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Co-operative care: retaining public value, sharing power and investing in existing expertise

Submission from Co-operatives Wales to the Independent Commission into Adult Social Care

3rd October 2026

In response to the Prime Ministers statement <https://www.gov.uk/government/news/prime-minister-andy-burnham-sets-out-plans-for-a-new-national-care-service> Co-operatives Wales asks the Casey Commission to make democratic ownership, prevention and retention of public value central to social care reform. Although its remit concerns adult social care in England, Welsh experience offers important lessons. Reform must respect devolution while learning across borders and addressing relationships between adult care, children's services, family support and transitions into adulthood.[1]

Social care sustains dignity, independence, relationships and participation throughout life. It includes disabled children, young people, parents, kinship carers and families, alongside working age and older adults. People aged over eighty must be explicitly included in evidence gathering and decision-making, rather than subsumed into a single older-person category. Their aspirations, communication needs and rights deserve equal attention.

Extraction weakens an already underfunded system. CLES's Welsh learning disability research estimated £106 million profit associated with £1.1 billion public expenditure during 2020–2024. Approximately £44 million, 42% of estimated profit, was attributable to providers linked to private equity, tax-haven ownership, or both. These are estimates of provider profits associated with spending, not a tracing of every pound into dividends.[2]

CLES also estimated £7.69 million in interest payments associated with spending during 2019–2024, £7.01 million linked to those ownership categories. Profit, interest, related-party rent and management charges require separate scrutiny. Commissioners should disclose ultimate ownership, financial flows, executive remuneration and spending on frontline provision. Public funding must strengthen care rather than reward opaque financial structures.[2]

Co-operative care offers a credible alternative. The April 2026 research commissioned by Co-operatives UK and Cwmpas, involving Kent's Centre for Health Services Studies, the Centre for Care, CARE and IMPACT, identifies democratic participation, relationship-based provision, workforce voice and local reinvestment. Seven surveyed organisations supported 3,133 people and employed 2,919 staff. Its small, partly self-reported sample warrants further evaluation.[3]

The research supports the case for retaining value locally; it does not prove that extraction never occurs anywhere in the co-operative sector. Co-operative identity must therefore be tested through ownership, governance, financial transparency and actual practice. Surpluses

retained for service improvement, fair remuneration and resilience should be distinguished from value transferred away from care for external private gain.

Welsh examples demonstrate practical possibilities. Cartrefi Cymru's multi-stakeholder arrangements connect people receiving support, workers and communities through democratic governance. Friends United Together in Swansea demonstrates user ownership and control, supported by specialist development assistance. Both feature in the research. These models require supported participation and professional safeguards; empowerment must not become an unfunded transfer of administrative burdens onto disabled people.[3]

Across England, Equal Care Co-op (a social care co-operative that has undergone assessment and attained the Fair Care Mark) develops teams around people receiving support, sharing influence with workers and supporters. Its collaboration with Hackney and Southwark illustrates authorities investing in an existing co-operative's expertise. Co-operative Care Colne Valley demonstrates community ownership and relationship-led domiciliary care. These experiences provide learning to adapt locally, rather than templates to impose without community consent.[4][5]

Our submission also identifies Carers for Kin, Sheffield Childcare, Play, Family Support and Childminding CBS, and the Armed Forces Families Co-operative (Fair Care Mark Co-ops) as examples requiring recognition within the wider care ecosystem. Their kinship, childcare, family-support and service-family experience should inform reform.

The Fair Care Mark: assurance, accountability and ethical commissioning

Co-operatives Wales recommends that the Casey Commission recognise the Fair Care Mark as a framework for advancing high-quality, inclusive and accountable social care. Developed through the work of the Co-operative Guild of Social and Community Workers, its foundations lie in co-operative practice, community participation and the experience of people receiving and providing care. Its emphasis on co-production, co-delivery and co-ownership connects the quality of support with the distribution of power within services.

Fair care means fairness for everyone involved: people accessing support, paid workers, unpaid carers, families and communities. It brings care, compassion, dignity and mutual respect together with practical commitments to empowerment, transparency and accountability. People should have meaningful influence over their support and the organisations delivering it; workers should have fair conditions and an effective voice.

The Mark offers a basis for translating these principles into measurable assurances. Co-operatives Wales recommends that its adoption and further development establish clear, published benchmarks covering:

- Quality and compassion: safe, personalised and relationship-based support, continuity of care, respect for consent and outcomes defined with people receiving services.
- Co-production and empowerment: accessible participation in assessment, service design, delivery, governance and evaluation, with evidence that contributions change decisions.
- Equality and inclusion: reasonable adjustments, independent advocacy, culturally appropriate support and Welsh-language provision where required, alongside meaningful participation across ages and communication needs.

- Fair work: fair pay, secure conditions, paid training, supervision, workforce wellbeing and protection for workers raising concerns.
- Transparency and non-extraction: disclosure of ownership, profits, dividends, interest, rents and related-party charges, with demonstrable reinvestment in care, workforce development and community benefit.
- Accountability: accessible complaints procedures, published findings, corrective action and continuing scrutiny involving people accessing care and those working in services.

These benchmarks should be relevant across co-operatives, community benefit societies, community interest companies, charities and other care providers seeking to demonstrate fair-care practice. Legal form alone cannot assure quality, democratic participation or non-extraction. Organisations should demonstrate what happens in practice, including how resources are used and whose voices influence decisions.

Co-operatives Wales recommends that commissioners recognise the Fair Care Mark within procurement, funding and contract monitoring. Relevant, proportionate tender criteria should reward independently evidenced quality, fair work, co-production, transparency and retention of public value. Commissioners should accept equivalent evidence where procurement rules require it, while supporting smaller community providers to meet the standards.

Assurance must involve published assessment criteria, meaningful participation by people receiving care and workers, periodic reassessment and action where standards are breached. The Mark should complement statutory regulation, safeguarding and inspection, with procurement recognition supported by a robust assessment process.

The Commission should work with the Guild, existing care organisations, specialist co-operative development agencies, trade unions and communities to strengthen this approach. Properly supported, the Fair Care Mark could help make empowerment, compassion and accountability enforceable expectations of publicly funded care

Commissioning determines whether such provision can thrive. The research identifies misunderstanding of co-operatives, concentrated purchasing and inadequate development finance. In Wales, section 16 of the Social Services and Well-being Act requires promotion of co-operatives alongside social enterprises, user-led services and the third sector. Authorities should publish how commissioning fulfils this duty, with expenditure and outcomes disaggregated by ownership model.[2][3]

Co-operatives Wales raises concerns from sector experience that preferred voluntary and community providers receive access, investment and premises while co-operatives are overlooked. These concerns require investigation through allocation records and transparent criteria. Poorer buildings, insecure leases and unfunded accessibility works restrict delivery. Community asset opportunities should include existing co-operatives, with fair access to refurbishment finance and sustainable occupancy arrangements.

Class prejudice can influence whose expertise is recognised: polished bids and institutional connections may outweigh working-class knowledge and lived experience. Commissioners must challenge these assumptions and assess equality impacts, accessibility and human-rights implications. Dignity, autonomy, family life and protection from discrimination should guide provision. The public sector equality duty requires due regard; co-operative status alone does not demonstrate compliance.[6]

The announced £10 million Co-operative Development Programme for England offers opportunity but also risks.[7] We are concerned that voluntary action organisations, elected mayoral authorities and local authorities may position themselves to retain funding or replace established specialist agencies. This is a concern about programme design and displacement, not an allegation that every such body has acted improperly.

Funding conditions should require demonstrable co-operative development competence, transparent selection and meaningful partnerships with existing agencies and care organisations. Investment must recognise accumulated skills, relationships and expertise. Authorities can convene and enable, while commissioning specialist delivery. New entrants should add capacity. Generic business support or rebranding should not displace proven co-operative development work; devolved nations need equitable, separately agreed support.

Workforce investment is indispensable: sustainable fees, fair pay, paid travel, training, supervision and progression. Multi-stakeholder co-operatives can give workers, people receiving care and families sustained influence over resources and quality. They cannot overcome chronic underfunding alone. Unpaid carers need practical support and breaks; community solidarity must supplement properly funded public responsibilities.

The Commission should request evidence of unsuccessful co-operative bids, rejected premises applications and procurement exclusions, alongside successful contracts. Publish reasons and offer independent review. Measure whether funding expands care capacity or merely changes intermediaries. Children's services and adult commissioners should jointly plan transitions, recognising young carers and whole-family needs. Participation must include independent advocacy and communication adjustments, with clear evidence that contributions influence decisions and budgets.

We recommend longer, full-cost contracts; proportionate procurement; lawful use of flexible procedures; development and transition finance; fair premises allocation; and independent monitoring of extraction, workforce conditions and outcomes. Establish a co-operative care programme governed with existing providers, development agencies and people drawing on care. Fund accessible, paid participation, including children, young people and people over eighty. The Senedd's 30 September co-operative social-care meeting provides a timely opportunity for further shared learning.[8]

Although potentially outside its terms of reference, the Casey Commission (and devolved nations) should urge a national, cross-departmental mandate to extend active health years—compressing morbidity so that individuals spend a greater proportion of their longer lives free from chronic disability and dependency. As life expectancy rises, the primary objective of adult social care reform must shift from merely managing age-related decline to proactively extending the years people spend in good health. Delaying the onset of frailty by even a few years significantly eases structural demand on home care infrastructure. We therefore need to fund widespread 'Active Ageing and Strength Interventions' community-based programmes focused on strength, balance, and cardiovascular resilience for mid-to-later life adults (ages 50–70). Proactively countering sarcopenia and frailty directly reduces the later onset of physical dependency.

References (excluded from submission word count)

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4. Equal Care Co-op, [Equal Care Playbook](#), including the Yorkshire model and London Care Commons work with Hackney and Southwark.
5. Co-operative Care Colne Valley, [About us](#).
6. Government Equalities Office, [Public Sector Equality Duty: guidance for public authorities](#). Class disadvantage is discussed as a commissioning concern, not described as a protected characteristic under the Equality Act.
7. Co-operatives UK, [£10 million Co-operative Development Programme announced for England](#), 25 September 2026. This is co-operative development funding, not identified here as a dedicated social-care allocation.
8. Cwmpas, [New Cross-Party Group for Co-operatives launches in the Senedd](#). Announces the 30 September 2026 meeting on social care. No unverified meeting conclusions are attributed.

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