

Flexible, person-centred home care for older people

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What enables some home care workers to spend quality time talking to isolated older people, to take them out shopping, or find them a trustworthy plumber? Some home care services give their customers such flexible help, which may benefit their morale, but others do not. This research project interviewed older service users, home care staff, managers and Social Services purchasers to explore the factors which make possible a flexible, person-centred approach.

Independent agencies are becoming a common source from which Social Services Departments commission long-term home care for older people. At home care agencies whose services were purchased by Social Services, key factors were:

- ▶ A flexible, person-centred approach flourishes where *both* provider staff and Social Services purchasers value customers' emotional well-being and quality of life.
- ▶ It requires caring provider staff who serve the same customers regularly and get to know them well. Such relationships seem quite easy to develop.
- ▶ But how far such staff develop flexible, person-centred care depends on whether Social Services purchasers encourage or discourage this.
- ▶ In this research, some Social Services purchasers supported customers' morale by commissioning leisure outings or companionship time for certain isolated customers. Thus encouraged, provider staff would sometimes find ways of providing similar help during pockets of spare care time at no extra cost. Opportunities for such help arose in ways which could not be foreseen by purchasers.
- ▶ Other Social Services purchasers discouraged home care staff from giving any help beyond maintaining customers' physical care and safety, even if it cost Social Services nothing. Their agencies gave person-centred extra help only on a small-scale or covertly.

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Background

Many older home care customers face threats to their morale, like increasing physical disability or bereavements. During earlier research with older people, it was noted that sometimes home care staff added thoughtful, person-centred touches to care, which could be important for customers' morale. Home care workers are unusually well-placed to contribute to morale and quality of life for isolated, disabled older people because few other services see them so regularly. Home care customers may be unable to travel to day centres. Volunteer befrienders are quite rare.

Some home care services may be better than others at helping customers flexibly in ways which specially matter to them. This research explored why.

Findings

The most common unmet aspiration among service users

- Help to get out of one's home is a widespread unmet aspiration among older home care customers. Some service users wanted to be taken shopping or to places of interest. Some sought help to improve their walking ability.

Examples of flexible person-centred care

- Some help required little extra time – like changing a light bulb, buying a customer's favourite delicacy when shopping, or letting customers choose where in their home the allocated cleaning time was spent.
- Other examples were more time-consuming – like replacing a broken fridge, helping a customer through an Attendance Allowance claim, or taking customers on leisure outings (see Box 1).
- Some providers readily gave these more time-consuming forms of flexible help. But they were rare or absent at other providers. Explanations for this were somewhat different at independent agencies and at Social Services in-house providers.

What influenced flexible, person-centred help at independent agencies?

Social Services purchasers commission every hour of agency care time for specified purposes. At all agencies there were care staff who would help customers flexibly. But whether they did things which required substantial time, like the examples in Box One, depended on purchasers' attitude to time being spent on activities that contributed to customers' morale or quality of life.

Purchasers who promoted flexible, person-centred care

- Some Social Services purchasers specifically commissioned care time to give isolated, at-risk home care customers support for morale – for example Box 1, 'A'.
- From the same standpoint, they expected spare time during visits to be treated as quality time for customers to use as they chose, as in Box 1, 'B'.
- They supported occasional departures from the Care Plan for other help which could benefit a customer more at the time. For instance, Box 1, 'C' was acceptable to senior purchasers.
- They also accepted providers giving privately paid extra help to Social Services customers.

These purchaser attitudes encouraged providers to expand their range of flexible, person-centred help. For instance, in order to take customers on commissioned shopping trips, providers evolved procedures which then equipped staff to escort customers safely on an impromptu basis as well.

Box 1:

Examples of flexible, person-centred home care for older people:

- A) An isolated customer gets 90 minutes weekly for her home care worker to take her shopping, to the beach or the park, as the customer chooses. Following a stroke, she is awaiting re-assessment for her driving licence. This matters greatly to her. In the interim, Social Services commissioned these excursions, which restore some ability to travel and thus support morale.
- B) At his request, home care workers regularly drive a customer to visit his wife's grave. When requested, these 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.)
- C) On sunny days home care staff take a customer with arthritis for a short walk during her lunch visit, if she has successfully made lunch herself beforehand. This is her preferred use of staff time, since getting out of the house is very important to her.
- 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) 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.

Purchasers who discouraged flexible, person-centred care

Some Social Services purchasers limited their goals to older people's physical care and safety.

- ▼ They would not commission time for social support purposes.
- ▼ They discouraged any extra help, not in the Care Plan, even if it cost Social Services nothing extra.

These purchasers argued that it was always possible that any extra help – whether in spare time during a visit, privately paid, or in staff free time – might one day cause a disruptive accident to staff, customer or a customer's property. For instance, during private extra cleaning a worker might break a customer's favourite ornament and bad feeling might then adversely affect their standard service. Likewise, if an especially helpful worker left, these purchasers reasoned, future service could be disrupted by the customer's disappointment. To minimise possible difficulties, they wished activities to be strictly limited to the Care Plan. Fairly remote potential risks to smooth service running were treated as more important than gains for customers. As a result flexible person-centred help was largely limited to what required little time or departure from the Care Plan. However, some care staff did more, contrary to managers' and purchasers' wishes.

Social Services in-house providers

Some Social Services provider managers had much more discretion to assign staff time than managers of independent providers. This could give Social Services providers greater flexibility for some forms of person-centred care – for instance examples 'D' and 'E' in Box 1. They were also advantaged through having easier links to other Social Services resources.

Given managerial discretion and a holistic attitude, a Social Services provider can give excellent flexible person-centred care. However, this condition is not always met. At Social Services providers, managers' own values have particular influence on flexible person-centred home care.

Many Social Services providers were withdrawing from long-term supportive home care for older people, which is where a flexible, person-centred approach brings particular benefit. They were transferring to specialist roles, like short-term rehabilitation. Long-term home care was passing to independent agencies.

Serving customers by regular care workers: both sectors

Flexible, person-centred care depended on relationships between a customer and the same regular care staff. Through regularly visiting the same customers, care workers learned customers' aspirations and became motivated to fulfill them. Even if discouraged by management, some care staff would still go far out of their way for regular customers. However, there are emotional costs for staff from caring relationships which inevitably end in older people's decline or death. Sometimes continuity of care is better supplied through two or three regular main workers, rather than one main worker. The former has advantages when a main worker is unavailable or leaves. Also, it limits the effects of any worker's particular limitations.

Provider management issues: both sectors

- ▼ Managers at the most flexible, person-centred providers explicitly promoted a philosophy of 'caring for the whole person' among staff.
- ▼ They based decisions on prevailing opportunities, not rules, so as to utilise fluctuating resources and spare time. If the service were given flexibility, it could grasp occasional opportunities to give person-centred help for no extra cost.
- ▼ Deputy management staff increased a provider's flexibility. They could help a manager both to maintain basic standards and to develop creative approaches.

Implications

It is probable that Social Services purchasers can promote holistic, person-centred home care through choosing sympathetic providers and following the principles in Box 2. However, there are challenges for supplying this style of care in a systematic or targeted way. In the services studied, much also depended on relationships between customers and care workers and on the personal resources of the latter.

Flexible, person-centred home care is wholly consistent with the emphasis on enhancing customer choice and quality of life in the Green Paper on Adult Social Care *Independence, Well-being and Choice* (Department of Health 2005). This research thus offers timely guidance towards implementing new government policy.

The influence that the values of Social Services purchasers appear to exercise over the delivery of home care services indicate some important challenges that may arise in implementing the proposals in *Independence, Well-being*

Box 2:**Factors which promote flexible, person-centred home care**

- Purchasers, 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.
- 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.
- Social Services customers, who wish to privately purchase additional services, are actively assisted to find these.
- Staff rewards which can obtain quality provider staff.
- Sufficient time is available:
 - adequate visit lengths need to be commissioned.
 - provider workload must not make staff stressed or rushed.

and Choice. Certainly the purchasing policies of some Social Services Departments appear to be consistent with principles of customer choice and the promotion of older people's well being. However in other Departments purchasers have systematically promoted purchaser and provider policies in a contrary direction. Among the latter Departments, a radical change of culture may be needed for effective implementation of the Green Paper's proposals.

Methods

The study had three stages:

- 1) A review of international literature on home care and on customising older people's care to the values of individual service users.
- 2) Telephone interviews with managers of 23 home care providers, from both independent agencies and Social Services providers. Pairs of providers from each sector were selected from 12 contrasting Local Authority Districts. Fieldwork was conducted during November 2001 to June 2002.
- 3) Six of these providers, from six Local Authorities, were selected for in-depth study. They comprised four independent agencies and two Social Services providers. At each provider, the following were interviewed:
 - ▶ Older service users.
 - ▶ Front-line care staff, supervisors and provider managers.
 - ▶ Care Managers and senior service commissioners.

Issues raised by home care customers and front-line care staff were systematically followed up in interviews with provider managers and purchasers. Fieldwork was conducted during October 2002 to March 2004.

Further information

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Copies of the full report Patmore, C. and McNulty, A. (2005) 'Making home care for older people more flexible and person-centred: factors which promote this' can be downloaded from the SPRU website:

<http://www.york.ac.uk/inst/spru/research/pdf/homecare.pdf>

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