Chapter 15

Policy implications of key findings

The purpose of the study was to examine the ways in which elderly people exercise choice in the care services they receive, both in the community and in residential care, the extent to which they participate in decisions about their care, and the extent to which they are satisfied with the care services they receive from all sources. The research explored the views and experience of their informal carers, with particular attention to the question of how conflicts were resolved if the choice and needs of the elderly people and their carers did not coincide. We looked in detail at the contribution of care professionals in facilitating choice and participation among elderly people, and examined their views and experience of changes in community care policy. The policy implications of the key findings are outlined below.

Information on community and residential services

Elderly people and carers reported great difficulties in gaining access to information about community and residential care services. There is a need for local authorities and other service providers to make available effective and reliable written and oral information about community and residential care services in all sectors, for the use of both the general public and professionals. This should give details of the nature, availability and accessibility of care services, together with criteria for eligibility. The development of a local information base which is constantly reviewed and up-dated will require more research, consultation, sharing of information and discussion among all potential care service providers. Access to information must be seen as a fundamental right of all elderly people and their carers to help them make an informed choice. It should be ensured that social workers and other care workers make information available and should not be inhibited from doing so by fears of raising unrealistic expectations among potential consumers.

Formal care services

An assessment should be made of the content and size of the ‘packages of care’ received by elderly people in the community. The extent to which these are adequate should be monitored and reviewed regularly. The most common
‘package of care’ of community services found among the elderly people interviewed in this study was very limited, usually consisting of one or two services and only available on one or two days a week. Very few of those interviewed, either in the community or in residential care, had ‘intensive’ packages of care covering them on all or most days of the week. Social workers and domiciliary care organisers stressed how difficult and time-consuming it was to maintain more than a tiny number of people with intensive packages of care for more than a limited period of months.

The extent to which elderly people enter residential care when they have had very little support from community services should be reviewed. Most elderly people in residential care in our sample had had very few community services. By the time the decision had been taken to enter residential care, most elderly people and their carers thought that it was too late for additional services to enable them to stay in the community.

‘Targeting’ services
Social services departments should review their criteria for ‘targeting’ services. The policy of targeting services on those in most need should be monitored to see what happens to those in less apparent need. It is possible that people may enter residential care because the care services they receive in the community are inadequate for their needs, although they may be less frail than those who have been ‘targeted’. Targeting might also exclude many of those who are being supported by informal carers, with the danger of a breakdown in informal caring arrangements which could have been avoided if support to both elderly people and carers had been offered at an earlier stage.

‘Enabling’ the independent sector
‘Enabling’ the independent sector in community care will not be easy. There was little evidence of use by elderly people of private or voluntary domiciliary or community services. Most elderly people, their carers and social workers thought that private services were in short supply and very expensive, particularly if personal care was involved. The provision of voluntary services was patchy and thought by social services staff to be contracting.

Informal care
It should be recognised that many elderly people have very small informal networks and that some have no informal care available at all. The majority of elderly people interviewed were widowed and a substantial minority had never had children or had no living children. Little care was expected or received from relatives more distant than spouses or sons and daughters and their spouses. Most of the elderly people interviewed had been living alone. Friends and neighbours offered little ongoing care other than of a functional kind. Most informal care devolved on one close female member of the family, if such a person was
available. There was also evidence of such care being given by very elderly spouses, some of whom were in great need of support.

**Support for carers**

It should not be assumed that the informal network will continue to provide the intensity of care needed by many frail elderly people without realistic practical support from formal sources. Informal carers are by no means a homogeneous group and different types of carer have different needs. Age, gender, living arrangements and relationship to the elderly people all play important roles in the type of informal care given and expected. They are also important in determining the type of support needed from statutory services. It should be recognised that carers may be elderly themselves. One quarter of the carers interviewed in the community were over 70 and one in ten were over 80.

The most frequent needs of carers were respite from caring, an increase in services directed at the elderly people and information on services and benefits. The anxiety of carers who care ‘at a distance’ should not be underestimated. It should not be assumed that carers’ support groups are desired by carers of elderly people.

Support for very elderly spouses caring for frail husbands or wives is essential. Some very precarious living circumstances were observed among this group in this study, and failure to identify and support elderly carers may lead to great unhappiness as well as a breakdown in the informal caring relationship.

**Professionals and packages of care**

Clear guidelines and support should be given to social workers and other professionals involved in assessing the care needs of elderly people and putting together a ‘package of care’. There was evidence that social workers and domiciliary care organisers rationed information and that their assessment of ‘need’ was constrained by what they knew to be available. They did not want to raise expectations which could not be fulfilled. The ideal might have been a ‘needs-led’ service; the reality was undoubtedly a ‘service-led’ service.

**Professionals and informal carers**

Professionals need training and support in dealing with relationships between elderly people and their carers. The choices and needs of elderly people may be completely at odds with the choices and needs of their carers. The complexity of balancing the relative needs of elderly people and their carers should not be underestimated.

**Residential care**

A substantial proportion of elderly people enter residential care after an acute illness, fall or hospital stay. An assessment should be made of the extent to which elderly people are put under pressure to enter residential care at such a time without a full consideration and discussion of the services which might help them
remain in the community. Informal carers, if there are any, should be closely involved.

It should be recognised that entry to residential care can be a ‘positive choice’, and that the pendulum may have swung too far in the direction of community care at any price. An important group of elderly people had made a choice to enter residential care because they were very elderly, tired and lonely, although they might still have been relatively fit. They had usually entered private homes and had chosen to do so. This choice might well be removed from them in future unless they have private resources. Elderly people were often pleasantly surprised by the relief and security they felt on entering residential care, and it should be recognised that care in the community may be inadequate for the needs of many elderly people and may not be their choice. Residential care should not be regarded as a ‘last resort’ by policy-makers, professionals, carers and elderly people. Failure to recognise the important part played by residential care may detract from implementing many necessary improvements in residential care homes.

**Choice and participation**
The question of how much ‘choice’ is really possible in the delivery of care services for elderly people should be examined. Few, if any, elderly people interviewed had any choice in what went into their package of care and some did not have anything in their package at all. They usually had no choice about the time at which the service was delivered, the person who delivered it or how much they received. Services were generally acknowledged to be in very short supply, access to them was usually controlled by professional gatekeepers and, in the absence of considerable financial resources on the part of the consumer, they were not readily available in the form and at the time they were needed.

Choice and participation by elderly people in the community usually took a negative form, with elderly people refusing services or discontinuing them if they found them unsuitable to their needs. There was evidence of unmet demand for services among elderly people and their carers, and concern about a lack of discussion of their needs.

A substantial minority of elderly people in residential care felt they had not had enough discussion or control over the decision to enter residential care. Most elderly people had had no choice over which home they had entered. Although many said they were happy to leave decisions on their entry to residential care to others, some were clearly under pressure, while most felt there were no alternatives. The only group to have made a clear ‘positive choice’ and to have behaved like active consumers had mainly entered private residential care at a time when they were still relatively fit.

**Satisfaction and complaints**
Ensuring quality and instituting an effective complaints procedure is now a statutory requirement for social services departments. There are dangers in
relying too heavily on crude measurements of ‘satisfaction’ when assessing the quality of health and social care services. The design of appropriate measures, which can be used at a local level by people who are not necessarily trained or skilled in research techniques, is a top priority for health and local authorities.

Many elderly people were reluctant to complain about services, both in the community and in residential care. Women and those living alone were particularly worried about complaining. There were fears of services being taken away or of being asked to leave residential care. Carers also felt inhibited about complaining about care services. There were thought to be few or no alternative services and careful negotiation with service providers was said to be needed.

There is a need for a clear statement by social services departments and other service providers of their policy on complaints, ranging from the apparently trivial to the most serious. Users of community and residential services, and their carers, should be made aware of their right to complain and given guidance and help in how to go about it.

Social work with elderly people
The dangers of squeezing out social work with elderly people should be recognised. The new organisational structures within social services departments should take account of the fact that elderly people may have emotional as well as practical needs, and that, in any case, it is not always possible to disentangle them. Assessment of the needs of elderly people and their ongoing care should not be the responsibility of workers who are preoccupied with managing the delivery of care services or of social workers who are totally absorbed in work with children and families, which may happen in generic teams.

The concerns of social workers about the future of social work with elderly people should be recognised. This study found that they were worried that social work skills might become devalued and would be submerged in the demands of administration, budgeting and management of delivery of services. Many stressed that they had not entered social work to become managers, administrators, ‘pen-pushers’, employers, facilitators, recruiters of staff or ‘enablers’.

Multidisciplinary collaboration
There is an urgent need to develop structures and practices which facilitate and encourage close collaboration between social services staff and colleagues in other professions, particularly those in community nursing and primary health care teams. Relationships and links between social workers and GPs were poor in this study, and liaison and communication with other professionals, although more productive, depended largely on proximity and personal acquaintance. Social services staff often knew little about services supplied by health workers to elderly people on their caseloads and the development of confidential information exchange mechanisms is desirable.
Explanation of organisational changes and implications for front-line staff

It should be a priority of every social services department to explain to front-line staff the implications of the changes required by the NHS and Community Care Act 1990. This study exposed concerns and confusion about care management and case management, the respective roles of care managers and key workers, the management and holding of budgets, the size and nature of caseloads, and the organisation and management of assessment. The purchaser/provider split was not understood at all by professional respondents at the time of the research. Explanation and reassurance is a necessary precursor to training which should follow.

Support for front-line workers in managing packages of care with limited resources

Front-line workers need particular support in their role of encouraging participation by elderly people in decisions about their care services while feeling unable to ensure that the choices of elderly people are met. Their fear that their implicit practice of prioritising and rationing will become explicit under the new arrangements should be recognised and guidance should be given to them on how to deal with this.

Ensuring quality of community and domiciliary services from the independent sector

The anxiety expressed by elderly people, carers and professional workers about the difficulty of ensuring quality in services provided by the independent sector, particularly in the domiciliary area, should be recognised. There is a need for local authorities to develop regulatory or quality assurance mechanisms to maintain standards of community and domiciliary care supplied by the independent sector. Close links should be ensured between front-line workers and those responsible for developing quality assurance.

Future challenges

The challenge of the future is how to ensure consumer choice at a time of scarce resources. There should be an examination of the apparent contradiction between the emphasis on consumer choice and the reality of a resource-constrained supply of care with access to it controlled by ‘assessment’ and continuing participation in it controlled by ‘care management’. The role of social workers and other social services staff in attempting to implement a ‘needs-led’ service instead of a ‘service-led’ service in the absence of an increase in resources should be examined. Social services departments should ensure that front-line workers receive training, information, support and back-up throughout the organisational changes in community care services which are taking place.