



The Global Newsletter for Cooperatives active in Industry and Services





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Why should we care?

According to the Merriam-Webster dictionary, the word care¹ can be a noun or a verb. As a noun, care can be described as something to maintain, charge, supervise, or take care of. As a verb, care means to give interest or concern, as well as to give care.

Caring for a human being can take many forms, especially when taking care of the most fragile and vulnerable ones in our society. Most of us have been cared for as young babies, and many more of us will need some care as years pass by. In less poetic words, care translates into activities such as childcare, early education, elderly care, and care for people with disabilities.

Being a vital part of our society and happening daily at all stages of life, care is a fundamental right pursuant to governments' obligations to deliver it, organise it and or fund it. Care has become a career choice for many, and a gigantic source of employment, being it in the public or private sector. However, the standards and regulations that care centers, and caregivers, are subject to, are not always up to par.

Care work can also be precarious and underpaid. Care recipients may have their needs unmet because for-profit companies prioritize financial gain over humanity or because of public underfunding. The care received may not be of the highest quality or dignified.

Care workers also have challenging jobs, which they must be trained for, including first aid, health, safety, and moving and handling. Oftentimes, these jobs demand working night shifts and weekends. Moreover, care work often falls on women and migrants².

So how can we tip the balance? Luckily for care recipients, care workers, and society as a whole, there are worthy alternatives that provide care, such as care cooperatives. The first care cooperatives emerged in Italy in the 1960s and 1970s, following a severe fiscal crisis that limited the State's capacity to offer care services and funding. Since then, care cooperatives have appeared across the globe to fulfill the care needs of their communities, in particular when there has been a decline in care service provision, support and funding by the State.

Care cooperatives are stable employment providers and when they are worker-owned, they focus on workers' needs as much as on recipients' needs. They are the community-based alternative to institutional care. Being usually owned and controlled by different stakeholders having a stake in the provision of the service (such as care recipients, workers, public authorities, and other partners) cooperatives guarantee the quality and relevance of the service provided. Having a local care cooperative in one's area means there is a reliable and quality source of employment and a trustworthy service provider.

Moreover, cooperatives are motivated by the needs of communities not by profit. They reinvest all or most of their financial gains in order to improve the quality of their services, train the staff, and innovate. It means they don't compromise on the quality of care provided or on the quality of the working conditions.

The International Labour Organization (ILO) writes that care cooperatives are "emerging as an innovative type of care provider, particularly in the absence of viable public or other private options³".

This edition of CICOPA Work Together looks at how care cooperatives around the globe are operating and what lessons we can learn from them. We offer distinguished examples from the Americas, Europe, and Asia.

We invite you to discover what happens when the people meant to be taking care of us are, in parallel, cared for.

Enjoy the read.



[1] <https://www.merriam-webster.com/dictionary/care>

[2] https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633166.pdf

[3] https://www.ilo.org/empent/units/cooperatives/WCMS_457286/lang--en/index.htm

Women caring together: how coops are the way forward

We had the chance to sit down with Danielle Turpin, founder of [Home Care Workers' Co-operative](#) and discuss the recently founded women cooperatives that is already servicing 300 hours a week.

The Home Care Workers' Co-operative (HCWC) is a worker cooperative located in the region of Ontario Canada.

The idea to establish this cooperative originated when Danielle Turpin, a personal support worker (PSW), got tired of how affairs were handled at the care enterprise where she worked. She noted that home care work involved a lot of components, including the workers' need to have a voice and be protected, as well as taking into consideration the recipients' needs.

“I felt complicit. I could see how there was no continuity for our recipients. No holistic care, nor continuity. The clients' needs were rarely considered. I knew something needed to change, and that is when I decided to leave.” – explains Turpin. ”

In 2020, she started doing some market studies and looking at various business models. She also came across CICOPA member, the Canada Workers Co-operative Federation, and got in touch with a cooperative consultant. Not long after, she came to the realization that a worker cooperative was the right form of enterprise for the organization she wanted to found.

That is how, in June 2021, the HCWC was born.

As soon as the cooperative got incorporated, it started operations right away. Early enough in their work they noticed that care recipients hired them because they needed their services, however, once they realized that they were a worker cooperative, they would ask for additional hours. Additionally, HCWC started getting a lot of referrals from hospitals, as the publicly funded system simply does not have the capacity to provide needed care, and they have a very good reputation in their area.

Another aspect that has kept the care recipients coming is their personalized services. They try to provide care based on the clients' needs, not on what a traditional company would envision.

They do not book home visits just for financial gain, but because a recipient actually needs it. The cooperative takes pride in matching the skills of the worker with the needs of the recipients.

The services that HCWC offers are diverse: from non-medical home support to elderly care including toileting, dressing and personal hygiene, medication reminders, among others. They also offer physiotherapy for patients with spinal cord injuries, post-surgery rehabilitation, as well as palliative care and care for dementia. As Turpin explains it, these services are incredibly beneficial for workers and recipients alike, as a home visit allows people to remain in their homes as long as possible, instead of having to move to long-term care facilities.

“I needed to find a way to give workers a voice. As a woman in the care sector, I have seen how other hard-working women have been exploited, and I wanted to change that. I wanted to empower them instead,” says Turpin. ”

In its short, but very fruitful life, the cooperative has managed to grow impressively. They currently are providing around 300 hours of care a week, and they serve the areas of Peterborough and its surroundings in Ontario, Canada.

At the moment, the cooperative consists of 13 employees, of which 2 are worker-members. For an employee to become a full worker-member, they must go through a probation period of 400 hours (around 6 months), before receiving a permanent contract and invitation to join as a member. As a part of their cooperative training, they also follow courses such as “good governance matters” and different curricula on cooperatives. This is done in collaboration with CWCF.

When it comes to governance, they meet once per month to discuss all the novelties of the cooperative: financials, client care, areas of concern, policies, and how the workers are doing in general. For elected positions, such as a treasurer or secretary, the standard mandate will last three years.

With their eyes on continuous development and future, the cooperative is working closely with professor Dr. Simon Berge from the Dalhousie University in Halifax in order to create a link with more service cooperatives in the area and to help establish new ones. The idea is to focus specifically on rural areas, and to empower women to establish their service cooperatives.

At the end of the day, they want to provide more training and courses, as Turpin believes cooperative education is crucial, and not taught enough.

“I knew about the existence of cooperatives, but I did not realize how big the movement was. The benefits of cooperatives in their communities are immense, and I wish more people knew about them. It feels like I've uncovered the best kept secret”.



From left to right: Amy Firlotte, Danielle Turpin, and Denise Armstrong of Home Care Workers' Co-operative

The Home Care Workers' Co-operative is a member of our Canadian member, the Canadian Worker Co-operative Federation.



Life comes full circle

Meet the worker cooperative Circle of Life and hear them looking back on their achievements as they turn fifteen.

The Circle of Life Caregiver Cooperative (COL) was created in 2007, and it is located in Bellingham, Washington.

The idea to start a cooperative came from Jo Ana McNerthney, who in the year 2007, was looking for round-the-clock care for a parent. She was someone who had worked with a community cooperative and wanted to see if there was something similar available in the care sector.

After discussing it with some acquaintances, the way to go forward was decided and the worker cooperative was founded. The choice of the cooperative model came naturally to Jo Ana, who has always been an activist and has always advocated for social justice.

Jo Ana went on to become the administrator of cooperative and stayed in this role for 8 years. We had the chance to speak with the third administrator of Circle of Life, Kris Buettner, who has been in charge for the last three and a half years.

At the beginning, the cooperative started slow, but by 2013 they were extremely successful financially, and they were already providing care to 70 patients, as well as giving employment to many caregivers in their area.

The story of Circle of Life is an inspirational one, and their aim is to show that it is possible to be successful in the caregiving industry through a cooperative model that truly cares about their employees.

Circle of Life provides home care mainly to elders; however, they also have clients that have development challenges or that suffer a brain injury. The care plans are carefully and individually designed for each client, and the cooperative works to find a tailor-made team of caregivers that can provide the services needed. The service provided can cover from a few hours a week, to a 24/7 presence, and they work in both urban and rural areas.

Circle of Life also provides companionship to its clients. That is why they also work with people that are already in hospices but need extra care. Indeed, the shortage of caregivers, due to poor working conditions offered by big corporations that own hospices, makes the work of Circle of Life of vital importance.

As it happens to all businesses, things go up and down and at the time Buettner came, the cooperative was facing some challenges. Membership was low, and they weren't financially stable, but they could overcome their difficulties.

That was mainly thanks to the support of cooperatives' networks, particularly from the unrelenting support of the Northwest Cooperative Development Center (NWCDC) and the Cooperative Development Foundation (CDF). During COVID-19 received a grant from the CDF group and were gifted face shields from Engineering Coop, Isthmus. In addition, they received a large grant from the US Small Business Administration. Another taproot to COL's successes is their cooperative and mutual support of a small network of five home care cooperatives in the region, supported by the NWCDC. This network of coops is forming a formal network to expand benefits to all members and expand training opportunities for their members.

Moreover, the board has been working hard to strengthen relationships with members and engage in a more efficient structuring of membership. They are democratically elected by the members of the cooperative and it takes care of the financial decisions, it hires the administrators, and supervises them. They meet once per month and the meetings are open to anyone, even to non-members of the cooperative, in order to guarantee complete transparency about their work.

Circle of Life highly values the exchanges with its workers and its members, which is why a member forum, and board meetings with caregivers are organized.

Those are a great opportunity to have the floor and are mainly used in order to collect new ideas, concerns, and questions. Moreover, surveys and regular check-ins are organized to see how everyone is doing and match the needs of the caregivers with those of their clients.

The cooperative now has 21 worker-members, and additional workers, employed part time in the organization. The majority of the caregivers are members of the cooperative. To become a member, aspirants must undertake a three-month evaluation work. After that, the Administrator of Operations can recommend the person to the board and the board reviews the membership and discusses it with the other members.

Becoming a member of the cooperative is very advantageous as there are financial incentives being the board structured with PayScale. Moreover, sick time, and paid time off (PTO), are accumulated at a better rate. Circle of Life continues to explore increasing benefits for members, and this is part of the work being done through the network of Washington homecare co-ops (Peninsula Home Care, Ridgeline Home Care, Capitol Home Care, and Heartsong Coop). There are also efforts to expand opportunities for members and their Boards to offer shared resources and training. Thanks to the NWCDC, this network of coops is possible.

Cooperation is essential for Circle of Life, and therefore they are part of the U.S. Federation of Worker Cooperatives (CICOPA member), the Cooperative Development Foundation, the ICA group, and the Northwest Cooperative Development Center. The development center provides them with training, consultations, funds, and brings together the cooperatives that are part of it. This service is vital for cooperatives like Circle of Life that want to show that they are alive, the cooperative business model is a good model and that they are part of the movement.

Circle of Life blew 15 candles last year. This was an important milestone for the cooperative, that since 2007 is empowering caregivers, is co-creating the environment of work, provides healthy work environment, provides good-quality services to the community and educates about the cooperative movement.

Now it's time for a quinceañera for this worker coop!



Worker-owners of the Circle of Life Caregiver Cooperative

Circle of Life Caregiver Cooperative is a member of the U.S. Federation of Worker Cooperatives, our American member.

Caring for others

Meet the Argentinian cooperative providing quality care in the Atlantic coast.

The “Cooperativa de Cuidadores Domiciliarios Mar del Plata” is a home care worker cooperative based in the coastal city Mar del Plata, in Argentina.

The story begins in 2010, when a group of motivated adults followed a professional course on home care for elders, for a duration of 6 months. Upon completion the group was asked if they had interest in starting to work together as a group, and in the discussions, the idea to start operations as a worker cooperative surged.

This is how, in 2012, the cooperative was officially founded, composed of 8 of the alumni and 2 of the coordinators / facilitators of the course.

The idea to use the cooperative form came from Ms. Elsa Miori, current President, who had previous experience with the cooperative movement (banking) and understood the model very well. However, as she describes it, it is very different to run a care worker cooperative, and the challenges and daily operations are worlds apart. Nonetheless, they persisted and managed to establish operations.

The word of mouth and excellent services proved successful, as the cooperative quickly started to grow and two years later, there were already 60 workers. Today, in 2023, there are 150 workers and members, of which 125 are women.

Additionally, the original founders were all around 40 and 50 years of age, and they found it challenging to continue in the labor market at their age. Thanks to the cooperative, they were able to find a stable job.

In 2017, they decided to continue expanding the cooperative family, and they joined FECCOTRA, CICOPA’s Argentinian member.

The services provided by the cooperative are home care for adults over 18 years of age. While they provide services for adults with disabilities, their largest clientele (90%) is elderly adults over 85.

The services include: accompaniment and advice on daily life, medication administration, food preparation and assisted intake, activities according to possibilities of mobility, as well outings and entertainment. Family members are always in touch with the cooperative and can ask for a certain number of hours from a caregiver depending on the weeks, and the cooperative tries to match the skills with the caregiver, and with needs of the care recipient.

For caregivers to become worker members of the cooperative, there is a process where aspiring members must follow a 5-day workshop where they get to know the coop model, as well as see the values and compromises that must be made. There is also a test and an interview. Upon completion, they can decide whether or not to join the coop, and then the board can approve it.

Regarding their internal activities, beyond doing the traditional administration, the cooperative is also involved in cooperative education as well as care education for their members. They also offer psychological help for their members, as well as conflict resolution between teammates and with families, as well as tackling gender issues.

The cooperative also has a solidarity fund in place for its members. The work can be precarious at times (if the worker is not placed, or if they are sick for example). Furthermore, in a traditional care enterprise, 60% of the earnings would go to the owners, and only 40% to the caregiver, as opposed to here in the cooperative, where only 20% goes to the cooperative, and 80% goes to the caregiver.

Looking into the future, the cooperative is working hard to lobby for a better framework for worker cooperatives, as right now it is not well-suited for what they do. They got a small victory in 2022, when for the first time they received subsidies, and were able to purchase sanitary equipment. As Miori explains it, there are 35 care cooperatives right now in Argentina, and they are working together for a new law.

The cooperative believes they have managed to make a difference in their community and continues working with a look into the future. They have noticed that more and more social agencies are interested in working closely with them but are not willing to pay a fair price tag, so for now, they are still working autonomously.

A great example of how to take care of others!



Cooperativa de Cuidadores Domiciliarios Mar del Plata is a member of FECOOTRA, one of our Argentinian members.



Education is power!

Meet Rah-e-Roshd, the cooperative contributing to the education of Iran's new generation.

The Rah-e-Roshd cooperative educational complex is based in Tehran, Iran, and it provides education services from pre-school to high school. We sat down with Ms Anahita Eslahpazir, CEO, and got to know the cooperative better.

The Rah-e-Roshd project was born in 1986 from the initiative of seven women who, at a time of deep instability (Iran was at the time at war with Iraq), felt the necessity to have a place in which they could educate their children. The initial project consisted of a summer school for kindergarten-aged toddlers. Seeing its success, and as a request from the parents, the project was expanded and made into a full-fledged, year-round kindergarten.

For the first 10 years, the project went on without having the status of a cooperative. The soul of the project, however, was fully cooperative. From the very beginning, everything was based on the cooperation of the parents who were responsible for transporting the children, cooking, cleaning the places etc.

It was only after the first decade of operation that Rah-e-Roshd formally became a cooperative. The project was expanding and wanted to give continuity to the children's educational path, so they decided to establish an elementary school. For them, the choice of the cooperative form was an answer to the new questions that arose as the project expanded.

The reasoning behind this choice, in fact, was to give the project a legal democratic framework.

37 years after the project was launched and 26 years after the cooperative was founded, Rah-e-Roshd is a successful worker cooperative. Their project has expanded, and they have now added to their services a middle school, a high school, and a counseling service about education and behavior for their students. They currently have 500 teachers and 7000 people in their network.

Interestingly, even after years, parents of children and teachers who have now retired are interested in remaining members of the cooperative and participating in the annual general assembly. This goes against the general trend in Iran, as they see the foundation of other schools in their network, which, however, fail to survive over the years. According to Rah-e-Roshd, what makes the difference between other private schools and their cooperative, is the fact that in a cooperative everyone protects their jobs and makes sure that the project continues since the main goal is not the profit, but the education of children, fair jobs, and decent work.

Many cooperatives were born in Iran during the war, and it became a well-known model. The idea came precisely from the situation of uncertainty that the country was going through, as they thought that creating a project in which anyone could feel included could be good. This turned out to be the best choice for Rah-e-Roshd, and 26 years later, the cooperative is among the top 3 institutions in the country, provides good salaries to workers, and has quality infrastructure.

Rah-e-Roshd cares a lot about the cooperative's proper functioning, and that is why members are selected from three categories only: parents of children, teachers, and alumni. Members' main interest shall be that of the welfare of the children and the cooperative itself, as they themselves benefit or have benefited from the services provided.

Currently, the cooperative counts 500 teachers, of whom 230 are worker members, while the cooperative's community reaches 7,000 people, including parents and former students. The opportunity to become a member is offered to teachers after 5 years of service within the cooperative. For parents, however, it is possible to become members after three years minimum. Ex-students, on the other hand, can become members as soon as they submit the application.

Initially, the cooperative did not have enough money available, so it paid part of its workers' salaries from the cooperative's shares.

Now, however, paying workers' salaries is the number one priority, as well as providing a contract in good standing and social security. In addition, the cooperative provides maternity leave and facilities for teachers who want to enroll their children in the Rah-e-Roshd school. This way of managing its employees made it possible for the cooperative to have a very low turnover of teachers, and most have been working for Rah-e-Roshd for more than ten years.

Rah-e-Roshd is a proud women's cooperative. Currently, 75% of the members are women, while the staff is composed of 85% of women. The current CEO of Rah-e-Roshd, Ms Anahita Eslahpazir, is proud to say that the board of the cooperative is composed of women only, and women, therefore, hold control over decision-making and positions of power.



Middle school students at the Rah-e-Roshd facilities.

Regarding the governance of the cooperative, one general meeting is held per year in which teachers, managers, the principal, and all the staff participate. All decisions are made together by consulting with members of the cooperative.

The school's enrollment fee is like what one might find at other private schools, however since Rah-e-Roshd's priority is the education of children, the money they receive from enrollment is invested in quality education, workshops (music, theater, swimming etc...), the purchase of the school's uniform and a good quality school canteen.

Initially, the school was girls-only. Now, however, a boys' section has been opened due to high demand from parents. The school, therefore, is divided into boys' and girls' sections as mixed sections are not authorized by Iranian law. The boys' and girls' sections are constantly in contact as they often attend meetings, ceremonies, and visits together. This has allowed an almost fraternal bonding between their students.

In the future of Rah-e-Roshd there is a desire to make the cooperative known inside and outside Iran. Eslahpazir, in fact, thinks that the model of worker cooperative schools can work and can be an inspiration for other projects in Iran.

In particular, she believes that this is an opportunity to create stable employment and make up for the fact that the Iranian government cannot provide stable employment and pay its teachers adequately. Another priority for Rah-e-Roshd is to make their voices heard at the highest levels of Iran, as being a cooperative run and led by women, reports Eslahpazir, disadvantages them in dialogue with institutions.

A true example of education through cooperation!



Elementary school students at the Rah-e-Roshd facilities.

The Care Together Program

CICOPA had the chance to sit down with Melina Morrison, CEO, and Gillian McFee, Care Together Program Manager from the Business Council of Cooperatives and Mutuals (BCCM), CICOPA's Australian member.



Picture: The team of Kudos Services worker cooperative. Photo by Nat Rogers

BCCM has recently received an A\$7 million grant from the Australian Government Department of Health and Aged Care to implement the Care¹ Together Program in order to create and strengthen care cooperatives as a solution to the challenges in Australia's care sector especially in markets where service delivery is failing including regional, remote and rural communities. The program will run from January 1, 2023, until June 30, 2025.

CICOPA: What is the care landscape at the moment in Australia?

BCCM: The Australian care landscape is one of increasing demand. The aging demographic profile of Australia is contributing to a looming crisis in workforce shortages. The care sector is the largest and fastest-growing part of our economy; in the Australian federal budget, we are looking at expenses exceeding A\$200 billion in the care sector.

The sector is facing worker shortages, for two main reasons. Firstly, carers in Australia are mainly middle and older-aged women, which will lead to worker shortages as they retire in the coming years.

[1] When we talk about care in the Care Together Program, we talk about disability support, veteran's care, special services for indigenous populations, allied health, and primary health care. The Care Together Program has a particular focus on multi-disciplinary teams providing care.

Secondly, due to COVID-19 there has been a sharp drop in the arrival of migrant workers, who are another major demographic worker group in the care sector.

In recent years, a number of inquiries and Royal Commissions have uncovered systemic problems in the quality of services and employment in the care sector. The most significant inquiry was the Royal Commission into Aged Care Quality and Safety. The report was damning, calling the situation a “shocking tale of neglect”. In particular, it noted the lack of choice in services – for example, although most older Australians prefer to receive care at home, care services are instead focused on residential care models. The report also highlighted the increased privatization within the sector, which leads to large profit-lead enterprises in the system for financial benefit. Consequently, the value generated does not remain in the sector and is not reinvested to improve care for consumers and working conditions for care employees. Another critical issue is that carers’ wages are insufficient to support a reasonable standard of living.

Finally, the report also raised questions about the lack of innovation, in terms of both service provision and ownership structures of care enterprises. These problems have a heightened impact in rural, regional, and remote Australia, since care services there are already inadequate in many locations.

CICOPA: What is the current state of development of care cooperatives in Australia?

BCCM: We can give two readings of the situation. On one side, we are beginning to develop care cooperatives in Australia. The discussion has only recently started, and there is no specific sector of care cooperatives in Australia. On the other side, some successful care cooperatives already exist that organically emerged in response to the needs of workers in the sector. For example, there are around 30 Aboriginal community-controlled services within the Indigenous cooperative movement.

The worker cooperative model is not common in Australia. Historically, this model was hindered by a lack of an enabling legislative environment, a poor understanding of the cooperative model in policy and business circles, a lack of a national peak body for the sector, and the dominance of trade unions as the preferred method of worker organisation. However, in recent years we have started to see change.

Industrial relations are starting to change due to the casualization of labour (e.g. the rise of platform work), which means trade unions need capacity to organise and protect freelance workers. Moreover, we have a care sector that is in urgent need of a major overhaul especially to attract and retain workers in high quality and dignified care jobs. These factors mean that current conditions are favourable for more care cooperatives to form in Australia.

CICOPA: How did the Care Together Program come to be?

BCCM: It has taken a decade of advocacy, really. We had to start by building a story about the purpose of cooperatives in the Australian context and raising awareness about cooperatives as an alternative, people-centred business model and their potential to provide services in the care sector.

Our strategy was to go in and ask: “What is the problem you are trying to address?”, and “Have you thought of cooperative and mutual solutions?” With few domestic examples, we really depended on the experiences from the international cooperative community. Our context of rising demand and increasing privatization opened an opportunity for cooperatives to take shape. In particular, cooperatives can partner with governments to deliver care, while keeping value and reinvestment in the health and care sector.

When the Royal Commission into Aged Care clearly stated that the care system was broken, we saw this as an opportunity to show that cooperatives could help. We proposed that the Government invest in education and information about cooperative and mutual enterprise models to help address the recommendations of the Royal Commission.

CICOPA: What is the goal of the Care Together Program?

BCCM: Our goal is “dignified, safe and quality social care for vulnerable people in all settings, including regional, rural and remote communities delivered by empowered and well-trained workers in decent jobs”. Care Together is an education, advisory and support program that will assist successful projects to develop sustainable service delivery in areas where current approaches are failing, including a focus on regional, rural and remote parts of Australia. Cross-sector, multi-disciplinary models will be an important focus of the Care Together Program and aligned to these high-level program outcomes:

- Supporting the establishment of innovative models of social care delivery (including aged care, disability care, veterans’ care, Indigenous services, allied health and primary care) in areas where current approaches are not working.
- Increasing opportunities for providers of social care to transition to co-operative and mutual models to address workforce challenges and improve service delivery.

In terms of projects, Care Together will support the development of new cooperatives or mutuals to deliver care, support growth and scaling projects working with existing cooperatives and mutuals, and facilitate the co-design and development of a user-tested prototype to establish a digitally enabled member-owned cooperative to support service delivery in areas of unmet need by providing back-office functions and other collaborative solutions for smaller providers.

Around all of this, we will be engaging in research – we want to ensure we obtain high-quality data about the successes and challenges of the program. Furthermore, we want to build case studies from each project to better understand how to make social care cooperatives successful.

We are using the Mutual Value Measurement Framework to measure the total value creation of the new and growing cooperatives we are assisting. This ensures that the framework for measuring the success of the projects is informed by the unique characteristics of cooperatives themselves.

CICOPA: Based on the challenges for care workers and beneficiaries, that you identified above, how is the program addressing them?

BCCM: The program focuses on empowering those providing the care, and those receiving it, because they are the most important yet the least empowered people under the current system. On the worker side, for example, we have a project for a primary health network in regional, rural, and remote Australia. It is a multidisciplinary health and care team delivering services to a small town of 30,000 people, with several outlying smaller communities. They approached us to learn how their organisation might look as a cooperative. This plan is likely moving forward, and other primary health networks are showing interest in the cooperative model as a result.

On the other hand, we have a project for people with high support needs due to disability. The goal of the program is to facilitate a better living situation for young people who have been inappropriately placed in aged care homes because of these support needs. The project is a cooperative that aims to return choice to the people who are the beneficiaries of care – the cooperative model allows them to pool their disability funding resources and achieve a greater degree of autonomy.



Pictures: speech pathology and physiotherapy hands-on therapy services provided to children by Kudos Services worker cooperative

CICOPA: How will BCCM and the program ensure the sustainability of the established new cooperatives?

BCCM: Many small cooperatives in their infancy need cooperative development and business advice to enable them to scale up and operate sustainably. In a period of two years, we'll only be able to get them going. In order to survive, they'll need support from the cooperative movement, so we facilitate them becoming BCCM members. The measurement system we have designed, Mutual Value Measurement, allows them to show how their purpose is driven by their business performance. We want to make sure that they demonstrate how they are delivering value and thus helping the community. We also want to make sure that cooperatives are sustainable, so access to capital is very important. In Australia, we have worked very hard to develop innovative ways for raising capital. As a result, cooperatives can use specially designed capital instruments to raise vital equity capital without sacrificing their cooperative ethos.

Our program is open to anyone from around the world to follow online. Visit www.caretogether.coop to find more about our Social Care Community of Practice.

CICOPA: Thank you for your time!



Picture: The Cooperative Life on an outing

The European Care strategy

What is the European Care Strategy, and how can cooperatives lead care provision in Europe?



Picture: European Commission

During her 2021 State of the Union address to the European Parliament, the President of the European Commission, Ursula von der Leyen said:

“ We will come forward with a new European Care Strategy to support men and women in finding the best care and the best life balance for them. ”

This is the first time the European Commission has had a holistic strategic approach to the sector. A year later, on 7 September 2022, the European Commission published its European Care Strategy package. The ambitious plan aims at addressing the challenges of the care sector in Europe. The scope of the initiative is wide: it tackles long-term care, early childhood education and care, the quality of the care services, and the working conditions and training of carers.

The message of the European Commission is clear: care services need to be available, accessible, affordable, adequate and of quality. With that being stated, we believe cooperatives are suitable actors to achieve this new standard. Indeed, as our European organization, CECOP, has demonstrated in their “Cooperatives Care!” report, care cooperatives allow the development of care services that meet the Commission’s demands by providing representation to care workers, recipients, communities, and public authorities. Let’s take a look at the measures included in the Care Strategy package, and how cooperatives already prove to be at the forefront of the change desired in the European Commission’s plan.

Childcare and the New Barcelona targets

In 2002, the European Union’s Member States agreed to a series of targets on early childhood care that aim at enhancing the participation of women in the labor market – the Barcelona Targets. Beyond care, this initiative has as well a direct impact on gender equality in the EU: access to affordable and quality early childcare is key for the European Commission to allow the full participation of women in the labor market.

Numbers are shocking, as up to 25% of women are inactive in some Member States, because they cannot find, or cannot afford childcare.

The first series of Barcelona targets called for Member States to ensure that 33% of all children under the age of three, and 90% of children from age three onwards receive childcare. While not all EU countries have reached these targets, the EU average did so in 2016. Twenty years later, with the new European Care Strategy package, the European Commission revisited and proposed to increase the targets set back in 2002. According to the final version of the document, approved by the EU Council, the Member States aspire to provide childcare to 45% of children under age three, and 96% of children from age three and above.

Cooperatives have been contributing to reaching the goals set in the Barcelona Targets, both as early childhood education and care providers and by working to empower women carers. One of the interesting examples from CECOP network is Filonido nursery in Italy, which emerged from a multistakeholder partnership uniting the municipality of Bologna, the Emilia Romagna region, three local companies and a cooperative consortium.

Action on long-term care with national action plans

The European Union has been indirectly supporting Member States in life-long care policy through different targeted policies such as the work-life balance directive. In 2021, the right to access quality long-term care was enshrined in principle 18 of the European Pillar of Social Rights, which states that:

“Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.”

The COVID-19 pandemic showed the limits of the current European model of long-term care, with horror stories of poor-quality care being provided to care recipients from for-profit retirement homes across Europe. The EU Council recently adopted the recommendation aiming to address these shortcomings by improving availability, accessibility, affordability, adequacy, and quality of long-term care. Member States should ensure a decent standard of living for people with long-term care needs, increase the offer and accessibility of long-term care services, ensure high-quality standards for care providers, support informal carers, and mobilize adequate funding for long-term care. The recommendation also includes a separate set of long-term care quality principles.

The recommendation adopted by the Council acknowledges the important contribution of cooperatives as “important partners for public authorities in the provision of long-term care” and calls to involve social economy actors in policymaking, implementation, monitoring and evaluation on long-term care. Indeed, the cooperatives in our network strive for the same excellence as the one pushed forward by the Council recommendation.

Cooperatives are often established to fill in the gaps in service provision in areas where no other actors would go; they are not-for-profit organizations; they involve all relevant parties including care recipients, their families, local NGOs and authorities in designing their services; and they are constituted to deliver the best possible service to their members and care recipients.

Focus on fair working conditions and training for carers

The European Care Strategy also recommends EU Member States to enable a series of measures to improve the working conditions and training for workers in the care sector and improve the attractiveness of the sector. These recommendations include policies to increase the promotion of collective bargaining and social dialogue, with a particular focus on working conditions and salaries, to guarantee the best occupational health and safety standards, launch communication campaigns to tackle gender stereotypes in the care sector, establish continuous education and training practices for care workers, and ratify and implement the ILO Convention 189 on domestic workers.

Working conditions and access to training for workers are integral to the cooperative values and to our cooperatives' objectives. By giving control to workers and offering better access to benefits, they help to foster higher working conditions. It is in cooperatives' nature to reinvest their profits into their organization, and one of the main ways they do so is by training their workers or investing in innovation. The direct effects of the implementation of Cooperative Principle 5 are especially seen in the professionalization of informal carers that, through cooperatives, get to have legal employment status and provide better care to their communities.

Going forward

The European Care Strategy package will without any doubt shape the European Union's Member States' policies regarding long-term care, childcare, quality working conditions and training for their care staff. It aligns with the way cooperatives are currently already providing care services in Europe and recognizes their important role. Cooperatives in our network do lead by example. They care for their carers, they care for their care recipients, and they care for their communities. We are now patiently waiting to see how Member States will in turn support cooperatives providing care services and manage to achieve the objectives set by the European Care Strategy.

This article was written in collaboration with CECOP, CICOPA's European regional organization.

Client is king

Meet Vista coop, the cooperative transforming childcare in Malta!

Vista Coop is a care cooperative whose objectives are early-years education, educational care, educational entertainment, and childcare.

At the time Vista coop was founded, there was no day-long, early-years education available in Malta. This inspired a few members from Outlook coop, at the time also parents, to create a cooperative that could take care of their children while they were at work.

The choice of the cooperative model came naturally to them, as they were all members of Outlook.

In 2002, before properly founding the cooperative, they decided to start a pilot project by renting a government school facility. The idea was to offer a childcare summer school for children between the ages of 2 and 15 years. The project was a great success, and in 2003 Vista coop was born.

At the beginning, Vista coop's offer was limited to summer schools, however in 2007, they decided to increase their services. They rented a house and turned it into a childcare center. This is how "Kidstart", an after-school program for children 1 to 3 years of age, was born.

It is only in 2015 that Malta's government started to offer free childcare, and it is for this exact reason that the industry started to grow exponentially.

It is worth mentioning that until 2015, there were 30 centers across the island dealing with childcare, while now, 7 years after recognition by the Maltese authorities, 160 can be found.

The manager of Vista coop, Hilary Caruana, tells us that the cooperative has managed to not only survive, but endure and grow, despite competition in recent years. This is thanks to three government-funded projects related to early-years care. Moreover, they could continue their work, as the services they provide are of the utmost quality.

Vista coop now has 4 active projects: Childcare, Kindergarten, after school and holiday clubs, and employs 27 workers full time.

Regarding their day-to-day activities, Vista cooperative is always looking for ways to internationalize and grow the coop. They find it beneficial for kids to encounter people from other countries, as they get to know new cultures and backgrounds. It is for this reason that Vista coop is always open to international internship applications and migrant workers, providing them with a working visa.

All the workers have to respect the high standards of the cooperative that chooses to use the Reggio Emilia Approach®, an educational philosophy based on the image of a child with strong potential for development and a subject with rights, who learns through the different languages and communication means belonging to all human beings and grows in relations with others¹.

Following this approach, Vista coop emphasizes that the 150 children they take care of are their main “client”. Of course, they work in collaboration with carers and families, but children are at the center of their service. It is for this reason that carers are provided with continuous training, especially in the field of child abuse recognition, as well as constant dialogue with families is maintained.

With eyes set on the future, the cooperative is now evolving, and it is currently working with a gaming company based in Malta. They have set up a new center based on the company premises and are providing after-school care to the employees’ families. This is a unique concept on the island.

Care continues to be a demanding and growing sector, therefore having cooperatives provide excellent service in this field can only benefit the communities who need these the most in the long run. And for who else than the future of our society, children!



Children play at the Vista facilities

[1] <https://www.reggiochildren.it/en/reggio-emilia-approach/>

I care! Do you?

Cooperatives in the care sector have proven themselves time and again. Yet, in several countries around the globe cooperatives still lack favorable ecosystem to operate, or do not have enough governmental support or financial resources to thrive.

At the end of the day, care is one of the most basic activities that citizens need, and cooperatives are here in plain sight providing a meaningful answer to the public's needs. Care cooperatives are created not for financial gains, but rather for the well-being of their communities. It is a politically, economically, and socially smart approach to make sure that cooperatives have the proper space to not only survive, but thrive and continue developing, as major service providers.

Furthermore, worker cooperatives and social cooperatives have always been major players in providing jobs to people who are oftentimes excluded from the traditional labor market, such as youth, migrant workers, women, and people with disabilities; all without compromising on the quality of care.

Care is a difficult and complex topic. Going forward, policymakers should aspire to the highest possible care standards and make sure that care recipients can benefit from services that are right for them, whenever they are needed. It is in everyone's interest – communities, workers, and public authorities – to go beyond a “subcontracting approach” and to involve cooperatives in the co-design of the care programs, since they are the expression of the community needs. Carers must be able to enjoy their full working rights, including fair compensation, employment contracts, freedom from discrimination, and training and support. To reach these goals, better support for the cooperative model in the care sector is really important.

Everyone has the right to a dignified life, and cooperatives are glad to take the lead!

Until the next time,

The  team.

Recommended further readings:

[Providing care through cooperatives](#), ILO, 2016

[Cooperatives Care! Advantages of the cooperative model for meeting multiple care-related needs and challenges in the EU](#), CECOP, 2022

[Long-term care workforce: Employment and working conditions](#), Eurofound, 2020

[Care work and care jobs for the future of decent work](#), ILO, 2018

[Better Health & Social Care. How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?](#) Jean-Pierre Girard, 2014

[Cooperatives provide quality care services](#), ILO, 2020



CICOPA is the international organization of industrial and service cooperatives and represents 65.000 worker, social and producers' cooperatives providing 4 million jobs across the world. CICOPA currently has 52 members in 36 countries and 3 regional organizations: [CECOP](#), [CICOPA Americas](#), and CICOPA Asia-Pacific.

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