

Co-op Care

Co-operatives and elder care in Ireland

Society for Co-operative Studies in Ireland

April 14 2015

Welcome



Co-op Care
Co-operatives and elder care in Ireland

Elder care in Ireland – Needs and Responses

Anthony Staines DCU

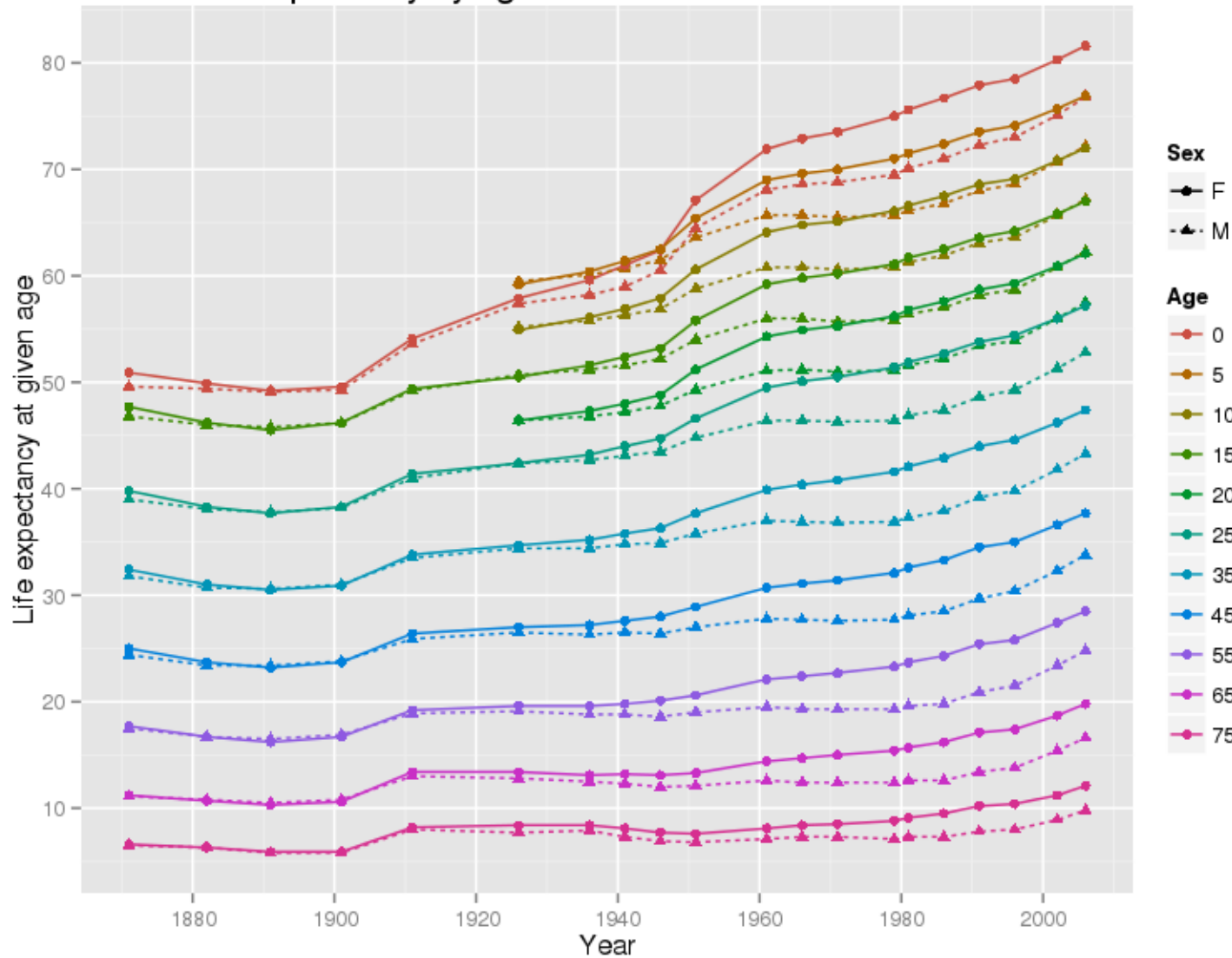
Dublin, 14th April 2015

Outline

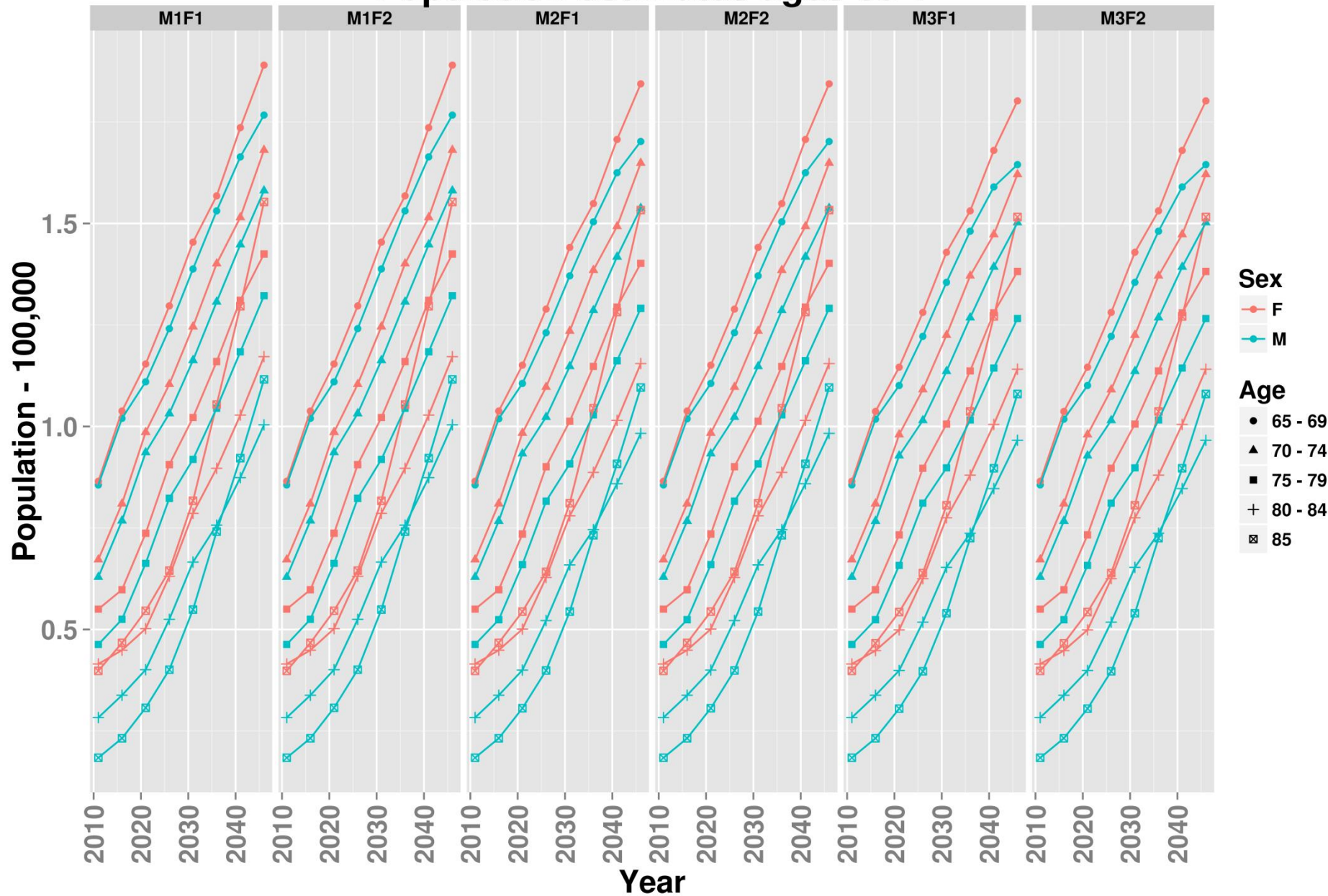
- Demographics
- Implications
- Response

Demographics

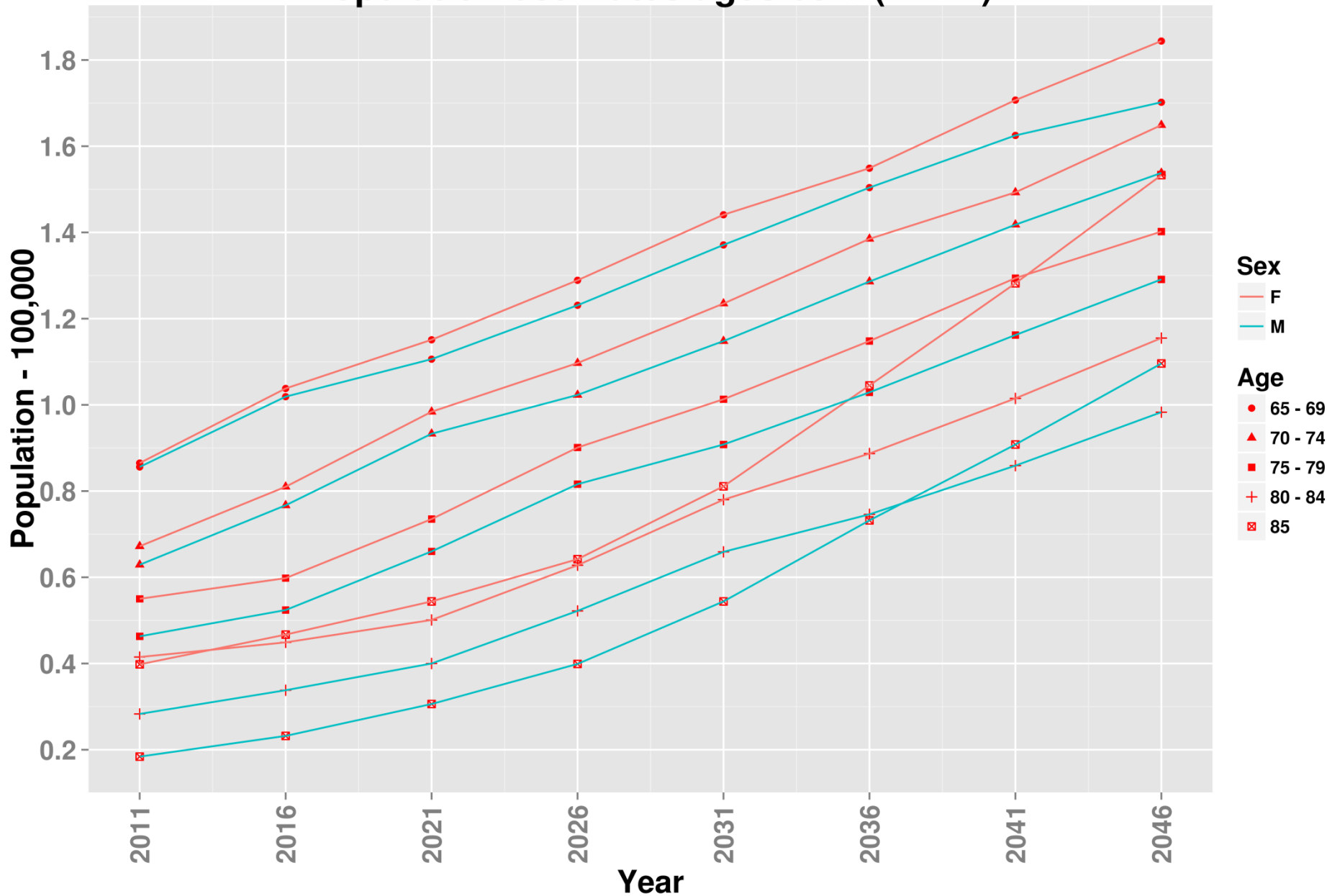
Life expectancy by age and sex over time - CSO VSA30



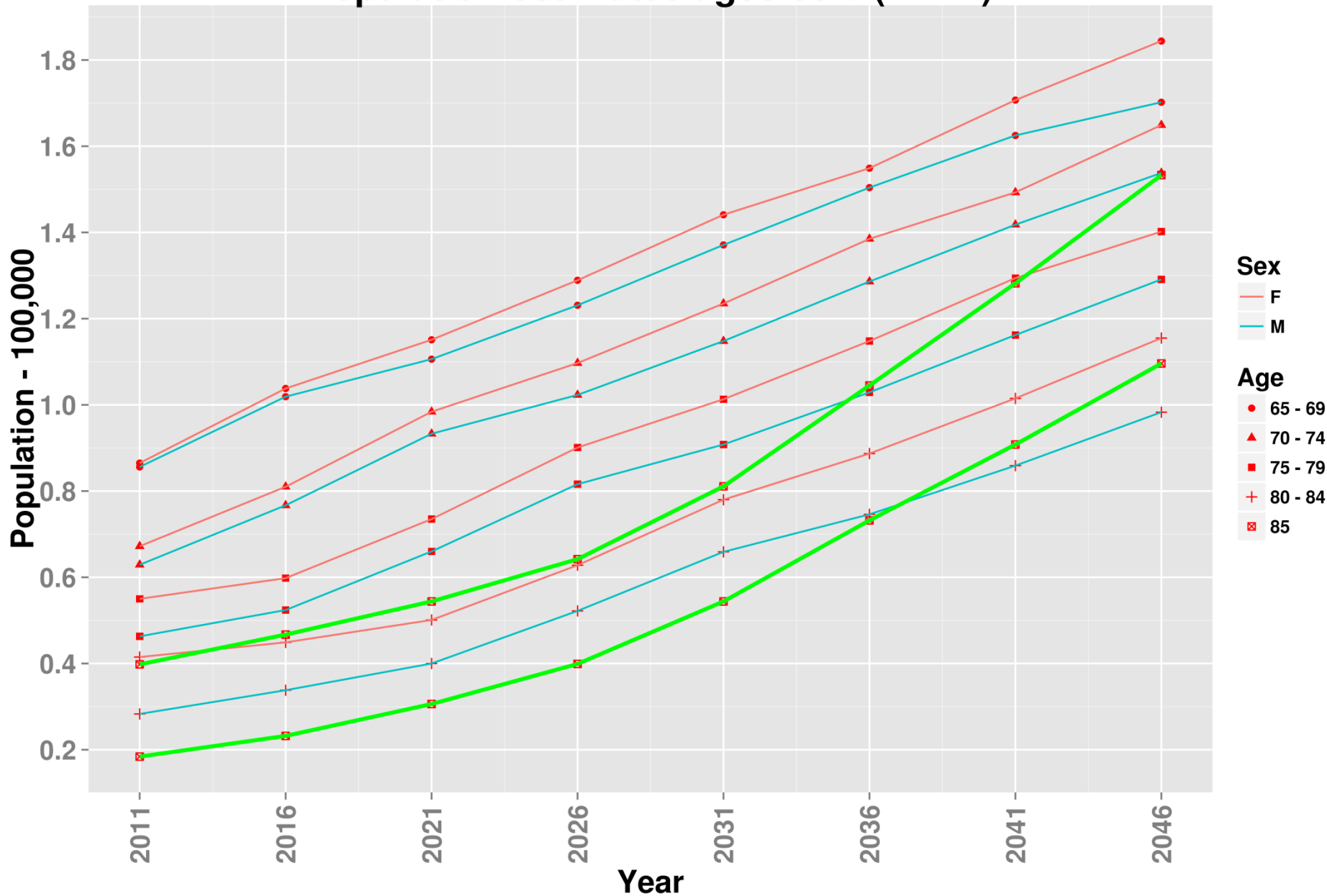
Population estimates ages 65 +



Population estimates ages 65 + (M2F2)



Population estimates ages 65 + (M2F2)

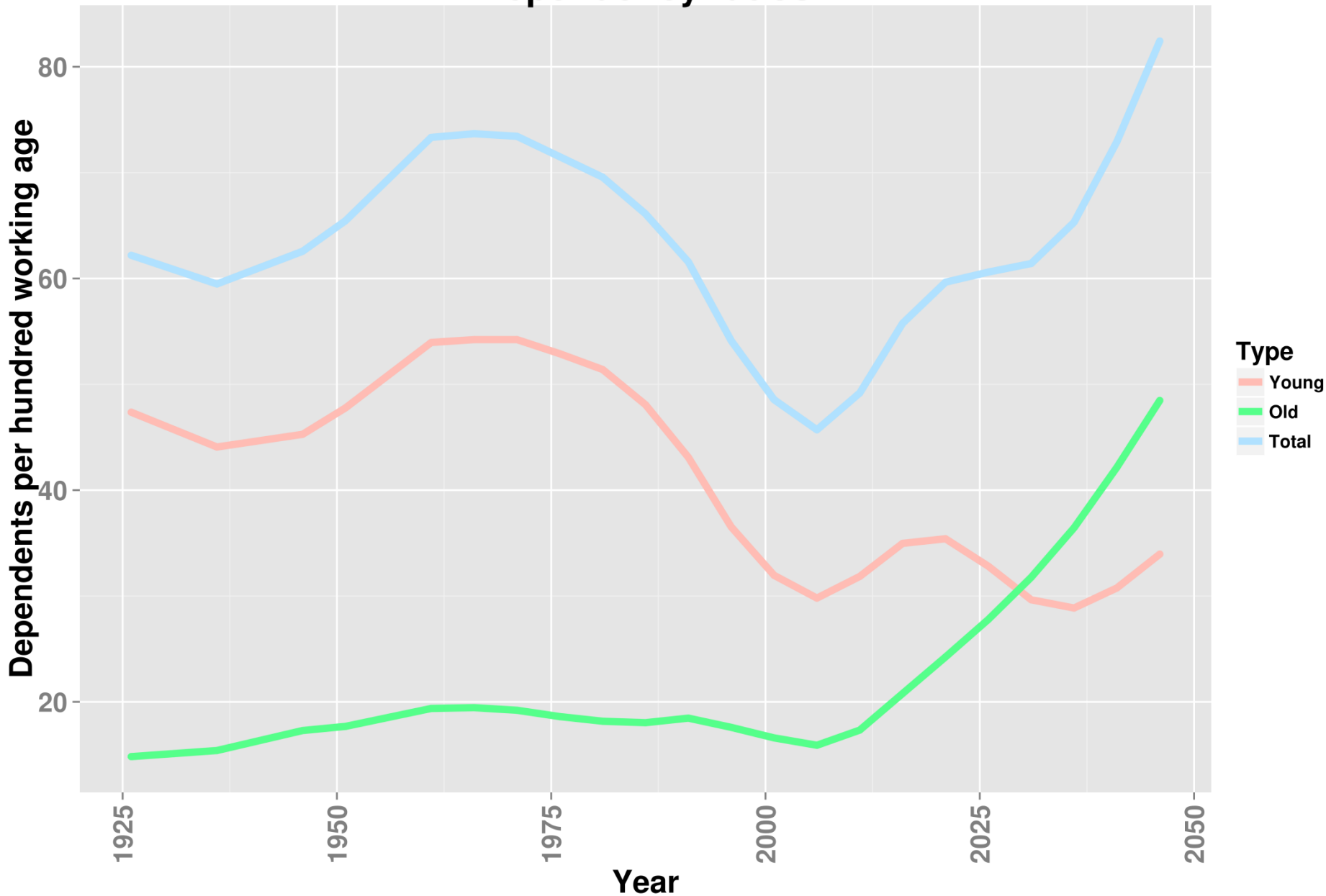


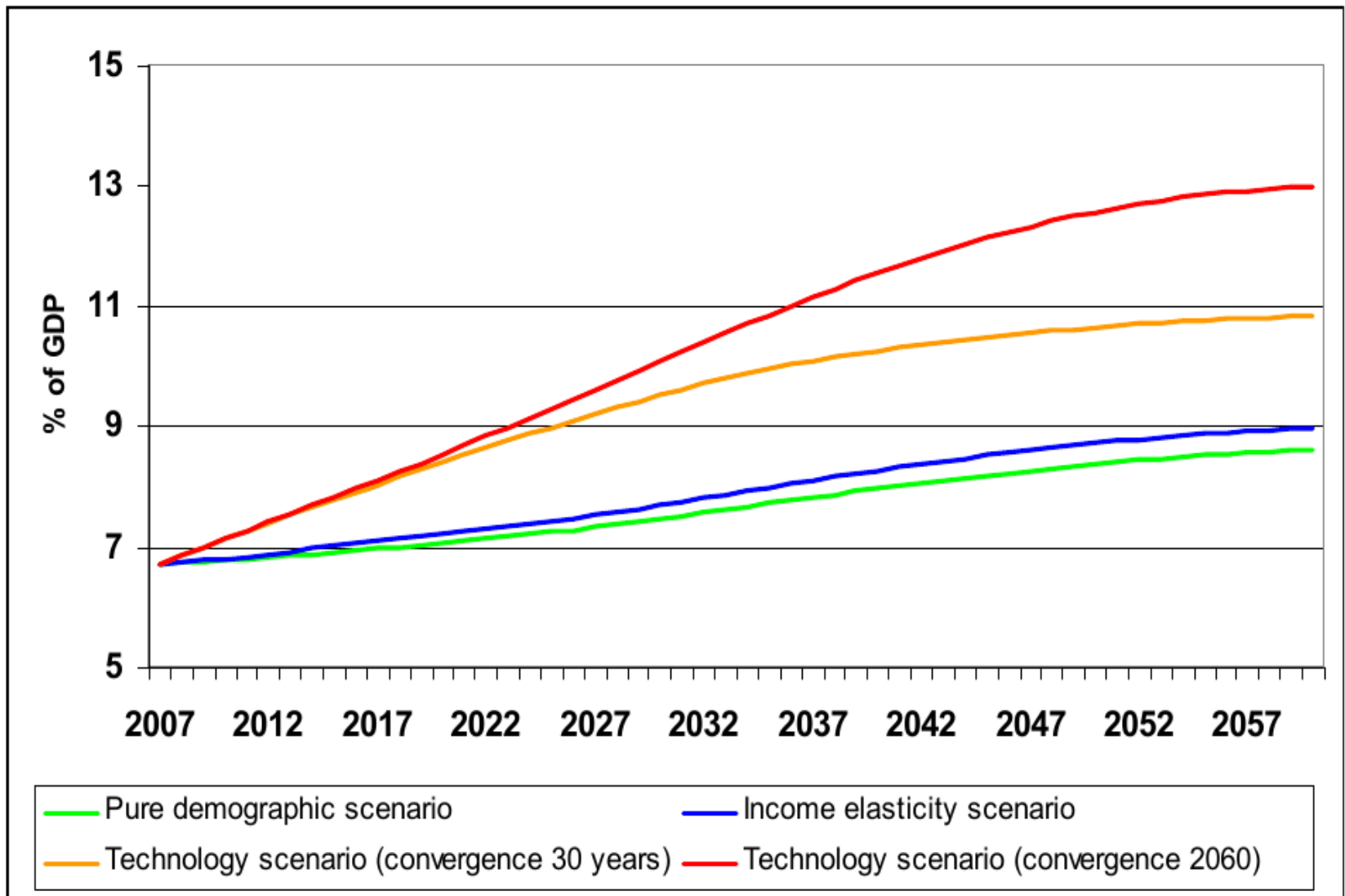
Implications

Implications

- Increasing dependency ratios
 - No. aged 65 and over / No. aged 15 to 64
- But Ireland does really well on this measure

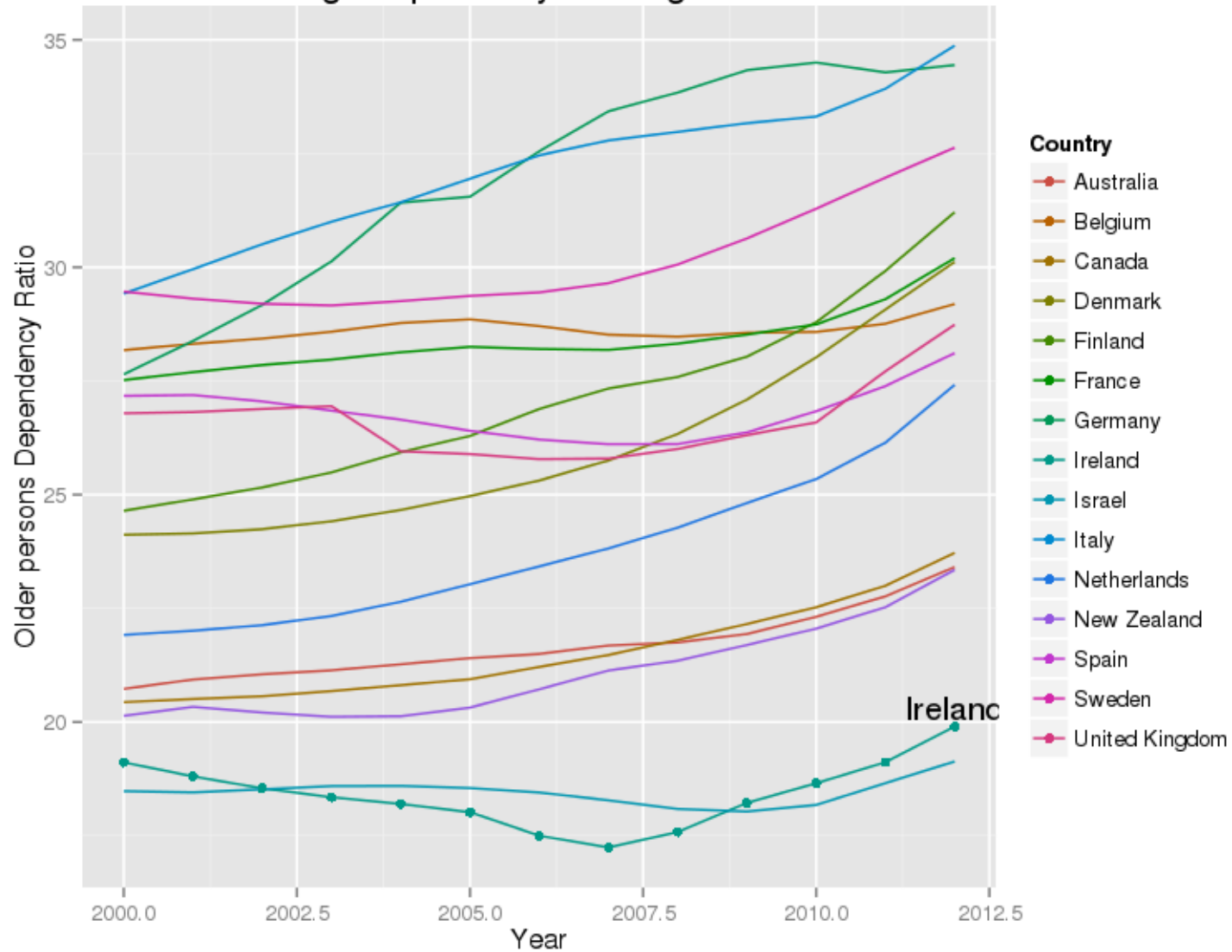
Dependency ratios



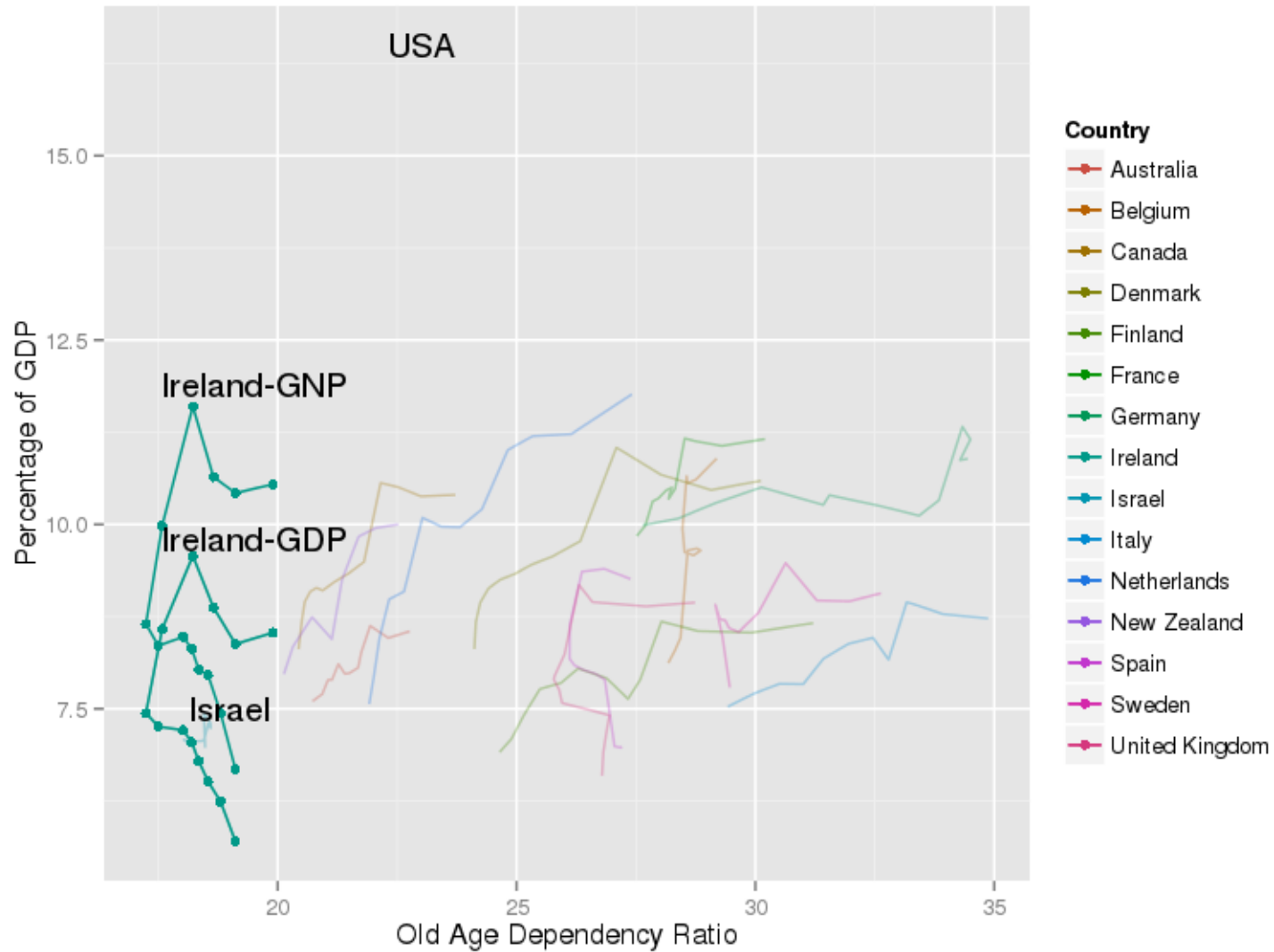


Source: based on European Commission and Economic Policy Committee (2009)

Old Age Dependency Ratio against Time



Health care expenditure as a percentage of GDP against OADR
2000 to 2012



Implications

- Morbidity increase with age
 - Obviously
- But it increases at different rates in different countries
- The rate of increase is lower for people born more recently (not just younger people – cohort effect)

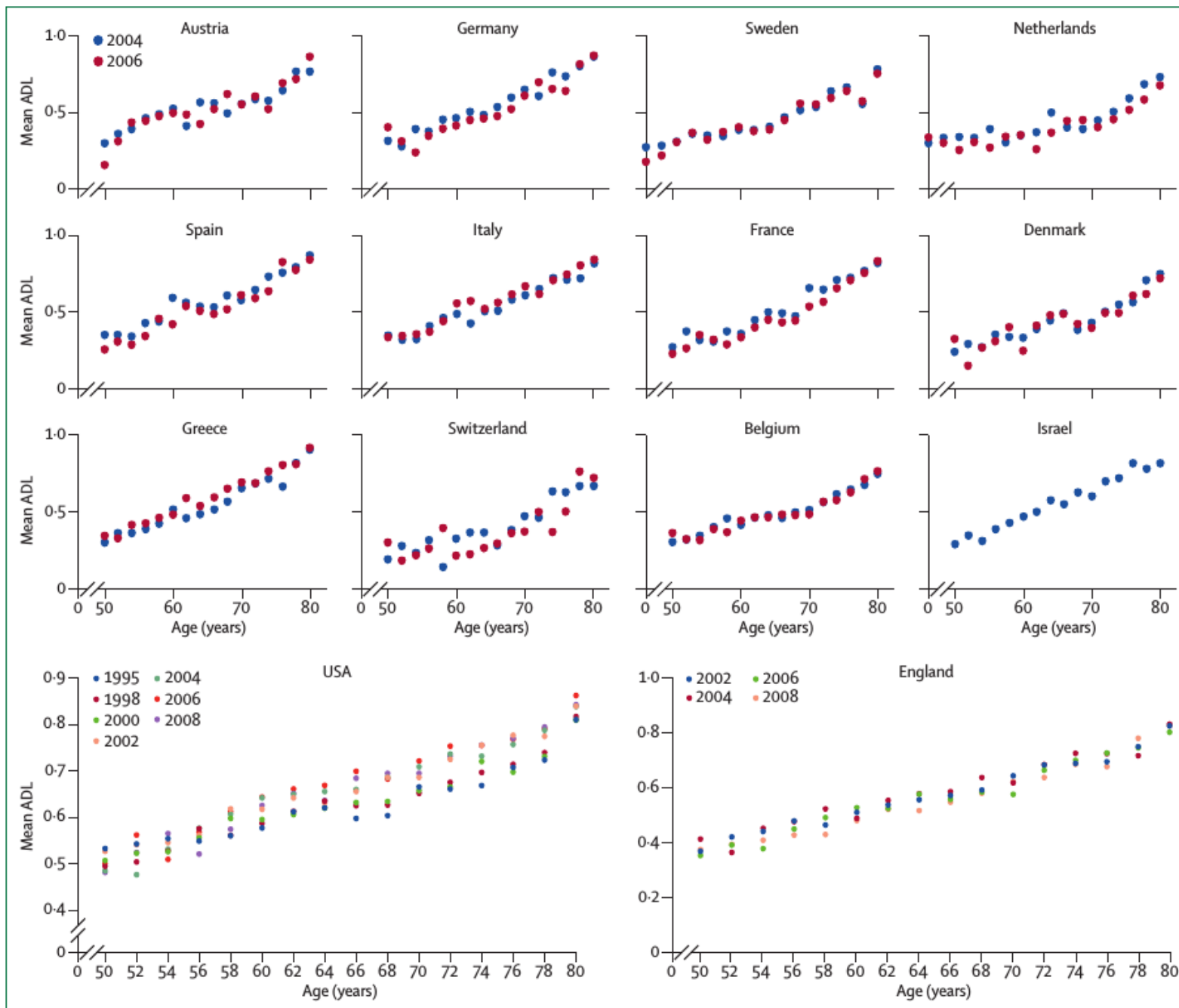


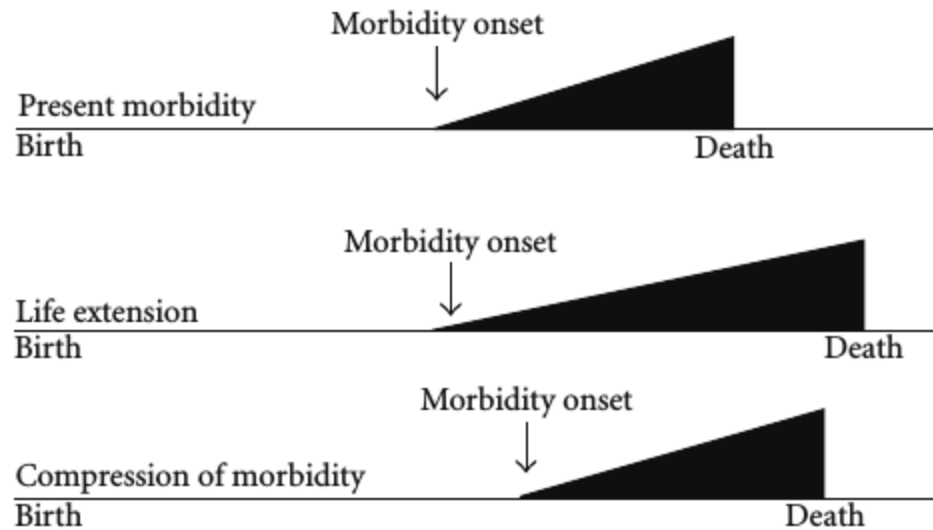
Figure 1: ADL limitations by country, age, and time

Data taken from SHARE.⁵⁵ SHARE=The Survey of Health, Ageing and Retirement in Europe. ADL=activities of daily living.

Compression of morbidity

- Goes back to work by Fries in the early 1980's
- Was controversial, but now widely accepted
- You live longer, and you get sick around the same distance from death

Compression of morbidity



Fries et al. Compression of Morbidity. J. Aging Res. 2011

Compression of morbidity

- Very little rise in life expectancy for centenarians in rich countries since the 1920's
- The gain is earlier

Response

Response

- Panic
 - Often with an ulterior motive
- Realistic
 - Business as usual is not an option

Choices

- Prevent morbidity
- Defer disability
- Support independence
- Restructure, fund and incentivize health and social care systems to do this

Causes of longer lives

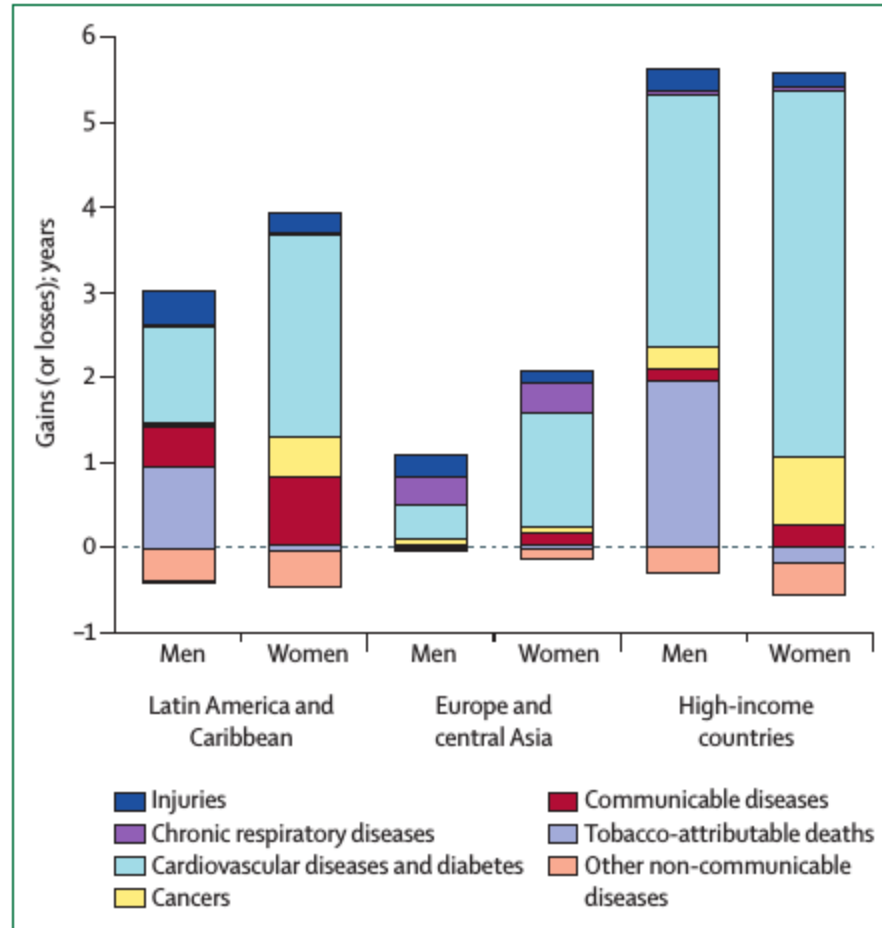


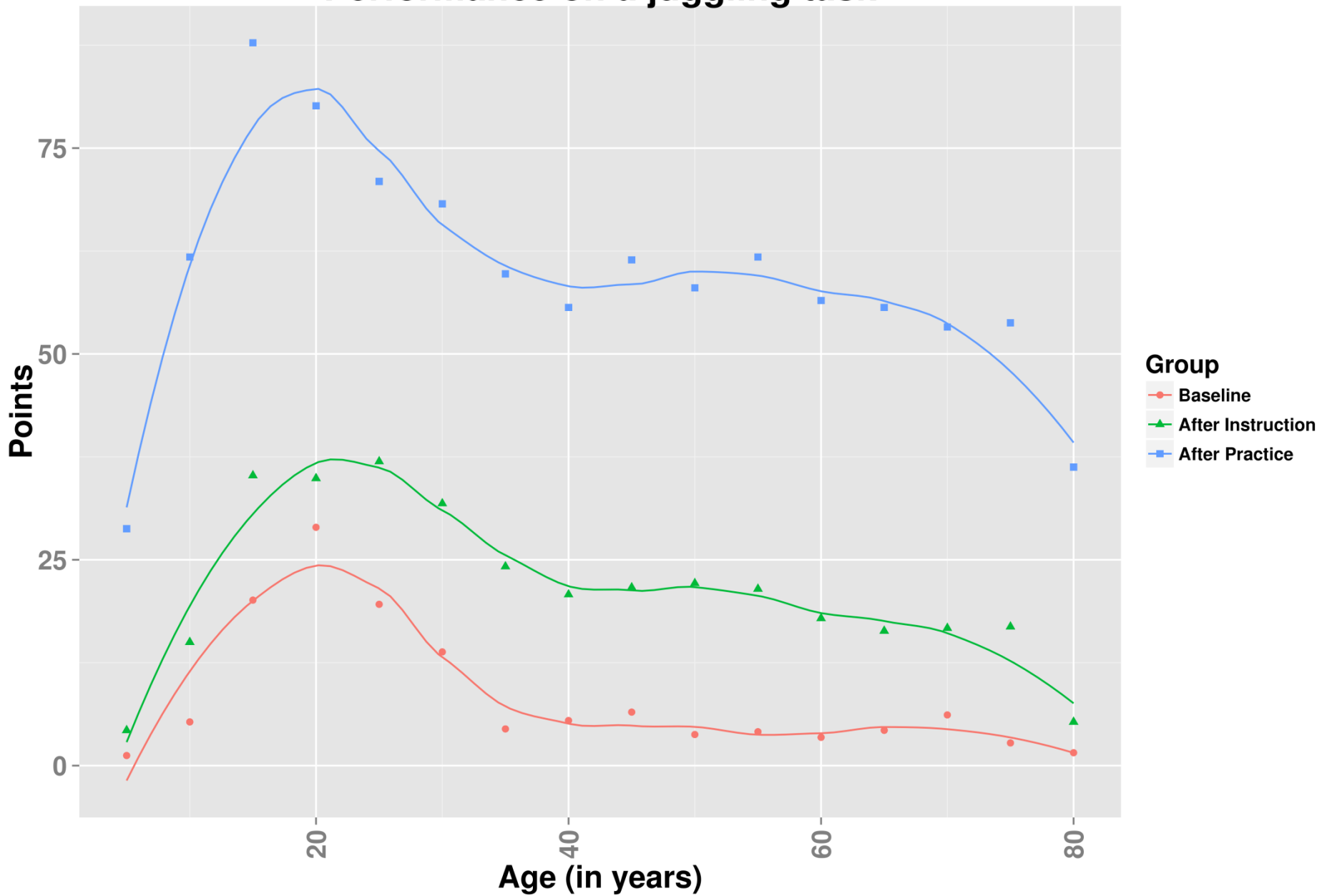
Figure 2: Cause contributions* to gains in life expectancy at age 60 years from 1980 to 2011

Mathers et al,
Lancet Feb 17th
2015

Actions and timing

- There is good evidence of effective interventions to reduce long term ill health starting before conception, and running up to the age of 80 or more
- There are interventions for all ages, men and women, including lifestyle changes, environmental changes, health care, social support, community development and more

Performance on a juggling task



Care models

- Client centred
 - Identify and meet their needs, not those of the delivery organizations
- Community based
 - Aim is to live as independently as possible, in the location of the client's choice, as far as possible
 - Don't drive people into long-term care settings

Economics

- Good evidence that, with some forethought, rich countries can afford good elder care
- This does not mean putting everyone over 85 in long-term care!
- People need real, accessible options
- Different countries face different challenges

References

- Lancet series on Ageing Feb 17th 2015
- Fries at al. Compression of Morbidity 1980–2011 J Ageing and Health Research

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Co-op Care

Co-operatives and elder care in Ireland

Elder care cooperatives in Italy

Omar Piazza, Federsolidarietà

Dublin, 14th April 2015

Co-op Care

Co-operatives and elder care in Ireland

Social co-operatives in Italy

Istat 2011

11,294 social cooperatives and consortiums
(+98,5% in 10 years 2001 - 2011)

365,006 workers (+ 114,9%)

42,000 volunteers-members

Social co-operatives and elderly people

- 1325 social cooperatives sociali provide residential care to the elderly in Italy
- 1.183 provide care to the elderly in their homes

Social co-operatives and elderly people

- Today, over 1,100,000 elderly and non-self-sufficient people in Italy receive care services from social cooperatives
- Around a third of social cooperatives in Italy deal with elderly people through:
 - ▶ Rehabilitative services
 - ▶ Resident care
 - ▶ Medicalized resident care

Non self-sufficiency in Italy

- In 2011 12.3 million > 65anni (out of whom 6 milioni e 147 mila > 75 anni)
- Non self-sufficient people are around 4 million (not only elderly people)
- Between 2005 and 2011 the availability of residence care has increased. The coverage rate of over 65 population has risen from 2.9% in 2005 to 4.1% in 2010, with an average of 20 hours of care per user per year.
- In the northern regions, the elderly who live in residential centres are around 3% - 4% of the total. In the south they are much less: in Calabria and Campania regions they are around 1%.

Forecast 2020

SCENARIO A



Scenario A is the most “**optimistic**”:

net migration levels remain constant over the level of the last five years, namely one of the periods with bigger population increase in recent history.

In addition to net migration there is also increasing fertility and life expectancy.

Increases in life expectancy is a constant in recent decades. This scenario keeps the same trend over the next 10 years.

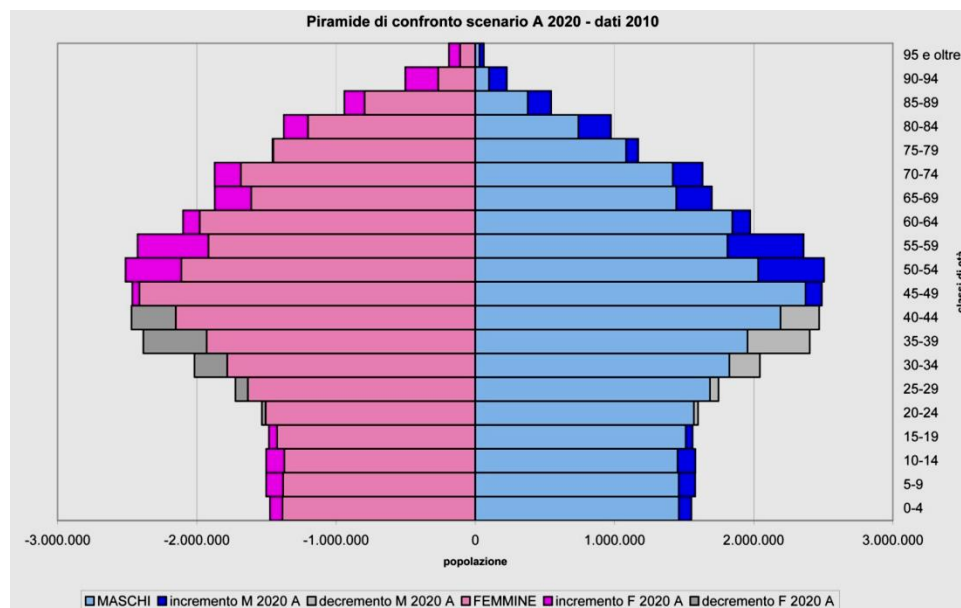


The **total population** in the peninsula in 2020 according to **scenario A** will be **63,826,281** inhabitants, namely an increase of **+ 5.2%** as compared to 2010.

Owing to the foreseen increase in fertility, **children up to 5 years** will be **3,637,177**, namely an increase of **+ 6.5%**, whereas **the youth up to 24 years old** will be **15,309,752**, namely **+ 5% more**.

The **active population** between 15 and 64 years old will amount to **40,112,479** persons, 300,000 more than in 2010, namely **+ 0,7%**.

The age group from **65 years old upwards** will be made up of **14,525,863** persons, with an increase of over 2.2 million as compared to 2010, namely **+ 18%**, whereas **elderly people above 75 years old** will be **7,446,312**, with a growth of 1.3 million people in this age group, namely **+ 21%**.



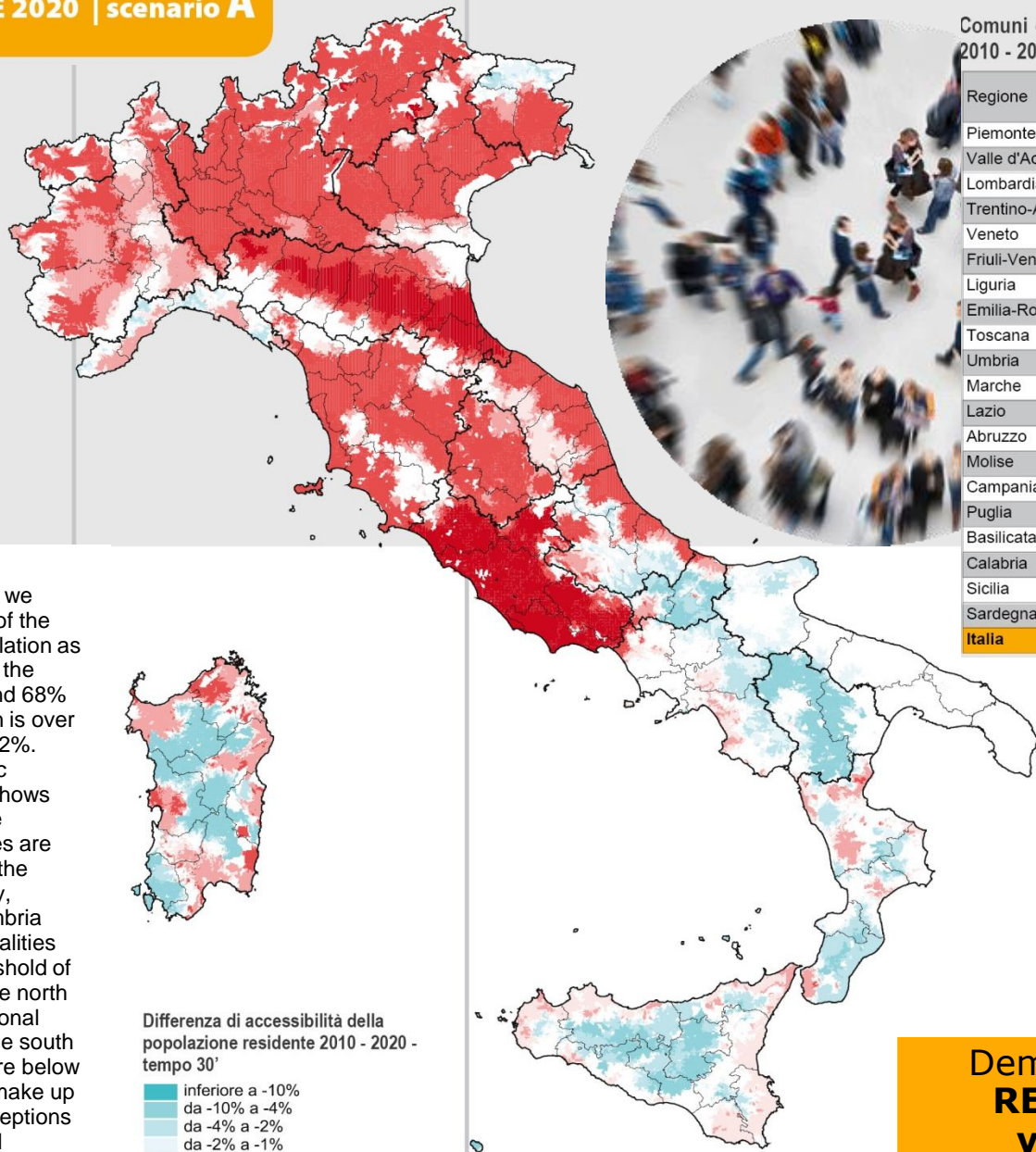
What will we see?

The maps show the variation in population in the following age groups:

- Resident population
- Working age 15 - 65 years old
- Over 65 years old
- Over 75 years old

The various **RED** tonalities show an upward variation

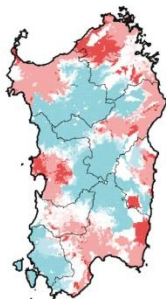
The various **BLUE** tonalities show a downward variation



Comuni con variazioni di accessibilità superiore al 2% nel periodo 2010 - 2020

Regione	Comuni		Popolazione		Superficie	
	n.	%	residenti	%	kmq	%
Piemonte	1.001	83,0	4.264.906	95,7	20.612	81,2
Valle d'Aosta	73	98,6	127.987	99,8	3.121	95,6
Lombardia	1.546	100,0	9.917.713	100,0	23.859	100,0
Trentino-Alto A.	339	100,0	1.037.114	100,0	13.607	100,0
Veneto	521	89,7	4.765.201	96,5	15.750	85,8
Friuli-Venezia G.	177	80,8	923.439	74,7	5.446	69,4
Liguria	114	48,5	518.893	32,1	1.842	34,0
Emilia-Romagna	289	84,8	4.247.633	96,2	17.851	80,7
Toscana	237	82,6	3.608.587	96,2	19.393	84,3
Umbria	92	100,0	906.486	100,0	8.456	100,0
Marche	203	82,5	1.497.549	94,6	7.568	78,1
Lazio	356	94,2	5.703.037	99,6	16.446	95,5
Abruzzo	165	54,1	1.146.892	85,4	6.024	55,8
Molise	25	18,4	118.850	37,2	949	21,4
Campania	43	7,8	298.798	5,1	1.259	9,3
Puglia	0	0,0	0	0,0	0	0,0
Basilicata	0	0,0	0	0,0	0	0,0
Calabria	90	22,0	611.565	30,4	3.282	21,8
Sicilia	63	16,2	887.544	17,6	3.002	11,7
Sardegna	132	35,0	1.119.036	66,8	9.636	41,4
Italia	5.466	67,5	41.701.230	68,8	178.104	59,3

The first change we examine is that of the accessible population as a whole: 67% of the municipalities and 68% of the population is over the threshold of 2%. The cartographic representation shows how much of the negative changes are concentrated in the south. Lombardy, Trentino and Umbria have all municipalities beyond the threshold of 2%; Liguria in the north is under the national values, and in the south all the regions are below the values that make up the limit, the exceptions are Abruzzo and Sardinia.



Differenza di accessibilità della popolazione residente 2010 - 2020 - tempo 30'

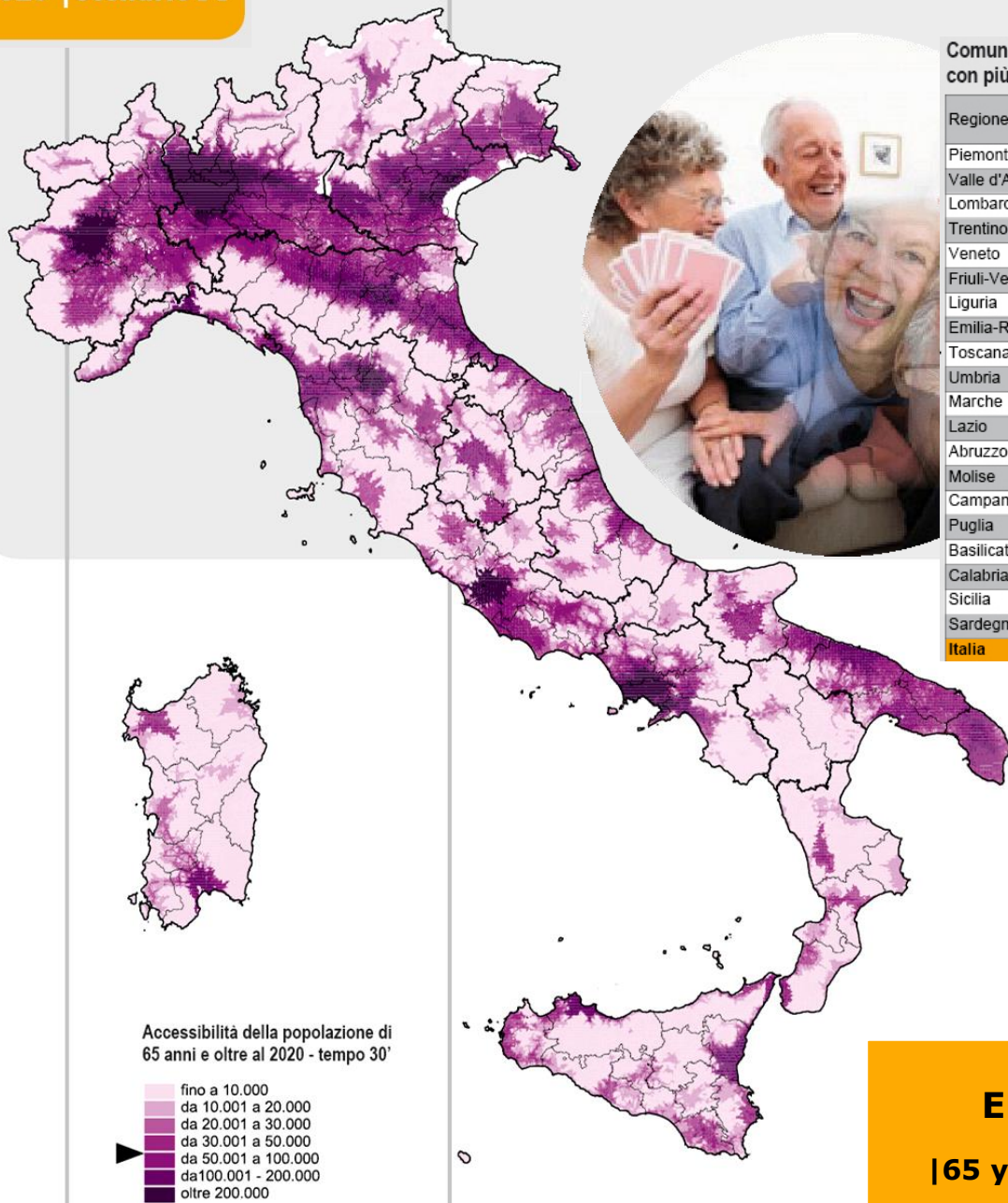


The population will not grow...

Demographic dynamics of the **RESIDENT POPULATION variation 2010 - 2020**



ELDERLY POPULATION
65 years old and beyond |



Accessibilità della popolazione di 65 anni e oltre al 2020 - tempo 30'

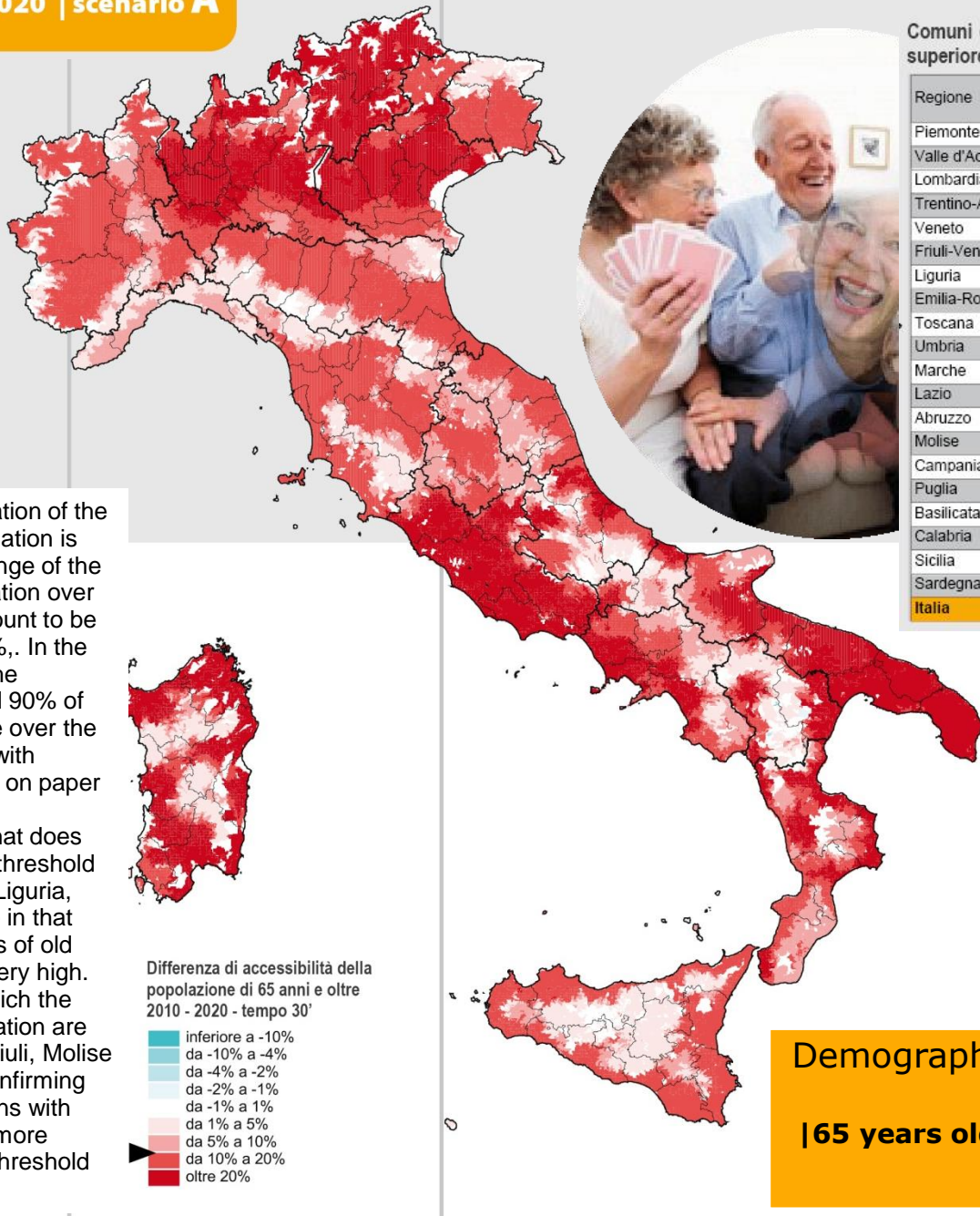


Comuni con accessibilità della popolazione anziana (65 anni e oltre) con più di 50.000 abitanti

Regione	Comuni		Popolazione		Superficie	
	n.	%	residenti	%	kmq	%
Piemonte	530	43,9	3.595.795	80,7	10.003	39,4
Valle d'Aosta	0	0,0	0	0,0	0	0,0
Lombardia	1.099	71,1	9.138.355	92,1	13.706	57,4
Trentino-Alto A.	24	7,1	256.931	24,8	478	3,5
Veneto	416	71,6	4.306.203	87,2	10.665	58,1
Friuli-Venezia G.	135	61,6	1.080.944	87,5	3.550	45,3
Liguria	61	26,0	1.226.220	75,8	1.492	27,5
Emilia-Romagna	197	57,8	3.812.168	86,4	11.339	51,3
Toscana	98	34,1	2.640.300	70,4	5.766	25,1
Umbria	12	13,0	298.214	32,9	1.188	14,0
Marche	54	22,0	936.242	59,1	1.904	19,6
Lazio	45	11,9	4.039.479	70,5	3.710	21,5
Abruzzo	38	12,5	555.304	41,4	1.097	10,2
Molise	0	0,0	0	0,0	0	0,0
Campania	223	40,5	4.757.271	81,5	3.600	26,5
Puglia	160	62,0	3.218.074	78,7	9.996	51,6
Basilicata	0	0,0	0	0,0	0	0,0
Calabria	11	2,7	334.914	16,7	488	3,2
Sicilia	76	19,5	2.291.258	45,4	3.457	13,4
Sardegna	30	8,0	482.804	28,8	1.800	7,7
Italia	3.209	39,6	42.970.476	70,9	84.241	28,0

Accessibility of
ELDERLY POPULATION
|65 years old and beyond| in2020

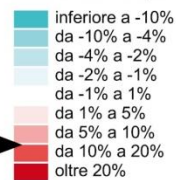
ELDERLY POPULATION
65 years old and beyond



A further confirmation of the aging of the population is based on the change of the accessible population over 65 years: the amount to be considered is 10%. In the country, 78% of the municipalities and 90% of the population are over the threshold. Areas with negative changes on paper do not exist.

The only region that does not have beyond-threshold municipalities is Liguria, probably because in that region the indexes of old age are already very high. Other areas in which the units of the population are below 80% are Friuli, Molise and Basilicata, confirming the fact that regions with aging processes more reduced beyond-threshold populations

Differenza di accessibilità della popolazione di 65 anni e oltre 2010 - 2020 - tempo 30'



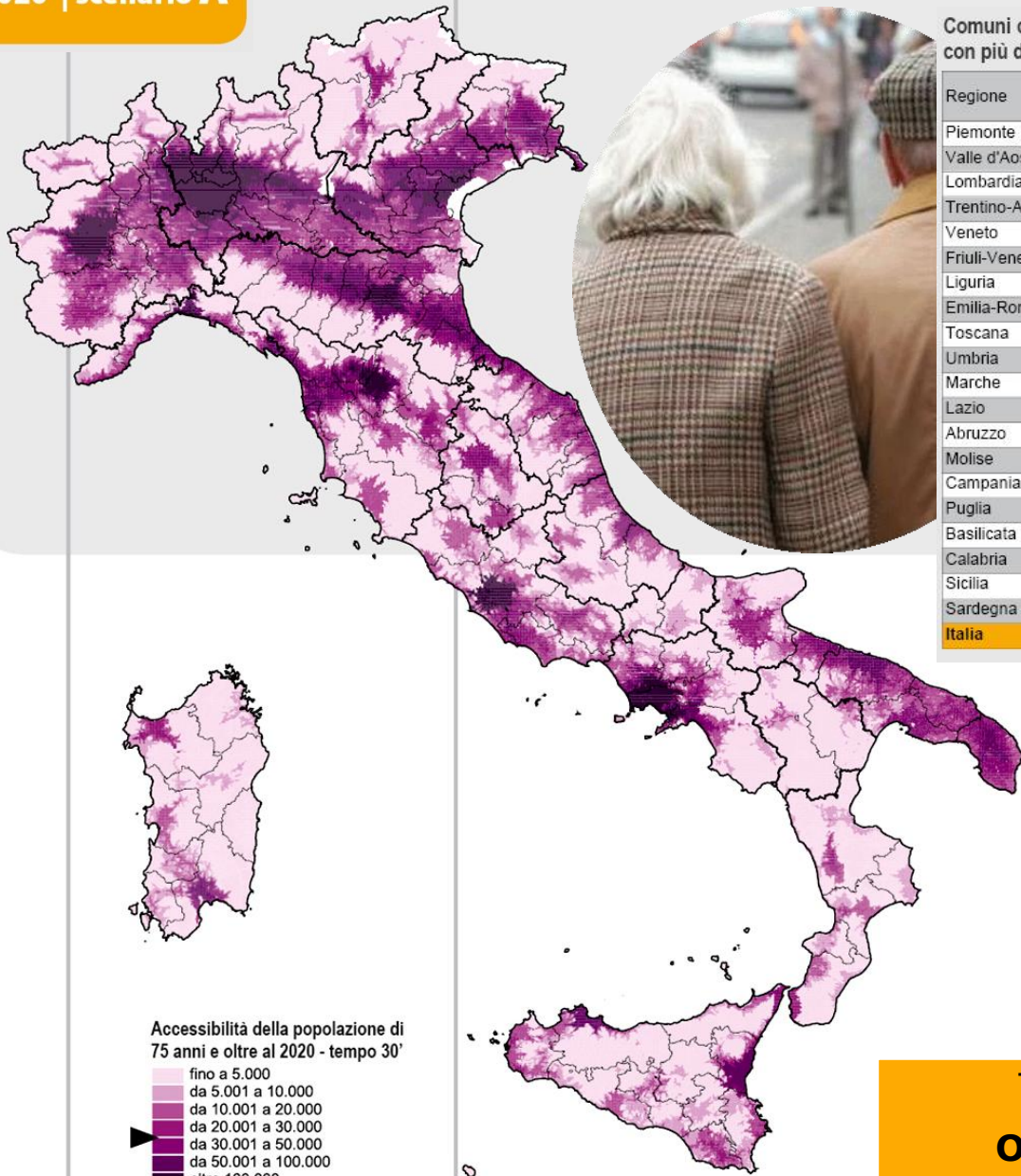
Comuni con variazione della popolazione anziana (65 anni e oltre) superiore al 10% nel periodo 2010- 2020

Regione	Comuni		Popolazione		Superficie	
	n.	%	residenti	%	kmq	%
Piemonte	890	73,8	4.084.816	91,6	18.876	74,3
Valle d'Aosta	73	98,6	127.987	99,8	3.121	95,6
Lombardia	1.504	97,3	9.864.534	99,5	22.840	95,7
Trentino-Alto A.	339	100,0	1.037.114	100,0	13.607	100,0
Veneto	575	99,0	4.913.792	99,5	17.974	97,9
Friuli-Venezia G.	177	80,8	924.190	74,8	5.507	70,2
Liguria	1	0,4	594	0,0	25	0,5
Emilia-Romagna	251	73,6	3.926.702	89,0	14.256	64,4
Toscana	199	69,3	3.401.640	90,7	15.500	67,4
Umbria	64	69,6	801.163	88,4	5.954	70,4
Marche	153	62,2	1.367.327	86,4	5.170	53,3
Lazio	359	95,0	5.707.074	99,6	16.508	95,8
Abruzzo	181	59,3	1.179.694	87,9	6.764	62,7
Molise	47	34,6	148.176	46,3	1.601	36,1
Campania	428	77,7	5.527.383	94,7	8.884	65,3
Puglia	225	87,2	3.944.119	96,4	16.699	86,3
Basilicata	51	38,9	363.407	61,9	4.460	44,6
Calabria	297	72,6	1.702.113	84,6	10.796	71,6
Sicilia	250	64,1	4.286.515	84,9	14.993	58,3
Sardegna	278	73,7	1.527.552	91,2	17.736	76,3
Italia	6.342	78,3	54.835.892	90,4	221.273	73,6

The elderly population increases by over 18%

Demographic dynamics of the **ELDERLY POPULATION** [65 years old and beyond] variation 2010 - 2020

ELDERLY POPULATION?
75 years old and beyond



Accessibilità della popolazione di 75 anni e oltre al 2020 - tempo 30'

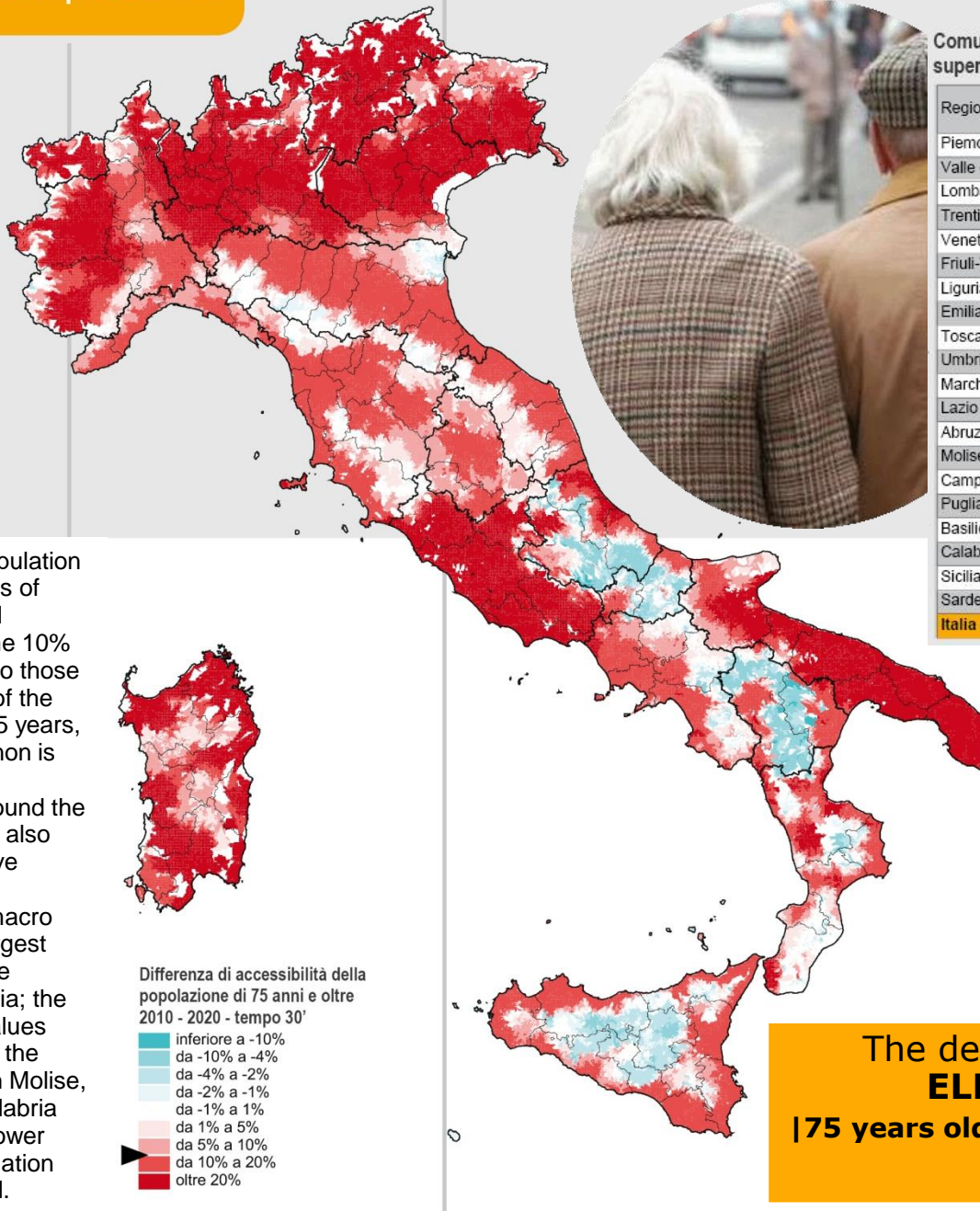
- fino a 5.000
- da 5.001 a 10.000
- da 10.001 a 20.000
- da 20.001 a 30.000
- da 30.001 a 50.000
- da 50.001 a 100.000
- oltre 100.000

Comuni con accessibilità della popolazione anziana (75 anni e oltre) con più di 30.000 abitanti al 2020

Regione	Comuni		Popolazione		Superficie	
	n.	%	residenti	%	kmq	%
Piemonte	443	36,7	3.400.181	76,3	8.670	34,1
Valle d'Aosta	0	0,0	0	0,0	0	0,0
Lombardia	1.048	67,8	9.006.057	90,8	12.817	53,7
Trentino-Alto A.	6	1,8	121.346	11,7	112	0,8
Veneto	390	67,1	4.222.033	85,5	10.111	55,1
Friuli-Venezia G.	128	58,4	1.061.113	85,9	3.341	42,6
Liguria	52	22,1	1.100.533	68,1	1.297	23,9
Emilia-Romagna	181	53,1	3.667.946	83,1	10.504	47,5
Toscana	91	31,7	2.471.985	65,9	4.940	21,5
Umbria	10	10,9	278.468	30,7	1.031	12,2
Marche	42	17,1	769.377	48,6	1.529	15,8
Lazio	41	10,8	3.926.917	68,5	3.391	19,7
Abruzzo	33	10,8	502.502	37,4	916	8,5
Molise	0	0,0	0	0,0	0	0,0
Campania	203	36,8	4.610.119	79,0	3.160	23,2
Puglia	139	53,9	2.661.217	65,0	7.513	38,8
Basilicata	0	0,0	0	0,0	0	0,0
Calabria	0	0,0	0	0,0	0	0,0
Sicilia	68	17,4	2.117.306	41,9	2.647	10,3
Sardegna	25	6,6	468.074	27,9	1.640	7,1
Italia	2.900	35,8	40.385.174	66,6	73.618	24,5

The accessibility of the
OLD AGE POPULATION
|75 years old and beyond| in 2020

ELDERLY POPULATION
75 years old and beyond

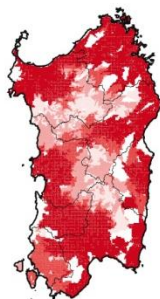


Comuni con variazione della popolazione anziana (75 anni e oltre) superiore al 10% nel periodo 2010- 2020

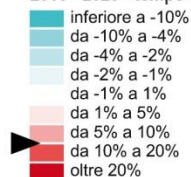
Regione	Comuni		Popolazione		Superficie	
	n.	%	residenti	%	kmq	%
Piemonte	968	80,3	4.235.645	95,0	20.155	79,4
Valle d'Aosta	73	98,6	127.987	99,8	3.121	95,6
Lombardia	1.507	97,5	9.863.289	99,5	22.880	95,9
Trentino-Alto A.	339	100,0	1.037.114	100,0	13.607	100,0
Veneto	529	91,0	4.776.207	96,7	16.345	89,0
Friuli-Venezia G.	208	95,0	1.203.816	97,4	7.088	90,4
Liguria	151	64,3	790.320	48,9	2.907	53,7
Emilia-Romagna	249	73,0	3.898.559	88,3	14.103	63,7
Toscana	190	66,2	3.400.836	90,7	14.200	61,8
Umbria	55	59,8	701.210	77,4	4.794	56,7
Marche	149	60,6	1.351.247	85,3	5.006	51,6
Lazio	351	92,9	5.694.978	99,4	16.217	94,1
Abruzzo	128	42,0	1.013.479	75,5	4.679	43,3
Molise	30	22,1	123.026	38,5	1.088	24,5
Campania	342	62,1	5.203.878	89,2	6.614	48,7
Puglia	222	86,0	3.934.294	96,2	16.420	84,8
Basilicata	40	30,5	337.373	57,4	3.856	38,6
Calabria	179	43,8	1.306.547	65,0	7.371	48,9
Sicilia	211	54,1	4.019.364	79,6	12.143	47,2
Sardegna	283	75,1	1.542.937	92,1	18.219	78,3
Italia	6.204	76,6	54.562.106	90,0	210.813	70,2

The change in population over 75 has values of municipalities and population over the 10% threshold similar to those seen in the case of the population over 65 years, but the phenomenon is less common and homogeneous around the country, there are also areas with negative changes .

The north is the macro region with the largest increases, with the exception of Liguria; the center reaches values similar to those in the north; in the south Molise, Basilicata and Calabria are regions with lower ratios of the population over the threshold.



Differenza di accessibilità della popolazione di 75 anni e oltre 2010 - 2020 - tempo 30'



The very old population increases by 21%

The demographic dynamic of the **ELDERLY POPULATION** [75 years old and beyond] **variation 2010 - 2020**

What are the services that social cooperatives deliver

They are mainly services entrusted by Public Authorities:

- In part by the Regional Governments, with various facility systems. For integrated services including care and health;
- In all 20 Italian regions, there are many different organizational methods, even though some level of homogeneity is ensured by a national government decree that defines the essential levels of health care.
- In the various regions, entrustment systems relying on accreditation mechanisms are spreading, and in some cases of home care services there is a voucher system to enable citizens to freely choose the service provider.
- Some services with a more welfare character are instead entrusted by the municipalities (in Italy there are 8600 municipalities), so with a high level of fragmentation. This part of the services still sees a heavy use of public procurement system.

What are the services delivered by social cooperatives?

The types of services can be regrouped in 3 main categories.

- Home services;
- Half-residential day services;
- Residential services.

Apart from these services, other innovative activities are often launched by social cooperatives.

A very important phenomenon that has developed in Italy in elderly care is that of «Family Assistants» (domestic workers). Many of them are foreign women. It is estimated that domestic workers are over one million in Italy.

This service is managed privately by the families with an individual relationship with the person providing the service. It is estimated that this generates a turnover of 10 billion euro.

What are the services delivered by social cooperatives?

- Home services

- Domestic work

- Personal care

- Cleaning

- Family errands

- Meal delivery

- Laundry

- Tele-rescue

- Documents delivery

- Social secretariat

- Integrated domestic services with health, nursing and rehabilitative care

What are the services delivered by social cooperatives?

- Half residential day services
- Integrated day services
- Integrated day services specialized in Alzheimer disease
- Recreational social centres for the elderly

What are the services delivered by social cooperatives?

- Residential services

Medical residential services

Hotel-homes

Relief shelters

Post hospitalization

Assisted housing

Hospice (for terminal patients with end-stage disease)

Innovative side initiatives in which the social cooperative system is involved

Alzheimer projects (Alzheimer café)

Integration of care workers: training; selection; matching of supply and demand; accompaniment; evaluation.

Health mutuals

Care services
reimbursements

Social porter

Home Automation

The story of a social cooperative which is particularly representative from the point of view of the relationship with the community

Social cooperative GenerAzioni has chosen over the last 10 years to work in a small community in a valley in the Northern mountains of Lombardy.

It consists of 28 working members, who make up 80% of the membership, and 6 volunteers and supporters; last year for the first time the daughter of an assisted elderly joined the cooperative as a member; after a probation period, she entered the board of directors and is now the vice president.

For the cooperative, the involvement of the 1300 families that it helps each year is a priority: for this reason, it has devoted a lot of energy in recent years to listen to them, know them, and understand their expectations. The services are made mainly with municipalities and partly in partnership with a foundation for social and health services.

Co-op Care

Co-operatives and elder care in Ireland

Co-op Care

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Society for Co-operative Studies in Ireland

April 14 2015

Society for Co-operative Studies in Ireland

societyforcooperativestudies@gmail.com



Wellness, Health & Social Services Co-ops across Canada

Vanessa Hammond

Chair

Health Care Co-operatives Federation of Canada

Dublin, 14th April 2015

The questions

What's a co-op?

What are the challenges re Co-op Elder Care?

Who decides? Owning the process.

Problems in our work context:

Ottawa knows best, Dependency, Age-ism, Distance

Problems in our own behaviour:

Age-ism, sexism, language, lack of comparative research,
ITPs

What are some Canadian examples?

Now what ?

The questions

What's a co-op?

It's not about **WHAT** you do, but **HOW**
you do it

Group of “persons” incorporate (formal,
legal, can contract) to achieve mutually
agreed objectives

Work together as equals

Follow the co-op definition, values and
principles to acquire resources and
achieve objectives and remain sustainable

Definition

A co-operative is an autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise.

www.ica.coop

Values

Co-operatives are based on the values of
self-help
self-responsibility
democracy
equality and
solidarity.

Co-op members believe in the ethical values
of honesty, openness, social responsibility and
caring for others.

www.ica.coop

Principles

1. Voluntary and Open Membership
2. Democratic Member Control
3. Member Economic Participation
4. Autonomy and Independence
5. Education, Training and Information
6. Co-operation among Co-operatives
7. Concern for Community

www.ica.coop

What

4/10 - 7/10 Canadians are co-op members. 3 billion jobs globally.



COFFEE ROASTERS CO-OP



Co-op Care
Co-operatives and elder care in Ireland

The questions

What are the challenges re Co-op Elder Care?

Elder ???

Old person (what is “old”)

Respected person (First Nations, some churches, some community organizations)

Aged person not able to think, contribute, and without the right of self-determination

Care ???

Storage, DL?

To support elders in meeting the objectives they (we) identify?

Who is the “we?” “Elders” or “those who know best what elders need”

Medical, pharmaceutical, surgical treatment of symptom

WHO: social connections, clean water, good food, safe housing, means of ensuring these determinants, #6 = “health” services.

WHO: Health Services - - prevention of illness/accident, diagnosis, care, treatment, rehabilitation

Who decides? Owing the process.

As an “elder” I ask:

“Do you, as government or charities, decide what care I need?”

Do I, with co-owners, decide what best enables me to achieve my objectives which may include:

caring for myself

caring for my co-owners

caring for my community

Problems in our work context:

Ottawa knows best

Dependency

Age-ism

Distance

Problems in our own behaviour:

- Ageism (Sexism)
- Language
- lack of comparative research
- ITPs

HCCFC co-ops partially or primarily owned by elders

Home care

Wellness

Recreational (Wheels Plus, Adrenalin, MEC)

Medical centres (trying to move them to “integrative health care” – ask me about Hans Kai)

Housing

Employment support

Mobile health (medical) care

Home Care



Pictou County Home Health Care Co-operative Ltd.



A home health care service providing help to the elderly, handicapped, convalescent and/or infirmed in their own homes.

"Home Health Care Service - Caring Beyond the Basics"



Co-op Care
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Health Centres and Community Outreach



Co-op Care
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Focus on Wellness and Prevention of Illness



Hans Kai



<https://www.youtube.com/watch?v=1pHT4BEP45M&feature=youtu.be&t=33s>

Support to Overcome Barriers to Employment (paid or volunteer)



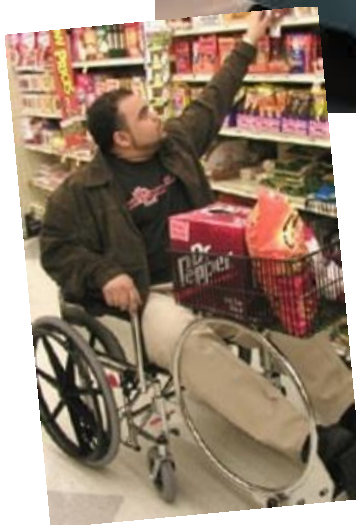
Culturally Appropriate Health Services



Mobile Health Services



Start-ups



Co-op Care
Co-operatives and elder care in Ireland

Housing

Conversion of “families only” co-op and non-co-op housing to smaller or “living group” units

Mix of owned and rented units managed by a residents’ co-op

Incorporation of wellness services/facilities into housing co-ops

Aging-in-place services and referrals

Co-ops of service organizations to respond to us not funders

Wellness, health and social services co-ops – Victoria BC version

Hans Kai **PP*

Choices for a Healthy Lifestyle **PP*

Members' Wellness Clinics **BMO*

Health Access Fund **BMO*

Creating Community Wellness Society **OS*

Integration of the services we (the elders) want and the
conventional “western” medical services we may also
need. **TBB*

**PP Partnership Program with other community organizations*

**MBO Members' only program*

**OS Organizational solution to allow tax receipt for charitable donations*

**TBB*

Why co-op?

Sustainability

Ownership – commitment rather than complaints

Ownership – best use of resources

Ownership – realism in objectives

Success and failure

Planning by all, including elders, for all, including elders

Incorporate services for elders into all co-ops

See us as activists, achievers, caring for our communities

Ask how/if you can help us plan and implement programs for ourselves and our communities

- *Planning by anyone other than us*
- *Services for elders only*
- *Assume that "elder" = incompetent, lacking ambition (the past 10)*
- *Tell us when we need help*
- *Rely on government*

Why internationalism

Principle 6

Principle 7, principles 1 - 5

The questions

How can Canadian Wellness, Health, Social Services co-ops best learn for the experience and solutions in Ireland?

How can we best make ideas available for you to consider and adapt?

The Learning Exchange!

Now what ?

Your questions, ideas.....

Go raibh maith agat
Thank you Merci
Hewa ᵑᵈᵏᵃᵒᵒᵒᵒᵒᵒ Howa

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Forms of Housing With Care
Shaped and Controlled by
Older People:
The UK Experience

Jon Stevens

April 2015

My background

- 40 years experience of community-led and co-operative housing
- 16 years as the head of a co-operative housing development agency
- Limited experience of older people's housing and care but wanted to investigate...

Initial proposition

‘Co-operative living is good for many older people’

1. Successful co-ops create inclusive communities
2. Co-ops provide opportunities for active engagement
3. Co-ops engender mutual care and support

Three inspirations

- Twin Crescents Tenant Management Co-operative
'A social club in our back yard'
- Starley Co-operative
'Care by the community'
- Breedon Co-operative
'A silver co-operative'

Explorations and investigations

1. Meetings and discussions with existing co-ops
2. Work for CDS on mutual retirement housing and Right to Manage
3. Submissions re HAPPI 2
4. Round table event and case study report with Housing LIN

Preliminary findings

- A wide range of models of resident/user-led housing and care (but a relatively small number)
- Offering significant benefits and with the potential for widespread appeal
- Low levels of knowledge and awareness
- A general reluctance to explore these approaches

The co-operative advantage

- Further work with existing ‘general needs’ housing co-operatives supported my initial proposition
- What is the extent of these ways of ‘doing things’ in other communities?
- And how might they be replicated?

This is a good place for older people to live...being involved keeps you 'on the go' and helps you to meet people...in my view, this place is much better than sheltered housing.

Theresa Lyons + members of Senacre Housing Co-op
c/o www.cds.coop

Now that the Navigation Group is in place and our members are more comfortable with the idea of planning together for our old age...we will be able to ensure that at least some of us will be able to stay in our own homes within a community that we have been part of for many years.

**Victor Forrest from Brixton Housing Co-operative
in *Preparing to Grow Older Together*
www.jrf.org.uk**

Specialist co-operative housing for older people

- Limited number of examples but two models developed in the 1980's showed how it could be done
- A co-operative sheltered housing scheme for social rent (a one-off)
- And a mutual model of leasehold extra-care (since replicated in around 40 schemes)

When older people have control over their housing, they are more able to live active and engaged lives over a longer time. In our sheltered housing co-op people 'grow younger before they grow older'.

**Brian O'Hare, Chair of Huyton Community
Co-operative for the Elderly**

www.nwhousing.org.uk

At Plymouth Court it seems so obvious that housing with care should be provided in a way that enables people to hold onto their independence, whilst being part of a community that they run themselves. Old age shouldn't be seen as a period of decline, more one of 'continuous personal development'.

Bob Bessell, founder of Retirement Security Ltd

www.retirementsecurity.co.uk

Resident managed/owned

- Equally of interest were conventional schemes in which older people have taken over the management/ownership
- Since 2002 a number of 'Right to Manage' companies established to run leasehold retirement housing schemes
- At least one owners co-operative has taken over a retirement village

The Moorings has come alive since the residents took over...we get things done when we want them done and to a better standard...taking control of the management has changed the whole atmosphere, it has brought people together...

Residents of the Moorings, Bath
www.rtmforretirement.co.uk

‘Woodchester Valley is a ‘mutual village’. That means our residents not only own their homes but - as a community - they own the freehold of the entire village. So what happens, or doesn’t happen is decided by the residents. Woodchester Valley looks like a village, it feels like village, it is a village!’

www.woodchestervalleyretirementvillage.co.uk

Community-led housing for older people

- Growing numbers of senior cohousing schemes for older people based on the Danish cohousing idea.
- And as part of the expansion of community land trust movement, some examples of older persons' housing being commissioned by local communities

Older Women's CoHousing has grown into a lively, friendly, group of people, who are keen to share interests and activities even before we move in...we see ourselves as 'trailblazers' - pioneering a model that can work for all older people...

Maria Brenton, founder member of OWCH
www.owch.org.uk

‘What makes Sycamore Court different is that it was designed by the community for the community. Fifteen years ago, we foresaw the need for extra-care housing for some our residents and we wanted them to be able to continue living in our area, so they could maintain their friendships and links’.

Witton Lodge Community Association
www.wittonlodge.org.uk

Some key features

1. Control = independence = security
2. Creating active and sufficient communities
3. Offering mutual care and support
4. Delivering responsive and cost effective services

Resulting in enhanced well-being and reduced dependence

Four challenges

Co-operative and mutual options for older people are more widely available in Northern Europe; in the UK we need to:

- Develop the evidence base
- Raise understanding and awareness
- Engage policy makers and commissioners
- Incentivise and broaden the number of developers and providers

The role of Housing LIN

The Housing Learning and

Improvement Network is the leading

‘knowledge hub’ for those involved in

planning, commissioning, designing,

funding, building and managing

housing with care for older people. It has

a strong commitment to innovation and

evidence-led change...

Resident/user-led approaches

HLIN is launching a new programme around resident/user-led approaches...

1. Expanding the evidence base
2. A new synoptic set of web pages and linked resources
3. Major strand in 2016 conference
4. Policy development post-election
5. Pilot projects/programmes with HLIN partners

Information and contacts

Housing LIN

www.housinglin.org.uk

Growing Older Together: the case for housing that is shaped and controlled by older people

jon.stevens777@gmail.com