Is the quality of home care for older people in England improving? Evidence from a survey of publicly-funded service

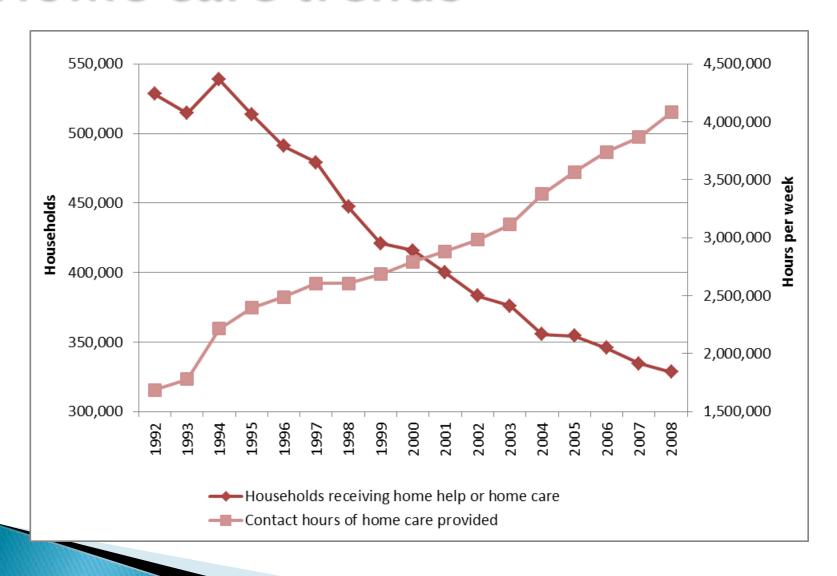
Francesco D'Amico, Juliette Malley and Jose'-Luis Fernandez



## Background

- Home care are the services delivered in a person's home to support them with personal tasks, including bathing, dressing and feeding. Sometimes it includes also domestic tasks, such as cleaning.
- Significant changes occurred in the recent decades in England by the legistation:
  - LAs purchasing and provider functions have been split, stimulating competition among providers in a quasi-market framework
  - LAs increased rapidly the purchases of services from independent providers (the rate of in-house provision decreased from 98% in 1992 to 13% in 2011)
  - Domiciliary assistance provision was increased in order to promote independency and reduce the expenditure (thus reducing placement in care homes)

### Home care trends



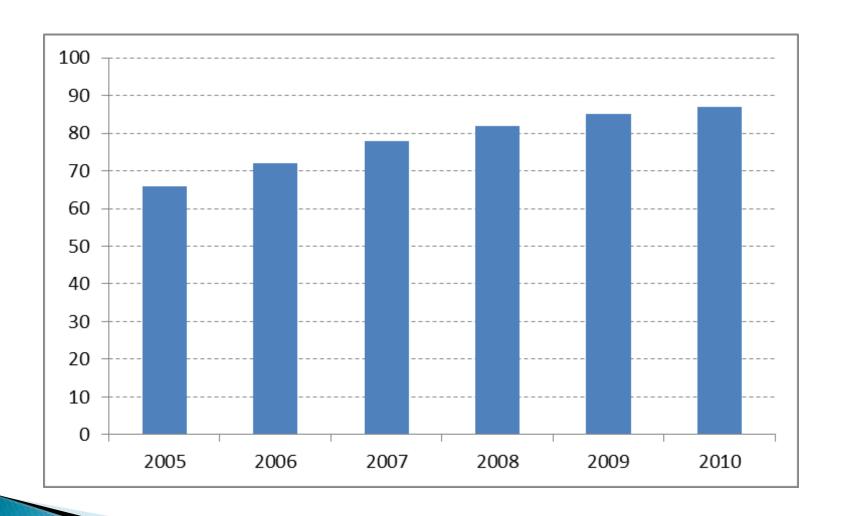
## Controlling for quality

- The changes occurred in home-care make even more important to control for quality:
  - Concentration of resources on the most severely disabled, means home care providers are serving increasingly vulnerable people, who can be exposed to financial, emotional or physical abuse.
  - Such risks are also connected with the particular environments, such as the person's home, where staff cannot easily be monitored.
  - Care managers, agents on behalf of the service user, often choose the care provider. However, as they are LA employees, they might be under pressure to balance users' interest and social care budget. This reduces the influence of the service user.

### Reforms targeting quality

- Supply-side reforms (Quasi-market, Competition)
- Demand-side reforms (Direct payments, Personal budgets)
- National Minimum Standard regulation
- Regular inspections (less frequent if positively assessed)

#### National Mininum Standards



### User Experience Survey

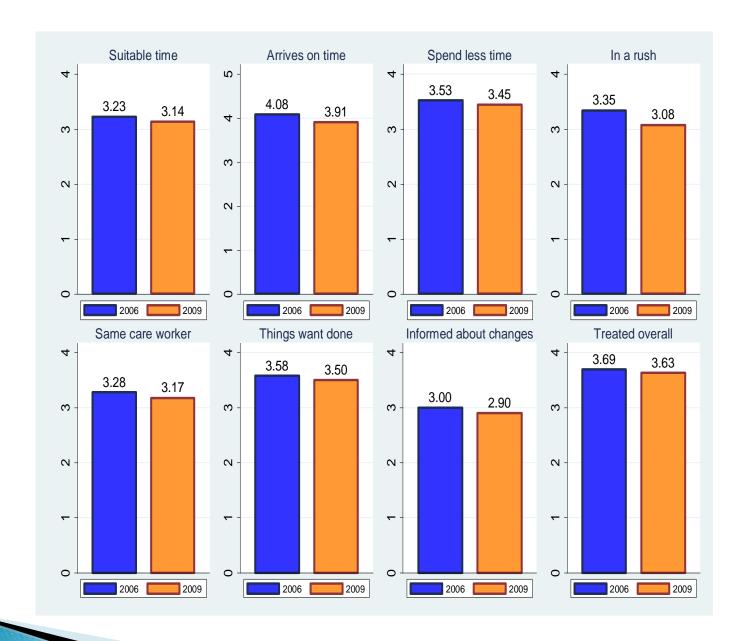
- Since 2003 DH promote a home care UES.
  User-reported satisfaction with home care services
- Data collected every three years (NHS-IC)
- General satisfaction indicator plus additional quality indicators (e.g. carers' rush, overall treatment, seeing the same carer...)
- Data also include socio-demographics and information about self-perceived health

### Our data

- Extended version with non-mandatory questions about needs (ADLs), characteristics of users and users' perceptions of service quality
- Waves used: 2006 and 2009
- Number of observations per wave: 25,000
- ▶ Number of local authorities: 40–50

## Quality indicators

- Carers arrive at a suitable time
- Carers arrive on time
- Carers spend less time than supposed to
- Carers are in a rush
- Users can always see the same care worker
- Carers perform things users want to be done
- Users are informed about changes in care
- Users are overall satisfied about the treatment



### Methods

- Ordered Probits for each of the quality indicators (QIs)
- Each regression include the following covariates:
  - Age, gender, ethnicity
  - Self-perceived health
  - Needs
  - Unpaid care
  - Help in completion
  - Year

## **Descriptive Statistics**

Variable	Obs.	Mean	Std. Dev.	Min	Max
Age: 65-74	50222	0.155	0.362	0	1
Age: 75-84	50222	0.398	0.489	0	1
Age: 85 and over	50222	0.447	0.497	0	1
Gender: male	50192	0.264	0.441	0	1
Ethnicity: white	49226	0.962	0.192	0	1
Needs index (ADLs)	41647	2.214	1.660	0	5
Self-perceived health: very bad	47914	0.047	0.212	0	1
Self-perceived health: bad	47914	0.157	0.364	0	1
Self-perceived health: fair	47914	0.550	0.498	0	1
Self-perceived health: good	47914	0.206	0.405	0	1
Self-perceived health: very good	47914	0.040	0.195	0	1
Informal care received	46884	0.844	0.362	0	1
Informal care received from inside the household	46884	0.268	0.443	0	1
Informal care received from outside the household	46884	0.631	0.483	0	1
Received help in completing the questionnaire	48298	0.620	0.485	0	1
Year 2006	50528	0.571	0.495	0	1
Year 2009	50528	0.429	0.495	0	1

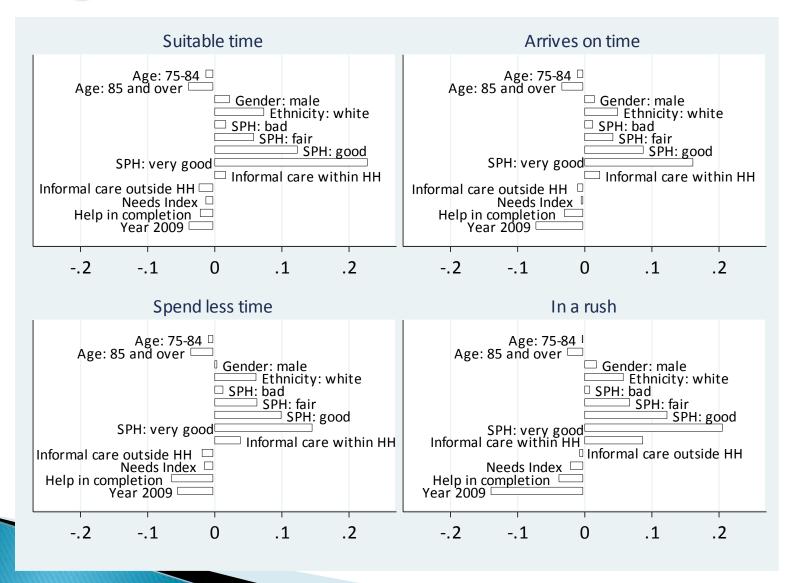
### Estimates' results

	Suitable time	Arrives on time	Spend less time	Rush
Age 75-84	-0.036	-0.03*	-0.025	-0.01
Age 85+	-0.106***	-0.092***	-0.094***	-0.065***
Male	0.066***	0.045***	0.016	0.051***
White	0.214***	0.144***	0.165***	0.155***
Self-perceived health: bad	0.052	0.039	0.039	0.025
Self-perceived health: fair	0.164***	0.121***	0.172***	0.178***
Self-perceived health: good	0.330***	0.237***	0.274***	0.316***
Self-perceived health: very good	0.589***	0.421***	0.420***	0.528***
Informal care (within the household)	0.051**	0.067***	0.108***	0.226***
Informal care (outside the household)	-0.063***	-0.029	-0.049**	-0.019
Needs index (ADLs)	-0.036***	-0.014***	-0.041***	-0.055***
Received help in completion	-0.058***	-0.081***	-0.170***	-0.098***
Year=2008	-0.104***	-0.197***	-0.145***	-0.359***
LA dummies	Yes	Yes	Yes	Yes
Obs.	50528	50528	50528	50528

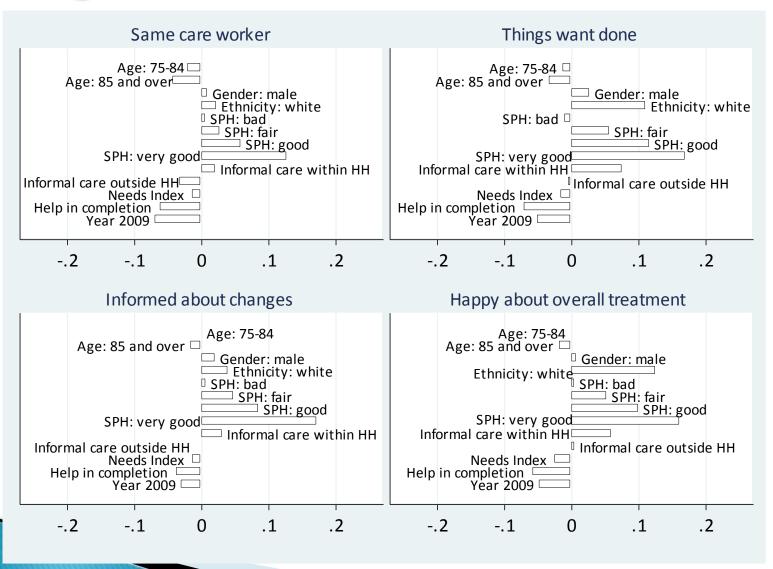
### Estimates' results

	Same care worker	Things want done	Informed about changes	Treated overall
Age 75-84	-0.061***	-0.035*	0.004	0
Age 85+	-0.124***	-0.090***	-0.046**	-0.055**
Male	0.029*	0.076***	0.059***	0.025
White	0.067	0.288***	0.116***	0.347***
Self-perceived health: bad	0.02	-0.029	0.021	0.017
Self-perceived health: fair	0.081**	0.154***	0.137***	0.158***
Self-perceived health: good	0.167***	0.326***	0.234***	0.317***
Self-perceived health: very good	0.344***	0.514***	0.451***	0.586***
Informal care (within the household)	0.062***	0.208***	0.088***	0.183***
Informal care (outside the household)	-0.094***	-0.013	-0.007	0.018
Needs index (ADLs)	-0.041***	-0.044***	-0.040***	-0.076***
Received help in completion	-0.176***	-0.192***	-0.105***	-0.175***
Year=2008	-0.202***	-0.137***	-0.086**	-0.143***
LA dummies	Yes	Yes	Yes	Yes
Obs.	50528	50528	50528	50528

# Marginal effects (1)



## Marginal Effects (2)



### Evidences from the study

- General satisfaction with home-care services has declined between 2006 and 2009
- Such decline occurred also for the single QIs (carers' rush and arriving on time showing the bigger reductions)
- Individuals with more needs are less happy with the services. People with better selfperceived health are on average more satisfied