: 40). Many activists emphasize the fact that it is non-disabled people who have engineered the physical environment, dominated the political economy, managed welfare services, and controlled research agendas to maintain the oppression of people with disabilities (Oliver and Zarb 1997). The dichotomy between non-disabled and people with disabilities becomes the dichotomy between oppressors and oppressed; since society has been arranged by and for non-disabled people, they are liable to be consigned to the enemy camp (Branfield 1999).

However, in order for the disability movement to develop, people with disabilities will need to align themselves with non-disabled allies in a struggle for equality, inclusion, and full
citizenship (Drake 1997; Duckett 1998). Non-disabled allies include those whose choice to be a representative of the disability movement derives from a personal relationship with people with disabilities, such as friends, relatives, colleagues, or neighbours. They also include those with a broadly based commitment to social justice—those whose experiences of difference, exclusion, or disadvantage, including experiences of poverty, disability, or differences related to sexuality, gender, or ethnicity makes them want to get involved (Barnes, Newman, and Sullivan 2006).

Non-disabled people do have a place in the disability movement as allies. In order for the disability movement to grow and develop, people with disabilities will need to align themselves with non-disabled people in order to advance the struggle for equality, inclusion, and full citizenship. This can only increase the emancipatory potential of the disability movement. The disability movement gains strength from these multi-stakeholder alliances.

*Co-operative Movement*

The intent of a co-operative is to empower individuals by focusing on group solutions to social and economic problems and to help marginalized groups relieve their economic oppression by operating in interdependent ways, it is not surprising, therefore, that co-ops are favoured by marginalized and excluded groups (Craig 1993; United Nations General Assembly 2005). Co-operative development in the disability community can empower that community and can be seen as an act of resistance in itself.

Co-operatives have the opportunity and ability to promote diversity, and are often tools used by social movements to strengthen their organizations to engage marginalized peoples in meaningful employment and social inclusion. To social movements, co-ops can “provide glimpses of possible futures and are in some part vehicles for their realization” (Giddens 1990,

Co-operative movements are social movements which use some form of economic co-operation (organization) to the benefit of and with the involvement of the social group concerned (praxis) in order to defend the interests of the group which are considered endangered if the members would not react co-operatively (ideology). (30)

The co-operate movement helps mobilize marginalized groups.

The disability movement can build alliances with the help of co-operatives as their democratic structure gives them emancipatory potential. The co-op principles reflect democratic values that mesh with empowerment, autonomy, and solidarity, and seem to overlap the values present in the social model of disability. Co-operative movements have always shared their principles with other social movements, because they have always been intertwined with them.

In short, the co-operative movement can be a vehicle for the disability movement to resist the oppression of people with disabilities. The multi-stakeholder co-operative model can do this even better because it enhances interdependence, a value of the disability movement.

The movement for the empowerment of people with disabilities has emerged in resistance to oppression. Co-operative development is an opportunity for people with disabilities to build alliances with non-disabled people for empowerment and community development. Through the co-operative movement, people with disabilities can overcome disadvantage and exclusion from participation in mainstream social activities.
As discussed in Chapter Two, people with disabilities are one of the most marginalized groups, facing numerous economic, social, and political obstacles that prevent them from meaningful economic and democratic participation, and thereby reduce their opportunities for empowerment and inclusion in Canadian society. The majority of people with disabilities in Canada live below the poverty line, and are forced to rely on social assistance benefits for survival. One promising way to engage this marginalized group in meaningful employment and economic participation is the formation of co-operatives. Community empowerment through co-operative development encourages people to take control over and responsibility for their own lives. This chapter documents examples of such empowerment.

This chapter focuses on the methods and results of case studies of co-ops that empower people with disabilities. Since knowledge is an aspect of power, learning how other disability-related co-ops are having an impact on economic and labour market trends will inspire more co-operative development in the disability community. This will lead to a better understanding of the social, political, and cultural contexts in which people with disabilities live and struggle for

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22 Case studies involve an in-depth, longitudinal examination of a single instance or event. The researcher gains a sharpened understanding of why the instance happened as it did, and what might become important to look at more extensively in future research (Yin 2003).
change within the disability movement. People with disabilities are often seen by society as dependent and a strain on the system, and the case studies presented in this chapter each display how this stereotype is countered and how economic empowerment can spill over into other areas. All represent forms of economic activity and have a work component to them. They are not employment co-ops per se, but all have an employment aspect that is about people with disabilities contributing economically to society and reducing the need for dependence on the state.

This chapter contains two types of case studies. The first three case studies presented here may be termed "mini-case studies," and were conducted via email. The fourth is a more detailed case study conducted through face-to-face interviews, originally undertaken for a Special Topics course on Co-operatives and Sustainable Development. The small procedural distinction was the main difference between this featured case study and the three minor ones. The purpose of each of the case studies is to gain a better understanding of the potential the co-operative movement holds to empower people with disabilities. Each type of case study had a separate ethics approval process.

Building Disability Solidarity through Co-Operative Development

Forming a co-operative is often an important empowerment strategy to assist various marginalized and excluded groups move towards social inclusion. How can co-operatives be used to empower people with disabilities? These case studies will give the reader a better understanding of how co-operatives contribute to sustainable community economic development, following the social model of disability. Since there is a lack of information about the experience

23 The original report, Building Inclusion through Cooperation: A Case Study of the Churchill Park Greenhouse Co-op is available from the author.
of people with disabilities in the co-op movement, a basic purpose of these case studies is to document the experiences of four disability-related co-ops in Canada. The case studies examine the purpose and operations of each co-op, explore some of the challenges the co-operatives have faced, and describe how they have empowered people with disabilities as stakeholders.

**Mini-Case Studies**

**Participants**

This study was approved by the University of Saskatchewan’s ethical review committee, the University of Saskatchewan Behavioral Sciences Research Ethics Board on May 13, 2009. The co-ops studied below were found because they each have a website which provided basic information\(^{24}\). Interviews via email were then conducted to investigate. Initial contact was made by e-mail with the executive directors (ED) of each co-op (Appendix A). The ED either completed the questionnaire or directed me to the appropriate personnel who would do so (Appendix B). Participants of the study included\(^{25}\):

- Carolyn Lemon, Board Member of Common Ground Co-operative
- Hugh Nelson, ED of Y’s Owl Maclure Co-operative Centre
- Jill Broadbent, Program Coordinator, Y’s Owl Maclure Co-operative Centre
- Patricia Hanbidge, ED of Crocus Co-op

They were informed that their participation was voluntary and could be withdrawn at any point throughout the research. They were also made aware that they had the right to refuse to respond to any questions they did not wish to answer. Questions were not personal and participants were free to choose not to answer questions they felt concerned about. Consent to use the information

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\(^{24}\) Caution should be exercised when using websites for research purposes. Even if the site is credible, the majority of the information on it may be promotional or misleading. A researcher should work to overcome these limitations by also looking at other sources of information or conducting interviews with those involved.

\(^{25}\) No consumers were contacted for this particular study, as the focus was more on the economic and organizational functions of the co-op. Some social issues are discussed, but the social impact of disability-related co-ops which includes interviews with members is an area that needs further research.
in the questionnaire was given upon completion of the questionnaire. Participants were given the opportunity to review the report on their co-op and make any changes, deletions, or comments to ensure that the report reflects what they intended to say. Participants were able to provide feedback through their involvement in the editing of their co-op's report.

Procedure

Upon agreement to participate, the participants were e-mailed a brief questionnaire designed to gather information on the size, structure, activities, and impact of their co-op (Appendix C). The questions addressed such themes as:

- Size of the co-op
- Organizational structure of the co-op
- Activities of the co-op
- Relationship of the co-op to other disability organizations, the larger community, government, and the private sector

The questionnaire was divided into three parts. Part I was designed to gather basic information on the size and structure of the co-operative organization. Part II was designed to gather information on the history and operation of the co-operative organization, and included questions such as:

- What was the motivation for creating the co-operative?
- What is the main purpose (mission) of this co-operative?
- Why did you choose the co-operative form of business organization?

Part III was designed to gather information on future directions, and member satisfaction with the co-operative organization. The case studies were designed to address such themes as: history/organizational structure; activities; relationship of the co-op to other disability organizations, the larger community, government, and the private sector; the challenges the co-op has faced or/ is facing; and finally how the co-op benefits its members and the community.
Common Ground Co-operative (CGC)

CGC, located in Toronto, Ontario, is an incorporated, non-profit, co-operative service organization, without share capital, promoting the establishment of self-employment initiatives for people with developmental disabilities. Supported business partnerships are a proven model that give people responsibility and help them to define their contribution to the community:

The mission of the Co-op is to bring together the expertise and talent found in existing institutions, agencies, businesses and other community groups to support the creation and maintenance of business enterprises for people on the margins of our society. CGC meets its mission by ensuring that over fifty people with challenges achieve long-term employment that allows them to interact daily with their peers and with the public (unpublished e-mail correspondence with Carolyn Lemon 2009).

CGC brings together community resources to facilitate long-term employment of people with intellectual disabilities (Common Ground Co-operative website 2009).

Consisting of 150 members, including 11 Directors, CGC works well because many people in the wider community have an opportunity to show support for quality employment for people with disabilities by becoming members. Two-thirds of CGC members and Board members are not related to a person with a disability. This is seen as strength, because it encourages breadth of experience on both sides and because employment for this population should not be left to families and agencies only.

Those Co-op members who have adult children in the business partnerships would find few viable alternatives for employment for their children…many people in the community believe that the whole community, not just family members, must take responsibility to provide meaningful employment to this population. The partners in the businesses would not have the joyful responsibility of a secure paying job and the dual benefits of both many friends among their peers and integration into the community (unpublished e-mail correspondence with Carolyn Lemon 2009).
Members of CGC volunteer in one of two ways: assisting on the business sites, and serving on the Board and its committees. Many also have become donors of money as well as time. CGC has an active Board, with most Board members heading a committee, and puts a high priority on voluntarism by maintaining a Membership and Volunteer Committee, providing contract staff and volunteers to oversee volunteer training and appreciation.

[CGC has been successful] because we have stuck to our basic principles and have promoted our work publicly…newsletters and e-newsletters are key. [We are proud of the way] our business partners are living up to and beyond our expectations [by] their involvement in workshops and conferences as guest speakers explaining how they operate their businesses; how they take responsibility for themselves and their businesses; and how they are learning and growing through their work and through our educational programmes (unpublished e-mail correspondence with Carolyn Lemon 2009).

The co-op signs a services agreement with each business partnership to provide staff and other needed support. Members are kept up-to-date on co-op news through a newsletter. Seven or eight of the Co-op’s members are people with an intellectual challenge. At this time no person with a disability is serving on the Board, but people with disabilities are still very active in the governance of CGC:

Four people with challenges, one representing each business partnership, serve on a Joint Advisory Committee that meets once a month with two members of staff and two Board members. CGC’s by-laws give the right of full membership and election to the Board to the people with disabilities who work in the four businesses. I’m proud of the way [CGC is] changing the prevailing public views of the capacity of people with disabilities (unpublished e-mail correspondence with Carolyn Lemon 2009).

CGC was founded in April 2000 to support Lemon & Allspice Cookery, a Toronto food catering service operated as a business partnership and social enterprise. The Cookery is owned and operated by people with intellectual challenges, assisted by job coaches, and produces foods in a commercial kitchen in Toronto. Food products are sold both wholesale and retail. Lemon &
Allspice Cookery also provides catering for business meetings and community events. The role of CGC is to support and develop small businesses, through fund-raising, consulting, networking, and service agreements in order to provide the dignity of meaningful employment to people who otherwise would not be able to participate in the world of work (Common Ground Co-operative website 2009).

The Coffee Shed is another business partnership of people with intellectual disabilities supported by CGC. It sells baked goods and sandwiches made by Lemon & Allspice Cookery and coffee grown using methods that support the worker and the environment. Organic fair trade coffee is grown without pesticides, herbicides, and chemical fertilizers. Workers growing the coffee are paid a fair price for their produce. This means they have the resources to develop their communities while using farming practices that sustain the land. The Coffee Shed has three locations throughout Toronto (Common Ground Co-operative website 2009).

CGC provides pre-vocational life skills instruction through the Foundations Program. In this program, individuals are taught the skills needed to successfully enter the world of work. Participants are educated through structured workshops covering topics such as “Business Communication” and “Problem Solving”, as well as hard-skills, such as operating a cash register and on-site training at one of the partnerships. It puts a special emphasis on the majority of learning being peer directed and led. This program offers skills training and job program for adults with developmental disabilities who are interested in gaining skills, knowledge and experience towards part-time or full-time employment and/or self-employment. Participants learn the skills for operating a business from learning how to use a cash register, customer service, and food & safety techniques, to learning how to do banking and creating business plans (Common Ground Co-operative website 2010).
CGC recognizes that the economic problems of people with disabilities are largely a result of ableist attitudes of employers. CGC has three objectives: to create long-term self-employment through small business partnerships; to promote the development of entrepreneurial skills; and to educate people with disabilities in practices of group self-determination (Common Ground Co-operative website 2009). The development of this co-operative allows people with disabilities to make their own money, rather than simply receiving it from the state as dependents.

CGC promotes the independence and growth of its employees and the inclusion of people with disabilities in the community. It differs from other employment offerings for people with developmental disabilities by letting employees:

- have a say in the way their work place is organized and operated
- interact with customers who appreciate their work and product
- learn the pride of ownership while working cooperatively
- recognize that their hard work leads to business expansion and long-term employment
- Contribute to the life of the community (Common Ground Co-operative website 2009).

CGC’s relationship to the community and the co-op sector shows how promoting employment and economic inclusion of people with disabilities can contribute to sustainable livelihoods and social solidarity.

The Ontario Co-op Association (ON Co-op) has helped us to bring together people from various sectors of society, including the business sector, to address the issue of employment for people with intellectual challenges. People in the Co-op sector understand the kind of democratic model that we wanted to establish (unpublished e-mail correspondence with Carolyn Lemon 2009).

Despite providing substantial cost savings to the provincial government, CGC has faced challenges in dealings with government. Many of these challenges stem from patronizing
attitudes toward people with disabilities. Equally problematic, however, has been finding a legal structure that reflects empowerment:

We did explore the possibility of making Lemon & Allspice Cookery a worker co-op, but the Co-op Act requires members of a worker co-op to receive [an hourly] wage. Business partnerships do not have such a requirement. Our business partners receive a portion of their business revenues each month, according to their hours worked\(^\text{26}\) (unpublished e-mail correspondence with Carolyn Lemon 2009).

CGC’s effort to establish a worker co-op was hindered by the inflexibility of existing co-operative legislation, which is perhaps exacerbated by the condescending attitudes towards people with disabilities held by governments. This is discussed further in Chapter Four.

CGC has a commitment to building multi-stakeholder alliances by bringing together different community groups, such as disability organizations, religious organizations, schools, and governments, to promote the empowerment of people with disabilities. CGC follows the idea that not only those with a personal connection to disability should support people with disabilities:

Co-op members who do not have family members who are partners in the businesses would not have the satisfaction of contributing to the resolution of a major problem of unemployment among marginalized people. Those who volunteer on the business sites would miss the opportunity to develop friendships as equals with people who have disabilities (unpublished e-mail correspondence with Carolyn Lemon 2009).

The members believe that the wider community has a responsibility for meeting the employment needs of this population. The non-disabled members ally themselves with people with disabilities out of a broadly based commitment to social justice. These multi-stakeholder alliances increase the empowerment opportunities for the disability community.

\(^{26}\) This is a liveable and sustainable salary, usually above minimum wage.
Many of the members are enriching their own lives by contributing their time and talents to this initiative. CGC supports students who are wishing to do their field placement in support of individuals with intellectual disabilities. The sites for the business enterprises are offered rent-free through contracts with four community organizations: Community Living Toronto, Surrey Place Centre, New College at the University of Toronto, and Jewish Vocational Services. They believe that workable and successful businesses are most likely to be supported by several community organizations working together. CGC is a member of the Ontario Co-op Association (ON Co-op). The resources of all these organizations have been key to the development and success of CGC.

CGC began with a small government grant to support one part-time job coach and three business partners. Today, government and foundation funding supports a full-time Director, a Financial Administrator, and seven job coaches. Common Ground Co-operative’s support to the business partnerships of the Lemon & Allspice Cookery and the Coffee Sheds would not be possible without a diverse range of funders (Common Ground Co-operative website 2009) and CGC is always seeking funds to continue operation:

About 65% of our funding comes from the Ontario government’s Ministry of Community and Social Services. We have had some form of provincial government funding from the start-up of the Cookery in 1998. In the early days, provincial government special project funding was our sole source. There were also key people in the Ontario Ministry of Community and Social Services who wanted to support innovative projects like ours. We have had significant support from … many other smaller grants from various foundations, corporations, Co-op members and other individuals (unpublished e-mail correspondence with Carolyn Lemon 2009).

CGC, like other innovative social enterprises, has faced many challenges. Difficulties such as finding and utilizing business and marketing expertise are common to most emerging co-operatives. But CGC faces unique challenges, one of which is providing effective education and
awareness about the co-operative model to families and members who are used to a social service agency model for addressing the needs of people with disabilities. Another challenge is encouraging Board members to relate as equals with the business partners. A third issue is finding ways to meet the needs of the many more people with intellectual challenges, and their families, who have expressed interest in the business partnership model.

CGC is also always looking for research and development opportunities to improve their model and carry it forward to other communities. CGC originally chose the co-operative form of organization because it was the most suitable way to achieve their mission.

Adults [with disabilities] are not willing to accept sheltered workshops or individual temporary mainstream job placements as [their] employment future (unpublished e-mail correspondence with Carolyn Lemon 2009).

CGC is seeking funding to address this issue. They are also seeking official recognition of the business partnership model at the provincial government levels.

CGC board members are very involved in their community. They have, over several years, developed numerous personal, business, and institutional contacts, many of them with people who have disabilities. They have a history of community activism, and a positive image within the broader community. The partners with disabilities, their families and the wider community all benefit directly from our supported employment initiatives. Partners gain confidence, skills, valuable workplace interaction, and the ability to live independently. Their engagement in meaningful commercial activity positively impacts the local economy. It also provides an opportunity to increase the visibility of this often-overlooked section of the community and to educate the public on the potential for creative and positive forms of social inclusion (Common Ground Co-operative website 2010).
Y's Owl Maclure Co-operative Centre

Y's Owl Maclure Co-operative Centre, located in Ottawa, Ontario, is a non-profit charitable employment co-operative, without share capital, working in partnership with the community to create day time opportunities and employment for people with disabilities. They are committed to recognizing the unique spirit of each individual, treating all individuals with dignity and respect, and respecting the individual's right of choice (Y's Owl Maclure 2009). It works well because:

The focus on the members as the driving force that can provide direction and decision making is an important facet. The recognition of member rights and responsibilities provides services and supports under [a distinct framework] (unpublished e-mail correspondence with Hugh Nelson 2009).

Y’s Owl Maclure currently has 248 members. All members are persons with disabilities and are vested with the legal authority for appointing the Board of Directors, appointing the auditors, and various other decisions of a legal nature. There is a maximum of three spaces on the Board of Directors for members, but only two of these spaces are currently filled. These members have a say in the Board’s decisions, but their positions are as representatives of the membership to the Board Executive. Monthly member meetings are held to allow members to voice their opinions and concerns on issues of their choice. “Pride comes from the growth of the members and their place within the organization” (unpublished e-mail correspondence with Hugh Nelson 2009).

Y’s Owl Maclure Co-operative Centre was formed in April 1999 through the merger of two pre-existing organizations by the YMCA businessmen’s association, who saw the need to provide employment opportunities for people with disabilities who were having trouble accessing the work force. The two merged organizations were the Y’s Owl Co-op, a worker’s co-op formed in 1982 to allow individuals with disabilities to be the owners and operators of the
business, and the K.C. Maclure Habilitation Centre, established in 1985 as a residential facility to provide recreational and community outreach supports in an environment that fosters personal growth, opportunity, and dignity for adults with disabilities (Y’s Owl Maclure 2009).

The co-op offers a full range of day supports and services: vocational, supported employment, recreation and leisure, and community outreach. It offers a variety of both on-site and community programs:

We are more of a social co-op as opposed to an employment co-op, although our roots are in employment. We have a multitude of supports and services, not just employment support (unpublished e-mail correspondence with Jill Broadbent 2009).

Y’s Owl Maclure operates a range of outreach programs.

- The L.I.N.E.S. (Linking Individuals through Naturally Existing Settings) program provides small group social and recreational activities allowing participants to join in other community activities.
- The Outreach Program provides individualized support and service to people living with disabilities in the community. Services range from companionship to supports that encompass the justice system.
- Foundations, a program designed to assist young adults with developmental disabilities to make a successful transition from school to work, offers a wide range of community participation activities and work. Foundations allow young adults to explore a variety of supports and services, make informed decisions, and direct their own future. Foundations aim to assist young adults in developing the skills they need to become more independent within their home and community.
- The Y’s Owl Employment Program offers members paid employment opportunities in a fully integrated work setting. A participating member is supported by a job coach, who provides on-going assistance in the job search, training, and the follow-through process. As the individual becomes more confident in his or her position, the job coach begins to step back in order to promote greater independence and integration. However, the job coach will continue to visit the placement employee and employer on-site to ensure a positive long-term relationship. (Y’s Owl Maclure 2009).

The Y’s Owl Employment Program is the only program that offers support to both the employee and employer. Employers who participate in this program receive financial support for training and a job coach if one is needed on an ongoing basis, and the employer pays the
placement employee a fair and competitive wage for the job. Employers benefit by maximizing their hiring options, reducing staff turn-over, gaining access to pre-screened and motivated candidates, and getting on-the job employee training at no cost. Employees benefit by acquiring valuable work experience, becoming more active members of the community, gaining independence, and developing a greater sense of self-worth (Y’s Owl Maclure 2009). Y’s Owl Maclure promotes the independence and growth of its members and the inclusion of people with disabilities in the community.

As an additional service, Y’s Owl Maclure also maintains a lending library of sexuality resources for individuals with disabilities. The resource library is intended for individuals, families, or caregivers. People teaching sexuality in a classroom or program setting, support groups, or students studying in the social sciences are also able to access this resource library.

As for the resource library...it is a much needed service for the individuals that we support and actually had its origins at another agency many years ago (unpublished e-mail correspondence with Jill Broadbent 2009)

The library is also the site for meetings for the Sexuality Network of Ottawa Carleton, an association of service providers (Y’s Owl Maclure 2009).

Y’s Owl Maclure is partially funded by the Ministry of Community and Social Services and receives the rest of its operating funds through the sale of its services and through fundraising activities:

The Cooperative was first funded 100% by the revenues from the contract work that was done by the members with some additional fundraising by the Y’s Men. At this point the Cooperative centre is funded almost exclusively by the Ministry of Community and Social Services with our Work Centre generating approximately $70,000 dollars a year in gross revenue (unpublished e-mail correspondence with Hugh Nelson 2009).
The co-operative’s on-site work centre, the Frank Emmett Work Centre, assists members in the acquisition of appropriate work habits and marketable skills to enable them to enter the competitive work environment. Many services are offered through the centre, including a stretch film wrapping service for individual and bulk products, assembly service for projects that are unsuitable for automated applications or require considerable handling, customized poly bagging, and bulk mailing.

The Frank Emmett Work Centre also provides a complete outdoor maintenance service program that includes activities such cleaning of outdoor common areas and parking lot facilities, maintaining lawns and landscaping grounds, painting fences, washing windows on the ground levels of buildings, and clearing snow from walkways and driveways. Some participants are involved in city crew contracts supported by a staff supervisor. Each crew member earns minimum wage and provides services to municipalities, private businesses, and home owners within the community (Y’s Owl Maclure 2009). Through these means, Y’s Owl Maclure is able to facilitate meaningful paid employment for adults with developmental disabilities.

The social model of disability is illustrated in every step of the Y’s Owl Maclure’s development and current activities. The social model resists the pervasive under-estimation of the potential of people with disabilities to contribute to society, and has a lot to do with why the co-operative form of business organization was chosen in the first place:

At the time it was felt that this was the fairest way to make sure that the members (people with disabilities) had solid returns for their work and had a voice in the ongoing operation of the business. The membership…still provides input and a focus for both the funders and staff of the organization (unpublished e-mail correspondence with Hugh Nelson 2009).

By placing emphasis on membership control and responsibility, Y’s Owl Maclure is challenging the stereotypes of people with disabilities.
Y’s Owl Maclure’s relationship the community and the co-op sector shows how promoting employment and economic inclusion of people with disabilities can contribute to sustainable livelihoods and social solidarity. They have a connection other co-operative organizations like the Canadian Co-operative Association and On Co-op, which develops, unites, and promotes co-operatives throughout the province of Ontario (On Co-op 2009).

Y’s Owl Maclure sees the importance of multi-stakeholder alliances formed by linking together different community groups to promote the empowerment of people with disabilities. They have links to many provincial organizations, including the Ontario Rehabilitation, Work and Community (ORWC), a professional association representing organizations which provide innovative training to assist individuals with significant barriers to make the transition to employment and community-based alternatives (OWORC 2009). Other partner organizations include the Ontario Agencies Supporting Individuals with Special Needs (OASIS) (OASIS 2009); the Ontario Association on Developmental Disabilities (OADD), a professional organization of people working and studying in the field of developmental disabilities (OADD 2009); and the Ontario Partnership on Aging and Developmental Disabilities (OPADD), whose mission is to ensure that the general and special needs of persons with a developmental disability who are aging are identified and effectively addressed (OPADD 2009). They also have links to many local community organizations including the Ottawa Chamber of Voluntary Organizations (OCVO), a coalition of community organizations working together to have a greater impact on the vitality of the Ottawa community (OCVO 2009); Developmental Services Ottawa; various school boards and schools; Job Connect; Canadian Mental Health Association; and the United Way.
Y’s Owl Maclure, like other innovative social enterprises, has faced many challenges. Difficulties such as finding and utilizing business and marketing expertise are common to most emerging co-operatives. But they also face unique challenges such as:

…the identification of the role of the cooperative members who are not actively working within the constructs of the Work centre model, defining membership levels and expected requirements for members who receive individual service through our various programs, [and lack of] resources both for the contract Work Centre and the decrease in funding from our main funder the Ministry of Community and Social Services (unpublished e-mail correspondence with Hugh Nelson 2009).

Innovative co-ops such as Y’s Owl Maclure also need to:

Develop the support of the community. Disappointment comes with the difficulty in getting the Community truly involved in the work of the Centre and poor support from the business community (unpublished e-mail correspondence with Hugh Nelson 2009).

Y’s Owl Maclure Co-operative Centre focuses on providing supports and services which allow for self-direction, enhance integration in the community, provide peer support, and offer opportunities for personal growth and improvement of self-esteem. Members’ lives would be different if this co-op did not exist, and they would not have:

…the chance to make their own decisions, work together for a common direction and participate in the building of the organization and identifying themselves as productive employees (unpublished e-mail correspondence with Hugh Nelson 2009).

Crocus Co-op

Crocus Co-operative was established in Saskatoon, SK, 20 years ago by individuals who wanted to support and assist others coping with the feelings of isolation and loneliness that
accompany mental illness, and end the cycle of poverty associated with poor mental health (Hanbidge 2009). Positive mental health is a necessity for overall well-being and is affected by many things such as where a person lives, the state of the environment, genetics, income and education level, and relationships with friends and family. Social conditions such as poverty, income disparities, homelessness and housing instability, income insecurity, racism, sexism, and homophobia all affect mental health (Asmuss 1989; unpublished e-mail correspondence with Patricia Hanbidge 2009).

Crocus Co-op, incorporated under the Saskatchewan Co-operatives Act in 1983, is a private, non-profit organization for people with mental health disabilities where members can find companionship, understanding, and support (Crocus Co-op website 2009). It is a “not for profit” co-operative: that is a co-op where the entire surplus is directed back into the co-op and none is ever allocated to individual members. Crocus was founded by consumers of mental health services recovering from psychiatric illnesses as a place of mutual self-help and respect. Over the years Crocus has demonstrated fidelity to that vision by challenging the stigma of mental illness with programs that provide tangible opportunities and benefits for Crocus members (Crocus Co-op website 2009).

Originally modeled after Fountain House of New York State, which has an approach based on the idea that former patients are members rather than patients or clients. The Fountain House clubhouse offers a wide variety of social and recreational programs that help members’ combat isolation and loneliness. The day-to-day maintenance of the clubhouse is handled by the members, including preparing and serving meals, answering phones, cleaning, visiting

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27 In a strictly non-profit co-op, none of the surplus is ever allocated to individuals; all is always retained by the co-op for collective use. The word profit is also tricky since by some definitions all co-ops are nonprofit - originally, a profit was defined by co-ops as a speculative return paid to capital, and co-ops don’t generally pay any dividends on capital. All co-ops would also insist they are "not for profit", i.e. they don’t exist just to make profits.
hospitalized members and maintaining attendance records. People who are largely unemployed and marginalized can thus make a positive contribution that is recognized and appreciated by others, whether members or staff of Fountain House. They also have an employment program which is intended for members who are not able to function in regular employment. In this program Fountain House, rather than individual members, contracts with business for certain jobs. Depending on the job and the condition of the members, the job may be completed by one or a number of members. If one of the members assigned to the job has a crisis and is temporarily unable to fulfill his duties, the slack is picked up by one of the others (Asmuss 1989).

In this day of cutbacks and fiscal austerity, society is looking toward innovations in delivery of mental health services. Crocus Co-op is one such alternative. In comparison to mental health consumers who do not participate, Crocus members stay well for longer periods, rely less on emergency services, and have a reduced number of relapses. The result is a reduced strain on the health care system by having people spend less time in hospital and helps to strengthen the community by helping people to cope and thrive within it (unpublished e-mail correspondence with Patricia Hanbidge 2009). On average, mental health consumers participating in a community program used thousands of dollars less in social services per year than a comparable population (Sutherland and Beachy 2004).

With over 2,000 members, Crocus Co-op is a self-help support program that helps address inclusion and integration into society, and has shown that being given the opportunity to participate in paid work and having some control over choices and everyday movements makes the journey towards integration and citizenship much smoother. The Crocus founding group decided to work toward providing a clubhouse where street patients could come for support and
flexible, realistic employment opportunities tailored to the needs of people recovering from mental illness. The elements of responsibility, work, and citizenship are at the core of Crocus, which is why their governing board is member-driven: “Our Board is made up of 51% consumers (7 out of 12 Directors are members of Crocus)” (unpublished e-mail correspondence with Patricia Hanbidge 2009). Recovery must be viewed as the individual’s journey to reach full potential and maintain control of his or her life (Crocus Co-op website 2009).

People with mental illness are often marginalized and alienated from the community, so many find that the informal support they get from peers or family and from being able to contribute to meaningful daily activity makes all the difference in their recovery. Crocus is important for members because of its unique role in providing mental health services within the community. Members benefit by becoming more active members of the community, gaining independence, and developing a greater sense of self-worth. Crocus promotes independence and inclusion of people with disabilities in the community by featuring close interaction with supportive non-consumers. Crocus is informal, loosely organized, cost-effective, and community oriented, and encourages members to participate in meaningful roles in the community such as casual employment and volunteer activities (Crocus Co-op website 2009).

Crocus incorporates two concepts of proven value. One is that a close partnership of consumers and interested non-consumers is far more productive than mental health consumers working by themselves. The other idea is that providing suitable work for mental health consumers solves a lot of problems. Crocus features a built-in bridge to the community: “We have strong links to the mental health community and share excursions, events and educational opportunities” (unpublished e-mail correspondence with Patricia Hanbidge 2009).

28 The term “consumer” in this context refers to someone who uses mental health services.
Continued employment is usually impossible to maintain so most people recovering from mental illness live in poverty and face inadequate housing, poor nutrition, and poor personal hygiene and health practices that interfere with physical and mental well-being. Crocus’s Transitional Employment (TE) program is the real heart of the co-op’s rehabilitation strategy, as the TE program also offers a variety of casual, seasonal, and part-time jobs. Crocus Can-Do Crews do yard maintenance, snow clearing, residential moving, and hauling, and can help with a variety of home projects and chores such as moving, hauling and other jobs. They also manufacture pin-on promotional buttons (Crocus Co-op website 2009). While recovering from mental illness, members find that getting back into the workforce can be very problematic, and this leads to reliance on social assistance for income. The opportunity to relearn how to work, how to manage schedules, how to interact with fellow workers, and how to contribute to their own well-being makes the TE program very effective.

Crocus operates a Monday-to-Friday drop-in centre that provides opportunities for members to participate in any of the activities and services available. They have special celebrations, dances, outings, and parties that give members an opportunity to have fun, and they have a computer room where members can e-mail, brush up on computer skills, or access the Internet. They also have a physical activities program, and members can play pool if they wish. Members volunteer to do dishes, wash floors, and keep the washrooms clean while learning valuable skills. The drop-in centre provides a social setting where members have developed a mutually supportive community. The centre houses office space, a canteen, a computer area, and space for social-recreational activities, work activities, and storage. Crocus believes that healthy bodies and healthy minds go together. Members can meet at the drop-in centre to purchase a home-style meal from their canteen and enjoy it in a social atmosphere.
Crocus fills a gap in the lives of mental health consumers by organizing social-recreational activities including watching television, games, dances, parties, bingo, card tournaments, a library, internet and electronic games, and classes in ceramics, horticulture, and art (Crocus Co-op website 2009). Depending on their degree of recovery, some members may only want to sit with a coffee and watch television, while others will become very involved in group and volunteer activities (unpublished e-mail correspondence with Patricia Hanbidge 2009).

At Crocus, people develop necessary skills for functioning in their homes and the community. Crocus Co-op’s goal is to “maximize individual potential for community living.” To that end, programs target:

- Basic Living Skills – living arrangements, monetary resources, cooking, cleaning, and health care
- Work Adjustment Skills – various work skills, including in-house manufacturing of promotional buttons and placement of people in supervised work environments
- Socialization Skills – interaction with others in an occupational setting and development of increased awareness of community resources
- Recreational Skills – leisure activities, such as games, music, sports, arts, and crafts (Crocus Co-op website 2009)

A member of the Crocus Co-op community, wishing to remain nameless, submitted the following:

Crocus Co-op, to me, is a clean, bright, and always benevolent place where I can find friendship and support when almost no other place is available to me. When you are a person suffering from mental and emotional problems, the reaction and attitude from the general public, as well as from friends and relatives, is seemingly almost always one of negativity and ignorance. Crocus Co-op is just about the only place where I can be honest and open about my mental illness and know that I will not be condemned or ridiculed for it. Because of [Crocus], I now have the strength and courage to go back out into the world and get the education and social skills to live in it again. There were many times in the past when I was afraid that this would never be possible. (Crocus Co-op website 2009)
The members of Crocus Co-op’s interaction with the community show how promoting employment and economic inclusion of people with disabilities can contribute to sustainable livelihoods and social solidarity. They see the importance of multi-stakeholder alliances formed by linking together different community groups to promote the empowerment of people with disabilities. Crocus Co-op focuses on providing supports and services that allow for self-direction, enhance integration in the community, provide peer support, and offer opportunities for personal growth and improvement of self-esteem. In the future, Crocus hopes to continue to raise awareness in the greater community and to help break down the stigma of mental illness by inviting the larger community of Saskatoon and area to experience Crocus in a variety of ways. They hope to continue to forge mutually beneficial partnerships with the community and other agencies (unpublished e-mail correspondence with Patricia Hanbidge 2009).

If Crocus Co-op had never existed, its members would be much worse off. Many would be unemployed, as the TE program meets the casual work needs and abilities of members unlike any other existing program. The closure of their food program would put additional pressure on community resources such as the Food Bank and the Friendship Inn, and contribute to the members’ low self-esteem by forcing them to accept charity. Crocus members value the drop-in environment where they can socialize and feel accepted. Crocus is an important resource for members:

[Members’] quality of life would be less. Some would be “just on the streets,” some would not have the same level of nutrition, and some would not have that family that exists in their “home away from home” at Crocus (unpublished e-mail correspondence with Patricia Hanbidge 2009).

Without Crocus, many members would have nowhere else to go.
Another important goal for Crocus is to continue the training programs in the kitchen and to further expand the horticultural therapy and gardening program. For members not involved in the work program, the gardening program delivers activities and events that enhance knowledge of gardening, promote the development of new skills, and provide the therapeutic benefits that gardening can offer. As well, Crocus Co-op hopes to enrich the TE program by continuing with the ongoing education and training. They want to ensure that members who are participating in the work program are able to use their cognitive and emotional capabilities to improve their skill level, both through education and through fostering relationships. It is hoped that these experiences will help Co-op members function effectively while dealing with the stresses of daily life (unpublished e-mail correspondence with Patricia Hanbidge 2009).

Crocus Co-op, like other innovative social enterprises, has faced many challenges. Difficulties such as securing community funding, space, and staff are common to most not-for-profit co-operatives. Crocus Co-op receives core funding from the Saskatoon Health Region, which makes their current growth and strength possible. They also receive funding from the United Way through the Community Fund and rely on individual donations. Income from the TE program also contributes to the budget of Crocus, thus reducing dependence on community funding (Crocus Co-op website 2009).

**Featured Case Study: Churchill Park Greenhouse Co-operative (CPGC)**

Open more than 30 years, CPGC ceased operations in January 2009, mainly because of rising costs. This does not take away from any of the findings, as it is still a successful example of how co-ops can empower the disability community by promoting the social model of disability. CPGC was a community service co-operative located in Moose Jaw, Saskatchewan,
designed to create economic activity for people with disabilities and other disadvantaged individuals. A community service co-operative is an organization set up to provide services to a particular community and that uses the co-operative principles to guide its organization and activities. The sorts of services that these co-ops provide reflect the different needs of the communities that they serve. A community service co-op operates much like a multi-stakeholder co-op, without the formal distinction of member types.

Participants

Potential participants were given an information sheet explaining the purpose of the project before agreeing to be interviewed (Appendix D). This project was conducted in accordance with the ethical guidelines for research as required by the University of Saskatchewan’s ethical review committee, the University of Saskatchewan Behavioural Sciences Research Ethics Board, which granted ethical approval for this research on November 9, 2005. The participants were made aware of their rights as participants; they were informed that they were free to stop at any time and that they did not have to answer any question that might make them feel uncomfortable (Appendix E). Data was drawn from face-to-face interviews with two people involved in some capacity with CPGC. Participants were:

- Lorne Elkin, the chair of the Board and the originator of the concept of the project
- Don Mitchell, former worker/manager, who has been involved in varying capacities throughout the history and continues to be a volunteer/supporter, especially covering farmers’ market sales in Regina

Procedure

The interview was conducted in the “breakfast room” at the Comfort Inn in Moose Jaw, SK, a dining room provided by the hotel which was relatively quiet for the recording equipment
and private for confidentiality. The interview was audio-recorded and later transcribed by a separate party (Appendix F).

Data was gathered by means of structured but fairly open-ended interview (Appendix G). This case study involved a visit to the co-operative, which was just getting started for the season and a detailed group interview with a former CPGC manager and a founding Board member. The data gathered through the interview and secondary sources included information on the following:

- Organizational structure under which the enterprise operates, including governance/democracy
- “Labour Relations,” including links between family labour and enterprise; between ownership, management, and work; and between co-op and non-co-op activities
- “History and Context” circumstances, conditions, attributes, and motivations that have contributed to this initiative
- “Public Agency and Industry Links” including relationships with government agencies and connections to other organizations and associations that provide resources/support/info
- “Local Supports and Challenges” including local and regional factors and actors that have provided support or challenged/opposed the co-op

**Activities**

CPGC was a small horticultural business trying to survive in a fluctuating and increasingly globalized economy, much like any other small business. What made this business different was that the majority of employees are from marginalized and disadvantaged groups, including people with disabilities. CPGC produced seasonal bedding plants and greenhouse vegetables, which it sold to stores and individuals in the Regina–Moose Jaw area. Employees would often work long hours without pay to complete the harvesting and marketing of the crops (Moose Jaw Times-Herald 1995). CPGC found ways to turn these otherwise excluded individuals into active, integrated, self-supporting members of society. It contributed not only to the individual participants, but also to the community at large. Many current or former
employees have used the skills and confidence developed at CPGC to secure other employment, or to just become more active in the community.

Although it was a small enterprise, employing just eight people for a full production season (20 to 30 weeks) and an additional 10 to 12 people for bedding plant season (8 weeks), CPGC’s economic impact over a period of time was significant. It sold $150,000 to $200,000 worth of produce annually; produced 25,000 lbs of tomatoes, 100,000 cucumbers, and approximately 1 million bedding plants; and generated over $4 million in local purchasing power over more than 30 years of operation. Half of that total represented pay for the seasonal workers\(^29\); the balance is local purchases in supplies and services from fuel and fertilizer, to hardware, packaging, and lumber. It contributed hundreds of thousands of dollars in local property taxes to the City of Moose Jaw (Churchill Park Greenhouse Co-op 1996).

**History of CPGC**

The Churchill Park Greenhouse Co-operative began as an idea in 1972. A few people in Moose Jaw began to wonder if it was possible to renovate and make productive a group of large vacant greenhouses in the Churchill Park area. Lorne Elkin, who had received national health grant support for seven major research studies that focused on the problems of community living for people with intellectual disabilities, was central to CPGC by putting these two ideas together. Elkin directed a local discussion group made up of representatives from different organizations in the community (Elkin 1976).

\[^{29}\text{CPGC allows people to participate in meaningful employment at income levels that do not exploit them and are above minimum wage ($10.00 - $14.00 an hour).}\]
These representatives, who wanted the new co-op to be from the ground up, were involved with the Canadian National Institute for the Blind (CNIB), the Saskatchewan Association for Community Living (SACL), and the Saskatchewan Voice of People with Disabilities, the Moose Jaw Anti-Poverty Organization, and the Moose Jaw Single Parents Association.

CPGC sponsors held the view that the economic problems of people with disabilities were a result of systemic discrimination and the attitudes of employers who refused to give people with disabilities a chance, rather than any real limitations in their capacity to produce. This social model of disability perspective is illustrated throughout CPGC’s development. CPGC shows how co-ops can develop leadership capacity, enhance social capital, and forge solutions that can fundamentally transform circumstances in order to improve overall quality of life for the marginalized disability community.

The provincial Human Resources Development Agency (HRDA) was contacted for a feasibility study, and the federal Local Employment Assistance Program (LEAP) was approached to provide capital costs of renovations and equipment. Additional funds for capital purchases were sought and obtained from HRDA, the Department of Co-operatives, Core Services, and the Department of Agriculture, all agencies of the provincial government. The two levels of government both played instrumental roles in the formation of the co-op.

CPGC was fully in production by summer of 1977. There were two original objectives. One was to set up a self-sustaining vegetable-producing enterprise to supply the local community. The second was to create meaningful employment at reasonable wages for disadvantaged people who had few or no employment options in the community, and to achieve these goals without exploiting the persons being exploitive.30

30 The spirit of Churchill Park was captured by Montreal film producer Mary Armstrong in her 1985 National Film Board production, “Everyone’s business.” That film profiled the goals of the project and several of the personal
In 1995, CPGC announced the lease of two sites from Saskatchewan Property Management Corporation within the Valley View complex, the province’s only long-term care facility for persons with intellectual disabilities (Government of Saskatchewan 1995). The move to Valley View had nothing to do with its institutional role, but was simply because it had a greenhouse that already existed, and CPGC was allowed to build new greenhouses. Construction costs were higher than expected, and there was some loss in retail traffic with confusion due to the change in location.

Organizational Structure

CPGC employees were all people who were at one time outside of the labour force, and others had a long history of welfare and unemployment (Moose Jaw Times-Herald 1977). CPGC employees were unionized:

The workers were unionized with retail/wholesale Union… [CPGC] took the form of a worker Co-op in practice but it wasn’t formally a worker Co-op. It was a Union Shop, but one that didn’t have a lot of the other structures of management…there was money to pay higher levels of salary… (Mitchell 2008)

Membership in the Retail Wholesale Department Store Union (RWDSU) reduced the vulnerability which disadvantaged workers usually face on government-funded projects of this kind (Moose Jaw Times-Herald 1989).

Unionization was one way the co-op was able to provide a meaningful living wage to its workers in response to pressure by government funding agencies to lower wages. At the time, no other industry that employs disadvantaged workers was unionized. The RWDSU has provided key support for the workers at CPGC, promoting solidarity among three unique social success stories of its determined workers. It illustrated the collective strength and social development of individuals who otherwise faced limited lifestyle choices and serious discrimination in the labour market (Armstrong 1982).
movements: the co-operative movement, the labour movement, and the disability movement. Trust is the key aspect of this solidarity. One unique reflection of this solidarity is an innovative means of financing through member and worker loans, in response to rigid market and government structures that fail to be flexible enough for the seasonal fluctuations of a greenhouse operation.

The Board of Directors was an informal, voluntary group of five that mainly plays a backup role:

The board of directors has always been a voluntary board…by and large it’s not a board that directs anything. It’s a volunteer support system, and that’s the way we function. It’s just a mix of people who are supportive of the principles of the greenhouse. (Elkin 2008)

In spite of its success in providing fair wages, the Board is disappointed that CPGC has not been able to create its own pension plan: “I think a disappointment of ours, [is] we have never been successful enough to have a pension plan.” (Elkin 2008).

Public Agency and Industry Links

The relationship with the provincial government was not very good at the beginning. Because of its innovative nature, CPGC did not fit into any of the preconceived categories, or silos, of co-operative development set by the government. CPGC was dependent on provincial government departments and agencies that had a lot of arbitrary power and could put the co-op under fairly easily. Agencies such as the Department of Co-operatives (now part of Enterprise Saskatchewan) were not sympathetic to issues that the co-op was facing, and went so far as to interfere with their loan application to the Credit Union. The Royal Bank, however, was prepared to loan money on the basis of the security in the land and equipment owned, and dealt on straight business terms.
The Department’s actions seemed to be almost a sabotage of CPGC’s operation. They maintained that they were attempting to serve the co-op’s “best interests” and were just playing a “cautious” role. The co-op did not find this to be an acceptable explanation, and this incident soured relations with the provincial government. CPGC did not see the Department as part of the network they defined as friends at that time. People from the Department of Co-ops seemed to think the co-op should look at doing something easier like craft production.

The co-op did eventually establish better working relations with the provincial government and they received funding from the Department of Co-ops (now part of Enterprise Saskatchewan) and from Social Services. The Department of Co-ops’ contribution was a one-year grant for capital maintenance and material purchases. The Social Services contribution was more long-term, and ultimately more meaningful: an employment support program for people who would otherwise be on welfare. This program has made the difference for the co-op’s year-to-year operating survival; it also has allowed the co-op to continue to make some improvements to the greenhouses and to create a reserve so that if it were to lose that funding, it would have the potential to survive two or three years.

CPGC’s relationship with the established co-op sector (credit unions and retail co-ops such as Federated Co-op) was somewhat strained as well:

There was a lack of bureaucratic initiative in the provincial government when it comes to small scale Co-ops. [CPGC has] found that’s a symptom of the relationship between the established Co-op movement in the province and small Co-op ventures like ours…I think that’s a reflection of the lack of creative support for small ventures…the Credit Union [is] pretty conservative (Mitchell 2008)

This apparent lack of co-operation on the part of the established sector to work with an innovative co-operative enterprise aimed at community development raised the question of the
existing co-op sector’s commitment to co-operation among co-operatives.

Labour Relations: Employee and community benefits

CPGC’s desire to pay reasonable wages led to considerable conflict between the board and the major funding agency, the federal Local Employment Assistance Program (LEAP). A LEAP representative suggested that disadvantaged workers cannot expect to earn wages comparable to those paid in regular industry. The CPGC Board has argued that unless wages are sufficient to provide some degree of economic independence for workers, the social goals of the greenhouse would be undermined. LEAP seemed more concerned with providing short-term employment immediately, rather than in assisting the project to become self-sufficient. The whole idea of the greenhouse project was to challenge existing attitudes and programs which exploit and exaggerate people’s disabilities by making them feel inferior and isolated and forcing them to get by on subsistence incomes.

The interview participants reported that there was always good community support, even though the co-op could not always match the price of products being trucked in from other provinces. They counted on that support, as competition was getting tougher mainly due to globalization:

… Like a lot of small local businesses [CPGC is up against a] globalization free-trade atmosphere, where cheap stuff is being dumped in from everywhere, undermining the basis of small-scale agriculture. It’s where people are committed to that local economy, and prepared to pay a little extra

31 The co-op has responded to changes in the economy due to globalization, moving away from traditional retail suppliers in both the private and co-operative sectors who opted for cheaper bulk suppliers, toward a niche in the “alternative” economy, retailing at the farmers’ market and capturing clients interested in organic, chemical-free, “green” products.
for it, exercised through the farmers market…there’s an increasing network of people that understand why this would be important and would support it…. (Mitchell 2008)

CPGC maintained community support by participating in the farmers’ market to reach a community of people interested in alternative healthier foods. CPGC did the majority of their retail business through the farmers’ markets in Regina and Moose Jaw. They also supplied to the good food box and child nutrition programs in the schools (Mitchell 2008).

In 2006, CPGC appeared to have growing self-sufficiency at that time; nevertheless, leaders in the co-op subsequently determined that operations should cease. It is curious that the provincial government of Saskatchewan did not allocate more funding to CPGC, considering they benefitted by supporting the Co-op, saving as much as $70,000 a year in payments to workers who would otherwise be obliged to seek social assistance:

The people [who are] part of the project…on social assistance and would be back in that circumstance—the cost to the government [is] significantly less than maintaining those people full time on social assistance. But [the benefits] in terms of their life, are much more important (Mitchell 2008)

CPGC further contributed to the local economy through its purchase of supplies, its payment of municipal taxes, and its employee payroll, which was spent almost entirely in the community.

In recent years, CPGC faced the internal struggle of not following its own objectives and becoming self-exploitive:

We weren’t doing what we wanted to be doing fully…we always [continued] because the employees didn’t have alternatives, even though it’s self-exploitive. The kind of freedom and strength and ability to make decisions and to have at least an employment base, an income, was better than the alternative because the competitive workplace just didn’t offer openings…. (Mitchell 2008)
CPGC countered this by trying progressive approaches to its problems. By developing worker participation, management encouraged employees to accept considerable responsibility for the overall success of the greenhouse as well as for their own work. They gave the project as much care and attention as the plants they grow.

The main success of this project has been in social rather than economic terms. The personal development of the individuals involved had been dramatic:

> The success of the project, in social terms, was very strongly evident given the makeup, the number of people who had been on social assistance [before] … This was work, rather than welfare. It would never be used as a model of success for a first-year course in commerce. But in a social work setting it would probably serve as a model of some success (Mitchell 2008)

CPGC had improved the employees’ self-esteem, social skills and job skills, and confidence in dealing with others: “It was certainly a plus for them and their confidence” (Mitchell 2008).

Throughout the co-op’s history, it has struggled with the patronizing attitude of government toward the co-op, people with disabilities, and other disadvantaged workers. This condescending attitude is evidenced by the incident where the Department of Co-operatives called the credit union and suggested it did not want the co-op to get in over its head and so the credit union should deny a loan, and that the co-op should do an activity more typical of disability-related organizations like craft production, rather than failing at operating a “real” business. Being unique, it struggled to fit into the silos in which government departments categorize programs. While many bureaucrats eventually conceded CPGC’s value, there was a constant struggle with a lack of policy that would support it across departmental jurisdictions. There was a failure of progressive policy capable of matching the vision or the innovation of CPGC.
These cases are meant to explore the value of co-operatives in enhancing social equality and promoting the social model of disability. These findings will help shape policy for the future co-operative and economic development of people with disabilities. Chapter Four will provide further analysis of these co-operatives and how they help build disability solidarity through co-operative development. The co-ops will be analyzed using four dimensions: how consumer-controlled\textsuperscript{32} the co-op is, use of multi-stakeholder alliances, promotion of the social model of disability, and ability to promote economic inclusion and social solidarity.

\textsuperscript{32} This is a term referring to the organizational integrity of disability community organizations. When the staff and Board of Directors are comprised necessarily of at least 51 percent people with disabilities, it is said to be consumer-controlled.
Co-operatives offer a unique experience for people with disabilities to enhance their efforts at empowerment and to decrease their dependence on the state. This chapter provides an analysis of the co-operatives presented in Chapter Three by focussing on four dimensions: consumer-controllability, use of multi-stakeholder alliances, promotion of the social model of disability, and ability to promote economic inclusion and social solidarity. In this chapter the advantages of the multi-stakeholder co-operative model for people with disabilities will be further discussed. The need for progressive legislative change—especially in Saskatchewan—becomes clear. The majority of existing multi-stakeholder co-ops operate on an informal level, but providing facilitating legislation in the province would likely lead to more multi-stakeholder co-op development, and greater empowerment of the disability community. Along with this comes the need for the co-op sector, its supporters, and its partners to publicize co-operative models appropriate to people with disabilities and conduct education about these models. The best way to build an empowered disability community is through future collaborative directions in co-operative development.
Analyzing the Cases

All of the case studies presented in Chapter Three are successful examples of how co-operatives can be vehicles for inclusion and empowerment for the disability community. Major findings from each co-op are presented below with emphasis on the four dimensions of consumer-controllability, use of multi-stakeholder alliances, promotion of the social model of disability, and ability to empower people with disabilities.

Consumer-Controllability

Consumer-controllability not only refers to the degree to which the co-op is actually controlled by people with disabilities, but also reflects the perceived overall social integration, or social power, it gives to people with disabilities.

<table>
<thead>
<tr>
<th>Co-op</th>
<th># of Mems</th>
<th># ofDirs</th>
<th># of Mems/w disabilities</th>
<th># ofDirs/w disabilities</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| CPGC  | Over 1000 | 5       | N/A                      | 1                      | • Informal, voluntary board (volunteer support system of people who are supportive of the principles)  
  • Status as a community service co-operative gives element of consumer-control by fact that they are set up to provide services to a particular community  
  • Unionized employees |
| CGC   | 150       | 11      | 8                        | 0                      | • At this time no person with a disability is serving on the Board, but 4 people with disabilities serve on a Joint Advisory Committee  
  • Employees have access to full membership and ability to elect Board |

\[33\] It should be noted although these co-ops were not legally incorporated as multi-stakeholder co-operatives, they operate as such, and therefore remain informal.
When a co-op has higher levels of consumer-control, it is said to be empowering to people with disabilities as it reflects the value of participation behind community development. It should be noted that even those co-ops with a relatively low level of consumer-controllability still give people with disabilities, or consumers, more power and control over their lives than traditional top-down controlled organizations because of their nature as co-operatives. Consumer-controllability involves processes of education and social integration which gives people with disabilities a sense of control and responsibility for what used to be done for them, brought about by education, persuasion, and leadership from within.

Consumer-controllability is about people with disabilities taking control of their own destinies. They benefit from membership in co-operatives, as members contribute to increasing social integration and community cohesion. The co-operatives presented here provide the flexibility to accommodate the complex and fluctuating energies and abilities of people with
disabilities, and are defined and developed by the desires, goals, and wishes of members themselves. These co-operatives all embody the four elements present in successful efforts at empowerment: access to information, inclusion and participation, accountability, and local organizational capacity. They acknowledge and integrate difference and diversity within the disability community while offering opportunities for people with disabilities to resist the barriers and disincentive toward active participation in society. These co-ops promote social integration and cohesion of people with disabilities in a society where they face social inequalities, a lack of social power and rights, and exclusion from labour markets.

*Use of Multi-Stakeholder Alliances*

The main difference between a regular co-op and a multi-stakeholder co-op is the different member categories. Although the co-ops studied in this thesis are not formally multi-stakeholder co-ops, they function this way through multi-stakeholder alliances (discussed in Chapter Two). Such alliances bring together different community groups to promote the empowerment of people with disabilities. These co-ops bring together disabled and non-disabled consumer-members, worker-members, and members who just have an interest in the co-op’s economic or social purpose. They are democratically empowering and can promote economic agency by providing a flexible structure that responds to the socio-economic issues facing the disability community, empowering people with disabilities, and promoting their social and cultural integration.

*Table 4.2 Multi-stakeholder Alliances*

<table>
<thead>
<tr>
<th>Co-op</th>
<th>Community partners?</th>
<th>Gov’t partners?</th>
<th>Disability partners?</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| CGC   | Yes                 | Yes            | Yes                  | • Many people in community show support by becoming members  
• Sites offered rent-free through |
community organizations
- Relationship with community shows how promoting economic inclusion contributes to sustainable livelihoods

<table>
<thead>
<tr>
<th></th>
<th>CPGC</th>
<th>Crocus Co-op</th>
<th>Y’s Owl Maclur e Co-op</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Community service co-operative (had community partners at founding)
- Maintains community support by participating in the farmers’ market
- Supplies good food box and school nutrition programs
- Encourages members to participate in meaningful roles in community, such as casual employment and volunteer activities
- Close partnership of consumers and non-consumers more productive than mental health consumers working by themselves
- Strong links to the mental health community and shares excursions, events, and educational opportunities
- Operates as a social co-op
- Multitude of supports and services, not just employment supports
- Full range of on-site and outreach day supports and services
- Maintains lending library of sexuality resources for individuals with disabilities, family or caregivers, people teaching, or students
- Site for meetings

**Promotion of the Social Model of Disability**

The social model of disability is illustrated in every step of these co-operatives’ development and current activities. The social model declares that what needs fixing is society’s failure to provide appropriate services and adequately ensure that the needs of people with disabilities are fully taken into account in social organizations. It addresses issues such as the under-estimation of the potential of people with disabilities to contribute to society and add economic value to society. The social model represents nothing more complicated than a focus
on the economic, environmental, and cultural barriers encountered by people with disabilities. These organizations also uphold the philosophy of Independent Living (IL) by supporting the principle that all individuals are entitled to reasonable risks inherent in personal growth, by recognizing an individual’s strengths, and by responding to the needs of individuals. Together they foster an environment that encourages all individuals associated with them to strive for excellence.

**Table 4.3 Social Model Promotion**

<table>
<thead>
<tr>
<th>Co-op</th>
<th>Social model</th>
<th>IL philosophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGC</td>
<td>• Recognizes economic problems are result of discriminating attitude of employers&lt;br&gt;• Creates employment&lt;br&gt;• Practices group self-determination&lt;br&gt;• Allows people with disabilities to provide for themselves what they once received from the state as dependents</td>
<td>• Promotes independence and inclusion by enabling people with disabilities to have control over workplace, interact with customers, and contribute to life of community.</td>
</tr>
<tr>
<td>CPGC</td>
<td>• Sponsors held the view that the economic problems of people with disabilities were a result of systemic discrimination and the attitudes of employers who refused to give people with disabilities a chance, rather than any real limitations in their capacity to produce&lt;br&gt;• Whole idea is to challenge existing attitudes and programs which exploit and exaggerate people’s disabilities by making them feel inferior and isolated and forcing them to get by on subsistence incomes</td>
<td>• Personal development of the individuals involved has been dramatic&lt;br&gt;• Improved the employees’ self-esteem, social skills and job skills, and confidence in dealing with others</td>
</tr>
<tr>
<td>Crocus Co-op</td>
<td>• Focuses on providing supports and services which allow for self-direction, enhance integration in the community, provide peer support, and offer opportunities for personal growth and improvement of self-esteem</td>
<td>• Members become active members of community, gain independence, and develop greater sense of self-worth&lt;br&gt;• Promotes independence and inclusion of people with disabilities in community&lt;br&gt;• People develop necessary skills for functioning in their homes and in the community</td>
</tr>
<tr>
<td>Y’s Owl</td>
<td>• Provides employment at fair and</td>
<td>• Recognizes the unique spirit of each</td>
</tr>
</tbody>
</table>
Maclure Co-op | competitive wages  
| • Assists members in the acquisition of marketable work habits and skills to enable them to enter the competitive work environment  
| • Emphasis on member control | individual, treating all individuals with dignity and respect, and respecting the individual's right of choice |

*Ability to Promote Economic Inclusion and Social Solidarity*

All the co-ops presented in this thesis deal with some aspect of employment and economic activity; these co-ops make a difference in the economy and in the lives of people with disabilities by going beyond the model of the sheltered workshop or traditional disability organization. These co-ops demonstrate a strong link between economics and social empowerment by promoting the social integration and cohesion of people with disabilities in a society where they face social inequalities and a lack of social power and rights by first increasing their access to paid employment. The co-operative values and principles of social responsibility and concern for the community contribute to capacity-building of people with disabilities because they play significant roles in training and education.

The co-ops presented in Chapter Three all move away from the traditional medical model of disability, which is a model reflected in the patronizing tones and condescending attitudes of government policy in the past. They all promote the independence and growth of their members, corresponding with the social model of disability and IL philosophy, by providing a mode of economic independence and promoting the inclusion of people with disabilities in the wider community. This includes interaction with the community through market activity, and with the labour movement, community organizations, and individuals. By gaining confidence and experience with the co-op, members also become more involved in various community groups and social and political movements. By receiving the confidence that comes with economic
independence, members strengthen their social and leadership capacity in their interaction with the community. This illustrates the potential for co-operatives to build social capital within the disability community.

<table>
<thead>
<tr>
<th>Co-op</th>
<th>Economic Inclusion</th>
<th>Social Solidarity</th>
</tr>
</thead>
</table>
| CGC            | • Supported business partnerships ensure long-term employment that allows interaction with peers and with the public  
                     • Development of entrepreneurial skills                                                            | • Changing the prevailing public views of the capacity of people with disabilities  
                     • Educate people with disabilities in practices of group self-determination                        |
| CPGC           | • Creates meaningful employment at reasonable wages  
                     • Contributes to the local economy                                                                        | • Employee-members are active, integrated, self-supporting members of society  
                     • Main success of this project has been in social rather than economic terms  
                     • Personal development of the individuals involved has been dramatic                               |
| Crocus Co-op   | • Having opportunity to participate in paid work, and having some control over choices and everyday movements, makes the journey towards integration and citizenship much smoother  
                     • Providing suitable work for mental health consumers solves a lot of problems  
                     • Promoting employment and economic inclusion of people with disabilities can contribute to sustainable livelihoods and social solidarity | • Informal support from peers or family, and being able to contribute to meaningful daily activity, makes all the difference in recovery  
                     • People develop necessary skills for functioning in their homes and the community                     |
| Y’s Owl Maclure Co-op | • Provides employment opportunities to people with disabilities who have trouble accessing work force  
                     • Offers a full range of on-site and community day supports and services: vocational, supported employment, recreation and leisure, and community outreach  
                     • Financial support for training and job                                                                  | • Provides community outreach supports that foster personal growth, opportunity, and dignity for adults with disabilities  
                     • Focuses on providing supports and services that allow for self-direction, enhance integration in the community, provide peer support, and offer opportunities for personal growth and improvement of self-esteem |
These co-ops place strong emphasis on the social aspects of employment. They recognize that people’s disabilities are often aggravated by poverty and that, once basic economic needs are met, people with disabilities can become integrated into community living. By receiving the confidence that comes with economic independence, members strengthen their social and leadership capacity in their interaction with the community.

**Education and Director Training**

All the co-ops presented in Chapter Three, like other innovative social enterprises, face many challenges. Difficulties such as securing and maintaining sufficient funding and concerns about available space and staff are common to most co-operatives. These innovative co-ops seeking to enhance social equality and promote the social model of disability also face some unique challenges, such as providing effective education and awareness about disability and the co-operative model, especially to those who are used to a social service agency model for addressing the needs of people with disabilities. These innovative co-ops will also need to have:

- A thorough knowledge and critical understanding of existing services for the disability community.
- A core group of people committed to and willing to promote the co-op, and who are open to the ideas and experiences of others
- Experience with a variety of co-operatives and understanding of the principles and philosophy of democratic institutions (unpublished e-mail correspondence with Carolyn Lemon 2009).

Where members are directors, given the history of poverty and marginalization faced by the majority of people with disabilities, the need for effective Director training is key. The
successful disability-related co-operative must also have a well-educated Board of Directors who understand and endorse the co-operative values and principles, and who use their political connections, if they have any, to ensure support for their co-op on a municipal and provincial level. They will need to develop the support of the community, clearly define the roles and responsibilities of the membership, and learn to balance the needs of the members and the needs of the funders. There must be ongoing connection with the members on a regular basis such as regular meetings and newsletter (unpublished e-mail correspondence with Hugh Nelson 2009). These can be seen as necessities for the development of any co-op, but are even more important when developing an innovative disability-related co-op that reflects the social model of disability.

**Recommendations for Co-operative Sector**

Most of this chapter presents evidence that suggests the disability community should embrace the emancipatory potential of co-operative development, but the next two sections deal with recommendations for co-op organizations and policymakers to help develop more disability-related co-ops. Starting with the co-op sector, it is very important that the experiences of people with disabilities be taken into consideration by the co-operative sector. The extra time it takes to work through these multiple barriers and disincentives must be recognized by institutions and individuals who are measuring the “success” of co-op development (Ployer and Krogh 2000). Rigid expectations concerning the developmental process of the co-operative disregard the lived experiences of people with disabilities and pose further barriers to self-determination.
Policy Implications

Many policymakers overlook the fact that disability-related co-ops provide cost-effective methods for government to support people with disabilities. From a policy perspective, funding these co-ops makes sense for government given the costs of the alternative for people with disabilities who would otherwise be on assistance. This is not even taking into account the training and skills development aspects that may lead to them getting other employment in the job market, nor the creation of economic activity strengthening the local economy.

The co-ops presented in this thesis show remarkable innovation in responding to changing market conditions. If one looks at these co-operatives in strict economic terms as one would a private company, they may not be considered successful, but when one factors in the social benefits, then they are undeniably a success. Lessons from the findings above will be important in shaping policy for the future community and economic development of people with disabilities.

Developing Community through Co-operation: Social Economy for People with Disabilities

Social economy enterprises and organizations are present in all sectors of society and at all levels, but their roots remain local. Founded on the principles of solidarity and collective involvement in a process of active citizenship, the social economy is contributing to creating a diverse society that includes all persons, and in particular the most disadvantaged such as people with disabilities. By developing and supporting activities that directly address this group, for example through employment and training opportunities, provision of goods and services, legal support, defence of rights, etc., the social economy is taking into account the needs and requirements of people with disabilities. Given that social economy organizations are active in
all areas of society, they are in a perfect position to promote full integration of people with disabilities and disability issues in society as a whole (European Standing Conference 2007).

Co-ops, as social economy enterprises, can be useful vehicles to promote social inclusion in the face of inequalities in social capabilities, lack of social power and rights, and lack of access to social services, markets, and information (Co-op Online 2008) All of these are issues those faced by the disability community. Any effort to promote the empowerment and participation of people with disabilities would benefit from the co-operative model, because the values and principles stress social responsibility and concern for the community. By promoting capacity-building and human capital investment, co-operatives contribute to the development of entrepreneurial and organizational skills (Barraket 2001). The marginalized—especially those exploited and discriminated against owing to gender, age, disability, or other socio-cultural characteristics—benefit from membership in co-operatives, which contribute to increasing social integration and community cohesion when they specifically address the needs of marginalized groups (Van Vliet 2006).

Co-operatives empower individuals by allowing people to achieve something together that they could not manage alone. The co-operative principles of equality, democracy, and concern for community offer an opportunity for people with disabilities to construct strategies for community development. Toye and Infanti (2004) propose that the principles of co-operatives can be strategies for building capacity in disadvantaged communities like the disability community. Co-operatives, say Toye and Infanti, help build community because:

- The primary purpose of a co-operative is to serve its members or the community rather than simply to make profits and focus on financial performance;
- It is not government-controlled;
- It incorporates in its bylaws and operating procedures a process of democratic decision-making involving users and workers;
• It places people and work first before capital in terms of the distribution of profits and revenues;
• Its activities are based on the principles of participation, empowerment and accountability of individuals and community (34)

Certainly there is hardly a better organizational means than the co-operative for achieving the dual effect of change in social and economic development. Vandergeest and Buttel (1988, in Develtere 1992) point out that “the relatively powerless always have some resources or some strategic location from which they can influence or actively shape social processes” (58).

There are many ways that co-ops increase inclusion and emphasize capacity building, and some have special significance for the disability community. Toye and Infanti (2004) enumerate the ways in which co-operatives help by:

• Nurturing individual and community pride, self-reliance, and leadership
• Enhancing knowledge and skills
• Being responsive to social, economic, and environmental needs
• Fostering balanced, equitable, and sustainable economic development
• Promoting local employment, ownership, decision-making, and economic linkages
• Re-investing profits in the community
• Promoting human dignity, health, and well-being
• Ensuring neighbourhood stability and community cohesion (35)

A co-operative strives to remain true to individual and collective experiences. It creates a sense of community as members learn together to create a viable and sustainable alternative for people with disabilities—an alternative that reflects individuality and addresses interests, skills, and unique ways of doing good quality work. A co-operative formed by people with disabilities must be informed by the needs and desires of the disability community. It would create an alternative structure to meet a variety of needs defined by people with disabilities while acknowledging the diversity within the disability community. Co-operatives would offer opportunities for people with disabilities to respond to the barriers to participation within society and to develop
innovative structures that challenge conventional definitions of life and how living can be organized.

Co-operatives can help empower the disability community, and the multi-stakeholder co-op model can do this even more (Hammond Ketilson et al. 1992; Ployer, and Krogh 2000). Compared with traditional co-operatives, multi-stakeholder co-ops increase the social and economic inclusion of people with disabilities than the broader representation of stakeholder interests and on participative and democratic processes (Putnam 1993; Thomas 2004). This is exactly the kind of interdependence fuelling the disability movement, which aims to improve the lives of people with disabilities. But building independence and capacity can be especially problematic in the disability community because of the many physical, attitudinal, and systemic barriers to participation and inclusion that people with disabilities face (see discussion in Chapter Two).

**Advantages of Multi-stakeholder Co-operative Model for People with Disabilities**

The multi-stakeholder model, in particular, holds great potential to empower people with disabilities and foster social inclusion and solidarity in the disability community. In this model, it is the element of member control and participation by a wide range of interested parties that defines both the culture and the operations of the organization. When the service users are also members, as in a multi-stakeholder co-operative, there is the capacity to transform the user from being merely a passive recipient to being an active protagonist in the design and delivery of the service (Wylie 2001; Thomas 2004). This element of personal control is fundamental to the reform of social welfare systems, particularly for those who are most dependent: people with disabilities, the poor, and the marginalized (Putnam 1993; Van Houten and Jacobs 2005).
Strategies that increase ownership and responsibility for people with disabilities create unanticipated increases in productivity, health, well-being, self-esteem and self-confidence (Sutherland and Beachy 2004).

As the case studies in the previous chapter have shown, the focus on developing group solutions to economic problems is an empowering experience for people facing common problems. Social co-ops have different classes of membership, each democratically represented, and this process of working together builds solidarity among different interests and perspectives. Governance is a negotiated settlement. This governance model is far from the dominant organizational model used in Canada, an organization with only one category of members (Girard and De Bortoli 2004). Multi-stakeholder co-ops are founded on democratic values and the concept of ensuring a voice to different interests in policy discourse. This is particularly important for disadvantaged groups seeking empowerment and building capacity within the community through independent and interdependent living.

By their nature as associations, multi-stakeholder co-ops have the potential to offer new kinds of partnership and collaborative governance among civil society, private organizations, and various local actors in seeking solutions to needs that are not met or not met sufficiently (Girard and Langlois 2005). Joining workers and users in the same organization allows mutual balancing of supply and demand. This structure is also a new way to use volunteer and activist resources, which reinforces the values of altruism and reciprocity. Compared with traditional co-operatives, these new organizations rely far more on the broader representation of stakeholder interests and on participative and democratic management than they do on the traditional constraint on the distribution of profit (Lindsay and Hems 2004). Multi-stakeholder co-ops are an original way of reconstructing the link between the economic and the social spheres. Multi-stakeholder co-
operatives are not always profitable from a financial point of view, but are socially profitable (Girard and De Bortoli 2004).

Disability policy is often shaped by a medical model of disability that sees disability as an ill to be cured, rather than a socio-political model that sees disability as a societal construction. Disability movements recognize the need for interdependence to bring about societal integration, and the multi-stakeholder co-op model may allow for increased participation of disability organizations, caregivers or parents, staff or workers, and importantly, people with disabilities themselves, in facilitating a socio-political policy model. The multi-stakeholder co-operative model holds the potential to build capacity within the disability community and encourage social and economic integration.

The development of multi-stakeholder co-operatives allows people with disabilities to form co-operatives to provide themselves with services they now receive from the state as dependents. Such co-operatives effectively respond to market failures and state crises and provide a trust dimension in the provision of goods and services, often developing in areas where gaps exist (Van Vliet 2006). They are participatory, empowering, flexible, and resilient, building upon self-help and solidarity within the community and enhancing social capital and efficiency (Ullrich 2000). People with disabilities thrive in an atmosphere of greater ownership, flexibility, dignity and responsibility that a multi-stakeholder co-op affords them. It is important, though, to find a good match between the business of the co-op and the capacities of the members (Sutherland and Beachy 2004).

Even though one of the central aims of a multi-stakeholder co-operative is to decrease dependence on the state, the majority of people with disabilities will never be completely independent of state support. The experience of multi-stakeholder co-operatives in Italy has led
to not only a rethinking of how the public interest might best be served by entities other than the state, but also to a change in the way these services are provided. State bureaucracies tend to depersonalize social services and do not seem well-suited to their provision. They often lack the quality, caring, and reciprocal relationships that should be at the heart of the service being produced (Girard and De Bartoli 2004). Recipients of social welfare, such as people with disabilities, want to be treated as people, as ends in themselves, not merely as a means for others to make profit, nor as a “client” of a state or professional bureaucracy (Wylie 2001; Thomas 2004).

**The Need for Progressive Legislative Change in Saskatchewan**

Saskatchewan has a long history of co-operative innovation. A 1923 Government pamphlet hailed it as the “co-operative province” (Fairbairn 2005: 11). However, there has always been tension between the existing co-operative sector and new, emerging co-operatives. Historically, co-ops have been used to empower groups through the pooling of resources, but with the onset of neoliberalism the province has been responsive to the existing co-operative sector dominated by the wheat pool, retail co-ops, and credit union movements. Governments tend to defer to the expertise and demands of these sectors.

Saskatchewan is missing one co-operative option: the multi-stakeholder co-operative model. This model brings together different member categories such as consumer-members, worker-members, and supporting members who have an interest in the co-op’s economic or social purpose (Girard and Langlois 2005). Originally developed in Italy as a means of delivering services to people with disabilities, the Canadian version of the multi-stakeholder or “solidarity” co-operative remains most developed in Quebec. Currently Saskatchewan has no
facilitating framework for multi-stakeholder co-ops. The reason the model may be lacking in Saskatchewan is that public policy on co-operative development has tended to be driven here by significant players in the co-operative sector: co-operative policy has tended to be reactive to sector demands rather than proactive toward innovation.

Co-operatives exist in Saskatchewan because people in communities learned to think in innovative ways to develop and preserve their communities (Hammond-Ketilson et al. 1998). This province now needs to continue such innovation in meeting the social and economic needs of the disability community and others who are not well-served by existing organization arrangement. Co-operatives offer economic democracy through the principle of a common sharing of power: they allow for equal participation in the decision-making process, regardless of the economic position of the various members involved (MacPherson 1996). A multi-stakeholder co-op can bring together the efforts and aspirations of workers (staff, service providers), stakeholders (family or caregivers, advocacy groups, disability organizations), and persons with disabilities themselves.

Saskatchewan, like many other provinces, has made a distinction within their social assistance systems between those who are disabled, or ‘deserving’ poor, and those who are able-bodied. Historically, the deserving poor were the very old, the sick or the disabled: these were considered acceptable excuses to not be working. These individuals were deemed worthy of receiving assistance. The undeserving poor were those capable of working, but for whatever reason, were not (Finkel 2006).

Contemporary welfare programs still operate under this premise. These social assistance systems offer social assistance programs that tend to require less on-going policing, fewer job-search requirements, less contact with community services and/or training, and offer higher
benefit rates to people with disabilities. Almost 60 percent of working-age adults with disabilities are currently unemployed or excluded from the labour market, and are over-represented in provincial welfare systems (Council of Canadians with Disabilities 2004a; Torjman 1988; Saskatchewan Voice of People with Disabilities 2006) and are thereby marginalized and living below the poverty line.

Some multi-stakeholder co-op models may be possible under existing legislation, under provisions allowing for different classes of membership (provisions aimed at investor shares) or through second tier co-ops. It is in theory possible to structure, with enough creativity, a non-profit business corporation that functions like a multi-stakeholder co-operative. The two case studies in Saskatchewan demonstrated this flexibility: they were both slotted into the silo of community service co-op, even though, informally, they operate as multi-stakeholder co-ops.

Saskatchewan needs new co-operative legislation to facilitate economic independence of people with disabilities and contribute to the continuing organizational innovation of the co-operative province. The expansion of co-operative governance to involve a variety of stakeholders in the decision-making process (volunteers, workers, consumers, local communities, etc.) can best be achieved through legislation permitting these kinds of co-operatives. Saskatchewan needs appropriate and proactive legislation to promote policy to build an emerging, innovative co-op sector. This is the reason for needing facilitating legislation. Policy makers can be proactive in promoting co-operative development as an alternative to traditional social service provision through acknowledgement of the model in legislation.

Saskatchewan must move beyond a conventional framework of social service provision to advance a new vision of social welfare that more appropriately balance the values of civil society with the resources and redistributive powers of the state (Restakis 2000; Wylie 2001;
Thomas 2004). These multi-stakeholder co-operatives give clear evidence that a co-operative can be economically viable when composed of people with diverse interests, resources, skills, abilities, and needs. The element of personal control inherent in a multi-stakeholder co-operative is fundamental to the reform of social welfare systems, particularly for those who are most dependent: people with disabilities, the poor, and the marginalized. The development of multi-stakeholder co-operatives in Saskatchewan would allow persons with disabilities to more easily and readily form co-operatives to participate in providing themselves with services they now receive from the state as dependents.

**Future Collaborative Directions**

The problem now is not a shortage of disability research into the barriers that limit inclusion; it is the lack of solutions offered. There is a disconnect between theory and praxis. Policy must achieve real results by investing in, rather than merely servicing, the disability community. Policy makers must approach the disability community as a resource to achieve real results and to make investments in, rather than offering policy which is simply window-dressing to the disability community. Increased collaboration involving the disability movement holds immense possibilities for meaningful policy change.

There has been little actual advancement on policy aimed at benefiting people with disabilities because of the exclusion of the disability community from actively participating in setting policy agendas (Prince 2004, 2006; Titchkosky 2003; Jongbloed 2003). People with disabilities are still too often forced to rely on targeted social and economic programs to provide them equalization of opportunity, but this dependence can limit their ability to fully engage in the broader community. The majority of people with disabilities still live below the poverty line in
Canada and it is still too easy to fall between the eligibility criteria of income support programs. Employment, social services, and education are areas that do not serve the needs of the disability community. This can result in decreased engagement in community life and the exclusion of people with disabilities.

A new language for discussing the needs of all people with disabilities that emphasizes the positive, instead of focusing only on deficits or failures, needs to be developed with both people with disabilities and their non-disabled allies. The multi-stakeholder co-operative is a perfect vehicle through which to do this. The multi-stakeholder co-operative model in particular holds enormous potential to empower people with disabilities and foster social inclusion and solidarity in the disability community. The case studies in this thesis demonstrate the realization of this potential.
The goal of this thesis was to show the reduced levels of opportunity for empowerment and inclusion in Canadian society faced by the disability community and the potential for co-operatives to counteract this inequity. This thesis illustrated how many in the disability movement have already embraced this strategy, remaining consistent with the social model of disability. Forming co-operatives has been an important empowerment strategy used by some disability groups to move towards social and economic inclusion, and it is hoped that this thesis will inspire many more in the disability movement to consider co-operative development.

Disability research can only be said to be transformative to the extent that people with disabilities are able to use such research as an aid to bringing about changes in the status quo. Oliver (1997) says that research can only be judged emancipatory after the research is completed. So was my research transformative? Only time will tell.
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**Unpublished Interviews**


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**Appendix A**

**Introductory e-mail**

Subject: Participating in Research Project on Co-ops and the Disability Community
Dear Executive Director,

My name is Kama Soles, and I am a Master’s student at the Centre for the Study of Co-operatives, University of Saskatchewan, investigating the potential the co-operative model has for empowering people with disabilities. As part of my thesis, I am interested in doing a case study on your co-op.

As you may be aware, the disability community is one of the largest minority groups vulnerable to social exclusion and marginalization, too often forced into poverty, unemployment and social isolation through dependence on the state. People with disabilities and their allies have begun to challenge this dependence by empowering people with disabilities so that they have choice, flexibility, and control to gain the dignity, autonomy, equality, and solidarity associated with human rights and citizenship.

My interdisciplinary Master’s thesis, “Empowerment through Co-operation: Disability Solidarity in the Social Economy,” looks at the ways co-operatives can be vehicles for inclusion and empowerment for the disability community. My work recognizes that the disability community needs new opportunities for empowerment and community development to be lifted out of disadvantage and marginalization, and explores the potential of co-operatives to do this.

If you agree to participate, I will send you a brief questionnaire, designed to gather information on the size, structure, activities, and impact of your co-op. It should take about 40 minutes to complete. The questions will address such themes as:

- Size of the co-op
- Organizational structure of the co-op
- The activities of the co-op
- Relationship of the co-op to other disability organizations, the larger community, government and the private sector

There is a lack of information about the experience of people with disabilities in the co-op movement. The purpose of this case study is to gain a better understanding of the potential the co-operative movement holds to empower people with disabilities. My research will help shape policies needed to foster social inclusion and empower people with disabilities and build disability solidarity through co-operative development.

I understand first-hand the obstacles to personal and economic development faced by people with disabilities. My thesis will examine some of the challenges the co-operative model faces and how it might better empower the disability community. I thank you in advance for your interest in my research and participation if you choose to participate in this project.

I am a person with a physical disability, and find it difficult to speak on the phone. But if you have any questions or comments, please feel free to email me at kama.soles@shaw.ca, or leave a message at (306) 229-0505, and I will get someone to help me call you back. If you are not the right person this should be directed to, please forward to the appropriate personal.
Appendix B
Second E-mail

Subject: Research Project on Co-ops and the Disability Community Questionnaire

Dear Executive Director,
Thank you for agreeing to take part in my research project on co-ops and the disability community. Completion of this questionnaire will contribute to my interdisciplinary Master’s thesis, “Empowerment through Co-operation: Disability Solidarity in an Exclusionary Society”, looking at the ways co-operatives can be vehicles for inclusion and empowerment for the disability community, and will provide you with a report on the history of your organization to use however you wish.

Your participation is voluntary and may be withdrawn at any point throughout the questionnaire. You have the right to refuse to respond to any questions they do not wish to answer. Your consent will be given upon completion of the questionnaire. This study was approved by the University of Saskatchewan’s ethical review committee, the University of Saskatchewan Behavioral Sciences Research Ethics Board on May 13, 2009. For additional information from this committee please contact the Behavioural Research Ethics Board at the University of Saskatchewan Office of Research Services (306-966-2084).

The attached questionnaire is designed to gather information on the size, structure, activities, and impact of your co-op. It should take about 40 minutes to complete. The questions address:

• Size of the co-op
• Organizational structure of the co-op
• The activities of the co-op
• Relationship of the co-op to other disability organizations, the larger community, government and the private sector

I am a person with a physical disability, and find it difficult to speak on the phone. But if you have any questions or comments, please feel free to email me at kama.soles@shaw.ca, or leave a message at (306) 229-0505, and I will get someone to help me call you back.

After completing the questionnaire, you will be given the opportunity to review the report and make any changes, deletions or comments that you see fit. The results of the study may be used in a number of ways including print publications, conference proceedings, research reports and summaries. My research supervisor will be responsible for the storage of data. Your consent will be given upon completion of the questionnaire.

Sincerely,
Kama Soles

Appendix C

Co-ops and the Disability Community Questionnaire

Part I- Co-operative profile
Part I is designed to gather basic information on the size and structure of your co-operative organization, and will take about 5 minutes to complete.

1. How many members does your co-operative have?

2. How many members are on the Board of Directors?

3. If known, how many members are persons with a disability? How many Directors?

Part II- Co-operative motivations

Part II is designed to gather information on the history and operation of your co-operative organization. This section will take about 15 minutes to complete.

4. What was the motivation for creating the co-operative?

5. What is the main purpose (mission) of this co-operative?

6. What are the co-operative’s main sources of funding from the time of its foundation to this day?

7. Why did you choose the co-operative form of business organization? Please tell us about the roles of government personnel and non-government organization people who contributed to the formation/establishment of this co-op.
Part III - Co-operative directions

Part III is designed to gather information on the future directions and member satisfaction with your co-operative organization, and will take about 20 minutes to complete.

8. What about this co-operative works well? Why?

9. What are the important links/connections, if any, between this co-op and other community organizations? If there are no links, why do you think this is?

10. What are the biggest internal challenges to the wellbeing of this co-op (for example, capacity of the group to reach agreement on policies and priorities)?

11. What are the biggest challenges or threats to this co-operative enterprise originating externally (such as lack of resources and funding)?

12. What are the most important rules or practices for successful operation of a disability co-operative enterprise? What advice would you give to people considering starting a co-operative?
13. What about this experience (developing, running, owning the co-op) makes you proud? What about this experience is disappointing?

14. How would the members’ lives be different if this co-op did not exist?

Thank you for completing my questionnaire!

Appendix D
CPGC Information letter

Kama Soles
Centre for the Study of Co-operatives
University of Saskatchewan
101 Diefenbaker Place
Saskatoon, SK. S7N 5B8
Tel: (306) 966-8509 Fax: (306) 966-8517
Re: Participating in Research Project on Co-ops and Sustainable Development

My name is Kama Soles, and I am a Master’s student at the Centre for the Study of Co-operatives, University of Saskatchewan, investigating the potential the co-operative model has for empowering people with disabilities. As part of a class on co-operatives and sustainable development, I am interested in doing interviews for a case study on the Churchill Park Greenhouse Co-op. I hope this will also contribute to my thesis research.

The purpose of this class project is to gain a better understanding of participation and membership in co-operatives. The resulting case study will be used to inform how co-operative organizations can contribute to sustainable community economic development. I have asked you to take part in this study because of your ability to contribute to an understanding of the organization and its respective experience. Interviews for this project will be recorded along with notes taken by a note-taker so I do not misquote you, and what you tell me will be kept confidential according to strict University ethics protocols we detail in a consent form. Our questions will be open ended, allowing us to explore various themes concerning the Churchill Park Greenhouse Co-op. The questions will address such themes as:

- History of the co-op
- Organizational structure of the co-op
- The activities of the co-op
- Relationship of the co-op to other disability organizations, the larger community, government and the private sector
- The challenges the co-op has faced / is facing
- How the co-op benefits its members and the community

As a person with a disability I understand some of the obstacles to personal and economic development faced by people with disabilities. My case study, I hope, will examine some of the challenges the co-operative model faces and how it might better empower the disability community. I thank you for your interest in my research and participation if you choose to participate in this project.

Sincerely,

Kama Soles
Appendix E

CPGC Interview Consent Form

You are invited to participate in a student project that is for a class entitled: Co-operatives and Sustainable Development.

Researcher: Kama Soles
Centre for the Study of Co-operatives
University of Saskatchewan
101 Diefenbaker Place
Saskatoon, SK. S7N 5B8
Tel: (306) 966-8509 Fax: (306) 966-8517
Kama.Soles@usask.ca

This informed consent and agreement is mandated under the ethical guidelines for research as required by the University of Saskatchewan’s ethical review committee, the University of Saskatchewan Behavioral Sciences Research Ethics Board, which granted ethical approval for this research on November 9, 2005. For additional information from this committee please contact the Ethics Review Committee at the University of Saskatchewan Office of Research Services (306-966-2084).

Purpose and procedure: I would like to receive your responses to some questions about participation and membership in co-operative organizations. This information will be gathered through an in-person interview if you agree. This research project is a student project that is being conducted as part of a class co-ordinated by the Centre for the Study of Co-operatives, University of Saskatchewan. The purpose of the research is to explore how co-operative organizations, through their linkages with their membership, can contribute to sustainable community economic development.

Your participation in this study is appreciated and completely voluntary. You may withdraw at any time during this process should you feel uncomfortable or at risk. You should also feel free to decline to answer any particular question(s). Should you choose to withdraw from the study, no data pertaining to your participation will be retained.

Potential risks: Because I collect your consent and your personal identity information in the sections below, there is some risk that your identity may not be entirely preserved. I will make every effort to preserve the confidentiality of your comments but you should be aware that controversial remarks, in the unlikely event they are associated with you, could have negative consequences for your relationships with others in your organization or co-operative community. I will try to ensure that your identity is protected in the ways described below. If for some reason
I desire to quote you in some way that might reveal your identity. I will seek your permission beforehand.

Potential benefits: Your participation will help document the way in which co-operative activity within communities leads to greater sustainability. Findings from this component of the research may help to make the co-operative sector more responsive to the needs of its members.

Storage of Data: The transcripts of the interview will be securely stored at the Centre for the Study of Co-operatives for a period of at least five years.

Confidentiality and Data Release: After your interview, you will be given the opportunity to review the case study, and to add, alter, or delete inaccurate information. Interview transcripts will be seen only by the researchers connected with this project. In addition, key representatives from the stakeholder group, identified to the group in a clear and transparent manner, will be responsible for reading the final draft of the report to check it for accuracy.

The research conclusions will be published in a case study. These materials may be further used for purposes of seminar presentations. In these publications or presentations, the data will be reported in a manner that protects confidentiality and the anonymity of participants. Participants will be identified without names being used, giving minimal information (for example what region they are from or whether they are staff, board, management, member etc.) if this information is relevant. Pseudonyms or composite profiles may be used to disguise identity further, if necessary. In principle, actual names will not be used; however, leaders whose position involves speaking on behalf of the organization may be asked if certain comments they have made can be attributed to them by name in publications. Any communication of these results that has clear potential to compromise your public anonymity will not proceed without your approval.

Right to Withdraw: You may withdraw from the study for any reason, at any time, without penalty of any sort. If you choose to withdraw from the study, any information that you have contributed will be deleted. You will be informed of any major changes that occur in the circumstances of this study or in the purpose and design of the research that may have a bearing on your decision to remain as a participant.

Questions: If you have any questions concerning the study, please feel free to contact the researchers at the numbers provided above if you have questions at a later time.

Consent to Participate: I am fully informed of the objectives of the project being conducted. I understand these objectives and consent to being interviewed for this project. I understand that steps will be undertaken to ensure that this interview will remain confidential unless I consent to being identified. I also understand that, if I wish to withdraw from the study, I may do so without repercussions. I will sign two copies of this form, leaving one with the researcher identified below, and keeping the other copy for my own records.
(Participant Name – please print)

(Signature of Participant) (Date)

(Signature of Researcher) (Date)

(Signature of Witness) (Date)
Appendix F
CPGC Transcript Release Form

I, __________________________________, have reviewed the complete transcript of my survey / personal or group interview responses in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with [name of researcher]. I hereby authorize the release of this transcript to [name of researcher] and the Centre for the Study of Co-operatives, University of Saskatchewan, to be used in the manner described in the Interview Consent Form (Appendix 1) or the Anonymous Survey Questionnaire Consent Form (Appendix 2), or the manner indicated below. I have received a copy of this Transcript Release Form for my own records.

If you do not check one of the following, it will be assumed that (a) applies:

_______ (a) I prefer to remain anonymous, as described in the consent form. I understand that my remarks will not be attributed to me by name. Instead, they may be attributed to an unnamed individual (an employee, a member, a manager, a Saskatchewan person, a man or woman etc.) or to a pseudonym or a composite profile.

_______ (b) The remarks contained in the authorized transcript may be attributed to me by name, or used anonymously, at the author's discretion.

_______ (c) I prefer to have all remarks from the authorized transcript attributed to me by name if they are used.

_______ (d) Certain remarks I have indicated by initials in the margin are to be kept anonymous as in (a) above; the rest of my comments (unmarked in the margins) may be attributed to me.

_________________________________       ____________________________
(Name of Participant – please print)       (Date)

__________________________________     ____________________________
(Signature of Participant)              (Signature of Researcher)
Appendix G
CPGC Interview questions

- History of the co-op
Can tell us about your own personal history and how you came to be working here?
What is the history of this group/co-op—how did you come together and what were you hoping to achieve?
Why did you choose the co-operative form of business organization? Please tell us about the roles of government personnel and non-government organization people who contributed to the formation/establishment of this co-op.

- Organizational structure of the co-op
How would you describe this enterprise in terms of its activities and most important characteristics?
Please tell us about the people who are members of this co-op—number, age, gender, relationship to one another.
Please tell us about the resources available to your group [could be financial resources, land base, building, skilled persons].
What about this co-operative works well? Why?

- The activities of the co-op
Please tell us about the products or services that your co-op produces—including something about the production system or technology used.
Please tell us about the organization of this co-op—how is it governed and how is it managed.
What are the markets or outlets for your products/services (location and organizations or individuals involved).
Has the co-op taken any steps to reduce environmental impacts (e.g. pollution) or to protect natural resources?
Is the co-op able to do things that reduce the health risks for the people working in the enterprise?

- Relationship of the co-op to other disability organizations, the larger community, government and the private sector
What are the important links/connections between this co-op and other organizations?
What is the role of government?
What are the most important advantages of this co-operative arrangement?

- The challenges the co-op has faced / is facing
What were the most important considerations in organizing this enterprise (in terms of purpose and objectives, in terms resource and economic issues addressed).
How have you been able to access credit or loans needed for the enterprise? What are the most significant challenges of running a co-op enterprise in this part of the country—in terms of location, climate and resources? Are there challenges in organizing a co-op enterprise at this time—in terms of local culture, politics, and community organization.
What are the biggest internal challenges to the wellbeing of this co-op (for example, capacity of the group to reach agreement on policies and priorities)?
What are the biggest challenges or threats to this co-operative enterprise originating externally?

- How the co-op benefits its members and the community
Please talk to us a little about any plans for the future of the co-operative enterprise.
What are the most important rules or practices for successful operation of a co-operative enterprise? What advice would you give to people considering starting a co-operative?
If you could do things over, what would you do differently?
What about this experience (developing, running, owning the co-op) makes you proud?
What about this experience is disappointing?
What do your neighbors, friends, or family think about what you have created?
How would your life be different if this co-op did not exist?