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BASELINE REPORT ON CARE COOPERATIVES AND COMMUNITIES

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FOSTERING CARE COOPERATIVES IN EUROPE BY BUILDING AN INNOVATIVE PLATFORM WITH ICT BASED AND AAL-DRIVEN SERVICES

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1 INTRODUCTION

Work package 2 provides the project consortium with the necessary information on care cooperations across Europe. This is essential for a profound conceptualization of the iCareCoops framework and services. As concepts of cooperatives and care are highly contested and country specific, the consortium not only needed to agree on an understanding of the terms but also had to synthesise research on the current makeup of care cooperatives in Europe. Only after this, a shared understanding of basic ideas, motivation, focus, and stakeholders in cooperatives could be established.

In preparation for a kickoff-meeting, the consortium partners investigated regional services related to elder care in the health- and social systems. Results were presented in a workshop in Vienna. As elder care takes place within a diversity of contexts, the consortium came to the conclusion that the conditions and services of the health- and social system influence:

a) the need for cooperatives for elder care in individual countries or regions
b) the motivation of individuals (elderly, families, professional service provider etc.) to organize themselves in a cooperative
c) the success of a cooperative in the long-term.

Work package 2 includes five tasks. Task 2.1 is reported in this deliverable. The objective is: research on existing studies, analyses, concepts, and publications on care cooperatives and communities. This task is designed to generate a comprehensive overview of European care cooperatives and care communities.

In an extended literature review based on selected keywords and underlying concepts, scientific reports on care cooperatives throughout Europe were found and investigated. Where key terms and concepts did not lead to the desired results, scientific articles were found using snowball effect.

In the following, the conceptualization of a proper definition of care cooperative is outlined, and the underlying research questions as well as the search history are briefly introduced. Furthermore, based on the literature review, the most important findings on social cooperatives and the third sector in Europe are presented. The subsequent task 2.2 will cover a comprehensive report on care cooperatives in Europe.

1.1 Definition of Care Cooperative

The International Cooperative Alliance defines a cooperative as 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" (COOPEU, 2015).

Cooperatives are considered enterprises rather than associations and are driven by specific values: self-help, self-responsibility, democracy, equality, equity, and solidarity. Cooperatives ensure a sense of interaction and continuity by having their members agree on these values. Membership is voluntary and in general open for interested people to join. People might be asked to provide a financial contribution and/or take over responsibilities. Decisions are made in an open, reflective and democratic environment based on specific institutional infrastructures (ICA, 2015).

Care cooperatives can be considered a rather recent phenomenon, whereas the cooperative model has been employed in other domains for some time (e.g. many agricultural cooperatives were founded in the 19th and 20th century). Care cooperatives are rarely named as such, commonly being termed as e.g. "social cooperatives", "healthcare cooperatives", "social housing cooperatives". They vary depending on stakeholders, financial situation, and logics of participation. Care cooperatives might include care communities but they are not synonymous. Care communities represent many different forms of cooperation and integration of services according to the COOPEU (2015). Care cooperatives on the other hand are enterprises, either not-for-profit or for profit.

To define our understanding of elder care more precisely and which kind of care cooperatives we want to support with our project, some definitions from the World Health Organization (WHO 2004) are helpful:

"care: The application of knowledge to the benefit of a community or individual" (p. 11).

"Aged care or elder care: Services provided to people deemed to be aged or elderly" (p. 8).

"care need: Some state of deficiency decreasing quality of life and affecting a demand for certain goods and services. For the older population, lowered functional and mental abilities are decisive factors that lead to the need for external help".

"community-based care / community-based services / programs: The blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health or minimizing the effects of illness and disability. These services are usually designed to help older people remain independent and in their own homes. They can include senior centres, transportation, delivered meals or congregate meals sites, visiting nurses or home health aides, adult day care and homemaker services."

"community care: Services and support to help people with care needs to live as independently as possible in their communities" (p. 16).

Based on these definitions we propose the following definition for care cooperatives:
Care cooperatives support individuals, families or communities in promoting, maintaining or restoring health and minimizing the effects of illness and disability in the elderly. They provide different kinds of knowledge and services that help the elderly to live as independently in their communities as possible. The provided care is reliable and of high quality.

1.2 Research questions

For the literature analysis, three guiding questions have been summarised:

- What are the purposes of care cooperatives and communities in Europe?
- What types, membership demographics, and organisational forms of care cooperatives and communities were found in Europe?
- Which activities and services do care cooperatives and communities in Europe provide?

These questions are not only relevant for the literature analysis but also for the identification of best practice examples.

2 METHOD: THE LITERATURE ANALYSIS

The consortium agreed on a set of keywords and concepts to be searched for in selected scientific databases. To find relevant keywords, selected data bases were consulted and checked for various combinations as the following example illustrates:

Table 1: First search in databases

DATA BASE	KEYWORD 1:	KEYWORD 2:	KEYWORD 3:
Science Direct	Cooperatives + Care	Health	
	Cooperatives + Care	Elderly	
	Cooperatives + Care	Elderly	Europe
	Senior	Cooperative	
	Community	Seniors	Non-profit

A first search resulted in only few relevant articles, so new concept combinations and more databases were consulted. Finally, the following keywords and databases were included in a thorough search with a high potential score. Articles published in both English and German were investigated.

Although the high score was promising, the search faced some restrictions. For a first search the following data bases were selected: Sociological abstracts, Web of science, CINHAL, Social Services Abstracts, Google Scholar, Jstor, Taylor Francis Online, Springer Link. These are reputable databanks, widely used in social sciences. However, some of these did not allow a search focus on Europe only; and many references discussed cooperatives within e.g. China and North America only. Therefore Google Scholar, Jstor, Taylor Francis Online, and Springer Link were excluded from the final search. As highlighted below, the yellow marked keywords have been investigated in more detail; in total a score of over 2000 article could be reported. The search focused on the years from 1999 up until 2015. This was a decision taken by the consortium to learn about most recent developments and reduce the high number of scores. If in the ongoing research older article were found they were also looked at.

Table 2: Data Analysis Template

DATA BASE	KEYWORDS (AND, OR...)	HITS	DATE
Sociological abstracts	care cooperatives	183	16.04.2015
	care cooperatives elderly	16	16.04.2015
	care community	8,308	16.04.2015
	care community elderly or senior	1,236	16.04.2015
	social enterprises	5,033	16.04.2015
	social enterprises elderly or senior	49	16.04.2015
	social cooperatives	2,192	16.04.2015
	social cooperatives elderly or senior	1,236	16.04.2015
	third sector cooperative	51	16.04.2015
	non-profit elderly care	1,234	16.04.2015
Web of science	care cooperatives	22 825	09.04.2015
	care cooperatives elderly	661	09.04.2015
	care community	25,282	09.04.2015
	care community elderly or senior	2,523	09.04.2015
	social enterprises	4,189	09.04.2015
	social enterprises elderly or senior	11	09.04.2015
	social cooperatives	3,654	09.04.2015
	social cooperatives elderly or senior	21	09.04.2015
	third sector cooperative	50	09.04.2015
CINHAL	care cooperatives	10	16.04.2015
	care cooperatives elderly	36	16.04.2015
	care community	2 483	16.04.2015
	care community elderly or senior	570	16.04.2015
	social enterprises	13	16.04.2015
	social enterprises elderly or senior	2	16.04.2015
	social cooperatives	3	16.04.2015
	social cooperatives elderly or senior	2	16.04.2015
	third sector cooperative	0	16.04.2015
	third sector non-profit organisations	1 504	16.04.2015
	health cooperatives	528	16.04.2014

Social Services Abstracts	care cooperatives	1538	15.04.2015
	care cooperatives elderly	219	15.04.2015
	care community	8312	15.04.2015
	care community elderly or senior	1027	15.04.2015
	social enterprises	17 388	15.04.2015
	social enterprises elderly or senior		15.04.2015
	social cooperatives	1049	15.04.2015
	social cooperatives elderly or senior	923	15.04.2015
	third sector cooperative		15.04.2015
	third sector non-profit organisations		15.04.2015
Google Scholar	social Cooperatives	200,000 (!)	16.04.2015
	social Cooperatives elderly or senior	46.5	16.04.2015
	social enterprises	1, 3600	16.04.2015
	social enterprises elderly or senior (care)	643	16.04.2015
	housing cooperatives	122	16.04.2015
	non-profit elderly care	1,160	16.04.2015
Additionally looked in:			
Jstor	elderly cooperatives	227	08.04.2015
	health cooperatives	4,766	08.04.2015
	non-profit elderly care	1,037	
Taylor Francis Online	non-profit elderly	67	15.04.2015
	health cooperatives	7,4773	15.04.2015
Springer Link	social cooperatives elderly or senior	6,409	16.04.2015

A closer look confirmed further restrictions. The overall understanding of cooperatives in Europe is a very broad one. In order to best portray and discuss the regional specifics of cooperative concepts, we will continue investigating national rather than international sources in the course of the project. This will be taken into account particularly during the search for best practice examples in task 2.2.

Since only a small number of articles fit the agreed definition of care cooperatives, the bibliographies of selected articles were investigated too. Their abstracts were scanned, citations transferred into RefWorks, doubles eliminated, articles prioritised and for those most relevant the full published article was assessed. 143 articles were scanned in more detail and prioritised. Final results were presented in a table as basis for the final discussion – exemplified in Table 3. A total of 29 articles were considered “very important” and “important”.

Table 3: Abstract Analysis

ID of Ref.-Works	CITATION (APA 6)	TYPE OF REFERENCE	TYPE OF COOP	TOPIC	KEY TAKEAWAY (RESULTS)	RELEVANCE (1= very important, 2= important, 3=unclear, 4=not topic)	COMMENT
5	Amoako-Addo, Y. (2005). The role of voluntary organisations in the care of the elderly in Norway. *Journal of Aging & Social Policy, 17*(1), 83-102. doi:10.1300/J031v17n01_05	Article	Social services	Contributions of voluntary organisations to the provision of social services for the elderly in Norway.	Analysis of system in Norway; how voluntary organisations provide services for the elderly and how the government supports these organisations. 2 main institutions are presented: National Association and the Woman's Association.	2	High contribution of voluntary organisations to care of elderly, although the size has been declining in recent years. Public authorities support the voluntary institutions finan-cially. Public authorities want to push the organisations.
24	Borzaga, C., & Fazzi, L. (2014). Civil society, third sector, and healthcare: The case of social cooperatives in Italy. *Social Science & Medicine,* 123, 234-241. doi:10.1016/j.socscimed.2014.10.001	Article	Health care	Transformation of the Italian health care system and on the emergence of a new third sector in Italy.	The article describes the results of research on the transfor-mation of the Italian health care system and the emergence of a new third sector. The results of the inquiry highlight the strategies, characteristics, and governance processes which enable third-sector organisations operating in the healthcare sector to pursue objectives of inclusion, and to serve the needs of disadvantaged groups by assuming the form of social enterprises.	1	Very general article that describes that the Italian government shifts responsibilities of the welfare state to cooperatives. Cooperatives compete for financing from the government. There is an economisation of cooperatives.

10	Bamford, G. (2005). Cohousing for older people: Housing innovation in the Netherlands and Denmark. *Australasian Journal on Ageing, 24*(1), 44-46. doi:10.1111/j.1741-6612.2005.00065.x	Article	Housing	The aim of this paper is to elucidate cohousing for older people in Netherlands and Denmark	Cohousing for older people is now well established in its countries of origin: Denmark and the Netherlands, as a way for older people to live in their own house or unit, with a self-chosen group of other older people as neighbours, with shared space and facilities they collectively determine or control. As more such housing is built and occupied it has become easier to choose and assess this option.	2	Two examples are given: de Vonk (Netherlands), Det Kreativ Seniorbo (Denmark)

(Complete Table in the Appendix)

3 RESULTS

3.1 General overview of cooperatives in Europe

Most of the articles found are very general in nature and examine the evolution or status quo of the third sector, social enterprises, or social cooperatives in various European countries. Furthermore, they are written from an economic, sociological, or philosophical point of view. No systematic overview of the cooperative sector in Europe was found. Thus, the screened literature contains little information on cooperatives themselves. In summary, it may be said that a surprisingly small amount of research on cooperatives exists. Most of the articles are reports or theoretical papers.

For this report we outline the most important findings of the literature review in regard to our research questions and, in addition, the evolution of social cooperatives and the third sector in Europe.

3.1.1 Evolution of social cooperatives and the third sector in Europe

Cooperatives were first recognized in the 19th century. They were established mainly for the working class or the socially disadvantaged, e.g. worker and consumer cooperatives (electric, agriculture), mutual aid societies and cooperative banks (Mori, 2014). Cooperatives were usually founded as self-help cooperatives to counteract the negative effects of non-existing or not functional markets and to lead distant individuals or enterprises to the market, so that they could successfully participate. The reason for their existence was therefore to alleviate the economic deprivation of their participants (Taisch et al., 2012).

These kinds of cooperative enterprises were established in many countries or states, regardless of cultural or economic background. Over time their number increased and different forms of cooperatives developed: e.g. in Germany many credit cooperatives were founded, in Sweden and the UK a lot of housing cooperatives were established and in France and in Italy there was a great increase in producer cooperatives (Borzaga & Galera, 2012).

The strength of cooperatives is in their closeness and focus on their customers (or members) and their involvement in local networks. Also, cooperatives have great innovative capacities as they often have their customers as stakeholders and are therefore very aware of their needs. Furthermore, as cooperatives are focused on self-help, solidarity and have a per head voting system, they are used to taking a broad range of interests into considerations in their decision making and strategy. A discursive and reflexive innovation process is therefore a normal process in cooperatives (Taisch et al., 2012).

Since the 1990s there have been an increasing number of notable social enterprises and social cooperatives in Europe. These are mainly concerned with the wellbeing of society (Defourny & Nyssens, 2010; Mori, 2014). A shift from traditional cooperatives concerned mainly with a specific social or professional group towards new cooperatives concerned about issues of the society as a whole. The traditional cooperatives had a focus on supply management e.g. electricity, banking, food processing, retailing and water supply. The new cooperatives, in contrast, deal with provision of services such as welfare, health care, education, or neighbourhood services. Besides this shift of focus and purpose of the cooperatives, the membership models have changed as well. Members of traditional cooperatives were usually composed exclusively of a special interest group, allowing only members to profit from the service provided. The new cooperatives have, in contrast, a very heterogeneous membership, allowing even non-members to use or profit from their services (Borzaga & Galera, 2012; Defourny, Adam, & Simon, 2002; Mori, 2014).

The leading nation in the establishment of social cooperatives is Italy. A special law was created in 1991 for social cooperatives. Italy has the most important public benefit cooperatives worldwide (Carini, Costa, Carpita, & Andreaus, 2012; Mori, 2014; Thomas, 2004). In the expansion of the social economy and the less developed third sector in Italy, the social cooperatives have gained high importance for the state. The goal of these social cooperatives is the integration of disadvantaged citizens into society (e.g. minors, disabled, drug addicts, elderly, former prison inmates, mentally handicapped and immigrants).

By legal terms two activities of social cooperatives can be separated:

1. training activities (work integration of disadvantaged people) and
2. caring activities (social, educational welfare, health care services).

These cooperatives consist mostly of about 40-50 members, half of whom are paid workers. The members can be financing members, legal members, stake-holding members, ordinary or cooperating members, technical or administrative members, honorary members or public bodies (Thomas, 2004).

3.1.2 Legal and political situation

The difficulty in the definition of social cooperatives, community cooperatives or social enterprises lies in the diverse legal and politic contexts in the different European countries. The legal status of cooperatives varies from country to country. In some countries new laws specifically for cooperatives have been created; so the case for France, Portugal, Spain and Greece. In other European countries the law has a wider scope, encompassing not only cooperatives but also social enterprises: In Belgium, the UK and Italy (second law in 2006) (Borzaga & Galera, 2012). Even though these laws

were established, many organisations chose to use a previously existing legal form e.g. associations, companies limited by guarantee or by share, etc. In some countries no special law for cooperatives exists. Furthermore, the existing laws are often more restrictive than enabling. The legal form of the institutions depends greatly on the country they were established in, e.g. in Germany the senior cooperatives have a legal status of associations (Defourny & Nyssens, 2010).

In the UK, for example, there is no special law for cooperatives. They often have a model called "community benefit society" (Bencoms). The benefit of their service is exclusive for a specific community (Mori, 2014). The community sector is extremely diverse in the UK and is mostly run by volunteers (Bailey, 2012).

Another example of a difficult situation for the third sector and its cooperatives is Germany because of the "social market economy". In that model, the state and the market cooperate to foster the socio-economic development of society. Therefore, it is difficult to promote the third sector or the social enterprises. It seems, however, that many non-profit organisations in Germany are organized and in action independent from the political system and its influences (Defourny & Nyssens, 2010).

Cooperatives in Switzerland have a per head voting system in contrast to the system of public limited companies, which have voting rights according to the amount of capital invested. This set-up allows cooperatives to have a more democratic structure and to represent economically disadvantaged individuals better than shareholder companies. As the purpose of a cooperation is multidimensional rather than focussed only on profit maximization, cooperatives have a very good reputation among the general public in Switzerland. Furthermore, cooperatives are of great economic relevance in the current shift of values in society and the economy. Whether or not the potential of the cooperatives can be used depends largely on the legal and regulatory framework, as Taisch (2012) describes.

3.1.3 Cooperatives as social systems

Based on the system theory of Parsons (1970), Pagani analysed the consortium of cooperatives in San Rocco, Italy (2001). In the AGIL systematic Parsons defines certain societal functions which every society must meet to maintain stability.

A = Adaptation, the capacity to interact with the environment. This includes gathering resources and producing commodities or services. The actions are based on needs and requirements. For a care cooperative this means that the mission needs to be defined, e.g. which kind of care will be provided for whom. Pagani gives some examples for San Rocco: the coop is innovative and flexible in creating new services if they are needed by the community. They have more flexibility than state organisations with their administrative barriers.

G = Goal Attainment, the capability to set goals for the future and make decisions accordingly. Goals are related to personal motivations, e.g. for workers to join the cooperative or people to become members and using the service. Pagani gives the example that the democratic structures are very attractive for professional caregivers.

I = Integration, the harmonization of the entire society is a demand that the values and norms of society are solid and sufficiently convergent. Pagani names the values for a successful cooperative: honesty, humility, solidarity and frankness in communication. The integration is also a matter of the cooperation of different roles in the consortium.

L = Latency or latent pattern maintenance stands for the challenge of stabilizing and integrating the values and beliefs of the system over time and through changes into a shared culture. Pagani mentions several structural and organisational aspects that support the realisation of these aspects:

- shared vision and goals
- clear rules
- regular meetings
- task sharing along functional aspects instead of hierarchy
- flat hierarchy with short communication channels
- democratic decision making ("si è tutti alla pari", p. 40)

Usually cooperatives have room to create values in favour of all stakeholders involved in the cooperative. Cooperatives, therefore, are highly suited to a more dimensional creation of values and profits (Taisch et al. 2012). Furthermore, cooperatives are seen as having several advantages over corporations: more dimensional values and profits, sustainable financing, democratic decision making processes, embedded in local structures and over regional networks and high potential for innovation (Taisch et al. 2012).

3.2 Findings on different kinds of cooperatives

3.2.1 Housing cooperatives

Many articles were found concerning housing cooperatives and co-housing institutions. The most representative examples are described below. Housing cooperatives are established in a few German cities, e.g. Bielefeld, Liebenau, Wipperfuerth and Bremen. Their goal is to provide neighbourhood aid (e.g. aid with household tasks) and care for the residents. A common characteristic of all projects is the central importance of mutual neighbourly support to meet the demand for assistance of their

elderly residents. A study shows not only an improvement in living satisfaction amongst residents but also indicates a huge potential for socio-economic cost savings (Borgloh & Westerheide, 2012).

Similar institutions exist in the Netherlands, Sweden and Denmark. The residents are aged 45 or 50 years and older (depending on the legislation) helping each other and sharing important tasks of everyday life (Bamford, 2005; Choi, 2004; Motevasel, 2006). In Sweden new cooperatives in the welfare sector have dramatically in recent years. A growing network of CDAs (cooperative development agencies) exists, which helps the cooperatives in their start-up phase (Stryjan & Wilksröm, 1996). One example of a housing cooperative in Sweden is provided by Stryjan et al. (1996). It is a centre for independent living that enables severely handicapped people to employ their own personal assistants and direct their work. The cooperative is situated in the greater Stockholm area with about 120 handicapped members. They manage the administration with municipalities and have the responsibility for about 600 part-time employees. The recipients of care and support are simultaneously the employers.

These kinds of institutions also exist in the UK, were they are called community enterprises. They engage with and contribute to local regeneration strategies. Within these communities many services are provided to the residents, e.g. care, activities, sports club etc. They are mostly established for people from a socially disadvantaged background (e.g. immigrants, poor, elderly) (Bailey, 2012).

3.2.2 Senior cooperatives / time account systems

A few studies were identified concerning “senior cooperatives”. The examples given are all located in Germany. Senior cooperatives are a new kind of self-help organisation, in which civil activities are practised on the basis of exchange of support. These senior cooperatives function like time account institutions, but have a broader offer of services: translation services, renovation assistance, dealing with furniture, clothes etc. Senior cooperatives are therefore more than local exchange systems. Following the idea of the LETSystem (Local Exchange Trading System) senior cooperatives use time-accounts for rendered and received services. These can be visits, coaching and accompanying services (doctor, shopping), attending to elderlies (talking, listening) or providing meals-on-wheels. Seniors able to provide support can use their time, knowledge and skills to support other seniors. Later in life when they need help themselves they can cash in time from their time account to receive services.

The problem with the senior cooperatives is that there are often too few active members providing services and too many who would like to receive services. There are about 400 senior cooperatives with varying membership numbers in Germany (Schroeder, 2006). They most often choose the legal

form of an association because that is the easiest way to form a legal establishment (Köstler, 2007; Otto, 1996).

Time account systems and mixed systems (time values and remuneration) providing specific aid or care support for elderly. They are not designed for professional care. If more advanced care is provided, cooperatives usually cooperate with existing care providers. Mixed systems seem to be more successful in the long term than sole time-banks as they attract more people rendering services, but also because frail people or people in need of care could otherwise not participate if they were required to render services themselves as well. At the beginning, all cooperatives needed support from the government to set up their administration. To get the time-banks going some kind of mixed system has to be in place where services can be paid for or services have to be given for free (Oesch & Künzi, 2008).

3.2.3 Health care cooperatives

Many care cooperatives in Italy were established because of a change in the health care system. A new third sector emerged and healthcare services formerly provided by the government are now provided by cooperatives. The care cooperatives pursue objectives of inclusion and serve the needs of disadvantaged groups by assuming the form of social enterprises. A very high percentage of Italian cooperatives are dependent on government funding (80% and more) (Borzaga & Fazzi, 2014). One example is the cooperative San Rocco in Ravenna. It is a nursing home that hosts, looks after and gives medical assistance to elderly people who are unable to live autonomously. The centre is managed by a group of social cooperatives that have an agreement with the Ravenna health system. It is considered to be the most innovative experiment at present in the region (Pagani, 2001).

Another article found on the topic of care cooperatives is about the Scottish system. Local healthcare cooperatives are part of the new primary care trusts in the Scottish system. In the Lothian health board area, the cooperatives have been developed from existing locality planning structures and are led by a Lothian-wide multidisciplinary steering group. Two cooperatives within Lothian's new primary care trust differ considerably: one cooperative renders services of health care management and the other is evolving into a clinical network. The members are healthcare providers. Those cooperatives are dependent on the government and came into existence through a change in the healthcare system (Hopton & Heaney, 1999).

In the UK many social enterprises focus on social or health care, e.g. the Sandwell Community Caring Trust. This social enterprise has about 600 members and has the goal of helping individuals, who are unable to live entirely independently. It offers residential care and day care for elderly people and the disabled (Jones, 2011).

In Norway voluntary organisations contribute to the care of the elderly. These organisations are also financially supported by public authorities because they realized their great contribution to elderly care. These organisations offer help for the individual home, meals-on-wheels and run senior centres, where seniors can meet and socialise (Amoako-Addo, 2005).

Although not from Europe, but nevertheless a remarkable example of a well operated care cooperative, is a facility in Japan described in an article from Lord and Mellor (1996). The “Fukushi Club” is a cooperative in the Kanagawa prefecture of Japan that provides personal care. The cooperative was set up in 1989 by the “Seikatsu Club Consumers’ Cooperative”, which traditionally provides private households with groceries and consumer goods. As care is traditionally provided by the family in Japan, shifts in family structure in recent decades has led to a gap in the system of provision of care for the elderly. On the other hand, in Japan it is difficult for women to find paid employment that allows them to provide for their family at the same time. The goal of the Kanagawa branch of the “Saikatsu Club” was therefore, to provide an alternative to institutionalized public sector care provision, to recognise women’s unpaid care work in order to bring it out of the home and into the community by providing flexible paid work form women. In 1993 it had 4700 members (500 workers and 4200 care recipients) spread across the prefecture of Kanagawa. All members pay a fee to join the cooperative and an annual membership fee. The system works with a time-ticketing system. People in need of care services can then buy time coupons. The wages of the care workers are generated through this coupon system. More details about the structure and organization of the club are provided in the article.

4 DISCUSSION

4.1 Use of term “cooperative” and understanding in different European countries

We found that there is no common understanding of the term “cooperative”. In different countries the term has different meanings. There are organisations that call themselves “cooperatives” without meeting the defined criteria (see 1.1) and there are associations that fulfil the criteria without legally being a cooperative. The superordinate term is “social enterprise”, which comprises diverse economic initiatives, like volunteer organisations, cooperatives or private limited companies with social aims (Thomas, 2004). In the UK, for example, they are called community enterprises, in Italy, social cooperatives and in Germany, cooperatives. However, it is most important to closely look at their organisational form; cooperatives very often turn out to be associations rather than enterprises. These institutions were founded to fill the gaps of the public and private welfare sector. As the situation in every European country is different with different political and legal systems behind them, these cooperatives have developed in different directions. For example, in France there is a state controlled welfare mix, with only few voluntary organisations but many independent ones. In Germany there is a decentralized "social-partner" system where welfare is mainly based on voluntary organisations: the “welfare associations”. In the UK a liberal regime is established and a rise of local "social service departments" can be observed (Bode, 2006).

As described above, profound differences in the legal context of cooperatives exists throughout Europe. Even in countries with specific laws for cooperatives, these enterprises often choose to use other legal forms like associations, companies limited by guarantee or by share etc. (Borzaga & Galera, 2012; Defourny & Nyssens, 2010).

These findings back our initial assumption that it is problematic to look for an all-encompassing cooperative concept for Europe. European countries are diverse and therefore, their conceptions of cooperatives are difficult to compare by means of a literature research.

4.2 Current set-up of care cooperatives and communities in Europe: answering the research questions

As mentioned before, there is a lack of literature on care cooperatives in Europe. The literature found is more concerned with general discussions on the rise of cooperatives in different European countries than actually discussing best practice models or describing any cooperative in much detail. Therefore the current research on care cooperatives is relevant and important.

Only a limited amount of information on care cooperatives, their goals, members, services, and ICT use, which is needed to answer the research question, is provided by the literature. We assume that care cooperatives and similar kinds of cooperatives are concepts not sufficiently widespread to be the topic of scientific research. It is planned to make use of tasks 2.3 and 2.4, which are concerned with stakeholder studies, to collect first-hand information on the desired topics in order to give more detailed answers to our research questions.

An interesting finding is that different organisations exist which support cooperatives with organisation, management, and start-up, e.g. cooperative development agencies in Italy or in Sweden (Stryjan & Wijkstrom, 2001). These supportive institutions counteract the lack of education programs recognised for cooperatives (Borzaga & Galera, 2012). The public bodies of these countries have a special interest in supporting cooperatives because they recognise that the welfare sector mainly consists of these social enterprises and that their services are valuable and important.

What are the purposes of care cooperatives and communities in Europe?

The purpose of care cooperatives can be seen as complementing the state in covering the welfare and health care sector in certain countries. Usually they are established for special needs in the community, e.g. supporting elderly people who cannot live independently anymore (Borzaga & Fazzi, 2014; Jones, 2011). These services can vary from establishing a senior centre, where elderly people meet, building nursing homes, where they can live, to offering assistance in daily living at home. It is very important to note, that the purposes of these cooperatives vary from country to country depending on the political situation.

What types, membership demographics, and organisational forms of care cooperatives and communities were found in Europe?

The literature does not describe these aspects in detail. But it seems that in some countries such as Italy, the UK and Sweden, there are special organisations which support cooperatives to establish themselves and which coordinate their work. In Sweden, they are called cooperative development agencies (Stryjan & Wijkstrom, 2001). The types of cooperatives and memberships are also different. Most of them have professional support; sometimes only professionals are members of the cooperatives building a kind of worker cooperative. In Italy, the social cooperatives comprise of 40 to 50 members, half of whom are paid workers. The members can be financing members, legal members, stake-holding members, ordinary or cooperating members, technical or administrative members, honorary members or public bodies (Thomas, 2004). The situation is different in other countries. In some countries there are big cooperatives with approximately 600 members, others are rather small with only 40 members.

Which activities and services do care cooperatives and communities in Europe provide?

The care cooperatives identified offer, among other things, a nursing home that hosts, looks after and gives medical assistance to elderly people (Pagani, 2001). Others offer healthcare management or are attempting to evolve into a clinical network. Housing cooperatives also render health care services and mutual aid in daily living (Hopton & Heaney, 1999). In senior cooperatives, services offered are visits, coaching, and accompanying services (doctor, shopping). Besides that, they provide attendance to elderly people (Köstler, 2007; Otto, 1996). In some cases time account systems can be seen as care cooperatives. They also render assistance services in daily living, as well as translation services, renovation assistance, dealing with furniture, clothes etc. (Oesch et al., 2008).

5 CONCLUSION AND OUTLOOK

5.1 Conclusion

Overall there is a lack of literature on cooperatives for many European countries (Borzaga & Galera, 2012). Diverse political contexts, different legal bases and the different use of the term "cooperative" make it difficult to identify a common understanding of care cooperatives in Europe. Care cooperatives fill the gap between public and private services. Depending on the needs and wishes of the elderly in a community, they provide a broad and adapting variety of support. They are able to be innovative and to adapt quickly to changing requirements of their environment (Pagani 2001). Their members can either be people in need of support, healthcare professionals or even municipalities.

Care cooperatives fulfil the criteria for cooperatives as defined above:

- They are considered enterprises rather than associations, driven by a set of values: self-help, self-responsibility, democracy, equality, equity and solidarity.
- Membership is voluntary and in general open to all people,
- Members are asked to participate and take over responsibilities,
- Members might provide money to the cooperative, which is used to fulfil the purpose of the cooperative and to create value for the community.
- Decisions are made in an open, reflective and democratic environment, based on specific institutional infrastructure.
- Members can either be people in need of support, informal and formal caregivers, other informal or formal service providers or municipalities.

In consequence, associations that only provide voluntary support will be excluded. Further research will show if time-banking models are successful and should be included in our project. This research is part of the next Task 2.2 about best practices of cooperatives.

Questions for the next tasks can be derived from the results:

- Which business models are successful and should be recommended as best practice? Are time-banking models successful and should they be included in our project?
- Where can legal foundations for cooperatives be found in the participating countries? How can they be integrated in the planned platform?
- Who are the primary and secondary stakeholders of care cooperatives?

5.2 Next steps

Best practice aspects will be collected in Task 2.2 by interviewing six representatives of experienced and successful cooperatives.

In Task 2.3 a specific focus will be placed on identifying local and regional level care cooperatives. Relevant stakeholders (organizations, experts, etc.) will be defined.

In Task 2.4 relevant stakeholder will be interviewed about their needs and requirements for care cooperatives and the iCareCoops platform.

A comprehensive catalogue of stakeholders within the fields of AAL within the EU will be aggregated for integration in the platform in Task 2.5.

While performing these tasks all consortium partner will continue to look for literature in their countries and we will integrate important aspects from books, articles and reports in the report at a later date. Therefore, this version of the deliverable can be seen as a working paper that will be refined during the project.

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