THE UNIVERSITY of York

Social Work Research and Development Unit

Caring for Older People at Home

The Research

The study: What did we do?

We worked with four local authorities and 16 independent organisations from which they bought home care service. We had two key questions.

First, *how did the staff and services users see the service*? (e.g. what things did they like about it? What did they think worked less well?)

Second *what did the service need if it was to perform well or even better*? (e.g. what did the staff think would improve performance? Did their views fit with our statistical information?)

What did we find out?
Three key themes

The most striking feature of the home care service is its popularity. The older people we spoke to and who answered our questionnaires were in no doubt about its importance in their lives. They were equally clear about the friendliness and helpfulness of almost all its staff.

Participating organisations:

Derbyshire
Durham
Hull
Sheffield
16 independent organisations

Stages of the study:

a. Exploratory interviews with

25 managers
3 groups of organisers
1 group of home care staff

b. Postal surveys covering

103 organisers
1389 home care staff
885 clients

c. Detailed interviews with

17 organisers
33 home care staff
55 clients

Note: postal questionnaires were sent to samples of home care staff and service users - not to everyone.

A second key feature is the difficulty of responding to the needs of frail older people *as individuals* along with their needs *as a group*. Home care is short of resources and services tend to be concentrated on the very frail. Large numbers of people need assistance with getting up, bathing, going to the toilet, having breakfast, lunch, tea and their house cleaned, and helped back to bed later in the day. These tasks bunch at particular times of the day - breakfast and lunch - need to be done at weekends and are difficult to fit in to normal working hours (most people do not want to go to bed at 5 o'clock). *See, for example, Figure 1 below.*

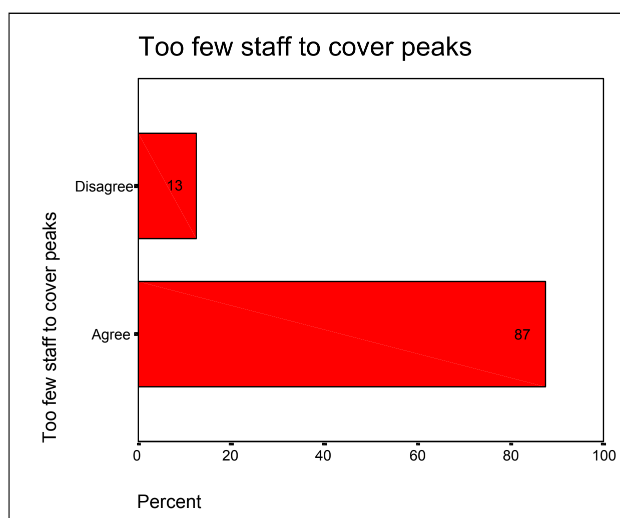


Figure 1 - Organisers' views on whether they had enough staff to cover peaks

A third key feature is *the response of local authorities to these pressures.* They used a variety of different methods. They renegotiated contracts with staff to allow work at different hours. They sometimes used a form of rationing by charging for certain services. They developed routine services (e.g. shopping services) which might 'do instead' of home care. They referred clients to other providers for domestic work. They used the independent sector for work at unsocial hours and to deal with demands they could not handle themselves.

Above all they tightened control on expenditure with timed allocation for particular tasks and 'block' controls (e.g. banning all overtime). At the same time they were trying to raise standards, through training, 'quality assurance' and a system of 'preferred providers' who were expected to perform to a good standard.

As the quotations below make clear, tasks are timed and specified very tightly. As a result they are rushed and there is little allowance for the unexpected.

> *...clients all have different needs on a daily basis. Whatever is needed, if it is not in the care plan I am told not to do it.*
>
> *... they come at six and you don't go to bed till ten. Well you have to just take it. Cos I have often asked if I can have it later.*
>
> *If it's good for her and it's what she wants that's O.K. I treat her as human being, an individual, not what it says on paper.*

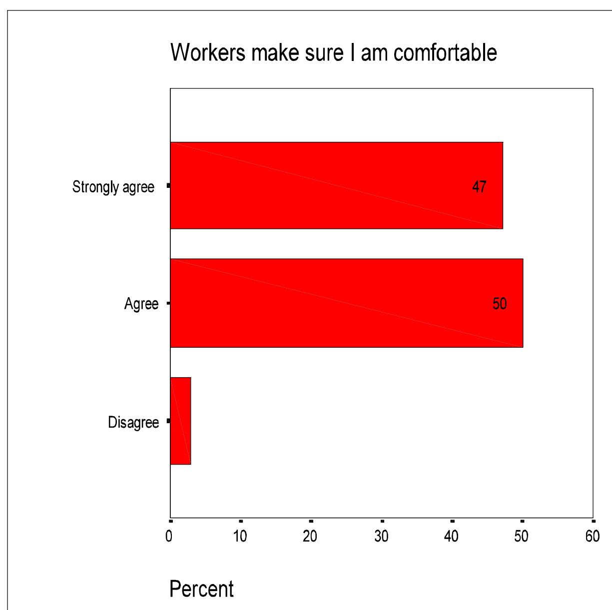
There is a tension between the need of older people for conversation, a quick visit to the shop, a leisurely bath, or general social support and the need of the service to provide a fair, efficient service to large numbers of older people at roughly the same time. Staff have to cope with this tension, as well as other strains such as leaving older people who may be at risk over night.

Inevitably some services coped with these pressures better than others. Why was this?

Key Points:

1 For the older people the most important feature of the home care service was the *personal performance* of the home care staff themselves. They valued those who were friendly, cheerful, discrete, thorough in their work, obliging, gentle in their handling and so on. *See, for example, Figure 2 below.*

Figure 2 - Client's response to whether home care staff make sure they are comfortable



2 A second key feature was the characteristics of *the service.* Whether, in the eyes of clients, it was reliable, provided at the times they wanted, did the things they wanted, was adequate in amount and not delivered by too many different carers.

3 Older people were better informed about *procedures* (e.g. how to make a complaint or how their payments were worked out) in some authorities than they were in others. This, however, was much less important to them than either *service quality* or the *quality of the home care staff.*

4 Satisfaction with services, and with the qualities of the home care staff, did not vary between departments and was as high in the independent sector as in the statutory one.

5 The key difference between the statutory and independent sectors was in the conditions of service. These were much less generous in the independent sector, where staff were on average less experienced. In a sense local authorities had 'passed the problem' of lack of money to the independent sector by negotiating tight contracts which, in turn, affected terms and conditions of service for employees. However, staff in the independent sector did not see their organisations as less efficient or find the work less satisfying.

6 In all sectors home care staff experienced a tension between the needs of the client and the demands of their agencies. Seven out of ten said it was sometimes necessary to bend the rules in order to do a good job. *See Figure 3 below.*

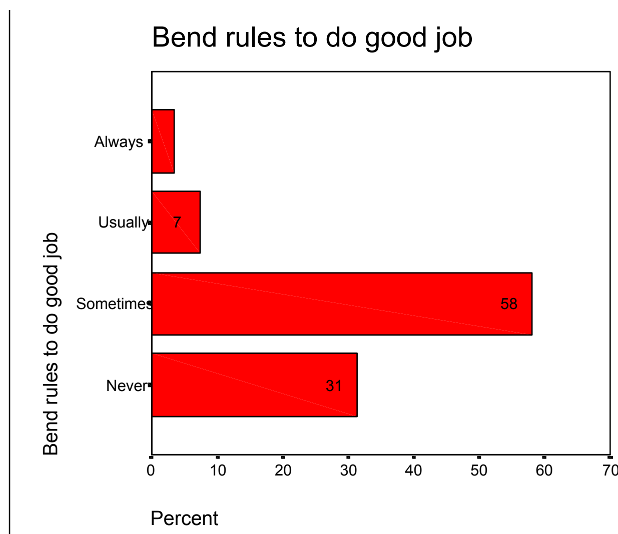


Figure 3 - Staff response to whether they have to bend the rules

7 These apparent tensions reflected the local authorities' concerns with efficiency, and their fear of risk and 'favouritism'. So tasks were timed and specified, there were complicated rules about medication and allowable household tasks, and close relationships were discouraged.

8 The systems of care management were widely criticised as inefficient and inflexible. They commonly involved assessments by numerous different people, the original assessment of need could become out of date, and it might then be difficult to change. These problems were made worse because organisers and home care staff

commonly found it difficult to contact other services such as social work or occupational therapy.

9 Home care organisers seemed to have a key influence on the client's perceptions of the service. Organisers who were perceived by their staff as good communicators with an understanding of the clients' needs, provided services which the service users themselves valued more highly.

10 In some authorities the efficiency of the organisers was hampered by the wide range of the tasks they had to do and their lack of clerical and administrative support. This could mean, for example, that organisers were not available when staff 'phoned them about problems.

11 Although almost all home care staff seemed to perform to a high standard some were better than others. Staff who were rated highly by their organisers also got high ratings based on interviews with clients. The quality of the service depends in essence on its ability to recruit, train, support and retain high quality staff and organisers.

What questions do these findings suggest?

The research raised a number of questions which those running Home Care services might like to consider:

1 *How can services be made more responsive to older people's priorities (e.g. bed times) and monitored against the criteria its older users themselves set*?

2 *How can the knowledge of home care staff be used*? They are key figures in providing community care. They often have very detailed knowledge of their clients and of the people helping them. They are thus the first person in a service to know if, for example, a client is ill or is not getting their weekly shop done because a niece is on holiday. This knowledge is sometimes used but not always. Could more be done in this respect (e.g. by making them 'key workers')?

3 *Can more be done to ensure that older people see fewer different home care staff?* Clients prefer to see familiar faces. The knowledge of home care staff depends on their familiarity with the clients (it is hard to judge if things are changing for a person you do not know). A key feature of services is thus their ability to provide continuity of care for people.

4 *Can the knowledge of home care staff be enhanced by training*? Home care staff are in a position to notice depression, blood in urine, pressure sores and much else. Training might help them to appreciate the significance of what they see, their own role in relation to this and to let others know about the problem.

5 *How can the links between the home care staff and other services be improved?* The ability to use the knowledge of home care staff depends on good links between them and other services. At present these links are commonly rather poor. Important knowledge therefore goes to waste.

6 *Can home care staff be given more flexibility in how they manage their time?* Home care staff who find a client collapsed on the floor, or seriously depressed, must be able to spend time to deal with the situation. Such considerations have implications of course for flexibility in rotas, teamwork to enable client calls to be covered, good communication (and hence mobile phones or appropriate computer systems), some delegated responsibility for the home care staff, some 'slack' for independent organisations more

frequent supervision by (and hence more support for) organisers.

7 *How can the criticisms of current methods of assessment and case management be overcome*? They are widely seen as inflexible, expensive and inefficient. Should they be changed and, if so, how radically (e.g. by making less use of 'spot purchasing', or changing the role of providers to allow more continuous reassessment?

8 *How can those providing care be made more aware of the needs of those seeking a service*? (In the view of staff some clients do not need the help they get, while others plainly need more). This knowledge might provide the basis for more sensible reductions of service than is sometimes the case and hence shorter waiting lists.

These questions amount to a plea to authorities to look again at the degree to which they can devolve responsibility to home care staff and organisers and make them even more central to community care, at the support offered to home care organisers, their arrangements for contracting out work, and at their systems of care management.

Would you like further information?

The report is available (price £15 for main report and £30 for main report, instruments and results appendices) by writing to Helen Jacobs at the address below.

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