



## SENIORS FOR SOCIAL ACTION ONTARIO

### TAKING MATTERS INTO OUR OWN HANDS

## CARE CO-OPERATIVES – A BETTER APPROACH TO CARING FOR EACH OTHER

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When governments fail to act in the public interest, other alternatives often develop to fill that gap and address the needs of citizens. That is the case with care co-operatives.

*“Cooperatives are people-centred enterprises owned, controlled and run by and for their members to realise their common economic, social, and cultural needs and aspirations...[they] bring people together in a democratic and equal way. Whether the members are the customers, employees, users or residents, cooperatives are democratically managed by the 'one member, one vote' rule. Members share equal voting rights regardless of the amount of capital they put into the enterprise.....cooperatives share internationally agreed principles and act together to build a better world through cooperation. Putting fairness, equality and social justice at the heart of the enterprise, cooperatives around the world are allowing people to work together to create sustainable enterprises that generate long-term jobs and prosperity. Cooperatives allow people to take control of their economic future and, because they are not owned by shareholders, the economic and social benefits of their activity stay in the communities where they are established. Profits generated are either reinvested in the enterprise or returned to the members.” (International Cooperative Alliance, 2022).*

With the Ontario government’s current plan to institutionalize tens of thousands of additional older adults and people with disabilities in long-term care facilities, people have had to find their own solutions to prevent their institutionalization and the warehousing of their loved ones. With few to no long-term care approaches that support the dignity and health of older adults and people with disabilities being funded provincially, made in Ontario alternatives are needed to address the gaps.

### CANADA WAS THE WORST IN THE WORLD FOR DEATHS IN LONG-TERM CARE

In 2020 the pandemic hit, and there was wholesale slaughter of older adults in Ontario’s and Canada’s long-term care institutions. In Ontario the death rate was 13 times higher for older adults living in institutions than those living in the community (Akhtar-Danesh, 2022). Over 4500 died in Ontario alone, and thousands more became infected. Families and caregivers were refused entry to facilities, and were forced to watch their loved ones deteriorate and die right before their eyes through windows or on computer screens.

“While Canada’s overall COVID-19 mortality rate was relatively low compared with the rates in other OECD countries, it had the highest proportion of deaths occurring in long-term care. LTC residents accounted for 81% of all reported COVID-19 deaths in Canada, compared with an average of 38% in other OECD countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain)”(CIHI, 2020). These figures demonstrate the overwhelming failure of Canada’s long-term care policy and practices at all government levels.

The continued lack of interest in fundamental reform of long-term care by the general public and government is disturbing. Canadians appear prepared to abandon their pride about Canada being a good country that takes care of its people, and accept being the worst country in the world when it comes to treatment of its elders, especially those requiring support.

The impact of the pandemic on institutionalized older adults could have been a different story. But the moral of THIS story is that older adults and their families are on their own - abandoned by governments at all levels, and of little concern to the general public. The Ontario government is forcing thousands of older adults to end their days in facilities away from their homes, communities, friends and neighbors.

## **ENTER CO-OPERATIVES AS AN ALTERNATIVE TO LONG-TERM CARE INSTITUTIONS**

In June, 2006 a resolution was passed at the annual general meeting of the Canadian Co-operative Association to establish a National Task Force on Co-op Elder Care. The task force examined the state of elder care in Canada, and explored the role that co-ops might play in addressing what was an emerging “crisis of care”. What it found was “a disturbing portrait of government neglect and policy chaos with regard to the critical needs being faced daily by seniors in this country” (British Columbia Cooperative Association (BCCA, 2008:iv). There was “broad consensus among both practitioners and academics on what the problems are and what is required to address them. It is now clear that unless a concerted effort is launched by a broad coalition of stakeholders, the problems afflicting a growing portion of the Canadian population will not soon be resolved”(BCCA, 2008:iv).

Even before the pandemic, the National Task Force on Co-op Elder Care outlined the problem:

*“The maltreatment of seniors in both state-run institutions and for-profit nursing homes is one of the most distressing, and recurring scandals of our society. There are precise reasons for this, but the most important is the absence of direct accountability to consumers or their families for the manner in which elder care is designed and delivered. Too often, the kind of responsive, humane care that all seniors have a right to expect takes a back seat to the imperatives of state bureaucracies on the one hand, or the demand for shareholder profits by commercial enterprises on the other. It is here that co-operative models hold a powerful advantage over either state or private-run systems”* (BCCA, 2008:v).

“The absence of direct accountability to consumers or their families...”. This statement precisely sums up the problem and outlines what needs to be done. Older adults and their families need to take matters into their own hands. Care co-operatives provide one means of doing so.

### ***Do People Really Need To Be Institutionalized?***

For many, this would provide an alternative to institutionalization. With information obtained by SSAO from the Legislative Library showing that only 32% of long-term care residents aged 65+ have a significant disability (20,671) and 68% have no significant disability (44,683) (Ontario Ministry of Health, 2020/21), it should be obvious that many could continue to live in the community with this amount of care obtained from a worker co-op, plus additional home care hours.

An existing housing co-op could also establish its own accompanying care co-op. Any group of people living in a local area could form their own care co-op by pooling their resources and hiring their own staff.

A growing number of co-ops, many “worker co-ops” and “multi-stakeholder co-ops” are beginning to focus on in-home care. Representing a broad range of interests – employees, caregivers, and community members, these co-ops are starting to gain a foothold as alternatives to institutionalization.

### **WHAT CAN CO-OPS PROVIDE?**

Co-ops can provide lower cost alternatives to the high cost of housing and in-home care. Individuals pooling and managing their own resources means that they are in charge of what services are provided and how. They become members of the co-op, and by combining their funds are able to create resident and family-designed housing and/or services.

Those living in an ordinary neighborhood, or in naturally occurring retirement communities, can also band together to form a care co-op by pooling their resources in order to hire their own staff to provide care to their members. In other words, they can take control of their own lives and care and become employers of staff who report to them, by redirecting their funds to a care co-op rather than into the pockets of wealthy retirement or nursing home corporations.

### **TYPES OF CO-OPS**

#### ***Housing***

There already exist a wide variety of co-operative housing options from apartments, to townhouses, to freestanding dwellings, and shared living arrangements. Housing options range from market housing to subsidized units supported by Canada Mortgage and Housing Corporation. Housing co-op options could be intergenerational or integrated, or geared to

particular groups. And they can be staffed to provide direct assistance to individuals who live in them, possibly in cooperation with worker co-ops.

### ***The Older Women's Network Housing Co-op***

The Older Women's Network has created a housing co-op on The Esplanade in Toronto with spacious one and two bedroom units, some with solariums or balconies, with units fitted for persons with disabilities and wheelchair accessibility. There are common areas – a lounge, roof garden, library and meeting rooms for members' and the community's use. 70% of the rental units are subsidized for individuals on fixed incomes or who have low incomes, and 30% are market value rents. All those living in the building make a commitment to participate in its operation and management.

This is exactly the kind of housing co-op that could easily negotiate with a worker-owned care co-op to provide in-home assistance to its members to help them to continue to age in place, or create its own care co-op.

### ***Worker-Owned Care Co-Op***

Russ Christianson, who has helped launch over 200 co-ops over thirty years, puts it simply: “Most people would much rather age at home than be moved to a long-term care home, but we simply don’t provide adequate home care services to allow this to happen” (Ontario Co-operative Association, 2021). The devaluation of both older adults and their PSW caregivers has contributed to the problem. “The root of our problems with long-term care is that we don’t value our elders or their caregivers. The way we are warehousing older people in large, institutional long-term care homes is inhumane, and the pandemic has laid this bare. And, the way we treat PSWs – with low wages, precarious employment and little say in their working conditions – feels like a throwback to Charles Dickens’ time”, says Christianson (Ontario Co-operative Association, 2021).

### ***The Home Care Workers' Cooperative***

There is already an answer in one part of Ontario. A PSW owned non-profit co-operative called the Home Care Workers' Cooperative (HCWC) is paving the way for more of these types of care co-ops across Ontario. The Ontario Co-operative Association agrees that “the best way to provide long-term care is to create warmer, smaller households focused on relationships and the individual interests of residents - and this is exactly what a robust home care service can provide”(Ontario Co-operative Association, 2021). HCWC pays PSW's \$21.00 per hour plus benefits, provides 7 days of paid sick leave, travel time and mileage, and aims to have PSWs work regular hours and build lasting relationships with clients because they see the same people consistently. Home care service users pay \$35.00 per hour. Compared to the cost of living in a long-term care facility – almost \$90.00 per day in most cases (Ontario government, 2022), this level of funding could be redirected towards purchasing 3 hours a day of individualized home

care from a staff person they know who is employed by a worker co-op, rather than dealing with ever changing shifts of workers.

## **WHAT WOULD A CARE CO-OP LOOK LIKE?**

Imagine six families, each supporting a person with dementia, renting a 4-5 bedroom home with 4-5 bathrooms, and instead of collectively paying a total of \$13,680.24 to \$16,209.66 per month to a private nursing home corporation for a semi-private or private room in an institution (Ontario government, 2022; seniorcareaccess.com, 2019), pooling those funds into a care-coop? 4-5 bedroom homes in Toronto rent for approximately \$4500 - \$5000. per month. In other parts of Ontario rentals are far less. If any of the six individuals with dementia own their own homes, they may be able to become part of a co-housing arrangement, thereby cutting monthly costs even more, and allowing the purchase of additional support.

PSW's can be hired at \$21.00 per hour. This can purchase about 476 hours of care per month or almost 16 hours of care per day on a 1-6 staff to resident ratio – far different from the ratios found in long-term care facilities. Two shifts could be covered in this way with families collectively organizing additional coverage of overnight shifts.

Add in volunteer time that each family donates to the co-op and the potential addition of student placements and Home Care services for each person, as well as a volunteer program and 24 hour support and supervision become possible. Link the co-op program with a community paramedicine program, and there is built in availability of health services 24-7 through in-home and remote methods including online support, non-emergency home visits, and monitoring of vital signs (Ontario government, 2021). If care co-ops like this were to incorporate as non-profits, they could also apply for grants and engage in fundraising.

Imagine the difference in quality of life - residents sitting around a table to have dinner, able to take part in household chores and activities if they wish, sitting outside in a backyard patio with bird feeders and a garden for at least 6 months of the year, and families getting together to take their loved ones out for a coffee at the local coffee shop, or bringing in some treats for everyone and staying for coffee or tea with their loved one.

No institutional feel or smell.

Everyone contributes a bit to the care co-op and home – cleaning, fixing a meal, socializing etc. Each family could bring dinner over once a week or order in and have dinner together on the weekend.

Local neighborhood volunteers could be recruited who may wish to contribute some soup, or fix something, or just take someone out for a walk.

In a care co-op what is built is a sense of community. Residents and families feel more connected and supported. And there is no need to constantly battle with a nursing home

corporation over the quality of care a loved one is receiving, because caregivers and any other service providers report to the co-op, not to a corporation.

It is doable. It is a lot more humane than a nursing home. And residents and their families are in charge rather than a nursing home corporation.

It is a way to redirect personal funds to create something better, more homelike, warmer, kinder, and more personalized.

Families could also buy into a larger care co-op, and by contributing monthly, obtain in or out of home respite support. Or families in a neighborhood who are caregivers could pool their funds and create a care co-op and hire workers to supplement their efforts and give them periodic breaks.

Care co-ops can be as different and flexible as those who create them wish them to be.

Families can choose to be very involved, or more marginally involved. Some families may prefer to make a financial, rather than an in-kind donation. Either way care co-ops offer a more personalized way to go, and because they are incorporated as non-profit organizations, they can be available to assist generations of families.

## **HOW TO START A CARE CO-OP**

Co-ops are incorporated entities so they have limited liability. They can raise funds from members who are also owners, from investors, traditional loans, gofundme-type fundraising, and grants from foundations and private donors, or a combination of these (Co-ops first, 2022). They generally begin with the formation of a steering committee.

Guidelines and support are available from the Government of Canada, which has stated its support for co-operatives (Government of Canada, 2022).

A first step for any individual or group wishing to start a co-operative might be a discussion with their MP, with a request to be directed to individuals within the Federal government who can assist.

## **IN CONCLUSION**

The current long-term care system in Ontario is unsustainable financially and morally. With the Home Care system grossly underfunded and in chaos, and very few small, neighborhood-based staffed community residence options, older adults who require residential support, and people with disabilities have literally no choice but to be institutionalized. Except that almost no one wants to end up in an institution, and many workers don't want to work there either, with thousands leaving the system each year. The government's own staffing study showed that approximately 25% of personal support workers with two or more years of experience leave the institutional sector yearly and 50% are retained in health care for fewer than five years with 43%

leaving because of burnout (Government of Ontario, 2020). A lot of that has to do with working conditions and having to provide assembly line care in institutions. Working in a home in the community where more attention can be paid to those being cared for is better for residents and staff.

Care co-ops may provide the alternative needed to address both better quality of life for residents and staff.

This article is meant to provide information about care co-ops for non-profit service providers, religious organizations, service clubs, retiree associations, unions, seniors' and disability organizations, and to individuals concerned about care their loved ones are receiving through Home Care or in a long-term care institution.

It may be time to start thinking about care co-ops, housing co-ops, or both as a better alternative than institutions. With so much assistance available to establish them, the time is now.

John Restakis of the B.C. Co-op Association sums it up:

*“Despite the dispiriting state of elder care today, it is also true that in communities across Canada individuals and organizations from all walks of life and from every political persuasion are creating viable, innovative solutions to the needs of seniors. Elder care co-ops are a key component in this effort. In fact, our research has shown that co-ops are now a crucial strategy in providing seniors with the care they need while greatly improving the quality of life they lead.”* (British Columbia Co-operative Association, 2008).

John has accepted SSAO's invitation to lead a special, free, online event on options for establishing elder care co-ops this Fall.

Care co-ops offer individuals, service, retiree, and religious organizations and municipal governments another way rather than investing heavily in institutionalization. All can redirect funding into co-operatives where those being supported realize all of the benefits of that funding. Co-ops offer another means for individuals, organizations, and local governments to be able to take matters into their own hands.

This article was intended to provide information to local groups, organizations, municipalities, and individuals considering how else to support themselves and those they love in order to avoid institutionalization.

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