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SECOND BEST PRACTICES REPORT
ON COOPERATIVES

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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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Johannes Burger, SYNYO
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1 INTRODUCTION

The European continent is confronted with an inevitable demographic change: over the next 40 years the proportion of the population over the age of 65 in the European Union will double, rising from 17% in 2005 to 30% in 2050 (European Foundation for the Improvement of Living and Working, 2009). As European healthcare systems are facing challenges of sustainability and increasing resource scarcity, dignified ageing and caregiving is becoming a pressing concern to a huge number of Europeans in the long-term future (McLean, Protti, & Sheikh, 2011) (OECD, 2011) (Simoens, Villeneuve, & Hurst, 2005).

In reaction, individuals and organizations across Europe from all walks of life and from every political persuasion are experimenting and developing viable and innovative solutions to the needs of elderly. As autonomous associations of persons who voluntarily cooperate for their mutual social, economic, and cultural benefit, cooperatives have a unique opportunity to play a lead role in this movement.

Cooperative enterprises bring together civil society and local actors to deliver community needs. They are typically based on the cooperative values of “self-help, self-responsibility, democracy and equality, equity and solidarity” and the following principles:

- Voluntary and open membership,
- Democratic member control,
- Economic participation by members,
- Autonomy and independence,
- Education, training and information,
- Inter-cooperative cooperation,
- Concern for community.

Cooperatives are dedicated to the values of openness, social responsibility and caring for others. Economic benefits are distributed proportionally to each member's level of participation in the cooperative, for instance, by a dividend on sales or purchases, rather than according to capital invested. Such legal entities are distinguished from other forms of incorporation in that profit-making or economic stability are balanced by the interests of the community (International Co-operative Alliance, 2015). Furthermore, a considerable part of European citizens already relies on cooperatives in their everyday lives: Europe counts an estimated 180,000 cooperative enterprises, gathering 140 million members and employing 4.5 million people, with an aggregated annual turnover exceeding one trillion euros (Quintana Cocolina, 2016).

Preliminary evidence from the field suggests that cooperatives have been active in the care sector, in line with the expansion and diversification of care needs (International Labour Organization, 2016).
However, much remains unknown about the size and importance of the cooperative model in the care economy, and its capacity to generate innovation in this sector.

This is the second part of the Best Practices Report of iCareCoops project, its first part being published in October 2015 (Nodari & Cousin, 2015). It aims to explore cooperatives in different sectors and countries to gain a sound understanding of their practices and needs. Two goals are pursued here: 1) analyse key features to learn from, in order to support the set-up of elderly care cooperatives, and 2) understand the role of information and communication technologies (ICT), and the technological state of the art in the service delivery. This work also serves to study cooperative concepts in other domains and to identify ICT driven roles and workflows, and as a strong learning mechanism for the conception of iCareCoops carried out in WP3.

As some readers may only read this second report, some parts of the first report are repeated here.
2 METHODOLOGY

Our first report was intended to get a first insight into the sector, the way different types of cooperatives work and their main concerns. It was based on a small and targeted sample of 6 interviews carried out in 5 countries.

To provide a sound understanding on how a good cooperative works, the survey aimed to go through the main areas that could be of interest for a person willing to set up a cooperative. In this respect, six topics were identified as encompassing the main constitutive elements of a cooperative business: (i) ownership of cooperative and motivation; (ii) governance of cooperative; (iii) service delivery; (iv) financing of cooperative; (v) involvement of community; and (vi) use of ICT tools.

This first round allowed us to deepen our knowledge on this topic at the crossways between cooperatives and elderly care. It identified potential “best practices” for each of the topics outlined above, i.e. cooperative models contributing to improve the elderly care environment – in accordance with iCareCoops project and Active and Assisted Living programme's objectives.

The following best practices were formulated, providing researchers with a set of criteria helping us to identify and focus on high added-value models implemented across Europe.

(i) Ownership of Cooperative/Motivation:

- membership is open to service users (older people and/or relatives) and providers (formal and/or informal), and/or to other stakeholders;
- membership is used as a tool to stimulate care cooperative culture on a given territory;
- interactive mechanisms are implemented to ensure compliance of cooperative processes and services with the needs of users and providers;
- service users feel empowered; members are better-off thanks to the elderly care cooperative.

(ii) Governance of Cooperative:

- decision-making processes involve service users and providers, and/or other stakeholders;
- internal rules and innovative mechanisms ensure inclusive decision-making processes based on a flat hierarchy.
(iii) **Service Delivery:**
- a cooperative is the unique elderly care service provider on a given territory embedded in a tight local network and driven by user-oriented needs;
- elderly care services are delivered in an innovative way.

(iv) **Financing of Cooperative:**
- the cooperative model allows the settlement of a viable elderly care business – where other models fail;
- the cooperative implements mechanisms to attract external investors and/or raise additional public funding.

(v) **Involvement of Community:**
- the cooperative interacts with the local community through innovative mechanisms;
- the local community has developed a better awareness of elderly care issues thanks to cooperative action / intergenerational solidarity have spread in the community thanks to the cooperative’s actions.

(vi) **Use of ICT tools:** ICT tools are used to support innovative mechanisms / service delivery systems and management enhancement or simplification

On the basis of this first research results, a second round of interviews was conducted from November 2015 until June 2016. A qualitative content analysis was used as this method allows for an in-depth study of the models surveyed, and a better understanding of the context, processes and goals pursued in each case. All interviews were semi-structured on 38 open questions encompassing three topics (see annex A): a) founding of the cooperative, members and services; b) ownership, financing and governance; c) use of ICT tools. They were conducted face to face or by phone, and transcribed verbatim. A template was used for the analysis and to consolidate all results of each question from the partners (see annex B).

Four organisations of the iCareCoops consortium (Cooperatives Europe, ZHAW, ZDUS and VIA) interviewed a total of 27 organisations, from 12 European countries (see annex C). All these interviews provided relevant insights on cooperative models and elderly care activities developed at the local level, and 16 of them (from seven countries) presented models and activities complying
with best practices presented (see chapter 3). Table 1 below provides an overview of the countries covered by our research.

<table>
<thead>
<tr>
<th>Country</th>
<th>Interviewed organizations</th>
<th>Cooperative best practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Belgium</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Croatia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>France</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Germany</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Italy</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Slovenia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Spain</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Switzerland</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>UK</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

*Table n°1: Breakdown of interviewed organizations per country.*
3  OVERVIEW OF THE SAMPLE

The sample includes 16 cooperatives established in seven European countries (see tables 2 and 3), selected in accordance with the following criteria proposed by Cooperatives Europe:

1) Geographical diversity: seven European countries are covered, representing a diversity of national cooperative movements and traditions;

<table>
<thead>
<tr>
<th>Country</th>
<th>Cooperative enterprises</th>
<th>Cooperative members</th>
<th>Cooperative employees</th>
<th>Annual aggregated turnover (billion €)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>1,684</td>
<td>3,185,800</td>
<td>37,235</td>
<td>10.22</td>
</tr>
<tr>
<td>Belgium</td>
<td>338</td>
<td>400,000</td>
<td>6,846</td>
<td>5.94</td>
</tr>
<tr>
<td>France</td>
<td>22,517</td>
<td>26,106,829</td>
<td>1,217,466</td>
<td>306.9</td>
</tr>
<tr>
<td>Italy</td>
<td>39,600</td>
<td>12,620,000</td>
<td>1,150,200</td>
<td>150.3</td>
</tr>
<tr>
<td>Spain</td>
<td>20,050</td>
<td>7,296,629</td>
<td>290,221</td>
<td>61</td>
</tr>
<tr>
<td>Switzerland</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>6,800</td>
<td>14,919,093</td>
<td>33,829</td>
<td>51.14</td>
</tr>
</tbody>
</table>

Table n° 2: Overview of the seven national cooperative movements covered in this study
(Quintana Cocolina, 2016)

2) Sectorial diversity, meaning a) diversity of elderly care services provided (nursing, home care at large, retirement homes); and b) diversity of economic activities covered (housing, social welfare, health);

3) Organisational diversity: cooperatives are owned and managed whether by the beneficiaries, the workers, or a diversity of shareholders;

4) Diversity of economic situations: the sample ranges from small, local and recently established cooperatives (e.g. Zukunfts Wohnen, hiring 2 persons with an annual turnover of CHF 400,000), to multinational cooperative groups (e.g. Groupe Up, 2355 employees, €350 million annual turnover).

1 Not available
<table>
<thead>
<tr>
<th>Country</th>
<th>Name of cooperative</th>
<th>Economic sector</th>
<th>Ownership (cooperative members)</th>
<th>Annual turnover (million €)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>Aldia Cooperativa sociale</td>
<td>Social care</td>
<td>Workers</td>
<td>8.0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Am Hof Köniz</td>
<td>Housing</td>
<td>Users (tenants)</td>
<td>n/a</td>
</tr>
<tr>
<td>Italy</td>
<td>COOSS</td>
<td>Social care</td>
<td>Workers</td>
<td>50.0</td>
</tr>
<tr>
<td>Belgium</td>
<td>E.MM.A</td>
<td>Social care</td>
<td>Multi-stakeholder (care providers, local community, investors)</td>
<td>0.01</td>
</tr>
<tr>
<td>France</td>
<td>Groupe Up</td>
<td>Social welfare</td>
<td>Workers</td>
<td>347.5</td>
</tr>
<tr>
<td>Italy</td>
<td>Itaca</td>
<td>Social care</td>
<td>Workers</td>
<td>40.0</td>
</tr>
<tr>
<td>UK</td>
<td>Leading Lives</td>
<td>Social care</td>
<td>Workers</td>
<td>11.0</td>
</tr>
<tr>
<td>Spain</td>
<td>LorcaMur</td>
<td>Social care</td>
<td>Workers</td>
<td>1.0</td>
</tr>
<tr>
<td>Belgium</td>
<td>Thuisverpleging Meerdael</td>
<td>Social care</td>
<td>Workers</td>
<td>1.5</td>
</tr>
<tr>
<td>Austria</td>
<td>P.E.G.</td>
<td>Health</td>
<td>Healthcare providers</td>
<td>n/a</td>
</tr>
<tr>
<td>Spain</td>
<td>Grupo SSI</td>
<td>Social care</td>
<td>Workers</td>
<td>n/a</td>
</tr>
<tr>
<td>France</td>
<td>Solidarité Versailles Grand Âge</td>
<td>Social care</td>
<td>Multi-stakeholder (municipality, local community, employees, investors and partners)</td>
<td>n/a</td>
</tr>
<tr>
<td>France</td>
<td>Viv'Lavie</td>
<td>Social care</td>
<td>Multi-stakeholder</td>
<td>0.25</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Zeitgut Luzern</td>
<td>Housing</td>
<td>Local community</td>
<td>10.0</td>
</tr>
<tr>
<td>Belgium</td>
<td>Zorgpunt</td>
<td>Health</td>
<td>Health professionals (pharmacists and nurses)</td>
<td>n/a</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Zukunfts Wohnen</td>
<td>Housing</td>
<td>Multi-stakeholder (beneficiaries, local community, partners)</td>
<td>0.37</td>
</tr>
</tbody>
</table>

*Table n°3: Overview of the 16 cooperative organisations presented in this study.*
4 PRESENTATION OF BEST PRACTICES

The presentation of best practices examples encompasses the 6 topics (1) ownership of cooperative and motivation; (2) governance of cooperative; (3) service delivery; (4) financing of cooperative; (5) involvement of community; and (6) use of ICT tools, designed to provide a clear overview of a cooperative’s typical constitutive elements (see chapter 1). The presented examples aim to highlight one topic where each cooperative indicates outstanding conditions and provides a substantial added value to this rich and diversified panel.
4.1 Ownership/Motivation

a) Leading Lives

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>334</td>
<td>565</td>
<td>Suffolk (United Kingdom)</td>
<td>2011</td>
</tr>
</tbody>
</table>

Best practices

- **Ownership/Motivation: improve care efficiency through democratic management.**

In a national context of drastic reduction of public expenditures in the field of social care, Leading Lives successfully demonstrates that the cooperative model can increase efficiency while reducing costs. One major asset is its staff’s high commitment: the company benefits from higher trust among its employees (who are both workers and owners), allowing to simplify processes and reduce the resources dedicated to staff management.

- **Involvement of the community: invest profits in local initiatives boosting solidarity.**

Leading Lives considers that a complementarity exists – and must be supported – between the civil society actions and its own services. In this respect, part of the cooperative’s Surplus is reinvested in a “Community Benefits Fund”, which awards grants of up to £5,000 to not for profit organizations and community groups who share its vision to support vulnerable people to live the life they choose and to progress in life.

About the organisation

Before a reform passed in 2010, a high proportion of care services in the United Kingdom (UK) were managed and provided by local councils. As a consequence of this cabinet Office Mutual Programme and Right to Provide legislation, local councils and NHS services are able to outsource social care to independent service providers. This implied major changes to the Suffolk county council: the social care department chose to separate from its 450 professional care staff it employed at that time.

Leading Lives was thus created to ensure continuity of social care, while saving care providers’ jobs and complying with a new organizational form (independent instead of public). It also had to deal with a challenging social and political context: outsourcing of services went together with a reduction of public expenditure, while the needs for social care were increasing (as a consequence of increasing demographic pressure due to longer of life expectancy). The cooperative model was considered as the most adequate to face these challenges: it allowed to involve all staff members in
the difficult decisions to take (especially staff cuts), ensure a fair distribution of efforts and benefits, and set up a more efficient management structure (reduce the number of management positions thanks to higher commitment from the staff).

This model has been successful so far: it has progressively reached financial stability and high performance, providing services to 1,200 customers.

**Elderly care economic activity**

Leading Lives provides care services to dependent people at large. 20% of its customers are older people. Services include: in-house supported living, community support (developing and maintaining people’s skills to continue living as independently as possible), supported short stays and holidays, and community hubs (offering information, guidance and learning activities).

**ICT usage**

ICT solutions used by Leading Lives are quite basic: database to register members, emails, website, and social media (Facebook, Twitter). The management team however expressed their interest to develop new ways of engaging members and costumers, or improve the coordination of teams and in using assistive technology to improve service response/cost efficiency.

**Economic benchmarks***

<table>
<thead>
<tr>
<th>Legal form</th>
<th>Industrial Provident Society (IPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>£11,000,000</td>
</tr>
<tr>
<td>Price of shares</td>
<td>£1</td>
</tr>
<tr>
<td>Net income</td>
<td>£500,000</td>
</tr>
<tr>
<td>Social capital</td>
<td>£1,400,000</td>
</tr>
<tr>
<td>Allocation of profits</td>
<td>reinvested in the cooperative, redistributed to members, invested in a community fund for local development.</td>
</tr>
</tbody>
</table>

**Contacts**

Lucy Humphrey, current Chair of the board of directors
Leading Lives
12 Great Whip Street
Ipswich, IP2 8EZ – United Kingdom
+44 1473 602931
lucy.humphrey@leadinglives.org.uk
www.leadinglives.org.uk

*As of January 2016.
b) Einkaufs- und Wirtschaftsgenossenschaft für soziale Einrichtungen Reg. Gen.m.b.H. (P.E.G.)

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>118</td>
<td>n/a</td>
<td>Vienna (Austria)</td>
<td>1987</td>
</tr>
</tbody>
</table>

**Best practices**

- **Ownership/Motivation: create solidarity among healthcare private actors.**

The cooperative is owned by a set of private entities active in the field of healthcare, including elderly care: private health institutions, sanatorium, rehabilitation centres, spa facilities, retirement and nursing homes, facilities for disabled, schools, charitable and ecclesiastical organisations and catering companies.

- **Service delivery: increase care sector’s efficiency with economies of scale.**

P.E.G. negotiates with different partner suppliers for a vast range of products framework commercial contracts and special conditions for its members. Collective bargaining thus allows care providers to reduce their costs while improving the quality of care services.

**About the organisation**

In 1986, members of the Austrian association of private hospitals decided to establish a commercial and economic cooperative, which would allow healthcare providers to collectively promote their interest and improve the quality of service. The cooperative was officially set up and registered in 1987: its membership has since then almost constantly grown (14 founding members, 118 today).

P.E.G. is a not-for-profit cooperative. It aims to rationalize measures in purchasing, planning, construction, equipment and education in the field of healthcare, including elderly care. Over the last decades, P.E.G. has enlarged the range of products provided and partner suppliers. Thanks to its large membership, the cooperative is now able to accumulate (purchase) orders and make its members benefit from interesting economy of scales: reducing costs, while ensuring better quality and adequacy of available services and products with care providers’ needs and requirements. As a consequence, small businesses become more competitive and more reactive to beneficiaries’ needs and requirements.

Last but not least, P.E.G. demonstrates concern for the community, especially by ensuring transparency of its processes. As a renowned Austrian cooperative, P.E.G. condemns any approach that would accept or favour corruption and unfair competition.
Elderly care economic activity

P.E.G.’s activity covers all products and services related to healthcare and elderly care services. Its members have access to a wide range of products which are necessary to provide care services at a better price and quality than what could be obtained through individual and small-scale purchasing:
- office supplies and equipment,
- services (e.g. insurance, waste disposal, leasing textiles, fuel cards, etc.),
- furnishings (dining, textiles, furniture), energy (electricity, gas, oil),
- foodstuff (from wholesaler and producers),
- medical and cleaning products (including chemistry),
- communication.

P.E.G. business model relies on commissions paid by partner suppliers.

ICT usage

The usage of ICT solutions is currently limited to internal administrative tasks, and commercialization of services (online payment). The cooperative is however willing to improve its IT system. Projects include modernizing the database, and implement an electronic order system between cooperative members and partner suppliers.

Economic benchmarks*

Legal form: Genossenschaft mit beschränkter Haftung
Turnover: n/a
Price of shares: €73
Net income: n/a
Social capital: n/a
Allocation of profits: n/a

Contacts

Mr Rainer Unger, Managing director
Einkaufs- und Wirtschaftsgenossenschaft für soziale Einrichtungen Reg. Gen.m.b.H. (P.E.G.)
Wiedner Hauptstraße 127/29
A-1050 Wien – Austria
+43 1 440 24 88
einkauf@peg.at
www.peg.at

* As of May 2016.
c) Zorgpunt

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>50</td>
<td>2</td>
<td>Bierbeek (Belgium)</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Best practices**

➡ **Ownership/Motivation: create a cooperative culture among health professionals.**

Zorgpunt started as a non-cooperative business, before switching to a cooperative form. The cooperative model offers a number of advantages: as cooperative members, health professionals discuss and take decisions about the organisation’s strategic orientations (through the general assembly), hereby creating a feeling of trust and belonging among co-operators towards their organisation. On top of that, since pharmacists and nurses own Zorgpunt, they get a return on the company’s benefits.

➡ **Service delivery: mutualize health professionals’ resources.**

Zorgpunt offers a system to rationalize and mutualize resources between health professionals: pharmacists are asked to create stocks in their shops, in order to provide several pick-up points for nurses and reduce their (sometimes long) travelling distances.

**About the organisation**

Zorgpunt concept came from the recurring difficulty met by pharmacists to get quality professional material (e.g. hospital beds and wheelchairs) at short notice. Many used to rent material from private service providers, meaning buying services from external organizations without getting any return on their profits. The idea emerged to create a pharmacist-owned organisation which would provide (sell and rent) quality and easily accessible professional material. Zorgpunt recently extended its membership to new professionals with similar needs, namely nurses.

The cooperative is growing quickly. The recruitment of permanent staff ensuring a 24/7 service delivery, together with economies of scales and high-quality standards, allow the cooperative to become competitive on the market. In particular, Zorgpunt is currently building partnerships with hospitals, offering a bed delivery service to the patient’s house in 24 hours.

Health professionals don’t have to be members to buy Zorgpunt’s services, at the same price as members. Becoming a member offers several advantages though: benefiting from the cooperative’s economic success through redistribution of profits, and being able to take part to the cooperative
governance by attending General Assembly meetings. The cooperative is planning to count 100 members by the end of 2016, and 500 in 2017.

**Elderly care economic activity**

Zorgpunt business model focuses on healthcare material, which includes material for older persons. Its activity allows to ensure a better distribution of higher quality professional material, hereby improving quality of service for the end-user – especially living rural areas.

**ICT usage**

The cooperative has an online shopping platform, managed by an external IT provider. This tool offers the possibility to buy and rent goods. It also offers a login page for customers.

<table>
<thead>
<tr>
<th>Economic benchmarks*</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal form: coöperatieve vennootschap met beperkte aansprakelijkheid (cvba)</td>
<td>Filip Gilias, co-founder</td>
</tr>
<tr>
<td>Turnover: n/a</td>
<td>Zorgpunt cvba</td>
</tr>
<tr>
<td>Price of shares: €1,000</td>
<td>Dorpsstraat 29</td>
</tr>
<tr>
<td>Net income: n/a</td>
<td>3360 Bierbeek – Belgium</td>
</tr>
<tr>
<td>Social capital: €300,000</td>
<td>+32 471 21 15 17</td>
</tr>
<tr>
<td>Allocation of profits: redistributed to members.</td>
<td><a href="mailto:f.gilias@gmail.com">f.gilias@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.zorgpunt.eu">www.zorgpunt.eu</a></td>
</tr>
</tbody>
</table>

* As of May 2016.
4.2 Governance of cooperative

a) Thuisverpleging Meerdael

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>15</td>
<td>25</td>
<td>Vaalbeek (Belgium)</td>
<td>2014</td>
</tr>
</tbody>
</table>

Best practices

Governance: ensure horizontal and inclusive decision-making processes.

Involving members at all stages of the cooperative decision-making process is a fundamental concern of Thuisverpleging Meerdael cvba. All aspects of the cooperative’s life (management, strategy, partnerships...) are deliberated by the co-operators during monthly general assembly meetings, where a 70% majority must be reached to make any decision. As for urgent matters, an elected Board is entitled to take initiatives – but those are presented to the General Assembly for control and validation.

Involvement of the community: stimulate a care cooperative movement in Belgium

Thuisverpleging Meerdael cvba believes that diffusing cooperative values will benefit the community at large. In this perspective, non-member stakeholders (partner healthcare providers) are regularly invited to attend meetings of the cooperative: this led to the creation of a new cooperative (Zorgpunt) with three pharmacists. What’s more, an event is organized every year between nurses and care receivers, so as to widen the feeling of belonging to the cooperative.

About the organisation

Thuisverpleging Meerdael cvba was initially constituted as an informal network of nurses, aiming at improving the coordination of care givers so as to ensure a 24/7 operational service to their customers. In 2014, the network registered as a cooperative business in order to meet new legal requirements, allow the formalization of partnerships and improve its members’ working conditions. It currently provides home care nursing services to 2750 patients in the Leuven area. Thuisverpleging Meerdael cvba counts 25 nurses, among whom 15 are cooperative members – the 10 others will be entitled to apply for membership 3 years after they joined the cooperative.

The cooperative aims to improve various aspect of nurses’ working conditions, among which: extension of job opportunities, eligibility to health insurance and pension saving system,
administrative support, monthly professional training sessions, holidays and sickness leave among other benefits (statement Cooperatives Europe).

In the meantime, the organisation is committed to preserve the flexibility enjoyed by its members when they were independent workers, especially by offering two kinds of contracts: ‘independent’ (the nurse is paid according to the amount of work delivered), or ‘employee’ (the nurse receives a flat monthly wage). The organisation’s structural expenses are covered by its members’ contributions (8% of each member’s wage).

**Elderly care economic activity**

Thuisverpleging Meerdael cvba provides home care nursing services, independently of the patient’s age. It is however estimated that 70% of the care receivers are above 65 years old, representing 80% of the total turnover.

**ICT usage**

As a care provider, Thuisverpleging Meerdael cvba is required to use the national nursing programmes (Care-Ace and MyCareNet), offering solutions related to the sector such as health data collection and billing system. Besides that, due to a light organisational structure and low IT support capacity, the cooperative relies on basic and ICT solutions (e.g. Dropbox) to carry out most of its administrative tasks (management of human resources, paperwork, etc.). A substantial benefit of iCareCoops solutions would be to ensure high data security of potentially sensitive information.

**Economic benchmarks***

- Legal form: coöperatieve vennootschap met beperkte aansprakelijkheid (cvba)
- Turnover: €1,500,000
- Price of shares: €1,000 (members); €6,200 (board members)
- Net income: €0
- Social capital: €26,600
- Allocation of profits: redistributed to members.

* As of February 2016.

**Contacts**

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3054 Vaalbeek – Belgium
+32 496 34 75 65
info@thuisverpleging-meerdael.be
www.thuisverpleging-meerdael.be
b) Viv’Lavie

<table>
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<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
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<tr>
<td>Social care</td>
<td>117</td>
<td>6</td>
<td>Le Collet de Dèze (France)</td>
<td>2007</td>
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</table>

Best practices

⇒ *Ownership/Motivation:* Improve care services as an asset for local development.

The project emerged in a rural territory, where populations were facing challenges of two kinds: insufficient care services available, and growing aspiration of dependent persons to stay in their own homes. In order to address these challenges in a collective and inclusive way, citizen assemblies were organised to discuss the cooperative project. The cooperative organisation is owned by four categories of shareholders: a) municipality, b) independent health practitioners, c) employees, and d) beneficiaries (care receivers and their relatives).

⇒ *Governance:* Involve care givers and receivers in inclusive decision-making processes.

The cooperative governance scheme combines a multi-stakeholder decision-making process and autonomous management bodies. All four shareholder categories are represented at the General Assembly and Board. However, the elderly care home is managed by the beneficiaries, and the future healthcare center will be managed by health practitioners. This mechanism grants the community with a political control over the local offer of care services, while beneficiaries and practitioners are allowed to manage the services according to their own needs and aspirations.

About the organisation

The founding of the cooperative was exclusively financed through shares sold to the local community. It also received substantial support from the local council, which transformed a vacant presbytery into an elderly house and rented it out to the cooperative: this prevented the recently established organisation from facing potential financial constraints during its first years.

As presented above, the governance system creates four groups of shareholders. At the General Assembly, each group owns 25% of the votes: a decision thus needs to be approved by at least 3 out of 4 groups to be adopted. Similarly, the Board counts 12 members, i.e. 3 elected persons for each group.

The cooperative business model currently relies on three main financial sources: rents paid by elderly beneficiaries; public funding to manage home care activities; punctual subsidies.
Elderly care economic activity

Cooperative’s activity has been developed around three services:

1/ A housing project for older people. This house-sharing system creates an elderly friendly environment co-managed by beneficiaries’ families. The costs of care services are reduced, both thanks to economies of scale (integrated care services provided in one place) and solidarity between members (families help each other for daily matters). Finally, as beneficiaries are care providers’ employers, they decide by themselves on how to organise care services.

2/ A home care service for dependent people. This service usually provided by the local authorities was delegated to the cooperative.

3/ A multi-professional healthcare centre, to open in 2016. This centre will host 18 independent health practitioners (e.g. GPs, nurses, and physiotherapists...) implementing a common health project. This will offer activities of prevention and education for health. The practitioners themselves will manage it.

ICT usage

Currently, usage of ICT solutions is limited to software required to manage the home care service. However, the future healthcare centre will work further on e-health solutions – one main challenge being a lack of internet coverage of this rural area.

Economic benchmarks*

<table>
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<tr>
<td>Turnover: €245,000</td>
<td>M. Philippe Malherbe</td>
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<td>Price of shares: €50</td>
<td>Viv’LaVie</td>
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<td>Net income: n/a</td>
<td>Route de Sauveplane</td>
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<td>Social capital: €27,350</td>
<td>48160 Le Collet de Dèze – France</td>
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<tr>
<td>Allocation of profits: n/a</td>
<td>+33 4 66 31 74 69</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:vivlavie.scic@orange.fr">vivlavie.scic@orange.fr</a></td>
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* As of 2013.
c) Zukunfts Wohnen

<table>
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<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
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<tr>
<td>Housing</td>
<td>80</td>
<td>2</td>
<td>Wallisellen (Switzerland)</td>
<td>2002</td>
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</tbody>
</table>

**Best practices**

- **Governance:** decentralize decision-making bodies to empower (older) residents.

In accordance with the second cooperative principle, Zukunfts Wohnen is democratically controlled by its members. However, involvement of members goes beyond annual general assembly meetings: local committees are organised to stimulate discussion and exchanges among residents, and to create a collective solidarity around collective projects. This also aims to enable older people remaining socially active, by sharing their own skills and know how at the benefit of their community.

- **Service delivery:** foster solidarity among residents to expand informal elderly care.

Zukunfts Wohnen’s core concept is to create age-friendly environment in housing cooperatives. The cooperative pursues this objective in two ways: designing age-friendly housing, and creating solidarity among residents. Solidarity inducing mutual help, this environment contributes to prevent isolation of older people, and participates to make neighbours behave as informal care givers.

**About the organisation**

Zukunfts Wohnen is a small Swiss housing cooperative: it owns 2 buildings, for a total of 22 apartments. However, this organisation aims to bring an important contribution for the Swiss cooperative movement: it develops a concept of “future housing” adapted to older people. While housing projects usually target families, Zukunfts Wohnen adopts a longer term approach, by integrating future needs which will be met by ageing residents: the housing design allows them to be adapted to its residents’ ageing, and be transformed progressively into a care centre without requiring heaving works – and investments. In addition, it seeks to associate future residents at all stages of the housing project, in order to ensure that the residence will fully match its inhabitants’ needs and aspirations.

Zukunfts Wohnen’s concept goes beyond the walls though: the cooperative works on developing a stimulating involvement for older people, based on the idea that older people can make their contribution to the residential collective life – and that higher solidarity between neighbours should be the first answer to older persons’ loss of abilities. A prerequisite is the creation of a dynamic collective life among neighbours: since these interactions between people from diverse backgrounds...
and different generations have to be encouraged and facilitated, ZukunftsWohnen organises and facilitates regular collective meetings (at least once every two months) between residents to share concerns and ideas and distribute tasks among residents according to each one’s skills and aspirations. In addition, residents are required to dedicate some time (2 to 4 hours a week) to the community.

ZukunftsWohnen also works to disseminate this concept: it has contracted with several other Swiss housing cooperatives to set up and facilitate regular meetings of this kind between residents, and to provide advice during the setting up of new housing projects.

The cooperative relies essentially on volunteering. Its board counts only four members, all volunteers and young pensioners. Its membership system seeks to integrate a wide range of stakeholders: the cooperative membership is open to individuals and organisations, owners and renters.

**Elderly care economic activity**

ZukunftsWohnen’s core activity relies on housing rents. As a complementarity activity, it has developed a consultancy offer to cooperatives willing to adapt their residences to the ageing population.

**ICT usage**

Usage of ICT is limited: the cooperative uses basic solutions such as emails. However, the potential of ICT to improve service delivery is of interest for ZukunftsWohnen: it is already a member of a European consortium, which has submitted an AAL project beginning 2016.

### Economic benchmarks*

**Legal form:** Gemeinnützige Genossenschaft

**Turnover:** CHF 400,000

**Price of shares:** CHF 1,000

**Net income:** CHF 2,822.83

**Social capital:** CHF 770,000

**Allocation of profits:** reinvested in the cooperative.

* As of December 2015.

### Contacts

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8304 Wallisellen – Switzerland

+41 44 88 33 126

zukunft@zukunftswohnen.ch

www.zukunftswohnen.ch

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4.3 Service delivery

a) Am Hof Köniz

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
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<th>Location</th>
<th>Founded in</th>
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<td>n/a</td>
<td>Köniz (Switzerland)</td>
<td>2006</td>
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</tbody>
</table>

Best practices

☞ Service delivery: self-organisation of beneficiaries to create an adapted offer.

Organizing care services around the beneficiary’s needs and aspirations, and encouraging an active ageing: the cooperative Am Hof Köniz pursues these objectives through collective self-organization of older people. With the help of a facilitator, older people are enabled to decide which services should be provided and how, and adapt the offer in relation with the evolution of their needs and expectations.

☞ Financing: building without owning.

Building a quality and well-situated residence requires a multi-million euro investment, which couldn’t be covered by the cooperative willing to offer reduced rents to its members. As a consequence, a partnership was established with an insurance company interested in making a real estate investment.

About the organisation

Am Hof Köniz is an illustration of Zukunfts Wohnen’s concept. This housing project was designed in partnership with an insurance company: the latter owns the building, and the cooperative manages it. Cooperative members are current residents and future residents currently on waiting list. Board members are thus exclusively tenants.

The residence counts 52 apartments adapted to older people (above 50 years old): rent is kept below market price, and location ensures proximity with daily services for older people (care providers, therapists...). Am Hof Köniz aims to create a community feeling among its residents. Each apartment is conceived as an open but autonomous unit (including a kitchen, bathroom etc.) for older people who live independently, but who are also asked to dedicate two to four hours per week to the community. This approach targets at least two objectives:
(i) creating solidarity and mutual help among older people, who support each other on everyday tasks (depending on each one’s possibilities and capacities), and look after each other (hereby reducing staff costs);

(ii) empowering older people in their everyday lives: collective organization enables them to organize collectively (elderly care) services around their own needs and aspirations. In consequence, services evolve (some are created, others closed) in relation with the evolution of ageing residents’ needs.

**Elderly care economic activity**

Although the cooperative does not provide elderly care services, those are fully taken into account in the general concept. For instance, a care provider agency office is available inside the building, hereby contributing to creating an age-friendly environment. In total, 8 commercial offices are available in the residence (hair dresser, optician, grocery, and restaurant…).

**ICT usage**

ICT solutions are kept basic in the management of Am Hof Köniz: they basically consist in common tools such as email, phone and website. Communication with the residents is performed with traditional physical tools, i.e. written letters in individual mailboxes. However, specific ICT solutions are also available for residents: they can for instance order an emergency watch to benefit from a mobile safety system inside and outside the residence.

**Economic benchmarks**

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Legal form:</strong> Genossenschaft</td>
<td><strong>Contacts</strong></td>
</tr>
<tr>
<td><strong>Turnover:</strong> n/a</td>
<td>Ms Anna Thüler, Director</td>
</tr>
<tr>
<td><strong>Price of shares:</strong> CHF 1,000</td>
<td>Am Hof Köniz</td>
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<tr>
<td><strong>Net income:</strong> n/a</td>
<td>Landorfstrasse 21</td>
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<tr>
<td><strong>Social capital:</strong> n/a</td>
<td>3098 Köniz – Switzerland</td>
</tr>
<tr>
<td><strong>Allocation of profits:</strong> reinvested in the cooperative.</td>
<td>+41 79 228 90 03</td>
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</table>

* As of March 2016.

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b) LorcaMur S. Coop.

<table>
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<th>Economic sector</th>
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<td>Social care</td>
<td>6</td>
<td>60</td>
<td>Murcia (Spain)</td>
<td>1992</td>
</tr>
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</table>

Best practices

- **Ownership/Motivation**: increase care givers’ wages through equitable reallocation of profits.

LorcaMur was created and is managed by professional care providers, to expand their job opportunities. Its not-for-profit form allows (and requires) the organisation to reinvest profits in its own services: in consequence, care providers’ wages are higher in the cooperative than in other comparable private care provider companies.

- **Service delivery**: create an environment of trust around care services.

Family has a special status in Spain, considered as individuals’ core identity and social network. Trust is thus an essential element for care givers, who will provide assistance to the most vulnerable family members. Cooperatives such as LorcaMur have a strong advantage on this aspect, being recognized as traditional and locally-embedded care providers putting people (care givers and care receivers) at the center of service provision.

About the organisation

The initiative to set up a collective organisation came from four friends, who used to provide care services on behalf of the local municipality. Due to budgetary constraints, these care givers lost their jobs. As a response, they decided to gather in a collective business, a not-for-profit cooperative, in order to secure their work opportunities.

LorcaMur coordinates the work of professional care givers, who get paid in accordance to the amount of time spent. The cooperative provides home care services to 300 beneficiaries, and manages a day care centre hosting 50 users. It also provides accredited professional training, especially in the field of elderly care where a certificate is required for professional providers. These training sessions are also open to unemployed people aiming to get a job in this field.

Recent competition regulations have had a strong impact over the sector in Spain. New actors, such as large private companies, have penetrated this lucrative market and are now competing against traditional social not-for-profit care providers. In this environment, the cooperative form provides at least three competitive advantages to LorcaMur:
- High quality services at the best value, thanks to profits exclusively reinvested in the cooperative;
- Trust from the beneficiaries towards the cooperative form, as a traditional care provider;
- High commitment from the workers, who have developed a personal relation with the organisation, and have a direct interest to make this business successful.

The cooperative is however still under pressure from regulations encouraging low-cost public tenders, favourable to aggressive and large-scale marketing strategies. In reaction, it is conducting an advocacy activity together with local authorities and municipalities, towards national and European policy-makers to create a legal environment more respectful of locally-embedded organisations such as cooperatives.

**Elderly care economic activity**

The cooperative provides care services to all persons who are in a situation of dependency. It is estimated that 95% of its beneficiaries are older people.

**ICT usage**

LorcaMur uses ICT solutions (including a mobile app) to coordinate its workers (monitor time spent at beneficiary’s home) and control the quality of service provided. Through these services, public administrations are enabled to contact each beneficiary and control the quality and efficiency of care services. The cooperative also offers a remote assistance service, through a subcontracting partner.

**Economic benchmarks***

<table>
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<th>Legal form: Cooperativa de trabajo asociado</th>
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<td>Price of shares: €3,000</td>
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<td>Net income: €150,000</td>
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<td>Social capital: €30,000</td>
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<tr>
<td>Allocation of profits: reinvested in the</td>
</tr>
<tr>
<td>cooperative (non-profit organisation)</td>
</tr>
</tbody>
</table>

**Contacts**

- Maria Puerta, CEO
- LorcaMur S. Coop
- Calle Gran Via 1 2*
- 30180 Bullas - Murcia – Spain
- +34 682486792
- dependenciayservicios@yahoo.es

*As of March 2016.*
4.4 Financing of cooperative

a) E.MM.A

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
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<th>Founded in</th>
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<td>Social care</td>
<td>23</td>
<td>0</td>
<td>Brussels (Belgium)</td>
<td>2008</td>
</tr>
</tbody>
</table>

Best practices

➔ Financing: make stakeholders become investors through cooperative membership.

E.MM.A was set up by three non-profit associations willing to build a new residence for older people. As 3.4 million euros were needed to carry out this real estate project, the founding organisations needed a sustainable, viable and inclusive financing mechanism. The multi-stakeholder cooperative model allowed to mobilize private and individual investors through the selling of social shares, completed with a substantial public subsidy.

➔ Involvement of the community: make elderly care a tool to stimulate local initiatives.

The project has adopted a multicultural approach, strongly embedded in its local community. The daycare center for older people aims to develop links with relatives and new generations through open membership, trans-generational projects and partnerships with local organizations.

About the organisation

E.MM.A cooperative was set up by elderly care social providers in order to implement and manage a real estate project: create a residence for older people. It was founded by three organisations providing elderly care in the area: EVA, Maison Médicale du Nord and AKSENT. These organisations identified an emerging need among immigrant communities living in Brussels: a growing number of older people live in inadequate and substandard housing. In addition, cultural practices and approaches prevent the proper use of some social services, sometimes considered as inadequate by beneficiaries. It was thus decided to experiment with a new kind of residence for older people, adapted to the cultural specificities of local communities.

E.MM.A is a multi-stakeholder cooperative. Its membership is open to 3 categories of stakeholders: founding organisations, residents and neighbours, and other private or public investors. Ownership of the residence was split between two organisations: the cooperative owns the day care centre, whose services are organized and managed by a staff hired by a partner not-for-profit association (Maison BILBOA Huis).
Active ageing is the core objective of this project. The residence was designed so as to encourage self-management and mutual help between residents: community spaces are made available in order to stimulate interactions and social cohesion. A number of activities are offered to older people and their relatives, especially thanks to the high involvement of volunteers who organize regular events aiming to make the residence a multicultural and intergenerational day center. Training is also provided to unemployed people who are interested in elderly care, so as to create an environment offering services adapted to the specificities of migrant communities. A training project for older people’s relatives is also being designed.

**Elderly care economic activity**

Maison BILOBA Huis’s business model relies exclusively on subsidies granted by local authorities. Around 20 people are welcomed each day, on top of the residence’s 18 hosts.

**ICT usage**

The cooperative daily management relies on a limited number of basic ICT solutions: email, Internet website and cell phones among others.

Trainings are provided to familiarize older people with ICT, helping them to perform common online tasks such as using banking services, sending emails and placing a Skype call among others. These activities directly contribute to reinforce older people’s autonomy: for instance, an intergenerational trip to the countryside was organised by residents and youngsters on their own, using Internet resources to make their budget and programme.

**Economic benchmarks***

- Legal form: Société coopérative à finalité sociale
- Turnover: €12,000
- Price of shares: €100
- Net income: €5,000
- Social capital: €950,000 (value of the building)
- Allocation of profits: reinvested in the cooperative.

**Contacts**

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+32 2 2178230
mdgerlache@hotmail.com
www.maisonbilobahuis.be

* As of March 2016.
b) Solidarité Versailles Grand-Âge

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<th>Staff*</th>
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<td>-</td>
<td>-</td>
<td>Versailles (France)</td>
<td>2012</td>
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</table>

**Best practices**

- **Ownership/Motivation:** involve stakeholders within the governance of elderly care services.

Since its creation, the project has aimed to involve the different stakeholders of elderly care. In this respect, the governing structure creates five groups of shareholders: the co-founders (city of Versailles, and “Habitat et Humanisme” association), employees, beneficiaries (older people’s families), partners and social financing institutions. To be adopted by the General Assembly, a decision thus needs to be approved by at least two groups of shareholders.

- **Financing:** Combine public funds and private social investments.

The project is much more ambitious than what was initially planned: the city council planned to invest up to €2 million in the project, when a total of €17 million is needed. The multi-stakeholder cooperative form was chosen as it allows to design an innovative financing solution: the city of Versailles remains the owner of the land, but the infrastructures are co-owned by a pool of private investors, a social financing institution and the public administration. Thanks to this mechanism, an extra €4 million have been raised from private contributors, which allowed to get a complementary loan from a credit institution.

**About the organisation**

The communal social welfare centre (CCAS) of Versailles manages a retirement home, together with a home nursing service. Facing increasing needs, CCAS and the city council designed a project to renew and expand the infrastructures, so as to provide integrated care services to older people.

Concerned to embed this new project in the local community, the city council and CCAS worked on a model involving local population, employees, and other local partners. In order to ensure economic viability, the CCAS associated a financial institution to the project: *Entreprendre pour Humaniser la Dépendance*, EHD (also registered as a multi-stakeholder cooperative). The latter collects financial investment from local citizens, who can thus take part in a real-estate project, which will create social benefit for their own community.
During three years, discussions were conducted with local partners, employees and trade unions to ensure a proper involvement of the different stakeholders at all stages of the project. The organisation is currently co-lead by the city council (presidency assumed by the vice-mayor) and the financial institution (management assumed by EHD’s president), while the technical monitoring is ensured by the CCAS direction.

**Elderly care economic activity**

The cooperative has three aims:

- Real estate: renewing and expanding the retirement home. This phase is still ongoing.
- Elderly care services: they will include retirement housing (112 beneficiaries), home care (160 patients), day care centre (12 beneficiaries), and a multipurpose room (sport, cultural events...).
- Development of new solutions to support autonomous and active ageing.

**ICT usage**

Given the early stage of this project (for now, essentially real estate), no significant ICT solution has been developed so far in the elderly care field. However, the cooperative’s president demonstrates a strong motivation to ensure a continuous adaptability of the project to the evolution of needs. ICT solutions may thus be explored so as to improve older people’s wellbeing, especially by allowing them to stay in contact with their relatives.

**Economic benchmarks***

- Legal form: Société coopérative d’intérêt collectif
- Turnover: -
- Price of shares: €20
- Net income: -
- Social capital: €4,000,000
- Allocation of profits: -

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- +33 1 30 97 80 00
- www.versailles.fr

* Some indicators aren’t available yet, as the cooperative economic activity is still under development (as of April 2016).
4.5 Involvement of community

a) Itaca

<table>
<thead>
<tr>
<th>Economic sector</th>
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<td>Pordenone (Italy)</td>
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Best practices

- **Ownership/Motivation**: create job opportunities in the field of social care.

The creation of Itaca was driven by the motivation to put the worker into the centre of the organisation. It especially aims to expand job opportunities for its members, ensure sustainability and improvement of working conditions, and develop its workers’ professional skills and competencies.

- **Involvement of the community**: strengthen intergenerational solidarity.

In its elderly sector, Itaca aims to enable the older person to remain an active member of his/her community. In this respect, the cooperative mobilizes all territorial resources, from volunteering to non-organized civil society. In particular, as an example of its kind of interventions, Itaca has developed an intergenerational solidarity project with a strong local partnership; connecting older people with youngsters to encourage intergenerational interactions (project Genius Loci).

About the organisation

Itaca was born as a “spin-off” of another existing organisation: social cooperative Noncello, active in the field of labour inclusion. In 1992, Itaca was born as a consequence of national law n. 381 (1991) that distinguished between social cooperatives type A (as Itaca, that provides social health services through its members) and social cooperatives type B (as Noncello, that provides labour inclusion to its members).

Itaca is active in five main sectors: 1) elderly residential care, 2) elderly home care, 3) disability, 4) mental health and 5) youth policies and early infancy. Services are provided to more than 7,000 beneficiaries across four Italian regions: Friuli-Venezia Giulia, Veneto, Trentino Alto Adige and Lombardia.
Elderly care economic activity

Itaca provides services to a broad range of beneficiaries, in need for care. The cooperative provides home care and territorial services (that includes social centres for entertaining and social activities and day centres for rehabilitation) to 1,500 beneficiaries, and hosts 600 older people in its nursing homes (Itaca’s facilities or public facilities assigned to Itaca through tenders).

It also works in close relation with local communities around different projects designed to take older people out of their homes, organise visits, and encourage them to remain socially active. For instance, it works on developing intergenerational relations, connecting older people with the youngsters to encourage intergenerational activities (e.g. organization of exhibitions, realization of videos, and creation of local newspapers).

In Portogruaro (Veneto), a partnership established between the cooperative and local schools has led to the creation of an intergenerational volunteering programme. Young volunteers visit older people in their homes on a weekly basis, with whom they spend time and organise activities. Volunteers then report and share experiences at school among their peers.

ICT usage

The use of ICT solutions is very limited. It is essentially used to manage and coordinate workers in the field: registration of presence, and organisation of shifts among others. However, there is still room for improvement, both in supporting the work of headquarter staff with effective business intelligence solutions and in innovative home-automation support for our users (domiciliary services) or technological support in nursing homes. Specific needs will be further explored in the framework of Deliverable D6.3, Business plan.

Economic benchmarks*

Legal form: Cooperativa sociale (type A)
Turnover: €40,000,000
Price of shares: €700
Net income: €600,000
Social capital: €4,000,000
Allocation of profits: reinvested in the cooperative, and distributed to members.

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* As of December 2015.
b) Zeitgut Luzern

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
</tr>
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<tbody>
<tr>
<td>Social care</td>
<td>184</td>
<td>2</td>
<td>Luzern (Switzerland)</td>
<td>2012</td>
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</table>

**Best practices**

- **Involvement of the community: create solidarity through time-banking.**

Zeitgut fosters solidarity among local community members in the field of elderly care: its members are encouraged to provide help to those in need – and benefit from it accordingly. The cooperative works also in close coordination with civil society organisations operating locally, such as the Red Cross and Spitex.

- **Financing: establish a non-profit and viable voluntary-based economic model.**

Zeitgut’s business model is based on time-exchange, instead of money. The cooperative model allows to raise capital through membership fees, together with a complementary external support (grants from foundations). To ensure a better financial stability, the cooperative is planning to invest in new projects, such as supporting families.

**About the organisation**

Community involvement is a core element of Zeitgut’s action: confronted to insufficient public services, the project aims to provide elderly care services to those in need by stimulating and organising self-help and solidarity at a local level. In this perspective, a time-banking system has been preferred to usual money-based trading models: instead of conventional money, the care giver earns time-units exchangeable against another service. Elderly care costs are hereby reduced for the whole community.

While the members’ age is currently situated between 18 and 102 years old, the cooperative is working on fostering the development of inter-generational solidarity by encouraging the involvement of younger people.

**Elderly care economic activity**

Zeitgut services include mobility (accompany service for taking a bus, going for a walk or visiting the doctor...) and daily life support (cooking and shopping) until death.
ICT usage

The cooperative adopted a proactive exploitation of ICT potentials. Besides basic tools (emails, Internet website and Facebook page), it has created a database to manage time credits and allow for the online booking of services. Internet tools are used to communicate with cooperative members, but also to recruit new co-operators. Finally, a mobile app should be created in the near future.

**Economic benchmarks**

**Legal form:** Genossenschaft  
**Turnover:** €68,827  
**Price of shares:** CHF 100 (€92)  
**Net income:** €3,867  
**Social capital:** €20,000  
**Allocation of profits:** reinvested in the cooperative

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* As of December 2015.
4.6 Use of ICT solutions

a) Aldia Cooperativa Sociale

<table>
<thead>
<tr>
<th>Economic sector</th>
<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
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<tbody>
<tr>
<td>Social care</td>
<td>522</td>
<td>520</td>
<td>Italy (Pavia)</td>
<td>1977</td>
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**Best practices**

⇒ **Ownership/Motivation: expand job opportunities for care givers**

In the context of generational transition, much care work remains unremunerated and is delivered through informal arrangements – affecting especially female relatives. ALDIA was created to improve the condition of care givers, creating formal job opportunities in the care sector.

⇒ **Use of ICT: improve service delivery and foster intergenerational solidarity**

Innovation is a central concern of ALDIA. In this perspective, the cooperative has taken part in several projects in the framework of the European AAL (Active and Assisted Living) programme, including SoMedAll and CareInMovement. See below for more details.

**About the organisation**

ALDIA was established by a group of young women willing to create job opportunities around their common skills: home care services. The organisation counts today 500 employees (all cooperative members), providing services to 11,000 beneficiaries, mainly in three fields:

- Child care (Kindergarten, outdoor centres, home schooling...);
- Elderly care (cf. below);
- “General” services (janitor service, canteen, school bus assistance...).

It is active in three regions (seven provinces) in northern Italy.

ALDIA is owned and managed by its 500 employees, together with two supporting organisations, in accordance with the principle “1 member = 1 vote”. To ensure an inclusive and participative governance despite a wide geographical coverage, two general assemblies are organised every year: one at the headquarters, another one itinerant. As for daily matters, coordinators are in charge of facilitating internal communication between workers and elected bodies.
Elderly care economic activity

ALDIA considers the elderly age as a period where the person has the opportunity to exploit his/her physical, social and mental potentials, hereby maturing his/her own personality. Based on this, ALDIA provides a range of elderly care services including: integrated home care services; design and experimentation of ICT projects (e.g. active ageing online platforms); health-related emergency management projects; active ageing training sessions (e.g. memory training); day care centres.

ICT usage

The human resources management processed is based on ICT tools: software such as Zucchetti are used on a daily basis. They especially allow for a centralised coordination of employees active in the field, covering a wide geographical area. ALDIA has also taken part to two Active and Assisted Living projects:

- SoMedAll, an online platform offering social media to elderly persons with a variety of handy interfaces, promoting content adapted to this specific targeted population. It allows to stay in touch with relatives, and receive support from medical staff.
- CareInMovement (CiM) aims at providing an integrated ICT service including: IT-based encouragement for physical activity; standardized training and communication system for formal and informal care givers; electronic time bank to support voluntary assistance.

Economic benchmarks*

Legal form: Cooperativa sociale
Turnover: €8 million
Price of shares: €360 (members); € 500 (support)
Net income: €8,900
Social capital: €229,780
Allocation of profits: reinvested in the cooperative (not for profit organisation).

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* As of December 2014.
b) COOSS

<table>
<thead>
<tr>
<th>Economic sector</th>
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<th>Staff*</th>
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<tr>
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<td>2,000</td>
<td>2,000</td>
<td>Ancona (Italy)</td>
<td>1979</td>
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</table>

**Best practices**

- **Financing: mobilize stakeholders to finance elderly care innovation.**

As a cooperative, COOSS works in close relation with a network of stakeholders. Since the modernization and increased efficiency of COOSS services highly benefits the local community, COOSS research activities are co-financed by the cooperative itself, European funds and partner local actors (municipalities).

- **Use of ICT: improve efficiency of elderly care services through ICT innovation.**

In line with the European priorities, COOSS research department has drawn particular attention on developing, testing and implementing ICT-based solutions in the field of elderly care. In addition, its training department provides training courses to formal and informal care givers, and care receivers, so as to create an ICT friendly environment.

**About the organisation**

COOSS Marche was created in 1979 by unemployed people who had a care background. They decided to associate to create the first care cooperative of its kind in Italy, i.e. specialized in the care sector. The cooperative currently counts 2,000 members, who are exclusively employees of the cooperative: most of them are care professionals. The cooperative provides assistance in the fields of social and health care, both at beneficiaries’ homes and in dedicated structures (specialized and residential care). It covers the whole territory of the Marche region.

COOSS business model relies essentially on public tenders: it provides a public service, and receives corresponding public money to cover part of the costs. In order to consolidate its model and its independency towards the administration, it has initiated the development and marketing of new services sold directly to individuals, outside of usual public procurements.

In 1994, COOSS created a research and training department in order to develop and modernize the cooperative’s services. This department now involves 20 employees, and has two aims: hosting an educational and vocational agency, and conducting applied research in the field of health and social care. Its research activities are financed by European programmes, with a co-investment from the
cooperative itself and its partners (local authorities). This has allowed to develop care providers’ skills and competencies, increase the organisation’s knowledge about services provided, and reach higher quality standards. Research is carried out in close cooperation with local authorities, local units of national healthcare systems, regional administrations and several universities. Regarding the educational and vocational agency, the cooperative provides courses to different actors of elderly care. It trains cooperative employees, informal care givers (especially migrant workers), and care receivers (helping them to familiarize with ICT-based solutions).

**Elderly care economic activity**

The cooperative’s economic activity embraces a wide range of social and health care services. 40% of its 8,000 beneficiaries are over 65 years old, making elderly care a core component of its activity.

**ICT usage**

With the impulsion of Horizon 2020 and Active and Assisted Living programme, the cooperative has progressively focused on technological innovation applied to the social and health sector. In this framework, it has tested several ICT prototypes, which were for some of them, integrated to its services (i.e. FATE, fall detector for the older). It also fosters the digitalization of team management: ICT-based solutions are now used to coordinate the staff through mobile applications.

Eventually, it is expected that the research and testing of prototypes will contribute to make the cooperative more competitive in its field, in two ways: it would allow creating a more personalised care system, and would enable the cooperative to cover a larger territory (including rural areas) at reduced costs with higher results.

**Economic benchmarks**

- Legal form: social cooperative type A
- Turnover: €50,000,000
- Price of shares: n/a
- Net income: n/a
- Social capital: n/a
- Allocation of profits: reinvested in the cooperative (non-profit).

* As of March 2016.

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www.cooss.it
c) Groupe Up

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<tr>
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<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
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<tr>
<td>Social welfare</td>
<td>710</td>
<td>2,355</td>
<td>Gennevilliers (France)</td>
<td>1964</td>
</tr>
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</table>

**Best practices**

Rightarrow *Service delivery: simplify and improve the coordination of care providers.*

Helping older people to stay at home requires creating a friendly environment, in particular by keeping to a minimum the complexity of coordination processes for care receivers, as well as for care givers and relatives. In this respect, the Up Group offers solutions simplifying end-users’ processes, especially thanks to higher automation and information sharing between the different care actors.

Rightarrow *Use of ICT: foster ICT innovation in the field of elderly care.*

Up Group considers ICT solutions as a core tool to create a friendly environment for older people willing to remain autonomous, while improving efficiency of home care services. The cooperative has thus worked in close relation with IT companies to become one of the leading providers of ICT solutions for home care services.

**About the organisation**

Up Group is established in 17 countries on four continents: 53% of its operations are realized outside of France. Its parent company is a worker cooperative. The group designs products and services on different supports (vouchers, cards, mobile and applications...) for public and private entities (companies, local authorities and affiliated retailers) which need dedicated solutions to manage their business expenses, develop incentives and loyalty programmes, and market their products. Various sectors are covered: food, culture, leisure, education, home care and social assistance.

Up Group claims to be ranked third in the world in this sector, with 210,000 customers and 27 million end-users. The cooperative was initially developed around one core economic activity: the distribution and management of lunch coupons for French employees (known as Chèque Déjeuner®) – which consists in a unified payment method between workers and catering providers.

In 1990, a similar system was applied to the sector of domestic work, including home care: it aimed to simplify a complex payment process (involving the care provider, care receiver and public authorities) thanks to a unified voucher (Chèque Domicile®). This successful initiative encouraged the cooperative to explore further the market opportunities in the field of social assistance. Since the
2000s, Up Group has invested in new technologies, mobilizing – and then acquiring – start-ups specialized in IT development.

**Elderly care economic activity**

The Up Group works with 2,700 care provider organisations, and 1,200 public local centres. An estimated number of 10,000 care workers, and hundreds of thousands of care receivers use its solutions.

One main challenge addressed by Up is the multiplication of elderly care actors: care providers have their own schedules and constraints, and hardly know each other. In consequence, it is quite difficult for both the care providers and the older person’s relatives to get a precise and updated overview of home care services actually provided. Up Group is thus developing solutions aiming to simplify and improve coordination of elderly care services. For instance, the solution Domatel provides a set of online (including mobile) tools and resources for care givers, care receivers and relatives, such as shared updated calendar of services provided, and practical information about the care receiver.

**ICT usage**

Up Group has made ICT innovation one of its priorities: 37% of its products and services are already dematerialized, and the cooperative targets 75% of dematerialization by the end of 2018. Since 2000, Up has acquired 6 IT companies, which employ a total of 350 people.

**Economic benchmarks**

- Legal form: Société Coopérative de Production (SCOP)
- Turnover: €347,500,000
- Price of shares: €16
- Net income: €14,276,000
- Social capital: €14,028,000
- Allocation of profits: reinvested in development (45%), distributed to members (45%), remuneration of social shares (6%), solidarity fund for workers (4%)

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[www.up-group.coop/en.html](http://www.up-group.coop/en.html)

*As of December 2015.*
d) Grupo SSI

<table>
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<tr>
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<th>Members*</th>
<th>Staff*</th>
<th>Location</th>
<th>Founded in</th>
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<tr>
<td>Social care</td>
<td>200</td>
<td>470</td>
<td>Bilbao (Spain)</td>
<td>1986</td>
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</table>

**Best practices**

- **Governance: empower female home care providers.**

S.S.I. cooperative aims to empower home care providers, who are for the vast majority women: its governing body is thus exclusively composed of women. This governing scheme has led the cooperative to be particularly active in the field of women’s rights and access to work.

- **Use of ICT: make home care a pioneering sector in technological innovation.**

The cooperative has set up a R+D+i department, aiming to innovate around ageing, chronicity and dependence, collecting, developing and disseminating the knowledge obtained in these areas via an open and cooperative research process. This investment in innovative practices and tools has made Grupo S.S.I. recognized within the Spanish social sector.

**About the organisation**

Servicios Sociales Integrados Sociedad Cooperativa (S.S.I.) was set up by 35 home care workers, specializing in the delivery of home care services in the municipality of Bilbao.

The history of SSI cooperative is similar to that of other social economy companies in Spain. In the 1980s, the welfare state was implementing an active policy to develop social services: consequently, self-employed people providing home care or other services, generally in an informal way, created collective organizations allowing them to coordinate their action and address the pressing need for formal care providers. S.S.I. has thus acquired a long experience in work-sharing and promoting women’s rights and interests: it claims to be the unique large Spanish social cooperative managed exclusively by women.

The group is composed of three entities: Aurrerantz (non-profit association), Euskarri (social cooperative), and HomeCarelab (R+D+i Unit). It is active in 15 municipalities within the provinces of Bizkaia and Gipuzkoa, with a staff of 470 workers (99% women). It aims to improve the overall quality of life of people lacking autonomy who need social support, and their relatives. Its home care services are exclusively provided in relation with the local municipalities and provincial administration, through public tenders.
Elderly care economic activity

Grupo S.S.I. provides assistance to 2,200 older people and their families. Its “home help service” adopts a broad approach of home care, integrating prevention and rehabilitation aspects. Since its creation, Grupo S.S.I. has aimed to analyse and address older people’s needs and requirements. For this purpose, it set up a R+D+i unit (affiliated to the Basque Network of Science, Technology and Innovation), and established partnerships with important actors of technological and social innovation.

ICT usage

All the activity related to the managing of Grupo S.S.I.is supported by ICT tools. In the context of the European project CARER+ (http://www.carerplus.eu/), in which Grupo S.S.I. participated (2013-2015), an ICT competences’ framework was developed for homecare workers. Grupo S.S.I. along with the Employment Department (Basque Government) designed out of CARER+ the first professional training, acknowledged by the Basque Government as well as the state government, based on the use of ICT in home-care.

Concerning the R+D+i unit, one strategic scope of research is the Technology-based Social and Health Care Assistance, developing several projects incorporating technology to home care services for older people. An illustrative example is the MIDER Project (Model for remote home-intervention): 100 older people with no ICT competences nor computers were provided psychological support, cognitive stimulation or accompaniment at home, thanks to tablets and adapted software.

Economic benchmarks*  
Legal form: Sociedad cooperativa  
Turnover: €10 million  
Price of shares: €1,800  
Net income: €9,829,462  
Social capital: €907,786  
Allocation of profits: reinvested in the cooperative

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* As of March 2016.
4.7 Summary of cooperative best practices

1) Ownership/Motivation:
   - Improve care efficiency through democratic management (4.1.a)
   - Create solidarity among healthcare private actors (4.1.b)
   - Create a cooperative culture among health professionals (4.1.c)
   - Improve care services as an asset for local development (4.2.b)
   - Increase care givers’ wages through equitable reallocation of profits (4.3.b)
   - Involve stakeholders within the governance of elderly care services (4.4.b)
   - Create job opportunities in the field of social care (4.5.a)
   - Expand job opportunities for care givers (4.6.a)

2) Governance of cooperative
   - Ensure horizontal and inclusive decision-making processes (4.2.a)
   - Involve care givers and receivers in inclusive decision-making processes (4.2.b)
   - Decentralize decision-making bodies to empower (older) residents (4.2.c)
   - Empower female home care providers (4.6.d)

3) Service delivery
   - Increase care sector’s efficiency with economies of scale (4.1.b)
   - Mutualize health professionals’ resources (4.1.c)
   - Foster solidarity among residents to expand informal elderly care (4.2.c)
   - Self-organisation of beneficiaries to create an adapted offer (4.3.a)
   - Create an environment of trust around care services (4.3.b)
Simplify and improve the coordination of care providers (4.6.c)

4) Financing

- Building without owning (4.3.a)
- Make stakeholders become investors through cooperative membership (4.4.a)
- Combine public funds and private social investments (4.4.b)
- Establish a non-profit and viable voluntary-based economic model (4.5.b)
- Mobilize stakeholders to finance elderly care innovation (4.6.b)

5) Involvement of the community:

- Invest profits in local initiatives boosting solidarity (4.1.a)
- Stimulate a care cooperative movement in Belgium (4.2.a)
- Make elderly care a tool to stimulate local initiatives (4.4.a)
- Strengthen intergenerational solidarity (4.5.a)
- Create solidarity through time-banking (4.5.b)

6) Use of ICT solutions

- Improve service delivery and foster intergenerational solidarity (4.6.a)
- Improve efficiency of elderly care services through ICT innovation (4.6.b)
- Foster ICT innovation in the field of elderly care (4.6.c)
- Make home care a pioneering sector in technological innovation (4.6.d)
5 OVERVIEW AND DISCUSSION OF BEST PRACTICES

These 16 best practices provide inspiring examples of the cooperatives’ potential to experiment innovative models in the field of elderly care. If this research doesn’t aim to make an exhaustive state of the art of European care cooperatives, common trends can still be drawn out of this panorama.

a) Different membership and governing models to address different needs

Cooperatives are set up to address a need. Our research shows that (i) a variety of needs can lead to the creation of a care cooperative, and that (ii) the cooperative governance and membership models will differ accordingly.

One main motivation to set up a cooperative appears to be the improvement of formal care providers’ working conditions (expanding job opportunities, organizing coordination and shifts, providing benefit packages and trainings...). Therefore, membership would typically be open to workers exclusively.2

Should the need be met by older people themselves, the setting up of a cooperative doesn’t appear to be as spontaneous and uniform as for the previous example. Two main scenarios can be elaborated out of our sample.

The most instinctive scenario is the setting up of a community-based cooperative whose membership is primarily open to older people (and possibly to other members of their community in order to stimulate intergenerational solidarity), with an aim to develop elderly care services. In our sample, such a scenario is limited to Switzerland.3

A second scenario is the creation of a new cooperative by existing local actors and institutional care providers (public administrations, large-scale charities...). Needs to be addressed are often more complex, and projects more ambitious: large-scale real estate projects, creating solidarity among citizens of a given territory. In that case, we note a prevalence of the multi-stakeholder form as it allows to involve different interested parties: institutional care providers, formal and informal care givers, care receivers, and other partners.4

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2 See: Aldia Cooperativa sociale (p. 35), COOSS (p. 37), Itaca (p. 31), Leading Lives (p. 11), LorcaMur (p. 25), Thuisverpleging Meerdael (p. 17), Grupo SSI (p. 41).
3 See: Am Hof Köniz (p. 23), Zeitgut Luzern (p. 33), Zukunfts Wohnen (p. 21).
4 See: E.MM.A (p. 27), Solidarité Versailles Grand Âge (p. 29), Viv’LaVie (p. 19).
Finally, the cooperative form is also chosen by groups of health providers meeting common challenges. The cooperative membership and governance will thus be open to these organisations or individual practitioners.5

b) A regional diversity... comprising unified national trends

The sample shows that diverse cooperative models are active in the field of elderly care across Europe. A closer look at these examples also reveals some national trends.

Worker and social cooperatives are main providers of social care (including elderly care) in Italy and Spain. They provide their services as public tenders, contracting with local municipalities. Recent regulations seem to foster the creation of a comparable environment in the United Kingdom.

Housing cooperatives are particularly developed in Switzerland. As a consequence of population ageing, Swiss housing cooperatives develop and coordinate elderly care services.

Multi-stakeholder models are experimented, particularly in France but also in Belgium and Switzerland, as a tool for local actors and municipalities to set up sustainable public-private partnerships and involve citizens in innovative elderly care projects.

c) Elderly care economic activities are embedded in a broader sector and set of services

For a majority of cooperatives from our sample, elderly care is one economic activity among others. Care cooperatives usually offer home care services to people who need assistance at large, including the disabled, kids, and older people. Similarly, health care and social welfare cooperatives integrate products and services to older people among a larger offer. As for housing cooperatives, their economic activity relies primarily on the rents paid by tenants, whatever their age – elderly care services are developed or coordinated as a complementary activity.

For some cooperatives though, their economic activity is focused on elderly care. These are mainly residences of older people, usually involving a real estate project. Another possible model is the time-banking cooperative, which was found once in our sample in Switzerland (see Zeitgut Luzern, p. 33).

d) The cooperative model generates social benefits out of generational transition challenges

Cooperatives demonstrate a potential to transform the challenge of population ageing, into an opportunity for their communities.

5 See: P.E.G. (p. 13), Zorgpunt (p. 15).
Worker and social cooperatives create sustainable jobs out of an increasing demand for elderly care services. They create positions of formal care givers, build the capacities of their workers (especially to unemployed and migrant people), set up mechanisms to ensure higher flexibility and security to their workers.

Cooperatives show also dedication to create higher intergenerational solidarity in communities: activities with youngsters, trainings to older people’s relatives, time-banking systems, and local committees in residences are among the best practices found through this research.

Last but not least, some local municipalities see in cooperatives a potential to boost local development through elderly care activities. Investing in local infrastructure and setting up elderly care services through a cooperative structure ensures that the capital will be reinvested locally, hereby stimulating the local economy.

e) Cooperatives experiment sustainable financial mechanisms for long-term care

One main challenge of European generational transition is to address a pressing need to provide improved long-term care, in a general context of reduction of public expenses (McLean, Protti, & Sheikh, 2011) (OECD, 2011).

In several countries, cooperatives have demonstrated their potential to offer viable responses to the progressive cancellation of public social care services. Spain and Italy are typical illustrations: cooperatives have become the main providers of elderly care services throughout these countries. As for the United Kingdom, recent reforms in the social care sector seem to stimulate the emergence of comparable models to ensure continuity in the provision of elderly care services (with reduced financial resources), while saving jobs and increasing efficiency.

The cooperative model also appears to allow for innovative financing mechanisms. In particular, multi-stakeholder organisations associate both private and public actors, together with citizens and individuals in one same democratically-managed organisation. This enables municipalities and care providers to set up ambitious projects (often involving a real estate project) thanks to a combination of public and private investments. On top of a win-win situation (reduction of public expenses and safe investment for individuals and private partners), such organisations create a positive environment for long-term public-private partnerships. It also allows the community (e.g. individual citizens) to be involved in the financing (buying of shares) and management (participation to decision-making bodies) of local elderly care services.

f) Regulations on competition don’t take sufficiently into account social benefit criteria

As locally embedded member-based business organisations, cooperatives conciliate economic viability and profits with social benefit. When they provide services as public tenders, cooperatives
have to compete with other organisations – including traditional businesses – to win public procurements. Although this process ensures higher transparency and equal treatment between care providers, several cooperatives raised a common concern: competition rules seem to favour low-cost providers over organisations generating higher social benefits for their local communities.

**g) ICT usage (and needs) vary widely between cooperatives**

The sample shows very different usages of ICT solutions. It ranges from the cooperative keeping its usage of ICT to the very minimum (common solutions such as emails and cell phones), to the proactive cooperative making ICT development as one of its priorities (R&D departments, acquisition of IT companies). A few interviewed cooperatives are already engaged in European and AAL projects, developing and experimenting ICT solutions on the field, for formal and informal care providers, and older people. It should also be noted that in some countries, national or regional regulations require care-providing organisations to use specific professional software.

Besides this diversity of situations, interviewed cooperatives are generally aware of the potential of ICT solutions for elderly care services. They see opportunities to manage better their organisations (especially coordination of staff) and improve the relation with beneficiaries (remote control and communication).
6 OTHER INSPIRING COOPERATIVE EXAMPLES

Throughout this study, we received and explored many inspiring examples of cooperatives developing initiatives and economic activities in the field of elderly care. The content analysis of the following three cases was different in comparison to the so far presented 16 cases. We wanted to present some of them here.

Bridgnorth Homecare Co-operative
Location: Bridgnorth (United Kingdom)
Ownership: workers
Economic sector: social care
Members: 18
Staff: 18
Turnover: £170,000

Bridgnorth Homecare cooperative was set up in a rural area to respond to the local demand for elderly care services. It provides higher flexibility and security to self-employed carers: coordination of staff enables carers to organize shifts and replacements, and to take some time off. The cooperative benefits from good reputation among its 60 customers, thanks to a fair and transparent commercial policy refusing to, for instance, push for unnecessary consumption and subscription to care packages.
Bridgnorth Homecare cooperative uses ICT solutions to improve the monitoring of care services delivered at home.

Contact:
Rob Morris
rob@bridgnorthhomecare.com
http://bridgnorthhomecare.com

Change Agents
Location: Yorkshire (United Kingdom)
Ownership: multi-stakeholder cooperative
Economic sector: social care
Members: 200
Change Agents is a recently set-up IPS-Charitable Society for the benefit of the community. The Society operates as a multi-stakeholder cooperative, incorporating an older peoples’ collective, a practitioner network, and a network of shareholding member organisations. The cooperative aims to break the competition between care providers and care receivers, by creating local care communities based on principles of high quality and transparent services, against decent and fair wages. In this respect, the Change Agents is developing a service where both care providers and care receivers (older people) would be able to negotiate their contracts in a safe and trustful environment.
Change Agents believes in the potential of ICT solutions to improve elderly care, especially as a new way to create links between households.

Contact:
Cheryl Barrott
cheryl@changeagents.coop
www.changeagents.coop

Cybermoor
Location: Alston (United Kingdom)
Ownership: workers
Economic sector: information technology (IT)
Members: 300
Staff: 6
Turnover: £60,000

Cybermoor was originally set up to bring broadband connectivity to people living in rural areas around Alston, in a democratic way: the community would develop and own its own broadband provider. This activity progressively led Cybermoor to adopt a broader prospective, i.e. supporting people who can’t get online. Since 2007, the organisation is working on developing digital services to improve older people’s lives. It has especially been part to 2 projects:
- BREATHE, providing daily guidance and support for the informal caregiver in the long-term care of older people (AAL project);
- PhysioDom, providing exercise, dietary coaching and coordination social services agendas in older people’s home.

Cybermoor comprises three organisations: two cooperatives and one social business. Its organisational structure is currently being reorganised to better fit its new social objective, which now focuses on health projects and technological innovation.

Contact:
Daniel Heery
daniel.heery@cybermoor.org.uk
http://www.cybermoor.org

Diciannove
Location: Genova (Italy)
Ownership: workers
Economic sector: information technology (IT)
Members: 12
Staff: 12
Turnover: €400,000

Diciannove is an IT cooperative of freelancers, who gathered to mutualize their clientele and improve their services. Except from support functions, all workers are consultants in the IT field, whose services are coordinated by the cooperative. Diciannove has taken part to several projects developing ICT solutions in the healthcare field:

- Gemini is an open-source web-based monitoring system for infectious diseases, set up in collaboration with two Italian regions;
- DOLI Healthcare is a management software designed to help patients coordinating and monitoring services they receive.

Diciannove also aims to promote technological innovation among Italian cooperatives, together with Legacoop (a national cooperative association). It believes that, if used correctly, ICT solutions can actually enhance the human relations of elderly care services – for instance by contributing to break older people’s isolation and feeling of loneliness.

Contact:
Lorenzo Novaro
novalore@19.coop
http://19.coop

**Société coopérative d’habitation de Lausanne (SCHL)**

Location: Lausanne (Switzerland)
Ownership: users
Economic sector: Housing
Members: 6,726
Staff: 24
Turnover: CHF 28,000,000

Société coopérative d’habitation de Lausanne (SCHL) is the 5th biggest Swiss housing cooperative. This not-for-profit was founded one century ago by railroad workers in order to acquire land and improve housing conditions of the population. Affordable rates make tenants willing to stay in accommodations provided by the cooperative: as a consequence, SCHL sees its population ageing and has to develop new services for its members. In particular, secure housing are provided to people who need support: the cooperative concluded an agreement with a partner retirement home providing regular home care to tenants.

Contact:
Bernard Virchaux
b.virchaux@schl.ch
www.schl.ch

**Zadruga Mali Raj**

Location: Jastrebarsko (Croatia)
Ownership: workers
Economic sector: social care
Members: 7
Staff: 7
Turnover: HKR 450,000

Zadruga Mali Raj cooperative has been set up as a family business: its members wanted to work in the field of social services. It provides care services for adults (especially older and disabled people),
enabling them to become more independent from their relatives. The cooperative offers health care, nursing, support in everyday tasks (cooking, hygiene), work and leisure, both to its hosts (retirement home) and the local community (daily centre). Depending on the needs, it counts between 5 and 20 beneficiaries.

The organisation is however confronted to an unfavourable legislative and taxation environment, favouring “classical” businesses over cooperative models in the field of social care.

Contact:
Snježana Žeželić
snjezana.zezetic1@gmail.com
7 CONCLUSION AND OUTLOOK

This best practices report on cooperatives is a non-exhaustive but diverse panorama of elderly care initiatives experimented and implemented by cooperatives across seven countries in Europe. From a broader prospective, it provides an inspiring preview over potential economic and social benefits generated on a territory when communities adopt and experiment cooperative models to address challenges related to generational transition and elderly care.

Those challenges were prevalent throughout our preparatory work, which covered twelve countries in Europe. At all levels from local to national, an increasing demand on care services is pressuring both public and private actors. The emergence and development of elderly care cooperatives is an illustration of these actors’ willingness to address upcoming needs at their level. However, this combination of multiple local and national initiatives is yet to adopt a European prospective.

The three following items are an attempt of reflexion about main elements that may be worth considering for any future work aiming to create a European dynamic for a cooperative approach towards challenges carried along by generational transition.

a) Cooperatives are vectors of experimentation and innovation in the field of elderly care

Although cooperative movements are unequally developed and active in the sector of elderly care, it is noteworthy that cooperatives experiment new ways and solutions to improve the provision of care services.

The setting up of small-scale cooperatives is often motivated by a willingness to create innovative organizational mechanisms ensuring sustainable local jobs, addressing a scarcity of investment in this field, and to encouraging self-help among a community in order to improve the living conditions of older people.

When becoming bigger – and institutionalised, cooperatives often aim to push innovation forward by creating R&D departments, exploring fields where higher investments are required. ICT solutions are one field where some of them are particularly active, partly because of a social and economic environment characterized by a higher demand to be met with fewer resources.

b) Elderly care cooperatives’ capacities to integrate ICT solutions should be improved

Despite a general trend to innovate, elderly care cooperative’s use of ICT solutions is very unequal. To be more specific, small-scale cooperatives seem to be confronted to a scarcity of ICT solutions, and are generally aware of this weakness. However, the acquisition and implementation of such
tools seems to represent costs felt as too high for small-scale organisations, already confronted to limited financial and human resources.

Two levers might be considered to democratize the use of ICT solutions among elderly care cooperatives:

- building the capacities of their members and staff (especially leaders and managers), so as to raise awareness about the potential of such solutions for the development of their economic activity;

- providing financial and technical assistance for the acquisition and integration of such tools to their own activities.

c) Higher inter-cooperation could stimulate the development of elderly care cooperatives

Interestingly, resources to address these lacks are already existing in the European cooperative movement itself. Collectively, cooperatives have developed an extensive understanding and have experimented a wide diversity of models, making the cooperative form adaptable to various economic and social environments. In addition, some cooperatives develop and implement ICT solutions, and provide training courses designed to train older people, formal and informal care providers to use such solutions.

In consequence, higher cooperation amongst elderly care cooperatives could be explored as a way to foster self-development and innovation inside the cooperative movement. This would however require the creation of dynamic transnational inter-cooperation frameworks, adapted to the specificities of elderly care cooperatives and the diversity of national environments (especially welfare systems and regulations). A common online platform, such as a blog dedicated to elderly care cooperatives, could be a first step to better analyse commonalities of needs and expectations, and identify potential grounds of cooperation at the transnational level.
REFERENCES


Websites

Aldia cooperativa sociale: www.aldia.it/en
Am Hof Köniz: www.am-hof-koeniz.ch
COOSS Marche Onlus: www.cooss.marche.it
   www.peg.at
E.MM.A (Société Coopérative à Finalité Sociale): www.maisonbilobahuis.be
Groupe Up: www.up-group.coop/en.html
Itaca (Cooperativa sociale): www.itaca.coopsoc.it
Leading Lives: www.leadinglives.org.uk
Servicios Sociales Integrados Sociedad Cooperativa: www.grupossi.es/en
Thuisverpleging Meerdael: www.thuisverpleging-meerdael.be
Zeitgut Luzern Genossenschaft: www.zeitgut.org
Zorgpunt cvba: www.zorgpunt.eu
Zukunftswohnen: www.zukunftswohnen.ch
APPENDIX
A. Cooperative Best Practices Questionnaire

Cooperative Best Practices Questionnaire

<table>
<thead>
<tr>
<th>Contact details</th>
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<tbody>
<tr>
<td>Contact name:</td>
</tr>
<tr>
<td>Name of organisation:</td>
</tr>
<tr>
<td>Founding year:</td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
<tr>
<td>Email address:</td>
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<td>Address:</td>
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<table>
<thead>
<tr>
<th>Background information</th>
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<tbody>
<tr>
<td>Sector:</td>
</tr>
<tr>
<td>Position of interview partner in cooperative</td>
</tr>
</tbody>
</table>

Introduction

Explain purpose of the research, structure of the interview, confidentiality etc. The general objective of the module is to provide information on how does a good cooperative function.

Establish a context

1. To begin with, please tell me about your role in the cooperative.

2. Please briefly (10’) present me your cooperative, stressing the aspects which, according to you, make your organisation so special / innovative / interesting.

- **Ownership of Cooperative/Motivation:** Who are the members and why have they created a cooperative? E.g. customers, multi-stakeholders (customers, employees of cooperatives, suppliers, citizens)

  *Best-practices examples (focus on elderly care cooperatives): membership is open to service users (elderly people and/or relatives) and providers (formal and/or informal), and to other stakeholders; membership is used as a tool to stimulate care cooperative culture on a given territory; interactive mechanisms are implemented to ensure compliance of cooperative processes and services with users’ and providers’ needs; service users feel empowered; members are better-off thanks to the elderly care cooperative. When a best-practice is identified, go to question n°4.*
- **Governance of Cooperative**: How is cooperative controlled? E.g., Two-tier governance structure with professional Executive Board of Directors and Member Board of Owners

  Best-practices examples: decision-making processes involve service users and providers, and/or other stakeholders; internal rules and innovative mechanisms ensure inclusive decision-making processes.

  When a best-practice is identified, go to question n°12.

- **Service Delivery**: What member services does the cooperative provide? E.g., joint buying of materials or joint ownership of machinery/technology or provision of ambulant services, etc.

  Best-practices examples (focus on elderly care cooperatives): a cooperative is the unique elderly care service provider on a given territory; elderly care services are delivered in an innovative way.

  When a best-practice is identified, go to question n°16.

- **Financing of Cooperative**: How is the cooperative financed? E.g., through member shares plus loans or grants, etc.

  Best-practices examples (focus on elderly care cooperatives): the cooperative model allowed the settlement of a viable elderly care business – where other models fail; the cooperative has developed mechanisms to attract external investors and/or raise additional public funding.

  When a best-practice is identified, go to question n°22.

- **Involvement of Community**: How does the cooperative interact with its external environment? E.g., public-private partnership, investment of profits into communities, etc.

  Best-practices examples: the cooperative interacts with the local community through innovative mechanisms; the local community has developed a better awareness of elderly care issues thanks to cooperative action / intergenerational solidarity have spread in the community thanks to the cooperative’s actions.

  When a best-practice is identified, go to question n°28.

- **Use of ICT tools**: What is the role of ICT in those cooperatives? E.g., for joint buying system, to network between members, etc.

  Best-practices examples: ICT tools are used to support innovative mechanisms / service delivery systems.

  **ICT tools questions should be asked even when no best-practice is identified. See question n° 29.**

3. What are the main strengths and weaknesses of your cooperative?

**Membership**

4. What was the reason for the founding of your cooperative?

5. Where did your organisation get guidelines and help in the founding process?

6. Who are the members of the cooperative?

7. How many members does your cooperative have?

8. Who are the most important members?

9. How are the member shares distributed? (number and price of shares, main members… not to be confused with votes; cf. reference document)
10. What do you think is the motivation of members for joining your cooperative?

11. How do you attract new members?

**Governance**

12. How is the governance of your cooperative organized?
   - Which governance bodies are there? (General assembly, Board, presidency, commissions...)
   - Which role do they have? (decision making, advisory, coordination, education or animation roles...)
   - How are people elected? (direct/indirect election processes)
   - Is there any remuneration for governance bodies?

13. What are the key issues your governance is dealing with? (membership, commercial strategy...)

14. How does the relationship between your governance bodies and the cooperative’s management work? (when applicable: director’s appointment, management of volunteers...)

15. What strengths and weaknesses do you see in your governance?

**Services**

16. What elderly care services & products does your cooperative offer the members?

17. Do you also provide elderly care services to non-members? If yes: What is the proportion in relationship to members?

18. How has your offer of your elderly care services evolved since the creation of your cooperative?

19. What do you regard as your cooperative’s USP (unique selling proposition)?

20. What sort of things is your cooperative concerning at present? (E.g. the economy, members, etc.)

21. Why are care receivers using the services/products of your cooperative?
   - Competitive price
   - Range of services
   - Joint ownership of cooperative
   - Joint decision of members to choose services or products

**Financing & business model**

22. What is the ownership structure and business model of the cooperative? (social capital, turnover...)

23. What are the key workflows or activities of your cooperative (e.g. joint purchasing, marketing, etc.)?
24. How was the founding of your cooperative financed (member contributions, loan finance, donations)?

25. What are your key financing issues/challenges today (e.g. acquiring new investments, ongoing finance)?

26. Do you think your organization should or could be doing more (e.g. provide more services? Or reach more people, expand to other areas)?
   - If yes: What should be done and what prevents the cooperative from doing so?
   - If no: Please explain why.

27. How do you see the economic future of your cooperative and why?

Involvement of the community

28. How is your cooperative embedded in its local community (local council, NGOs, etc.)?
   - No relationship with local community
   - Via members
   - Via partnerships on specific topics (public-private & private-private)

ICT tools

29. What do you use ICT for in your cooperative (finance, purchasing)?

30. What kind of IT solutions do you use (apps, wikis, …)?

31. What part of your business could be managed better if it was supported by suitable ICT solutions? How needs the ICT solution to be to support your cooperative better?

32. What is your experience with ICT solutions?

33. Do you see situations where ICT is an advantage or disadvantage in your cooperative?

Additional details

34. Thank you for all your answers. As a last question, I’d like to know what kind of advice you would give to people, who plan to create a cooperative in the field of elderly care?

Date and time of the interview:
Interviewed by:
Minutes or recording provided by:
Partner organisation/country:
### B. Template: Overview of interviews

<table>
<thead>
<tr>
<th>Task 2.2 Individual Interview (icareops)</th>
<th>Slovenia</th>
<th>Denmark</th>
<th>Belgium</th>
<th>Belgium</th>
<th>Italy</th>
<th>Germany</th>
<th>Summarized results over all six interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer</td>
<td>Martina Zadro svtI</td>
<td>Director</td>
<td>Founder, finance and project officer</td>
<td>Founder</td>
<td>President, CEO</td>
<td>Chairman</td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Entrepreneur, instigator</td>
<td>Director</td>
<td>Founder, project coordinator of the cooperative</td>
<td>President of the cooperative</td>
<td>Chairperson of the cooperative</td>
<td>Chairman</td>
<td></td>
</tr>
</tbody>
</table>

#### Few questions about your cooperative & its members and services.

1. **What was the reason for the founding of your cooperative?**
   - Slovenia: To offer social services and private care, a likely not-for-profit organisation for private care in 398 and in 1880 she started it with a private foundation.
   - Denmark: Initially, co-housing project in a waterisol. The waterisol producing renewable energy, funding (in kind) by the government. The cooperative was created to provide renewable energy.
   - Belgium: Initially, a social cooperative. Later, the cooperative has diversified into various services.
   - Belgium: Initial project on civil engagement launched by the federal state in 2004 with an objective to encourage the creation of cooperatives. Cooperatives benefit from higher confidence in the population, and are more attractive on external investment.

2. **Where did your organisation get guidelines and help in the founding process?**
   - Slovenia: Not much information from the government about renewable energy. Strong commitment, links with the cooperative movement.
   - Denmark: Legal framework, social cooperative information (administration, management, ...). Contact with local authorities.
   - Belgium: Legal framework, social cooperative information (administration, management, ...). Contact with local authorities.

3. **What services & products does your cooperative offer the members?**
   - Slovenia: Consulting on administration, accounting, shared staff development, existing networks for elderly homes, social psychiatric homes.
   - Denmark: Renewable energy supplier (solar, wind, power to the Dutch grid). Lending opportunities, health insurance, administrative support, monthly training, services, etc.
   - Belgium: Public income; encouragement through legislative or financial tools. Need for the most recent report to the service provided or the organization principles/legislation.
   - Italy: Cooperative movement, non-profit organizations (associations).
   - Germany: Public income; encouragement through legislative or financial tools. Need for the most recent report to the service provided or the organization principles/legislation.

4. **Do you also provide services to non-members? If yes, what is the proportion in relationship to members?**
   - Slovenia: No.
   - Denmark: No.
   - Belgium: No.
   - Belgium: No.
   - Italy: Yes: new services such as shelter homes, consulting, housing, day care and elderly care.
   - Germany: Yes: new services such as shelter homes, consulting, housing, day care and elderly care.

5. **How has your offer of your services evolved since the creation of your cooperative?**
   - Slovenia: It is the same offer but no more members.
   - Denmark: Started to supply wood chips last year. Small project: focusing on energy efficiency for private housing and municipalities.
   - Belgium: More member cooperatives in four municipalities.
   - Italy: New offer of services (social, personal care, day care, etc.)
   - Germany: New offer of services (social, personal care, day care, etc.).

6. **What do you regard as your cooperative's USP (unique selling proposition)?**
   - Slovenia: Energy democracy, involvement of local communities, investment in the local economy. Project financing projects to address local community needs.
   - Denmark: Very specialized scope: hospital care at home, which is very new to Belgium.
   - Belgium: Specific pedagogical project for the kindergarten. Regarding elderly care, light guide became the key to successful implementation.
   - Belgium: Very specialized scope: hospital care at home, which is very new to Belgium.
   - Italy: Everything that is needed to live in the community is implemented. However, being a small cooperative, it is not easy to do everything.
   - Germany: Everything that is needed to live in the community is implemented. However, being a small cooperative, it is not easy to do everything.
## BEST PRACTICES REPORT ON COOPERATIVES (D2.2)

<table>
<thead>
<tr>
<th>Task 2.2 Individual Interview (icarecoops)</th>
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<th>Belgium</th>
<th>Belgium</th>
<th>Italy</th>
<th>Germany</th>
<th>Summarized results over all six interviews</th>
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<td><strong>Date of interview</strong></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>Strengths: clean link between beneficiaries and management/operational services. Branding and communication. Growth in membership.</td>
</tr>
<tr>
<td><strong>What are the strengths and weaknesses of your cooperative?</strong></td>
<td>Strenghts: business model of 17%, income/market margin, peer to peer concept. Weakness: selling operation not feasible for cooperatives.</td>
<td>Strenghts: 55,000 members, among whom many active; honesty and ethical management; Arup-conference considered as a reliable partner. Weaknesses: ethical management; lack of self-organization; cooperatives could reach more than 2% of the market.</td>
<td>Strenghts: working together; Social benefit for workers; Niklab, peer to peer doing; Weaknesses: working with a quite a lot of associations, who need to get off the same direction. Need to follow the majority, need to limit the integration of new members; Management capacity building.</td>
<td>Weaknesses: low margin (but this is specific to the market), high geographical territory to cover (necessary to reinforce the management structure).</td>
<td>Strengths: high availability of the management, which ensures to remove as many of the obstacles as possible; legal and financial services reinvested in the coop development; equality, redistribution between members.</td>
<td>Strengths: openness, solution-oriented and flexible management; training; accountability</td>
<td></td>
</tr>
<tr>
<td><strong>What sort of things is your cooperative consuming at present? (e.g., the economy, members, etc.)</strong></td>
<td>In-house bicycle, ergonomy, healthy workplace</td>
<td>Efficient and high turnover</td>
<td>More energy-intensive, working with privet people and municipalities; improving the quality of service; creating links with other renewable energy in; increasing social awareness of energy consumption.</td>
<td>Member-ownership and social action</td>
<td>Mandatory competencies issues; some businesses abuse of the co-operative term (don’t play with the same range)</td>
<td>Strengths: competencies; distribution and strengthening of the business model (top-down)</td>
<td></td>
</tr>
<tr>
<td><strong>Why are members using the services/products of your cooperative?</strong></td>
<td>Available support, free service</td>
<td>The cooperative offers a high quality of services</td>
<td>Competitive price and flat rates; joint ownership; transparency and ethical management</td>
<td>Cooperatives of small collective thinking to increase job opportunities</td>
<td>Barred-down services; competitive price, state of service</td>
<td>Competitive price, collective organization (pective thinking of the service provided)</td>
<td></td>
</tr>
<tr>
<td><strong>Competitive price</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Range of services</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Joint ownership of cooperative</strong></td>
<td>Not relevant</td>
<td>Yes, more and more. This model attracts new members and improves the service</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Joint decision of members to choose services or products?</strong></td>
<td>No</td>
<td>To choose IF solutions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Do you think your organization should or could be doing more (e.g., provide more services? Or reach more people, expand to other areas)?</strong></td>
<td>For a public service agency</td>
<td>The organization would like to provide and support co-op driven innovation in municipalities. And expand and expand service for food and non-financial sustainable culture</td>
<td>Provide more services; energy efficiency (2% reach more people)</td>
<td>Planning to develop the iCareCoop at school, and increase elderly care at home.</td>
<td>Breaking more services and customers. How to create co-op movement over house care in Belgium</td>
<td>Yes. New services or improvement of services delivered (break the membership and/or customers); ensure the coop’s renewal (increase of new care providers); developing new approaches (town-driven innovation)</td>
<td></td>
</tr>
<tr>
<td><strong>If yes: What should be done and what hinders the cooperation from doing so?</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Support environment</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>If no: Please explain why.</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>What are the key workforce or activities of your cooperative (e.g., joint purchasing, marketing, etc) ?</strong></td>
<td>Sectoral cooperation, accounting, leadership</td>
<td>Democratic and local management of energy production, joint purchasing of solar panels</td>
<td>See above</td>
<td>School care for students people</td>
<td>Everything what is needed to run it is done or is around with us</td>
<td></td>
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## BEST PRACTICES REPORT ON COOPERATIVES (D2.2)

<table>
<thead>
<tr>
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<tbody>
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<td>Slovenia</td>
<td>Reoneji sosdage eThi</td>
<td>The Marie foundation</td>
<td>CooperVision</td>
<td>Thuvouogthig Meeread</td>
<td>Alia</td>
<td>Senierrerganzenchaft</td>
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<td>Denmark</td>
<td>13</td>
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<td>Germany</td>
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<tr>
<td>Summarized results over all six interviews</td>
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</tbody>
</table>

### Slovenia

13. **Who are the members of the cooperative?**
   - Variety of organizations
   - 17 founding members

14. **How many members does your cooperative have?**
   - 3 formal members
   - 17 members

15. **Who are the most important members?**
   - Those who contribute more

16. **What do you think is the motivation of members for joining your cooperative?**
   - Money
   - Social responsibility

17. **How do you attract new members?**
   - By offering excellent service.

18. **How is your cooperative embedded in its local community?**
   - Some local politicians are members of the cooperative

19. **Which factors do you think are crucial for a cooperative to be successful?**
   - Social responsibility

20. **What are the reasons for your success?**
   - Good management

### Denmark

13. **Who are the members of the cooperative?**
   - Large majority of Danish-speaking Belgians; but anyone can become a member.

14. **How many members does your cooperative have?**
   - 6,000 members when 62,000 households (80% of households) without consuming electricity produced by cooperatives.

15. **Who are the most important members?**
   - Vice president or chair of the board.

16. **What do you think is the motivation of members for joining your cooperative?**
   - Money

17. **How do you attract new members?**
   - By offering excellent service.

18. **How is your cooperative embedded in its local community?**
   - Participates in local elections

19. **Which factors do you think are crucial for a cooperative to be successful?**
   - Good management

20. **What are the reasons for your success?**
   - Good management

### Belgium

13. **Who are the members of the cooperative?**
   - A variety of industries

14. **How many members does your cooperative have?**
   - 30 members

15. **Who are the most important members?**
   - First member

16. **What do you think is the motivation of members for joining your cooperative?**
   - Money

17. **How do you attract new members?**
   - By offering excellent service.

18. **How is your cooperative embedded in its local community?**
   - Participates in local elections

19. **Which factors do you think are crucial for a cooperative to be successful?**
   - Good management

20. **What are the reasons for your success?**
   - Good management

### Italy

13. **Who are the members of the cooperative?**
   - A variety of industries

14. **How many members does your cooperative have?**
   - 500 members

15. **Who are the most important members?**
   - CEO

16. **What do you think is the motivation of members for joining your cooperative?**
   - Money

17. **How do you attract new members?**
   - By offering excellent service.

18. **How is your cooperative embedded in its local community?**
   - Participates in local elections

19. **Which factors do you think are crucial for a cooperative to be successful?**
   - Good management

20. **What are the reasons for your success?**
   - Good management

### Germany

13. **Who are the members of the cooperative?**
   - Large majority of German-speaking Belgians;

14. **How many members does your cooperative have?**
   - 360 members

15. **Who are the most important members?**
   - President

16. **What do you think is the motivation of members for joining your cooperative?**
   - Money

17. **How do you attract new members?**
   - By offering excellent service.

18. **How is your cooperative embedded in its local community?**
   - Participates in local elections

19. **Which factors do you think are crucial for a cooperative to be successful?**
   - Good management

20. **What are the reasons for your success?**
   - Good management
### BEST PRACTICES REPORT ON COOPERATIVES (D2.2)

<table>
<thead>
<tr>
<th>Task 2.2 Individual interview (icarecoops)</th>
<th>Slovenia</th>
<th>Denmark</th>
<th>Belgium</th>
<th>Italy</th>
<th>Germany</th>
<th>Summarized results over all six interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. What advice would you give to someone who is about to found a cooperative?</strong></td>
<td>Get hold of the economics. Get a qualified board of directors.</td>
<td>Democratic ownership, dissemination and power to the people are the terms of the future. People should present their ideas to set up cooperative.</td>
<td>Nuclear power cooperative is a regional network: creates a vision for convincing and gathering people, try to be as independent as possible even from administrative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I’d now like to move on to the cooperatives ownership, financing and governance (cf. reference document)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22. What is the ownership structure of the cooperative?</strong></td>
<td>National legislation/role</td>
<td>Consulting, with a board of directors.</td>
<td>50,000 members, 65% of social capital. No restriction to become a member. Membership open to organizations, businesses, NGOs, local governments.</td>
<td>150 members. Social capital of 140,000€</td>
<td>Short-term loan in a cooperative; membership reinvested in the organization</td>
<td>Social capital ranging from 25,000€ to 65,000,000€. Membership: from 14 to 50,000.</td>
</tr>
<tr>
<td><strong>23. How are the member shares distributed?</strong></td>
<td>egalitarian</td>
<td>not relevant</td>
<td>Share + 200€, Hire 20 shares per person. An option: 200€ (10) &amp; 100€ (10)</td>
<td></td>
<td></td>
<td>Usually, one kind of share ranging from 240€ to 1,600€. Also evidence of same different shares, not linked with the membership status. (e.g., shares aimed at allowing a bigger investment, or linked to a temporary position).</td>
</tr>
<tr>
<td><strong>24. How is the membership organized?</strong></td>
<td>co-working, sharing space, specific themes</td>
<td>Education</td>
<td>Anyone can become a member. New membership sponsored by the General Assembly.</td>
<td></td>
<td></td>
<td>Membership cancellation is possible at any time.</td>
</tr>
<tr>
<td><strong>25. How is the governance of your cooperative organized?</strong></td>
<td>Democratic decision making, re-organization planned</td>
<td>Board of Directors, 9 members of the board.</td>
<td>General Assembly, Board, Controlling Councils.</td>
<td>General Assembly, at least once every 2 years, but usually every month. (3.4-associates, and 2.3-associates)</td>
<td>Board (7 persons)</td>
<td>General assembly: 14-15 persons, management committee: 2-4 persons.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Task 2.2 Individual interview</th>
<th>Slovenia</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Date of interview</td>
<td>23b</td>
<td>25c</td>
<td>25a</td>
<td>29b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which role do they have? (decision making, advisory, coordination, education or support role)</td>
<td>23b</td>
<td>Deputy Assembly elects the board (25 persons) composed of 5 &quot;external&quot; members (including the ceo) and 3 &quot;internal&quot; members (bringing external knowledge). Coordinating member (36 persons) controls the board.</td>
<td>Board takes urgent decisions, likes engaging in workshops.</td>
<td>Board selects the following 6 persons:</td>
<td>Board is elected by the GA once every 8 years and 11 other members every 7 years (all of which are board members).</td>
<td>Usually, close integration between governance and management</td>
<td>Board is elected by the GA once every 8 years and 11 other members every 7 years (all of which are board members).</td>
</tr>
<tr>
<td>How are people elected? (direct/indirect election process)</td>
<td>25c</td>
<td>ASG</td>
<td>Direct election process</td>
<td>GA</td>
<td>Collective election</td>
<td>Direct election process</td>
<td>Direct election process</td>
</tr>
<tr>
<td>Is there any remuneration for governance bodies?</td>
<td>25a</td>
<td>No remuneration</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Usually, no remuneration for governance bodies</td>
</tr>
<tr>
<td>What are the key issues your governance is dealing with? (membership, contractual strategy, ...</td>
<td>26</td>
<td>Conflict in the organization of business activity</td>
<td>Economic issues, high quality of care in the nursing homes</td>
<td>Some new agreements with the co-op</td>
<td>Everything</td>
<td>Governance and management are completely integrated</td>
<td>Decision making, controlling, exchange of information, cooperative development</td>
</tr>
<tr>
<td>How does the relationship between your governance bodies and the cooperative's management work? (when applicable: director's appointment, management of volunteers, ...)</td>
<td>27</td>
<td>The management can give some recommendations</td>
<td>Strong integration between governance and management. At least 3 employees. The president of the board is also the director elected by the board</td>
<td>Very integrated</td>
<td>Not handled, board in touch, participation, co-determination</td>
<td>In most cases, very integrated</td>
<td>Very broad range of issues. In some cases, pretty much everything, in some cases, focus mainly on strategic business.</td>
</tr>
<tr>
<td>What strengths and weaknesses do you see in your governance?</td>
<td>28</td>
<td>A small group of cooperative members (board directors only 2); Great engagement of members; Some new agreements with the co-op</td>
<td>Strong integration between governance and management. At least 3 employees. The president of the board is also the director elected by the board</td>
<td>Very integrated</td>
<td>Not handled, board in touch, participation, co-determination</td>
<td>In most cases, very integrated</td>
<td>Strengths: inclusiveness, strong links between members and management team, fair hierarchy. When organization of cooperatives' high complexity of board members. Weakness: GA attendance (representation capacity), time consuming processes.</td>
</tr>
<tr>
<td>What importance have the cooperative's values &amp; principles in your cooperative?</td>
<td>29</td>
<td>The cooperative provides good ideas for the future. The good ideas are the most important.</td>
<td>Principles are very important to the most important ones: &quot;corporate, &quot;efficient ownership&quot;, &quot;guaranteed&quot;, and &quot;independence.&quot;</td>
<td>Principles are important in the most important ones: &quot;corporate, &quot;efficient ownership&quot;, &quot;guaranteed&quot;, and &quot;independence.&quot;</td>
<td>Principles are very important for the members.</td>
<td>Principles are very important for the members.</td>
<td>Principles are very important for the members.</td>
</tr>
<tr>
<td>Which values are most important ones?</td>
<td>25a</td>
<td>Cooperation, Openness (invitation to non-members to attend meetings)</td>
<td>Membership: 3 member = 7 seat</td>
<td>Transparency, &quot;transparent ownership&quot;, &quot;guaranteed&quot;, and &quot;independence.&quot;</td>
<td>Principles are very important for the members.</td>
<td>Principles are very important for the members.</td>
<td>Principles are very important for the members.</td>
</tr>
<tr>
<td>How do you ensure that those values &amp; principles are being followed?</td>
<td>29b</td>
<td>Only cooperatives that respect these principles can apply for a membership of 1.000 euros.</td>
<td>Only cooperatives that respect these principles can apply for a membership of 1.000 euros.</td>
<td>Only cooperatives that respect these principles can apply for a membership of 1.000 euros.</td>
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<td>Only cooperatives that respect these principles can apply for a membership of 1.000 euros.</td>
<td>Only cooperatives that respect these principles can apply for a membership of 1.000 euros.</td>
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### BEST PRACTICES REPORT ON COOPERATIVES (D2.2)

#### Task 2.2 Individual interview (iCarecoops)

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<thead>
<tr>
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</table>

#### Date of interview

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<thead>
<tr>
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<tr>
<td>30</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
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</tbody>
</table>

#### What are your key financing issues/challenges today (e.g., acquiring new investments, ongoing finances)?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Legal contributions dealing with real costs.</td>
<td>Started up with annual fees of our members (DMH &amp; a European grant (RE) project) coop-20.20.20</td>
<td>Initially members’ contributions, the foundation was exclusively financed by members’ contributions.</td>
<td>Start-up financing, membership fees, innovation.</td>
<td>Members’ contribution as the main financing tool sometimes complemented with external funding (public or private)</td>
</tr>
</tbody>
</table>

#### How do you see the economic future of your cooperative and why?

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<tr>
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</thead>
<tbody>
<tr>
<td>The economic future is rather uncertain.</td>
<td>To link up with local municipalities to create more added projects in tandem.</td>
<td>Project: buying or building offices for employees or charge administrative tasks (Sovereign).</td>
<td>Very positive: 5 years ago, 150 members and 2 million € turnover; today, 200 members and 10 million € turnover.</td>
<td>Very positive: economic model maintenance (especially through IT and ICT solutions).</td>
</tr>
</tbody>
</table>

#### One important element of our project is to analyse use of Information and communication technology (ICT) tools within cooperatives, in order to create better tools to achieve greater efficiency and effectiveness for the cooperatives. Let’s have a short look into this.

<table>
<thead>
<tr>
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<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>OM business communication SW, legal keeping key.</td>
<td>Management of customer data, remote control of installations. (Budacsa), smart programs, project management system (Productivo).</td>
<td>Mainly office programs; re-specific on user needs.</td>
<td>Mandatory nursing care programs.</td>
<td>Medical care providers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost none. PC: homepages, programs for economics.</td>
<td>Metabolic nursing care programs.</td>
<td>Mainly office programs; re-specific</td>
<td>Metabolic care programs.</td>
<td>Medical care providers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Italy</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.T. tools (email, office...)</td>
<td>Ruborous, hospital.</td>
<td>Sometimes professional tools, mainly required by national legislation.</td>
<td>Professional tools.</td>
<td>Essentially service improvements (management, logistics...), sometimes governance issues (cooperation with members).</td>
</tr>
</tbody>
</table>

### SUMMARY

- **Slovenia**: Legal contributions dealing with real costs. Started up with annual fees of our members (DMH & a European grant (RE) project) coop-20.20.20. Initially members’ contributions, the foundation was exclusively financed by members’ contributions. Start-up financing, membership fees, innovation. Members’ contribution as the main financing tool sometimes complemented with external funding (public or private).
- **Denmark**: To link up with local municipalities to create more added projects in tandem. Project: buying or building offices for employees or charge administrative tasks (Sovereign). Very positive: 5 years ago, 150 members and 2 million € turnover; today, 200 members and 10 million € turnover.
- **Belgium**: The economic future is rather uncertain. To link up with local municipalities to create more added projects in tandem. Project: buying or building offices for employees or charge administrative tasks (Sovereign). Very positive: 5 years ago, 150 members and 2 million € turnover; today, 200 members and 10 million € turnover.
- **Italy**: Mandatory nursing care programs. Professional tools. Essentially service improvements (management, logistics...), sometimes governance issues (cooperation with members).
- **Germany**: Essential nursing care programs. Professional tools. Essentially service improvements (management, logistics...), sometimes governance issues (cooperation with members).
<table>
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<th>Task 2.2 Individual Interview</th>
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<th>Germany</th>
<th>Summarized results over all six interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. What is your experience with ICT solutions?</td>
<td>36</td>
<td>expensive, open source</td>
<td>Almost none</td>
<td>Innovation: Technology, designed to allow a better project monitoring. Would be used mainly by the staff, but also with the clients during the implementation of the energy efficiency activities.</td>
<td>See above</td>
<td>Management process: HR, financial, administrative</td>
<td>Complexity, costs always above expectations, high planning efforts, licences are necessary and expensive, need for technical support and improvements high potential of development.</td>
</tr>
<tr>
<td>37. Do you see situations where ICT is an advantage or disadvantage to your cooperative?</td>
<td>37</td>
<td>inclusion of dependent groups, internal methods should always be possible</td>
<td>Unfortunately we only have one group to deal with IT solutions instead of creating new solutions ourselves. The cooperative is quite conservative in using ICT solutions like we did not consider ICT solutions in a economic way, but it is necessary.</td>
<td>ICT can be a barrier to some people, especially the elderly, everyone can’t have access in case not new technologies.</td>
<td>ICT should’t care over the patient, can be careful not to lose the primary task. Administration shouldn’t take over the patient care.</td>
<td>ICT is useful everywhere no weaknesses</td>
<td>Disadvantages: time consuming ICT processes, complex applications, target group not targeted.</td>
</tr>
<tr>
<td>38. Thank you for all your answers, as a last question, I’d like to know what kind of advice you would give to people who plan to create a cooperative in the field of elderly care?</td>
<td>38</td>
<td>you have to make a contract to make an agreement, it is important that you do what you do best and let other people do what they do best.</td>
<td>It is available on the Icarecoops website, with resources, reports, financial guidelines on how to set up a business model. Keep in mind that there is no “one-size-fits-all” model. Don’t sell too quick. Be sure to have talked with a lot of people in the same direction. Make sure that you have been thinking about everything for your project. Be professional! Know to hear your clients’ needs.</td>
<td>Networking, solutions based on a model of civic action in a community.</td>
<td>Gathering information from your environment and the cooperative movement, ask for expertise, specialize and follow an economic logic.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### C. Interviewed organisations

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Economic sector</th>
<th>Ownership (cooperative members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>P.E.G.</td>
<td>Health</td>
<td>Healthcare providers</td>
</tr>
<tr>
<td>Belgium</td>
<td>E.MM.A</td>
<td>Social care</td>
<td>Multi-stakeholder</td>
</tr>
<tr>
<td>Belgium</td>
<td>Ecopower</td>
<td>Energy</td>
<td>Multi-stakeholder</td>
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<tr>
<td>Belgium</td>
<td>Thuisverpelging Meerdael</td>
<td>Social care</td>
<td>Workers</td>
</tr>
<tr>
<td>Belgium</td>
<td>Zorgpunt</td>
<td>Health</td>
<td>Health professionals</td>
</tr>
<tr>
<td>Croatia</td>
<td>Zadruga Mali Raj</td>
<td>Social care</td>
<td>Workers</td>
</tr>
<tr>
<td>Denmark</td>
<td>The Marie foundation</td>
<td>Social care</td>
<td>n/a</td>
</tr>
<tr>
<td>France</td>
<td>Groupe Up</td>
<td>Social welfare</td>
<td>Workers</td>
</tr>
<tr>
<td>France</td>
<td>Solidarité Versailles Grand Âge</td>
<td>Social care</td>
<td>Multi-stakeholder</td>
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<tr>
<td>France</td>
<td>Viv’Lavie</td>
<td>Social care</td>
<td>Multi-stakeholder</td>
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<tr>
<td>Germany</td>
<td>Senior Citizen Cooperative Riedlingen</td>
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<td>Italy</td>
<td>Aldia Cooperativa sociale</td>
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<td>Workers</td>
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<td>COOSS</td>
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<td>Workers</td>
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<td>Information technology</td>
<td>Workers</td>
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<td>Itaca</td>
<td>Social care</td>
<td>Workers</td>
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<td>Netherlands</td>
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<td>n/a</td>
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<td>Slovenia</td>
<td>Razvojna zadruga eTRI</td>
<td>Eco-friendly activities</td>
<td>Eco-friendly organisations</td>
</tr>
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<td>Social care</td>
<td>Workers</td>
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<td>Housing</td>
<td>Users (tenants)</td>
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<td>Users (tenants)</td>
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<td>Local community</td>
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<td>Multi-stakeholder</td>
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<td>United Kingdom</td>
<td>Bridgnorth Homecare Co-operative</td>
<td>Social care</td>
<td>Workers</td>
</tr>
<tr>
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<tr>
<td>United Kingdom</td>
<td>Cybermoor</td>
<td>Information technology</td>
<td>Local community</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Leading Lives</td>
<td>Social care</td>
<td>Workers</td>
</tr>
</tbody>
</table>

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6 “Not applicable”: not legally registered as a cooperative, but whether as a charity or as a non-cooperative enterprise.