The professionals' perspective on current information provision and user choice of residential care in England

Jacquetta Holder, Stephanie Kumpunen, Lisa Trigg, Juliette Malley

2nd International Conference on Evidence-based Policy
in Long-Term Care, 5-8 September 2012, London

Evaluating care across borders

E C A B

European Union Cross Border Care Collaboration

LSE Health

Overview

○ Policy context and care homes in England
○ Study research questions
○ Choosing a care home is a difficult decision
○ Study methods
○ Findings
○ Next steps and study implications

Evaluating care across borders

ECAB

European Union Cross Border Care Collaboration

LSE Health

Study research questions

1. How do those in need of a care in a care home for older people choose a home?

2. What are the preferences for quality information on care homes? Do preferences differ and if so, how?

3. How do the decision-making processes and stakeholders' preferences for quality information compare across England, the Netherlands and Spain?

Choosing a care home is difficult

Nature of service

Experience good

One-time decision

Individual

Distressed purchase – last resort

Lack of planning

Un-informed

Circumstances of choice

Minimal consultation

Crisis – no time

Evaluating care across borders

E C A B

European Union Cross Border Care Collaboration

LSE Health

Care homes – absent from the policy agenda?

- National policy priorities
  - Ageing in place, choice and personalisation
  - Prevention, enablement, reablement services
  - Consumer-directed commissioning
  - Better information, supporting transitions

- Economic down-turn
  - Lower budgets
  - Tightened needs-based eligibility criteria for community services

Evaluating care across borders
E C A B
European Union Cross Border Care Collaboration

LSE Health

However, despite this…

Market size

- 474,000 places for older people
- Number of places rising

Trends

- Majority private or voluntary
- Corporate provision is increasing
- Higher dependency
- Rising rates of people with dementia (66%)
- 60:40 public-self funded

(Forder and Allen, 2011)

Evaluating care across borders

E C A B

European Union Cross Border Care Collaboration

LSE Health

Sampling, data collection and analysis

Sampling
- ○ 3 local authorities in England
- ○ Random selection of care homes

Data collection
- ○ Individual semi-structured interviews
  - ○ Social services managers (n=13)
  - ○ Care home managers/providers (n=8)

Framework analysis

Processes and contact with professionals during admission

Social services

First point of contact	Initial screening	Assess-ments	Funding	Information	Surrogate

Not coping

Hospital admission

Options exhausted

Care homes

First point of contact	Assessments and care plan	Meetings and visits

Negative influences on nature and context of decision

- Potentially very short timescales
- Older people and relatives uninformed
- Fee levels and funding issues
- Policies
  - Residential care as a care option of 'last resort'
  - Degree of change
- Differences of opinion between professionals
  - Need for residential care
  - Type of care home needed
- Change

Who provides what information and how? – is it efficient and effective?

- SSD
  - Care home directories (online, print)
  - How to choose a care home and funding (Print booklets, gateways, face-to-face)
  - Vacancy information (face-to-face)
- Care home providers
  - Brochures, statements of purpose, prices… (online, print)
  - How to choose a home (face-to-face)
  - Inspection reports (print)

Evaluating care across borders

E C A B

European Union Cross Border Care Collaboration

LSE Health

Quality information strategies

- Variation across LA strategies

- Within LA
  - Variation in knowledge of LA approaches
  - Varying trust in regulator ratings

- Care home managers

Summary and implications (1)

- Policies and practices promote crisis situation
  - Last resort explicitly enshrined in policies, as well as view of individuals
  - Lots of contact but with many different professionals
- Differing access to support, assessment and choice of home (by finances and admission route)
- Barriers to collaborative working across health, social care and providers

Evaluating care across borders

E C A B

European Union Cross Border Care Collaboration

LSE Health

Summary and implications (2)

- Lots of information from different sources (and more being launched). Confusing?
- Ongoing demand for variety of ways to access information (Face-to-face still preferred by many)
- Demand for information about how to choose
- Little public quality information from LAs or homes
- Would more quality information from different sources be helpful or confusing?

Next steps

- Individual in-depth interviews
  - Residents
  - Relatives/carers
- Group workshops on preferences for different types of quality information
  - Older people in receipt on non residential care
  - Relatives/carers

Thank you for listening. For more information contact: Lisa Trigg at l.j.trigg@lse.ac.uk

Acknowledgements

Thank you for listening. For more information contact:
Lisa Trigg at l.j.trigg@lse.ac.uk