

Bringing well-being and choice into everyday homecare

By Charles Patmore

'Well-being' and customer-directed service are a repeated theme in the White Paper *Our Health, Our Care, Our Say* (Department of Health 2006). But what should such rhetoric mean for everyday home care for older people?

Last year we completed a research study which indicates how well-being and choice for older people can be promoted straightaway - before the individualised care budgets which the White Paper is proposing for some three years time. Furthermore, the same approaches should smooth the transition to individualised budgets, since they would draw staff and customers into roles needed for individualised budgets.

Our research investigated what enables some home care services to give older people personalised extra help which supports morale or well-being. This seems very important since nowadays older home care customers often have the sort of disabling physical health problems which risk depression. The research was funded by the Department of Health and conducted at the Social Policy Research Unit. Full details can be found in 'Caring for the Whole Person' (Patmore and McNulty 2005).

First, interviews were conducted with 23 home care providers in 12 localities. Then six providers were picked for in-depth study - a mix of independent agencies and in-house providers. Interviews were conducted with older customers, care staff, provider managers, Social Services Care Managers, and finally senior purchasers.

Interviewees mentioned examples of help which addressed well-being – like those shown in the panel at the end of this article. Such practices were explored to establish what had made them possible. They were raised with managers discreetly to check managers' policies. They were discussed at other services to see how similar situations might be treated there.

Some providers appeared much better than others at providing help like that shown in the panel. Briefly, the explanation was as follows. Once a home care worker gets to know a regular customer, often they wish to give a kindly, person-centred service. But how far they take this depends considerably on management policies. If independent providers had a Social Services purchaser which valued older people's well-being, staff felt approved to take initiatives like those in the panel. But other agencies had purchasers who wished home care time to be spent only on physical care tasks, as specified in care plans. Such purchasers systematically discouraged staff initiatives for customer well-being as irrelevant to their narrow goals. They viewed them solely as a possible source for problems. For instance they discouraged any unscheduled help during spare care time lest ever an accident occur if staff agreed, say, to dust prized ornaments or put up Christmas decorations. Under such policies, care workers would often undertake only small acts of kindness – though a few covertly went further.

Promoting well-being and choice right now

Ways of promoting well-being and choice are illustrated by those providers in our research where staff were empowered to do this.

Flexibility to use care time as a customer chooses

Customers can be allowed to sometimes change the expected purpose of a care visit. This was one way in which care staff in our research found time for supporting customers' well-being – like example B in the panel, which was approved by local Social Services policies. Such flexibility may shock those many services where staff have been drilled to follow precisely purchasers' task-oriented care plans. But a logical inference from the White Paper's rhetoric about choice and control is that the customer in example B should get her walk. Similarly, customers should choose how any spare care time is used. Example C shows an imaginative use of the latter.

For all customers, staff should now be required to expand patches of customer-directed time within their care package. This would also gradually develop the roles, relationships and negotiations which will be necessary for individualised budgets. Some customers are able to direct all their care time. For others it will be harder, like people with dementia. Even for the latter, though, could not some time each week often be placed in the hands of the customer?

Commission time for excursions and companionship for selected customers

Sometimes older customers need more time for support for well-being than can be supplied through flexible use of care time assigned for other purposes. Time may need to be commissioned specifically for well-being – like examples A and E in the panel. This introduces extra costs. Many Authorities, our initial survey suggested, never commission home care time specifically for well-being purposes, except sometimes for younger people. But, post-White Paper, a change of policy is logically entailed.

In particular all Authorities should now commission excursions for selected older customers. Much the most common unmet 'well-being' aspiration among older people in our research was to get out of the house – be it drives or assisted walks or help to improve walking. Come individualised budgets, this is what they will be seeking. Yet in many Authorities home care providers have been discouraged from giving such help and now often exaggerate its difficulty. However our research found some providers which had resolved issues like risk assessment and driver insurance and routinely took customers on walks and drives. If excursions are commissioned, providers need to resolve such issues once and for all and thus become better equipped to respond to older people's own priorities.

Help older people to buy valued services privately

Social Services should now actively assist older home care customers to obtain types of help, which specially matter to them, through purchasing it themselves. For instance a private cleaner or buying extra housecleaning time from one's home care worker is how some house-proud older women obtain satisfying household standards – a common morale issue. Another familiar customer concern is finding a trustworthy gardener, taxi driver or handyman. Our research found that some Social Services Departments wished to keep at arms length anything to do with customers' private purchasing. For various self-interested reasons, they discouraged privately paid extra help from publicly funded home care providers and any recommendation of tradesmen. In contrast, those providers, which

addressed customers' well-being, were ready to give private extra help themselves and to arrange and even supervise dealings with private tradesmen. Some providers from both sectors did this with confidence. Logically, the White Paper entails that publicly funded customers should be supported in such private purchaser roles. Individualised budgets will make each customer a private purchaser, who chooses what combination of care worker, cleaner or other helper receives their budget – and what they add from their own funds. Care Managers and providers can now develop the service “navigator” roles, envisaged by the Green Paper (Department of Health 2005), through helping customers to engage all sorts of privately purchased services.

Enthusiasm for older people's well-being

Staff enthusiasm is essential for promoting customers' well-being. Our research describes how some provider managers successfully nurtured such enthusiasm (Chapter 7, 'Caring for the Whole Person'). Elsewhere, however, purchasers exerted influence in a contrary direction. Perhaps the greatest challenge is how real change can be brought about in these latter situations. Unless, in some services, there is a profound change of heart, the White Paper's rhetoric will not be implemented.

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Further information

www.well-beingandchoice.org.uk/link2Caring.htm supplies a full report of this research: Charles Patmore and Alison McNulty 'Caring for the Whole Person: home care for older people which promotes well-being and choice'. Also links to many summaries, articles and other publications from this research.

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Text Panel

Home care staff addressing older people's well-being: examples supplied by customers and staff

A) An isolated customer gets 90 minutes each week for her home care worker to take her shopping or to 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 meanwhile, her home care worker suggested these excursions, which restore some ability to travel and thus support her 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 herself 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 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 team manager visits his widow to assess any future needs.

E) 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. In response, her care package includes two hours per week from a home care worker who chats and does puzzles and games with her.

F) At Christmas, pairs of agency staff take pairs of customers out Christmas shopping, if they have no nearby relatives, and bring Christmas decorations to these customers' homes.