

Shaping the Future of Care

Can Co-operative forms of organisation help us to deliver sustainable quality services and healthy communities against a back-drop of so many challenges and competing demands?

Should Co-operative models become a valued part of Welsh health and social care provision?

A Report from: Network 3



The Health, Social Care and Well-being Network
Supported by Wales Council for Voluntary Action



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Foreword

This **Network 3** report grew out of a Study Day held in the Caerphilly County Borough Council chamber at Penallta House, Ystrad Mynach on 24th March 2010. This event brought together representatives of interests in care services including elected members, service users, informal carers, statutory and third sector professionals, Co-operative sector service-providers, policy-makers, and support workers. The approach was based on the principles of 'appreciative inquiry' and involved a lively programme of presentations, audience participation, and break out sessions.

This report is presented to Network member organisations, and their members, as part of our commitment to fulfilling our three new key priorities arising from extensive internal consultation. These are:

- To build the Network's capacity for collaboration, innovation, representation and leadership.
- To promote, demonstrate, and enable meaningful citizen and community empowerment.
- To achieve recognition that adequately resourced social care is essential for the effective planning, commissioning and delivery of citizen-centred, sustainable, health and well-being.

We have all been concerned about the practical reality of providing services for vulnerable people, with the increasing government emphasis upon community based care programmes as indicated in the Assembly's ten year Social Services and Social Care Strategy 'Fulfilled Lives, Supportive Communities'. This has now been overtaken by the Independent Commission on Social Services, which reports in November 2010. Both are committed to quality being driven by a strong voice for the citizen, with the latter providing the backbone to a 2011 Assembly Government White Paper on Social Services. It was in the hope that Co-operative models of care will provide us with positive solutions to the challenges and opportunities we face that the Network sought funding for research into such models.

The term co-operative, as commonly employed, means working together in whatever manner and therefore carries no precise meaning. In our Study Day this word began to acquire an exact meaning, referring to a certain practical technique of working together, with particular characteristics for a type of economic and social organisation calling themselves 'Co-operative' with a capital "C", and now found all over the world.

We believe that the Co-operative approach provides a real opportunity for all of us

who wish to see social care become more clearly user-led and citizen directed services. The expertise and principles of the Co-operative Movement can find common ground with the third sector in taking forward this radical agenda for Health and Social Care in Wales.

We trust that the report's recommendations will stimulate further discussion and concerted action.

Andi Lyden

Chair

Network 3

The Health, Social Care and Well-being Network

1. What is “Co-operation” and what are “Co-operative models”?

Whereas co-operation with a small “c” stands for working together under any or no stipulated conditions, Co-operation denotes working together according to certain fundamental principles, which those taking part agree to observe.

These values and principles of social and economic organisation have been successfully employed for over 150 years. Co-operatives are a unique form of organisation, which combine democratic member ownership and accountability with an enterprising approach to meeting those members’ common economic, social and cultural needs and aspirations. They have been defined as:

‘An association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise’.

These principles, to ensure the unity of a world wide Co-operative Movement, have been agreed by the International Co-operative Alliance (ICA), which has UN status, spans 800 million members in over 100 countries, and is estimated to account for more than 100 million jobs around the world.

Co-operatives are as varied in scale and type as voluntary organisations. From banking, insurance, food retail, travel, funeral care, pharmacy, farming, through to small bicycle repair, former disabled Co-operatives in Poland and even world class football clubs such as Barcelona.

The Welsh Assembly Government generously supports credit unions and more generally worker co-operatives. It is a system allowing members’ individual needs to be met, whilst collectively sharing the pressure and responsibility of administering a business and being an employer. It is democratically controlled by those using these services and distributes any surplus as a direct benefit agreed by members.

The Study Day, in a sense, was asking: why not social care? In particular, why not social care through Co-operative forms of organisation which are led and controlled by their members as service users and family carers?

This direct relationship between users and family members and the services that they are paying for, either directly or indirectly, seems particularly relevant. In contrast to other business models, it empowers the user-member, as the business owner, with one member one vote. In this way the service provider is highly accountable to its user members. It is therefore to be distinguished from the John Lewis Partnership

Co-operative model of employee ownership, which, although not without merits, arguably empowers the provider more than the user.

Members can be the users of a service in the case of Consumer Co-operatives, employees in Worker Co-operatives, tenants in Housing Co-operatives, members of a specific community of interest or location in Community Co-operatives, or savers and borrowers in Credit Unions.

It is often claimed that the unique feature of Co-operative and mutual enterprises in contrast to other social enterprises is their participative and democratic ownership and governance, giving real accountability and control to service users, employees and local communities.

The table below outlines the Co-operative Values and Principles from the ICA Statement on Co-operative Identity.

Co-operative Values [Specific to Co-ops]	Ethical Values [Shared with other organisations]	Co-operative Principles [By which the Values are put into practice]
1. Self-help 2. Self-responsibility 3. Democracy 4. Equality 5. Equity 6. Solidarity	Honesty Openness Social Responsibility Caring for others	1. Voluntary and open membership 2. Democratic member control [One member, one vote] 3. Member Economic participation [In providing capital and sharing the profits or other benefits equitably] 4. Autonomy and independence [From Governmental or other external interference and control] 5. Education, training and information 6. Co-operation among Co-operatives 7. Concern for community

It is interesting to reflect on the overlap between these values and principles and those commonly held by community and voluntary organisations, and perhaps especially by those who are at the cutting edge of good practice in social care.

Within Wales there is wide support for Co-operative principles and developments. This includes the establishment of a Welsh Assembly Cross Party group on Co-operatives and Mutuals in November 2009. Fuller details of this, and other Co-operative organisations in Wales, are given in Appendix ii and iii.

2. Why might Co-operative models be relevant to social care?

Co-operatives by their very nature focus upon their members' most fundamental needs (food, shelter, housing and care). They also provided a basic social safety net for their members' families before the advent of the welfare state.

In Wales, it was a mutual society, the Medical Aid Society in Tredegar, which inspired Aneurin Bevan to found the National Health Service, and institutions such as the Beneden Healthcare Society and Simply Health group still provide their members with services in addition to those offered by the NHS today.

Arising from the work of the first EC Anti-Poverty Programme in Wales, in the 1970's, the South Wales Anti Poverty Action Centre worked with local Co-operators in establishing four local Co-operative Development Agencies through Urban Programme funding, including the highly successful West Glamorgan Common Ownership Development Agency in 1978. In the 1980's this Agency worked with their County Social Services Department in supporting the development of worker Co-operatives through their commissioning process, following on from pioneering work in Sunderland.

Since then a new generation of Care Co-operatives have been slowly establishing. These began with domiciliary care worker Co-operatives working together to defend their pay and conditions, and the quality of service they offered to clients in an era characterised by privatisation and cut backs on the one hand, and increased demand on the other. They have subsequently been joined by Co-operatives running child-care and nursery services, organising foster care and more recently those enabling care users to pool their direct payments.

There is a long tradition in social care of service users coming together for mutual support, empowerment, motivation and the restoration or maintenance of social skills and roles. The increasing focus upon the self-management of health and care needs, for example in relation to chronic conditions, not only illustrates a growing recognition of the role of the citizen as an active and central agent in the delivery of their own health and well-being, but is also likely to see a growing trend towards groups of "self-managers" coming together as informal or formal "Co-operators".

With regard to the potential linkages between Co-operative approaches to social care and the development of citizen-directed services, this could be especially the case in Wales. A paper presented to the Social Care Minister by Network 3 in June 2010 argued that the key difference between the Personalisation approach in England and

the developing model of Citizen Directed Support in Wales is that citizen-directed support has a clearer focus on a mutually supportive relationship between the individual, their community, and local service commissioners and providers. The development of Co-operatives in which people pool their Direct Payments so that they can share the more burdensome aspects of employing staff, whilst retaining a very real voice and control over their support service, is one very clear way in which Co-operation and citizen-direction can come together, and in so doing address Welsh fears of an individualistic “supermarket” approach to care.

Today, after three decades of erratic development, community care is coming to the fore of public policy. Perhaps the time is now ripe for the development of a new range of services: ones which are run for and by the people who need them, with any surplus used for the benefit of members. Individuals alone do not have the resources to run the services they require. Joined together they can provide at least some of those services for themselves, based upon the values and principles of mutual self-help. The model of monolithic state provision is under pressure. Many are equally fearful of an entirely competitive marketplace. Into this context, there is clearly the potential for an alignment between the community and third sector and Co-operative forms of organisation, bringing new ideas into the social care field, and new forms of social organisation.

Examples of Co-operation in action in the field of social care

Co-operative provision of social care in the UK is currently underdeveloped, whereas in countries as diverse as Canada, Australia, Italy and Japan, such provision is common place. Wherever it is found, it appears to be a valued community asset.

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Sunderland Home Care is a workers’ co-operative. It has been going for 15 years and is the largest independent provider of domiciliary care services in Sunderland, providing a diverse array of services. 280 staff provide well over 5000 hours of support a week. A major new expansion, Independent Futures, is a partnership venture with Health and Adult Services aimed at supporting people with learning disabilities in their own homes. They have introduced a ‘micro enterprise’ approach in which a number of very small enterprises are created to enable service users to lead fulfilling and enjoyable lives.

[http://www.wikipreneurship.eu/index.php5?title=Sunderland Home Care Associates](http://www.wikipreneurship.eu/index.php5?title=Sunderland_Home_Care_Associates)

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In the Wrekin and Telford area of Shropshire, Wrekin Home Care Co-op offers Personal and Domestic care in the home. It is a fully co-operative enterprise creating jobs for local workers, who run, own and control the Co-op. It has been in operation since 1991 and continues to grow and develop.

<http://www.wrekinicare.co.uk/>

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In Brighton and Hove, Care Co-ops promotes social enterprises as a way of reducing social exclusion and increasing social, economic and environmental impact for the benefit of the local community. It has been particularly valued by people with mental health support needs.

<http://www.careco-ops.org.uk/social-enterprise.php> Interested in Social Enterprise?

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In Australia, Co-operative Social Enterprises are defined as self-help organisations formed to meet a common social need of their members. They provide the highest number and widest range of services of any co-operative type in Australia. Services provided by this type of co-operative include social housing, education and training, employment services, aged care, social support, child care and health services.

<http://www.coopdevelopment.org.au/cslinks.html> Co-operative Social Enterprises

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In Emilia Romagna, in northern Italy, networking by thousands of small co-operatives has produced a regional economy that is the 10th richest in Europe, with the lowest unemployment rate in Italy. Just under half of the region's inhabitants are members of at least one co-operative. Many of these cooperatives are 'social cooperatives' with a primary purpose oriented towards the benefit of the local community. These social cooperatives are significant providers of social care, and of employment for disadvantaged groups. Across Italy, there are over 3,000 social care co-operatives, employing nearly 60,000 people, many of whom are handicapped or were formerly marginalised from mainstream society.

http://www.caledonia.org.uk/papers/Italian_Social_Cooperatives.doc+italian+social+care+cooperatives&cd=2&hl=en&ct=clnk&gl=uk

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There are many care provider co-operatives in Canada, such as 'Care Connection', a health and home care service in the Lower Mainland and Fraser Valley area.

Services include personal care, companionship and homemaking to help people remain independent in a safe and healthy home environment.

<http://www.careconnectionco-op.ca/index.htm>

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In Japan, a nation at the forefront of the elderly population explosion, 'Senior Co-operatives' or 'Koreikyo', a hybrid form of cooperation combining aspects of consumer and worker co-operatives of, by and for senior citizens, have grown rapidly

to more than 100,000 members over the past decade. In the Koreikyo model, the active elderly (roughly 55 to 75 years old) provide care for the frail elderly (generally 75 and older) in the care receiver's own home through the co-operative's home-helper dispatch centres. Through Koreikyo, senior citizens stay active and add value to their lives through service to others. Members create community when they provide services and when they receive them.

<http://www.geonewsletter.org/node/147>

3. What were the messages from the Study Day?

David Melding AM, in welcoming participants as chair of the Welsh National Assembly Cross-party Group on Co-operatives and Mutuals, gave a clear expression of cross party support for Co-operative action. Dr Neil Wooding introduced the day. It was Neil's vision that the research project should take the form of a Study Day, where a wide range of stakeholders could enter into a dialogue which engaged their values and experiences. The format proved successful in enabling active participation and bringing out a rich range of perspectives.

The mixed audience of 78 people provided the following perspectives: Third sector advocacy and support (21), Third sector care providers (16), Co-operative/Mutual Sector representatives (9), Local Authorities (9), Policy makers and consultants (7), Social Housing providers (5), Service Users/carers (5), Other (4), and Care workers (2). It should be noted that some participants overlapped these categories and some may have been carers, or users, without making this explicit.

The presentations

Rick Wilson, Wales Alliance for Citizen-Directed Services (WACDS)

Rick began the day by telling the story of the development of the WACDS, the kinds of models it represents and promotes, and identified its approach of building alliances between service-users, local authorities and the voluntary/community sector as being key to the delivery of citizen-led innovation in the care sector.

Rick made an impassioned and informed case for the need for a radical new approach to social care. He highlighted the challenge of ever increasing social care needs and expectations, and the potential for new resources to be liberated through a model of citizen directed support and community collaboration. He pointed to the practical work that was being done in the Swansea area under the banner of 'Sustainable Lives' and was successfully demonstrating new collaborative ways of working in a locality.

Key Issue identified:

The need to build alliances between service users, informal carers, local authorities and voluntary/community sector.

Professor Mark Drakeford, School of Social Sciences, Cardiff University

Prof. Drakeford provided an overview of the policy context in Wales and of trends in the pattern of demand and delivery of care services in Wales and the UK in recent decades. He identified a series of policy debates and choices which need to be faced in the field of social care. These included the choice between universal and means tested services, between models of consumer choice and those organised around a sense of shared citizenship and the debate between services provided directly by public authorities and those organised through for-profit and non-for-profit sectors.

He restated the case for direct local authority involvement in the provision of social care services, on grounds of both equity and quality. He drew out the benefits of a universal and free at the point of use 'National Care Service' on the model of the NHS, emphasising the shared cost advantages of a national service, based upon either taxation or compulsory insurance.

Key Issue identified:

The need to strike the right balance between services provided directly by public authorities and those organised through for-profit and non-for-profit sectors, especially given the continuing dominance in Wales of a belief in state provision.

Hilda Smith, Service user and Co-operative member

Hilda, an activist in the Co-operative movement for 50 years, articulated her belief that we can better meet the needs of people in practical and innovative ways, but that there was a need for greater understanding of Co-operative principles in order to underpin practical action.

As a former older people's nurse and social worker, she was now highly aware of services that should exist, but do not. She also highlighted the lack of engagement and an invisibility which grows with age. When consultations take place it is the active who are involved. Those unable to leave their own homes inevitably lack a

voice which can be acted upon. Yet equally, after a life time's experience, she was also aware how money spent wisely can improve the quality of life.

“If you wish to access additional services”, she asked, “what better way than to have your own local Co-operative organisation run for you and by you, where you have a say in how it is run, and collectively employ staff, with good terms and conditions, and adequate training, support and supervision? As we transfer to more care at home, with money provided, why not spend this Co-operatively?” She strongly believed that this could achieve a better service, independence and real dignity in care.

Key issue identified:

The need to promote and support a better understanding of Co-operative philosophy and how it underpins practical action

Emrys Roberts, Rhymni Valley Mind

Emrys shared his experiences both as an NHS manager responsible for negotiating service level agreements with the third sector and latterly as Treasurer of a local mental health charity. He said that the relationship between local statutory funding authorities and local service providing charities was fraught with difficulties.

This was especially true of Rhymni Valley Mind which is basically a Co-operative venture owned by its members and service users and responding to the needs they identify. Health and Social Services managers were described as preferring to identify their own priorities, or responding to priorities imposed on them from above. Consequently they were reluctant to fund any activity not conforming to their perception of need.

Emrys argued that if local Co-operatives or other charitable service providers are to meet the needs identified by their members and service users, they should not have to depend for their funding on local statutory agencies. Some form of more independent, arms-length funding is required.

Key issue identified:

The need for user-empowering and Co-operative social care services to be funded in ways which give them real discretion to make their own decisions.

Judith North, Reach Supported Living

Judith began by expressing her continual sense of anger at the ways in which users of social care services are treated by the prevailing system: in particular, the ways in which people are denied the right to make choices about fundamental aspects of their care and support.

She went on to outline her work at Reach, where aggregated or block budgets are being individualised in order to give service users individual choices about how their budget should be spent. She suggested that the only way to afford service users real dignity in care was to trust them to specify and purchase the services they need.

Key issue identified:

The need to enable service users to have control over their own services as co-purchasers

Mick Taylor, Mutual Advantage

Mick shared his considerable social care and Co-operative development experience. He spoke of citizen driven models, where we as citizens have an invested stake, where we control which carer comes, and when, and what happens.

Mick outlined the work he had undertaken as part of a Department for Health (England) / Co-operatives UK project pilot models for direct payments Co-operatives that allow service users to pool their direct payments/personal budgets and then employ care workers collectively. This gives the service users real control, but allows the legal, financial, and organisational responsibilities, such as drafting rotas, to be handled by the Co-operative.

The four projects included a service user led project, a local Age Concern organisation, a partnership between a carers group and an independent living scheme. Three of these are based on a cluster model with a part time support person looking after a group of people with about 150 care hours, doing administrative work and reporting to groups of clients and carers.

Key issues identified:

The need to extend the provision of direct payments and then employ care workers collectively, including essential administrative costs.

The need for community and voluntary groups to learn from practical social care Co-operative experience across the UK.

Ian Brazier, The Foster Care Co-operative Ltd

Ian explained the origins and work of Foster Care Co-operative (FCC) in England and Wales. Their objective was to provide high quality services first and foremost and they were therefore not necessarily the cheapest provider in the market. He went on to raise some of the challenges they face in the context of the prevailing culture of local authority commissioning and the potential for a 'Public Social Partnership' model for the future of care service delivery and procurement.

FCC was set up in October 1999 by Laurie Gregory as an alternative to private sector foster agencies which he felt were profiting from the difficulties experienced by vulnerable children. He had already had a bad experience of working within a charity and thought a Co-operative might provide the solution by combining a professional approach with a strong underlying set of values. It is incorporated as a Company Limited by Guarantee and has two main offices in Malvern and Cardiff. Membership includes both Foster Carers and employees. However, the Government's Fostering Regulations prohibit foster carers from being directly involved in the governance or management of a foster care agency, therefore, legally the foster carers are actually associate members of the Co-operative and do not have a vote

Key issues identified:

The need to ensure that Co-operative developments are not regarded as a cheap option and are properly funded.

Overall, the feedback from delegates showed great enthusiasm for the idea of Co-operative-provided social care services. However, people also clearly required more information and guidance about how they might promote such developments inside their own organisations and communities.

Some key quotes from delegates:

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“I would like to take the information from today to explore and develop a truly collaborative approach to changing our approach to service delivery. I would like to be given the tools to focus on this in order to make it happen”

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“How can we effectively listen to and engage users in planning and delivery of services”.

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“With demographic change, and change to community care, and to how services are delivered, plus financial restraints, this is an opportunity not to be missed to develop the type of services needed for the future benefit of vulnerable members of the population. Can we get the Co-operative Movement to support this?”

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“I will actively work towards the third sector contributing to Co-operative solutions to practical problems, and co-ordinated action by third sector organisations”.

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“A good conference report could be useful in helping to persuade officials and others who I meet in various Welsh Assembly Government meetings who have no knowledge or understanding of Co-operation as providing a practical solution to social care needs of older people”.

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“We should encourage all political parties to include in their National Assembly 2011 Manifestos, a commitment to citizen-focused Co-operatives through every possible avenue. E.g. the Continuing NHS Health Care Commissioning Framework and Guidance, the National Service Framework for Older People and Welsh Assembly Government National Dignity in Care Co-ordinating Group”.

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“My ambition is that in any future Social Care White Paper we should see a concerted effort to achieve an all Wales programme, which need not be a one size fits all, with a Co-operative / mutual social care solutions, owned and controlled by its members, being demonstrated in each locality in Wales”.

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“Could the 2011 Big Lottery ‘Citizens Voice’ theme, provide an opportunity for community and voluntary organisations to promote and support Co-operative solutions? This would provide a positive direction in celebrating UN Year 2012 Year of Co-operatives in Wales”.

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“Could County Voluntary Councils enable community development resources together with Health and Social Care Facilitators, to support citizens wishing to establish their own domiciliary services, such as cleaning, gardening, and shopping, to complement public sector services?”

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“We must make sure that the Co-operative philosophy is the basis for mutuality proposals in health/social care sector and it is not used as a back door method of privatisation of services”.

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“I wish the following statement could be in the 2011 Manifesto of each political party in Wales: ‘The current economic and demographic pressures present both challenges and opportunities in the drive to provide high quality, citizen centred social care services for people in Wales. We commit ourselves to promote and support the development of user led Co-operative solutions, that are jointly owned and democratically controlled by the people who use social care services. We believe that such solutions will provide the high quality, accountable and sustainable services that are capable of responding directly to people’s needs”.

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“Learning to Co-operate and Co-operating to Learn’ was a key feature of the Study Day, which was an excellent learning opportunity. Co-operative action predominates in other countries beyond the British Isles. What can we learn from them at this critical juncture?”

4. Foundations for action

Currently in Wales the context for social care is rapidly evolving but offers opportunities for new models of service delivery:

- The imminent Welsh Assembly Government White Paper on social care;
- The Independent Commission on Social Services reporting later this year and crucial in shaping social care in Wales;
- The new Local Health Boards, importantly including a focus on developing more effective early intervention and long-term community based support. Along side this, the NHS and social services looking to work more collaboratively with for instance the adoption of one system for the commissioning and procurement of services being developed that includes the co-design of services with service users, and the adoption of social clauses;
- “*Designed to Add Value* - a strategic direction for the voluntary and community sector in supporting health and social care”, Welsh Assembly Government 2008 – in which the Welsh Assembly Government identify the important contribution that the third sector can make to delivering the new NHS and the shift in balance of provision towards services that are closer to home, in communities and outside of the hospital environment;
- The NHS Continuing Health Care National Programme with its 10 High Impact Changes for Complex Care;
- In terms of public service improvement - the Beecham review leading to the Welsh Assembly Government’s *Delivering the Connections* strategy with a focus on ‘voice not choice’, that is citizen centred services, with citizen engagement in the planning and improvement of service delivery;
- The Proposed Carers Strategies (Wales) Measure to enable the National Assembly to legislate to introduce a new requirement on the NHS and local authorities in Wales to work in partnership to prepare, publish and implement a joint strategy in relation to carers;
- The work of the cross-sector Innovation and Efficiency Programme Board looking to address current and projected funding constraints and importantly develop new service models;

- The review of the National Service Framework (NSF) for Older People, together with the production of the cross-sector Community Framework of Services for Older People;
- The recognised need for greater focus on anti-poverty actions;
- The “*Get Engaged*” strategy, set up by the Social Services Improvement Agency and supporting local authority social services departments to improve their practice and ensure consistent and systematic engagement of users and carers;
- The Wales Alliance for Citizen Directed Support taking forward the personalisation agenda but developing a unique model for Wales;
- The opportunities for social collaboration offered by new web technology;
- The opportunities presented by the UN Year of Co-operatives in 2012.

For more detail on this context, see Appendix i.

Recommendations

Given the above, and the powerful evidence for Co-operative solutions highlighted through the Study Day, our recommended priorities for action are as follows:

1. To promote the philosophy and practice of user-led Co-operative development as a values-based contribution to the shaping of social care policy in Wales.
2. To identify and promote examples of good practice in user-led Co-operative approaches to the provision of social care.
3. To identify, build, and promote the availability of specialist support, locally and nationally, for the development of user-led Co-operative models of social care.
4. To identify and publicize the availability of funding and other resources for the development of new, user-led social care Co-operatives.
5. To seek the support of partners in Wales in the fields of health, social care and well-being, community development, and Co-operative development, for the implementation of these actions, locally, regionally and nationally.

NB. Given the current threats to public service funding, there is a risk that the Co-operative model might be seen simply as a cheaper option. The message from the Study Day was not to do this. Although Co-operative models of social care are likely to demonstrate effectiveness, added value, public value, and much else besides, they do not develop well without incurring reasonable start-up costs, nor keep going without adequate on-going funds. Funders looking for a quick cheap alternative are likely to be disappointed with Co-operative developments. On the other hand, funders who are prepared to make strategic investments in this direction should find in a few years time that they have a much stronger infrastructure of services, committed to the local area, highly valued by their user-members, and fairly priced.

Appendix i.

A summary of the Welsh Social Care policy context

The provision and organisation of social care services for people in Wales is at a critical junction. The drive to improve the quality and responsiveness of services is set against a background of significant economic and demographic pressures that have to be addressed. The following sets out some of the main factors and policy developments within which new models for delivering care have to be considered.

Demand and Resources

The demand for social care services for disabled children and adults and for older people is predicted to continue to grow strongly as a result of improvements in medical practice and longer life-expectancy.

There remains a serious discrepancy between the way social-care services and health services for adults are funded and organised. Adult social care is the responsibility of local authorities, means-tested and co-funded by users and delivered by a plethora of organisations, while most health services are universally funded, centrally organised and free at the point of delivery. The often discretionary nature of social care services means that they can vary considerably from area to area and are often difficult for users and carers to negotiate. Limited resources tend to be targeted at those with the greatest need leaving a considerable demand for lower level support that contributes to people's quality of life and helps to delay the need for more intensive interventions.

Although the core care services for children and families are universally funded they face significant challenges. The low rates of recruitment, retention and morale amongst social workers in this area and the shortage of foster families remain a real concern.

The current economic recession and the resulting reductions in public service budgets are expected to impact severely on frontline care services. Combined with rising demand, this presents a very difficult environment within which to develop high quality comprehensive social care services that are responsive to individual need.

Policy developments

At the UK, European and UN levels:

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The UK Government has recently set up a Commission on the Funding of Care and Support to examine how best to reform the care funding system. It is due to report by July 2011 and will inform a white paper leading to legislation in 2011-12.

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The previous Government passed the Personal Care at Home Act (2010), which applies, to England and Wales. It was intended to pave the way for a National Care Service and free personal care in England. Welsh Ministers will decide on how it is implemented in Wales.

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The Equality Act (2010) includes new measures to protect against discrimination for people receiving health and social care services from public sector organisations or those acting on their behalf. These measures are due to come into force from October 2010.

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The main political parties have all considered the role of Co-operation and mutuality as part of the public service reform agenda. The previous Government produced Mutual Benefit, which explored the role of mutuals in delivering greater ownership and control over public services by citizens and staff. The current Coalition Government's agreement states "We will support the creation and expansion of mutuals, Co-operatives, charities and social enterprises, and enable these groups to have much greater involvement in the running of public services".

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The opportunities for social collaboration offered by new technology. For example, the use of cheap and accessible web 2.0 technology to share experiences and complement the work of Patient Opinion in healthcare. (<http://www.patientopinion.org.uk/info/about>).

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Under the Big Society banner, the Cabinet Office has recently announced 12 Pathfinder projects to deliver public services. They will be run as mutuals by public sector staff working with voluntary organisations, with the aim of exploring new ways of decentralising power to deliver better services with less money.

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Emphasising active, healthy, and dignified ageing as a key theme in the European Years: 2010 (European Year for Combating Poverty and Social Exclusion), 2011 (European Year of Volunteering) and 2012 (European Year of Active and Healthy Ageing and Intergenerational Solidarity) Developing a European Charter on the Rights of Persons in Need of Assistance and Care

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2012 UN Year of Co-operatives. In adopting resolution 64/136 on 18 December 2009, the UN General Assembly noted that Co-operatives impact poverty reduction, employment generation and social integration. International Years are declared by the United Nations to draw attention to major issues and encourage action. To commemorate the Year, regional conferences will raise awareness of co-operatives and seek ways to increase their contribution to socio-economic development and foster regulatory frameworks.

<http://www.un.org/News/Press/docs/2009/dev2784.doc.htm>

In Wales:

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Delivering the Connections, the Welsh Assembly Government's strategic framework for transforming public services, is based on the principle of citizen centred services where people and communities are involved in the design and planning of services to ensure they respond to users' needs. It promotes better co-ordination between providers to make the best use of resources and deliver high quality, sustainable and responsive services.

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Fulfilled Lives, Supportive Communities, the Welsh Assembly Government's ten year strategy for Social Services and Social Care, incorporates the principle of citizen centered services that promote independence, social inclusion and citizens' rights.

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Deliver effective outcomes through partnership working between the public, private and third sector providers. The Welsh Assembly Government has set up an Independent Commission on Social Services to examine how to extend collaboration and the integration of social services to meet the challenges of the next decade. It is due to report in November 2010 and a white paper is planned for 2011.

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A Community Framework of Services for Older People is due to be completed by the end of the year. It is intended that the Framework should relate to the needs and aspirations of older people and carers and ensure services are sufficiently flexible and responsive, while providing a degree of consistency across the country.

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There has been a review of the National Service Framework (NSF) for Older People, which will inform a revised NSF expected for consultation later this year.

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The Older People's Strategy is entering its final stage and the Welsh Assembly Government is assessing its achievements and considering future arrangements after 2013.

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The Dignity in Care initiative continues to promote good practice in promoting respect and eliminating the abuse of older people. Current priorities are to support more local projects and establish the Dignity in Care Champions Community of Practice.

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The Consultation on Paying for Care presented options for the financing of long term care in Wales. Its findings are due to be published in the autumn and will be fed into the UK Commission on the Funding of Care and Support. The Social Care Charges Measure (2010) paves the way for a fairer and more consistent approach to charging for non-residential social care services in Wales.

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The Carers' Strategies (Wales) Measure, expected to be approved by late September, makes provision for new legal duties requiring the NHS and local authorities to prepare joint carers strategies. It is intended that the strategies should address the provision of information to carers, their consultation on individual services and their involvement in the broader planning of services.

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The Children and Families (Wales) Measure (2010) places new duties on the Welsh Assembly Government and public bodies to address child poverty. The new Child Poverty Strategy for Wales and its Delivery Plan include a strategic objective to reduce the inequalities that exist in health, education and economic outcomes for children living in poverty through integrated action to support disadvantaged children and families.

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There is an increasing recognition that measures to support vulnerable young people are more effective if they work holistically with families, addressing the needs of both parents and children. The Welsh Assembly Government is piloting Integrated Family Support Teams, which provide intensive support and better co-ordination of health and social care services for families facing the greatest challenges.

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The Third Dimension – a Strategic Action Plan for the Voluntary Sector Scheme (2008) recognises the third sector's key role in enabling people to contribute to their communities, assisting public services to reach more people and be more responsive to their needs and applying its expertise to shape policies and services. Designed to Add Value (2008) builds on these themes and sets out a strategic direction for the third sector's contribution to health and social care based on effective partnership working.

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The Getting Engaged programme, set up by the Social Services Improvement Agency seeks to establish what local authorities are currently doing to engage users and carers in the planning and delivery of social services and to support social services departments to improve their practice and ensure consistent and systematic engagement of users and carers.

Appendix ii.

Organisations representing or supporting 'Co-operation' in Wales

- **The Co-operative Group**

The Co-operative Group is probably the most visible part of the Co-operative Movement in Wales. Owned by its customer members, it turns over nearly £14 billion and operates UK food stores, farming, travel agents, pharmacies, funeral homes, financial services and bank branches and has also recently merged with the Britannia Building Society. The Co-operative in Wales has over 372,000 members (12% of the Welsh population) and generated £400m turnover in 2009 (excluding CFS) via 348 retail outlets. Last year they distributed a surplus of £50million to UK members. See <http://www.co-operative.coop/membership/share-of-the-profits/> <<http://www.co-operative.coop/membership/share-of-the-profits/>>

The Co-operative Group fundamentally share our values and actively grant aid community and voluntary organisations. Through its Cymru/ Wales Values & Principles Committee and The Community Fund it works to promote a culture of Co-operation through encouraging active membership and working with a range of community organisations throughout Wales. Last year its Welsh members received £100k for community purposes. It is quite separate and distinct from the publicly funded Wales Co-operative Centre.

See <http://www.co-operative.coop/membership/Community-Fund/>

Last year Network 3 successfully applied to the UK Co-operative Group, a consumer Co-operative, for a £3000 research grant to explore the formation of care Co-operatives. The Co-operative in Wales is also taking an active role in supporting communities through its management, on behalf of the Welsh Assembly Government, of 8 Community First areas in Pembrokeshire, Rhyl and Blaenau Gwent. The Communities First programme was established to assist in the regeneration of specific Welsh communities that face huge social and economic challenges.

- **The Wales Co-operative Centre**

The Wales Co-operative Centre, which is publicly funded, has been working for more than 25 years with individuals and organisations helping them to establish new Co-operative Enterprises. It particularly focuses upon supporting community regeneration initiatives such as Community Co-operatives; financial inclusion initiatives such as Credit Unions; employee ownership through business succession; and Co-operative Consortia. See www.walescoop.com

- **The Co-operative Enterprise hub**

The Enterprise Hub is a relatively new initiative by which The Co-operative Group is seeking to support the development of a new generation of Co-operatives through providing advice, training and access to finance. It is delivered in Wales by a consortium led by the Wales Co-operative Centre. See www.co-operative.coop/Enterprisehub/

- **Co-operatives UK**

Co-operatives UK is the trade association representing the interests of the Co-operative Movement through the UK. It promotes the interests of Co-operatives, works to increase awareness and understanding of Co-operative values and principles, and supports the development and growth of new and existing Co-operatives. It is a focal point for the sector, a forum for innovation and best practice, and provides a strategic voice for the Co-operative movement. See www.co-operatives-uk.coop

- **Co-operatives and Mutuals Wales**

CMW is the strategic network which represents and promotes the interests of Co-operative and Mutual Enterprises in Wales. It is made up of representatives of all parts of the sector in Wales and works closely with Co-operatives UK. See www.wales.coop

- **Cardiff Institute for Co-operative Studies**

CICS works within the Cardiff School of Management at UWIC to develop and deliver a range of research and teaching relating to the Co-operative Movement and wider Social Economy, both in Wales and internationally. Key areas of expertise include practical experience of developing and supporting a wide range of Co-operatives, Mutuals, Credit Unions and other Social Enterprises in a variety of settings. See www.uwic.spindogs5.co.uk/cardiff-institute-for-co-operative-studies

- **Welsh Assembly Cross-Party Group**

The Welsh Assembly Cross-party Group on Co-operatives and Mutuals was formed on Wednesday 25 November 2009. Assembly Members who have committed to join the group include Lorraine Barrett AM, Chris Franks AM, John Griffiths AM, Mark Isherwood AM, Gareth Jones AM, Huw Lewis AM and David Melding AM. The group meets regularly to address topics such as Farmers' Co-operatives, the Welsh Housing Mutual, Mutual Funds for small business investment and the Credit Union movement in Wales.

Appendix iii

Mutuals, Social Enterprises and the Co-operative Economy

- **Mutuals**

Mutuals, in the strictest sense, are a particular form of Co-operative in which all the members are users and all the users are members. The best known examples are in the finance sector such as Building Societies, Friendly Societies and Mutual Insurers. However, the term 'mutual' is now being applied much more widely to describe the full range of membership based enterprises including Co-operatives, financial mutuals, football supporters' trusts, and voluntary housing organisations. There is also the new generation of 'public service mutuals' such as NHS Foundation Trusts and Co-operative Trust Schools in England, about which there is much contention.

- **Social Enterprises**

Social Enterprise is an umbrella term which, according to the Social Enterprise Coalition, covers 'businesses trading for social and environmental purposes'. While this clearly includes Co-operatives and Mutuals, it also covers the trading subsidiaries of registered charities and the activities of so-called 'social entrepreneurs'. Co-operative forms of organisation are seen as being at the democratic end of the spectrum of social enterprises.

CHEX, one of the leading agencies in Scotland, provides a resource for supporting community development approaches to health improvement and challenging health inequalities. They have produced 'Healthy and Enterprising - a social enterprise approach to community-led health' and a complementary report entitled 'How does the Social Enterprise Model fit with Community-led Health Initiatives?' which is well worth reading. Only an oblique reference is made to Co-operative solutions.

- **The Co-operative economy**

The Co-operative economy in the UK in 2009 had a total turnover of more than £29 billion, employed 205,800 people in 4,820 businesses with more than 11 million members. (Co-operatives UK 2009).

In Wales, the figures are also impressive with a turnover in 2009 of £948 million, and 7,000 people employed in 206 Co-operative enterprises with a membership of 520,000 people. (CMW 2009).

Network 3
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