CO-AGE: Exploring the potential for development of care co-operatives to support older people to age well at home

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Setting the Scene to CO-AGE

Demand for home care in Ireland

Current unmet demand

- In Ireland, growth in population aged 80+ has outpaced increase in care workers (OECD, 2020)
- Government approved €666m home care budget in 2021
- >6,000 people approved for home care but waiting on carers

Future demand

- By 2051:
 - 65+ age-group to double to 1.5m
 - 80+ age-group to almost quadruple to >500,000 (CSO, 2018)
- Most people (78%) would prefer to stay in own home as they age (Age Friendly, Ireland 2015; O'Sullivan et al., 2022)
- ~ 63% of people aged 80+ live alone (Barrett & Kelly, 2016)

Privatisation of home care

- Outsourcing of care services primarily to private (for-profit) sector – "race to the bottom" based on factors such as price competition (TASC, 2020)
- Poor pay in private care companies
 - HSE pays ~ €27/hr to care companies
 - Care workers start at ~€11.50/hr
- Ts & Cs generally poor
 - Travel costs and time
 - Precarious contracts
- Crisis in home care provision now! How will we cope in future as population ages?

Experience of receiving and giving care

- Not just about access to care quality of experience
- Public sector older person as beneficiary
- Private sector customer
- Are there alternative models that:
 - empower older people and their families?
 - value experience and insights of older people?
 - value work of care workers?

What is a Co-operative?

- "A cooperative is 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" (International Cooperative Alliance, 2018)
- Based on values of self-help, self-responsibility, democracy, equality, equity, and solidarity
- Focused on people, not profit
- Examples of co-ops in Ireland: dairy/other agriculture; credit unions

Care Co-operative Models

Care co-op – owned by those receiving care/their families/support networks

Worker co-op – owned by care workers who provide service

Multi-stakeholder co-op – owned by service users, care workers, and other stakeholders

How prevalent are care co-ops?

- Limited development in Ireland RHS and The Great Care Co-op
- Care co-ops operate in Canada, US, Japan, UK, France and Italy
- In Italy, 14,000 co-operatives provide care to over 5m people (ILO, 2017; Conaty, 2014)

CO-AGE
Project:
Purpose &
Research
Questions

Explores the co-operative as an alternative organisational model that can empower older people, their families/supporters, and professional care workers

- 1. To what extent is there interest among stakeholders?
- 2. What practical and policy supports are needed?
- 3. How can existing knowledge and expertise be leveraged?

Methodology: Mixed methods

- Presentations on care co-ops by practitioners & academic experts
- Focus groups with family carers + with people aged 55+ who are planning for own care
- Focus groups with care workers interested in exploring co-op model
- Focus groups and interviews with other stakeholders with a potential role in supporting care co-ops
- Thematic analysis
- Voice of stakeholders represented in recommendations

Care Co-operatives

Challenging the status quo in care systems

Preliminary Snapshots of 2 x Care Co-ops

- CO-AGE's <u>June 2022 webinar</u> heard from founders of two care co-ops The Great Care Co-op in Dublin and Equal Care in Yorkshire
- The following four slides summarise their care co-op stories in a visualisation akin to 'before and after' snapshots of the care system
- Employing the Centre for Community Organisations' (COCo) 'Oppression
 <u>Tree: Facilitation Tool</u>', the two sets of visuals first display the 'broken
 model' of the current care system in Dublin and Yorkshire
- This is then followed by the 'paradigm shift' that the care co-ops are developing through their work
- These visuals introduce us to the systems thinking being demonstrated and articulated by the care co-ops

Case Study 1

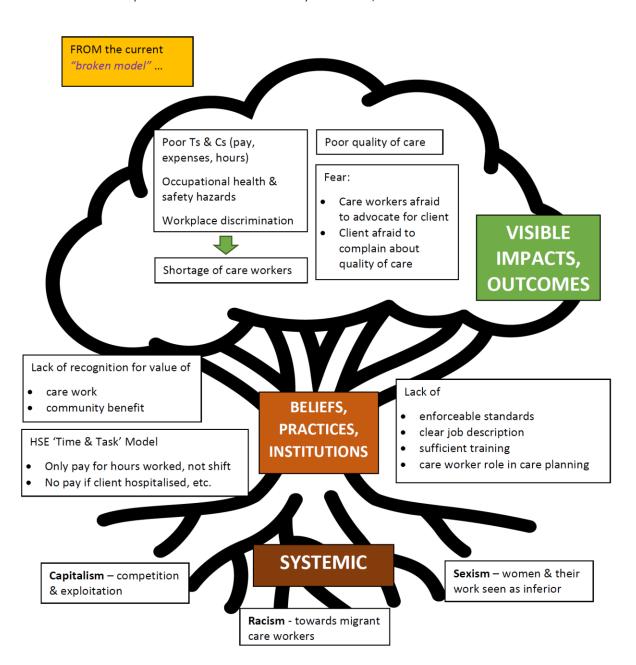


The Great Care Co-op, Dublin – Presentation by Aoife Smith, Co-founder & Director



The Great Care Co-op

CO AGE webinar presentation on 23rd June 2022 by Aoife Smith, Co-Founder & Director of TGCC.



"PARADIGM SHIFT" to hybrid worker co-operative & social enterprise model of "holistic, socially focused care"

Better Ts & Cs (pay, conditions, benefits)

"invested, happy carers"

Care workers empowered by sharing control over conditions

"intrinsically linked"

Better care

Client

- At centre with circles of support
- Empowered to "live the way they want"
- Positive family feedback re: added value

Responsive

- Client feedback elicits immediate response
- Care worker advocacy achieves faster results

VISIBLE IMPACTS, OUTCOMES

Community-development approach

- collective action
- participation
- empowerment

Care worker ownership & migrant leadership

- Self-managed teams
- Control over scheduling
- Control decision to take on new clients
- Minimise unpaid travel

Partnerism – co-operation & solidarity

Outcomes-focused approach

- Direct client-carer / co-op communication
- Investment in workers & migrants (free training)
- All profit re-invested "into social mission" to improve care & training

SLA with HSE in CHO6

But need policy for social procurement measurements to value community benefit

SYSTEMIC

BELIEFS,

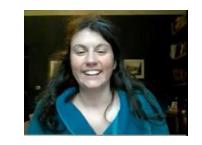
PRACTICES,

INSTITUTIONS

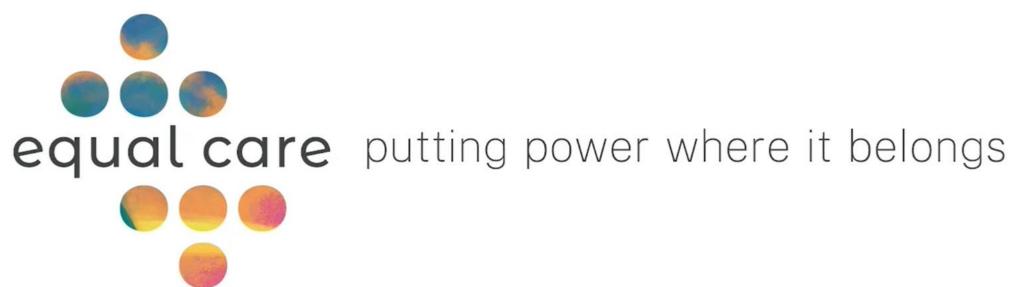
Equality – women's rights

Human Rights – migrant rights

Case Study 2

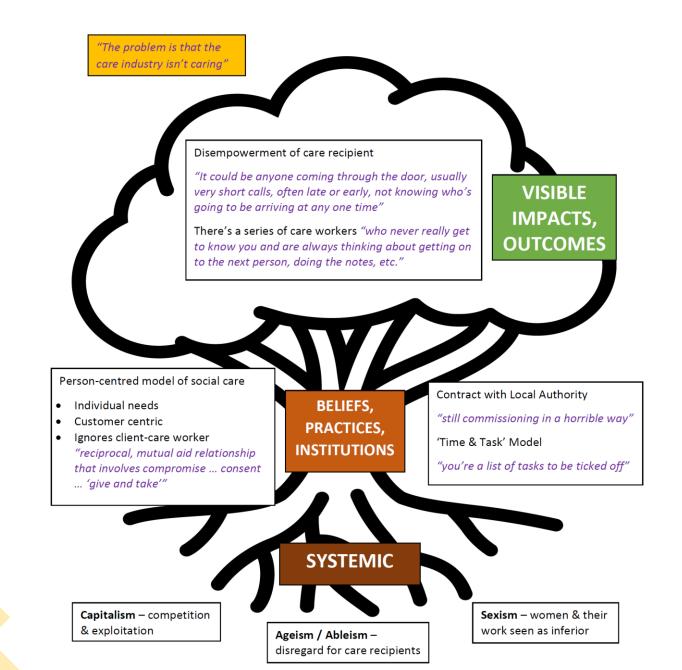


Equal Care, Yorkshire – Presentation by Emma Back, Founder



Equal Care Co-op

CO AGE webinar presentation on 23rd June 2022 by Emma Back, Founder of Equal Care in West Yorkshire.



A multi-stakeholder co-op whose mission is "to redistribute the power balance in social care"

Relationships

- "much more sustainable ... committed ... loyal ... honest care-giving relationships"
- "respect ... in a very sincere and real way"

Mutual benefits of self-management

- Better pay for care workers
- Without raising costs for clients

VISIBLE IMPACTS, OUTCOMES

Choice

- Care recipients "are the boss"
- They lead the care team & choose its members (friends, family, care workers)

Respect & honour for care worker's role

- "you are changing lives daily"
- "the difference between independence and dependence"
- "the difference between dignity and humiliation"

Care worker & client relationship is priority

- Mutual consent & mutual choice in terms of who & when
- Negotiated act between worker & client sociocracy

Efficiency

- Strip out management layers
- Manager role split up & nominated by consent sociocracy
- Care workers take up 'distributed roles' to mitigate drops in income

SYSTEMIC

BELIEFS,

PRACTICES.

INSTITUTIONS

Equality – women's rights

Human Rights – care recipients' rights

- Co-operatives, whether owned by service users or workers, can facilitate more meaningful participation in co-production of services ... (Pestoff, 2009).
- "Particularly in the multistakeholder model, users of care services become partners in care ... working directly with care providers and staff to better target care plans" (ILO, 2017).

Partnerism – co-operation & solidarity

- IRC New Foundations
- Age Action and other advocacy groups for carers and older people
- Assation
- Great Care Co-op, RHS, Equal Care Co-op
- ISS21, especially Dr Margaret Scanlon
- Research Advisory Group:
 - Dr Siobhan O'Sullivan, Dr Carol Kelleher, Dr Eleanor Bantry White (UCC)
 - Representatives of Age Action, Irish Cooperative Organisation Society, HSE



Thank you

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