



# **Getting By With A Little Help: exploring alternative models of care and support at home**

**A report by the  
Elders Council of Newcastle**

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## **Introduction**

As older people, we know that social care is in urgent need of reform with fewer people getting the help they might need to remain independent at home. With an ageing population and less money going into public services, the current system is recognised as unsustainable and failing<sup>i</sup>. As members of the Elders Council, this naturally raises concerns for our personal future and that of all older people. At the same time, we are aware of our commitment to provide information to older people in Newcastle and encouraging them to be well informed about health and social care when planning ahead to live well, safely and independently at home.

Given the challenges in managing expectations of traditional home care<sup>ii</sup> and the need to focus on our quality of life, the Housing, Health & Social Care working group decided to explore other forms of care and support for older people in terms of care and support at home. We think this would complement our other work on housing, health and social care. For example, one of our current projects is Housing Voices, which, through performance and post-show discussion, is providing an opportunity for people to explore their options on where they want to live and how. This report on home care has therefore arisen from a wish to be better informed and look at examples of care and support that we, as older people, might want to choose when we need some help in order to remain independent in our own homes.

Over the years the Elders Council has often used members' experiences and knowledge to find out about ways of giving and receiving support locally as well as participating in broader research and monitoring projects. This report builds on previous work that the Elders Council has undertaken over the past few years such as looking<sup>iii</sup> at the future of home care services together with Newcastle City Council and Healthwatch Newcastle.

## **What did we do?**

A group of us undertook to investigate interesting and innovative forms of care and support that are being offered in different parts of the UK

and report back to members on its findings. This group comprised of members that either had direct experience of home care or had a personal interest in alternative models in 2018. We have not reviewed the forms of care provided by traditional home care providers or agencies or funding arrangements as a whole as there is already plenty of information already available. The models of care and support described below are not intended to be comprehensive but have been chosen because the group thinks they are relevant and applicable to the kind of lives that we either currently lead or think we might face in the future. No doubt there are many gaps but this report is intended to simply provide a snapshot of what we know is 'out there' and might be developed in the north east of England in the future.

We found out about these forms of care by reading current reports or formal documents on home care, finding out about organisations through their websites or evaluations and talking directly to people who provide and/or use some services. We then shared our information, pooled our collective findings and wrote these up in this report. Key sources of information to find out more about particular organisations or models of care are given both in this report and at the end so that the reader can follow up as they choose.

Our investigations appear to be timely as, in December 2017, Independent Age published its own vision of funding and delivering care in a report called *Doing Care Differently*<sup>iv</sup>. *Which?*, the consumer magazine, also published a report called on '*Planning care for later life*'. This provided a range of information about aids to independent living, adapting homes etc., and also about comparative costs with residential care. *Which?* estimated that, for self-funders in 2016-17, the average weekly cost of a room in residential care home was £600, and in a nursing home was £841 (but would be higher depending on locality). Other points included:

- Local Authorities, usually pay less for residential care costs for someone who qualifies for help compared with self funders
- An article on 'Care Homes in the spotlight' shows that one in four English care homes are rated inadequate, and in the north east the percentage rated inadequate or needing improvement is higher

This is not an especially happy scenario for those of us approaching or experiencing old age, hence our motivation in exploring how we might do better through alternative models of care. As a result we chose to investigate:

- Buurtzorg
- Examples of small scale models of home care
- Highly rated home care agencies
- Live in Care
- Homeshare
- Personal Assistants

## **Buurtzorg**

This is a relatively new model of support that originated from Holland where it provided a neighbourhood model of care based on small independent nursing teams. It is organised in a different way to most organisations in both the way it is run as an agency but also in being based on certain core principles. These principles include the term 'humanity over bureaucracy', the person needing care having as much control as possible over their own lives, maximum social interaction and warm relationships based on both informal and formal networks. The professional team that provides the care is locally based, self-managing and non-hierarchical but makes extensive use of modern IT for both communication and backup systems. This model has now been adapted internationally across health and social care systems and although expensive to set up to begin with, has proved to be cheaper to operate in the long run with a high degree of satisfaction from both the person needing care and the paid professionals. In England, Guy's and St Thomas's NHS Foundation Trust has developed a model based on Buurtzorg principles along with health and social care services in Tower Hamlets and Suffolk. The Scotland, the Scottish Government and a number of health and social care partnerships are developing test sites to develop similar models of neighbourhood care based on the Buurtzorg principles. Of particular significance, is the pilot by Cornerstone, a leading provider of care and support services for people with disabilities. Its strategic plan outlines its intention to restructure the organisation and introduce local self-organised support and care teams inspired by the Buurtzorg model<sup>v</sup>.

## **Small scale home care organisations**

There are too many models of home care to mention in this report but we liked the sound of *Circles of Support*, which is a group of volunteers who meet on a regular basis to help someone achieve certain goals in life. This may include an older people needing more organised support

with the person being the focus of attention. The Circles network is based on a model from Canada that aims to provide support for an individual through family members, friends and volunteers but can be applicable for older people feeling they want more companionship than direct care.

We also read about *Micro commissioning models* and models of care based on much smaller geographical areas when the Local Authority is divided up into smaller neighbourhoods and commissions a lead provider for each area so there is more efficiency and closer working with other organisation. 'Micro commissioning' can simply be seen as a way of small scale care arrangements and meeting someone's need on an individual level. It is not so very different from a group of older people clubbing together to pay someone to support them at home.

*Care co-operatives* are another model we were keen to investigate but in reality there did not appear to be sufficient distinguishing aspects that distinguished this form of service nor make it 'small scale'. The co-operative element is the employee owned company and one of the best know is Care and Share Associates (CASA). There is a CASA in Newcastle upon Tyne.

## **Home care agencies**

We looked at the Care Quality Commission's recent inspection reports in Newcastle to see if non-traditional home care organisations were rated as outstanding. The following organisations were rated as outstanding, both of which state a set of core values and principles that promote independence

- **Home Instead Senior Care.** This is a UK wide home care service but we have included this organisation in our report because it is organised on a different basis to most private home care providers. It is organised on a franchise model and national network of locally owned and operated offices. Originally from the United States, it has transferred its business model to other countries and has won awards in the UK for its services that range from companionship to personal care and dementia support. Costs vary on the type of care provided, but are unlikely to be less than £20 an hour in this region. One reason is the care worker will be on a higher rate of pay than the living wage and there will be minimum time allocated for a home visit.

- **St Anthony of Padua Care Services:** this is locally based charity and community association in the east end of Newcastle and currently has a contract with the city council to deliver home care and day care. It is part of a wide range of services for adults but has strong established links with the community and local businesses.

It is worth noting that organisations traditionally associated with residential care such as Helen McArdle Care, are now offering an 'At Home' service, covering a full range of supporting services.

## Live in care

Live in care is sometimes seen as an alternative to residential care and therefore is unlikely to be funded by the state, and can be expensive. However there are several varieties of live in care so it is not easy to compare costs and benefits to the individual. The different models of live in care that we came across included long term arrangements with a live in carer, convalescence care, live in care for short breaks (can be known as respite care for families) and short term companionship. Services offered can include cooking, personal care, housework as well as social support. One way of arranging care might be to employ someone directly or using a specialist agency as a broker (in the same way as an insurance broker) or to provide the service.

The *Which?* report gives some general idea of costs for two types of live in care such as

1. Introductory care service when a carer is introduced by an agency, but is self employed, and paid directly by client. Typical fees are quoted as £650 per week, but could be higher.
2. Fully managed service, when agency employs carer directly and charges £800 to £1,250 per week (would be higher for complex needs). In both models, there would be the additional cost of providing accommodation and living expenses.

One good source of information is provided by *The Good Care Group*, which has recently circulated an Infographic on the Benefits of Live in Care and can offer information about the types of care options available to assist people in making a choice<sup>vi</sup>.

## **Homeshare**

Homeshare is a variation on live in care but importantly it is based on reciprocity rather than a one way form of support. Homeshare brings together householders who need support to stay in their homes with young people who provide companionship and low level practical support in return for an affordable place to live. There is a network of Homeshare schemes across the UK although there is not one yet in England north of Leeds. Homeshare has recently been evaluated <sup>vii</sup>with largely positive findings in terms of cost, well-being and intergenerational learning. There were a number of challenges involved and local authority support in developing schemes were seen as essential. What is interesting about this form of support is not only the mutual benefits for both parties, but a recognition of the need for less intensive assistance that can also explicitly address issues of isolation and loneliness.

## **Personal Assistants**

'Personal assistant' is a term commonly used when the person being cared for directly employs a support worker rather than this person being provided by a home care agency. Some people prefer to organise their own care and have the familiarity of one person assisting them rather than a range of agency staff. What personal assistants actually do will depend on what the person needing care or support wants, but it can vary from support to improve general quality of life to personal care. Paying for a Personal Assistant can be through self-funding or by receiving a direct payment from the Local Authority, if you have been formally assessed as needing care and are eligible for help. Being an employer can be daunting, but in the northeast region there are organisations such as Disability North that have considerable experience in this field and can provide help with payroll arrangements and other administrative aspects. Members of the Elders Council have very positive experiences of Personal Assistants and see this form of support as empowering for the older person.

## **Further Information and Costs**

There is always a risk at giving sources of further information as knowing what is available and up to date changes all the time. However one site

that we can recommend is Information Now ([www.informationnow.org.uk](http://www.informationnow.org.uk)), as this is constantly kept up to date.

Some ideas of costs have been given above but it is worth knowing that in 2017 the UK Homecare Association suggested a minimum charge of £17.86 per hour for domiciliary care. Costs will always vary depending on individual circumstances and geographical region.

The following are given as suggestions to look at rather than recommendations and only as places to start.

- Newcastle City Council produces a Care Services Directory that lists the organisations the local authority currently commissions to provide care. It is divided into different headings but acts as a good place to find out more. <https://mycarenewcastle.org.uk/home/>
- Independent Age recently established an office in Newcastle offering information, advice and volunteer befriending services <https://www.independentage.org/information>
- At some GP practices there is someone called a 'primary care navigator' to help patients find a way to services
- In the West End of Newcastle, Ways to Wellness provide a social prescribing service
- Chain Reaction provides a citywide service delivered by three different agencies, which is aimed primarily at strengthening people's social networks and support.
- Care and Repair will give information on housing adaptations and other advice on ageing well at home <http://careandrepair-england.org.uk>
- FirstStop ([www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)) provide comprehensive information and advice on housing and care. We understand that Newcastle City Council is in the process of entering a partnership agreement with FirstStop.
- The Care Quality Commission has inspection reports and ratings for both care homes and care at home. They have recently published some guidance: <http://www.cqc.org.uk/help-advice/your-stories/care-aware>

## Conclusions

This report has extended our understanding of new models of care and support that otherwise might be overlooked at a time when traditional adult care services are facing many challenges and growing demand

which the government is finally recognising in its proposals to look at funding in the social care market<sup>viii</sup>. At the time of writing, a Green Paper on social care for older people is planned for autumn 2018. Whether this addresses the more fundamental problems of access and quality remains to be seen.

Of course there has long been hopes that modern technology will assist older people to stay more safely at home<sup>ix</sup> and the north east is fortunate in having the National Innovation Centre for Ageing based in Newcastle. Organisations such as Ostara provide much needed telecare support and 24 hour response services that are highly valued by Elders Council members. However what was striking about our investigations was the value placed on the human touch and the importance of technology that is used flexibly to underpin this personal communication, not rationalise or dispose of it altogether.

It is therefore timely to highlight the common themes emerging from the alternative models of support that we looked at.

- **Trust** between the older people and both the individual paid carer and organisation that provided the service. This means that care could be trusted to be consistent and flexible, and any concerns would be addressed
- **Relationships:** if someone is coming into our homes it is essential that we like them, find them easy to talk to and feel that we matter as a person. It is difficult to ensure this with big organisations when the individual can get lost in the scale of delivery and in a world of contracts.
- **Autonomy:** as older people, we like to feel we can choose who comes into our homes and cares for us at a time when we might feel very vulnerable. Making informed decisions about what sort of support we get is not easy and it is important to recognise that older people with support needs also have 'gifts, skills, assets and contributions'<sup>x</sup> to make

However we are not aware of any significant or innovative work that has developed meaningful or alternative models of home care around Newcastle and Gateshead. With the honourable exception of Personal Assistants, we are disappointed that most of the schemes mentioned in our report are not based in this region and nor have many established key messages, such as mutuality, reciprocity and social isolation,<sup>xi</sup> been taken on board in mainstream services. Yet this is a region that would surely benefit from more investment in the care economy as a means of

encouraging new ways of working that benefit all generations. This does not mean simply seeing new uses of technology as the only solution to care and support but how we can use the potential of workers, older people and their families together to develop new approaches.

Given the widespread interest in developing new ways of responding positively to an ageing population, we hope that more research and work can be carried out into this field. Ideally we would like to see innovative forms of support of care developed in the north east of England.

*This report was prepared by Julie Irvine, Anne Raffle, Vera Bolter, Sheila Wheatley and John Evans on behalf of the Elders Council's Housing, Health and Social Care Group.*

## Footnotes

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- <sup>i</sup> The King's Fund (2018) *Approaches to Social Care Funding* <https://www.kingsfund.org.uk/publications/approaches-social-care-funding>: ADASS (2018) *Green Paper Statement* <https://www.adass.org.uk/green-paper-statement-2018-letter-to-the-prime-minister>
- <sup>ii</sup> Healthwatch Newcastle *Response to Newcastle City Council Budget Consultation 2018-19* <https://www.healthwatchnewcastle.org.uk/about-us/documents/>
- <sup>iii</sup> Elders Council of Newcastle (2017) *Home Care Case Study* <http://www.elderscouncil.org.uk/index.php?id=879>
- <sup>iv</sup> Independent Age (2017) *Doing Care Differently*
- <sup>v</sup> Cornerstone (2017) *Strategic Plan* <https://www.cornerstone.org.uk>
- <sup>vi</sup> Good Care Group: <https://www.thegoodcaregroup.com/why-live-in-care/>
- <sup>vii</sup> SCIE (2018) *Evaluation of the Homeshare Pilots* <https://www.scie.org.uk/prevention/connecting/homesharepilot>
- <sup>viii</sup> House of Commons Library (2018) *Social care: the forthcoming Green Paper on older people* <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002>
- <sup>ix</sup> SCIE (2014) <https://www.scie.org.uk/prevention/research-practice>
- <sup>x</sup> Joseph Rowntree Foundation (2011) *Not a One Way Street: Research into older people's experiences of support based on mutuality and reciprocity*
- <sup>xi</sup> Elders Council of Newcastle (2015) *Growing Older in My Home and Neighbourhood*