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Briefing

Providing care for self-funders: Perspectives from private sector and non-profit care providers

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Summary

Older people who pay for their own care remain almost invisible in policy and practice. Little is known about the ways in which they navigate and negotiate buying care in a complex and fragmented care system. In the absence of evidence, misplaced assumptions are often made about self-funders and their care providers which mitigate against self-funders getting the support they need. Engaging closely with the lived experience of older people who pay for care reveals a chasm is between stated policy objectives and the services received by older people who purchase care from the 'care market'.

- The availability of suitable care services is a postcode lottery whether you are a self-funded or state funded older person needing care.
- Private sector and non-profit organisations have priorities that do not always help self-funders.
- Older self -funders may not be able to navigate the care market
- Balancing the cost of care against the quality of provision is a constant pressure for providers
- Many challenges faced by care providers are rooted in workforce issues, particularly in recruiting the right people in the right place and in training and developing the workforce.

Introduction

This briefing draws on research findings from the project Ethical Issues in Self-funded Social Care: Co-producing knowledge with older people. Conducted over 3 years and funded by the Wellcome Trust, this participatory research project explored how older people experience the process of finding and paying for personal care from their own resources in three local authority areas in England. For the full research report, further research briefings, booklets for older people and their families and more information about the project please visit: <http://www.olderpeopleselffundingcare.com/>

In addition to 174 interviews with 65 older people who paid for social care we interviewed 49 stakeholders in the sector: local authority professionals, paid care workers and people providing care through community interest organisations and private businesses.

This briefing draws on material from interviews with 10 managers or practitioners in community interest, not-for-profit or voluntary organisations and 10 managers of private care businesses and highlights some of the challenges identified by these stakeholders in the marketisation of care.

A further briefing on the position of independent unregistered carers, the full research report, and information about the project can be found at <http://www.olderpeopleselffundingcare.com/>

All names are anonymised.

Care Providers and the Market

The availability of suitable care services is often experienced as a postcode lottery whether you are a self-funded or a state-funded older person needing care. In theory, the care market consists of a range of providers offering a competitive variety of sustainable care services from which people can freely choose a service that suits their

needs. In practice, the availability of care services is unevenly distributed across England with fewer options for care in less affluent or rural areas.

For some care companies, the majority or all of their clients are self-funders, but for other private sector and voluntary sector care providers only a small proportion of the people they serve are self-funded; the bulk of their work being provided through agreements with local authorities:

'If we've got capacity, and again it fluctuates because the care industry, it's quite a transient industry ...if we've got a good amount of staff then obviously if we've got capacity we'll take on the care package but if a lot of items come off the, a lot of service users come off the waiting list at that particular time, if somebody was to call us for a private package, unfortunately our contract denotes that we must give what's on the waiting list first' (Manager of private care agency, with block contract)

There was a difference of view about whether self-funders are prioritised by care agencies, suggesting that the availability of services for self-funders may depend on the specific circumstances of the care agency and any contract or agreement that each organisation has with one or more local authorities:

'I mean, the funding that we get from the Council concerns me. I just think it's terrible. It just means that we can't compete. Say you get £15 an hour, with all your costs and everything, like at £15 an hour we need to do like 5/6,000 hours a week worth of care and when you get £15 an hour you can only pay near minimum wage, national minimum wage and you just can't compete with some of the other... I would say we get paid more for a private patient so if we got a slot come available which was more beneficial to them they would be offered it first because we, well we run a business and we have to try and... So currently about a quarter of our work is private work... obviously we work in [two counties].... [The two counties] work very differently. In [one county] everything seems to go through one point, private or Council.. whereas I think that in [the other county] they focus on the prime provider in the area and they just recommend them all the time, that's my view of it... we never seem to get any through [that county] anymore' (Private care agency)

The type of care that some providers prioritised was influenced by business imperatives that made it more profitable or practicable to provide certain types of care:

'So it's quite hard to get clients in live-in care, and I feel like the push towards that kind of market has been, in the last few years, it's just definitely got a lot more competitive... Live-in care is great. You know, you place carers in there, they do two weeks on, two weeks off. And they, you know, the management time for the revenue that you generate is much lower...But the margin is lower, yeah, yeah. For live-in care it's between £130 and £160 a day' (Private care agency)

Whether organisations have large proportions of self-funders or not, older people who pay for their care make a significant contribution to the care market.

Self-Funders and the Market

The difficulty that self-funders face in finding information and advice about care was well recognised. Some of the voluntary sector organisations saw it as part of their responsibility to help self-funders to access information and navigate the complex care system.

The changing profile of people purchasing care services was also acknowledged, with more people with complex needs now being supported to live in their own homes:

'I think we've definitely seen a real, and I would say a major shift in terms of practical provision in peoples' homes

which is what care in the community is all about, far more complex cases. I can remember when we first started it was a fairly, relatively simple process to provide domestic and laundry, shopping support in someone's home. Now you're dealing with far more complex cases so there's dementia out there, there's Parkinson's, there's other chronic conditions, whereas perhaps those people used to be in homes, they're now in the community in their own homes and we are very aware that you're dealing with much more complex issues' (Manager of voluntary sector organisation)

The complexity of needs has implications not only for the level and type of care that older people need to purchase but also their ability to access information about care and navigate the care system. Older people are having to rely on the market to meet their needs but without the resources or abilities that are needed to successfully engage with and navigate that market:

'We get referred to us a lot of people who just don't have the support that they need, and in particular we've had some quite striking instances of people who did have money, or property... they just couldn't help and were left to their own devices, and if for example you're completely deaf and confined to your home, it's actually quite hard to source out the market.... so I'm very concerned about those issues, about access for individuals and their vulnerability' (Manager, voluntary sector organisation)

There was a sense that the independent sector care providers who charged higher rates were able to be more selective about which clients they took on. This might mean not accepting those with higher level needs:

'But we will not take on a new client at the beginning who's too complex, because I just know that that's going to make it incredibly hard for us to guarantee the service. So we'll go up to things like, you know if people have catheters or we do have a few clients now with stand aids. But we don't do hoisting and we don't do double-ups' (Manager of private care agency)

Self-funders were also seen as at risk of receiving inappropriate care if their needs are not reviewed, as would be the case if they are receiving care and support from the local authority.

'That's where if we did have the capacity to like regularly review, like Adult Social Care has a rule to review someone's needs and if something is working well with that client. If there was the capacity for us to go back to every single client we've helped set up care and say, well is it still working okay, are you still getting that value for money, that quality that you thought you had right from the start. Surely that would be ideal, and say well what isn't working, do you feel you need some more options' (Practitioner in voluntary sector organisation).

Balancing Cost and Quality

A challenge, recognised by both private and voluntary sector providers, was trying to reconcile providing good quality person-centred care with delivering an efficient and cost-effective service, rather than 'squeezing people in' to boost income, especially in the context of rising costs.

'..we have lengthy waiting lists which is always distressing but again we can't provide a quality service if we haven't got adequate teams and because we allow a 15 minute travel time between each person and because we insist on a minimum of an hour call, you know, that impacts on what you can provide. We're not, we're not squeezing lots of people in because it's not the right thing to do ... We're a not-for-profit organisation but still, you know, if you aspire to train your staff and pay them a good rate and, you know, pay them a decent mileage and do all of those things then the cost of that of course is passed onto the service userit is troubling, you know. You think my goodness how can people afford, I don't think I could afford this, you know!... I don't know what the answer is but I think at the moment too many people are having really awful experiences and that's sad, really sad' (Manager of voluntary sector organisation)

There was a recurring tension between giving 'care' to people on the terms that they want and need and running a business based on commercial values and imperatives.

'It's a fact of life, money is... it's a business as well and you have to pay bills and you have to pay carers and everybody else so you have to look at the money aspect of it as well. Although it doesn't sound good that is what it is isn't it?' (Manager of private care agency)

Some providers felt that their clients, and perhaps particularly self-funders, did not understand the pressures the care agencies were facing and had what was seen as unreasonable expectations:

'I think they'd love to have the same people all the time, you know, no holidays, no nothing, so I think they can be quite over-demanding sometimes. I think there is a little bit sometimes of you give them an inch and they'll take a mile kind of thing. You know, whatever service you give, they want even more sometimes' (Manager of private care agency)

Whilst private sector care providers understood the importance of the relationship between the older person and carer, trying to deliver the service so that relationships could be developed and maintained posed challenges.

'But what we are trying to do is make those people have the best they can have. So that's our vision. But, as a result, I can therefore have the luxury of only taking on clients I know we can service well ... our model is very much focussed on each client, what they're looking for, what we need to provide and then we would fit everything around them. But as a result, our schedule, or our roster, as it's called in the industry, is completely inefficient. So it's got lots of gaps in it, it's not sort of an eight-hour shift where we're going, "Right, well, you can go from here to here to here to here," because we don't look at it like that. We're just looking at client, I mean, we do a bit. We obviously think, "Oh, that'd be nice because she suits her and she suits him and she can go from there to there." We are looking to give people work but that's not our driving priority, if you know what I mean. So that's the difference. So as a result, it's a very different business and a very different game, in a way, to what some of the other people are having to try and do. And I'm not knocking what they do because they do an amazing job with the very small amount they're paid but I have a completely different focus' (Manager of private care agency)

Using zero hour contracts might help to keep costs down and, in some cases, suit the preferences of care staff, but this also caused problems for agencies when there was a lack of cover:

'What we do and what we always have done is that all our workers are zero hour workers and so they determine really how many hours they want to work as well, and so because of that it makes it very difficult to cover hours when someone is off ill or when someone is on holiday because all the other workers are working the amount of hours that they want to work and they don't necessarily want to work more, and so that's a difficulty that we have. And because the margins are so fine, out of our own choice we're one of the lowest-priced providers in the county... in terms of our hourly rate and that's something that we always want to try and remain at to be honest, but because the margins are so fine it means that we can't have people being paid to cover when the opportunity comes up, so we don't have that leeway. So that if you like are the challenges that we face in terms of our, how it impacts on the day-to-day operations' (Manager of voluntary sector organisation)

Workforce Issues: Time and Place

The daily logistical feat of consistently and reliably getting carers from wherever they may live, to the older people they need to help, wherever they may live, and at the right time, cannot be underestimated. For care providers in the private and voluntary sectors, many of the challenges they face are rooted in their difficulties in

recruiting and retaining sufficient numbers of care workers who are able to do the work. Domiciliary care providers attributed these difficulties in large part to low pay, difficult and insecure conditions and the many unrecognised demands and responsibilities of this low status role:

'Recruitment, recruitment ... of carers...It's tough, it's really tough, you know, because you're asking people to work, you know, bear in mind we do community care. So we speak to residential care providers, they'll say something completely different, but we need drivers, it's a low paid industry, you need drivers. And, you know, especially in somewhere like [in the neighbouring town], which is self-contained, you know, you don't get a huge amount of drivers. So there's that. There's also, you know, it's hard work, you know, mentally and physically... And, you know, it's also antisocial hours, so your peak time is seven in the morning till eleven o'clock in the morning, and then five o'clock in the evening till nine o'clock in the evening, also at weekends, working on Christmas day.... So, I think, you know, you've got this, you know, low paid, hard work, mentally challenging, bad hours, need a car, you know.... it's difficult to find people that want to do that. And, but I think on the plus side, you know, it's a wonderful job and you're interacting with people and you've got this flexibility and you're helping people. So, you know, there are a lot of people that want to do it as well, but it's, you know, it would be much easier to go and work in (supermarket)' (Manager of private care agency)

Difficulties in recruiting enough care staff meant some providers were unable to expand their businesses. Rural areas were particularly problematic in terms of recruiting sufficient staff willing to travel and made choices for self-funders very limited.

'Recruitment yes, always in the more rural areas it's just very difficult to get people to recruit, to be able to recruit people. And also people see the mileage as well and the, although we pay 25p per mile travel ... and we also pay travel time, it's still, sometimes it's a 15, 20-minute drive between, and as I say we try and group everything together as much as we can...' (Manager of private care agency)

Another factor that had to be considered in a rural area was accommodating carers who did not drive:

'We've got a lot of calls from the [north area] and [the south area], so you can have walkers or you know people that walk but, and then you know when you've got drivers sometimes you have to take them off a run that somebody could walk on, get a walker to go into the walking one and then move the driver to a more rural area. But then that driver sometimes gets a bit annoyed because it's like, "well no, I wanted to do this run." ... and its consistency as well for service users, because the last thing that anybody wants is somebody to be upset because they don't have their regular carer and you know, because that increases complaints and you can't have that.' (Manager of private care agency)

Recruitment was particularly difficult in affluent areas which had to 'import' care staff from other less wealthy geographical areas, but recruiting staff from a less wealthy area could also create challenges.

'In a place like [this area] it's complicated by the fact that it's a very expensive place to live, so our care workers, we are relying on coming in from [neighbouring cities] which has its own issues because they're not ... these are not their local people because, you know, they're just coming in to do a job of work and disappear back again kind of thing. So, it isn't as community as you'd like, you know, as kind of community minded as you'd like. But you can't - If you're on National Living Wage you probably can't afford a house in [this area]' (Manager of private care agency)

Workforce Issues: Skills and Training

Recruiting sufficient numbers of care workers was difficult, but recruiting, retaining and developing carers who could deliver high quality care was also problematic. Although care providers wanted to improve the skills of

their workforce, many struggled to provide more than basic training, citing issues with finding and paying for skills courses and constraints on the time available to existing care workers.

'We've got huge issues about the workforce, huge issues. If you're a nurse or a healthcare support worker in the NHS you will be wham-bam-mam and every single course that there is and you will be paid and it will be a good provider giving you that training. If you work in Social Care we will work alongside our staff to infiltrate good practice into the system because there isn't such a thing as, you know, you'll get paid and you'll go on this training, there's no budget, when I was a Director in the NHS everything we had, we put 13% on to train the staff. In our budget it's coming out of our profit which is so minimal compared to... So there's a huge thing about training' (Private care agency)

Older people are at risk of receiving inadequate care if the care staff are not appropriately trained or equipped to meet their specific individual needs. If the care is commissioned and reviewed by the local authority this is less likely to occur than for self-funded care. It was also recognised that the skills needed by staff was being 'ratcheted up' as people with more complex health conditions are supported at home:

'... because you know Huntington's, I don't know a huge amount about that but we've taken on a service user... but you know like for us not to organise that training and just send in staff, which would generally quite happen, it's not fair for the staff, and then the staff could feel that they're not doing their job right or they're not very good, and then you could lose that member of staff, and it's not even how, it's not even just that, it's how the service user, how, you know because care is becoming more specialised isn't it? ... Hugely, like people with aggravated brain injuries you know, you need the history. So people need to be given more, more training to be able to cope with that.' (Manager of private care agency)

Policy and Practice Implications

- A fundamental review of the current market-based system of care is needed as this is not delivering choice, control or quality of care for many older people who pay for their care.
- Actions to address the challenges of recruiting, retaining and developing the care workforce must be part of any reform of the social care system.
- Urgent review of the funding of social care is needed. It is not equitable that older people are subsidising local authorities by paying much higher costs for the same or similar services

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