

Positive Ageing in London

SOCIAL CARE - A CO-OPERATIVE APPROACH

Meeting the aspirations and needs of an ageing population through ownership and control

Positive Ageing in London and Co-operatives London held this joint event at Toynbee Hall, focussing on how the aspirations and needs of an ageing population can be met through ownership and control.

An impressive programme of speakers attracted over 70 participants from older people's organisations, co-operatives, local authorities and academics.

Opening the event Mervyn Eastman, Positive Ageing in London's Vice-Chair, framed the day in terms of developing positive, participatory responses to population ageing rather than the doom and gloom approach of "time-bombs" and "tsunamis".

Keynote – Ed Mayo, Secretary-General, Co-operatives UK



Ed Mayo outlined how the co-operative approach can apply to meeting social needs including for older people. His starting point was that co-operation is a basic principle of human society, with phrases such as "dog eats dog" often very misleading. Co-operatives in the UK have outperformed the national economy for four years in a row and turned over more than £35 billion in the last year. One in four of the population is a member of a co-operative.

The co-operative sector has outperformed the UK economy for a fourth consecutive year



Ed gave some examples of how co-operative approaches can provide services where residents and service users have an active input into the service, or in a further step lead to co-production of services. There is also an increasing trend for parts of adult social services to be delivered by co-operatives. He gave positive examples of co-operatives in health and social care such as [The Foster Care Co-operative](#), gives a voice to foster carers. It can match pay and good working conditions, though not exceed them, but it adds a precious commodity – dignity. There are other long-standing health co-operatives and mutuals that in fact pre-date the NHS, such as [Simplyhealth](#) and [Benenden](#), which has recently opened its services to all. Housing is another service which can very well be provided co-operatively, including by people forming co-ops to provide and manage their housing and related services.

What's trending?



Values and dignity are central to what co-operatives can contribute to improving health and social care.

Ed has since contributed a guest blog for Age UK London expanding on his ideas on care and the co-operative idea: <http://www.ageuklondonblog.org.uk/>

Questions and comments:

Co-housing:

Shirley Meredeen of Older Women's Co-Housing explained that co-housing for women aged 50+ was now a reality but only after 30 years of obstruction by some local authorities who did not understand that older people were able to organise themselves in co-operatives. Ed Mayo and other participants agreed on the need to challenge both age and gender stereotypes and for decision makers to allow service users to move up the "ladder of participation" while moving down it themselves.

Support to small organisations

Jobeda Ali of Three Sisters Care pointed to the lack of support for small co-operatives and social enterprises and to the difficulty they have in winning local authority contracts, despite official statements of openness to this model. Ed Mayo pointed to the support available from Co-operatives UK and local Co-operative Development Agencies.

Responding to a question from Andy Haines of Age Concern Havering about why it had taken so much longer than in other countries like Italy to make the link between

co-operatives, housing and care, Ed pointed to the need to challenge the investor-led care model.

Personalisation and the Co-operative Tradition – Jenny Fisher, Manchester Metropolitan University



Jenny Fisher introduced the research she and her team had done with European funding and support from Co-operatives UK on how co-operatives can help to meet health and social care needs. Jenny moved from the overall context of personalisation and Direct Payments, and the potential of co-operative solutions to deliver personalisation meeting individuals' wishes and needs, to looking at practical operational problems encountered. The research team had worked in 2010 with Sunshine Care (Rochdale) and Caring Support (Croydon).

“**Sunshine Care**, based in Rochdale, is a worker co-operative and was established as a Community Interest Company in 2008. The co-operative was developed by a group of home care workers previously employed by the local authority. The initial founders were concerned about the impact of personalisation on their clients and their own pay

and working conditions. In addition, they wanted to be able to influence the social care they provided and provide a flexible service to meet their customers' needs.”

“**Caring Support**, Croydon, is a multi-stakeholder co-operative, established by service users and carers, both paid and unpaid. It is an industrial and provident society for the benefit of the community with exempt charity status. The organisation provides a high quality service that is underpinned by employees, families and service users having an influence on provision ...”¹

Three significant themes emerged, in terms of the local delivery model for these providers:

- The support they were able to deliver was personalised, but not individualised; for example commissioning requirements were an obstacle to empowering the service users or developing relationships between them and the care workers;
- There was a gap between rhetoric and reality in dealing with policy promoted by both local and central government; for example although localism is being promoted it was difficult for these organisations or small local providers to

¹ Jenny Fisher, Mary Rayner and Sue Baines, 2011, Personalisation of social care and health: A co-operative solution, Web document (PDF) accessible at <http://www.uk.coop/document/personalisation-social-care-and-health-co-operative-solution>, accessed 6 June 2013

compete and win contracts; resources allocated to direct payments did not meet the organisational cost of providing the service; and a range of other problems were experienced;

- The services needed to rely on unpaid work. This applied both to keeping the organisation going, and also to meeting service users' needs. Unpaid work was also part of the survival strategy of other small businesses. It is not part of the normal co-operative model but was necessary in these cases.

Overall, there was a good fit between co-operative values and the goals of personalisation. Collective responsibility could provide an alternative to individualised provision. However there were many obstacles such as co-operatives being vulnerable to competition from large-scale private providers and there is a "need to develop co-production with service user and carer organisations" (SCIE, 2012)

The published report "Personalisation of social care and health – a co-operative solution" by Jenny Fisher, Mary Rayner and Sue Baines can be found at <http://www.uk.coop/document/personalisation-social-care-and-health-co-operative-solution>

Discussion

Questions and comments focussed particularly on how to improve working with local authorities. One local authority officer emphasised the value to the community of care co-operatives and stressed that the relationship worked much better in his borough. Laurie Gregory (see information on panellists below) thought from his own experience of mentoring a local co-operative that problems can be self-created. For example there could be problems with branding and premises, and a tendency to work with elected members but ignore local authority officers who are crucial to success.

Another discussion point was the "cluster system" of putting together care workers with service users in the same area – if it worked this could help ensure closer relationships between care workers and service users. (See below for further description of the cluster system). Less positively, it was pointed out that the resources allocated to Direct Payments were usually lower than payments to care agencies per service user: this would be a practical obstacle to service users being equal participants in co-production.

The question was also raised of how in a time of funding cuts, co-operative care services could provide additional support which service users wanted and needed.

Another questioner mentioned a feasibility study under way into providing a mental health befriending scheme in a London borough. It appeared that the statutory services involved were moving at very different speeds.

Panel Discussion chaired by Mervyn Eastman, Vice Chair of Positive Ageing in London and Board member, Co-operatives London

The panellists were:

Laurie Gregory, Board member, Co-operatives UK, Founder and Chairman, The Foster Care Co-operative, <http://www.fostercarecooperative.co.uk/>

Valerie Cutmore, Trustee, Caring Support, Croydon, <http://www.caringsupport.org/>

Alex Fox, CEO, Shared Lives Plus, <http://www.sharedlivesplus.org.uk/> and Research Associate, ResPublica, <http://www.respublica.org.uk/>

Jenny Fisher, Manchester Metropolitan University (responding to questions after her earlier presentation)



Left - Panel from left to right: Jenny Fisher, Laurie Gregory, Mervyn Eastman (Chair), Alex Fox, Valerie Cutmore



Laurie Gregory talked first about his own experience developing the Foster Care Co-operative, the only one in the country so far. He was also involved in developing social care co-operatives for (younger) disabled adults. He pointed out that a strength of the co-operative model is that it can allow consumers to have a vote, not only workers. Compared to the private sector, it was not so driven by profit and therefore more naturally tended towards decent terms and conditions and living wages for care workers. Taking these together, the co-operative sector should be well positioned to provide person-centred support.



Valerie Cutmore talked about Caring Support's experience to date. It was founded on the belief that "good care is good work" – in other words it aims to provide quality care using motivated, skilled care workers. Working across the very diverse borough of Croydon, it uses "a cluster model based on small groups of service users (no more than 15) matched with personal care assistants who are trained to work in a person-centred way. The cluster model allows close relationships to be developed between users and personal care assistants"² Caring Support is service user led particularly in terms of governance and Board representation. In practice there is a very high representation of older women. Issues of capability and succession planning exist. Caring Support is a co-operative but also has charitable status – it needs to fundraise in order to maintain its level of service delivery.



Alex Fox described Shared Lives Plus: a national membership charity with a model based on the service user sharing the carer's family life: this reaches some 15000 people. A smaller number use Homeshare, which is based on sharing an older person's home and providing some help instead of paying rent. He talked about the strengths of micro-enterprises in providing flexible responses to needs, such as using "homecare" to help someone to visit friends when that is what would improve their quality of life. It is a strength based approach, looking for what people can do not what they cannot do. He gave examples of disabled people (including people with learning disability) setting up micro-enterprises. He stressed the importance of support to "scale out" entrepreneurship to make it accessible to people

who don't fit the stereotypical model of entrepreneurs.

Summary of Q & A Session and Discussion

Several questions were around the theme of how co-operatives can reach a wide range of (older) people including isolated people and carers.

Means used by the panellists' organisations included leafleting, websites and working with GPs and organisations like Abbeyfield. Links with groups in the community were key. This discussion threw up the vital importance of older people themselves making the links in their communities. It was very positive that many of the conference participants were older people and therefore older people's perspectives were an integral part of the discussion and would be present in the follow-up (See "Closing session – Outcomes" below).

² <http://www.caringsupport.org/index.php/cluster-care-about-us> accessed on 7 June 2013

How do older people who do not meet the eligibility criteria in force for local authority social care, or need to self fund but cannot afford to, fit into the solutions proposed?

Alex Fox responded that older people's needs are often under-assessed. Assumptions are made about what they want rather than giving them choice and control. Homeshare is particularly suitable for meeting the needs of people outside the regulated care system. The fact that so many people need to self-fund does mean there is some money there to pay for the services.

Another important question raised was that of why co-operatives have to rely on unpaid labour and grants while private care providers make profits. Further questions covered the costs and success of co-ops and private companies in winning bids.

The panellists had a number of responses. **Valerie Cutmore** stressed that quality of care is the prime concern and co-operatives would not expect to make savings by cutting care workers' wages. **Jenny Fisher** added that some co-operatives were set up by people excluded from the financial system and have an ethos close to that of voluntary/activist organisations, while others took over staff terms and conditions from local authority services.

Laurie Gregory pointed out that co-ops have won some spot contracts but not block contracts, because of high quality and wages. On the other hand some low cost private providers have supplied disastrously poor services (he gave examples).

Alex Fox suggested more use could be made of the Public Services (Social Value) Act 2012 to make higher quality competitive. Micro scale work can be cheaper as there are no back office costs. He gave an example of a successful Meals on Wheels bid which provided good quality meals and was also cheap to run.

Another participant asked about the degree of ethnic minority involvement as leaders, volunteers and service users in co-operatives.

Valerie Cutmore gave information on ethnic diversity within Caring Support while **Jenny Fisher** pointed to issues in a different part of the country arising out of mismatch between the ethnic community profiles of care workers and service users.

The Chair pointed out that care co-operatives are at an early stage of development in the UK, while in some other countries they are the main providers. There's a need to support and link up small co-operatives with larger ones.

Closing session – Outcomes

In thanking the speakers and participants, Mervyn Eastman drew out the outcomes he saw emerging from the day's discussions. He proposed and it was agreed by delegates that a pan-London Co-operative Network of individuals and co-operative enterprises focussed on co-operative solutions to the Social Care provider landscape should be established.

He summed up the day by recalling that co-operative models increasingly are offering an alternative and potentially better approach whereby so called "service users" become members and the existence of care co-operatives serve no other purpose than meeting their aspirations and needs. The key factors being:

- Ownership, autonomy and hence *control*
- Ethical approaches
- Community integration and benefit

For more information on Positive Ageing in London, visit <http://www.ageuk.org.uk/london/about-age-uk-london/who-we-work-with/>

For more information on Co-operatives London, visit <http://ldn.coop/>