

Oxfordshire Care Co-operative Pilot

A year-long research and development study exploring whether co-operative models of care could address challenges in adult social care in Oxfordshire, while creating greater ownership, fairness, and voice for care workers and people who draw on care.

National Context

Adult social care faces rising demand, workforce shortages, and increasing scrutiny of extractive private provision. There is growing interest in co-operative and mutual models that prioritise people, fairness, and local value.

Local Context

Oxfordshire County Council's commitments to Community Wealth Building, Marmot Principles, and The Oxfordshire Way align strongly with co-operative approaches to fair employment, community-led solutions, and social value.

Care Landscape in Oxfordshire

Challenges in the non-residential care sector include:

Racial inequities with Global Majority care workers not represented in leadership positions.

Discrimination and exploitation of migrant care workers and high levels of displaced workers.

Recruitment and retention with turnover rates above regional average.

Average pay below the Oxford Living Wage for many roles.

A competitive market with an oversupply of CQC registered care providers and a thriving market of micro-enterprises and community provision offering non-regulated care.



The project was delivered by a partnership of organisations and two part-time research & community engagement staff. We also established a steering group of people representing different parts of the care sector to bring their lived experience.



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RESEARCH

The pilot aimed to centre lived experience and co-production through community-led participatory research, with a particular focus on working with Global Majority and migrant care workers. We engaged 80 participants and had care workers express an interest in a potential co-op. Through workshops and interviews, we identified interconnected priorities for care in Oxfordshire.

	Key findings	Recommendations
Equity, Diversity & Inclusion	A need for culturally competent care reflecting Oxfordshire's diverse communities.	Ensure that ownership & leadership roles in the co-operative are reflective of Global Majority care workers & work with community & cultural groups to recruit & match care workers & users.
Migrant Worker Inclusion	Migrant care workers face visa insecurity, discrimination, limited progression & a lack of access to support.	Aim for inclusion of migrant workers, whilst developing other avenues for peer support.
Cost of Care	The high cost of delivering care sits within a wider cost-of-living crisis, affecting affordability.	Test innovative delivery, funding & commissioning approaches to reduce costs & provide financial benefit.
Care Worker Remuneration	Care workers experience financial challenges from low & inconsistent pay, high travel costs & a mismatch between skills & wages.	Aspire to a fair pay structure which covers travel & paid leave, whilst balancing affordability.
Care Worker Career Development	Care workers experience limited recognition, professional development & access to ongoing training.	Create a co-operative values-based recruitment & learning framework that supports continuous development & a culture of peer recognition & support.
Care Planning & Coordination	Precarity, isolation & challenges with coordination undermine wellbeing for care workers & thus quality of care.	Move away from time-and-task models towards relationship-based care with matching for reduced travel & greater accountability.
Quality	Care workers feel dissatisfaction at not being able to provide quality care due to constraints.	Co-produce a definition of quality & systems for monitoring standards in line with co-operative principles.
Care Relationships & Co-production	Strong, person-centred care relationships are valued but are constrained by barriers.	Co-produce a definition of quality & systems for monitoring standards in line with co-operative principles.
Safety & Blame	Blame culture & lack of accountability or robust processes undermine safety & confidence.	Adopt a learning culture with peer accountability, clear roles & procedures & sufficient staffing to ensure safety.
Well-being & Support	Care workers report physical, emotional & mental health challenges, alongside struggling to access support.	Provide wellbeing support within the co-op, sign-post to external services & create a culture of pride & recognition.
Geographical Factors & Transport	Affordable transport & traffic are key barriers.	Match care locally, cover travel costs & explore innovative community-based transport solutions.

RESEARCH

These two pen portraits are fictional but based on true experiences that were shared by community members in the research. We hope these offer an insight into the lived experience we heard:

My health means that I need more care. I carefully manage my day, trying to coordinate my routine, going to bed early to line up with the times the care workers can show up. Some are kind, but that isn't always the case.

I go along to activities at my local community centre, where I meet other people and share my skills. But sometimes, I'm not given the support to get there.

With the cost of living crisis, paying for my care has been increasingly challenging. I look out for my friends and build mutual aid.

I know I could live life more fully if my care was better coordinated and suited to my personal needs. I want to be able to take more ownership and participate more actively in my care.

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It is important to have someone that understands your culture providing care.

Care user

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Support carers to have good mental health by creating stability and not being threatened with [loosing] sponsorship.

Care worker

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I'm a parent, I pack lunches, read bedtime stories, make sure the medicine is given at the right time. I make calls and fill out forms to coordinate additional care. I help out my neighbour to fill the gaps in the care they receive.

To pay the bills and to support my family back home, my (paid) job is as a care worker. I travel between clients, finding myself running late because of the traffic, racking up expensive bills.

Sometimes, I get rewarding moments with clients, playing board games, dancing. But my hours aren't flexible, they don't fit well alongside the care work that I'm not paid for.

I love helping my clients have dignity, but I wish my employer gave me the equipment I need to safely lift them. I worry about what happens when something goes wrong at work, there's a culture of blame. I worry that if I speak up, my visa sponsorship may be affected. As a migrant, I don't see many people like me in management. But I do all this because I take pride in my work, because it matters. I have ideas for how this could all be improved, and want to be able to have more of a say in the work that I do.

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[I] like the idea of a care agency [co-op] so that I can pay well.

Care user

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MARKET ANALYSIS

We analysed the Oxfordshire adult social care market, reviewed co-operative models, and assessed financial and regulatory viability.

Learning From Care Co-ops

There are at least 14 care co-operatives in the UK, with the model being widely used in Australia and Italy. Evidence suggests care co-operatives can deliver greater worker well-being; economic benefits through better wages and security; quality care; and enable democratic control. The table below outlines common approaches and best practice in care co-operatives.

Co-operation among co-operatives	"Mutual" culture of care	Ownership as inclusion
Care co-ops can create economies of scale by sharing digital infrastructure, exploring federated or franchising models, and using community share offers to raise investment.	They have a shift towards relational and co-created care with an emphasis on matching, to build core relationships, and social, purposeful activities that build community, for example the North West Care Co-op .	The co-operative model goes further than DEI policies by enabling Global Majority and migrant care workers to own and control the businesses, for example, The Great Care Co-op .
Technology	Community integration	Decentralised lean model
Care co-ops are using digital tools to support coordination, communication and decentralised management, for example Equal Care Co-op's bespoke platform .	Co-ops are well-placed to link with community networks of support and there is a potential to provide a coordinating role through managing Individual Service Funds as a multi-stakeholder co-op or consortium.	Care co-ops are adopting Buurtzorg-inspired, low-hierarchy and self-managed teams with shared responsibilities to reduce overheads and rebalance pay.
	Local teams	Co-operative values-led
	Several care co-operatives attempt close geographic matching, creating local teams, thus reducing travel.	Values are explicit and embedded in culture, recruitment and continuous, inclusive participatory decision-making.



BUSINESS CASE

We explored two potential models in detail:

Multi Stakeholder Co-op

Members would be care workers and care users. It could provide community-based personal assistance and companionship (i.e., non CQC regulated) to self-funders and direct payment users, with employed care workers paid at least the Oxford Living Wage.

Consortium Co-op

This would be a worker-owned introductory agency that supports self-employed care workers with shared services such as marketing, administration, training and bulk purchasing.

CONCLUSIONS

There is appetite and a strong ethical argument, that a new care co-op could “intervene” in the existing market to create a different offer or replace other private extractive provision, however, we identified significant challenges to start-up.

- No clear gap in the market with strong competition
- High start-up & cashflow requirements but limited grant & social investment funding
- Financially pressured context meaning difficult to pay Living Wage & travel costs at non-CQC level
- Immigration rules restricting participation in co-op governance

Conditions for Success

- Start-up funding or low-interest social finance to scale to a viable level
- Local authority incubation or in-kind support and the creation of regional commissioning partnerships to support market shaping and entry pathways for co-ops
- Incubation by an experienced care co-op
- Creation of a care co-op federation or strategic network

Legacy and Next Steps

The pilot has built networks, highlighted lived experience and given an evidence base for sharing learning nationally. We will work with partners to advocate for the enabling conditions required for co-operative care to thrive.

Work is underway to establish a care worker peer group with community partners, aimed at migrant & global majority care workers.

