

COMMISSIONING CARE AND SUPPORT FOR OLDER PEOPLE WITH HIGH SUPPORT NEEDS

What's the issue?

Older people with high support needs want a wider choice of care and support. They also want to be of value and to make a contribution. Many models of care and support are based on mutually valued relationships and older people's contributions, but most operate beneath the radar of public sector commissioners.

This **Solutions** explains how these models can benefit people and offer value for money, and provides practical guidance for commissioners of older people's services.

Ways forward

- Shift the language and focus of local strategies and public debate away from 'long-term care' and older people as an economic burden, towards valuing people's gifts and assets regardless of their age and support needs.
- Identify, understand and support existing local models and arrangements to widen the options. Some core funding with resources from a range of sources help to ensure their sustainability.
- Communicate the range and benefits of different models to older people, their families, the wider public and frontline staff to raise awareness, increase take up, and drive local developments. Older people need more information and advice about the options, what they offer and how to access them.
- Create an environment in which innovative approaches can flourish by incorporating these models into thinking and strategies. Offer technical support for existing and new developments.
- Learn from what has been successful and use this knowledge to inform commissioning decisions, but allow models to develop in line with local circumstances, rather than attempting to transfer a model from elsewhere. Gathering evidence of the economic and social impact of each approach will help sustain and promote them.
- Make sure that existing approaches to procurement are not creating unnecessary barriers.

The research

Jane Carrier, National Development Team for Inclusion (NDTI)

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BACKGROUND

The options available to older people remain extremely limited despite the focus on personalised care and support. For example, personal budgets have not yet translated into widespread access to different, tailored services and support.

Information on how much councils are spending on new and innovative solutions is not collected systematically, but it appears that over 90 per cent of councils' spend on older people is on either care in the home, or residential and nursing care. There is evidence that the long-standing trend of moving away from residential care is reversing. Councils are managing to cope with reduced budgets by keeping the costs of traditional models of care very low, a strategy that is not sustainable in the longer term without affecting the quality of services for older people.

But there is increasing interest in initiatives that draw on the assets of individuals and communities and that aim to strengthen community capacity. Such developments can be extremely cost effective and lead to good outcomes for people. Martin Knapp, of the London School of Economics, assessed the cost effectiveness of a number of models and found the following:

- **Time banking:** Cost per member per year = £450; savings per member per year = more than £1,300 (conservative estimate)
- **Befriending:** Cost per person per year = £80; savings per person per year = £300
- **Community navigator scheme:** Cost = £480; savings = at least £900 per person in the first year alone.

Similarly, an evaluation of Shared Lives found that, compared with traditional residential placements, savings range from £46 to £995 per week, depending on the service user.

What are the options?

Different models and approaches are often described using very similar terms, but they vary in the way they are set up, who they (currently) involve or are targeted towards, and how they operate and are resourced. They are not well promoted or widely known. The following can be used as a set of options by commissioners, providers and older people and their families:

Mutually supportive relationships

Personal, often informal arrangements developed between two or more individuals (often friends, neighbours or relatives).

Mutually supportive communities/neighbourhoods

Mutually supportive communities are those where people of all abilities live and work together, contributing whatever they can to each others' well-being. They are most often designed to help people develop social relationships and foster integration with the wider community.

KeyRing (see www.keyring.org/home) is a model of supported living involving people of any age who need a lot of support. A KeyRing network is made up of ten ordinary homes; people who need support live in nine of them. These people are KeyRing members. They help each other out and meet up regularly. A Community Living Volunteer lives in the tenth home. The volunteer supports members to explore what's going on in their neighbourhood and get involved.

Co-housing developments

Collective housing arrangements set up and run by their members for mutual benefit. Developments are designed to encourage social contact and a sense of neighbourhood; common spaces facilitate shared activities such as community meals; and other amenities such as laundry, heating, transport, etc may also be shared. Other features include shared costs and responsibilities for accommodation and contributions to the immediate neighbourhood. These developments do not always involve care and support.

Homeshare

Homeshare schemes involve the offer of housing in return for help in the home, which is arranged on an individual basis. Most Homeshare schemes in the UK are not for or about people with high support needs. It is more common overseas than in the UK – especially in the USA, Spain, Portugal and Australia. It is currently unregulated and cannot involve personal care as part of the arrangement.

Shared Lives

The emphasis is on the care arrangements and the carer, rather than the living arrangement. These schemes are mainly set up as individual rather than collective arrangements. Participants use the carer's home as a resource, and the relationship between the person needing support and the person providing the accommodation and support is key. There are increasing numbers of Shared Lives carers in the UK, where it is regulated.

Time banking

A 'time bank' or 'service exchange' is a community that practises time banking, in which units of a person's time are used as currency. The unit of currency (an hour's worth of labour) is generally known as a time dollar in the USA and a time credit in the UK.

Circles of Support

A small group of people (often family and friends) who come together to assist someone who needs support to identify what they need or would like to do in their life, then work out how to make it happen. These can be formal or informal. Coordination and planning are central to success.

Volunteering

Where unpaid support is provided and received, typically through an organised scheme where the volunteer support is reciprocal in nature.

Peer support

A range of approaches, groups and networks where members support each other on the basis of having shared experiences. This can include coaching or mentoring.

What makes these options successful?

There are five common factors that make these models and arrangements successful:

- Everyone involved recognises the mutual benefits in working together to meet or address their (shared or different) needs in ways that enhance their sense of self and build shared values.
- The ability to solve problems and work together to overcome barriers means those involved are better prepared to avoid crises and sustain their own as well as each other's health and well-being.

Case study – Caring Together

Caring Together is a charity based in the Woodhouse and Little London areas of Leeds. It employs three full-time staff members and one part-time, including a manager. It has a board of trustees comprising people of all ages, including members of Caring Together (80 per cent are older people; 60 per cent are local older people). To be a member you must be over 60 or have a disability and live in the local area. There are currently 350–400 members, aged between 55 and 101.

Many members have 'quite profound mental ill-health' and others are living with dementia. People are referred via many different routes, including word of mouth, GPs, family members and self-referral. When people are referred, Caring Together staff visit them to give them more information and make an assessment, exploring what they need and what they can give or offer. All roles are interchangeable. Not everyone actively 'gives' and some give more than others.

The charity is well connected to another 43 neighbourhood schemes across the city that together form a loose association convened by Leeds Older People's Forum, and funded by the council and local NHS partners. Members said it is: "Always there for support/help."

- Mutual support models and arrangements are generated, designed, owned and led by those directly involved, regardless of the formality or informality of the arrangement.
- Successful models are organic, evolutionary and characterised by relationship-based delivery and/or exchange of support that can take place at many different levels, for example one-to-one, small numbers of known people, street or neighbourhood based or communities of interest. People value sharing their confidences, hopes, fears and anxieties, and appreciate that their personal support needs are genuinely understood, based on knowledge of their histories and lives.
- Mutual support helps people to 'age in place' – older people with high support needs stay living and active in their communities of choice, connected to their friends, families and neighbours.

What are the benefits?

It is often assumed that innovative, relationship-based models are not evidence-based, or do not stand up against more familiar, traditional models of care and support. This study shows it is possible to measure, assess and capture the benefits, outcomes and impacts for both individual arrangements and collective schemes. Further work is needed to quantify and link benefits and outcomes to personal, public and potentially commercial investments. The key benefits and outcomes across the majority of models include:

- older people staying in their chosen community, with better health and well-being, continuing to play an active role in family and community life;
- reduced loneliness and isolation, including support for people in rurally isolated places and those with the most complex needs;
- older people's skills, assets and talents being used, appreciated and not wasted;
- community and economic benefits for local people, schemes and organisations, who take pride in seeing their ideas and developments take root;
- a sense of achievement and well-being for everyone involved;
- where more formal, statutory services and teams are engaged, they can see and feel the benefits (e.g. reduced reliance and pressure on increasingly tight resources and service systems).

What needs to happen next?

The study identifies five priorities: communicating and demonstrating the benefits; raising public awareness and engagement; tackling interfaces with other services; replication; mobilising resources.

About this paper

The research was carried out by the National Development Team for Inclusion (NDTi) and Community Catalysts (CC), involving more than 70 older people with high support needs in Dorset, Swansea & Gower, Leeds and Oxford. Another 50 people took part in six in-depth case studies and a literature search and open call provided evidence, lessons and insights from further afield.

FOR FURTHER INFORMATION

This summary is part of JRF's research and development programme. The views are those of the authors and not necessarily those of JRF. The full report can be found at: <http://www.jrf.org.uk/publications/widening-choices-high-support-needs>

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Joseph Rowntree Foundation
 The Homestead
 40 Water End
 York YO30 6WP
 Tel: 01904 615905

email: publications@jrf.org.uk
www.jrf.org.uk
 Ref: 2916

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