

## FORUM FOR CO-OPERATIVE APPROACHES IN CARE

### (the “Co-operative Care Forum”)

#### Terms of Reference

##### 1. Preamble

Care is increasingly seen as a commodity; something to be provided on a commercial basis as a way of generating an economic return. Ideally, it is something provided lovingly by family and friends. Since 1948, the state has accepted social responsibility for making it available. Now the state is pushing that responsibility onto the market, and it isn't working. Care needs to be paid for, care-workers need to earn a proper income, and quality and safety need to be assured; but the marketization or commodification of care is failing those who most need it.

The origins of co-operation predate the modern concept of care by a century. Co-operation came about to provide access to food and basic provisions where the market (or marketization) was failing, and it developed a highly effective business and organisational approach. The same is needed now for care.

It is tempting to approach this as a search for a model or models, but this Forum seeks to put the emphasis on pursuing a co-operative approach to care, a way for those who are being cared for, and those who are caring (whether as a gift or a job) to co-operate with each other and achieve their mutual objectives in the most efficient and effective way to meet their common economic, social and cultural needs and aspirations. So we are focussing on those who are co-operating for the purpose of care, not on a legal construct; co-operative approaches in care, not models.

A second point of emphasis concerns the Forum's approach to health and well-being. In its social determinants of health, the World Health Organisation puts health services as number six in the order of priorities, after social connections (1), clean water (2), nutritious food (3), safe housing (4), and the means to acquire these (5). The Forum intends to keep these wider determinants of health in mind, against a common tendency to concentrate mainly on health services.

##### 2. Context

The Forum for Co-operative Approaches in Care (the Forum) is established against a backdrop of an aging society, fiscal constraint, the privatisation and commodification of care and related services, and a system susceptible to service and business failures, all with real human costs borne by individuals, families, and society. There is a growing realisation that we can and must meet our care needs differently.

This context can be broken down into demographic, economic, political, and cultural conditions:

- **Demographic:** an aging population with multiple long-term conditions
- **Economic:** in real terms shrinking budgets to pay for health and social care, exacerbated by the demographic factor, a commoditised business approach which undermines the very essence of care, and a failure to recognise and value the contribution of family and voluntary support
- **Political:** a shrinking state, mainly through privatization combined with a continued fixation on “Fordist” approach to personal services and commissioning, purchaser-provider split

- Within **local government** significant budget cuts, personalization, increasing percentage of self-funding; the Care Act (2014) and particularly market shaping duties, outcome focus, promoting choice, and safeguarding; integration of health and social care, Health and Well-Being Boards, English devolution
- Within **the NHS** however, a growing acceptance of the need to change the relationship between citizen and state; a much greater emphasis on prevention; an increase in self-directed care and personal budgets; and taking down organizational boundaries (Five Year Forward View)
- **Cultural**
  - In relation to public services an embedded societal acceptance of service delivery where people sit back and have things done to or for them, with concepts of mutual self-help and communal self-responsibility largely forgotten
  - Within care services (especially healthcare), a paternalistic tendency founded on medical science/knowledge, an information imbalance, and NHS domination by clinicians and their managers, resulting in disempowered citizens
  - Amongst citizens a growing desire for a better deal, to be more involved and better listened to, and for care and support more personalised for their circumstances

### 3. Relevance of modern co-operative concepts

There is a lack of innovative action to address these contextual challenges, particularly within market-based approaches and the public sector. Decent care is about relationships, reciprocity and community, and so is not something for-profit business or state bureaucracies are well placed to provide. Co-operatives often emerge to plug such gaps; can this happen in relation to care in the UK?

The Forum is particularly interested in approaches to care that are rooted in communities where the starting point is nurturing the relationships between people including neighbours, family, paid carers and volunteers.

We believe that the mutual self-help, solidarity and fairness inherent in co-operative enterprise has a lot to offer those working towards such an approach, and are especially interested in multi-constituency approaches that bring together beneficiaries, professionals and the wider community in a fair and effective way.

Such co-operative approaches could:

- enable citizens and qualified carers to work collaboratively together (co-production) to optimize limited financial resources and maximise good outcomes
- locate mutual community-based care in a wider context that supports health and wellbeing (social relations, housing etc.), recognising the World Health Organisation determinants of health<sup>1</sup>
- engage those accessing care, those providing it informally and professionally, and the local community in owning the responsibility for meeting care needs within the community

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<sup>1</sup> <http://www.who.int/hia/evidence/doh/en/>

- address disempowerment and isolation through the organizational approach to care, using the participative element of co-operation as one of the mechanisms of the therapeutic process
- recast the role of care workers, enhance career prospects and improve public perception/appreciation of care workers
- address the need for a changed relationship between citizen and state, and particularly for citizens to own the problem and share in solving it, rather than looking to others to do so
- innovate through community-based collaboration, rather than by top-down re-organisation, or competition

#### 4. Purpose of Forum

The Forum has been established to **identify, support** and **champion** co-operative innovations through:

- networking
- exchanging good practice
- education/awareness raising about co-operatives approaches
- research and policy advocacy
- strategic collaboration
- optimising all available developmental resources, including access to appropriate and timely expertise and support
- developing member-based legal mechanisms which facilitate, support and enhance co-operative approaches to care
- practical development including a national development programme
- influencing public policy centrally and locally

This purpose will be approached through the collaborative contributions of:

- pioneers of new approaches to care, particularly in the community
- people directly involved in care, including informal and professional providers
- co-operative development practitioners
- researchers
- those able and willing to influence policy, including Parliamentarians, Councillors and cross-party groups