
Executive Summary

Making home care for older people more flexible and person-centred

Factors which promote this

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Charles Patmore and Alison McNulty

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Key Messages

Social Services purchasers have a profound influence over whether home care providers serve older people in a flexible, person-centred way. Their influence is especially strong over independent providers. The latter increasingly provide long-term home care for older people, which is where a flexible, person-centred approach is especially important. The extent of purchaser influence may not be obvious.

In everyday home care, opportunities arise for flexible, person-centred help which may benefit customers' morale and which can cost little or nothing extra – see Panel One. To use these opportunities requires sympathetic regular care staff, who were found at many providers studied. It also requires Social Services purchasers who value such help and who support the necessary provider flexibility – this is the harder condition to meet. These opportunities otherwise can be wasted.

A cultural divide exists among Social Services purchasers. Some purchasers value their home care providers helping older people in ways which support customers' morale and quality of life. In consequence their providers feel encouraged to use relevant opportunities. Other purchasers discourage such help. They see it as irrelevant to their core mission, which they limit to ensuring older people's physical care and safety. They discourage any additional help, even if it incurs no financial costs for Social Services, on grounds of occasional risk to smooth running of service. There are dangers of underestimating how far some Social Services purchasers may have become distant from valuing holistic care for older people. There are important questions about how the values of Social Services purchasers are influenced.

The research suggests a relatively straightforward set of guidelines whereby a purchaser could develop flexible, person-centred home care (Panel Two). But, up to the Green Paper, a major barrier has been that some Social Services purchasers would not wish to pursue this course.

Independence, Well-being and Choice (March 2005)

The Green Paper promotes values concerning quality of life and service user choice, which are prime reasons for developing flexible, person-centred home care.

This research noted cultures among some Social Services purchasers which are profoundly inimical to these values. The changes sought by the Green Paper are, from the viewpoint of this research, both very challenging and very valuable.

The findings provide substantial assistance for implementation of some aspects of *Independence, Well-being and Choice*.

Background to the research

Reasons for this research

- The morale of older home care customers can be at risk as a result of the physical disabilities which are the reason why they are receiving home care.
- If given flexibility, home care staff are well-placed to give isolated older people types of person-centred help which can support their morale and quality of life.
- Some home care services appear better than others at supplying such person-centred help. The study sought to discover what factors can explain this.

The three different stages of the project

- An initial review of literature.
- Telephone interviews at a sample of 23 home care providers in 12 Local Authority Districts. These probed managers' ideas and services' capacities to provide flexible, person-centred help.
- Then six of these providers in six Authorities were selected for in-depth study. This interviewed older service users, provider staff and their Social Services purchasers. There were four independent agencies and two Social Services providers.

Key findings from the first two stages (already published)

- Relationships between home care customers and familiar, regular care staff are important for flexible person-centred care.
- Social Services purchasers have great influence and must be included in any research.
- Compared to Social Services in-house providers, independent agencies are disadvantaged in terms of flexibility. Also, pay and conditions for their care staff are poorer.
- Long-term home care for older people is often being transferred to independent agencies. Many Social Services providers were transferring to specialist roles, like short-term rehabilitation. Long-term supportive home care is where a flexible, person-centred approach brings particular benefit.

Findings from the six in-depth case studies

Types of flexible person-centred care found in the study

- All six providers gave types of flexible person-centred care which did not require much extra time.
- But three providers consistently gave more time-consuming and complex types of help. For instance, these three providers regularly helped customers go to places outside their homes.
- Panel One lists examples of more time-consuming or complex types of help.
- A widespread unmet aspiration among older home care customers is for help to get out of one's home.

Why some providers develop flexible, person-centred care further than others

- A pre-condition for any sort of flexible person-centred help is a relationship between a home care customer and regular care staff who get to know their aspirations and become motivated to fulfil them. At all six providers, this appeared quite easily achieved.
- But whether this enables the more time-consuming and complex types of help, as illustrated in Panel One, depends on another factor. This is whether there is management support for spending time addressing customers' morale or quality of life.
- At independent agencies management support depended directly on the policies of Social Services purchasers, who exercised considerable control over how care staff spent time.
- At the particular Social Services providers in the study, provider managers had significant discretion concerning how care staff time was assigned. Here it was the provider manager's policies which were most influential.
- Thus there are somewhat different dynamics at independent agencies and at Social Services in-house providers.

Factors promoting complex or time-consuming flexible, person-centred help at independent agencies

- Agency staff could be paid for such help if Social Services purchasers specifically commissioned it.
- They could also get paid for it if they used spare time during care visits. Or utilised care visits flexibly for a different purpose to the Care Plan. Or gave such help as a privately purchased extra service.
- Two agencies worked for holistic-minded Social Services purchasers who:
 - specifically commissioned social support services, as in Example A in Panel One.
 - approved flexible departures from the Care Plan where there was evident customer benefit, as in Example B in Panel One.

- wished any spare time during visits to be used for the customer's benefit, as in Example C.
- accepted providers giving extra privately purchased help.

These were the agencies which gave more time-consuming flexible person-centred help. Purchasers' support on all these counts followed logically from these purchasers' holistic concern for customers' well-being – including morale and quality of life.

- Two agencies worked for Social Services purchasers who:
 - would not commission social support from home care providers.
 - resisted any deviation from the Care Plan.
 - resisted customers choosing how spare time was used lest problems resulted.
 - discouraged privately purchased extra help.

These agencies' repertoires of flexible person-centred help were much more limited in consequence. However at one agency some individual care staff gave substantial help in spite of discouragement by management.

These latter purchasers' discouragement of flexible person-centred help followed logically from the outcomes they sought. They aimed to supply only such physical care as was necessary for customers to remain living safely at home. Other outcomes were deemed irrelevant. These purchasers discouraged any flexible extra help, even if cost-free, lest one day it might cause disruption or nuisance. For instance they argued that:

- If a customer requested extra tasks during spare time towards the end of a visit, one day this might lead to an avoidable staff injury.
- During any private extra cleaning a worker might break a customer's favourite ornament and bad feeling might then disrupt their everyday home care.
- If an especially helpful worker left, future service could be disrupted by the customer's disappointment.

To minimise possible disruptions, they wished staff to perform only the tasks on the Care Plan. Occasional risks to smooth service running were treated as more important than gains for customers.

Factors promoting complex or time-consuming flexible, person-centred help at Social Services in-house providers

The selected providers had significant discretion concerning decisions on care-giving.

- These in-house providers had great potential strengths in terms of flexibility, knowledge and organisational connections to other Social Services resources.
- But how much these advantages were used depended on the manager. If used, they had clear advantages over independent agencies for flexible person-centred care. But they were not always used.
- In contrast to independent agencies, the key influence was how holistic was the attitude of the provider manager, not the purchaser.

Aspects of provider management which supported flexible person-centred care: both sectors

- Provider managers who explicitly encouraged staff to respond holistically to customers' needs.
- Managers who used prevailing opportunities, rather than following rules and precedents about what their service would or would not do. This allowed them to utilise unpredictable, fluctuating amounts of spare time.
- Managers who made decisions on a situational basis, rather than by rules, concerning potential risks like escorting customers or changing light-bulbs. They safely provided services which were banned at some other providers.
- Managers were ready to help care staff with problematic tasks – either by advice or in person.
- A larger management team could increase flexibility – for instance dealing with unexpected or complex care problems. Conversely, however small a service, a lone manager can face difficulties.
- An essential foundation for flexible person-centred care was relationships which grew out of customers being assigned familiar, regular care workers, who got to know a customer's aspirations and became motivated to fulfil these. But:
 - The type of flexible extra help, which a customer received, was limited by their own main care workers' particular abilities, knowledge and interests.
 - Systems based on a single main worker per customer can maximise effects from a worker's limitations and from staff absences and changes. Two or three main workers may be preferable for all but small care packages.
 - There are emotional costs for care staff from caring relationships which regularly end in a customer's decline or death. Support is needed for care staff.
- Staff, pay and conditions are relevant. Independent agency care staff receive much poorer rewards. Disputes about the purpose of overhead payments to agencies are obstructing improvement of rewards.

Panel One

Examples of flexible, person-centred home care for older people, encountered during in-depth research at six providers for publicly funded customers. Examples derive from interviews with service users and staff.

A) An isolated customer gets a 90 minute timeslot each week for her home care worker to take her shopping or to the beach or park as she chooses. She has lost her driving licence following a stroke and is awaiting DVLA re-assessment, which is very important to her. In the interim, her home care worker suggested these excursions, which restore some ability to travel and thus support morale. Social Services Care Management agreed to commission time for this purpose.

B) On sunny days home care staff take a customer with arthritis for a short walk during her lunch visit, if she has been able to make lunch beforehand. This is her preferred use of the staff's time, since getting out of the house is very important to her.

C) At his request, home care workers regularly drive a customer to visit the grave of his wife, who died recently. He says he feels much better after these visits. When the customer wishes this, visits occur during spare time in daily 30 minute visits to prompt medication taking. (30 minutes is the minimum visit length which this rural agency provides.)

D) A home care team leader drives a customer to a hospital appliance centre for a shoe-fitting. He has a physical disability and a speech impediment and is very isolated. During the appointment she will interpret for him, if needed.

E) One morning a home care worker finds a customer has been burgled overnight, while she feigned sleep. The worker immediately arranges to be replaced on her scheduled visits and instead spends the morning liaising with police and repair services and comforting the customer.

F) A customer dies. For a fortnight his regular daily home care worker is instructed by her manager to make short daily social visits to his widow. Then the manager visits his widow to assess any future needs.

G) A customer suffers periods of severe mobility difficulties, which make her very lonely and bored since she has no nearby family and cannot get to day centres. To respond to this, her care package includes two hours per week from a home care worker who chats and does puzzles and games with her.

H) A home care worker phones a plumber on behalf of a customer. She then re-arranges the timing of a scheduled visit so that she can be present when the plumber comes. Thus she can assist negotiations and promote the customer's interests.

I) At Christmas, pairs of an agency's staff take pairs of customers out Christmas shopping, if they have no nearby relatives to help them. Likewise they bring Christmas decorations to some customers' homes.

Panel Two

Factors which promote flexible, person-centred home care

- Purchaser, provider manager and care staff all believe in 'caring for the whole person'
- Customers are served by regular provider staff, who get to know them well.
- For selected customers, Social Services purchasers commission social support interventions – including taking customers on excursions from home.
- Agreement among all parties about the value of 'quality time' for certain customers. Constructive use of spare time when it arises.
- Provider manager can sometimes assign one-off tasks to care staff without advance permission from purchasers.
- Provider manager has flexibility to offer extra help when conditions allow – without creating binding precedents.
- Assistance to Social Services customers who wish to privately purchase additional services.
- Staff rewards which can obtain quality provider staff.
- Sufficient time:
 - adequate visit lengths need to be commissioned.
 - provider workload must not make staff stressed or rushed.