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The Problem of Social Care: A Co-operative Solution

Alex Bird, Andrew Birchall, Anita Mangan, Mick McKeown, Cilla Ross, and Simon Taylor

This short paper responds to Johnston Birchall's observations on the future of the co-operative movement in relation to the crisis of social care in the UK. The authors put the case for a union co-operative model that offers a means for forming worker co-operatives for social care inclusive of trade unions and framed around an ethic of care, enhanced worker voice, and wider democratic participation in the sector. More on union co-operatives can be found at https://www.union-coops.uk.

Introduction

Birchall's (2000/2022) *quo vadis* observations on trends in the co-operative movement predicted that by now the social care sector should have been a major growth area for co-operative development. This has not come to pass, but the ambition and potential for such growth, and how this can be achieved, remains pertinent and is the substantive basis for this paper. If anything, the need for a radical overhaul of social care has never been so pressing and the co-operative model can make an important contribution.

The economics of the social care sector in the UK are highly problematic, to the detriment of both quality of care and workers' rights. Given a context of rampant financialisation and ownership of large swathes of provision by speculators rather than businesses or public services with a prime focus on care, this situation might best be described as market failure. Indeed, many commentators have pointed out the unsustainability of care providers who increasingly cannot square the circle of profitability with a high-quality care experience (Humphries et al., 2016; Pollock, 2021). The commodification of care under neoliberalism involves a profound squeeze on the terms and conditions of care personnel, who were often already in precarious employment, resulting in a substantial workforce crisis as these workers seek better pay and job security elsewhere. Thus, for many care providers a race to the bottom is in train, in a vicious cycle of squeezed resources, staff shortages, and denuded care quality.

For those committed business owners, managers, and workers, there is a heartrending moral dilemma as they are often powerless to deliver best care within the prevailing market circumstances. For the owners of care businesses, often conglomerates, solely interested in return on investment, no such moral compunction exists and a squeeze on profit will result in exiting the market or falling into administration, as with Southern Cross and Four Seasons (Blakeley & Quilter-Pinners, 2019; Harrington et al., 2017). As an alternative, we argue that co-operatively organised solutions represent a viable means for addressing these issues along with a broader political agenda focused on a more just economy framed around an ethic of care, enhanced worker voice, and wider democratic participation in the sector.

The Crisis of Care

Most commentators view the current UK system of social care provision as unsustainable and facing a tipping point with potentially catastrophic prospects (Manthorpe & Iliffe, 2021). The population of the UK is ageing and the proportion of older people with chronic ill-health, such as dementia or disability, is also increasing. This group and other groups of adults and young people are all in need of good quality, affordable care that meets their needs. Furthermore, the real extent of needed care provision is not fully serviced in the formal care sector, with a significant proportion of care needs being met informally by over-burdened families (Wittenberg et al., 2019).

Scrutiny of the financing and provision of social care exposes some stark inequalities, with those able to self-fund served by higher quality provision within a profitable market. Conversely, people funded via local government receive poorer quality of care provision and face an insecure outlook as funding fails to keep pace with the volume and depth of need. Tensions abound between the rhetoric of an ethic of care and the reality of downward pressure on resources amidst the imperfections of a state-regulated market in service provision (Woods et al., 2017). The social care sector has become divorced from the National Health Service (NHS), which in turn suffers cumulative problems flowing from delayed transfer of patients out of hospital (The Kings Fund, 2018).

In this context, it is not surprising that the overall crisis of care also entails a substantial workforce crisis. Care work itself is typically low paid. Workforce analyses show that around 73% of all social care workers, amounting to over half a million workers, earn less than a real living wage. Furthermore, this a highly precarious sector, with 56% of domiciliary care workers employed on zero hours contracts. It has been estimated that by 2028 there will be a shortfall of over 400,000 social care workers (Dromey & Hochlaf, 2018; Werner, 2021). Large proportions of the workforce are women and people from minority ethnic and immigrant backgrounds. Trade union recognition and density is low in the face of a pressing need for union organising to improve the bargaining position of workers within the sector.

Meanwhile, the government has consistently been unwilling to contemplate deviating from the neoliberal mandate for markets free from state intervention. The material and policy neglect of care services arguably reached its apotheosis in the UK government decision to discharge COVID-19 positive patients into care homes during the first wave of the pandemic, resulting in upwards of 20,000 excess deaths of residents, untold stress for the workforce and the deaths of vulnerable workers (Burki, 2020). Critics have highlighted the gulf between the COVID-19 inspired “clap for carers” and the subsequent virtual abandonment of interest in this essential workforce. Furthermore, the criticism extends to the overarching neoliberal model and its effective treatment of care service recipients as fruitful sources of capital extraction, with an effective socialisation of risk and privatisation of returns (Wood & Skeggs, 2020).

The fact that we can situate many of the problems of the social care sector in moral terms suggests that a more progressive ethic of care is required to underpin solutions to these problems. It is this we turn to next.

An Ethic of Care

Proposals for reforming the care sector can be linked to broader arguments in favour of renewing the whole economy around an ethic of care. The COVID-19 pandemic and its consequences have reinforced the desirability of a universal welfare system involving substantial state intervention alongside demonstrating the value of inter-connected networks of mutual aid. It has prompted a re-energising of expressions of shared humanity, and this in turn opens up contemplation of a new social order framed by considerations of care over profit (Howard, 2020) and a refocusing on social value which aligns with globally agreed co-operative values and principles (International Co-operative Alliance, 2018). The notion of care as an organising principle for a fairer society has long held great appeal for progressive thinkers and activists and is not beyond contention, necessitating attention to the prevailing political context (see Barnes, Branelly et al., 2015, Tronto, 1998). In its simplest sense, an ethic of care could create a protected space within neoliberalism, where alternatives might be nurtured. More ambitiously, an ethic of care could transform neoliberal market economies, replacing neoliberal indifference with a more care-full (Barnes, 2012), relational, co-operative market for goods and services, populated by alternative businesses and welfare services; the range of which would only be limited by the extent of our powers of imagination (Smith, 2005).

It has been suggested that those working within organisations more closely defined in terms of a care ethic might have better experiences of work and gain some respite from the sort of existential anxieties that prevail in modern societies (Elley-Brown & Pringle, 2021). Additionally, an ethics of care can develop novel forms of democratic government that are more reciprocally intertwined with citizens and more responsive to public deliberation and debate (Sevenhuijsen, 2003).

Disability activists have pointed out the compatibility of deliberative democratic dialogue and decision-making for advancing movement politics and organising work under an ethic of care (Barnes, Conradi, & Vosman, 2015). Indeed, Barnes (2012) coined the term “care-full” deliberation to better describe processes of dialogue and debate that take care to achieve ideals of civility and respect at the same time as being replete with care for others. Inquiry into co-operatives also suggests this notion of care for others extends into care for fellow workers within co-operatives, with recognised improvements in the experience of decent work (Bird et al., 2021; Sandoval 2018).

There is thus a compelling case for developing alternative systems of social care provision grounded in a more just ethical value base. For Wood and Skeggs (2020, p. 645):

> Recognition and gratitude for care must now turn into care justice. How then do we put the humanity back into care? ... This would require a large-scale social project that must … shift away from the individualised, competitive and monetised frameworks that have tried to ease out responsibility and compassion.

For us, this shift can be accomplished by a turn to co-operative models of provision. Next, we consider international exemplars of how this can be achieved.

Global Examples of Doing a Better Job

Among a wider panoply of organisational forms and enterprises, including co-operatives and more informal mutuality, a notion of a social and solidarity economy offers new ideas for an economic ecosystem that is associated with ideals of fairness and social justice (Borzaga et al., 2019). There are a number of international examples of co-operative organisations attempting to deliver decent work for care workers and effective care provision for service users (Borzaga, 2020; Borzaga et al., 2014; Campopiano & Bassani, 2021). In Italy, for example, there are over 4,450 co-operatives in the social care sector (40% of all social co-operatives) employing over 170,600 workers (Borzaga, 2020). These are supplemented by a further 32% of co-operatives focusing on providing work for marginalised groups such as the disabled or ex-prisoners. In North America, Cooperative Home Care Associates (CHCA), allied to the Service Employees International Union, is the largest self-defined worker co-operative in the U.S.; established in 1985, CHCA employs over 2000, largely minority ethnic women, care workers.

There have been international calls for co-operatives to play a substantial role in societal renewal programmes, including the potential to transform the care sector (Develtere et al., 2021). Worker co-operatives have been affirmatively singled out for their potential to resolve various paradoxes for social enterprises, including tensions between democracy and hierarchy, individuality and communality, or fidelity to innovative and alternative models rather than reverting to the mainstream (Audebrand, 2017). As such, a persuasive case can be made in favour of establishing worker co-operatives in the social care sector (Berry & Bell, 2018).

In the UK, there are limited examples to date of successful co-operatives operating in the care sector, though some notable new entrants have emerged alongside some older organisations. These span various organisational forms committed to democratisation of decision making, not all are necessarily constituted as fully fledged co-operatives nor allied to trade unions. None are worker co-operatives. Examples include: Co-operative Care Colne Valley, Care Cartrefi Cymru, and the Equal Care Co-op which are multi-stakeholder co-operatives; North West Care Co-operative is a two-tier organisation operated co-operatively at the local level, Sunderland

Homecare Associates, started off as Little Women workers' co-operative in the 1970s and is now an employee-owned social enterprise; Care Plus in Lincolnshire is an old employee owned industrial and provident society. Invariably, these businesses are purposively organised at a small scale.

More usually, the extent of alternatives to either public or private sector care provision has involved the establishment of social enterprises rather than co-operatives. There is little evidence that social enterprises offer a better prospect in substitution for public services, but collaboration between public provision and social enterprise can furnish benefits for service users (Calò et al., 2018). One study, for example, showed that while the advantages of a shift in democratic governance in a multi-stakeholder care co-operative were mostly appreciated by service users and their families, the workforce still struggled with threats to decent work such as low pay (Jenkins & Chivers, 2022). Therefore, while the potential for co-operative organisational forms to improve workers' experiences of work can be demonstrated, such outcomes are variable and the depth of democratic transformations and shift to full employee ownership is crucial.

A Democratic Dividend

The forms of respect for worker and service user voice that can potentially be supported by co-operatives and worker co-operatives appear to have helpful analogues in various policy provisions related to health and social care work. The NHS and social services in the UK for instance, have for the last few decades sponsored various policy turns associated with so-called user involvement, shared decision making and, more latterly, an ideal of co-production. Arguably, all of these initiatives are characterised by a commitment to democratisation, especially efforts to improve the extent that service users or their family carers might have a say about how their care is organised. Co-production, in particular, emphasises a specific democratic circumstance, whereby professional staff work in alliance with service users and communities to bring into being their wishes and demands for care and support (Dzur, 2019).

Co-production is not without problems. There is an ever-present threat of co-optation and incorporation, with existing inequalities and power relations often reinforced rather than reduced (Turnhout et al., 2020). Critical commentators have argued that the full, collective potential of democracy across public services is constrained by the intrusion of neoliberal consumerism, quasi-markets and so-called new public management approaches (see Moth, 2022). Whilst the democratic potential of such work has to date been fairly limited, the demand for democratic participation in the organisation and delivery of health, care, and welfare services in the UK arguably begs two substantial questions. Firstly, we might question the relative lack of co-operative organisations within the totality of UK welfare provision. Second, if democracy is to be more fully realised, why not democratically transform the internal governance of public services such as the NHS congruent with co-operative principles. The former would result in an expansion of social co-operatives, ideally inclusive of the social care sector, organised into an interconnected ecosystem, and allied to wider moves to deliver fairer economies such as community wealth building. The latter would render the presently hierarchical, top-down management of public services much more open to democratic participation of workers, service users, carers, and communities. Arguably, this would mean a governance approach for the NHS much more aligned to Bevan's original imaginings (Foot, 1973).

Union Organising

Union organising in the social care sector has proved challenging but recently has involved imaginative efforts around the interlinked objectives of ethical concerns, living wage and sectoral bargaining. Unison, the largest trade union organising in the social care sector has produced and with some success campaigned around an Ethical Care Charter (Johnson et al., 2021). The

union's overarching policy commitment is for insourcing of privatised care work and, ultimately, the establishment of a fully nationalised country-wide care service. In reality, the union finds itself campaigning and attempting to build organising strength in a sector characterised by low union membership and highly precarious work in a largely outsourced operating environment. The Ethical Care Charter addresses both care quality and employment concerns. The main employment provisions seek an end to zero hours contracts, building for regular working hours, proper recompense for travel time and securing a real living wage. Organising using the charter has engaged 25% of commissioning bodies across England, Wales, and Scotland and formed some key alliances with national employer representatives. This has resulted in a degree of voluntary commitment to the key goals of the charter, with some notable localised successes, but minimal impact on standards across the sector (Johnson et al., 2021).

Precariously employed workers are difficult to organise into unions, partly because of the piecemeal and fragmented context of work setting but perhaps more importantly because of worker fears of employer retributions for trade union activism. A mainstay of union and community organising in the care sector is campaigning and bargaining for a real living wage (Werner, 2021). There is broad community support, as expressed in the vitality of campaigns led by citizens movements in alliance with unions and other stakeholders (Heery et al., 2017). Such campaigns bring together union and community organising, which can also be a useful precursor for co-operative development. In turn, the worker power represented in the democratised governance of co-operatives is a tangible route to wages uplift.

Union Co-operatives

A particular form of worker co-operative is the union co-operative, which connects union-community organising to co-operative development and opens up possibilities for simultaneously establishing workplace democracy and achieving union renewal goals, not least enhancing union legitimacy and growing membership amongst previously precarious workers (Bird et al., 2020). The governance model includes a requirement for worker members to be a member of a recognised trade union, and for the trade union(s) to have a specific place in the co-operative's governance to represent member's interests as workers rather than as employers and business managers. For social care, a multi-stakeholder union co-operative is most appropriate, with workers having a controlling interest, usually through at least 51% of the board members being reserved for workers.

Trade union activists and leaders have expressed certain anxieties about co-operatives, reflecting latter-day tensions between labour and co-operative movements, though, there has also been a rediscovery of interest in worker co-operatives by international unions (Esim & Katajamaki, 2017). UK union concerns regarding the care sector involve the, often abstract, objection to co-operatives as a perceived incipient form of privatisation, contrary to union objectives to ensure insourcing of care sector provision. This neglects the fact that much of the provision of social care has never been directly provided by the state and, pragmatically, unions need a strategy that allows for contingencies when insourcing is highly unlikely to be achieved in the short term. More pertinently union concerns relate to the challenges of organising a precarious, vulnerable and legitimately fearful workforce and concerns over issues such as securing workers' pensions at scale in potentially small worker co-operatives (Bird et al., 2021). If such concerns can be addressed, union/left desires for a National Care Service could be realised via an aggregation of co-operatives (as opposed to the marketised Trusts model that exists at present for the NHS).

Conclusion

It is difficult to see any effective remedy for the crisis of social care that does not involve trade union and community involvement and pursuance of alternative approaches for organising care work. We argue that the union co-operative model, implemented under an ethic of care

justice, draws upon and reflects international co-operative values and principles, and promises a progressive solution. Co-operative governance systems offer the potential to democratically transform the organisation of social care work and the experience of care for service users, their families and communities; with all having a meaningful say in how the service is planned for and delivered. Trade unions' wider political aspirations for a future national care service are not undermined by the establishment of union co-operatives in the present. Rather, to update Birchall's (2000/2022) original argument, an ecosystem of union co-operatives could form the foundation for a democratic national system, state-funded, and delivering high quality care optimally responsive to need. The union co-operative model offers a means for forming worker co-operatives for social care inclusive of trade unions and congruent with broader organising goals.

The Authors

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