

# Feeling in control: comparing older people's experiences in different care settings

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2<sup>nd</sup> International Conference on Evidence-based Policy in Long-term Care  
5<sup>th</sup>-8<sup>th</sup> September 2012, LSE

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# Background

- Secondary data analysis
- Data from 4 studies involving large research teams and with different funders
- Important to make use of existing data
- Analysis and write up funded by Quality and Outcomes of person-centred care Research Unit (QORU)

# Aim

- To examine the association between control over daily life and care setting.
  - Data about care home residents, extra care housing residents and home care recipients
  - All studies included the *control over daily life* question from the *Adult Social Care Outcomes Toolkit (ASCOT)*
  - All studies asked similar demographic information
  - All studies contained information on ADLs

# This presentation

- Describe the 4 original studies
- Methods of secondary analysis
- Results
- Discussion and implications

# (1) Control and well-being project

- Small study funded by the Department of Health in 2005
- Interviewed care homes residents (n=89) and very sheltered housing residents (n=94)
- Asked about their lives with a focus on their control over daily life and well-being
- This analysis uses only the care home sample (VSH sample not comparable to other data)

## (2) Measuring outcomes of care homes

- Part of a wider project *Measuring Outcomes for Public Service Users (MOPSU)*
- Funded over 3 years (2007-09) by the Treasury under the *Invest to Save* budget
- Developed and tested a mixed methods approach to measuring outcomes
- This analysis draws on subset of residents (n=127) able to take part in interviews.
- Together with previous study, they make up our care homes sample.

## (3) Social well-being in ECH

- Funded by Joseph Rowntree Foundation (2006-2009)
- 15 schemes taking part in PSSRU *Evaluation of the Extra care housing initiative* (Department of Health)
- Focus on social participation but also contained ASCOT control over daily life question
- 102 people : receiving care, over 65 years of age, answered the control question, living in ECH schemes
- These people formed the extra care housing sample in this analysis.

## (4) Outcomes of social care for adults

- Health Technology Association (NIHR) funded study to develop and test the final preference weighted ASCOT measure
- In 2009 older home care recipients taking part in annual user experience surveys were invited to take part in further research.
- 301 older home care users took part in face-to-face interviews and they form the home care user sample in this analysis.



# Method

- Identified variables and measures included in all 4 datasets:
  - Gender
  - Age group (65-69; 70-79; 80-89; 90+)
  - 6 ADLs: wash face and hands; use W.C; get in/ out bed or chair; get around indoors; get dressed and undressed; and use bath or shower
  - Self-rated health (WHO question)
  - Control over daily life...

# Control over daily life

- One of 8 domains of 'social care related quality of life'
- Part of the Adult Social Care Outcomes Toolkit (ASCOT)
- Available to download from our website: [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)
- Developed and tested over time

# Control over daily life (2)

- Wording developed over several studies (2005-2009) but concept stayed the same
- The service user can choose what to do and when to do it, having control over his/her daily life and activities
- 3-level dependent variable:
  - No needs (I have control over my daily life)
  - Some needs (I have some control but not enough)
  - High needs (I have no control over my daily life)

# Final samples

- Total sample = 618
  - 215 care home residents
  - 102 extra care housing residents
  - 301 home care recipients
- CH sample made up of 2 studies but no sig differences between (demographics, health or dependency)
- CH residents were more able (ADLs etc) than residents from wider sample CH sample
  - Able to take part in interview

# Control over daily life scores

	ECH (n=101)	Care homes (n=215)	Home care (n=301)
No needs	82%	81%	60%
Some needs	13%	15%	31%
High needs	5%	4%	9%

# Preliminary analysis

- Establish covariates of 'care setting' that might affect control over daily life scores, e.g.
  - Are ECH/ home care residents more able (ADLs)?
- Wanted to eliminate as much bias as possible - single out the effect of 'setting' or 'delivery'
- Used Chi-squared to test for associations between setting and age group/self-rated health; ANOVA to test for differences in ADL scores
  - Age, SPH and dependency varied by setting
  - Age, SPH and dependency related to control

# The analysis

- Carried out using SPSS
- Used ordinal logistical regression (OLR) to examine *unique* effect of 'setting'
- Controlling for confounding effects of covariates
- Some categorical variables (e.g. age group) had to be collapsed to avoid very low cell counts in the model

# Model summary

- Significant model:  $p < .001$
- 4 explanatory variables (setting; age group; self-rated health; dependency)
- Feeling in control associated with being less dependent and rating health more positively
- Age group: not clear why but 80-89 year olds less likely to feel in control than over 90s
- Setting...



# Setting and control over daily life

- Even after controlling for dependency, self-rated health and age group...
- ECH residents 3.68 times more likely to feel in control than home care recipients ( $p < .001$ )
- Care home residents 2.13 times more likely to feel in control than home care recipients ( $p < .01$ )
- Residents in care homes and extra care housing actually reported similar levels of control ( $p = .14$ )

# Discussion

- Similar findings in another study comparing home care with residential (Boyle; 2004)
- Issues with home care (EHRC report; 2011)
- Control not synonymous with independence
- Loneliness (prisoner in own home)
- Carers rushed, less flexible – low level support missing?
- Limitations to our analysis/data...

# Limitations

- Care home sample were the most able (not typical of all care home residents)
  - But analysis did control for dependency
- Had to compromise over variables (e.g. not all ADLs in all studies)
- Some variation in wording of control question
- Adaptation and the process of appraising QoL (broad issue across all QoL research)

# Implications?

- Ethics of care (Liz Lloyd, BJSW, 2007)
- What happens when older people no longer *want or are able* to be ‘independent’?
- Current models of home care not able to compensate
- Need for more group living models?
- Personal budgets?
- Shared lives?