CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	Care co-operatives in Ireland and the UK: a model for home care that respects and empowers care recipients, family carers, and care workers
Authors	Power, Carol;Crowley, Caroline
Publication date	2025
Original Citation	Power, C. and Crowley, C. (2025) 'Care co-operatives in Ireland and the UK: A model for home care that respects and empowers care recipients, family carers, and care workers', Journal of Co-operative Studies, 58(2), pp. 38-42. https://doi.org/10.61869/FVGL1538
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.61869/FVGL1538
Rights	© 2025, the Authors. This article is distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 License, which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Creative Commons website and the Journal of Co#operative Studies re-use guidelines. - https://creativecommons.org/licenses/by-nc/4.0/
Download date	2026-11-07 01:13:56
Item downloaded from	https://hdl.handle.net/10468/18077

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Journal of Co-operative Studies

Vol 58 No 2, pp. 38-42

https://doi.org/10.61869/FVGL1538

© The author(s) 2025

Care Co-operatives in Ireland and the UK: A Model for Home Care that Respects and Empowers Care Recipients, Family Carers, and Care Workers

Carol Power and Caroline Crowley

This article reports on the proceedings of a webinar on home care co-operatives, organised by the Centre for Co-operative Studies, University College Cork, in association with the UK Society for Co-operative Studies and the Society for Co-operative Studies in Ireland. It gives an account of two co-operatives whose foundational purpose is to organise and deliver home care in a way that prioritises, respects, and empowers those who give and receive care. This is followed by a report on key themes that emerged in the panel discussion.

Introduction

In recent years, Ireland and the UK have experienced significant challenges in social care in terms of both access and quality. The pursuit of cost efficiencies has resulted in rationalisation of the public sector care workforce and marketisation of care, which have stimulated the rise of investor-owned care companies focused on maximising return on investment. This leads to poor working conditions and, ultimately, a shortage of care workers. Despite the advantages offered by the co-operative model and opportunities for growth in the care sector (Birchall, 2000/2022), its potential remains largely unrealised (Bird et al., 2022).

Allied with a key objective of the UN International Year of Co-operatives (IYC 2025) to raise public awareness by highlighting the contributions of co-operatives to sustainable development, in May 2025 the Centre for Co-operative Studies, University College Cork, hosted a webinar on emerging co-operative models of home care in Ireland and the UK to explore their potential to provide good quality home care linked to good quality care work. Hosted in association with the UK Society for Co-operative Studies (UKSCS) and the Society for Co-operative Studies in Ireland (SCSI), this was the second collaborative event between the two societies during IYC 2025, following on from a successful joint conference in Belfast in February 2025.

This article is distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 License, which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Creative Commons website and the Journal of Co-operative Studies re-use guidelines.

The webinar, chaired by Carol Power and Caroline Crowley, commenced with presentations from Emma Back, co-founder and development lead of Equal Care Co-op (hereafter, Equal Care), a multi-stakeholder co-operative founded in Calderdale, Yorkshire, and Aoife Smith, co-founder and CEO of The Great Care Co-op (hereafter, TGCC), a Company Limited by Guarantee that operates according to a worker co-operative model. Both had been identified by the CO-AGE study, which explored the potential to develop care co-operatives in Ireland, as examples of co-operatives that link job quality with quality of care, empowering older people and their families to shape the design and delivery of care services in partnership with the workers who deliver them (Power & Crowley, 2024). Also representing TGCC were Danielle Neilson and Honora Doyle, both of whom joined the co-operative as frontline care workers and are now also members of the Board of Directors, providing team support and co-ordination. Insights from the coalface were followed by a panel discussion with Colin Talbot, Professor of Government — Emeritus at the University of Manchester and a trustee of UKSCS; Gerard Doyle, Lecturer at Technological University Dublin, and committee member of the SCSI, who recently published an in-depth case study of TGCC (Doyle, 2025); and Julien Mercille, Professor at the School of Geography, University College Dublin, with particular interests in the marketisation of social and health care from a political economy perspective.

Foundational Purpose

Both Equal Care and TGCC are examples of co-operatives that set out not just to address lack of service access or price issues, but to change the paradigm in response to a system that is not socially and/or environmentally sustainable (Novkovic et al., 2022). Equal Care was founded in response to the conveyor-belt experience of people receiving support and their family carers often not knowing who would arrive in their home to “process” them on a given day. While person-centred care is the mantra of the current care system, Emma Back emphasises that Equal Care is “relationship centred”, highlighting that a care work environment fostering mutually respectful relationships supports a better experience for both clients and care workers. Equal Care’s core purpose is described by Emma as “rebalancing the power dynamic in social care … putting power where it belongs, which is with the givers and receivers of care”. This is achieved through organisational structures and practices that prioritise the relationships between caregivers and receivers.

TGCC emerged because of the leadership and activism of a group of migrant women who had experienced poor quality jobs in care and domestic work, including discrimination and exploitation based on their migrant status and gender. They had also witnessed the poor quality of care provided in the prevailing care system. Supported by the Migrant Rights Centre Ireland, the group sought to challenge the dominant care paradigm by demonstrating a model of care where workers’ welfare is prioritised and their labour is remunerated fairly, with positive outcomes for care recipients and their family members. TGCC’s co-founders were inspired by the Dutch Buurtzorg model of neighbourhood care, which involves self-managed, locality-based care teams adopting a socially focused and holistic approach to home care, which has consistently been found to yield higher levels of satisfaction among workers and clients. They sought to combine this approach to care arrangement and delivery with an organisational model that would empower workers, which ultimately led to the foundation of the co-operative. Although founded by migrant women, TGCC’s membership now also includes non-migrant workers.

Governance

As a multi-stakeholder co-operative, Equal Care has four member categories: supported members, advocate members (e.g. family/friends), worker members, and investor members. Votes are weighted so that investors’ influence is restricted to 10% of the vote. Equal Care’s governance and management structures are based on sociocracy, which seeks to decentralise

power and reach decisions by consent. Roles across these structures may rotate and are allocated by mutual consent. Emma uses the analogy of roles as hats that individuals put on and take off. Local “circles” support teams to start and flourish in localities. These local circles in turn are supported by “shared circles”, which also support the co-operative membership that populates and then elects people to the board.

As a worker co-operative, TGCC’s board of directors includes seven care workers. Both Danielle Neilson and Honora Doyle highlighted the importance of this representation for having a direct line of communication between the frontline and the board, and for the boost to morale and job satisfaction that comes from, as Danielle described, “the difference in feeling respected and knowing that you’re listened to”.

Relationship-Centred Care Drives Organisational Structures

In contrast to conventional models, where care workers are rostered and allocated to clients based on organisational convenience, in Equal Care, the person receiving support, or their trusted advocate, assembles and co-ordinates their own team. This may include independent workers, Equal Care employees, workers from other agencies, family members, volunteers, peer supporters and/or personal assistants. Team members’ involvement and roles are based on mutual consent, contributing to sustainable relationships between those giving and receiving support. The principle of respect for those at the frontline of care delivery is reflected in Equal Care’s provision of a living wage and other benefits such as flexible working hours. Those providing care may choose self-employment or employment by the co-operative. A distinguishing feature of Equal Care is its development and deployment of a digital platform, owned and led co-operatively by those who give and receive care. Emma describes this digital platform as supporting ethical gig work because, unlike prevailing practices in the platform economy, which often deprive independent workers of employment rights, social protection, and other supports, Equal Care extends these rights and supports to self-employed care providers, including higher hourly rates to cover the risks of self-employment.

TGCC similarly adopts a relationship-centred approach, assessing the client’s personal, social, and emotional needs. They then map their support circles, which may include friends, family, and neighbours, and their formal care supports, such as family doctor, public health nurse, and so on. TGCC workers invest time in communicating and building trusting relationships with clients and their support circles, enabling clients to navigate these support networks, attain better outcomes for themselves, and maintain their independence and connection to the community. Adapting to a work environment that empowers and supports workers to engage collaboratively with clients and their support circles can present challenges initially. Those trained in more rigid, task-focused work environments need to “unlearn” much of what they were taught and be supported through onboarding and induction.

Panel Discussion

Through the panel discussion, key themes were discussed, including the privatisation of care, institutional context, replication, and scaling.

Julien Mercille summarised trends in the “progressive privatisation” of home care. Within Ireland, this trend has accelerated over a relatively short period. Moreover, the rise of institutional investors who see care as a lucrative investment opportunity is driving the corporatisation of care. For Julien, the idea of co-operatives raises interesting questions about the institutional context. For example, advocates for the private sector cite its greater efficiency, less bureaucracy, higher innovation capacity, and flexibility and capacity to adapt new technologies, while critics of privatisation advocate for a strong public sector care service as an alternative.

Colin Talbot highlighted the lack of visibility of the co-operative sector in public policy debates and its consequences for the development of social care co-operatives, citing the example of the Health and Social Care (Wales) Act, 2025. This legislation prohibits the involvement of private, for-profit businesses in the provision of residential care, secure accommodation, and foster care for children in state care. While well-intended, Colin highlights that the Act excludes co-operatives from provision of the services for children in care due to their legal interpretation as private enterprises.

Both Aoife Smith and Emma Back acknowledged the challenges and limitations faced by co-operatives in relation to technological innovation. For Equal Care, whose digital platform is integral to its operations, lack of finance for investment in software development and engineering is problematic, representing a considerable constraint to scaling. Moreover, the ability to raise capital is impeded by legislative and regulatory restrictions. Addressing these issues is a prerequisite for stimulating co-operative start-ups, alongside, Emma highlights, the potential for local authorities to invest capital to support this development.

Also discussed were challenges of scaling existing co-operatives and replicating or adapting the models in other communities if potential in the care sector is to be optimised. Having proved its pilot model, TGCC has replicated it in two other localities with ambitions to scale nationwide. Equal Care also piloted “commons-based community care” in London. While unable to continue, the pilot did result in a service specification around “commons-based community care” and the publication of a playbook (see Equal Care Co-op, 2025).

TGCC and Equal Care have secured contracts to provide care on behalf of the Health Service Executive (HSE) in Ireland and UK local authorities, respectively. This important revenue stream allows them to expand their client base beyond those who are self-funded or have a personal budget allocation. However, while Public Health Nurses and District Nurses at the coalface of the public sector can see the positive impact on clients, it is more difficult to convey this understanding of service quality to procurement decision makers who may be swayed by the apparent advantages of large companies who can deliver a higher quantum of service. Furthermore, co-operatives successful in tendering for public service contracts have to negotiate the systemic dissonance between their care ethic and approach, and the commissioning organisation’s systems of orchestrating care.

Gerard Doyle advocated for existing co-operatives to form federations or secondary co-operatives to enable them to survive and strengthen their position in the face of competition from profit-driven companies operating within a completely different value system. Gerard also highlighted the need for a strong trade union movement that recognises and promotes the relationship between worker co-operatives and economic democracy, and for solidarity and support from strong elements of the co-operative sector, such as credit unions in the Irish context. This latter point reflected our observation of the type of ecosystem required to foster care co-operatives in Ireland (Power & Crowley, 2024).

Conclusion

Overall, the webinar demonstrates the value of public fora shared by social innovators in care provision and researchers exploring care systems in Ireland and the UK. Open dialogue on the co-operative model, its role in social care, and the challenges faced in the context of low public awareness and the dominant paradigm of care corporatisation, is vital. Raising awareness and appreciation for the co-operative model is a precursor to improving the ecosystem for social innovation in care.

The Authors

Carol Power is a lecturer at Cork University Business School and a senior researcher with the Centre for Co-operative Studies, University College Cork. Her research interests focus on the social economy, including co-operative models, with particular focus on the care sector. Caroline Crowley is a part-time researcher with the Centre for Co-operative Studies, University College Cork. She also works as an independent researcher, collaborating with organisations in social services, community development, and nature conservation.

Acknowledgements

The authors wish to thank the guest speakers (mentioned above) for their contributions to the webinar. We also acknowledge the support of the UKSCS and SCSI in joining with UCC Centre for Co-operative Studies to co-host the event and offer special thanks to Dr Elisavet Mantzari, Dr Patrick Doyle, and Dr Bridget Carroll.

A recording of the webinar is available to view at https://www.ucc.ie/en/ccs/ourstories/care-co-operatives-in-ireland-and-the-uk-a-webinar.html.

References

Birchall, J. (2022). Co-operatives in the twenty-first century. *Journal of Co-operative Studies, 55*(1),94-100. https://doi.org/10.61869/TLER2262 (Original work published 2000)

Bird, A., Birchall, A., Mangan, A., McKeown, M., Ross, C., & Taylor, S. (2022). The problem of social care: A co-operative solution. *Journal of Co-operative Studies, 55*(2), 35-42. https://doi.org/10.61869/CNBK4650

Doyle, G. J. (2025). Co-operative care: The case for worker co-operative elder care in Ireland. *Journal of Entrepreneurial and Organizational Diversity, 14*(1), 49-75. https://doi.org/10.5947/jeod.2025.003

Equal Care Co-op. (2025, July). *Welcome to the playbook*. https://play.equal.care/

Novkovic, S., Puusa, A., & Miner, K. (2022). Co-operative identity and the dual nature: From paradox to complementarities. *Journal of Co-operative Organization and Management, 10*(1), Article 100162. https://doi.org/10.1016/j.jcom.2021.100162

Power, C., & Crowley, C. (2024). *Supporting older people to age well at home: Assessing the potential of care co-operatives in Ireland*. Centre for Co-operative Studies, University College Cork. https://hdl.handle.net/10468/15732