# Owning our care

## Investigating the development of multi-stakeholder co-operative social care in the UK

This research is a collaborative effort, conducted by the Co-operative College and Change AGEnts and commissioned by Co-operatives UK, East of England Co-operative and the Wales Co-operative Centre, following initial work by the Co-operative Care Forum (CCF).

Co-operatives UK helped form the CCF in 2015. It is made up of representatives from a variety of organisations and individuals from across the spectrum of the care and co-operative sector. It was established due to belief that care co-operatives have an advantage in being able to deliver ethical care. This was underscored by a growing recognition that care needs are not being met and that different approaches to care need to be developed to better respond to the multiple challenges of an ageing population, financial constraints, and to find alternatives to the existing dysfunctional system.

Multi-stakeholder co-operatives were recently highlighted in a Co-operative Party report as being best placed to deliver ' good quality cost-effective care', as they are based on the experiences and knowledge of those receiving, providing and relying on care. As a co-operative owned and democratically controlled by a various categories of stakeholders working together to achieve a shared goal, the multi-stakeholder approach offers an opportunity for care co-operatives to firmly embed a more accountable and equitable approach into its operations.

The aim of the CCF is to focus on and champion co-operative approaches to care in their diverse forms, not to develop a 'standard' model or models. It is a way for those who are being cared for, their families and carers, and care organisations to develop ways to share control and voice to achieve their mutual objectives in the most efficient, meaningful and effective way.

# Contents


| | | |
|---|---|---|
| 1 | Executive summary | 1-6 |
| | Conclusion | 5 |
| | Recommendations | 6 |
| 2 | A system in crisis? | 7-8 |
| 3 | Introduction to the research | 8-9 |
| 4 | Research methods and sampling | 9-11 |
| 5 | Context for case studies | 11-13 |
| 6 | Findings | 13-34 |
| 7 | Conclusions | 35-36 |
| 8 | Recommendations | 37-41 |

# 1. Executive summary

Politicians are committed to overhauling how we fund adult social care. But it is not all about money. No overhaul of the funding for care will be sufficient unless there is also a simultaneous shift in our approach to providing care and wellbeing. This report deals with some of the practicalities of how that shift could occur. This is the output of primary research into the development of four care and wellbeing organisations that are striving to empower service users, practitioners and communities through ownership and control. These organisations aim to exemplify in different ways co-operative approaches to care and wellbeing.

## Co-operative approaches:

- Orientating organisational purpose towards meeting the needs and aspirations of users, communities and practitioners
- Empowering users, family, communities and practitioners with real agency in the development and operation of the organisation, including through the exercise of democratic ownership and control
- Involving users, family, communities and practitioners in actively co-creating the value in the organisation, where the starting point is what people can do better together than they can alone

The research was intended to chart current activity, capture the challenges to development that participants encountered and to identify interventions which could make the success of this approach more likely.

### Methodology

The study was based on four case studies: two in England, one in Scotland and one in Wales, covering different policy contexts. The sample also paid attention to geographical spread and the difference in rural and urban settings. One-to-one interviews and focus groups were used in each case study. The case studies were visited by members of the research team between December 2016 and March 2017.

For each case study the research sought to answer the following questions:

- What is the overall experience of users and staff (stakeholders) in our case studies? What barriers and challenges are faced and how might these be overcome?
- What forms of non-financial support from existing agencies are most effective in supporting user and community-led social care development?
- What form of community leadership works well with existing agencies when establishing these alternative approaches?

## Why pursue co-operative approaches?

The research inquired into the reasons why people are adopting co-operative approaches to care and wellbeing. In the cases where the user and community stakeholders are actively involved in setting up organisations from the outset, there was some combination of community activism and initiative taken by local government, with encouragement and support from external programmes specifically aimed at community empowerment. The charity in the process of converting into a multi-stakeholder co-operative is driven by the desire of the CEO to transform the relationships between people in the organisation, with a greater emphasis on mutual status and respect, so that users and practitioners have greater agency to do things differently. The Scottish case study is developing largely as a response to the inability of the state and the market-driven private sector to provide affordable and effective services to remote rural communities.

In different ways, the care Acts in Wales, Scotland and England all now aspire to a greater focus on individualised services, wellbeing and some degree of user and practitioner agency. The research found that a key motivation for adopting co-operative approaches across all four case studies is an attempt to find better ways to respond to the requirements of recent care legislation and subsequent local government priorities.

Co-operative approaches are seen as a way of bringing aspirations in the care legislation to life. In interviews the case studies described a number of benefits they associate with co-operative approaches. These largely centred on a combination of more flexible, responsive services and a

better use of resources. The theory, already shown to be well-founded in at least one case study, is that co-operative approaches achieve this by improving shared purpose and strategic direction at a community level, empowering users and practitioners, and nurturing and mobilising community action alongside well-funded professional service delivery. One of the case studies particularly highlighted the benefits it saw from combining personalisation with social activity and community empowerment, so that individuals could have more control without being isolated consumers of services, or losing the option of group-based activity.

### What are the challenges?

The research has unearthed difficulties that emerge when attempts to create community-led organisations lack a clear conception of how co-operative approaches can be a tool for achieving user and community ownership in practice. The researchers found in one case study that while the intention has been to create a community owned and controlled organisation, a negative perception has developed locally that the project is too top down. Interviews suggested that the project became too fixated early on about which legal form to use, with a perceived choice between a co-operative form (a co-operative society or community benefit society) and a non-co-operative form (a community interest company). This overlooked the fact that co-operative approaches are about much more than legal form and could be facilitated in many ways. Because of this too little attention appears to have been paid to nurturing an empowered, participative membership able to take real ownership. This has led to the creation of a community interest company with co-operative features that have not yet been activated, which as a result is not yet owned and controlled by a community membership as originally intended. The researchers found that this lack of community participation may both exasperate, and be exasperated by, issues with personality clashes and local politics among the core participants.

Researchers found all four case studies working through challenges that arise in part from adopting co-operative approaches. These include getting the skills balance right on community and user-led management committees. One case study told of some users, families and practitioners being reluctant to embrace new rights, roles and responsibilities. The

research also uncovered issues with volunteers in multi-stakeholder organisations being inappropriately perceived by commissioners only as an untapped cost saving resource, with too little recognition of the fact that integrating volunteers with professional services can involve costs and burdens, as well as boosts to overall effectiveness. Three case studies discussed a dependency on public sector commissioning to earn revenue as an ongoing threat to survival.

### What support has been most helpful?

The case studies were asked to describe any external support they thought had proven particularly useful in developing co-operative approaches. Three of the case studies said business development advice that included a specifically co-operative element was particularly important. For example, in Wales, Care to Co-operate is a government-funded programme that provides care-specific co-operative development advice. Two case studies highlighted the importance of practical hands-on specialist community development. Some basic assistance from the local authority in terms of managing bureaucracy, brokerage and officer time was highlighted. All four case studies identified the importance of having nurturing, holistic relationships with anchor institutions in the local system. For example, one case study mentioned how beneficial it had been to have proactive support from the social care team in the local authority, which understood and valued the approach they were taking to care and wellbeing services. Recognition from commissioners of the added value and potential demand reduction from prevention and early intervention, being provided through the co-operative approach, was also seen as key.

One case study said it had been useful for the local church, GP surgery and sheltered housing scheme to give valuable signposting to their services. Another case study said that in its experience it was especially helpful when a local authority became less controlling and more collaborative in its dealings with providers such as themselves. Responses also suggested that the most nurturing relationships with anchor institutions also include help with basic things like premises. One case study also mentioned how a local authority adapted something as basic as invoicing arrangements in order to accommodate its needs as a smaller community-led organisation. Where researchers found the

most successful example of user-led development, the organisation said that the support it had received from anchor institutions included being allowed the time to develop real community engagement. The same case study also said these partner institutions have been prepared to commit to the project long term.

## Conclusions

- Genuine user and community ownership cannot be achieved without a concerted effort to nurture an engaged and empowered membership, which should be at the centre of the process
- Success can depend on whether co-operative approaches are properly understood as a practical tool for empowering users, communities and practitioners, and on whether the appropriate advice and training is accessible to make this work
- Groups need better access to quality advice on the different legal, organisational and cultural dimensions that come with adopting, or trying to adopt,co-operative approaches
- User and community ownership and control comes out of committed, patient, high quality investment in community development
- User and community-led organisations need holistic, nurturing relationships with anchor institutions, on everything from commissioning through to use of premises; these should afford them the time and space to engage with and empower people properly
- We must avoid an over-presumption of the latent capacity of volunteers to take on significant functions and drive big efficiencies in the system; and we need to understand how their positive impact is best achieved when integrated alongside empowered practitioners and service users
- Combining personalisation with genuine community empowerment can maximise the benefits of both
- Rural locations may well be the most likely target areas to develop user and community-led initiatives, as these appear to be the most challenging for statutory and private providers

## Recommendations

- In order to better focus on individual wellbeing, our future care system should promote organisations that put users and practitioners at the centre of everything the organisation does, from the boardroom to the frontline
- Local authorities need to encourage a model of personalisation and individual delivery that is complemented by social connectivity and collective empowerment through shared ownership and control
- We need to improve access to quality advice about how co-operative approaches can work in practice and how they can be used as a practical tool for empowering users, practitioners and communities
- Policymakers and commissioners need to get better at recognising and responding to the realities of genuine user and community empowerment, including a fuller understating of how best to integrate volunteers alongside empowered practitioners and service users
- We need to develop a body of good practice for communication, engagement, debate and learning in organisations owned and controlled by multiple stakeholders
- The market shaping duties of local authorities in England, Scotland and Northern Ireland need to encourage the development of care and wellbeing systems in which social capital is nurtured and mobilised and in which individuals and communities have genuine agency and control; in particular we should learn from the ground-breaking Welsh Social Services and Well-being Act which specifically requires local authorities to promote the development of community and user-owned services
- Commissioners and anchor institutions in and around local care systems, such as housing associations, should recognise and nurture the added value and potential demand reduction generated through approaches that give ownership and control to users, practitioners and communities

# 2. A system in crisis?

The social care sector is widely perceived to be in difficulty and is rarely out of the UK news , with the 2016 Care Quality Commission report describing social care provision at 'tipping point'.[1] Age UK reports that spending on social care services for older people has dropped from £8.1bn in 2005/06 to £5.46bn in 2014/15, with community care services hardest hit (Grigg, 2015).[2] The Leonard Cheshire Trust found that in 2015/16 over a fifth of domiciliary care in England was still being commissioned in 15 minute slots, despite the 2014 Care Act describing these types of visits as 'not appropriate for people who need support with intimate care needs'.[3] BBC Radio 4's recent 'File on 4' highlighted abuse by care workers and illustrated how cuts to local authority care funding have had an adverse effect on quality of care, working conditions for care workers and levels of training and support care workers receive.[4]

Recent research by the Resolution Foundation found that hourly pay for care workers fell below the minimum wage and was often based on 'contact' time only, with deductions from pay for travel time and 'on call' hours in addition to items considered by HMRC to be business expenses.[5] Further, they estimated a £130 million hole in UK care workers' wages across the UK in 2013-14 as a result of failure to pay the minimum wage, referring to it as 'social care wage theft'. This is backed up by research carried out by Unison for their Ethical Care Charter, where just under 60 percent of respondents cited not being paid for their travel time.[6] This has significant implications for adult social care within rural communities, as the length of time required by staff to travel in their own time to provide care to people in isolated pockets of communities is significantly higher.

---

1 Care Quality Commission. (2016) The state of health care and adult social care in England 2015/16, October 2016.

2 Grigg, L. (2015, July 07) Over a million older people struggling to cope alone. Retrieved from: http://www.ageuk.org.uk/latest-news/archive/over-a-million-older-people-struggling-to-cope-alone/

3 https://www.leonardcheshire.org/support-and-information/latest-news/press-releases/flying-15-minute-care-visits-still-bleak-reality

4 http://www.bbc.co.uk/programmes/b08g58fl

5 Gardiner, L. (2015, February) The scale of minimum wage underpayment in social care. Resolution Foundation report.

6 UNISON's ethical care charter (2013) , retrieved from: https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf

In a private sector-dominated landscape, it could be argued that many service users, families, workers and local authorities are neither getting value for money nor a service appropriate for their needs. Rising costs and further cuts to social care funding mean many private firms are giving up their contracts, which is estimated to leave over 10 thousand people without home care.[7] This does not just affect domiciliary care. Since the collapse of Southern Cross in 2011, many hundreds of residential care homes have gone out of business, compromising the quality of care and creating more vulnerability and instability.[8]

It is clear that action needs to be taken to look for alternatives that are both more sustainable and ethical and to protect both users and care workers who are currently at the sharp end of a failing system. The Co-operative Care Forum (CCF) considers that multi-stakeholder co-operatives have great potential to address the power imbalance between commissioners, staff, users, families and begin to tackle some of the issues highlighted.

## 3. Introduction to the research

Over the past two years the CCF has been looking at a number of different developmental approaches for care co-operatives, for example public sector spin-outs, mutualising social sector providers, mutualising private sector providers and new user and community led care co-operatives. While each of these various approaches has challenges, such as the procurement issues for the public sector mutual model, the option of user and community led development appears to be the most complex. These complexities include the question of whether adequate strategic and community support exists to enable people to initiate these types of service, to conform to Care Quality Commission (CQC) regulations and to meet procurement requirements. However, the community led and owned approach has the potential to empower users, workers and families from the outset.

---

7 http://www.dailymail.co.uk/news/article-4007646/Home-care-crisis-private-companies-quit-elderly-risk-firms-abandon-services-watchdog-warns.html#ixzz4f9Vu08KO

8 https://www.theguardian.com/society/2017/jan/11/care-home-closures-funding-crisis

In the context of this research it is vital to draw a clear distinction between community-based organisations – those which are doing things for people – and community-led organisations which currently are, or are in the process of:

- Empowering stakeholder groups (users, community members) with real agency in the development and operation of the organisation
- Enabling stakeholders to exercise ownership and control over the organisation
- Involving stakeholders in actively co-creating the value in the organisation

In response to the need to explore co-operative solutions at a time of escalating crisis in the sector, Co-operatives UK, Wales Co-operative Centre and East of England Co-operative commissioned the Co-operative College to carry out a small pilot research project to understand and learn from the experiences of those actively involved in user and community-led social care initiatives. The research was intended to chart current activity, capture the challenges to development that participants encountered and to identify interventions which could make the success of this approach more likely. It was anticipated that some conclusions and recommendations could be drawn around what constitutes equitable, supportive and sustainable approaches to care that are accountable to members. It also aimed to identify the essential ingredients that need to be in place in terms of support from local/regional partner organisations and commissioning bodies, in addition to identifying the funding and policy context in which alternative approaches can emerge.

## 4. Research methods and sampling

The pilot research was carried out using four case studies using the following sampling and methods.

### 4.1 Sampling

Case studies were intended to be projects in development, rather than fully established organisations. However, in practice this meant it was difficult to engage with some of the organisations selected as case studies. Two organisations approached to take part, who were in the

process of setting up, felt they were at too early a stage to participate in the research. In practice it was difficult to engage with nascent groups involved in the challenges of early development. This constrained, to an extent, the sampling frame.

### 4.2 Description of case studies

The study was based on four case studies: two in England; one in Scotland; and one in Wales. One-to-one interviews and focus groups were used in each case study and the sample paid attention to geographical spread and the difference in rural and urban settings.

| Case study | Features |
|---|---|
| **One** | • Rural<br>• Community interest company (CIC) with articles that provide for democratic community membership and control |
| **Two** | • Urban<br>• Charitable company |
| **Three** | • Rural (case study example from within larger organisation)<br>• In the process of converting to a co-operative |
| **Four** | • Very rural<br>• Single stakeholder, secondary co-operative |

### 4.3 Research methods

Each of the case studies were visited by members of the research team between December 2016 and March 2017. The team consisted of one researcher from the Co-operative College who visited two sites and two from ChangeAGEnts who visited one site each. The research followed an identical format across each of the case studies in order to ensure that the data collected was comparable and answered the agreed research questions.

| Research question | Further details |
|---|---|
| 1. What is the overall experience of users and staff (stakeholders) in our case studies? | Research team asked questions around why stakeholders chose this way to organise themselves, how they have/will benefit from this, and how they have found this experience overall. |
| 2. What barriers and challenges are faced and how might these be overcome? | Research team asked people about the sorts of difficulties they have had to overcome (or have yet to overcome) and the sorts of solutions they have come up with, or what they are planning to do to overcome these difficulties. |
| 3. What forms of non-financial support from existing agencies are most effective in supporting user and community-led social care development? | If they have had support from local agencies, research team asked how effective this has been – what things have been the most helpful, are there things which could have been improved etc. |
| 4. What form of community leadership works well with existing agencies when establishing these alternative approaches? | Research team asked about, and also undertook desk-based research, to investigate the broader policy environment which has provided an enabling environment for this type of approach to be developed. |

# 5. Context for case studies – the key features and differences in UK legislative environment

One of the issues around developing approaches to social care across the UK is that each area of the UK is covered by distinct legislation. While sharing many common features, differences in legislation affect the nature of social care in the three different countries covered by this research. Each country's legislation ostensibly aims to give more voice and control to users and carers and make local authorities more accountable in promoting wellbeing. However, one respondent in this research

challenged how in reality this could be tested. As this legislation remains in its early days, it will be important to monitor how these changes are implemented and tested over time.

### 5.1 England

The English Care Act 2014 came into effect from April 2015, and represents the most important reform of social care in more than 60 years, by combining several existing pieces of legislation which previously shaped how support was organised in the UK. The Act aims to put care recipients and their carers in control of the care and support they receive and to make it easier for people to understand the processes around how support is arranged. The principle motive behind the new legislation is to put new duties on local authorities to promote people's wellbeing by ensuring that services, facilities or resources help prevent, delay or reduce the need for care and support. In addition, local authorities must ensure that people can access the information they need to make appropriate decisions about care and support as well as having a range of providers to choose from. One of the key features of the Act is that for the first time carers will have the same rights to assessment and support as the people they care for, with the overriding ethos being a reduction in dependency on local authority provision.

### 5.2 Wales

The Social Services and Well-being (Wales) Act came into force on 6 April 2016 to provide the legal framework for improving the well-being of people who need care and support, carers who need support, and for transforming social services in Wales. The principal features of the Act are the changes in the way people's needs are assessed and the way services are delivered. People are expected to have more of a say in the care and support they receive as well as being encouraged to make better use of help available within the community to reduce the need for formal, planned support. It differs from the English Act in that the Welsh Act applies to people 'in need' of any age and their carers, whereas the English Act is largely confined to the needs of 'adults in need' and their carers.

One of the most distinctive provisions in the Act concerns the requirement that local authorities must promote the development of social enterprises, co-operatives and third sector organisations to provide care and support

and preventative services as well as care and support and preventative services that involve service users in the design and running of services. Because of this, the Welsh Co-operative Centre is funded by the Welsh government to run the 'Care to Co-operate' project to work with people receiving care through social enterprises, social co-operatives and consortia.

### 5.3 Scotland

In Scotland, the Social Care (Self-directed Support) (Scotland) Act 2013 came into force in April 2014 and also covers both children and adults. It places a new duty on local authorities to offer people eligible for social care a range of choices over how they receive their social care and support. This is comprised of four options: direct payments enabling the recipient to exercise free choice in choosing a provider; the local authority directing the available support; the local authority fully arranging services; and/or the authority using a combination of the first three options for different aspects of the person's support. Local authorities are expected to give these options to all adults, children and carers eligible for support or provided with services. The intention is to promote flexibility and creativity in meeting the needs of both adults and children under the local authority's social welfare and wellbeing duties. Overall, the Act is designed to allow people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

## 6. Discussion of findings

The findings resulting from the responses to the research questions outlined in Section 4.3 are presented in this section. Each will be described in turn and then discussed. At the end of each section there is a box containing a synopsis of key points raised by respondents in each of the case studies.

### 6.1 Overall experience of users and staff (stakeholders)

This question sought to understand the overall experience of stakeholders. Essentially, the research team asked questions around why people had chosen this way to organise themselves and how they have benefited from this approach, or perceive they will benefit in the future.

### 6.1.1 Discussion - what prompted working in this way

The first case study was largely driven by a local parish councillor and community activist, supported by a grant from a national funding scheme of which the social care element was one part. This social care element had in its initial phase undertaken some exploration of the multi-stakeholder co-operative approach. It eventually opted to set up as a community interest company (CIC) with articles that provide for democratic control by a membership comprising people in the community. Only the second case study came together as a result of community-led action, but even in this was heavily supported by the local authority in setting up. The third case study decided to convert to a co-operative after the CEO perceived the benefits this could bring having used a 'vanguard systems' approach in conjunction with the local authority to re-evaluate existing services, and perceiving that a multi-stakeholder approach would better serve their customers and also provide better use of declining resources.

The fourth case study highlighted how individuals were supported to come together by an external organisation, as the regional authorities recognised there was very limited choice of care in this very rural area, both due to a reduction in statutory services and a gap in private care options. Overall, every case study example was very much led by local authorities or key people working in local organisations

While each case was at a different stage on a journey towards the goal of user and community membership, it quickly became clear that none of the cases were what could be described as user or community-led co-operatives, while each had valuable lessons from which to draw.

| What prompted working in this way | |
|---|---|
| **Case study 1** | • Largely driven by a local parish councillor and community activist working with a group of local organisations<br>• Application to national funding programme to initiate the development of community-led services |

| What prompted working in this way | |
|---|---|
| **Case study 2** | • Local authority and community activist supporting groups of older people and local people<br>• Identification of areas of the city with low incomes and high deprivation added to winter pressure leading to higher hospital admissions<br>• Community organisations more formally set up and received funding to visit old people and give out blankets and food<br>• Success of programme led to further investment by local authority |
| **Case study 3** | • CEO wanted the organisation to be run via tangible, local small organisations, moving towards local democratic engagement and 'inverting the pyramid'<br>• Wanted to encourage more status and respect for member owners and more relationships between different members<br>• Greater opportunity to do things differently<br>• Offering employees more voice and control<br>• Changes in the way the local authority wanted to run services in one of the areas meant trying a different approach |
| **Case study 4** | • Supported to come together by an external 'business development' organisation<br>• Local authority recognised very limited choice of care in very rural area<br>• Reduction in statutory services<br>• Private providers struggled to find and keep staff and provide support in remote areas<br>• People forming the co-operative either already self-employed, considering self-employment or working as social or micro-enterprises |

### 6.1.2 Discussion – identified benefits of approach

Some, but not all, of the respondents in the first case study talked about shared purpose and vision, while others acknowledged this required more development. All identified there was much less clarity around strategy. The second case study emphasised that many of the benefits were to the local authority in that it reaped value-added benefits from their services, but also underlined the value of their locality-based provision that was able to better respond to people's needs. The third case study emphasised that the key benefits were that it enabled them to be more flexible and responsive to need and better respond to demand, while giving both staff and service users a greater voice and control over the services. The fourth case study identified that working via a secondary co-operative ensured members had shared values, but the key advantage identified was that they were able to generate more business for themselves and provide cover and back-up for each other.

| Identified benefits of approach | |
|---|---|
| **Case study 1** | • Convergence of a number of local organisations led to a shared vision of a locality determining its own needs and seeking ways to develop services<br>• Important in building a shared purpose, trust and strategic direction among local organisations |
| **Case study 2** | • Local authority gets triple investment through use of volunteers, bringing in grants and also social investment<br>• Worked with over 1000 older people over the past two years<br>• Return on investment is high and recognised across UK<br>• 22 volunteers each doing seven hours per week and also seven staff members<br>• Strong local partnerships and community engagement |

| Identified benefits of approach | |
|---|---|
| **Case study 3** | • Ability to be more flexible and responsive to people's needs<br>• Making better use of resources<br>• Being able to focus on what really matters to people and the causes of demand<br>• Ideal is to 'work our way out of a job'<br>• Building closer and stronger relationships with their clients |
| **Case study 4** | • Enabled them to ensure they had shared values and were able to offer a consistent values-based approach<br>• Allowed members to operate independently within an overall structure<br>• Benefit of being able to attract additional business to its members by coming together |

### 6.1.3 Discussion – the experience so far

The first case study has been slow in developing beyond the offer of a limited service. The complications of setting up and running an organisation as a group did initially present some difficulties – specifically in terms of personality challenges and a lack of consensus. One respondent commented that the major challenge that appears to cause ongoing apprehension and uncertainty is the prospect of setting up a business and the implications for personal commitment in employing staff, whatever the legal form adopted. Becoming a co-operative society or community benefit society appears less of a priority for the group than previously as the set-up was considered more complicated than becoming a CIC, which does not require community-led governance. It should however be noted that the CIC articles do provide for democratic ownership and control by a membership along co-operative lines.

The second case study emphasised that the key advantage is the very locality-based nature of their services. They were able to forge links and partnerships with other local services and had a much better oversight of people they worked with, making them better able to spot or anticipate problems and issues before they became critical. The third case study

felt that the change in working practices in this location was compelling evidence to support their move towards user and community-led co-operative approaches, but that this was still very much in the development phase for the overall organisation. The fourth case study has seen a rise in both members and business, which in turn has allowed them to establish their reputation, attract additional funding to pilot new initiatives and also to provide back-up and support to members when needed, for example for holiday or sickness cover.

Overall, respondents from three out of the four organisations identified a key benefit as being more in touch with their service users. This meant they were both better able to identify when someone's health deteriorated and also to adapt services according to preferences.

| The experience so far | |
|---|---|
| **Case study 1** | • Established a CIC<br>• Have progressed objectives and developed some services<br>• Issues with personality challenges, differences of direction/ownership and local politics<br>• Perceived as a negative experience for some stakeholders and individuals<br>• Intention to run as a co-operative appears to have become less of a priority |
| **Case study 2** | • Ability to offer continual support to people<br>• Being community-based means local people looking out for local people<br>• Can often identify people who are deteriorating<br>• Consider they are much more trusted than local authority<br>• Can offer more ongoing social support |

| The experience so far | |
|---|---|
| **Case study 3** | • Been a really big shift from the way they've worked previously, but a very positive shift<br>• Changes to the way they work in this location provided good evidence for developing user and community-led co-operative approaches<br>• People have an attitude to want to work in a more co-operative way and want to work in the best way to support people<br>• Getting a complete understanding of the changes in the way of working is slightly harder and takes a bit longer |
| **Case study 4** | • Have been able to expand to 24 members<br>• Increase in business for members<br>• Attracted funding to pilot both a 'social prescription' project and a sitter service for families with children with disabilities<br>• More partnership opportunities<br>• Raised profile and more work for members<br>• Ability to share work with other members<br>• Providing cover for each other<br>• Promoting each other's work to broaden their service |

### 6.1.4 Discussion – sustainability

As a result of the fairly limited activities being run by the first case study, it is sustainable in its current form, but the strategic direction and potential for co-operative development of the project remains uncertain. In case study two respondents felt they were much more sustainable than the public sector alternatives. However, they also acknowledged their dependency on a decreasing level of public sector funding while changes to their building use arrangements would definitely affect the sustainability of the project.

The third case study focused on better responding to demand and managing 'failure demand' which would enable the service to offer more for less and be more sustainable in the long term. The fourth case study reported that they are somewhat dependent on external funding to

cover back-office costs and doubted they would be able to support the organisation if they did not receive some support with these costs. It was felt earnings were insufficient to 'top slice' for a contribution to these running costs and therefore viewed the future of the co-operative as uncertain.

From the case studies it is evident there are questions over sustainability and that they are very dependent on external support, whether that be funding to support staff and run activities through local authority contracts; support in the form of free rent or payment in kind; or recognition from other organisations that they are providing a valuable 'prevention and early intervention' service. One respondent from the first case study commented that the activities being delivered, albeit modest, are currently sustainable and not dependant on external support, but agreed some assistance was required to progress to a next step with staff employed in some way. It is clear that each of the case studies were largely dependent on outside support and funding to set up, and none of the four were initiated by users or solely by community members.

| Sustainability of option | |
|---|---|
| **Case study 1** | • Option of maintaining the current organisation is sustainable, but broader development not currently happening<br>• Uncertainty around option of enacting co-operative governance as management not collectively heading in that direction<br>• Dependent on whether co-operative approaches are seen as appropriate to the strategic direction of the project and its activities |
| **Case study 2** | • Considered itself much more sustainable than the current system<br>• Preventative work needs appropriate recognition from NHS and clinical commissioning groups (CCGs)<br>• Questions around local authority cuts to funding<br>• Issue of being charged for use of community buildings which were previously rent-free |

| Sustainability of option | |
|---|---|
| **Case study 3** | • Promote people's self-confidence and independence<br>• Service becomes more sustainable as demand is reduced<br>• People receiving the flexible and responsive support and also have a role in decision-making and choice |
| **Case study 4** | • Currently receive funding to support management costs and administration time and were<br>• doubtful about being able to support members or attract new members beyond funded period<br>• Numbers of people approaching them takes time and has a cost<br>• Looking at membership fees, but costs to pay for worker time not feasible at the moment |

### 6.2 Barriers, challenges and strategies

This question attempted to unpack the barriers and challenges faced by people attempting to set up user and community-led social care and to explore how these might be overcome. The research team wanted to discover more about the sorts of difficulties people have had to overcome and the solutions found to overcome those difficulties.

#### 6.2.1 Discussion – difficulties and barriers

The first case study had initially struggled with relationships and the feeling that the project was too top-down and suffered from difficulties in moving forward when in its development phase.

The second case study complained of fractured communities and how the local authority measures to save money on the one hand, such as by closing day centres and cutting community transport facilities, often create more need and higher costs. Their observation was that this isolates people from the community and then leads to a situation where people 'fall off the radar' and are not adequately prevented from deteriorating. They also complained about the rhetoric around volunteers as an inexhaustible resource and the lack of understanding of the true costs of supporting and training volunteers.

The third case study complained about how difficult it is to offer services in rural areas and the huge amount of bureaucracy and regulations surrounding care. They also highlighted that in some cases families of adults in care can be over-protective and prevent their relatives from having a good life by not allowing them to become independent.

The fourth case study complained that despite receiving strategic support from the local authority, they have suffered from wrongly being perceived as a lower quality option by community-based local authority workers who are restricted in their thinking. They also need to extend and expand their local membership to make their service more viable.

There is evidence from the case studies of mixed levels of support from external agencies and that this is sometimes not as joined up as needs be to ensure a consistent approach. Examples in this research were clear in the levels of strategic versus local support in the fourth case study, as well as the local authority social care support in the second case study that appears to be conflicted by the local authority's asset management team and questions around buildings. While the first case study has not yet enacted its co-operative governance option, the development of a more co-operative approach may indeed assist the group in overcoming the perception by some in the organisation of the project being too top-down by working towards member consensus and a sense of community ownership.

| Difficulties and barriers | |
|---|---|
| **Case study 1** | • Difficulties around legal implications<br>• Initial communication within the management group problematic<br>• Local bureaucracy and politics hampering progress<br>• Development phase of project perceived as too top-down with little community ownership<br>• Some frustration over lack of engagement with residents and ability to move forward on particular developments |

| Difficulties and barriers | |
|---|---|
| **Case study 2** | • Communities more fractured, less interaction and sense of community due to new roads and housing<br>• Local authority getting rid of community assets<br>• Changes to the way community buildings are leased<br>• People who have much more complex needs, but no extra funding<br>• Volunteers and the perception of huge untapped resource<br>• Lack of recognition volunteers support is costly and time-consuming<br>• Continuation of funding causes problems when programmes end<br>• Bigger organisations competing for the same contracts and winning them so putting more pressure on the smaller community-based organisations |
| **Case study 3** | • Families of service users can be over-protective and can be reluctant to accept changes<br>• Change in recognition for carers and supporting them more effectively<br>• Rural areas present a huge challenge to providing services<br>• Too much bureaucracy around domiciliary care and regulations around care co-operatives<br>• Resistance from care managers to move from 'time and task' to an outcomes based approach |
| **Case study 4** | • Problem of being perceived as a 'lower cost community quality option' and of not being able to meet people's needs<br>• No support/resistance from the local authority co-ordinator, who seems more concerned about whether they are paying their taxes<br>• Need for more members who are local to the area, and more creative thinking and engagement by agencies |

### 6.2.2 Discussion – overcoming barriers

The first case study is struggling to overcome the more strategic barriers to moving forwards and further develop services. The second case study commented that it was important to ensure that the management committee possess the right set of skills and confidence as well as the ability to sustain important strategic relationships with the local authority to sustain meaningful engagement and be able to challenge where necessary.

The third case study has overcome the strategic barriers within the organisation, but is now in the process of tackling operational and ground-level barriers as the process of becoming a co-operative spreads through the organisation. Respondents from case study four considered they had used their growing reputation to good effect, saying 'good news travels', but commented that they were also helped by the fact that there is less competition in rural areas.

| Overcoming the barriers | |
|---|---|
| **Case study 1** | • Formation of the CIC resolved some of the legal uncertainties<br>• Newsletter is helping with the communications<br>• Lunch club is addressing some of the outcomes<br>• Broader development of project remains an issue |
| **Case study 2** | • Need the right skills on the managements committee<br>• Need confidence/capacity to challenge decisions<br>• Local Authority needs to value what the community and third sector provide in the community<br>• Longevity of the staff and volunteers, continuation of staff gives more people confidence in the organisation |

| Overcoming the barriers | |
|---|---|
| **Case study 3** | • Micro-co-ops are very compatible with the way service is going<br>• Manage anxiety levels and share information properly<br>• Recognise and manage failure demand<br>• Consider people's emotional needs, to reduce avoidable demand<br>• Being more flexible and responsive than statutory services |
| **Case study 4** | • Felt that they've overcome barriers providing excellent care and support to families<br>• Limited options for care and support in remote areas has strengthened their offer<br>• Piloting other projects has enabled them to build relationships and also demonstrate their impact |

### 6.2.3 Discussion – most helpful support

In the first case study the community connector has provided the most effective support along with the business support agencies, although one respondent commented that they were not given the most appropriate advice by the business support organisation. The second case study spoke about how they have received the most effective support from the social care team in the local authority, who value the services they provide. In addition, the way that contracts are paid by the local authority has made a difference to their operational budgets, as they are now paid quarterly and with fewer delays than previously, meaning they are able to plan and budget more effectively.

The third case study considered that the fact that the local authority has re-tailored everything and was less controlling meant they were moving towards a more collaborative approach which also enabled them to better direct services according to need. They have also received substantial support from Care to Co-operate. In the fourth case study respondents considered the value of the support they had received from within their own membership, which shows the benefits of being part of the co-operative and demonstrates a move towards self-reliance. However, they also discussed the essential support they have

received from the business support agency in setting up and becoming established.

From this it is evident that organisations have received a range of essential support from different organisations to help in their development and ongoing operations, with only the fourth case study stating a feeling of independence at this stage. However, this case study is also reliant on funding for back office and project work[9] which appears at odds with this feeling of independence.

| The most helpful support | |
|---|---|
| **Case study 1** | • Community connector has established relationships and trust<br>• Engagement and support by business development organisations not felt by all respondents as helpful |
| **Case study 2** | • Social care team in the local authority<br>• Payment of contracts now quarterly rather than annual payments |
| **Case study 3** | • Local Authority has been less controlling and more collaborative<br>• Support from Care to Co-operate |
| **Case study 4** | • Members support each other<br>• Help from GPs and community nurses<br>• Funding for pilot approaches<br>• Business support from Growbiz |

### 6.2.4 Discussion – solutions and factors in overcoming barriers

For the first case study the participation and financial support of the local authority was key, however there did not appear to be an understanding of how becoming more co-operative could help to overcome challenges or barriers. Again, the second case study commented that the way that they receive payments in addition to the length and terms of local authority contracts have been the most important factors as this has enabled them to better plan and grow.

9 See section 6.1.4

The third case study emphasised that the Social Services and Well-being Act was an important factor in pushing towards more voice and control for service users, as well as working with the local authority to develop a better understanding of need, which has helped them grow more appropriate services.

The fourth case study identified their own skills and resources as being the key to overcoming problems, which attests that they have confidence in their shared approach and the skills and resources of their members. The local authority has a key role to play in supporting the development of services, whether that be in providing officer time, strategic guidance, financial support or ensuring the support is tailored to the needs of smaller organisations, such as the staggered payments received in the example of case study two.

| Important solutions and factors in overcoming barriers | |
|---|---|
| **Case study 1** | • The involvement of the local authority on the management group and their ongoing support and commitment, including financial, is critical |
| **Case study 2** | • The changes to the long-term local authority contract and ongoing support from the local authority |
| **Case study 3** | • Social Services and Well-being Act promoting voice and control to service users<br>• Local authority support and a better understanding of need helped to develop more appropriate services |
| **Case study 4** | • Their quick and personal response and the quality of creative, community-based, fair and flexible support which has been provided |

### 6.3 Local external support

This question aimed to uncover the different forms of non-financial support from existing agencies that are most effective in supporting approaches which could lead to community-led co-operative development. If the case studies have had support from local agencies,

the research team wanted to find out how effective this has been, such as identifying the support that has been the most helpful and highlighting whether there are things which could have been improved.

### 6.3.1 Discussion – support from local agencies

The local authority has provided the first case study with important moral and practical support, while the local church, GP surgery and sheltered housing scheme being cited as giving valuable signposting to their services. The second case study commented that the local authority has been supportive from the outset and that this continues to be the case.

The third case study consider themselves very lucky in their relationships with the local authority and commissioners as they are the ones who've driven the "fantastic" change in the way that the organisation works. In addition, support from the Wales Co-operative Centre and Care to Co-operate has been very important on their co-operative journey. The fourth case study highlighted that their biggest support had come from business support agencies, in addition to Change AGEnts and local community networks.

| Support from local agencies | |
|---|---|
| **Case study 1** | • Local church and GP Surgery in being engaged on the management group and communicating with their parishioners and patients on the services on offer through the organisation<br>• The local authority with moral support and bureaucracy, brokerage and officer time<br>• A local sheltered housing promoting services and offering space |
| **Case study 2** | • Local authority has been supportive from the start |
| **Case study 3** | • Local authority and commissioners have driven the change locally<br>• Wales Co-operative Centre and Care to Co-operate |

| Support from local agencies | |
|---|---|
| **Case study 4** | • Growbiz and other business support agencies<br>• Change AGEnts<br>• Local community networks |

### 6.3.2 Discussion – effectiveness of support

The first case commented that support has been effective so far and that local authority buy-in has been important. The project remains fairly limited in its ambitions, with one respondent commenting that this may be due to nerves and apprehension and needing to find ways forward that suit the circumstances.

In the second case study the workers, management committee members and local commissioner emphasised that the model for community-led social care has to develop from the ground up and stressed that implementation will not work if the community is not on board. So the most effective support is having the time to develop genuine community engagement and ownership and they also commented that this process can take at least two years to get right. This was also backed up by changes to the way the local authority pays its contracts, as paying quarterly and lengthening the contracts was much more compatible with smaller community-based organisation operational requirements.

For the third case study, key support came in the shape of the local authority's willingness to make changes to services in addition to the organisation's own commitment to better meeting the needs of its service users. The fourth case study reported that while workers from the local authority had not been very supportive, the help received more strategically through the business development agencies had been invaluable in helping develop the members; reaching people who need support; helping them to look at good practice; and connecting with similar approaches.

| How effective has this support been? | |
|---|---|
| **Case study 1** | • Support has so far been effective but limited in line with the risk averse nature of the project so far<br>• Buy-in from the local authority has been important |
| **Case study 1** | • Being allowed the time to develop real community-engagement<br>• The changes to contracts and local authority support |
| **Case study 3** | • Based on the locality, the local authority is the most effective support<br>• The Social Services and Wellbeing Act<br>• The willingness of the local authority to make changes<br>• The willingness of the organisation to have an honest look at how it can best serve the needs of the service users |
| **Case study 4** | • Support from business development organisations has been invaluable |

### 6.3.3 Discussion – how support can be improved

The first case study indicated that there is a need to focus on the local residents' perspectives and help them with legal and bureaucratic issues if they are to develop. The second case study commented that there needs to be more clarity around community buildings. If organisations have to start paying a market rent, then they would cease to be viable at current funding levels. This case study also commented that there needs to be more training about learning disability in older people due to longer life expectancy. They also found that some people with learning disability can get socially isolated as their parents have been too controlling.

The third case study pointed out that the Social Services and Wellbeing Act is important, but that local authorities "have to be careful not to screw it up". The local care manager spoke about the problem of the commissioners and agency relationship – the funder versus the funded – and argued that it should be about pleasing the customer, not the local authority. The fourth case study felt that the current level of support was working well. In two of the case studies the local care workers and local

authority staff pointed out that there has to be more work done to create networks, especially for young people as they don't want day centres, and to enable people to be more independent. One care manager stated that for co-operatives to work they have to be flexible, staffed appropriately and with the right training in place.

| How do you think this support could be improved? | |
|---|---|
| **Case study 1** | • More co-operative working practices to promote sense of ownership by local community<br>• More support with legal and bureaucratic issues |
| **Case study 1** | • More clarity around community buildings<br>• More training about dementia in older people with learning disability<br>• Better understanding of how people with learning disability can get very socially isolated |
| **Case study 1** | • Improving understanding of accountabilities under the Social Services and Wellbeing Act<br>• Problem of commissioners and agency relationship, the funder vs. the funded<br>• Shouldn't be about pleasing the local authority, but about pleasing the customer<br>• More work done to create networks, especially for young people<br>• Training around co-operative approaches |
| **Case study 1** | • Current level of support working well |

### 6.4 Leadership and wider support

This question was intended to identify the types of community leadership that work well when establishing these alternative models of social care. In so doing, the research looked into the broader policy environment (see also section 6) to examine the extent to which this provided an enabling environment for this type of model to be developed, and also asked questions about both the local and regional support received.

### 6.4.1 Discussion – Context for the approach and external environment

The first case study emerged as a result of being championed by a community worker, observations of a high percentage of older people and a national programme of funding for developing community-led activities. Some members of the group felt they were encouraged into a quick legal fix (a CIC) and observations for this study indicated that co-operative champions were not strongly represented in the group. In addition, a traditional view of care delivery may affect their ability to innovate.

The second case study acknowledged that the local authority have been very supportive of community-based organisations and recognised that these organisations are effective in delivering services where external providers often fail. The community-based nature of these organisations means they have better local access and local knowledge about who the most vulnerable people are. However, they emphasised that local authorities (or other supporting organisations) have to be prepared to commit long term.

The third case study underlined that one of the fundamental principles of the Social Services and Wellbeing Act is co-production and encouraging individuals to become more involved in the design and delivery of services. They also emphasised voice and control, putting the individual and their needs at the centre of their care and the move towards prevention and early intervention. They were keen to point out that despite local support and the legislative changes, there remain issues around assumption by government of a vibrant volunteer sector ready to support these types of initiatives going forwards, and underlined that they were yet to see any evidence of this.

The fourth case study focused on the rurality of their location and how this in itself adds a further dimension to the availability and quality of care on offer, exacerbated by cuts to costs and problems with recruitment. They commented that "necessity is the mother of invention" and that the existing framework for services and big contracts is not working for rural communities.

| Context for the approach | |
|---|---|
| **Case study 1** | • Observations of a high percentage of older people in the community<br>• National programme of funding to develop community-led activities |
| **Case study 2** | • Local authority very supportive of community-based organisations<br>• Better local access knowledge about who the most vulnerable people are |
| **Case study 3** | • Social Services and Wellbeing Act emphasis on co-production and encouraging individuals to become more involved in the design and delivery of services<br>• Voice and control, putting the individual and their needs at the centre of their care and the move towards prevention and early intervention |
| **Case study 4** | • Crisis in the provision of care, support and wellbeing in rural areas<br>• Increased numbers of older people with complex health problems<br>• Reduction in statutory service provision in rural areas<br>• Private care providers not able to cover costs or recruit in rural areas<br>• Changes to legislation and commissioning have altered landscape |

### 6.4.2 Discussion – Policy at local or national level

In the first case study the decision to apply for initial funding was made at parish and county levels, underpinned by a national funding programme, so was not really community-initiated. The second case study highlighted that the local authority is trying to improve delivery of social care and has three differential hourly rates, covering travel time in urban, rural and super-rural areas, to take into account. In addition, homecare contracts have now changed so domiciliary care organisations have to make stronger community links to make referrals, and also have more consistency.

The third case study pointed out that the context of Social Services and Wellbeing Act and also the commitment of the National Assembly to support development of co-operatives through Care to Co-operate was immensely enabling. Social Services and Wellbeing Act places a duty on local authorities to promote co-operatives and also seeks to ensure that citizens accessing social care have a "strong voice and real control".

Respondents from the fourth case study commented that the changes to legislation and increased rhetoric about choice and control under the 'self-directed support' banner has not yet been translated into real examples of practices, budgets, workers and frameworks to enable this to happen.

| Policy at local or national level | |
|---|---|
| **Case study 1** | • Programme initiated via national funding programme, so questions around being community-initiated |
| **Case study 2** | • Local authority has made a range of changes to support care delivery |
| **Case study 3** | • Social Services and Wellbeing Act and also the commitment of the National Assembly to support development of co-operatives through Care to Co-operate<br>• Act places a duty on local authorities to promote co-operatives and also seeks to ensure that citizens accessing social care have a 'strong voice and real control' |
| **Case study 4** | • Very few support mechanisms, despite changes to legislation and rhetoric about choice and control |

# 7. Conclusions

In James Scott's (Co-operative Party) 2016 report he highlights that a growth in multi-stakeholder co-operatives would have to overcome challenges such as regulatory hurdles, committing the necessary time and effort and also making "hard decisions" and this research has shown that to be the case in the experience of our case studies. It is clear from each of these case studies that there remain significant challenges to organisations seeking to deliver a more locally accountable and meaningful approach to care. However, it is also evident that there are numerous identified benefits to community-based provision as well as valuable lessons from this research which can inform future debate and developments.

One of the points that emerged is that rural locations may well be the most likely target areas to develop user and community-led initiatives as these appear to be the most challenging for statutory and private providers. The lack of services currently on offer may mean there is added impetus and drive to develop alternative services. As there is now a requirement for a market place to be developed, it may be a case to argue for increased local authority support in developing this market place. Travel distances were cited by case studies as a key financial inhibitor, and so hyper-local services such as those that can potentially be developed by user and community-led options may be a valuable solution.

One of the issues alluded to was the lack of volunteers, or difficulty in recruiting appropriately committed volunteers – as it is costly and time-consuming for organisations to recruit, train and support them. Two of the case studies identified the problematic issue of volunteers being perceived as a resource just waiting to be tapped into, and indicated that this was not the case. As many of the multi-stakeholder approaches to care are dependent on there being a volunteer component, this is an area that requires further investigation and consideration to ensure there is the right knowledge and infrastructure to develop and support volunteer involvement.
These initial findings suggest that forms of user and community-led social care are hugely dependent on a supportive local policy environment and local authority commissioning team to allow and enable new ideas

the space and time to be developed. Even where there is evidence of a multi-stakeholder approach there is high dependency on local authority funding and contracts. Workers in one case study said that local authority support is essential to any changes to delivery as "without support from them we'd be trying to jump through hoops to prove that this is working." It is also evident that there needs to be more visibility of co-operatives as an option for the delivery of social care and a much greater understanding of what needs to be in place to support user and community-led options. There is a clear role for the UK's co-operative movement to support and advocate these new forms of co-operation.

One local authority manager pointed out that owners (shareholders) and commissioners are the people who currently hold the most power in the market and have a tendency to approach people in need from a position of benevolence. However, this research has shown that this attitude is being challenged in more progressive local authorities, as well as by providers who are trying to work differently. As one respondent pointed out: "Lots of things are changing, such as direct payments, it's about continuing to fight the battle to give people more freedom of choice." It is anticipated that the evidence and recommendations of this research will start to shape and drive this change in a more co-operative direction.

# 8. Recommendations

Some of the findings from this pilot study have underlined what needs to be in place to better support user and community-led care initiatives get off the ground. However, respondents were also keen to emphasise how delivery can be changed to make better use of existing resources. These recommendations combine those two themes.

## 8.1 Improve focus on individual wellbeing by empowering users, practitioners and communities

It is clear that a better understanding of need can lead to a much more efficient and appropriate service. One of the organisations talked about how demand coming in previously exceeded demand being met and that this was increasing consistently over time. The causes of why people asked for support were examined more closely, with the man whose mobility scooter did not work in the rain, who needed to go to the shop for milk, a good example. Each time it rained he asked for care support. The solution was to fix the scooter and better respond to the actual issue, while identifying the demand correctly. It might be emotional demand, but there could also be a practical solution. Demand could be much more long-term and more difficult, like a stroke victim in need of more intense support. The care system needs to be able to respond differently according to need. As one care manager pointed out: "It's more work to help someone who's experienced a lot of failure demand than if they were coming to you first time, as emotionally they're in a worse place."

Identifying needs can be challenging. One project talked about how older people tell social workers what they think they want to hear, rather than what is actually going on as there's a perception that if they reveal their real needs they will be sent to a home. Another organisation talked of how people are less likely to say what they want out of a service and more what they think they can get, so it's about drilling down into what the needs actually are. However, a greater understanding of need by itself is not enough. There also needs to be the ability to be flexible enough to respond appropriately to need as it arises. This is where the potential for community and user-led co-operatives comes to the fore, as they can build better relationships and use local knowledge to identify and solve issues on a more individual basis.

## 8.2 Combine personalisation with social connectivity and collective empowerment

There is a clear emphasis in the legislation on individual choice and control, and some respondents involved in the delivery of care commented that changes to care have for a long time seen a move away from group delivery in favour of individualised care. However, they were keen to point out that this can be "throwing away the baby with the bathwater", and pointed out that group work is valuable, both in encouraging networks and creating more self-reliance and mutual support mechanisms for service users. They wanted to emphasise that groups have their plusses, but they have to be right for everybody and used in the right format, not just as a cost saver. This appears to be in contrast to the more individualistic approach espoused by the changes to legislation and it is important not to conflate individual choice and control with an atomised system of delivery that does not consider people's broader needs as part of a more social and community setting.

One of the projects spoke about how "there's a downward spiral of people giving up on life" and how people waiting at home for a 15 minute domiciliary care visit are effectively prevented from accessing other services by being stuck at home. One of their solutions was to arrange for personal care to be to be delivered at the centre, which meant that the user benefited from 3.5 hours contact time rather than 15 minutes of rushed personal care. This in turn can improve a person's whole family life as it means problems can be identified earlier and hospital admissions prevented. The example given by one case study revealed how a service user went to hospital every three weeks or so, but following this type of intervention had not had any hospital admissions in two years. These types of examples need to be further investigated with the real costs savings of this type of preventative work used as valuable leverage in negotiating for more support to develop community and user-led approaches.

## 8.3 Improve access to quality advice about using co-operative approaches as a practical tool

As described by two of the case studies, there is the perception that becoming a co-operative requires a lengthy and complicated set up.

Setting up using a co-operative approach can be more complex and time consuming than the perceived 'quick fix' of setting up as a non-co-operative social enterprise, as co-operative approaches require more work to genuinely empower community members/users and develop consensus around shared values and principles. It is also the case that community development workers, either those working for local infrastructure organisations such as Councils for Voluntary Services, or those employed by local authorities are less likely to promote co-operative approaches and models as an option to new and emerging community organisations. This may be as a result of their lack of knowledge around co-operatives as they are a less common structure, or because it is often cheaper to set up as an undemocratic, non-mutual charity or a CIC, or because genuine user and community led governance structures are considered more complex. This highlights that there needs to be more information about 'co-operative approaches as an option' in relation to the care sector, both at community level but also at strategic level. However, this is linked to the broader problem of the visibility of the co-operative sector more generally, as argued by Secretary General of Co-operatives UK Ed Mayo. In a recent article he pointed out that co-operatives have been "misunderstood and under-served by successive governments."[10] Undoubtedly there needs to be growing and continued pressure on government to include co-operative options in UK business policy. More importantly for user and community led care, there needs to be more dissemination and outreach of co-operative options at community level.

It appears that co-operative social care remains ill-defined and seldom considered by local authorities, commissioners and policy makers, and so it is important that there are better examples of the types of co-operative approaches or potential models that people can engage with so that people have more clarity when setting up.

### 8.4 Recognise and respond to the realities of genuine user and community empowerment

It is evident for each of these case studies there is a varying level of dependency on outside support and funding, not just for the initial setting up or transformation of the organisations, but as continuing

10 http://www.huffingtonpost.co.uk/ed-mayo/if-we-want-a-more-inclusi_b_16256600.html

support. It was argued by several of the case studies that there needs to be more recognition of how much community, user and volunteer commitment is required to enable these approaches to develop and flourish. One of the case studies commented that it takes at least two years to even get the right amount of community buy-in and commitment to get organisations off the ground. In addition, there were concerns over a presumption that there is a vibrant volunteer sector to support community approaches, but they've yet to see any real evidence of that. For example, one service user is a keen walker and wants to be involved in the Ramblers, but there are serious questions around how that service user can access such a group independently. It is heavily dependent on there being a community network to support this type of activity – and the community network is just not sufficient. This raises questions as to whether there is an adequate understanding outside of isolated pockets of what practical support needs to be in place to support user and community led options. This research has shown that extensive support has been necessary in each of the cases, but that also this support is not always directly financial. Provision of building space, staff time and in-kind support is highly valued and can be used to match-fund other funding and increase services indirectly.

### 8.5 Develop a body of good practice for multi-stakeholder co-operation

Several of the respondents in the case studies spoke about how in some cases families and carers of adults in care are very wary of changes and also of relinquishing 'control' of their relative's care package. There was acknowledgement that this is an area which needs to be carefully handled to avoid stress and anxiety, but that also there is a lot of work that needs to be done to help relatives embrace more independence for their family members where this is appropriate. One person equally acknowledged a similar approach for care workers, who may feel as if bringing in changes to the way they work is a criticism or negative judgement of the way they have worked in the past. It is therefore essential that open communication, engagement and space for reflection and debate is part of any approach to co-operative development.

### 8.6 Use market shaping duties to mobilise social capital and empower people

In each of the care acts there is duty on local authorities to ensure there is choice of providers in order that people are able to exercise their right to greater choice and control. However, this is currently a dysfunctional marketplace. In addition (as highlighted in Section 2) there is an acceleration in the numbers of private providers leaving the market, so there are potentially huge gaps opening up where alternative solutions are required. The Welsh Social Services and Wellbeing Act already places a requirement on local authorities to support co-operative development. Evidence of the success of this approach could be used to campaign for both amendments to the existing legislation in the rest of the UK and also for funded developmental support such as the Care to Co-operate initiative in Wales.

### 8.7 Recognise and nurture the added value and potential demand reduction generated through co-operative approaches

The case studies in this research pointed out that as a result of their local and flexible services they were better able to respond to need, but were also able to provide significant costs savings to other organisations such as the NHS, housing associations or other local services. However, they complained that this ability to provide prevention and early intervention was seldom translated into additional funding from the organisations who benefitted from these cost savings. There is potential to help smaller community-based organisations to better quantify the cost savings they provide to other services and in turn help advocate for increased support from a broader range of funders.

## *Thousands of businesses, one network*

Co-operatives UK is the network for Britain's thousands of co-operatives. We work to promote, develop and unite member-owned businesses across the economy. From high street retailers to community owned pubs, fan owned football clubs to farmer controlled businesses, co-operatives are everywhere and together they are worth £34.1 billion to the British economy.

www.uk.coop