

## **CO-AGE**

### **Exploring the Potential for the Development of Care Co-operatives to Support Older People to Age Well at Home**

**This is a companion document to a series of two webinar recordings hosted as part of the CO-AGE project. The following quotations from speakers featured on the recordings and are intended as soe highlights from their presentations.**

**Please note the time that appears next to each speaker's name below. You may go to this time on the recording if you wish to view a particular presentation.**

**The CO-AGE project is a collaboration between UCC and Age Action. It is funded under the Irish Research Council's New Foundations scheme.**

**Dr. Carol Power, Centre for Co-operative Studies, University College Cork –**  
from 1 min, 0 secs

“CSO projections indicate that by 2051, Ireland’s over 65 age group is projected to double to 1.5m and in particular the over-80s age group will almost quadruple to 0.5million.”

Currently, “there’s a huge shortfall in the number of carers required to deliver [home care] services . . . It’s not due to a lack of funding that we have a crisis in home care, but we don’t have the carers who are able to provide those services.”

“... [with] the introduction of competitive tendering in 2012 ... price competition is a considerable factor, and this has significant implications for home care workers in relation to their pay and conditions. .... That certainly does not make working in the home care sector an attractive career option.”

“It’s not all about access to care either. If we consider quality of life in old age ... we need to look at the experience of those receiving care. .... Are there alternative models that can give older people and their families greater agency and influence in the type of care provided. And is there a way that values the experience and insights of older people rather than just looking at them as passive recipients of care?”

“In the co-operative model ... the focus is very much on the experience of the care receiver and the focus is very much on inclusion and autonomy rather than illness and dependency. .... and it seems to apply whether the co-op is owned by service users or workers.”

“... this CO AGE project focuses particularly on exploring the co-operative model as a viable alternative. . . co-operatives would facilitate citizens working in partnership with the health authorities to shape and co-design and co-produce the types of services that older people and families want, that actually work for them.”

**Aoife Smith, The Great Care Co-op, Dublin** – from 28 mins, 30 secs

“We firmly believe that people who own and control care organisations should be the people who give and receive care.”

The model that’s worked is where “the person is at the centre of it. The care teams work with the friends, families, and circles of support of the individual, their care teams, their formalised care teams, and they try to empower and support the individual and their support circles to support the person to keep living the way they want, to keep living with the help of the care support that we do. ... to provide that more holistic, socially focussed way of caring.”

“Carers, with the Cooperative Model, are hugely invested in it. They enjoy working this way. .... It speaks to carers. It’s answering problems that they are experiencing ...”

“... the Public Procurement Model [the HSE model], it is task focused, it is not outcomes focused. .... With our private clients, we can give that much more socially focused, holistic approach.”

“There’s a real opportunity now to change the narrative of home care ... and to build a sustainable model of care for the future based on sustainable employment. We will not get to where we want to be with the model that we have at the moment. We need systemic change. .... We will not attract carers in to work with it.”

Plus, there is “better client outcomes – because carers and clients work together ... They’re better placed to resolve and get better outcomes for themselves.”

**Emma Back, Equal Care, UK** – from 53 mins, 44 secs.

“The problem is that the care industry isn’t caring. .... You’ve a list of tasks to be ticked-off ... that is how the system is commissioned, that is how success is measured ...”

“An Equal Care Team is led by the person receiving supports. They are the boss.”

“Respect and honour for the role and for the work because [care workers] are changing lives ... you are often the most important person in that individual’s day. You are the difference between independence and complete dependence. You are the difference between dignity and humiliation. It is a very, very important role.”

“Fundamentals here are around choice, are around stripping out those management layers in order to be able to shunt more money towards the Care & Support Workers whilst not charging more to the people receiving support ...”

“Person-centred is the current dominant model in social care. It replaces the appalling institution-centred model, which was about systems, compliance, ‘people are widgets inside a system and they’re expected to conform to the system’ ...”

**Veronica Barrett, RHS Home Care Services (separate recording)**

“We’re there since 1996 ... we’re employing 330 people, we have about 600 clients [in Galway, Mayo and Roscommon] .... It’s a client-owned co-op. .... We’re a not-for-profit co-operative ... and we’re a registered charity as well. Our contracts with the HSE ensure that we have enough reserves ....”

“I see the co-op model as different in every way to what the companies that are out there in a profit-making area. .... because they have shareholders, and they have to answer to them. .... Whatever surplus money we have, we invest it in [the co-op]. .... We do things for the client. The client is always the winner, where we’re concerned. We look after our carers. We give them a huge amount of training .... everything is made as comfortable as possible for the client and also for the carer.”

“One of the things that would stand out is the fact that our carers are encouraged when they go into clients ... they would chat with the client on a social basis ... nothing confidential obviously ... just a little bit of interaction because a lot of our clients are living in rural situations and our carer may be ... the only person they see all day.”