Collaborative Housing Communities Through the COVID-19 Pandemic:

Rethinking governance and mutuality

Introduction

The first national lockdown in response to the COVID-19 pandemic in Spring 2020 revealed the prevalence and importance of informal mutual support in neighbourhoods and social networks throughout the UK. Mutual support structures and functions are especially strong in collaborative housing communities. These communities, many of which are intentional, often include collectively designed housing as well as shared spaces to enhance social interaction and support with other members. Since collaborative housing communities are usually self-managed, the members are involved in collective and consensus decision-making processes.

The term 'collaborative housing' refers to a broad range of self-organised, self-managed and community-orientated forms of housing that includes cohousing, housing co-operatives, self-build initiatives, ecological villages, and community land trusts (see Lang *et al*., 2020; Fromm, 1991; Vestbro, 2000; Mullins and Stevens, 2016). Many are multi-generational communities, but there are also single-sex and/or age-specific housing developments such as older women's cohousing. The term encompasses different tenures and ownership models, and the degree of intentionality ranges from fully planned to *de facto* communities. They are united by their commitment to a set of principles and practices around self-management, social interaction and mutual support, based around collective housing design and shared spaces.

The first wave of national restrictions across the UK (March-July 2020) included restrictions on movement and gatherings: people could only leave the place where they lived for very

limited purposes, and could not gather publicly in groups of more than two. During lockdown, the design and functions of these communities, together with their established practices of social interaction and mutual support, paradoxically meant that their members may have experienced more constraints than those in ordinary family households. Lockdown therefore tested the ability of collaborative housing communities to adapt their practices, infrastructures, governance, and operation.

This article draws on empirical data collected through a small-scale survey and in-depth interviews with residents of 18 collaborative housing communities in England and Wales between August and October 2020 (COVID-19 response mode funding). It examines how lockdown impacted on social interaction and practices of mutual support in the communities when the usual infrastructure of shared facilities and proximate neighbourliness were restricted and challenged. The article will first discuss the different (built) forms of collaborative housing communities in relation to mutuality and design for social interaction, and explore the different ways in which the communities operated mutual care and support. It will then explain the qualitative data collection methods. The main body of the article examines four inter-related themes: how communities negotiated their group dynamics and made decisions collectively under the government guidelines; how they navigated their mutual support practices by interpreting and defining 'households' in the context of this housing form; good practices of mutual support as well as its boundaries; and governance structures and community practices. This article makes a significant contribution to the existing knowledge and understanding of the housing and care nexus, as well as to the growing evidence base on the socio-spatial consequences of COVID-19.

Collaborative housing and mutual care

Collaborative housing models are user-led, self-organised and community-orientated forms of housing provision (Lang *et al.*, 2020). There is great diversity among them, and the various models emphasise different features including democratic governance, collective housing design or financial mutuality. Each offers its own physical and functional infrastructure in which care and support take place (Power and Mee, 2020). For example, c*ohousing*, the model most strongly represented in our research, is a form of intentional community whose members share a commitment to balancing the privacy of their independent household with the creation of a community in which they participate and provide mutual support (Fromm, 2012). The model originated in Denmark in the 1960s and subsequently gained popularity in Northern Europe, North America, and Australia. Policy and public interest and support for this and other forms of collaborative housing have been slowly but steadily growing in the UK since the 1990s (House of Commons, 2018).

Design for social interaction is one of the key features of cohousing and is meant to encourage a collaborative lifestyle and greater interaction among residents. Residents' high level of physical proximity promotes a strong sense of community and belonging (Williams, 2005). Typical cohousing features include shared common facilities such as kitchen, laundry room, and common room alongside private dwellings; structured routines; resident management and participation in development processes; and pragmatic social objectives (Fromm, 1991). Individual housing units are often smaller than average to maximise shared open spaces for social interaction (Jarvis, 2011). Cohousing is a practical example on the spectrum of communitarian models, although academics and advocates in the growing literature on the subject recognise that lived tensions, disagreements and compromises exist: cohousing is a

supportive social framework, not a family or single friendship group (see for instance Jarvis, 2011; Durrett, 2009; Glass 2013). In this research, we explore the extent to which that infrastructure of mutual support was sustained or strengthened in the face of the physical and social restrictions imposed by the pandemic and framed with more typical family households in mind.

Housing co-operatives are a widespread form of collaborative housing in the UK. They are non-profit, democratic housing providers, run for and by their members, with affordability usually being the aim. There is a wide range of possible tenure and ownership structures. In the co-ops included in this research, the co-ops own the homes and members are tenants; each member in effect has an equal stake in the control and ownership of the community. Research indicates that such housing co-operatives facilitate stronger social bonds and networks among members than conventional housing developments (Leviten-Reid and Campbell, 2016; Sazama, 2000). Co-op housing may occupy large properties in which households live collectively or collections of individual dwellings. Those co-ops included in this study are spatially concentrated, with dwellings either adjacent to one another or clustered in a single neighbourhood. The degree of collective infrastructure in terms of housing design and social functions such as shared spaces and communal meals is usually less extensive in co-ops than in cohousing.

Other forms of housing which more or less explicitly encourage collaboration are Community Land Trusts (CLTs) and self-build housing communities. The dominant aim of CLTs is the provision of affordable housing through collaboration. By acquiring and owning land, CLTs (which like co-ops are democratic and not-for-profit organisations) provide affordable homes

with long-term, renewable leases. Members of self-build housing communities (which are often constituted as registered companies rather than collections of individual homeowners), often collaborate closely during the development process, negotiating with the landowner, local authority and product suppliers. They are often committed to using renewable energy and sustainable design. Although CLTs and self-build communities may contain common spaces, their expectations around provision of mutual support are likely to be limited.

The roots of collaborative housing, and of cohousing in particular, can be traced to the feminist and communitarian movements of the 19th and 20th century. These emphasised the importance of relationships and the need for residents or members to build social capital and strong supportive social bonds (Vestbro and Horelli, 2012). As Putnam (2001) argues, shared values, trust and reciprocity (mutual support) are integral elements of social capital. Developing such capital among members while enhancing individual capability is a key driver of collaborative housing (Ruiu, 2016; Karn, 2004; Fuller, 2017, Sandstedt and Westin 2015).

Across the UK, lockdowns made people re-evaluate the importance of social relationships and reconsider whom to trust, putting community life in the spotlight. Trust in national government was strong (52%) in April 2020, shortly after the outbreak of the pandemic and the announcement of the first national lockdown, but had fallen steadily to 38.5% by August 2020. In contrast, trust in neighbourhoods (61% on average) and local governments was higher than usual during the same period, as they were seen to be 'stepping out and helping the people in need where the national government failed to do so' (State of Life, Covid-19 Tracker, 10th September 2020). Thus, trust dissipated at national level while it grew stronger in local areas. This shift suggests that under lockdown, trust within collaborative housing

communities might have been stronger yet. However, could such communities maintain trust and cohesion in the face of functional restrictions? This article is particularly concerned with how lockdown affected the mutuality of collaborative housing: the practices of mutual support; the mediation of residents' diverse attitudes and behaviours; and groups' decision-making processes, commitments and trust.

Given the demographic composition of our participant communities, our analysis pays particular attention to the way in which pandemic restrictions on mutual aid affected older residents of collaborative housing projects. As Daly and Westwood (2018) argue, a combination of population ageing and social care in crisis sheds light on the importance of maximising personal and social network resources for the purpose of promoting social care. Community approaches such as collaborative housing can reduce the individual burden of self-organising support and care, while promoting social relationships (Fromm, 1991; Karn, 2004; Ruiu, 2016). Such approaches can also support the ageing experience and increase self-reliance as well as coping strategies among residents (Glass and Vander Plaats, 2013; Labit, 2015; Fernandez Arrigoitia and West, 2021). Health and wellbeing benefits for older residents have also been recognised (Foot and Hopkins, 2010; Public Health England, 2015). Approaches such as senior cohousing, for example, have long been advocated as a means of offering supportive community environments and extending housing choices beyond the binary of independent living and institutionally provided specialist housing for older people (Brenton, 2008; Glass and Vander Plaats, 2013; Best and Porteus, 2016). Our research offers an opportunity to examine how such communities fared when under stress.

Research methods and approach

The research employed qualitative methods of inquiry, with two stages to the data collection. First, an online survey was conducted of 18 different collaborative housing communities in England and Wales in August 2020, with one key respondent per community. Table 1 shows the profile of the sample communities in terms of size, tenure/legal structure, housing typology, facilities, and locality (urban or rural). The respondents were recruited from a pool of informants from the authors' previous research. Thirteen of the 18 informants who filled in the survey were women, with an age range from 25 to 74, albeit a majority over 50. The survey included sixteen predominantly open-ended questions covering changes to the use of communal space and facilities during lockdown; what worked or did not work well; descriptions of the range and level of support provided to community members; how the community supported its vulnerable members – planned formally or organically; and how the restrictions affected members differently. The informants completed the survey from their own perspectives and experiences, and also provided an overview of the changed practices in their communities. These produced rich and detailed responses.

Second, we carried out semi-structured, in-depth interviews with ten of the 18 survey respondents in September and October 2020, using a topic guide. All data were collected after the end of the first UK-wide lockdown, although two groups in Wales had entered Tier 3 restrictions by the time interviews took place. Of the ten interviewees, six were female and four male, and all but two were over 50 including six retired or semi-retired participants (see Table 2). All had lived in their communities for a significant time and most were founder members. Nine of the ten interviews were conducted online. Interviews took on average 60 minutes, were digitally recorded with the informants' consent and were fully transcribed for

thematic analysis. The research followed the research ethics guidelines of the authors' institutions and anonymised the names of the respondents and their housing communities.

Table 1 indicates the breakdown of the 18 collaborative housing communities, which included eight housing co-operatives, seven cohousing schemes, one CLT and two other forms of self-built community including a 1960s development with 'cohousing-like' design. Most communities are located in cities (9), while others are in suburban/peri-urban (6) and rural (3) areas. Small communities had as few as three households or a dozen residents including children, but larger ones contained more than 50 households. Residents in many communities were mixed genders and generations, while we also included a seniors-only cohousing community. Tenure varied across and within the communities, as did their dates of establishment: one housing co-op had been operating for only a few years.

The impossibility of research visits to these communities could be considered a limitation, particularly given the importance to our topic of understanding physical arrangements such as shared spaces, access, neighbourhood characteristics and the dynamics of residents' interactions. Nevertheless, we contextualised our interview data with additional information available on community websites and social media as well as photos of the communities provided by informants. Two participants took the interviewer on 'walkabout' tours of their communities via video call. We had also visited two of the communities in the course of previous research.

Negotiating group dynamics through collective decision-making

The national lockdown rules immediately and significantly impacted the practical and social functioning of communities. The nature and degree of impact depended on the collective features of each particular community. This section examines how community members negotiated and agreed the restrictions or adaptations to the rules by drawing on existing governance and group processes.

The presence of shared facilities including kitchens, laundries, bathrooms, and common rooms makes collaborative housing distinctive from other forms of housing and often facilitates social interactions. Nearly all of the communities had some form of shared internal and outdoor space. In fact, 11 of the 18 groups had no private gardens, only communal ones. In three of the groups (one cohousing and two smaller co-ops), bathrooms and kitchens were all shared, making these closer to communes than to the conventional cohousing model. For many members, collective features were one of the major attractions for moving into their respective communities, but restrictions on the use of communal spaces during lockdown led to a significant loss of daily face-to-face interactions between members.

Many communities restricted themselves to individual household use of communal space on a pre-arranged basis, to avoid interaction. In more than one community, individual members were able to shield or self-isolate only at the expense of the daily routines of the rest of the group. One group had just two bathrooms between seven residents, with one allocated to the person shielding. In these cases, the restrictions on physical sharing served to reinforce bonds of empathy and solidarity. However, in some communities, sharing spaces caused resentment among the members. One respondent from the urban housing co-op (No.1) said, "sharing spaces by necessity (in a shared house) means significant time burden of cleaning

areas" which needed to be agreed collectively. For cohousing communities, the closure of a shared kitchen, normally used regularly by members for communal meals and cooking together, had a major impact on what had been regarded as essential collaborative activities. Cancellation of regular classes and events normally held in the common room led to disconnection from a wider community. Essential shared resources such as a laundry rooms remained in use but with restricted numbers at any time, reducing spontaneous everyday interaction. For the urban housing co-op (No.1), this had a notably detrimental effect beyond the residents as some of those resources were normally made available to local homeless people.

Shared footpaths to common activity spaces are often considered a good design feature in collaborative housing as they facilitate social interaction (Williams, 2005), but some cohousing schemes converted from existing buildings do not include these pro-social features because of the constraints imposed by the existing structure. For example, one of the flats in the small rural listed cohousing (No.9) was accessed from the rear of the building, meaning residents did not need to come through the main building (communal space) to access their flat. Residents had previously considered this to be a drawback but during lockdown the separation, which reduced interaction with other members, was seen to be an advantage.

While some of the rules around shared space and facilities appeared relatively straightforward to most communities, others were down to individual interpretation, and tensions sometimes arose in negotiating aspects of collective living. A respondent in the smaller urban housing co-op (No.13) said, "trust in others' self-assessment of risk was tested at times". Other respondents mentioned that some members had been uncomfortable with

the behaviour of others. Cleaning or disinfecting of shared circulation spaces, for example, proved contentious since not everyone agreed about how much cleaning was needed, and cleaning rotas in some communities (Nos. 1 and 3) had been abandoned by the time lockdown measures began to ease.

Because indoor activities were severely proscribed, lockdown emphasised the importance of outdoor space. In the small, semi-rural cohousing community (No.7), which had no communal kitchen, 'gardening and outdoor workdays' brought residents together and helped form their sense of belonging and collective identity:

> "We've also got acres of woodland to be able to manage that, which is not quite gardening. It's something different. In response to 'do we garden together as a group?' we have a formal, semi-formal half day a month where we are supposed to get together to do communal gardening tasks, which does not keep the place going, I assure you."

During the first strict national lockdown, people were only allowed to go out once a day, at walking distance, and for the purpose of essential shopping or exercise. Access to communal outdoor space was important for many members, since around half of the sample communities did not have separate private gardens. In response to shifts in national and local guidelines residents regularly (re)negotiated the use of shared spaces, especially smaller areas in urban communities:

"Initially the families with young children took turns using outdoor space. We've divided the enclosed gardening spaces (polytunnels, conservatory, etc) to minimise the number of households using each, instead of sharing all of them […]. The conservatory used to be a social space in summer but is now mainly used for individual activities like food-growing and music practice. There's ongoing negotiation and working-out of different uses of space and ways of sharing it." (Informant in the small, intergenerational, rural housing co-op, No.14)

During lockdown many outdoor spaces became essential sites for socialising and interaction. Cohousing groups adapted to the circumstances by moving their regular communal meals outside for BBQs with each household bringing its own food. At an urban housing co-op (No.1), the main shared garden hosted a series of events including 'open mic' nights. The shared space of another urban housing co-op (No.3) proved equally adaptable. This space, not a garden as such but a large, full-height atrium space open to the sky and with sheltered walkways at every level, hosted regular community singing.

Navigating mutual support by defining and interpreting 'household'

Before discussing the impact of lockdown on mutual support and capability in collaborative housing, we explore the concept of 'household' in relation to collective living. The UK Government's initial lockdown rules referred to 'households' or 'support bubbles'. The meaning of those terms was ambiguous in a collaborative housing context, where collective spaces sit alongside private dwellings. This provoked many debates within the groups about who was allowed to meet socially or to provide support.

There is in fact a wider sociological debate about the definitions of families and households (see for example, Ciabattari, 2021). The Office for National Statistics (ONS, 2011 definition) defines a household as

> 'one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room, sitting room or dining area. A household can consist of a single family, more than one family or no families in the case of a group of unrelated people.'

The members of cohousing groups do not routinely share finances, nor do the other forms of collaborative housing included in this research, although they may realise economies of scale by bulk purchasing and storing food and household goods (UK Cohousing Network, 2013). Ambiguity in collaborative housing communities may exist because residents tend to have their own as well as shared communal spaces and/or cooking facilities. Cohousing residents can live privately behind their own front door, while they can also use shared facilities and spaces and interact with other residents as much or as little as they want, although there are some expectations of contributions and commitments (McCamant and Durrett, 2011).

Our research found that the definition of household was not understood or applied consistently across the communities. For instance, the small urban housing co-op (No.13), which was a conversion of five terraced houses, operated as a 'joint household' of two interconnected houses with five residents, who mutually agreed to maintain a certain level of care and hygiene. Some housing co-ops resemble flat shares 'with purpose', so might fit the definition of a household in a statistical sense. In the urban housing co-op (No.1), for example,

some of the members lived together as non-kin members of a single household. Another urban housing co-op (No.8) consisted of two converted terraced houses, each occupied by 15 members who were largely professional individuals in their 30s apart from one with a child and one older member. This community was comprised entirely of two such 'households', and our respondent said it was difficult for them to follow the lockdown guidelines:

> "We don't really fit into the guidelines of like a nuclear family household, but we didn't fit into the guidelines for like a shared HMO (House in Multiple Occupation)."

More comically, the respondent commented on the effects on their 'household' of the government's 'rule of six', which limited the number of people who could meet (first outdoors, then indoors after the end of the first lockdown):

> "We can all go to the pub only in groups of six so like this house can go to the pub as a household because there are six of us. The other house, there are seven [laugh] so they have to leave one if they want to go to the pub! There're things like that that are very strange … if we were to class each individual as a household, that would mean that the other house (with seven residents) couldn't have dinner together because they can't be around the same table which is absurd."

Communities found it difficult to interpret the guidance and decide how it applied to them. "Such a guideline is not written with (collaborative housing) communities in mind", according to an informant from No.14 (rural housing co-op with three self-contained flats, a shared house and a small family house):

"Are we one giant household? Or several separate households? This is tricky to negotiate because of people's different attitudes to risk, different priorities and lifestyles, especially as we have members who are key workers and members whose children or other loved ones live elsewhere, as well as some members who are in the higher-risk category for Covid."

Many residents in case-study communities had adult children living elsewhere, and several communities facilitated visits within social-distancing guidelines. Such instances emphasise the degree to which government rules and guidelines incorporated normative assumptions about what constitutes a 'household' as at best an extended family albeit with some relaxation for shared parenting and social bubbles some way into the lockdown.

The fieldwork also revealed a challenge for collective decision-making processes, because of members' differing attitudes to risk. The tensions described above for the different communities over interpreting and negotiating the rules are not exclusive to collaborative housing but likely extend to other forms of shared living (Heath et al., 2017; Hilder et al., 2018). However, they manifest in particular ways in relation to the housing types and sharing arrangements of collaborative housing communities. Overall, though, the responses of the various communities were more pragmatic than anarchic – adapting to the rules as best they could rather than rejecting them.

Good practice and the boundaries of mutual support

When the restrictions on movement and gatherings of people were announced in late March 2020, the whole nation had to adapt to a new normal. In many ways, the restrictions may have hit cohousing communities hardest due to their design and the intensity of pre-lockdown interactions. A respondent in the purpose-built urban cohousing (No.9) said, "community meals which we usually have three times a week during term time were stopped and monthly residents' meetings have not happened".

Nevertheless, our research also highlights ways in which the communities adapted their practices to continue providing mutual support ranging from food shopping, picking up prescriptions, sharing grocery delivery slots, preparing meals for those in need and bike repairs. The range of informal help seemed often in line with what 'good friends and neighbours' in many communities in the UK did during the early period of the pandemic (see for instance Felici, 2020; Tanner and Blagden 2020), although some was more frequent and extensive. In the urban housing co-op (No.3), for example, several members supported a fellow resident who was undergoing chemotherapy and thus shielding, with regular lifts to their medical appointments. More than one community set up a WhatsApp group specifically for mutual support, although many already had some forms of group communications prior to the pandemic. Group-coordinated initiatives often worked in combination with more bilateral, individual-level arrangements. Practices were, however, not homogenous across or within communities.

In collaborative housing communities these practices are based not only on mutual or collective values but also on pre-existing social bonds, commitments and arrangements. In some communities, good practice developed during the lockdown was later formalised,

meaning that it could be mobilised quickly if new restrictions were imposed, as one of the informants in an urban housing co-op (No1) described:

> "… we immediately made an open access spreadsheet regarding who was living where (in which unit or building) and what their level of health was. And this is constantly being updated by all and monitored by the Welfare Management Group."

While cohousing groups generally have an explicit commitment to members' welfare, the existence of a 'welfare group' as found in one in a housing co-op was less typical, as such schemes are often primarily a response to the need for affordable housing. In this particular case, the welfare group (which existed before the pandemic) offered support and advocacy to the members, conflict resolution between members of households in multiple occupation, and held the group's entertainment budget. It also reflected, however, the co-op's commitment to a broader understanding of the members' welfare beyond the community, e.g., by providing skills training. At the older women's cohousing (No.10), members quickly established a system of internal 'bubbles' to keep a watchful eye on each other's wellbeing:

> "… we did choose two or three people, it's up to you how many people are in your bubble, your 'health buddy' bubble, and for those individuals to literally keep an eye open for you. So where you are in the building might have an impact on that, for example, I'm with Ann and Karen and I can see both of their flats from where I live. So, if the blind isn't up, I know something's wrong. And we each have the very basic information about each other. I devised a form and we all filled it in so we've all now got numbers, any allergies, who to contact if…"

As previously noted, daily social interaction through physical proximity – that is, a high degree of 'neighbourliness' – is an integral part of living in collaborative housing communities. The restrictions were a reminder that collaborative communities were not a panacea during lockdown: the rules for instance meant that members and their children were not able to interact with others in the community to the same extent as usual, which significantly impacted on their well-being and 'the sense of community'.

Some members experienced strong feelings of isolation. On the other hand, collaborative housing groups were not necessarily members' only, or primary, sources of social contact in normal times, with many respondents saying friends and family elsewhere were what they missed most. While a few perceived the relative social isolation as a rare chance to reflect on life and work, for many the lockdown presented significant challenges – a painful sense of absence or loss of both friends and family outside the group, and of those within it. One participant with a disabled child in the longer established suburban cohousing (No.5) felt very isolated without the usual informal interaction and support from other community members:

> "My kids really suffered because they were saying, 'where is everybody?' We would run into people on the street and usually that would then facilitate us going into their house and having a drink or a coffee or something, and we couldn't do that. So my kids really noticed this change in our neighbourhood, which is very pop-in, just go to someone's door to ask for something that you don't have. Like 'I need some tomatoes', and then you end up going in and having a glass of wine."

Despite such challenges, the majority (13 out of the 18) of the survey respondents felt that they had benefitted to some extent from being a part of their community and, in the words of one participant, that "it's been morale boosting to be able to talk about what's going on and cheer each other up" (No.6). Emotional support could be as important as practical support. Some felt strongly that their groups had played a primary, indispensable role in maintaining their mental health and wellbeing during the first lockdown restrictions. The respondent in the older women's cohousing (No.10) felt that support had come "definitely from within the group. We have shared the experience and without exception I would say, feel lucky to be here." There were numerous examples of nurturing trust and deepening relationships between residents, sometimes even amongst those who had not known each other well before.

In terms of more personal support and care need, our data highlighted a more complex picture of mutual support practice involving pre-existing and underlying expectations, commitments and responsibility among members. During lockdown, residents of the small rural cohousing (No.7) organised support for a founder member in her 80s who was suffering from Alzheimer's disease. She had had a care worker coming in for few hours, two to three times a week involving community psychiatric nurses. These visits all stopped when the lockdown started in late March 2020, and she had no family close by to fill the gap in formal care provision. The community members organised a rota to provide an evening meal every day and monitor her regularly to ensure that she was "safe, supported and [had] companionship". The respondent said she needed a high level of care and support, more than "good neighbours could provide":

"To be honest, if she's not been living here, I think it would have been disastrous. If she'd been living on her own, which she could have been. Well, she IS living on her own. She just happens to be surrounded by people who will 'notice'. We notice, the first thing you notice in the morning, if I walk round with the dog is whether her shutters are open or not. If they are not, then someone's checking, yeah, that kind of things is always around so it is not being too intrusive."

This example of collective replacement of formal social care during lockdown was especially striking as it seems to go beyond the limits of mutual aid often discussed and agreed by collaborative housing communities (McCamant and Durrett, 2011). Durrett (2009) notes that senior cohousing groups usually agree that they will not provide the sort of personal care that might be done by care workers, although our research found that it was not unusual for members to voluntarily step beyond this.

Similarly, one of the participants in the urban purpose-built cohousing (No.9) discussed their experiences of providing substantial support to a fellow member during lockdown:

"We've got one man with very severe Parkinson's, whose mobility is extremely restricted, whose movement is very restricted. The tremors make it very difficult for him to eat or drink and so people are always ready to do shopping for him, get his prescriptions and help out where possible…"

However, this experience, together with previous help given to a member with severe illness, led the group to question where the boundary of mutual support should lie:

"Yes, so we've had discussions about this… to what extent should we be looking after the people who are severely ill and the general feeling is that 'yes', we will do anything in terms of making life easier in terms of shopping, getting prescriptions, making them food and so on if they can't do that for themselves. In terms of physical care for them, 'no' – that's outside our remit, outside our experience. They do need professional help. So, if they are bed-ridden, getting them up, getting them dressed, putting them to bed… No! We've got the line around about that sort of point. So, help them as 'good neighbours and friends' but when they need physical care, then a professional has to do that."

In general, the mutual provision of 'practical support' (see Finch, 1989) is a norm agreed by the members in each of the communities; the commitment to such mutual support is one of the foundations of cohousing communities and, often, other communities. On the other hand, the provision of 'personal care' (e.g. care involving touching a body such as feeding, bathing, and dressing) is considered to be outside of the scope of mutual care. The research evidence suggests that members of collaborative housing communities do not expect to replace professional social care. As the informant of an established urban cohousing (No.9) put it, "we said, well, how much should we do? How much should we not be asked to do? That was really where the line appeared."

Many communities in our research had not yet explicitly drawn the limits to mutual aid and responsibility. The level of commitment and expectation also depended on each community's degree of intentionality and original rationale, and how this might have shifted over time. In

general, the cohousing communities had set out the level of shared commitment in their respective written aims and objectives; this was also the case with at least some co-ops (e.g. wellbeing support). The two 'other' schemes were notable in not having any formal mutual commitment, while the self-build community seemed overall to go least far beyond the general 'good neighbourliness' of the early pandemic period.

In the first lockdown, challenges were faced not only by older residents but those of all age groups, and the direction of support was not always upwards to older people. For example, middle-aged households with younger children suffered significantly when schools were closed for four months in spring 2020. The lockdown thus highlighted challenges but also the extent to which support for members often went further (and deeper) than the kind of neighbourly support reported for the wider population. In part, such support drew on the pre-existing commitments and arrangements established by the groups formally and informally over many years. However, the experiences of these groups suggest that they see mutual support as something distinct from formal social care, and closer to informal family support. Some individuals had no family support, either temporarily or long-term, especially when lockdown restrictions prevented household mixing. The physical proximity of living together with others in the same community played an important role. Within the limits of our small study it was not possible to explore further how such modalities of neighbourly care stood in relation to the intimacy of informal care provided by family members.

Re-evaluating governance and community practice

The pandemic restrictions on regular social interactions and collective activities forced the communities to re-evaluate their activities, practices and governance structures including

how to retain a sense of community. Many communities found lockdown to be an opportunity to rejuvenate the group by accessing elements of 'dormant' local social capital. An informant in the purpose-built urban housing co-op (No.3) recalled:

> "The co-op seems a lot more sociable than before. When some members tried hard to promote social activities but did not get the support. I think it had come about both organically and with some special initiatives during lockdown… I am more of a co-op social supporter now!"

During lockdown the small, rural cohousing (No.7) organised their AGM via Zoom for the first time as the accountant had to join the meeting remotely, while regular meetings had not been taking place. The use of digital technology such as Zoom, which became commonplace in most communities for management and social activities, could be a barrier as well as an enabler of inclusivity, especially for older members with physical impairment. At the time of the research, there were mixed feelings and opinions about the replacement of face-to-face meetings and interactions with digital ones. For this community, pandemic restrictions such as the lack of meetings and social contacts also provided a period of reflection:

> ".. we had had a fairly difficult time with people who have left and I think that led to people saying, 'Actually, maybe it would be good not to have to discuss anything difficult for a bit'. Just need a bit of space, so I think there has been an inclination not to get into discussing things. That's clearly shifted. There's quite a shift where people are quite looking forward to having these new people moving in and that means we've got all our current movement finished. We should be stable, we hope, for quite some

time. We can start looking at forward planning for those dates that are now in the diary and we're going to be doing that, so the COVID thing kind of highlighted that gap between a difficult time moving into what we hope is a new time. Does that make any sense?"

The pandemic and subsequent lockdown provided an opportunity for some communities to reflect upon their governance structures, which, for some brought positive and sustainable outcomes. At the urban purpose-built cohousing (No.9), regular management meetings had ceased but the group had started reviewing the frequency and length of regular meetings to ensure efficiency and better participation. The urban housing co-op (No.1) began to re-evaluate their role as an institutional housing provider. This re-evaluation to community governance often reflects the embedded degrees of intentionality and commitment to mutual aid. While the view expressed by this co-op respondent (No.3) may not reflect a majority view, it is interesting to see members questioning the extent to which they are 'truly' collaborative housing communities or just a series of individual self-built houses, some of which are now sublet in the private unregulated market. The positions of owners and tenants often differ within communities that include both tenures. While renters and even lodgers are treated as full members (separately from the host households) and expected to contribute to community activities and decision-making in cohousing communities like urban cohousing (No.9), such inclusivity was not observed in the sample self-built community. The status of homeowners and tenants in the latter differed significantly; our respondent (a tenant) explained that "even on the estate management committee as tenants, we do not have a vote". Only homeowners had a vote on decisions about bins, cycling paths and related issues in the estate management committee, while tenants were excluded from such (estate)

management decision-making. Whether and how such power dynamics evolve after this period of reflection remains to be seen.

Conclusions

The nature of collaborative housing – much of which is physically designed to encourage social interaction and also socially designed to intentionally create a sense of community and engender mutual support – meant that lockdown affected these communities differently to the wider population. The lockdown posed a huge challenge not just to individuals, but to the group practices and use of shared space often essential to maintaining the everyday life of each of the communities. This was further exacerbated by the normative assumptions about household function made by those making the rules, and a failure to recognise the variety and complexity of the different living arrangements represented in collaborative housing. Unsurprisingly, the interpretation of these rules across the different communities included in our study varied significantly, and often led to tensions. Even so, we found that groups by and large were able to draw on their existing practices and experience to reach pragmatic consensus and support one another.

There was evidence across the communities of strong mutual support during the lockdown period. On the surface, this seemed comparable with the spontaneous informal neighbourhood-based networks of support that sprang up in the wider community. Yet the responses of the collaborative housing groups indicated that they were able to quickly build on their existing and well-established social infrastructure, and that despite the challenges, the physical proximity and especially the availability of shared outdoor spaces supported this. And while the commitment to mutual support of some communities formally was limited

(especially around personal care), it was notable that some groups went far beyond these boundaries during lockdown. Some of the examples suggest that, in times of crisis, cohousing in particular has the potential to substitute for or complement other forms of formal and informal care. Further, for several communities the challenges of lockdown led to a re-evaluation of these boundaries and a chance to think about the implications of the members' changing needs, sometimes resulting in a more realistic appraisal of expectations and commitments around community capacity.

Given the variety of collaborative housing schemes (arguably there are as many variations of model as there are individual schemes) it is not possible from this research at least to identify the relative importance of groups' commitment to social governance vs physical design and proximate arrangement of housing to achieving such levels of useful mutual support. However, it is clear that both play a significant role; there were occasional examples (often housing co-ops) where one or two properties were physical outliers, whose residents felt less included in the social support of the group.

One potential challenge to such positive outcomes however (and noted specifically in the owner-occupied self-build scheme) was an apparent inequality in terms of decision-making for those who privately rented, with some renters feeling they had little or no voice due to their insecure tenure and unclear status within the community. The governance structures and rental tenure arrangements of the housing co-ops included in our study help to avoid such issues, but such problems have the potential to arise elsewhere, especially as in the UK at least, cohousing schemes largely continue to be based on an owner-occupation model but with instances of private renting by these owners.

Collaborative housing communities currently represent only a niche alternative to the mainstream housing in the UK. Yet the experiences of such groups during at least the first lockdown of the COVID-19 pandemic suggest that there are lessons that can be learned from such niche experiments – both for members of such groups but also housing development more widely – that might further encourage mutually supportive practices, building both on physical design that encourages such support, and the concurrent development of an infrastructure of (mutual) care.

Acknowledgement

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