



SOCIAL CARE

Annual Conference 2021

Policy Paper



**co-operative
party**

Introduction

The Co-operative Party's policy is member-led, and builds on the ideas, priorities and lived experiences of our members, movement and communities. Local parties and individual members have taken part in the consultation and contributed their ideas and priorities for Britain's social care system.



Anna Birley
Policy Officer

These were all read and discussed by the policy sub-committee of the NEC. Despite the Covid-19 crisis continuing to put a pause on our in-person activities, members have organised discussions online, and the Party centrally and in each region and nation hosted a number of Zoom events on the policy consultation topics with expert guest speakers to enable members from anywhere in the country to engage with the issues.

This policy document relates primarily to England but we have drawn on ideas and experiences from Labour & Co-operative leadership in Wales, as well as experiences in Scotland, Northern Ireland and local government, and some of the ideas here may be of relevance there too. However, unless stated otherwise our descriptions should be assumed to relate to England.

Our social care system has pushed to breaking point – certainly by the Covid crisis, but also before Covid hit. For too long, the market in social care services has incentivised a race to the bottom on quality and workforce conditions, a lack of accountability, and de-personalisation of services.

Reform is urgently needed. Some private companies profiteer, whilst older people, those who rely on social care and the staff that deliver it, pay the price. We have seen phenomenal work in the sector by those who have been on the frontline throughout this crisis to keep those they are caring for safe. Their contribution should be recognised and rewarded.

Many large chains of residential care are backed by private equity with opaque ownership and decision-making, while social care budgets in councils are stretched to breaking point. Companies that provide home care are forcing workers to make shorter and shorter visits – which benefit the bottom line at the expense of overworked staff and those who rely on them. In Wales, Welsh Labour has legally restricted the use of visits of fewer than 30 minutes.

Shrinking budgets and increasing demand has meant tighter eligibility criteria. Hundreds of thousands fewer people are getting help, and there is a financial imperative for local authorities to commission services at the lowest price regardless of quality. All the while the numbers providing care informally to family and friends is growing.

Councils have supported the start-up of co-operative and participatory models, to deliver services that put people before profit and, from Leading Lives in the South East, to Colne Valley Care or Equal Care Co-op in West Yorkshire, these models are demonstrating in practice that there are alternatives to private, for-profit models.

These existing social care co-operatives show that a co-operative approach can innovate, empower service users and care workers, remove the profit incentive and leakage, and create a sector that reflects the needs, wants, demographics and challenges of those who rely on it and work in it. In Wales, the value of co-operative approaches has been recognised by the Government, who have created a duty on local authorities to promote co-operative organisations to deliver care in their area, as part of the Social Services and Well-Being (Wales) Act in 2014. ●



Existing Policy

There was broad support for the Party's existing policy in this area, including:

- Our public services must be high quality, responsive and accountable. The level of funding cuts to services our communities rely on, from local government and social care to the NHS and policing, make this an increasingly challenging task. For our public services to remain effective, they must be properly financed by central government in a way that ensures funding is linked to need.
- However, increasing funds from the top down without fixing the broken system itself won't improve services alone. The shift to private provision of services has reduced the quality of care, undermined labour market conditions and reduced cost efficiency within the sector. Private profits come at the expense of those who rely on social care and the staff that deliver it. That health and social care services should be delivered by the market rather than co-operative, community- or employee-owned and public models is an idea whose time is up – it's time to end the race to the bottom on quality and workforce conditions, the lack of accountability and the de-personalisation of services.
- The Co-operative Party proposes a new model of care, one that uses the principles of co-operation to build on the first-hand knowledge of those who rely on, receive and provide care. It is care recipients, their families and care workers who know how to create a care system that will deliver consistently high-quality care - they should be allowed to lead the care sector. Co-operation that is hard-wired into the system as well as that which emerges from the bottom up within this sector can provide a powerful tonic with the ability to radically benefit those in need.
- People who receive, rely on and provide care (care recipients, their families, and care workers) have the most sophisticated understanding of what good quality care looks like, and are best placed to know how to ensure they are run cost effectively and to a high quality. This knowledge should be respected and given equal weight within the governance of care. To hardwire the interests and knowledge of frontline staff and care recipients, workers, care recipients and community representatives should be offered positions on the corporate boards of private care providers.

- The Co-operative Party believes that local councils should ensure services have transparent, participatory governance structures, which give service users, workers and the wider community a say in how they are run. This is not about who provides the service – the Party supports insourcing – but in the way it is run so that voices outside the town hall can be heard.
- However, when services are outsourced, better protections are needed. When private organisations face financial difficulties, they are often sold on to another private organisation or simply closed down. Under such circumstances, there should be a ‘right to own’ in the private sector. Much like public sector employees have a ‘right to request’ the option to turn the service they work for into an employee-owned enterprise, so should those care workers working for privately owned organisations as a ‘Right to own’, accompanied by the appropriate funding and support to transition to employee ownership.
- Not-for-profit social care providers should be ‘asset locked’ to ensure that assets of all types (including any surpluses) are locked within the organisation or transferred to another asset locked organisation on winding up.
- In England, the Care Quality Commission should level the playing field between co-operative and private care providers by modifying its inspection methodology to capture the ownership model of its registered providers. Currently all non-state providers are categorised as ‘independent’, undermining the ability of service users and their families, as well as commissioning authorities, to distinguish between for-profit and not-for profit providers. This would also allow users and commissioners to analyse the relative performance of different ownership models within care.
- The Co-operative Party believes in health and social care systems that are properly integrated, providing services that are joined up from home to hospital. This alternative vision needs to be brave - built around the whole person, and meeting their physical, mental and social care needs. This vision can only occur under local systems that truly integrate the different players in the system, delivering co-operation not competition and putting people before profit.
- There is also an urgent need for reform of the ‘market’ in social care – reducing profit leakage, improving the quality and accountability of care, preventing the continual downward pressure on terms and conditions for the workforce, and better aligning the values of social care with those of the NHS to support the transition to an integrated system.
- National policymakers should learn from the Social Services and Well-being (Wales) Act 2014, which goes further than the Social Care Act 2014 by putting a duty on local authorities to promote co-operative organisations to deliver care in their area. To support this, guidance must be given to social care procuring authorities to ensure that the special features and sometimes sizes of co-operative and social enterprise delivery models are taken account of and included in commissioning and procurement exercises. ●

New Policy

Statement one: Creating new care co-operatives

Co-operative models for social care put the care worker, person receiving care and their family in the driving set. Ownership matters, and when care services are owned and run by those who know them best and rely on them for support or employment, they will provide better quality, more affordable and more responsible care, as well as better jobs.

So, to create a fairer social care sector, we must invest in and grow the social care co-operative sector, rather than continuing to rely on profit-maximising private businesses. This means employee and service user ownership, but it also means self-employment co-operatives for people offering specialist services to share backroom functions respite co-ops for informal and family carers to offer mutual self-help, co-operative buying societies for caregiving products, and more.

- As set out in existing Party policy on double the size of the sector, a new Co-operative Development Agency, with regional and local offices, would provide the infrastructure needed to grow the co-operative sector. The agency should focus on co-operative growth in social care as a priority – given the urgent need to reform and improve the sector
- As in Wales, a duty to promote co-operative organisations to deliver social care should be put in place. This alone, however, will not produce the pace and scale of growth needed to fix the sector's problems – councils should have a more proactive duty to support, advise and invest in co-operative growth in the social care sector.
- It is important to celebrate good quality co-operative care, as well as ensuring everyone has access to independent, reliable information about their care choices. A care kitemark awarded to fair, co-operative provision like the Fair Tax Mark could help achieve this

“COUNCILS COULD BE TASKED WITH BRINGING CARERS [CARE WORKERS] TOGETHER TO FORM CO-OPS. THIS COULD GIVE THEM PROPER REMUNERATION AND ALLOWING FOR TRAVEL TIME AND TRAVEL ARRANGEMENTS BETWEEN VISITS”

CHORLEY & WEST LANCASHIRE

Local Parties who supported this (or similar) policy:

- Chorley & West Lancashire
- Bath & West
- Dartford & District
- South Hams, Teignbridge and Torbay Branch
- Kettering & Wellingborough
- Islington
- Tyneside

Statement two: Caring as a carer

Care workers do an important job, looking after those who need additional support and taking care of our loved ones. It is demanding, and requires huge amounts of patience, empathy, skill and professionalism. Through the pandemic, care workers have been on the frontline of the crisis, putting themselves at risk to protect others.

But their contribution is not properly recognised. Austerity has meant that budget savings have been scrounged from wages, travel time, phone calls and job security. Care workers have to rush from job to job, while terms and conditions deteriorate, training is cut and appointments are stripped to a bare minimum.

***"CARE MUST BE SEEN AS A
PROFESSION OF CHOICE, NOT
JUST A JOB FOR WOMEN TO DO"***

OXFORDSHIRE

- Caring should be paid properly – at least the real Living Wage, with clear opportunities for job progression and promotion. This is already a commitment of the Welsh Labour & Co-operative Government.
- Care workers should have decent terms and conditions that ensure they get permanent contracts, sick pay, holiday and job security. Contracts should ensure that travel time is paid, as are other necessary expenses like mobile phones. In recognising that as with the NHS there will be a need for bank staff, co-operative agencies much like the co-operatives that exist for supply teachers and self employed workers, provide a fairer alternative and should be supported.
- There should be a national membership body for care workers, ensuring they have a voice and a say in the policies and regulations that govern the sector. A co-operative model would ensure care workers have a say in who represents them at every level.
- A Social Care College, organised along co-operative lines so that care workers, students, service users and employers can be members, should offer national training, recognition and career progression. The College can offer support to form new networks and co-operatives, as well as playing a role in supporting principle six co-operation and enabling registration of care professionals.

Local Parties who supported this (or similar) policy:

- Chorley & West Lancashire
- North Wales
- Islington
- Tyneside
- North Wales branch
- Bath & West
- Tyneside
- East Lancashire
- Oxfordshire
- Dartford & District
- Dover, Deal & Thanet
- Katterring & Wellingborough
- Central England Eastern & Southern Co-operative Party
- Oldham
- Tees Valley

Statement three: Wider well-being and a human rights based approach

Our health and care sectors, not to mention public health, leisure, community, housing and education sectors, are completely interlinked – poor outcomes in one affect the others. But as services, they are not joined up. Instead, public services should work together to deliver a person-centric approach that takes into account their health and wellbeing, not just individual narrow aspects of them.

While you cannot integrate your way out of a financial crisis, greater collaboration and integration – if accompanied by the necessary needs-based funding – will also result in better outcomes.

- The Co-operative Party's policy already looks to measure our economic success based on, among other things like climate action and well-being – this should apply to outcomes in health and care too, encompassing the wider determinants of wellbeing including employment, leisure, transport, environment, education, community and place.
- A human rights based approach should be championed, to ensure care users enjoy autonomy, self-determination and the opportunity to actively participate in the decisions that affect their lives – rather than distant government structures deciding what's best for them.
- Social prescribing should be further encouraged and enabled – only about 60% of clinical commissioning group areas in England have social prescribing schemes currently. Everyone in need of health or social care services should have access to a 'link worker' or 'community connector' regardless of their CCG and accessible via the GP, council or social care sector.

Local Parties who supported this (or similar) policy:

- (dis)Ability Network
- Tees Valley
- East Lancashire
- Kettering & Wellingborough
- Central England Eastern & Southern Co-operative Party
- Bath & West
- Tyneside

***“SOCIAL CARE SHOULD ENCOMPASS THE WIDER DETERMINANTS OF WELLBEING INCLUDING EMPLOYMENT, LEISURE, TRANSPORT, ENVIRONMENT, EDUCATION AND THE RECOMMENDATIONS AND RELEVANCE OF OUR HIGH STREETS
SUBMISSION”***

(DIS)ABILITY NETWORK

Statement four: Wider well-being and a human rights based approach

Austerity has decimated the social care sector, with councils forced to wring savings out of an already stretched service. This means lower pay, shorter visits, longer waiting lists and fewer people eligible for the help they need. A lot of this burden is picked up by unpaid carers, often women, and has left a million people since 2010 not getting the care they need. Councils meanwhile have insufficient funds to keep existing services running and will be £3.6 billion short by 2025 according to the Local Government Association.

Conservative proposals to increase national insurance contributions to cover care costs are deeply regressive – putting the biggest burden on the lowest earners while asking many of the wealthiest to contribute nothing extra at all.

- Personal care should be free at the point of use, funded through progressive forms of taxation, for over 65s and younger people with long term health conditions – effectively expanding the scope of the NHS or at least extending the principles underlying it to include some elements of social care. This means significantly increasing the funding available to the care sector.
- There should be a cap on the cost of home care, as currently exists in Wales, and means testing and a cap on costs for anyone else facing catastrophic social care costs.

Local Parties who supported this (or similar) policy:

- Bath & West
- East Lancashire
- Dartford & District
- South Hams, Teignbridge and Torbay Branch
- Kettering & Wellingborough
- Central England Eastern & Southern Co-operative Party
- Islington
- Oldham
- North Wales

Statement five: Enabling informal carers to reconcile care with employment and personal lives

Caring for a friend or relative is often referred to as informal care – and our system depends heavily on these carers to respond to the growing demand for care and diminishing resources under austerity. In Europe, on average one in three adults between 25 and 75 provide some sort of informal care.

While informal unpaid care ostensibly saves public money, it has hidden financial and non-financial costs both to the individuals caring and being cared for, as well as to wider society. Their contribution should be recognised, and policies put in place to support them better. Caring responsibilities can make employment, personal lives and civic participation harder too, and policies should reflect that too.

- Flexible working has become the norm through the pandemic – these flexible work arrangements should continue to be available as the economy recovers from Covid, and a new entitlement to care leave should be implemented so that carers can apply for caregiver leave full or part time for a specified period. In France, for example, employees can apply for family solidarity leave for up to three months.
- Carers sometimes need to reduce their working hours to meet care responsibilities. An adequate carers' allowance should be made available so that they remain financially supported.
- Caring is an important role whether in a formal setting or informally for a family member – and informal carers shouldn't miss out on their state pension because caring responsibilities prevented them from paying into their national insurance scheme. Voluntary NICs paid by carers during period when caring responsibilities prevent them from working should be topped up by the Government much like employers top up their employees' contributions or as the UK Government does for those in receipt of child benefit.

- Co-operative models of mutual support should be encouraged by local authorities and co-operative development agencies, to enable carers to club together to buy goods and services collectively, or to offer each other respite support or sick leave.

Local Parties who supported this (or similar) policy:

- Kettering & Wellingborough
- North Wales
- South Hams, Teignbridge and Torbay Branch

Case Studies

The 'Gift of Time Respite Co-operative' is based in Ohio, and organises volunteers to help each other by donating respite hours. It is essentially families helping families - participating members volunteer their time, and in turn benefit from respite events themselves which gives them the opportunity to run errands, do their grocery shopping or spend time with friends and family.

In Ukraine, mutual help groups have been set up in nine cities for families caring for people with dementia. This project not only provides informal carers with access to information on dementia, but also allows them to socialise and take a break from care giving and share with others.

Statement six: Putting people before profit

Over 90% of Britain's social care is privately provided – especially in England. That means 83% of all care home beds owned by private businesses.

Choice – including the choice to pay a private company for care – is an important feature of the UK's social care sector. However, at the moment this is enabled through a market which is not fit for purpose. The Competitions and Markets Authority's (CMA) recent report highlighted many problems in the way the market for residential and nursing homes for older people operates for example. It's wrong that those residents in care homes who have to self-fund their places pay on average 41% more for the same service as someone in a local authority funded place.

The collapse of Four Seasons exposed other issues with the market too. The CMA found that 5% of all public money paid to the 26 biggest care homes leaks out of the sector in management fees. £200 million a year flows directly to private equity and other non-care related financial institutions. Many large care home chains sold off their land and buildings to levy a cash injection, renting back the same buildings and paying a total of £390 million each year in rent to developers and landlords. In addition, £177 million payments each year go to bond holders, banks and other financial institutions to pay off debts.

All of this is before profits, which range between £60 and 80 million.¹

At the Co-operative Party, we believe that ownership matters because who owns something defines in whose interest it operates. We have a choice between a sector owned by, and operating in the interests of, financial investors or a sector owned and run by staff and service users who reinvest profits in improving care and increasing wages.

Fixing this doesn't have to mean an end to choice in the system – a co-operative approach could see a mixed market of co-operative, non-profit and third sector, and municipal provision. Self-funders would still be able to choose between large profit maximising companies, private SMEs and the range of non-profit, co-operative and municipal providers.

1 For detail on these figures, see: <https://www.newstatesman.com/politics/health/2019/05/four-seasons-collapse-exposes-uk-s-broken-outsourcing-model>

“THE FOR-PROFIT MODEL OF SOCIAL CARE ISN’T WORKING, AND PEOPLE SUFFER AS A RESULT. WE PROPOSE THAT CARE PROVIDERS SHOULD BE ORGANISED AS WORKER CO-OPERATIVES, WITH SPACES ON THE BOARDS RESERVED FOR RECIPIENTS OF CARE”

TYNESIDE

- All providers should give clear and comparable information over fee levels and a breakdown of how this money is spent, for example by accommodation, workforce, debt interest and profit.
- In local procurement, especially of domiciliary care, providers feel pushed to compete on cost, volume and scale, which is at odds with the desire to give people greater choice and control over their care. Alongside the new proactive duty to support, advise and invest in co-operative growth in the sector, procurement rules for social care should be amended so that preference is given to co-operative, non-profit and third sector provision for anything the council doesn't want to or can't provide in-house, with all necessary safeguards in place to ensure continuity of care as services transition.

Local Parties who supported this (or similar) policy:

- Tyneside
- Oxfordshire
- East Lancashire
- Dartford & District
- Dover, Deal & Thanet
- Kettering & Wellingborough
- North Wales
- Tyneside
- South Hams, Teignbridge and Torbay Branch

Statement seven: Consumer protections and better regulation for those receiving care

People who access care services, whether self-funded, via a local authority or using personal payments, are consumers of a service and should proper consumer rights and protections, as well as straightforward recourse to a regulator when things go wrong.

This support begins with the right advice in place to help people make good decisions about their care options, protecting their rights once they have made that choice, and making the complaints system work well for service users and their families.

However, too often, this is not the case. In residential care problems include a lack of indicative pricing information, not getting proper contracts at the right time, large fees and deposits being charged upfront, big changes to fees after someone has already moved in, requirements to keep paying fees after a resident has died, and care homes having a wide discretion to ask residents to leave at short notice or to bar their guests from visiting. Such measures should have to

“THE STATUTORY REGULATORY/ INSPECTION PROCESS MUST BE UPGRADED TO GIVE MORE WEIGHT TO THE VIEWS OF USERS TOO MANY REPORTS APPEAR TO SEE THIS AS AN ADD ON RATHER THAN A BASIS FOR ASSESSING CARE PROVIDERS”

SOUTH HAMS, TEIGNBRIDGE AND TORBAY BRANCH

reach a high bar of reasonableness e.g. a visitor who refuses to wear PPE and abuses staff reminding them of the rules should not be tolerated. It also needs to be recognised that care homes would be in breach of their registration conditions if they continued to care for someone whose needs they could no longer meet.

Consumer rights are a cornerstone of the co-operative movement, and a lot of consumer protections introduced in the 1970s which we still enjoy today came about as a result of Co-operative MPs. Care home residents and care service users more widely deserve to enjoy equally strong protections in the care sector.

- Governments in Westminster, Holyrood, Cardiff Bay and Stormont should introduce strong rules to ensure compliance with consumer law within the care sector, embedding this requirement into the regulatory regime and adding it to the inspection regime so that it is regularly monitored.
- Care homes and other care providers should have to display their indicative fees clearly, much like estate agents are required to for renting, safeguard deposits like the private renting deposit protection scheme so that they are safeguarded against insolvency, and adhere to safeguards from the sector regulator if they wish to expel a resident or ban a visitor.
- As well as the Care Quality Commission distinguishing between for-profit and not-for profit providers, specific criteria should be included in inspections which reward inclusive and participatory governance models.

Local Parties who supported this (or similar) policy:

- Oxfordshire
- South Hams, Teignbridge and Torbay Branch
- East Lancs



BUILDING COMMUNITY POWER

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Co-operative Party Limited is a registered
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Community Benefit Societies Act 2014.
Registered no. 30027R.

Promoted by Joe Fortune on behalf of the
Co-operative Party, both at Unit 13, 83
Crampton Street, London SE17 3BQ. Printed
by Solopress, 9 Stock Road, Southend-on-
Sea SS2 5QF.



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