



Action to Empower:

Why Australia needs more co-operative and mutual enterprises in health, community, and social services

This report focusses on the potential contribution of co-operatives and mutuals to innovation and reforms in aged care and disability services, informed by Australian experiences and a BCCM study tour of UK mutuals.

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SECTION ONE: Introduction



Foreword

Since it formed in 2013, I have followed with interest the work of the Business Council of Co-operatives and Mutuals (BCCM) because I believe co-operative and mutual enterprises in human services can increase diversity and choice at a time when there is a weakening of community trust in the quality and safety of services provided to vulnerable people. This is especially so in disability, aged care and in services for protecting children and young people.

What stood out for me from the evidence in the Royal Commission into Institutional Responses to Child Sexual Abuse was the disconnect between the stated principles and values of some service providers and their practices. Many of these organisations stand for justice and fairness, yet in practice this was missing not only at the time of abuse, but more significantly when the victims came back as adults to seek redress. Government agencies failed to adequately scrutinise them because of the trust that was historically invested in these churches, prestigious schools, community organisations and private sector companies. This Royal Commission gave great insights into how some organisations can become culturally corrupt. Similar stories and insights are emerging from Royal Commissions into Aged Care and disability service, as well as from the Banking Royal Commission.

It is imperative that the lessons from these inquiries are learned by all organisations that deliver services and support to vulnerable people. It is critical that organisational leadership, governance and cultural deficiencies are addressed. It is important that new models of doing social purpose work can emerge.

Co-operative and mutual enterprises present a worthwhile alternative model because of the social license arrangements embedded in this unique business model. Designed around the international co-operative principles that reinforce open voluntary membership, member economic engagement, democratic governance and investment in community, the BCCM is championing a new mutualism for Australians, combining economic enterprise, social purpose and member accountability.

As the industry peak for co-operative and mutual enterprises in Australia, BCCM punches above its weight. Its advocacy has been effective in demonstrating to governments of all persuasions the benefits of member-ownership. It has crafted a compelling proposition that member-owned enterprises – like mutuals and co-operatives – need to operate on a level playing field alongside other corporate forms and that there is a role for Government to invest in innovation to make this happen.

Following the 2016 Senate Inquiry into Co-operative, Mutual and Member-Owned Firms, there was bipartisan support for 17 recommendations designed to level the playing field for co-operative and mutual enterprises.

This Report contains valuable insights from UK and Australian case studies that demonstrate how having more well-designed and governed co-operative and mutual enterprises can increase the quality and productivity of services. Furthermore, these kinds of organisations often feature high levels of consumer and employee engagement. This has been achieved in the UK where more than 120 mostly employee-owned mutuals have successfully transformed the culture of service provision, many in human services, over the last decade. These case studies and evaluations are an important contribution to public discourse about why

and how the culture of human services has to change if growing numbers of vulnerable people are to be respected and appropriately supported.

It's an exciting time to be working in the human services sector in Australia. Despite some challenges, the National Disability Insurance Scheme (NDIS) is taking shape with the potential to be one of the greatest social policy innovations in our history. In theory and if implemented thoughtfully, creating regulated markets for social care programs like the NDIS and aged care offers a promise of significant reform in how these services are delivered, with many consumers getting to choose what supports they need to live as independently as possible.

Reforms across the human services landscape have created an opportunity and capacity for a different model to emerge, especially between employees and consumers.

When a service is intrinsically linked to a local structure with members in a community, it is more likely to be smaller, networked and have lower overheads. Large providers have a place in these human services markets –as do other business models– some are struggling, especially in thin markets where the cost structures and logistical complexities of larger providers may not work well. The networked enterprise co-operative may be able to overcome these inherent weaknesses.

Good governance is important. Working with the Australian Institute of Company Directors (AICD), the BCCM has recently launched best practice governance principles for co-operative and mutual enterprises. A course in co-operative and mutual governance has also commenced as a BCCM-AICD collaboration.

The role of Government is to sponsor innovation in human services, including in improving accountability and governance and in addressing the challenges of diverse and thin markets, especially in rural and regional Australia.

We don't have an innovation hub for human services in Australia. In the wider context of the NDIS and aged care reform, this is a big weakness in the successful marketisation and reform of human services.

Australian governments can learn from the investments made by successive UK governments in reshaping human service markets through initiatives such as the UK Mutuals program.

Innovation by its very nature creates a ripple effect on others. With education and support, this can also unleash the latent entrepreneurship of workers who are committed to consistently delivering quality services.

Robert Fitzgerald AM

January 2021

The NSW Ageing and Disability Commissioner

Past Roles: Inaugural Chair, Advisory Board for the Australian Charities and Not-For-Profit Commission (ACNC); Productivity Commissioner; NSW Community and Disability Services Commissioner; Convenor of the Indigenous Disadvantage Working Group of the Steering Committee for the Review of Government Service Provision; President, Australian Council of Social Services (ACOSS); Member, National Competition Council.

Key Terms

Health, community and social services

In this report “health, community and social services” refer to health and human services funded primarily by governments such as aged care, disability services, community health and social housing which include services and support to vulnerable people in the community

Co-operatives and mutuals

“Co-operative and mutual enterprises (CMEs) are businesses that are owned by the employees, consumers, suppliers, or a combination of these groups. The design of co-operatives and mutuals around the seven international cooperative principles creates a driving purpose to meet the needs of their members. It is this unique design feature that unites enterprise with humanity to produce a co-operative difference. The term “UK Mutuals” includes both co-operative and mutual business models”.

Read more: <https://www.ica.coop/en/cooperatives/cooperative-identity>

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BCCM would like to thank report author Gillian McFee, for her industry expertise and commitment to research and personal championing of the mutual model in social services over many years. Thanks also to Peter Holbrook, CEO and Professor Jo Pritchard, Senior Consultant, Social Enterprise UK as well as the 28 CEOs and senior government and academic representatives who generously shared their experiences during the UK Mutuals Study tour and provided case studies referenced in this report. Their entrepreneurial flair, combined with a rock-solid commitment to public service delivery, quality person-centred service and standing up for vulnerable people, was truly humbling. See the Attachment for more information. BCCM would also like to thank Estelle Fyffe for her invaluable advice and input to the report.

About the author

After holding senior executive and CEO roles in health and social care for governments and the not-for-profit sector, Gillian McFee immersed herself in understanding the co-operative and mutual business model at a time when she felt there was an opportunity to diversify the ownership structure of service providers to make way for new consumer directed and market-based commissioning programs like the NDIS and aged care.

Executive Summary

Co-operative and mutual business models can increase diversity and choice in Australian health, community and social services in Australia with positive outcomes for accountability, innovation, quality and productivity.

BCCM believes that the greatest impact would come from increasing the number of co-operatives and mutuals in the aged care and disability sectors.

Public inquiries such as the Royal Commissions into Institutional Responses to Child Sexual Abuse, into Aged Care Quality and Safety and into Violence, Abuse, Neglect and Exploitation of People with Disability are demonstrating that Australia needs a fundamental shift in policy settings in these sectors. Incremental changes will not suffice; focus on people, compassion and prevention of abuse and neglect are as or more important than surpluses, concurrent with maintaining financially sustainable services.

The NDIS and other government reforms promoting individual choice and control in a market or quasimarkets, the projected increase in workforce demands for aged care and disability services, and the future of work in the digital age highlight a need for innovation in the design and governance of social services.

Co-operatives and mutuals are powerful business structures capable of driving such innovation. This is demonstrated through case study examples of successful co-operatives and mutual enterprises in Australia and the UK, drawing on insights from the UK Mutuals program.

However, despite the prevalence of CMEs in the UK, the US and Europe, the profile and up-take of co-operative and mutual models of social services delivery in Australia is in its infancy. The opportunity to demonstrate further social policy innovation in Australia in areas such as disability and aged care is yet largely untapped.¹

This report is a call to action to demonstrate how targeted policy measures focused on enabling different forms of ownership, can increase diversity and choice in social services in Australia with positive outcomes for the quality and productivity of those services.

Australia needs alternatives, such as co-operatives and mutuals, to contribute to reforms in health, community and social services, focusing initially on aged care and disability services. This report is informed by research and engagement between Australian industry representatives with UK Mutuals.

Further references are provided from case studies in Australia and the UK, demonstrating what is possible. The Report makes recommendations for harnessing the potential contribution of co-operatives and mutuals towards innovation and cultural change in health, community and social services, providing significant economic and social benefits for many Australians.

¹ Julian Le Grand (December 2017) "Public, private or in between? Staff-led mutuals may be the future of aged and disability care" in The Sydney Morning Herald.

SECTION TWO: Why Australia needs options, such as co-operatives and mutuals, to contribute to reform in health, community and social services

This section outlines the need for alternatives being identified through public inquiries and government reforms and why co-operative and mutual options can contribute to the systems improvements sought. Case examples demonstrating how co-operatives and mutuals can achieve this are provided in the Attachment at the end of this report.

Public Inquiries are raising concerns about safety, quality and design of current systems and services.

The Royal Commission into Institutional Responses to Child Sexual Abuse precipitated a crisis in trust, calling for much greater transparency and accountability at all levels of service provision and governance. A complete disconnect between the principles and values espoused by many publicly funded organisations and their practice was uncovered by this Royal Commission.²

The Royal Commission into Aged Care Quality and Safety chose a single word – Neglect – for their Interim Report.³ In this report the Commission described the Australian aged care system as unkind and uncaring, characterised by an absence of innovation and by rigid conformity, unable to deliver safe and quality care, lacking transparency in communication, reporting and accountability. The Commission also described the Australian aged care system as being built around funding mechanisms, processes, and procedures, not around the people it is supposed to help and support. In a special report⁴ on Aged Care and COVID-19 this Commission made recommendations for immediate action which included increasing numbers and skills of staff in aged care, specifically regarding infection control, allied and mental health and support for meaningful visits between aged care residents and their loved ones. The Royal Commission into Aged Care Quality and Safety have indicated that their Final Report, due February 2021, will call for a fundamental overhaul of the design, objectives, regulation, and funding of aged care in Australia.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability⁵ was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse, and exploitation of, people with disability. The terms of reference include prevention and better protection, achieving best practice in reporting, investigating, and responding and promoting a more inclusive society.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has foreshadowed that their final report, due April 2022, will recommend improvements to laws, policies, structures and practices to ensure a more inclusive and just society.

The serious risk of neglect of those younger people with a disability who are also vulnerable was highlighted by the appalling circumstances surrounding the death in April 2020 of South Australian NDIS participant Ms Ann-Marie Smith. In an investigation report to the NDIS Commission Mr Alan Robertson

² AICD (April 2018) An interview with Robert Fitzgerald AM, Commissioner Royal Commission into Institutional responses to Child Sexual Abuse and Commissioner, Productivity Commission. The Company Director

³ Royal Commission into Aged Care Quality and Safety Interim Report: Neglect (October 2019)

⁴ Royal Commission into Aged Care Quality and Safety, Aged Care and COVID-19: a special report (October 2020, pages 6, 10 and 22).

⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au>

SC recommended changes to the processes, systems, and legal framework of the NDIS Commission which is responsible for regulating service providers⁶. While these changes would strengthen the Commission's oversight of service providers, they cannot alone ensure improved practice by service providers.

Government reforms currently in progress highlight a need for innovation.

There have been significant calls for micro-economic reform to increase the productivity of Australian health and human services. These include calls from the Productivity Commission,⁷ the Competition Policy Review⁸ and the Social Welfare Reform report.⁹

The National Disability Insurance Scheme (NDIS), a major reform of the disability sector, and the Consumer Directed Aged Care reform policies of the Australian Government emphasise personal plans and promote choice and control by participants.

Australia is leading internationally with the NDIS, which is designed around applying insurance and market principles to give participants choice and control and promote social and economic inclusion outcomes. Along with many achievements through the NDIS, there is growing concern about the ability of the existing market to provide the quality of services expected and the level of choice and control now enshrined in legislation¹⁰. An ambitious program like the NDIS inevitably comes with implementation challenges, one such challenge being that of thin or failing markets where there is a gap between the needs of participants and the services available. New approaches are required in market stewardship.¹¹

Concerns regarding thin or failing markets are apparent now for NDIS participants and are likely to become increasingly apparent in aged care.

Why are co-operative and mutual options needed to contribute to reforms?

Co-operative and mutual business models operate according to internationally recognised principles that are enshrined in their constitutions. These principles ensure that stakeholders – including consumers, participants, workers and suppliers – are actively engaged in the business, creating a basis for innovation, codesign, self-management and self-determination. The principles include member economic participation and governance; education, information and training; and concern for community. Whether operating as a 'for profit' or 'not for profit' entity, co-operatives and mutuals are required to invest in their members and community. With members as the primary shareholders, co-operatives and mutuals combine concern for, and investment in people and social purpose with sound business principles and financial management.

Choice and control

Current government reforms point to individual choice and control, self-management, and self-determination as being important to person-centred, safe and efficient service delivery practices that meet regulated quality standards and outcomes.

These policy shifts and the public inquiries referred to above raise legitimate questions about the suitability of many current service models and the potential for alternatives co-designed with consumers and participants to demonstrate evidence-based outcomes, effectiveness, and efficiency.

⁶ Alan Robertson SC (August 2020, pp 7 -9). Independent review of the adequacy of the regulation of the supports and services provided to Ms Ann-Marie Smith, an NDIS participant, who died on 6 April 2020: Report to the Commissioner of the NDIS Quality and Safeguards Commission.

⁷ Commonwealth of Australia (October 2017) Productivity Commission Reforms to Human Services Inquiry Report.

⁸ Professor Ian Harper et al (March 2015) Competition Policy Review Final Report

⁹ Australian Government (February 2015) New System for Better Employment and Social Outcomes Final Report: Report of the Reference Group on Welfare Reform to the Minister for Social Services.

¹⁰ Alex, Devine (2019) Does disability policy really offer choice and control? For Melbourne University at <https://pursuit.unimelb.edu.au/articles/does-disability-policy-really-offer-choice-and-control>

¹¹ EY (April 2019) NDIS Thin Markets Project page 3

New models of aged care and disability services are needed that respond first and foremost to the needs of consumers, that create sustainable employment for employees, and that foster culturally appropriate inclusive services. Member participation and ownership is a key feature of CMEs which can drive innovation, entrepreneurship and co-design. Participation, consultation and the strong voice of service users and employees through their membership, can also reduce the risk of neglect and abuse.¹²

Thin markets

The NDIS national rollout has drawn attention to the challenge of thin markets,¹³ where there is a gap between demand and supply. Gaps between the needs of NDIS participants and the services available may relate to the location where particular services are required, or to other cohort-specific challenges for example in rural and remote communities, for Aboriginal and Torres Strait Islanders and for some culturally and linguistically diverse communities.¹⁴

In Australia and internationally, co-operatives and mutuals are often formed in response to thin markets or market failure and once established are generally highly successful and sustainable.

Well designed and governed, co-operatives and mutuals foster high levels of consumer and employee engagement, which can increase quality and productivity. Local solutions, workforce and technology are all elements of addressing thin markets. Co-operatives and mutuals can deliver and thrive using these solutions.

Local, tailored solutions

Locally based, tailored solutions can provide greater flexibility. Consumers can be empowered through information and training, making it easier for them to exercise choice and control and to find providers they trust. Investment in the community, fit for purpose organisation and service design and accountable governance can contribute to culturally safe and appropriate services, stakeholder engagement and strengthening of community trust in government and non-government service providers. Concern for community is one of the internationally recognised co-operative principles.

Workforce

With the growth of an ageing population and the demands of the NDIS, workforce numbers, skills and design are increasingly challenging for governments and service providers alike. Finding ways to attract more people to work in areas like aged care and disability and develop a quality work force has reached crisis point. This has been sadly demonstrated recently during the Covid-19 pandemic as the casualisation, low wages and lack of clinical skills in this workforce has been found to have contributed to the spread of Covid-19 across residential facilities. Another workforce challenge is that of reaching and maintaining the potential for representation of people with a disability and family carers as proposed in the 2011 Productivity Commission Report into Disability Care and Support.¹⁵

The principles that govern all co-operatives and mutuals foster high levels of worker engagement and productivity through opportunities for member participation and ownership, investment in staff education and through sustainable employment and options for self-management, including employee-led solutions in casualised markets.¹⁶

¹² Illustrated by Joseph Ibrahim's article *If we have the guts to give older people a fair go, this is how we fix aged care in Australia*. The Conversation, 20 October, 2020.

¹³ EY (April 2019) NDIS Thin Markets Project. Discussion paper to inform consultation.

¹⁴ EY (April 2019) NDIS Thin Markets Project. Discussion Paper to inform consultation.

¹⁵ Australian Government Productivity Commission (July 2011). Disability Care and Support: Productivity Commission Inquiry Report, Volume 2., pp 958 – 970

¹⁶ Public Service Mutuals: The State of the Sector, Social Enterprise UK (April 2019) Pages 9 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806202/Public_Service_Mutuals_-_The_State_of_the_Sector_2019.pdf

The future of work in the digital age – digital disruption: a threat or an opportunity?

The digital revolution makes it easier for customers to connect directly with service providers through platforms. Platform-based business models like Uber and Deliveroo make it easy for people to exercise choice, switch service providers and potentially make savings in individual budgets. However, this has come at a cost, sometimes a hidden cost, to workers who trade flexibility for lower wages and job uncertainty, further contributing to the quality and safety related issues of a casualised work force. The rapid rise of platforms in response to Workforce demands in the aged and disability sectors (such as during the COVID-19 pandemic) demonstrate both the potential of platforms and the risk of platform – based business models running ahead of the regulatory regime to protect the vulnerable.

Technology and platform-based business models are here to stay. So is an emerging community interest in secure, quality jobs and ethical, accountable corporate governance. Millennials, the workers of the future, understand how to harness the efficiencies of technology. They also care as much about social impact through their work as they do about being well remunerated. Innovative governance models can harness the benefits of technology without compromising the workforce and the quality of services.

Sustainable and inclusive economic recovery

Co-operatives and mutuals can contribute significantly to post Covid-19 economic recovery. Given the current and projected demand for workers in aged care and disability services there is the potential for these sectors to make a particular contribution to post Covid-19 economic recovery by addressing thin markets and workforce problems such as those exposed during Covid-19.

Co-operative and mutual business models help to create an economy and society that works in the interests of the widest number of people by sharing power in, and the rewards of, business. They have the potential to help create growth, prosperity and fairness through enterprises that spread wealth and prosperity.

Co-operatives and mutuals:

- Help to build a competitive and flexible economy with a diversity of business types
- Provide competition and choice for consumers in a wide range of markets
- Are businesses that plan for the long term rather than the short term
- Are businesses that treat customers fairly and honestly
- Share the benefits of business and wealth throughout the country
- Provide quality local employment for Australians
- Provide services to communities that are valued and needed¹⁷

¹⁷ Business Council of Co-operatives and Mutuals (November 2018) BCCM Blueprint 2nd edition. For an enterprising nation: How Australia's co-operative and mutual businesses can contribute to our nation's growth and prosperity.

SECTION THREE: The Australian experience of co-operatives and mutuals operating in health, community and social services

Examples of Australian co-operatives and mutuals operating successfully across the breadth of the health, community and social services sector demonstrate the potential to scale and replicate these models in other locations and sectors.

Australian Unity

A member-owned firm demonstrating scale and diversification.

Australian Unity is a long established and successful insurance and health care mutual that has steadily grown and diversified to provide independent and assisted living services. Australian Unity became a provider of retirement living through the acquisition of existing retirement communities and is now a developer of new assisted living models and has extended its services into aged care. It provides a range of home and disability services throughout Victoria, New South Wales and Queensland. It is the largest employer of Aboriginal women in NSW. It has rapidly grown these businesses over the last five years and has a capital investment commitment of over \$600 million for expansion. Investment capital can rapidly expand new business functions, creating jobs and growth. Australian Unity is a member-owned mutual company that invests profits back into services and solutions for members and the community.

For more information on Australian Unity please visit their website.

<https://www.australianunity.com.au/about-us/a-mutual-company>

National Health Co-operative (NHC)

A community led co-operative model for thin markets in primary healthcare.

NHC is a not-for-profit, community based, member-owned co-operative and registered charity providing affordable medical and healthcare services to communities in the ACT and regional NSW. The NHC formed in 2006 in response to a lack of bulk billing GPs in north-west Canberra region of West Belconnen, and now operates allied health services and 9 clinics including one on the Australian National University campus under a multi-decade partnership with the university.

The **community led business** model of NHC lends itself to the characteristics of thin markets which are often not attractive for other providers.

For more information on NHC please visit the case study on BCCM website.

<https://bccm.coop/national-health-co-operative-nhc/>

Nundah Co-op

A community economic model whereby people with a disability are both employees and owners of the enterprise demonstrating a solution to thin markets, personal empowerment and employment.

Nundah Community Enterprises Co-operative (Nundah Co-op) was formed in 1998 to create employment and training opportunities for people with mental illness, psycho-social disability learning difficulties or intellectual disability. The Nundah Co-op is owned by its workers and provides sustainable employment for them through two co-operative social enterprises, the Nundah Café Train and a parks and gardens maintenance service.¹⁸

For more information on Nundah Co-op please visit the case study on BCCM website.

<https://bccm.coop/nundah-community-enterprises-co-operative-nundah-co-op/>

Supported Independent Living Co-operative (SILC)

The enterprise co-operative demonstrating potential for efficient self-management and family governance in thin markets.

SILC was established in September 2015 as a hub to support families develop their own independent disability housing models. SILC is a registered NDIS provider and currently supports 12 homes in Sydney, many of which are also incorporated as co-ops in which family members are active members. The board is comprised of parents and/or siblings of the residents and support workers can become members also and have their say too.

This **enterprise co-operative model**, where the members are other enterprises, has great potential in thin markets. Enterprise co-operatives like SILC provide a backbone and hub of services to help the members defray the compliance and establishment costs without losing their autonomy and local decision-making. The efficiencies from pooling administrative tasks through an enterprise co-operative model means NDIS budgets can go much further.

For more information on SILC please visit the case study on BCCM website.

<https://bccm.coop/supporting-independent-living-co-operative-silc/>

The Co-operative Life

An employee owned co-operative model - potential for both thin markets and reduction of workforce casualisation.

The Co-operative Life is a registered NDIS provider and the first employee owned co-operative to operate in the NDIS and aged care in Australia. A strategic direction for The Co-operative Life is to establish an enterprise co-operative with a member-owned co-operative platform, linking workers with NDIS Participants and other service users.

The worker owned co-operative model of The Co-operative Life demonstrates the potential for innovation around employee ownership, and in growth and retention of workforces in thin markets.

For more information on The Co-operative Life please visit the case study on BCCM website.

<https://bccm.coop/the-co-operative-life-formerly-co-operative-home-care/>

¹⁸ Westoby, P., and Shevellar, L. The possibility of co-operatives: a vital contribution to creating meaningful work for people with disabilities. *Disability and Society* (2019), 34, Issue 9 -10, pp 1613 -1636

Kudos Services

Australia's first public service mutual – an alternative approach to government outsourcing; another solution to thin markets.

South Australian based Child and Youth Services Mutual Ltd, or Kudos Services, is an NDIA partner in early childhood intervention and provides individualised therapy services for children over seven.

In 2017-18, BCCM was engaged by the National Disability Services Agency to assist with the process that enabled more than 100 employees to spin out from the South Australian Government to form Kudos Services, retaining and growing the workforce in allied health where there is a significant shortage. As a mutual, there are no outside owners of the business, with income being applied solely to improved services and to wages. In its first years as an independent entity Kudos Service has focused on establishing an employee-led culture, based in values of camaraderie and enterprise, that can deliver workforce retention, productivity and service quality outcomes. Strong foundations are now in place, including a member-elected Board, a new member elected Members Advisory Council, and adjustment of the inherited management structures to align with the new business model. Building on this, Kudos Service is now turning its attention to opportunities to expand its service offerings and extend coverage to regional areas that are traditionally 'thin markets'. In keeping with its enterprising, employee-led culture, new Business Entrepreneur and Therapy Advancement groups have been formed within the mutual to advance these ideas.

For more information on Kudos Services please visit the case study on the BCCM website.

<https://bccm.coop/kudos-services/>



SECTION FOUR: Lessons from the BCCM UK Study Tour

Despite the prevalence of CMEs in the UK, the US and Europe, take-up in Australia is in its infancy. There is much to be learnt to inform how to increase the number of CMEs operating in Australia in health, community and social services from the UK. Recognising this, BCCM worked with Social Enterprise UK (SEUK) to host a UK Mutuals Study Tour of Australian government and non-government sector leaders in September 2018.

This intensive study tour of Greater London and Manchester included 21 visits with mutuals and public figures who are the architects of the UK Mutuals program. For further information please see the Attachment.

For the purposes of this report nine UK organisations have been identified of particular relevance to the Australian situation in the health, community and social services sector. Six are employee owned, two are owned by both employees and consumers and one is consumer owned.

Employee owned:

- **Aspire Mutual** - mental health and disability services
- **Central Surrey Health** - health services
- **CDS** - dental services
- **Greenwich Leisure** - community, health, and social care services
- **John Lewis** – retail, diversified
- **Your Healthcare** - health and care

Employee and Consumer owned

- **Salford Community Leisure** - community services
- **Rochdale Boroughwide Housing** – housing provider that emerged from partnership between Council, workers, and the community

Consumer owned

- **The Co-op Group** – retail, community connections, diversified

These organisations demonstrate:

1. **Member democratic control** - Meaningful member engagement at all levels of the enterprise, sustained over time.
2. **Entrepreneurial leadership** - leadership at formative stages, taking risks and sharing power which has been sustained over time.
3. **Ownership model**¹⁹ - employees, multi-stakeholder or consumers.
4. **Good governance and accountability** - Sustaining a culture of accountability to members and other stakeholders.
5. **For purpose and impact** - Clear social purpose with asset and mission lock. Surpluses reinvested in the enterprise and community impact.
6. **Resilience and sustainability** - Lasting, staying true to purpose, growing, learning from setbacks, willing to talk openly about challenges
7. **Scale** - business acumen and ability to significantly grow the enterprise over time.

Insights and learnings from the UK Mutuels Program

The UK Mutuels Program commenced in 2009 as part of a major government initiative to increase the productivity of public services. Through legislation, funding and mentoring, public servants have been enabled to form employee-led mutuels that are required to demonstrate social impact.²⁰

How does the UK Mutuels Program work?

The UK Mutuels Program has worked in four main ways: Designing and delivering programs; Building the evidence base for public service mutuels; Developing and influencing government policy to help mutuels to develop and thrive; and Advocating and promoting the mutual model across England.²¹

For example, instead of a care home or a library being run by a local council, or a mental health service run by the National Health Service (NHS), staff were empowered to operate it independently for the good of their consumers, colleagues and communities. The UK Mutuels Support Program provides a package of support for growing mutuels through skilled advisors and mentors and through consultancy for smaller mutuels to partner with other organisations to enhance growth.

Employee Ownership – an important consideration

The design of the UK Mutuels program drew on a large body of evidence about the benefits of employee ownership. In the Nuttall Review of Employee Ownership, Graeme Nuttall OBE identified that employee ownership means a meaningful stake in the business underpinned by organisational structures that promote employee engagement beyond financial participation. He found that meaningful employee ownership can be transformative and trigger fundamental enhancements to companies' productivity, adoption of new technologies resilience and decision-making (Future of Work).^{22, 23}

¹⁹ This was influenced by the guidelines of the UK Mutuels Program for spin-outs to be mutuels drawing

²⁰ UK Mutuels Program website

²¹ From extract of an interview in September 2018 with Jonathan Lindley, Director UK Mutuels Program, Government Inclusive Economy Unit (2016-19) and Rachel Corcoran, Senior Policy Advisor (2017-18)

²² Graeme Nuttall (July 2012) Sharing the Success. The Nuttall review of Employee Ownership.

²³ Graeme Nuttall (October 2018) The Future of work needs employee ownership. Institute for the Future of Work

Commercially viable, productive, innovative, better quality services

Over the years there have been several formal evaluations of the mutual sector in the UK, all supporting their value.²⁴

Studies found mutuals are commercially viable and productive, directly supporting their local economy, reinvesting into the organisation, its mission or its local community. Mutuals enable staff to have a tangible say in the way their organisation is run creating a culture and ethos whereby staff are happier, more engaged and take fewer absences than when they worked in the public sector. There is less bureaucracy allowing for faster decisions and more innovative, responsive and better-quality services.

Co-operatives and mutuals could form from within the public service where there are opportunities to increase market diversity, achieve a specific policy objective (such as increased quality and productivity) or as an alternative to privatisation or job losses such as with the UK Mutuals Program. There is potential to change the culture of the not-for-profit, charity and for profit-sectors which can also adopt mutual structures. Different ownership models include consumer members, employee-led, enterprise or business co-operatives, and multi-stakeholder and community ownership.

To illustrate, an evaluation²⁵ commissioned in 2018 by the UK Department for Digital, Culture, Media reported the following:

- **At scale** – representing a combined turnover of £1.6 billion
- **Diverse** – operating across the health sector, education, employment and skills and youth services
- **Profitable** – 92% made a profit in the most recent financial year
- **Growing** – by on average 50% since launch, and 7% in the most recent financial year
- **Flexible** – 90% reported faster or easier decision-making than when part of the public sector
- **Engaging their workforce** – 85% thought the primary benefit of becoming a public service mutual was having a happier and more engaged workforce
- **Innovative** – 66% have developed new products or services in the past year
- **Representative** – 56% of public service mutuals are led by women, and 7% by ethnic minorities

²⁴ Source: BCCM Study Tour 2018, Jonathan Lindley and Rachel Corcoran, Office for Civil Society UK

²⁵ Social Enterprise UK in association with Middlesex University London (April 2018). Public Service Mutuals: The State of the Sector Research, commissioned by Department for Digital, Culture, Media and Sport.



SECTION FIVE: Opportunities and recommendations for Australia

As a spur to innovation and for increased quality of service delivery in health, community services and social services, BCCM considers there is great potential to harness the lessons learned from the Australian experience to date, and from overseas experience including the UK Mutuals Program.

As an example, the BCCM's submission to the Royal Commission into Aged Care Quality and Safety highlighted four areas where CMEs could foster a culture of innovation in aged care:

1. Increase awareness of co-operatives and mutuals in aged care reform
2. Demonstrate how ownership can drive different outcomes in 'quasi-markets'
3. An opportunity for innovation hubs in areas of need highlighted in Royal Commission
4. Involving co-operatives and mutuals in aged care reforms to help achieve cultural change in aged care.

Opportunities

BCCM believes the greatest impact would come from focusing on the aged care and disability sectors where adoption of co-operative and mutual models can address pressing concerns being identified through public inquiries and contribute to world-class reform.

To demonstrate this potential, this report has provided examples of co-operatives and mutuals successfully operating in health, community and social services in Australia and the UK, along with information on the UK Mutuals Program which supports public service employees to establish employee owned mutuals.

Australia has successful examples of employee and community ownership, enterprise co-operatives and public service mutuals, and the capacity for more innovation through fostering the growth of co-operatives and mutuals in health, community, and social services.

Lack of knowledge of, and lack of investment in, co- operative and mutual alternatives are the major hurdles in Australia to the realisation of the potential.

BCCM's policy advocacy and co-operative development work produces results

Since 2014, important progress has been made to increase awareness about co-operatives and mutuals in Australia. BCCM has focused much of its advocacy and development work in sectors impacted by recent Royal Commissions including in financial services, institutional responses to child sexual abuse, aged care and disability services where we consider there is scope to improve market diversity, giving more choice to consumers and protecting vulnerable people. Increased awareness of the opportunities that co-operatives and mutuals offer must be followed by action and investment.

Highlights of the success of BCCM's advocacy²⁶

Senate Inquiry on Co-operatives Mutuals and Member-owned Firms

"The co-operative and mutual sector be represented in government policy discussions and is actively promoted as a possible option for service delivery particularly where community-based initiatives are being considered".

(Final Report. Senate Inquiry into co-operatives, mutuals and member owned firms. March 2016)

Australia's first employee-led mutual wins \$47m contract – Kudos Services forms in South Australia

The state government said "the partnership aims to improve long-term outcomes for children with disabilities by helping them to receive the support they need in the way that they need it.

The agreement also ensures that the highly-skilled allied health and support workforce, currently employed by the State Government's child and youth (department), will continue delivering services to children with disability and developmental delay".

(South Australian Government announcement on the formation of Kudos Services. September 2018)

Competition Policy Review

"As user needs and preferences continue to evolve, public service mutuals could play a greater role in meeting individual and community needs, possibly in conjunction with other significant government initiatives. Indeed, the BCCM's White Paper suggests that NDIS trial sites could prove ideal for piloting a disability staff co-operative".

(Competition Policy Review Final Report. March 2015)

Amendment to Corporations Act includes definition of a mutual

Treasury Laws (Mutual Reforms) Act 2019 amends Corporations Act to enable capital raising for mutuals receives bi-partisan support from both Houses of the Commonwealth Parliament.

(April 2019)

Social Welfare Reform

This review "observed that there was an opportunity for co-operatives and mutuals to have a larger role in service delivery where the business model is founded on member participation and democratic control which creates obligations and responsibilities on those members".

(Social Welfare Reform. Final Report. November 2016)



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AND MUTUALS**

²⁶ <https://bccm.coop/what-we-do/advocacy-and-policy/>

Recommendations

A combination of government and industry led policies could proactively accelerate the adoption of co-operative and mutual alternatives in health, social and community services giving priority to aged care and disability:

- Policy reforms include, but are not limited to: Investment in initiatives to accelerate the adoption of co-operative and mutual alternatives such as access to capital, co-operative and mutual business model education, and funding for targeted consultancy on mutualising services, and evaluation and research of pilots.²⁷
- Development of policies and legislation to support Australian co-operatives and mutuals to develop and thrive, including legislation to protect mutuals from demutualisation.
- Exploration of alternatives to the casualisation and outsourcing of work in health, social and community services including opportunities for formation of public service mutuals, learning from the example of Kudos Services in South Australia.
- Industry-led promotions and engagement strategy including fostering relationships with government, industry and advocacy groups to promote knowledge of co-operative and mutual alternatives.
- Establishing an expert cross-sector task force to develop a social services sector program that is industry-led and provides education, consultancy partnerships and an investment program for co-operative and mutual start-ups and established organisations exploring conversion to a co-operative or mutual model.
- Building the evidence base with an evaluation partner or consortium with a background in co-operatives and mutuals and evidence-based program evaluation methodology.



²⁷ BCCM's Blueprint, 2nd Edition sets out policy reform priorities that will make it easier to form and grow co-operative and mutual enterprises in Australia: <https://bccm.coop/wp/wp-content/uploads/2019/04/2018-Blueprint-for-an-enterprising-nation.pdf>
International Labour Organization's Recommendation 193 on the Promotion of Cooperatives also provides general guidance on government policy to enable formation of co-operatives and mutuals: https://www.ilo.org/dyn/normlex/en/?p=NORMLEXPUB:12100:0:NO:P12100_ILO_CODE:R193

SECTION SIX: Getting help

Industry assistance for starting up or running a co-operative or mutual

The Business Council of Co-operatives and Mutuals is a not-for-profit provider of specialist advice and assistance to organisations, staff, clients and other stakeholders seeking to learn about, form and grow co-operatives and mutuals in health, community and social services. BCCM brings together a team of core and specialist advisers from Australia and overseas that can assist with projects at all stages of development.

The BCCM has extensive experience in supporting the start-up and operation of co-ops and mutuals in these sectors, both in Australia and overseas. A benefit of working with BCCM is that we can be flexible in drawing on the International Co-operative Alliance as well as co-operatives and mutuals in Australia to help facilitate discussion and build peer-to-peer understanding about sometimes difficult policy and design issues that inevitably emerge in co-op formation.

Our approach is predicated on ensuring members are empowered to understand what it means to form and run their co-op or mutual. Information and engagement with members needs to be designed so that members choose to co-operate with each other and develop a plan for ownership that will sustain their shared business into the future.

BCCM experience:

- Engaged by NDIA to advise members and other stakeholders on formation of **Kudos Services**, the first employee-owned Public Service Mutual in Australia
- Advisor in formation of **Supporting Independent Living Co-operative**, fast-growing enterprise co-operative for family-governed SDA houses
- Advisor to established social services provider **annecto Inc** on co-operative ownership options
- Advisor in start-up phase of employee-owned **The Co-operative Life**
- Information and guidance to the **Staying Put** working group

Contact for further information:

Business Council of Co-operatives and Mutuals (BCCM) | GPO Box 5166, Wynyard, Sydney 2001
www.bccm.coop | info@bccm.coop | (02) 8279 6050

Useful health, community and social services co-op links

- [Setting up a co-operative](#)
- [Defining mutuality: what are co-operative and mutual enterprises?](#)
- More resources at getmutual.coop
- **Australian case studies:**
 - [National Health Co-op](#)
 - [Nundah Community Enterprises Co-op](#)
 - [The Co-operative Life](#)
 - [Supporting Independent Living Co-operative](#)
 - [Kudos Services](#)
- **UK case studies:**
 - [Aspire Mutual](#)
 - [Community Dental Services](#)
 - [CSH Surrey](#)
 - [Greenwich Leisure Limited](#)
 - [HCT Group](#)
 - [Rochdale Boroughwide Housing](#)
 - [Your Healthcare](#)
- [UK Government: Public Service Mutuals](#)
- [Don Dunstan Foundation: Towards a Co-operative State](#)

About BCCM

The Business Council of Co-operatives and Mutuals (BCCM) is the national peak body for co-operatives and mutuals in Australia.

It is a member funded and driven organisation representing co-operatives and mutuals in all industries. The Council's 80 members have more than 11 million members, including 60,000 businesses, combined.

From 2016-2019 the BCCM co-ordinated industry action to work with Government to bring forward the first enabling legislation for co-operatives and mutuals in 18 years.

BCCM is an industry-led association that has achieved many firsts for the co-operative and mutual business community in Australia. This includes a unique set of best practice [governance principles for CMEs](#) and the world first [Mutual Value Measurement](#) framework to demonstrate the positive impact of Australian CMEs on their members, customers, the community and the economy.



ATTACHMENT: Mutual case studies from the UK

Your Healthcare

Your Healthcare is a provider of community health, social care and infrastructure services in Kingston and beyond. It is an employee-owned mutual with an annual turnover of more than £35m and a workforce of around 800 staff.

The mutual is constituted as a Community Interest Company (CIC) Limited by Shares and is committed to re-investing profits back into frontline care.

The organisation launched in 2010 as part of the Right to Request Transforming Community Services Policy. The move came from staff in the National Health Service (NHS) who saw the opportunity to establish a new organisation owned by its members that combined public service ethos with public service entrepreneurship and financial discipline.

The founders of Your Healthcare saw mutualism as a way to organise health and social care work differently. Instead of NHS hierarchy, employees became owners and service users are at the centre of everything.

Your Healthcare's ownership model includes two classes of members: – members who are employees of the company and who own a share in the company, and affiliated members who can be employees or community members.

As well as the Board of Directors, there is also an elected Membership Council, which is the voice of members and affiliated members. Two members of the Membership Council attend meetings of the Board of Directors in a non-voting capacity. All members have access to information, a voice in the company and the opportunity to be elected to a representative role in the company's governance.



¹ '2019 National Mutual Economy Report', BCCM (2019) <https://bccm.coop/wp/wp-content/uploads/2019/11/BCCM-2019-NME-Report.pdf>.

² 'Worker Cooperatives for New York City: A Vision for Addressing Income Inequality', Federation of Protestant Welfare Agencies (2014) <https://community-wealth.org/content/worker-cooperatives-new-york-city-vision-addressing-income-inequality>.

Community Dental Services (CDS)

CDS is a small community dental service that formed in 2011 under the UK Mutuals Program “Right to Request”. With the help of a nationally funded Transition Director, CDS staff were supported to “spin out” from a large NHS Community Trust. A union staff vote was held to determine if the transition would proceed. 78% voted to transition.

CDS is 100% employee-owned and employs 487 people across 65 clinics. As a social enterprise, CDS trades and makes a profit for a social purpose. After investments, 10% of any surplus made each year is redistributed equitably to the business and local charities. This includes funding for performance bonuses distributed equitably to all staff. CDS has established CDS Action as a charity that receives donations from any CDS surplus each year.

Services are mostly commissioned by NHS England and Local Authorities to deliver NHS dental care and oral health promotion advice across a diverse range of communities. CDC services are commissioned by the Local Authority.

In addition to its clinics, CDS also provides mobile clinics, prison dental services, oral health clinics and services in people’s homes, retirement villages and care homes.

Employee engagement is a key part of the CDS governance model. Employees are represented in governance at the local level through to employee elected directors on the Board.

Aspire Mutual

Aspire is a social enterprise dedicated to providing care and support for adults living with learning difficulties, disabilities and mental health.

The Aspire team is currently made up of approximately 300 support workers and 80 casual staff. It provides support through assisted living for over 800 people who have learning disabilities and or complex physical health needs.

The context for Aspire’s formation was financial stringency in the Salford Council around social care expenditure and a new policy to separate service delivery from commissioning. Aspire was the first to spin out from Salford Council in 2014 under the UK Mutuals Program. In its first four years, Aspire generated £1.2M of efficiency savings for Salford Council.

Vital business and legal advice were available to the staff group with £200K funded by the Mutuals Support program.

Aspire is a not-for-profit Community Interest Company (CIC) with an asset lock operating as an employee-owned social enterprise mutual.

³ ‘BCCM in New York: The Ecosystem Behind Up & Go and the Millions NY City Council Spends on Worker Co-op Development’, BCCM (2018) <https://bccm.coop/bccm-new-york-part-2/>.

⁴ See Gary Lewis, *People Before Profit: The Credit Union Movement in Australia* (Wakefield Press, 1996).

⁵ For resources on the sector see the Customer Owned Banking Association website: <http://www.customerownedbanking.asn.au/>.

⁶ Examples include The Barossa Co-op, Emerald and District Co-operative, Cobargo Co-op, Terang and District Co-op, Mount Barker Co-op, Hastings Co-op, Killarney Co-operative, Sea Lake and District Co-op and Kaniva Community Co-operative.

Salford Community Leisure

Salford Community Leisure (SCL) is member-owned social enterprise with a mission to “get everyone active”, operating in Salford. SCL manages over 60 venues serving more than three million people on behalf of Salford City Council, including leisure and aquatics facilities, library and information services, museums and heritage services, sporting pitches and park cafes.

SCL formed in 2003 as a “spin out” of the leisure services from Salford City Council. Prior to this, the City Council faced significant financial pressures, making it necessary to deliver leisure services more efficiently. At the time, Salford was the tenth most disadvantaged place in England. The private sector was not keen to invest in services there, not believing they could make a return. Outsourcing to the private sector was not seen as an optimal way to promote jobs and sustain good pay and conditions for workers. The staff were also concerned about a private option, fearing for their pay and conditions. Various options were considered including setting up a so-called Trust to manage the services outside of the City Council and private sector outsourcing options.

The immediate financial benefit of the new form of ownership was around £500m in financial savings, achieved from savings on non-domestic rates and VAT.

As an independent legal entity separate from Salford City Council, Salford Community Leisure Limited is a community benefit society with charitable status.

SCL employs over 500 people, with 70% of its workforce living in the local council area.

Rochdale Boroughwide Housing (RBH)

Rochdale Boroughwide Housing (RBH) is the UK's first tenant and employee co-owned mutual housing society, with over 12,000 homes throughout 52 neighbourhoods. It employs 580 people and has an annual turnover of £55m.

It formed as a mutual in March 2012 as part of a stock transfer from Rochdale Borough Council. Building on RBH's success, another mutual has formed on similar lines to RBH in Merthyr Valley Homes in Wales.

Another motivation for the transfer was to improve choice and quality of housing service options. The mix of housing provided in the Council had not changed and there was a mismatch between demand and supply. The quality of the rental housing was also very poor. The housing transfer was seen as a way to change that.

RBH has developed a pioneering governance model that places members at the heart of decision-making, allowing them to enjoy a sense of security and belonging in places they make great together. RBH is governed by a Board of Directors and a Representative Body: The Board is responsible for the overall management of the society and the delivery of services, while the Representative Body set strategy and direction. The Representative Body is elected from and by tenant and employee members.

HCT Group

Hackney Community Transport (HCT) was originally founded in 1982 when around 30 local community groups in the London Borough of Hackney pooled their vehicle resources, helped by a grant from Hackney Borough council.

Formally incorporated in 1983, it was one of the many small community transport organisations across the country that provided low-cost minibus transport to community groups, marginalised communities, non profit organisations and social clubs.

HCT chose to trade rather than rely on diminishing grants. For HCT, being a social enterprise means they are a business that trades to tackle social problems, improve communities and people's life chances, and to protect the environment.

Today, HCT Group provides over 30 million passenger trips on its buses every year. HCT Group has become a social enterprise at national scale, growing at an average of 24 per cent per year for 20 years, with contracts won in competition with the multi-national giants of the transport industry.

HCT operates a fleet of over 750 vehicles from sixteen depots across London, Yorkshire, the southwest, the northwest and the Channel Islands, with a staff team of over 1,800 and a 2017/18 turnover of £62.9m.

HCT Group (the holding company for HCT's operations) is a registered charity with the Charity Commission and a private company limited by guarantee, registered in England and Wales. This charitable status provides for asset and mission locks. This means HCT cannot be sold for private gain and cannot distribute profit to shareholders. The mission lock enshrines the HCT social purpose as HCT's first priority.

Greenwich Leisure Limited

Greenwich Leisure Limited (GLL) is an employee-owned Mutual Social Enterprise.

GLL formed in 1993 when Greenwich Council needed to find a new way to run its leisure centres because of public spending cuts. Privatisation was not a political or social fit for Greenwich. Remaining with the Council was not affordable. A new model was needed that was based on public sector values and with private sector freedoms. Designing the new model on the international Co-operative principles was favoured.

GLL is constituted as a Society for the Benefit of the Community. It has a co-operative structure and is staff-led. GLL's structure is non-profit distributing organisation and is governed by a stakeholder board.

GLL manages more than 270 public sport and leisure centres, 113 libraries in partnership with 50 local councils, public agencies and sporting organisations. Its membership has gone from about 7,000 to more than 850,000 with 58 million visitors to its facilities per year.

CSH Surrey

CSH Surrey is an employee-owned, not-for-profit NHS community healthcare provider. Since 2006 the organisation has worked in partnership with the NHS and social care in homes, clinics, hospitals and schools to transform local community health services.

CSH Surrey started out as Central Surrey Health, when a group of more than 560 nurses, therapists and support staff chose to leave the NHS in 2006 and set up their own not-for-profit social enterprise – believing they could provide higher quality healthcare services by combining the core values and principles of the NHS with the entrepreneurial ‘can do’ culture of a successfully run business.

As an NHS provider registered with the Care Quality Commission (CQC) and a company limited by shares and registered at Companies House, CSH Surrey has clear minimum or essential standards to achieve as an organisation, which include financial, health and safety and data protection.

CSH Surrey has established a community fund where they distribute surpluses from efficient operations in the community. Since 2012, CSH Surrey has awarded more than £55K in grants to local charities.

In 2017, as a result of retaining its existing contract and winning new contracts, CSH Surrey doubled in size.

The Co-operative Group

The Co-operative Group (The Co-op) is a large British consumer co-operative providing a diverse range of retail and wholesale services including food, legal services, insurance and funeral care. It is also one of the world’s largest consumer co-operatives, owned by millions of members, and the UK’s fifth biggest food retailer with more than 2,500 local, convenience and medium-sized stores.

Membership is open to everyone, providing they subscribe £1 to the capital of the society and share the co-operative values and principles. Members benefit from using the Co-op’s services, and as members they may be entitled to vote in elections and on society motions

In addition, the Co-op operates a membership reward scheme giving members 5% reward on Co-op own brand food products and 1% allocation to a local cause, which the member can choose. Since November 2017, £19m has been raised for local causes. The Co-op Group has a long tradition of supporting the larger co-operative movement, investing in causes that address systemic disadvantage.

The Co-op Group has its origins in the co-operative consumer societies started by the Rochdale Pioneers. In 1863, independent co-op societies formed The Co-operative Wholesale Society (CWS). They provided Co-op products to sell in hundreds of Co-op stores. Over the next century, CWS went through many changes and eventually became The Co-operative Group.

Today, the Co-op Group employs over 70,000 people and serves members through its four key businesses: Co-op Food, Co-op Funeralcare, Co-op Insurance and Co-op Legal Services. These combined services have 3,750 outlets, which contribute to The Group annual turnover of £9 billion.

The John Lewis Partnership

The John Lewis Partnership is the UK's largest employee-owned business and parent company of John Lewis & Partners and Waitrose & Partners, which are owned in Trust by over 80,000 Partners. There are 50 John Lewis & Partners shops plus one outlet and 337 Waitrose & Partners shops across the UK. The Partnership also has two international sourcing offices, a soft furnishings factory, various distribution centres, three Waitrose & Partners cookery schools, a content production hub, heritage centre and its own Waitrose & Partners farm.

The Partnership was founded over a century ago by John Spedan Lewis who began an experiment into a better way of doing business by including staff in decision-making on how the business would be run. With 83,500 employee owners – called Partners – the John Lewis & Partners is the UK's largest employee-owned business.

The commercial strategy of the John Lewis Partnership is differentiation, not scale. It invests in its point of difference of employee-ownership.

Its democratic network of elected councils, committees and forums enables Partners to participate in decision making, challenge management on performance and have a say in how the business is run. The Partnership Council represents all Partners, reflecting their opinion, to ensure the business is run for and on behalf of all Partners. It shares responsibility for the Partnership's health with the Partnership Board and the Chairman. Its role is to hold the Chairman to account, influence policy and make key governance decisions.

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