

The Power of Co-operation in Care



Co-operative Party

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Introduction



Introducing the National Health Service Bill to Parliament in the spring of 1946, Aneurin Bevan set out the case for a health service divorced from the pursuit of profit. He said very clearly, “money ought not to be permitted to stand in the way of obtaining an efficient health service”. With the founding of the NHS, a healthcare system stratified by ability to pay was replaced by one of universal care for all.

A generation later, the challenges we face are different. Britain’s social care system is plagued with issues - a persistent staffing crisis rooted in poor pay and conditions, local authority funding crises, regional inequalities in accessing high-quality care and an ageing population increasing demand are all critical challenges explored in depth in recently published reports, including by some of this report’s contributors.

But at the heart of the crisis is the pursuit of private profit. Responsibility for funding and commissioning social care moved from national government to local authorities in the early 1990s. Since then, private provision has become the norm, and now 80% of the largest care home providers in the UK are owned or backed by private equity firms. As a recent report by the New Economics Foundation put simply, “over the past few decades, care has been turned into something to profit from rather than a public good”.

With private equity domination comes profit extraction. An estimated £1.5bn is now extracted as profit from the social care sector every year, equivalent to 10% of total sector revenue. This extensive profit leakage leads to less reinvestment in care quality, lower wages and worse outcomes for care recipients. With the pressures on the system, the quality of care is often low, meaning care recipients fail to get the care they deserve to live full and rewarding lives. The workforce also suffers from poor wellbeing and outcomes, with poor wages and working conditions leading to high staff turnover rates and low levels of retention.

The for-profit, exclusive model of healthcare Bevan sought to eradicate has found a new home in the social care sector – a sector that is failing its workforce, its care recipients and its communities. The Labour Government’s stated mission to reform social care is therefore urgent, and vital to the living standards and security of this generation and future generations. To begin this process, the Government launched the ongoing Independent Commission on Adult Social Care, led by Baroness Casey, which aims to provide recommended reforms for the long-term sustainability and structure of the social care sector.

We believe the co-operative movement must be part of that long-term solution to a sector beset by challenges. The co-operative model is in so many ways the antithesis of the private-equity-dominated market that has become the norm in Britain’s social care sector. While profit extraction is inherent to private equity’s bottom line, the co-operative model reinvests those profits into its staff and service. While private equity-owned care companies have to operate in the interests of servicing debt, co-operative companies make decisions democratically, based on the needs of the service. And while private equity cuts corners in pursuit of profit, often leading to appalling conditions for already low-paid staff, co-operatives give staff a say and a stake in the business and its success.



For this report, we spoke to a range of organisations across the care sector, asking what change the sector needs and how the co-operative model might help deliver it. Across the trade associations, care providers, academics and policy-makers we spoke to, there was clear consensus that the co-operative model has a strong track record of high-quality service delivery, often outperforming other forms of ownership across a range of metrics. Indeed, co-operative success in social care is evident in many international peer countries, including Italy, Spain and the United States.

People not profit has become something of a cliché, but the stories and evidence in this report prove that, for social care, it can be a reality. Just as the establishment of the NHS by a Labour government turned the page on good health as a reserve of the wealthy, so too can this Labour government turn the page on the profit domination of our social care system and ensure high-quality care for all.



The Case for Co-operative Care



The International Co-operative Alliance (ICA) states there are around 15,000 social care co-operatives globally, providing a range of services to people with various care needs¹.

First emerging in post-war Europe, social co-operatives have had an increasingly presence across the world in recent decades. Two of the foremost examples are Spain and Italy, which have created the legislative, financial and regulatory framework to help social care co-operatives thrive, taking a different approach to the UK's private sector-led reforms from the 1980s onwards.

Italy formalised the structure of co-operative social care through the introduction of Law 381/91 in 1991, which opened access to public contracts and tax benefits². The social co-operative structure is a multi-stakeholder ownership model – incorporating workers, service users, investor members and volunteers – in a democratic structure.

In Italy, social co-operatives can be divided into two distinct groups – care providers and work integration services. The first, Type A, provides a range of different care services, including elderly care, residential care, nurseries, special education, assisted living, and supported housing. Type A social co-operatives are most prominent in Emilia Romagna, Tuscany and Lombardy – where thousands of co-operatives operate to deliver services. Care social co-operatives are the most common form, however a substantial number now provide both care services and work integration.

Since their formalisation in 1991, social co-operatives have grown to approximately 15,000 organisations across Italy, with a workforce of approximately 440,000³. They contribute close to 1% of total GDP and are deeply embedded in the Italian welfare state.

The autonomous region of Catalonia in Spain has achieved similar success in growing its co-operative social care sector. The Government of Catalonia and Barcelona City Council has played a leading role in supporting the growth of the regional co-operative economy. The Catalan Government has developed a network of co-operative development support providers, the Ateneus, which has helped to make Catalonia the region with the highest number of co-operatives in Spain. Co-operative care is now a major provider of social care services in Barcelona and wider Catalonia, providing care services to tens of thousands of care patients.

The empirical advantages of co-operative social care are impressive. A range of international evidence indicates social care co-operatives tend to outperform other models of care ownership on quality, wages, working conditions, staff turnover and training⁴. In Italy, where the co-operative social care sector is most developed, care co-operatives are found to have more security employment, lower staff turnover and high staff participation in decision-making processes⁵.

A recent study from Cardiff Business School found that co-operative and employee models can improve 'bad jobs' – which are identified as low pay roles with poor working conditions⁶. The study, which included social care co-operatives, found that co-operative and employee-owned models can help increase worker voice, autonomy and agency when delivering care. This indicates that co-operative and employee-owned models can help to make care work more attractive career for workers in a sector marked by persistent shortages and low staff retention.



These findings are reinforced by Care England, which found employee-owned care providers not only deliver higher quality care on average but greater worker retention, engagement and development⁷. Employee-owned care can also sustain care provision which is threatened by provider exit – an increasing trend in the sector which harms its ability to meet rising demand.

The performance of co-operative and worker-owned social care services in both domestic and international settings indicates they could provide a solution to many of the major challenges the care sector faces. What is needed is a shared commitment by national government, local government and care commissioners to create a system which is accessible to and supports the development of care co-operatives nationwide.

¹ ICA (2014) Campaign emphasises co-operative solutions for social needs

² Gosling, P. (2003) Social co-operatives in Italy: Lessons for the UK. Social Enterprise London. Available at: https://library.uniteddiversity.coop/Cooperatives/Multi-Stakeholder_Co-ops/SocialCooperativesInItaly.pdf

³ Gosling, P. (2003) Social co-operatives in Italy: Lessons for the UK. Social Enterprise London.

⁴ ILO (2017) Providing Care through Co-operatives.

⁵ CECOP (2022) Cooperatives Care! Advantages of the cooperative model for meeting multiple care-related needs and challenges in the EU. Brussels.

⁶ Jenkins, S. & Chivers, W. (2001) Can cooperatives/employee-owned businesses improve 'bad' jobs? Evaluating job quality in three low-paid sectors. British Journal of Industrial Relations.

⁷ Blakeborough, S. & Parry, C. (2025) People Powered Care. Care England & the Employee Ownership Association.



Conversations on the future of co-operative care



Putting care workers & recipients in control

Henry Drumm, Equal Care Co-op

Tell us about Equal Care Co-op and your model?

Equal Care is a platform co-operative which uses technology in an innovative way to bring together care worker and care recipient. We use our own self-developed platform to reduce bureaucracy and streamline communications to empower our workers and patients.

The platform not only creates a relationship between care worker and recipient, but also family, friends, advocates, nurses and the wider support system. Equal Care Co-op focuses on an approach called 'relationship centred care' – differing from the industry standard 'person centred care'. Our support workers work very differently to traditional care providers. The majority are self-employed - everyone manages their own rotas, you have the right to pick and choose who you work with based on your experience and skills. The care recipient is similarly empowered – enabling them to determine how their care is delivered.

By and large our team's model is very different in terms of our organisation structure as well - using sociocratic governance which is less hierarchical and more empowering than other governance structures. Workers are self-managing and perform roles often completed by external organisations or management. This is all part of that model of bringing the work, the responsibility and the power for the relationship and delivery of care into the hands of the people directly affected by it.

What in your view are the major challenges to social care provision and the future of the sector overall?

First and foremost, it's a financial and commissioning challenge. Our financial aim is that support workers should be able to set their own rights and be paid a



decent wage. One of the battles we have that is finding that balance between how much it costs for us as an organisation to operate day to day and how much we can pay staff, because the rates that the local authorities set rise very slowly and the operating margins are very small. One of the biggest frustrations is the tendering process by which local authorities or the NHS approach the process provisioning social care – it's a very rigid and functional system. The commissioning of care is too often first-come first-served following an initial assessment. There's not enough focus on finding the adequate high-quality care for the care recipient – making it genuinely 'person-centred'. This commissioning system doesn't work for our model and overlooks the wider social value we create for all participants in the care relationship.

Why is co-operative and not-for-profit social care beneficial to the future of the social care sector?

Co-operative care is an alternative to a system that is not delivering. The care system is not delivering high-quality care or stable, reliable, and satisfactory jobs. I don't think it's even delivering for the more traditional care agency providers – in terms of sustainability and resilience.

Social care is based on relationships. It's about supporting someone who is vulnerable to live a fulfilling and safe life. While technology may help in the delivery of care, it inevitably requires a human relationship.

Cooperativism as a movement and as a concept has a fundamental overlap with social care in that it is relationship-based. It's all about collaboration and community. I've had countless experiences working with people and realised that direct care provision is only one element of care. What's been keeping that person safe day to day is all the invisible, co-operative, community-based support networks that people rely on. From an ideological perspective, there's an intrinsic connection there between what it means to deliver social care and what it means to co-operate.

What are the specific benefits of the co-operative social care model to care recipients, care workers, commissioners and local authorities?

Care recipients receive more meaningful relationships and more involvement in their care. Our purpose is about recognising and redistributing power within the care giving and care receiving relationship. The people we support feel empowered and that they have control over their lives – they have a right to choose and feel listened to. Member-ownership is a key part of this – care recipients can see their care plans and build a relationship with their care worker. This contrasts the common care situation – in which workers change frequently and there is a lack of transparency.

There are significant benefits for local authorities as well. The people that we support with this model end up living better lives, less reliant on other systems and are less likely to come back into the social care system. Our model helps to create care relationship resilience and prevents care recipients from falling into a pattern of going through multiple care workers and agencies without receiving satisfactory care.

Support workers have more ownership of their work – increasing work engagement, job satisfaction and skills development. Support workers learn to do things like care



Putting care workers & recipients in control

Henry Drumm, Equal Care Co-op

plans and managing rotas - which are typically done by a manager. Increased work satisfaction means our turnover rate is incredibly low and we don't have the retention or the recruiting issues that other care providers face. Fundamentally what we're doing is aiming to redefine what care is. In our society, we don't view social care as skilled labour. One of our key aims is redefining that it is not only skilled, but some of the most skilled work you can do.

What have been the major barriers to growth of co-operative social care?

The biggest barrier for us has been rigidity in local authorities engaging with an alternative model of care. Few want to take the risk in supporting and investing in new models and service innovation.

There's a significant scepticism within commissioning bodies regarding self-management. They don't believe support workers will take ownership and responsibility – despite the evidence that when workers are given autonomy and responsibility they are better workers, more responsive and deliver better outcomes overall. Overcoming this scepticism would enable the model to grow.

The current tendering and commissioning models is delivering poor outcomes for those with the least financial means. The first come first served model of tenders following initial social care evaluation means people are often left with poor quality care and no choice regarding providers. This system doesn't account for people's genuine needs – leading to dissatisfied patients going through a series of providers which is inefficient. More needs to be done to ensure those on low incomes are not failed by the commissioning system – but can access more relationship-based care.

What policy interventions would facilitate growth and co-operative sector development?

Investment that goes beyond the economic towards genuine investment in engaging with alternative models. This means putting measures in place to encourage these alternative models.

Action on profiteering would be very welcome – it's a pervasive issue and not just in for-profit care. It's time to redefine and reassess how social care is tendered through the local authority, because its currently delivering outcomes antithetical to how the system is supposed to function in terms of delivering good quality, safe, effective care as defined in UK Law.

Did you have any final thoughts?

The system financially rewards larger private providers – hence why there has been sustained investment in the sector from private equity and recently big tech. We need to reshape the system away from this model, so it is fundamentally about delivering better outcomes for people's lives and not for profiteering or rent extraction.



Unlocking innovation in care

Sharon Lowrie, Be Caring

Tell us about Be Caring?

Be Caring is a 100% employee-owned social enterprise delivering home care and learning disabilities services across the north of England. We have approximately 900 colleagues, no external shareholders and no debt, which means every penny can be invested into the quality of care. Our guiding principle is that if we value our carers and give them ownership, they will deliver higher quality care, stay with us and build stronger relationships with care recipients. What sets us apart is how we value our workforce and pay them fairly, giving them the right tools, training, support, good employment, terms and conditions, and they feel part of something. We're proud to have been rated outstanding by CQC.

What in your view are the major challenges to social care provision and the future of the sector overall?

We predominantly deliver domiciliary care, which is one of the most challenging areas of social care. Approximately 70% of domiciliary care is funded by local government funding but the commissioning process has completely fragmented the system.

Many providers compete for the same limited amount of money and the same pool of care workers, leading to a system which drives down pay, conditions and employment stability. Carers end up undervalued, poorly contracted, and travelling long distances across cities without fair pay or proper travel time.

There's a myth around carers not wanting proper contracts because they want flexibility - however Be Caring have proven this is not true. Carers do not want insecure and demanding contracts which lead to excessive overtime with minimal compensation.



Unlocking innovation in care

Sharon Lowrie, Be Caring

The fragmentation in the system has made it difficult to build partnerships across the health and social care system – whether its primary care or other social care providers. We believe our model enables us to do things differently, not because of commissioning, but despite commissioning.

Why is co-operative and not-for-profit social care beneficial to the future of the social care sector?

When I joined eight years ago, Be Caring was in significant trouble – with financial, performance and culture problems. Be Caring's contracts at the time were only viable through poor treatment of the workforce on pay, terms and conditions.

As a worker co-op, this had to change and we had to act in the best interests of our employee-owners. We undertook a culture shift and negotiated more effectively with local authority commissioners. This is completely different from private equity owned providers – which have high debt, high interest payments and an extractive model leaving little for reinvestment. There's an important role for local government in organising and funding care provision adequately so that our model can be widely replicated.

What are the specific benefits of the co-operative social care model to care recipients, care workers, commissioners and local authorities?

Our carers feel valued and their voices count. We've an elected voice board which sits alongside the executive board, providing oversight and worker feedback to the board. This helps to build confidence in the organisation's leadership and future direction - that we're acting in the best interests of our worker owners.

Once your carers feel valued, the quality of care and productivity increases significantly. This benefits care recipients and helps keep people living independently and out of hospital. Local authorities see higher satisfaction from care recipients and their families. High quality social care is vital to preventative care – which reduces pressure on the NHS. High quality, preventative home care delivers significant value for money which is too often overlooked.

What have been the major barriers to growth of co-operative social care?

The commissioning model is the major barrier. Approximately 90% of the tenders that we look at are just not viable for us as an ethical organisation. What works best is building a partnership with local authorities, engaging them in the design phase of tenders – to help them remove barriers to ethical providers taking on contracts.

While we continue to grow - reaching £30 million turnover in the coming financial year - there's so much more potential if innovative local authorities begin to do things differently. It's not all about more investment - we can do much more with the existing resources in the system if deployment improves.

What are the policy interventions which can facilitate growth for the co-operative social care sector?

Our operating model of employee ownership and design partnership with local commissioners has been recognised as a blueprint by the Department of Health & Social Care (DHSC) to influence providers.

Unlocking innovation in care

Sharon Lowrie, Be Caring



Harnessing data effectively will be crucial to improving performance of the sector and local authorities can do more to collect and utilise data to increase quality outcomes. We've got to build on the 10-year NHS plan around prevention and integration. A joined-up approach across the health and care sector is vital to making the most of existing resources. Improved organisation, data use and operating models could have a transformative impact on the quality of care and patient lives.

Did you have any final thoughts?

The biggest thing the Government need to focus on is driving the right culture within the sector to begin attracting talent. The sector's poor working conditions have failed to attract qualified workers and this needs to change. We believe the employee-owned co-operative model can be a transformative way of attracting and retaining talent in the sector.



The power of worker-ownership in care

Lucy Humphrey,
Leading Lives

Tell us about Leading Lives?

We are a public sector mutual which was divested from the local authority. We're entering our fourteenth year of operation and have various support services – primarily serving disabled people. We're a county service offering services across Suffolk and primarily local authority funded.

We have thirty-six teams delivering different services and we operate on a democratic worker co-op model. Eligible employees can apply for membership, which costs £1 and gives them a share of the business and a voice in the organisation. We have a shareholder council and elected board – creating various opportunities for worker engagement. Overall, this creates a more democratic way of running a business.

What in your view are the major challenges to social care provision and the future of the sector overall?

The main challenges relate to funding – both local authority rates and NHS rates that they pay providers to commission care.

Another challenge is the demand for care – all regions across the country are seeing rising demands. Being based in East of England, we have lots of retirees which is a big driver of demand coupled with a coastal and rural setting which makes it a challenge for workers to get to care recipients. All this must be delivered on very low rates which don't adequately cover the costs of care.



Why is co-operative and not-for-profit social care beneficial to the future of the social care sector?

Our employees are our greatest asset, and our reputation is built on the quality of care our employees deliver. We've decided to invest in our greatest asset, our employees, by giving them a share and a voice in the organisation. With social care, it's all about relationships and we felt that being a worker co-op is the most effective way to build those strong relationships. Employee-ownership helps to improve retention of workers which is a big challenge in social care. An ownership share is also a big motivation for improving service quality and delivery in partnership with colleagues.

What are the specific benefits of the co-operative social care model to care recipients, care workers, commissioners and local authorities?

What we've found is that our workforce is very focused on delivering quality care. They want to help the care recipients to live a positive, fulfilling life. The care provided is more holistic and practical, working with individuals to support their whole life, not just basic needs.

For commissioners and local authorities, co-operatively owned care provides a form of care which goes above and beyond for the care recipient – helping to improve quality of life. The surplus that's created by worker-owned organisations goes back into the business or into the community. That whole shared distribution is better for local authorities. The more co-operatives you have delivering care in any areas, the more likely they are to work together, to support that individual – so supporting co-operative networks could be very beneficial.

We have individuals who've been Leading Lives, who might have four or five different providers working with them at any one time. And if more than one of those is a co-op, they're likely to work together better than they would if they weren't co-ops.

What have been the major barriers to growth of co-operative social care?

Awareness of the model is a major challenge – amongst commissioners, local authorities, colleges, universities, and business support services. More needs to be done to raise awareness of the benefits of the co-op model to workers and communities.

When we divested from the public sector we worked with a business adviser who really valued co-ops. Without these knowledgeable business advisers which understand co-op models it is much harder to start-up, develop or transition to a co-op model.

Raising finance and funding is a consistent challenge. Accessing funding which works for the co-operative model is difficult and much of the social investment available is inaccessible to co-operatives. We have often considered whether it would have been easier to set-up as a charity – with the tax advantages and access to grants. Making the co-operative model more attractive for prospective start-ups through expanding incentives would be very helpful.



What are the policy interventions which can facilitate growth for the co-operative social care sector?

Local authorities and NHS commissioning bodies can do more to understand co-ops. and recognise the added social value we create. When you're looking at social value it's much better to commission a co-op or a social enterprise than it is to commission a private business because we do so much for the community in addition to the people we support.

Nationally there's lots that central government could do. National Insurance increases have had an impact as social care is not exempt like the NHS. Social procurement of people focused services should really be considered differently to a procurement process that's about commissioning equipment from a local authority's point of view.

There's a lot more flexibility within the procurement legislation than is implemented by local authorities. Local authorities aren't brave enough in introducing more flexibility particularly in directly awarding contracts – rather than putting out to competitive tender. If innovation in this area was pursued it would make a huge difference – both for care co-ops and for local authorities wanting the best value for money.

Producing new guidelines on how local authorities can achieve this would be very effective and would encourage innovation within the co-operative and social enterprise providers.

Did you have any final thoughts?

The challenge that social care co-ops have is finding each other and talking to each other and learning from each other. We need to be better connected, and a peer-to-peer network would work very well.



Procurement which works for co-op care

Jonathan Bland, E3M

What in your view are the major challenges to social care provision and the future of the sector overall?

The main challenge is rising demand due to demographic changes - an ageing population with growing numbers of people with mental health issues, disabilities and specialist needs. Then you've got the reduction or the limit that there is in terms of public money to pay for care and the whole way that the care system is financed. This forces transactional, short-term methods of paying for care, which is hugely destabilising and leads to poor quality of care based on the time and task model.

The workforce faces significant challenges in trying to deliver quality care while experiencing difficult working conditions. This is compounded by careers in care being significantly less attractive than other services sectors due to the demands of the job.

Those trying to do things differently find themselves up against a procurement system which makes it extremely difficult to access and compete. The current procurement rules that are designed for purchasing that the lowest price, not for providing high quality care services. That is the pervading culture that goes with that in local authorities, are responsible for making sure that care is provided under a statutory basis in those areas. That makes it even harder within those very limited resources and with the challenges to look at different models – including co-operative models.

Why is the not-for-profit and co-operative social care provision beneficial to the future of the social care sector?

A bit of the answer is in the title - if you're not looking to extract profit but rather reinvest in service quality you can build a service which works for consumers and workers.



Procurement which works for co-op care

Jonathan Bland, E3M

As our recent E3M report, *Scaling Social Enterprise Innovation in Public Services*, states, co-operatives and social enterprises are rooted in places, reinvest their profits for public benefit, and are people-focussed. They can provide community-first services that people need. Then there are different models that particularly in terms of how the workforce can be engaged or how, you know, participants uses of the service can be engaged in a way that is for the benefit of the service.

What are the specific benefits of not-for-profit and co-operative social care, specifically for care workers and care recipients as well?

The key word is purpose. It's what enables co-operative enterprises to be purpose-aligned with the public authorities that have a duty to provide the care and with care recipients. It's about more than just trying to make a profit and build shareholder value.

What the co-operative model offers is a purpose-aligned partner that can work in different ways, be less bureaucratic, closer to the users, and innovative. In a way, it's about extending the ability of the state to deliver its obligations but in a way that allows more flexibility and closeness to the user.

What do you think have been the kind of main barriers to growth of cooperative and not-for-profit social care?

Historically there has been a preference over many decades both politically and in a business sense for other ownership forms – despite the clear benefits of the co-operative model.

At present, there's a lack of understanding and awareness about co-operative models and how you can implement them - both by potential co-operative entrepreneurs and equally by the people who are responsible for commissioning services. There's a pervasive myth that co-operatives are very well meaning, but not very professional and can't operate at scale.

Another barrier is that this is a different model and a different way of doing things, and we've had 40 years of New Public Management, privatisation, and social care marketisation - which has become an embedded culture in local authorities. The whole system has been made reliant on large contracts to private providers on the time and task model - so trying to change that is a significant challenge.

Local authorities tend to be very risk-averse - nobody wants to be the first one to do anything new. You only get change where there is some leadership, at different levels, to sponsor people taking risk, which is so difficult. That is a massive barrier to be able to do things differently and in a more co-operative way.

What are the policy interventions which can facilitate growth for the co-operative social care sector?

We need to look at this from both the supply side and the demand side. On the supply side, it's about having a much clearer understanding of the different models that are available and how they can be effectively supported to start-up, grow and deliver services.

There are the specifics of how you make the model work and come to life within the care setting. And then there would be all of the wider things that would apply to



Procurement which works for co-op care

Jonathan Bland, E3M

any co-operative - appropriate development support, access to the right advice, access to investment and finance. Overcoming capital-raising issues can still be a challenge even in relatively low capital-intensive sectors, such as social care, especially if you want to scale-up.

The demand side barriers are about how the services are commissioned and procured. Local authorities are responsible for both service procurement and for managing a market of provision. The whole thing is often seen in a very narrow, shallow transactional market way - rather than it being a steward to the system. There's a need for some real system stewardship and there's a need for the commissioners to be able to work differently.

In policy terms, it would make a real difference in the short-term if the Government issued guidance about models for collaborative partnerships that are doable under the current legal procurement regulations.

This would begin to shift the existing procurement culture, which is wedded to New Public Management practices. Ultimately, the gamechanger would be the introduction of new legislation to introduce a new procurement system for people-focused services.

The new system should enable local authorities to award directly, without going out to a tender. It would help to create purpose-aligned partnerships which could have a transformational impact on social care provision but also children's homes, homelessness support and more.

Did you have any final thoughts?

The big one is around the commissioning. You can do all of the promoting of the co-operative model, but unless people actually buy into doing it in a different way, there's no room for it to work.



Removing profit extraction from care

Liz Jones, Honor Westlake
& Nathan Jones, National
Care Forum

What in your view are the major challenges to social care provision and the future of the sector overall?

The biggest challenge we face is that both the public and our political leaders have not prioritised, or even fully understand, the social care and support system. This makes for a very challenging strategic and operating environment for care & support providers.

There is a concerning lack of understanding of the risks that we face if we continue to enable the commercialisation of care, driven mainly by the extraction of profit. If we are not careful, we will find ourselves in a situation that we face with children's care, which is both a lack of provision in the places where it is most needed and a huge amount of taxpayers' money going to pay for high cost, poor quality services through which large profits are extracted.

It is important to clarify that some level of profit/surplus is needed to invest in organisations/workforce, to maintain long term sustainability, so what we are referring to explicitly is 'extractive profit'. It's about how that surplus/profit is used that matters, and we're arguing for not-for-profit structures that put more safeguards in place to achieve that. That investment must still come - it doesn't mean cheaper care in the short term but longer-term you are going to have better outcomes.

There is a tendency to treat social care expenditure as another burden on the state, rather than something that is inherently enabling for communities and people. Social care falls between central government and local government so clear responsibility and accountability is missing. (Baroness Casey subsequently pointed this out too!)



Removing profit extraction from care

Liz Jones, Honor Westlake & Nathan Jones, National Care Forum

The marketisation of adult social care assumed that introducing competition would increase quality and reduce prices. However, the CMA has highlighted that we don't exist in a true market at all in adult social care. People are often not in a position to make active/ different choices regarding care, due to seeking it when in crisis, or due to personal circumstances. They are often not 'active empowered consumers' in this market, compared to other markets.

Why is not-for-profit social care provision beneficial to the future of the social care sector?

Co-operative and not-for-profit care prevents 'extractive profit leakage'. It's estimated that £1.5bn in extractive profit is redirected away from social care provision each year, whereas not-for-profit care and support providers reinvest their surplus, offering more transparency and clearer accountability for the use of taxpayers' / self-payers' money.

Social value creation is central to our not-for-profit membership. Whether they are charities or not-for-profit companies, they are often deeply embedded and invested in their communities. Many of them have emerged from organisations with a faith or activism heritage or were spun out from local authorities, so they have strong local knowledge and trust. It's very common for them to provide a portfolio of community-based services which create genuine social value and social impact for people drawing on care & support, their families and their communities. This often evolving and responsive portfolio of services is often more possible when the organisation has an ethos of public service and community benefit, while that shared ethos of public service also makes not-for-profit care a trusted option for local commissioners.

Our members and the wider not-for-profit sector are motivated by responding to the needs that they see in their community. That's why they are often innovative, creative and responsive, identifying challenges in the community and providing solutions. As their community changes, their service portfolio may evolve and innovate to accommodate new care needs. That is one of the real strengths of our member organisations and their not-for-profit values.

What are the specific benefits of not-for-profit social care, specifically for care workers and also care recipients as well?

There's good evidence from a number of different countries that not-for-profit providers deliver higher quality of care and and operate better employer standards. One of the main characteristics of not-for-profit provision is the reinvestment of the surplus generated into service quality delivery, operations, staff wages and training. Interestingly, our data suggests that our membership has fewer staff on zero-hour contracts, higher staffing levels overall, and better subjective worker wellbeing.

What have been the major barriers to growth of not-for-profit social care?

Commissioning practices and the way in which local commissioners approach their procurement duties present real barriers here. The more constrained local budgets have been, the more focus has been on creating procurement tools like dynamic purchasing systems, which are designed to find the cheapest price possible. The present social value and social impact criteria have failed to change this system which makes it hard for not-for-profit providers to demonstrate the added value they bring to people and communities.



Removing profit extraction from care

Liz Jones, Honor Westlake & Nathan Jones, National Care Forum

There's no co-ordinated central or strategic planning on how to work with us to grow the not-for-profit market. The concern is that not-for-profit providers which provide specialist care for working age adults are more at risk or less likely to grow due to longer-term funding constraints, as those relying on these services are less able to self-fund than older care recipients. It's a major reason why commissioning is the biggest barrier to co-operative and not-for-profit care development in that part of the sector.

At central government level there seems to be an unwillingness to consider that the ownership model of an organisation and the way it operates have a significant impact on the outcomes you want to try and achieve. There's a school of thought across policy makers and commissioners that it doesn't really matter what the ownership model of an organisation is, as long as it gets the right outcomes. We would argue that the ownership model and philosophy/ ethos of an organisation are important in determining the focus on the outcomes that are possible and the extent to which they can be maximised. We want to both support our members to grow and see the proportion of not-for-profit provision in adult social care increase and we would welcome working with the government to achieve this.

Opportunities to raise capital and access to investment is another challenge for the not-for-profit sector. At a time of growing need for more complex and specialist support services, and ageing population we would welcome support to help the not for profit sector to find new ethical investment and make it easier for not-for-profit providers to invest for the future and achieve sustainability long-term. What we need is an innovative way of getting increased ethical finance into the not-for-profit sector on terms which work for not-for-profit providers, staff and people who draw on services.

What policy interventions would facilitate growth of the not-for-profit sector and co-operative principles?

In order to create more opportunities for not-for-profit and co-operatively run care providers, we need to think how we incentivise sustainable commissioning practice, by both local authorities and the NHS, to grow the not-for-profit part of the sector. Further strengthening the importance of social value and social impact criteria could help. A National Care Service or a national commissioning framework would help to provide a mechanism to actively support the strategic growth of not-for-profit care provision going forward. It should also aim to embed rights, fairness and choice for care recipients, while commissioning to support better pay, terms and conditions for the care workforce is an essential; the Government's Fair Pay Agreement is a step in the right direction, as long as it is properly funded and resourced. At present the commissioning system is extremely inconsistent and varied, making it very difficult for providers to navigate.

Creating a sustainable care and support system in readiness to meet the rising demands of an ageing population and an increasing amount of people with complex care needs that lie ahead calls for long-term strategic planning and a willingness to innovate and the not for profit sector stands ready to lead the way.

Deploying new technologies is a part of meeting this challenge but more could be done to imagine a future system which delivers care that is high quality, financially sustainable and beneficial for workers. We believe that expanding support, rethinking procurement and having a strategy for growing the not-for-profit share of the market really matters.



Reimagining care provision

Cai Parry, Care England

What in your view are the major challenges to social care provision and the future of the sector overall?

The biggest challenge is the commissioning mechanism. At present, accountability is limited, commissioning standards are not enforced, and social care funding is not ring-fenced. A national commissioning framework could be achievable before the Casey Review reports and it's one of the short-term measures that would have the biggest impact. There needs to be a wider conversation about how integrated we want social care to be with the health service – is it a 'nice to have' or an integral part of overall health provision.

Integrated Care Boards have been an experiment in integration, but it has yet to produce the results desired. Social care can help the NHS crisis, but the integration must evolve further if we are to achieve a preventative care system as envisaged by the Government.

Why is the not-for-profit and co-operative social care provision beneficial to the future of the social care sector?

Care England's paper, People Powered Care, shows on a larger scale the co-operative model certainly delivers a more resilient sector. Major provider collapse is a real threat and would cause significant harm to the sector – that's where additional co-op provision could provide more stability and security.

The evidence that we've seen in a provider that has transferred to becoming co-operative has shown that their recruitment and retention has improved, staff turnover has gone down by a third, and revenue is up a quarter. Based on the evidence, there needs to be greater support for co-operative care from both central and local government. There are a lot of small private businesses that are looking to exit the market – with many being purchased by private equity investors. Local authorities could do more to encourage co-operative models as the preferred option for providers looking to exit the market.



What are the specific benefits of not-for-profit and cooperative social care, specifically for care workers and care recipients?

Co-operative models show positive outcomes across different sectors and social care is no different. With employee-ownership there is an element of democratic practices – often meaning less spending on recruitment, broadly better wages and terms and conditions. There are also service user co-operative models where people have a democratic voice in the delivery and management of their care. The primary issue is that regardless of whether it's a for-profit provider, a not-for-profit or co-operative, publicly funded care is at present underfunded to an extent where any model will struggle to achieve high quality outcomes. We talk about the Fair Pay Agreement being an outcome that we want for workers in care and absolutely we want care workers to be paid more, but the worry is that funding won't be there to deliver on the ambition that is intended. Inadequate funding levels are therefore the biggest barrier to improving outcomes rather than just the structures.

What have been the major barriers to growth of co-operative social care?

Social care is not currently an attractive sector to invest or work in. Unfortunately, it is seen as undesirable, unskilled work and there's not the investment in it from government or the private sector to make it attractive, which often leads to a reliance on overseas staff. It is a perception barrier more than anything - why do we see social care as being separate to the NHS and the health system? Ultimately, we only see action when voters and the electorate start to see it as a priority.

There is recognition that this is something that needs fixing. The Casey Review is the eighteenth inquiry since 1997 – demonstrating how long this has been an issue. We do however know the challenges and prospective solutions, but British governments do not want to have a conversation with the British people about what it's going to cost to have a wholly publicly-funded model. It's fundamentally our commissioning model and a perception challenge that separates us from other European countries.

The values-based system of the co-operative model is one that I think would make the sector more attractive and sustainable, but unfortunately, awareness and recognition of co-operative care models is limited. More is required from all levels of government to encourage new care co-operative start-ups and transitions to the model by existing providers.

What policy interventions would facilitate growth and co-operative sector development?

Elected councillors don't have enough input into the way care is commissioned at present as it is normally delegated to council officers. Councillors should take more time to consider the options that are available – particularly the co-operative model – and be incentivised to explore them.

If the Government is serious about meeting its double the size of the co-operative sector commitment, then they should provide guidance to local authorities on how to promote and leverage the co-operative care model across the country.

Did you have any final thoughts?

We won't see major growth in the co-operative or non-profit sector until we see an improvement in local authorities commissioning practises and the fees paid reflecting the actual cost of care.



Achieving a better future for care

Professor Gerald Wistow, LSE

What in your view are the major challenges to social care provision and the future of the sector overall?

Social care is in a very precarious state - both in terms of the supply and funding sides. That is shaped by the failure of successive governments to decide a future for social care. It's also shaped by the growing demand for its services, including the changing age structure of the population. Another challenge is the changing role of the NHS as it draws the boundaries around what constitutes health service responsibilities. Without us ever really having a debate about what different kinds of care should be funded and who should be responsible for it and what models of care we should be seeking to establish.

Why is co-operative and not-for-profit social care beneficial to the future of the social care sector?

The big issue is that when the current funding arrangements for social care were established, they were designed to promote a market for social care and that market has evolved in ways that were not anticipated. At present, provision is almost entirely made up of private and not-for-profit providers – with minimal public social care provision. That's not necessarily a good or a bad thing, it depends how it's organised and operates.

What was not anticipated was that the private sector would be dominated by large organisations whose main purpose is not to provide social care but to turn a profit. This has come at the expense of existing small care providers who are better able to provide personalised care. The private sector was seen as providing standardised models of care which were driven by the need to keep cost down.

The Conservative Government at the time was reluctant to transfer large sums of money to local government, because it thought it wouldn't have control over



the money and it accepted the private sector's arguments that local authorities would drive them out of business. That's where it's gone wrong. Local authorities were given the job of driving down costs – which they did successfully for a time but in more recent years, as more money has been made available to social care because of the strains that its working under, the providers have been successful in negotiating rates upwards. If you see the main role of commissioners as being to drive down costs, then that is not consistent with the care objectives of the reforms of social care in the 1990s - which was to manage costs, reduce rising spending, achieve personalised care and to enable people to live at home as long as they could, rather than be given no option but to go into a residential setting. This is a system which clearly needs to change to deliver better outcomes for care recipients and workers.

What are the specific benefits of the co-operative social care model to care recipients, care workers, commissioners and local authorities?

Co-operatives have a set of values that are highly consistent with social care, in terms of recognising the interests of all the people who are involved in this field and trying to develop commercially managed services that achieve social goals. Co-operatives can operate at different sizes and scales making them adaptable to different forms of care provision.

Co-operatives as organisations often have a significant impact in their local area. Co-ops can take a whole-place view, offering a network of services and low-level preventive support rooted in local communities – this is the type of care model that should be encouraged.

The quality of care and support is interdependent with the quality of life of the people who are providing that care. The current care market is dominated by poor wages and inadequate conditions for a very demanding, relationship-based job. A co-operative model could ensure workers are trained, supported and run in their interests – which would make it a more appealing career option.

The challenge is to support the supply side of the market – fostering co-operative care by redirecting income streams to support the development of these models. I am particularly interested in how an integrated form of co-operative care – combining both residential and domiciliary care could develop and provide a comprehensive range of services. This could improve career pathways for care workers and provide more integrated care services for care recipients. Commissioners could potentially pilot these schemes in a particular local authority by working with communities directly.

What have been the major barriers to growth of co-operative social care?

The co-operative movement needs to understand social and healthcare – in particular its fragility and the opportunities for aligning cooperative values with social care values. Co-operators will need to convince commissioners they can safely and effectively deliver high-quality care. Ultimately social care co-ops need to make a compelling case that they are the ideal delivery body for the future of social care provision, and I think they can do that by demonstrating their efficacy in ending profit leakage.



Capital and the absence of start-up funding are major barriers to co-operative growth – particularly for residential care. The positive thing is that prospective start-up capital and funding streams already exist in the system and can be redirected with the correct vision and leadership. Combining redeployed public funding and social capital investment could be an effective way of fostering co-operative expansion in the social care market.

What policy interventions would facilitate growth and co-operative sector development?

Co-operatives could be well placed to take over care provision at risk of closure. There needs to be a mechanism which enables co-operatives to purchase, takeover and sustain at risk care provision.

There's a big social movement out there trying to transform the nature of social care so that it is place-based and enables people to live as good a life as possible. I passionately believe co-operatives can play this role.



Towards a National Care Service

Ben Cooper, Fabian Society

What in your view are the major challenges to social care provision and the future of the sector?

One of the overwhelming challenges is workforce and recruitment. There are significant vacancies that need to be filled to provide safe, personalised good quality care. We look forward to an evolving care model, that may require a different skill set and different types of people. But if we're not able to provide basic care, we're going to struggle to go on that innovation journey to provide better care in the future.

The sustainability of care providers is another challenge. We fundamentally underfund social care and the hourly rate for many providers is inadequate. That underfunding creates difficult relationships between providers and local authorities, that are more focussed on how much money they can receive rather than quality care delivery.

Many areas suffer from a lack of care providers – particularly for those requiring specialist care. Brilliant medical advances mean more people are living longer with more complex or lifelong needs – meaning demand for this specialist care is rising.

Why is co-operative and not-for-profit social care beneficial to the future of the social care sector?

It's important to recognise we need more care of all forms. The population of older and disabled people is growing, increasing demand. The benefit of having co-op and non-profit care is a greater emphasis on quality of care, workforce relations and investment. The relationship between co-operative care and local authorities can be easier – there's a shared purpose meaning those models could probably scale much more quickly to meet growing demand. There is a lot of fantastic work around worker-owned social care co-ops but there is an under explored



opportunity around care-user owned co-ops - particularly in home care and for working age disabled care recipients.

The model provides a framework for effectively putting people who use care in control of their own care and that's ultimately the outcome that we want to deliver. Its clear non-profit co-op care is probably the best way to achieve that.

What are the specific benefits of the co-operative social care model to care recipients, care workers, commissioners and local authorities?

There is an excellent opportunity for co-op care to provide more of the specialist and complex needs support as demand for this provision is only going to grow.

Co-operatives are known to reduce staff turnover, increase employee satisfaction, and have better working conditions – which are all important for delivering high quality care. Staff turnover is viewed as a charge that is paid by the social care provider, we don't consider the consequences of turnover on the individuals who receive care - particularly for the most vulnerable people. Forming that relationship and having the same carer there, day after day, is vital and this is jeopardised by high staff turnover.

If social care co-ops reduce that level of turnover, it's much easier to forge those valuable connections. The benefits are underexplored of social care being owned by those who receive care. A lot of organisations, particularly those working with disabled people, are wanting to put disabled people in charge, rather than having care done to them. In a co-operative model they have much greater control over care but it ultimately does require commissioners to think differently and there may be a role for the government to trial this in the short term as proof of concept.

There is a real concern that some of the money that is handed over to private providers does not go to the local community or go towards the quality of care. It's not seen as an investment in the area or the workforce. Approximately £1bn pounds of public funds for social care are effectively syphoned off annually in rents and shareholder profits. Co-ops are naturally place-based, helping to prevent this profit leakage.

For local authorities, co-operatives would provide much more transparent finances – without offshoring of public money. Care co-operatives would be locally based, more accountable and would likely provide better value for money in terms of quality of care. There is evidence regarding co-operative deliver improved wages as well compared to other ownership models.

What have been the major barriers to growth of co-operative social care?

The persistent underfunding of social care has been the biggest barrier for a better care system. It is very hard to provide sustainable care on the per hour fees provided. Local authorities provide insufficient amounts to pay the living wage and cover training costs. The local authority funding changes should hopefully unlock some additional cash and rebalance it to more disadvantaged areas where need is highest. Until relatively recently where social care demand is highest the ability to pay for it is lowest and the inverse is true as well. That means areas requiring innovative forms of care provision fail to get them – with commissioners often being unable to take any risks related to alternative care models.



The framework for commissioning is another challenge. Westminster has no responsibility to guarantee social care provision in every community, because it's a local provision. And that means central government is unable to suggest good business models for social care provision – meaning best practice is not easily spread.

The Department for Health and Social Care could provide direction regarding models that local authorities should focus on developing to meet care needs. This central direction would make local authorities much more confident to commission co-operative models of care.

What policy interventions would facilitate growth and co-operative sector development?

We need to introduce a National Care Service (NCS). A NCS is not the centralisation of social care provision but rather the establishment of national standards and a national guarantee that social care will be there when you need it - a national framework with local delivery. A national framework could allow the government to establish a remit for growing the size of the co-op care economy over the next 10 years. It's important to stress that this isn't about replacing private provision of social care because we know demand is increasing, it's about filling that gap and using co-op and nonprofit social care to meet the growing need rather than displacing existing social care. Then there's the fair funding formula and a need for reformed procurement guidelines - both nationally and locally - to being much more open to different care models. Finally, there needs to be a shift in both policy and culture around putting social care users in charge of their care.



Conclusions & Recommendations



The experts in this report are crystal clear: our social care system is in crisis and successive governments have failed to fix it. The causes are complex and deep-rooted, but it is certainly true that there has been a chronic lack of imagination about the ways social care can be run differently, and an unwillingness to engage fully with alternative models of ownership, despite their proven success.

We note in particular the prevalence of privately-owned for-profit providers in the social care market, and the increasing domination of private equity. Participants in this report told us that the system is set up almost at every level to reward and incentivise these large private providers, despite the very clear negative impacts of profit extraction on staff, conditions and recipient care. Despite this, serious conversations about alternative models which avoid these failures are lacking from the mainstream debate. We want to change that.

It's important to note that the Labour Government has already made positive meaningful progress on reforming the adult social care system to put it in a more sustainable position. The introduction of the Fair Pay Agreement legislation establishes an Adult Social Care Negotiating Body, setting legally binding minimum pay and working conditions for the social care sector. Funding levels for adult social care have also risen in real terms through the Spending Review 2025. The Independent Commission on Adult Social Care's phase one recommendations will report in 2026, paving the way for the beginning of more structural reform.

But clearly far more action is needed. The following recommendations are based on the conversations in this report, and focus on the growth of care co-operatives as part of much-needed and overdue structural reform to the adult social care system.



Ending private profit in social care

The pursuit of private profit in social care has hurt staff, hurt care recipients and ultimately hurt the stability and sustainability of the sector as a whole. Fundamental to the success of private equity models is the extraction of profit, and the extent to which costs can be cut to achieve it. **This type of extraction should never have had any place in the care of human beings.** Proposed solutions to fixing the system which double down on the dominant model of private ownership will ultimately fall short, falling foul of the same issues which plague social care today.

Other models are available. The co-operative and not-for-profit social care sector exists and thrives here in the UK, but these providers have to fight against a system that isn't set up to support them. Any attempt to reset social care must include a focus on shifting power and ownership away from the private sector and towards the people at the heart of care.

In Wales, legislation was recently passed to remove private profit from children's social care, requiring that all providers be not-for-profit. **Similar mechanisms to reduce and ultimately remove profiteering in English social care must be urgently explored.**

Aligning with recommended changes to the guidance framework for local authorities and commissioners, these bodies can legally **further strengthen social value** criteria and weighting in their contracts and tenders. Through the Procurement Act 2023, commissioners can design procurement contracts which provide additional weighting to social value creation and community benefit – both of which are very important to high quality person-centred services like social care.



Enabling co-operative growth

To enable sector growth in social care and beyond, we believe **enhanced co-operative development** support is vital. Social care has already been identified as a potential high-growth sector by the Mutual and Co-operative Business Council, but setting up new co-ops and growing existing ones remains challenging. New co-operative development support will need to encompass regionally accessible business support which is tailored to co-operative models – including financial, legal, regulatory and governance advice. A Co-operative Development Unit already exists in the Ministry for Housing, Communities and Local Government – it should be considering social care co-operative growth within its remit.

Care providers operate under significant pressure – with Care England indicating approximately a third of overall care providers are considering exiting the sector. To meet this challenge, the Government should consider **introducing a worker buyout mechanism** which would transition providers into co-operatives or employee-owned businesses. This worker buyout mechanism could operate in a similar way to Italy's 'Marcora Law', which gives workers first right of refusal in the purchase of businesses in distress. As recommended by Care England, the Government can assist in facilitating worker buyouts by having the British Business Bank and other financial institutions open new financing options for buyouts.

Co-operative care providers indicated peer-to-peer support has the potential to share best practice and enable knowledge transfer to achieve growth and success. In a challenging system, co-operative care providers often operate in siloes, with little external support. **Encouraging the development of a peer-to-peer network**, drawing together existing and prospective co-operative and employee-owned providers could be a low-cost mechanism for helping the sector to grow in a sustained way.

Participant organisations highlighted the potential benefits of giving care recipients greater control over their own care, empowering them to have greater say in their care set up. Multi-stakeholder or care recipient owned co-operative models could be a transformative way of empowering care recipients with greater autonomy. The Government and major combined authorities could consider **supporting pilot schemes of care recipient owned co-operative models** – providing targeted co-operative development support, funding streams, procurement opportunities and access to innovation partnerships with research centres and universities.



Broader sector reform

More broadly, meeting the challenges social care faces will require an enhanced role for central government in supporting local delivery of care – helping to reduce ‘care deserts’, inadequate specialist provision and low-quality care. The most effective way to do this would be through **the introduction of a national framework and care guarantee system**, through a National Care Service (NCS). This NCS would have ministerial direction and responsibility, working in partnership with local authorities to end care deserts and establish quality standards in care. The new national framework and structure would still be built on local delivery of care, with the flexibility and decentralisation needed to adapt to local settings and needs.

The new NCS framework and structure should **have within its remit a specific objective of growing co-operative care provision**. Ministerial oversight should provide central direction on how local authorities could support new and existing co-operative and not-for-profit care provision to deliver high quality services with fair pay and conditions. It would be a clear signal to local authorities and commissioners that co-operative care should play a larger role in the future of the care system. It would also help meet the government’s manifesto commitment to double the size of the co-operative sector.

Revising the guidance and framework on commissioning for local authorities will be important to enabling new ways of contracting services with the ambition of meeting higher care standards. As evidenced in E3M’s ‘Scaling social enterprise innovation in public services’ report, there is more flexibility in existing legislation than is currently enacted by local authorities and local commissioners. Introducing greater clarity on what can be implemented would enable innovation in adult social care procurement – including through purpose aligned partnerships between alternative providers and local authorities on the design of procurement tenders. Training and education could be provided for local authority commissioners on how they can implement innovative approaches to procurement which support co-op and not-for-profit providers while meeting commissioners’ targets of high-quality, accessible care.

Data collection and use is still an underutilised resource by national government, local authorities and commissioners. **Harnessing this data more effectively** would provide a better indication of where care deserts exist and where specialist needs are not met. Both central and regional government could work with the care sector, universities and public innovation bodies to help capture and use data in a way which delivers improved services.

The Co-operative Party would like to thank the organisations and contributors who provided their time and input in the development of this report. This report was developed and authored by Daniel Monaghan, Policy Officer at Co-operative Party.



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