

## RESEARCH AND POLICY UPDATE

### ISSUE 66 July 2011

Welcome to the sixty-sixth Research and Policy Update from **research in practice for adults**. Each month we will seek to highlight key policy activity within the previous month and to identify major research reports that have been released. We hope that this will provide ready access to the emergence of key initiatives and research findings. The balance across different service user groups and across different types of reports will vary from issue to issue. However in January, April, July and October each year there will be a particular focus on recent journal articles. At the request of Link Officers there is an abstract to help identify the main contents. Any queries and comments should be sent to [rachel@ripfa.org.uk](mailto:rachel@ripfa.org.uk).

#### ABSTRACT

This month sees a focus on journal articles, but starts with a summary of the key recommendations from the Dilnot Commission report into **Fairer Care Funding**. Two consultations are highlighted, one on proposed changes to CQC regulations and the other on proposed outcomes to be used in the piloting payments by results for drug recovery projects. The journal articles reviewed are as follows:

- Assessing quality-of-life in older people in care homes
- A review of the literature relating to psychological interventions and people with intellectual disabilities: Issues for research, policy, education and clinical practice
- Planned pregnancy, planned parenting: enabling choice for adults with a learning disability
- The impact of organisational culture on the delivery of person-centred care in services providing respite care and short breaks for people with dementia
- Influences on the provision of drug services in England: the experiences and views of front line treatment workers
- What drives the recruitment of migrant workers to work in social care in England?
- Exploring homeless people's use of outreach services: applying a social psychological perspective
- Using contact work in interactions with adults with learning disabilities and autistic spectrum disorders

## **GOVERNMENT REPORTS**

### **Fairer Care Funding: the report of the commission on funding of care and support**

This month saw the publication of the final report and recommendations of the Dilnot Commission that looked at the funding of social care and support.

The report points towards the need for urgent and lasting reform in the way in which social care is funded. It considers that current arrangements for care and support are not sustainable financially and the current system is unfair and confusing. People are very worried about the future and unable to plan because there is a lack of understanding about how social care is, or will be, provided. The report also highlights the lack of financial products available to support planning, although it believes that most people recognise the need to share costs between the state and individual, but there is a need for this to be fair and easy to manage.

Key recommendations are as follows:

- Whilst currently, personal contributions towards costs are unlimited, the Commission proposes capping these to between £25,000 and £50,000 with the suggested amount being £35,000, after which the individual is eligible for full state support
- Means-tested support should continue for those of lower means, and the asset threshold for those in residential care beyond which no means-tested help is given should rise from £23,250 to £100,000
- Those who enter adulthood already requiring care and support should be immediately eligible for free state support without means testing. People who develop care needs in their 20s or 30s should also be supported as they will not have had the opportunity to plan
- Universal disability benefits should continue
- Eligibility criteria for assessment should be standardised across England and there should be portability of assessments. The Government should urgently develop a more objective eligibility and assessment framework
- An awareness campaign should be carried out to advise and support people to plan
- There is the need for a major new information strategy to be produced by the Government in collaboration with charities, local government and the financial services sector and statutory duty to be placed on local authorities to provide information, advice and assistance
- Carers should have new assessments alongside the person they care for, and be supported with new legal rights to services and to assessment
- The Government should review how best to integrate health and social care, as integration is vital to the delivery of better outcomes for individuals as well as value for money for the state.

The Commission states that in their view more needs to be spent on adult social care now and in the future, from both individuals and the state. People will need to be supported to plan and financial products developed to enable people to pay for their care needs. They recommend that the Government needs to devote more funding to the adult social care system and in particular needs to allocate sufficient funds to local authorities to allow them to take on their role in the reforms. Resources available locally for adult social care need to be made transparent, with particular regard given in financial reviews to the sustainability of funding for adult social care.

## **CONSULTATIONS**

### **[Consultation on proposed changes to regulations for Care Quality Commission registration](#)**

The Department of Health have published a consultation on the proposed changes to regulations for registration with CQC. The proposed changes are designed to strengthen CQC's role as the independent regulator of healthcare and adult social care. CQC have been regulating providers under the system in the Health and Social Care Act (2008) for over twelve months and the proposed changes address a number of instances where the regulations either do not function as initially intended, lack clarity or impose an unjustified burden on providers.

The consultation document sets out these issues, proposes how they might be addressed and seeks views on these. It also asks respondents to identify other issues that should be considered as part of a wider review to begin later this year. The consultation closes on October 7 2011, comments can be sent to [proposedchangestoregs2010@dh.gsi.gov.uk](mailto:proposedchangestoregs2010@dh.gsi.gov.uk).

### **[Piloting Payment by Results for Drugs Recovery - draft outcome definitions](#)**

The 2010 Drugs Strategy set out the centrality of the goal of recovery in all activity around those who are dependent on drugs and alcohol. As part of this, a key action was to develop pilots to test new approaches to commissioning and delivery of drugs recovery systems that reward achievement of outcomes.

As part of the development of these pilots, the Government has formed a Co-Design group made up of partnership organisations and cross-government departments and experts who have started by setting out high level outcomes to be used in the pilot sites. They are now asking for views about the proposed outcome domains and eligibility criteria. Comments are requested by August 3 2011 to [pbrfordrugsrecovery@dh.gsi.gov.uk](mailto:pbrfordrugsrecovery@dh.gsi.gov.uk).

## **RESEARCH REPORTS**

**Assessing quality-of-life in older people in care homes** (2011) Sue Hall, Diana Opio, Rachael H. Dodd and Irene J. Higginson, *Age and Ageing*, Volume 40, 507–512

As increasing numbers of older people are living in care homes, it is important to understand more about their quality of life. The relevance of using traditional Quality-of-Life measures in a residential care setting, and for older people in general, has been questioned. This study used an abbreviated version of a subjective quality-of-life measurement scale, the SEIQoL-DW, which evaluates quality of life from the individual's perspective. They also assessed the views of the individual on using the tool. The study worked with twenty people in three different care homes in London.

The study found that the older people spoken to view leisure activities, family, relationships, social life, independence and peace and contentment as important to their quality of life. Some found completion of the SEIQoL-DW particularly difficult due to physical limitations and difficulty in understanding and retaining the instructions. The best information came from detailed interviewing of the residents and as such, the study found that a single rating scale is probably insufficient to measure quality of life as an outcome measure, they recommend that more detail and conversation is needed to elicit the information.

**A review of the literature relating to psychological interventions and people with intellectual disabilities: Issues for research, policy, education and clinical practice**

(2011) Michael Brown, Heather Duff, Thanos Karatzias and Dorothy Horsburgh, *Journal of Intellectual Disabilities*, Volume 15, 31-45

Evidence shows that approximately 40% of people with learning disabilities will experience some sort of mental health problems such as depression, eating disorder or compulsive obsessive disorder, compared to 25% of the general population. However, evidence also indicates that the current provision of treatment of mental and emotional difficulties of people with learning disabilities is inadequate. This literature review aims to draw on the existing literature to produce an overview of the challenges faced in providing adequate services as well as the needs that need to be met.

The literature shows that psychoanalytical psychotherapy, cognitive behavioural therapy, counselling and systemic family therapy are all found to be effective for people with learning disabilities and policy sets out the need to develop such services further. At present, delivery is variable, and in some cases non-existent. There is evidence of concern that without recognition of the emotional and mental health needs of people with learning disabilities, their marginalisation will continue. In order for development of such services there is a need for education, policy implementation and the development of clinical practice in mainstream services as well as specialist learning disability services. There are increasing amounts of research on this issue, but the researchers state a need for research funders to identify areas for future funding on larger scale studies.

**Planned pregnancy, planned parenting: enabling choice for adults with a learning disability**

(2011) Jennifer Conder and Brigit Mirfin-Veitch, *British Journal of Learning Disabilities*, Volume 39, 105–112

Parents with a learning disability are a growing population and there is a need to examine the experiences of these parents in order to learn how best to meet their needs, to maximise parenting skills and to avoid the experience of having children removed from their parents. There is growing evidence that with the right support, parents with learning disabilities are able to raise their own children, but this has been accompanied by little obvious change in practice to put this support into place. This article draws on the stories of six parents with a learning disability about the early stages of parenthood, from conception through the early years, to highlight issues around the decisions prospective make, and the support used to make those decisions.

There were a number of common themes emerging from these stories:

- Although, as is usual for most young adults, the research participants had in mind the idea of getting married and starting a family, they had not thought through, or been helped to think through what that would mean for them. They were then completely reliant on their support network to identify and put in place the right support for them once the pregnancy was confirmed.
- A mixed knowledge of contraception was common throughout the stories and in particular there was no knowledge of emergency contraception.
- Once pregnancy was confirmed, there is clear evidence of active decision-making on behalf of the mothers as to whether to continue with the pregnancy and who would care for the child.
- Family response to the pregnancy was pivotal to future success in parenting.
- Assessment and planning were key to future success, but many stories demonstrated the lack of understanding of the process by the parents in question.

- Services in place to support parenting need to be long term and person-centred, with services being flexible and responding to changing needs. Parenting is not set in stone, and everyone's experiences differ. Those cases that were the most successful had the most flexible and responsive support provided, with close liaison between all members of the support team.
- Sexuality, contraception and parenting choices need to be on the agenda of educators and support staff, with professionals who are not used to working with people with learning disabilities being adequately skilled in focused education programmes.
- Education needs to include discussion around parenting and what it means in reality. The skills needed to be a successful parent need to be discussed.
- Families should be involved in all discussions as they are pivotal to outcomes and play a central role in the education of the future parents.

**The impact of organisational culture on the delivery of person-centred care in services providing respite care and short breaks for people with dementia (2011)**

Catherine Kirkley, Claire Bamford, Marie Poole, Hilary Arksey, Julian Hughes and John Bond, Health and Social Care in the Community, Volume 19, Number 4, 438-448

Despite limited evidence on the impact of the organisational culture of health and social care organisations on the outcomes of service users, current policy is heavily centred on changing existing organisational cultures in order to improve service delivery. This study looks in particular at how organisational culture can impact on the delivery of person-centred care in respite services for people with dementia. It is part of a larger study which established ways of evaluating person-centred care in respite settings.

The researchers carried out semi-structured telephone interviews with staff working in health and social care services provided by social services, the NHS and a range of non-statutory agencies in the UK. These interviews aimed to obtain information about organisational structures within the organisation in question. Interviews also asked participants to consider the extent to which their organisation delivered person-centred care as well as the factors influencing care. Further information was then gathered in focus groups which used examples of different types of respite care to stimulate discussion around person-centred care.

Five key themes which might influence person-centred practice emerged from the discussions:

1. ***Understandings of person-centred care.*** The data showed that there were wide variations in people's understanding of person-centred care. Managers recognised that their own understanding of person-centred care was not as strong as it could be, and that it was essential for managers to have a greater understanding in order to be able to ensure front-line staff adopted appropriate practice.
2. ***Attitudes to service development.*** Managers who had a superficial understanding of person-centred care found it difficult to identify areas for service development beyond increased resources. Those who had a deeper understanding were more aware of the potential for improvement. Whilst more resources may sometimes be required, the idea that change immediately required more resources acted as a barrier to that change. Evaluation and feedback facilitated the development of services that were person-centred. A culture of collecting and acting on feedback was considered key to facilitating person-centred care. Welcoming input from carers was also important to develop person-centred care.

3. **Service priorities.** Respite services were often found to be planned around the carers need for a break rather than around the interests or needs of the person with dementia. Priority needs to be given to developing relationships between service users and staff. Respondents also mentioned priority being given to the smooth running of the service rather than the needs of the service user.
4. **Valuing staff.** It was recognised that there is a need for training and support to be focused on values rather than assessment, for more detailed and supportive supervision, and for opportunities to share skills around person-centred care.
5. **Solution-focused approach.** Whilst some services were committed to the long-term care of a person with dementia until they died or moved into long-term care provision, others (particularly day care services) were seen as the domain of people who would be moved on and so there was no long-term solution-focused approach. Flexibility and a move away from a *one-size fits all* culture also ensures a person-centred approach.

The authors conclude by recommending that provider organisations should be encouraged to develop a shared culture at all levels of the organisations, which puts person-centred care into practice rather than adding it as a name to existing services or approaches. There needs in particular to be a move away from blaming resource limitations for lack of change, as the ideological and cultural shifts need require few, if any, extra resources.

**Influences on the provision of drug services in England: the experiences and views of front line treatment workers** (2011) Janie Sheridan, Matt Barnard and Stephen Webster, *Health and Social Care in the Community*, Volume 19, Number 4, 403-411

This study is based on the evidence that whilst there is much written about service user's experiences of treatment, little research has been done to examine the views of front line workers on the barriers and facilitators to service provision. In this research, 32 front line treatment workers were interviewed. The findings point towards three levels of influences on delivery: structural impacts, local organisation of services and specific working practices.

Structural impacts relate to the resources available, competitive tendering environments and challenges to partnership working. In terms of local organisation of services, the key factors identified were the importance of co-ordination in care planning and streamlining for complex cases. Finally, specific working practices included the importance of good communication for facilitating information sharing, the problems caused by lack of support from management, and unmet training needs. The most common area of unmet training need was in the overlap between drug treatment and mental health services. Overall, people reported that the system worked due to the high level of commitment of those who worked in it, despite the complex structures which competed for funding and had varied treatment philosophies.

**What drives the recruitment of migrant workers to work in social care in England?** (2011) Shereen Hussein, Martin Stevens and Jill Manthorpe, *Social Policy and Society*, Volume 10, Number 3, 285-298

This report outlines the findings of a study which looked at the reasons for recruitment of migrant workers in social care in England. Researchers conducted 136 interviews with migrant workers, their colleagues, people using care services and their employers, in six English local authority areas

All study sites reported that the drive to recruit migrant workers came because of workforce shortages, namely that UK-born individuals were often unwilling to work in social care, and were also often personally unsuitable. They reported a *lack of local staff with knowledge and skills and motivation* (p289). Migrant employees however, were described as *hard-working* by a large majority of those interviewed, with employees recognising that the need for job security meant that migrant workers were very keen to work extra hours, to provide a good service and to be enthusiastic. There was, however, also the recognition that care work may be seen as a stepping stone to migrant workers who will move on when possible as they have greater career ambitions. Most employers stressed that migrant workers were vital to the viability of their service.

Another commonly mentioned attribute was the caring attitude of migrant workers towards older people and other service users. They tended to be more highly qualified than locally-recruited individuals, which is usually considered to be positive but can sometimes cause dilemmas for employers, some of whom had employed qualified doctors as care assistants. In some areas, there was a notion of employing migrant workers as part of a targeted strategy to meet particular needs of the population. This was the case if the services needed people who spoke a particular language or understood a particular culture relevant to the population that area.

The paper concludes by outlining that as future migration regulations are likely to limit the number of migrants from outside the EU, this could have repercussions for the social care workforce, not only in terms of numbers but in terms of skills, as the existing migrant workforce bring valuable skills to the care sector. There is a need to consider the value of this migrant workforce and also to find ways to make better use of the skills and educational capital of the existing migrant workforce, something which the General Social Care Council and the Care Quality Commission could act on.

**Exploring homeless people's use of outreach services: applying a social psychological perspective** (2011) Julie Christian, David Clapham and Dominic Abrams, *Housing Studies*, Volume 26, Number 5, 681-699

Homelessness policy over the last two decades has seen an emphasis on making decisions about outcomes for homeless people with little consideration of the views of homeless people themselves. These policies have included programmes that seek not to make homelessness easier, but to create space for change in the lives of homeless people, to create reintegration. This has created particular issues concerning the willingness of homeless people to engage with outreach services, but there has been a lack of research into these issues. This study used a social psychology perspective to focus on the interaction between the actor and the social environment. The study involved a detailed literature review followed by interviews with 121 homeless people.

The research found two predominant and differing perspectives on this issue, structuralistic and individualistic. Structuralistic explanations focus on availability and access to services and whether or not this is suited to the needs of homeless people and what the institutional barriers may be. The individualistic explanations focus on issues relating to people's attitudes towards service use, behavior and cultural norms, and individual perspectives. The dichotomy between these two is now somewhat over-ruled, with approaches combining the two, and this study demonstrates the importance of building the two approaches together.

The study found that demographic factors have very little impact on service user. The psychosocial experience of homelessness seems to transcend socio-demographics. Most

participants reported that their use of services was affected by the way in which they identified with the services and workers of these programmes, and not by prior experience, the influence of friendship groups, personal attitudes, and perceived control. It seemed that people identified with support workers better than friends or more informal support networks, probably because such friendships were not very stable. The *right service relationship* seems to have a great impact on behaviour, with the right type of interaction from service providers helping people best to engage with services. Other studies show that people who frequently take part in outreach services are particularly opposed to institutional providers. So those who have negative experiences with services are still likely to use outreach services. The research found that there was a sense that smaller, non-statutory organisations create a better sense of identity and engagement amongst those using the services. They are less complicated organisationally and often it is easier for more human, trusting relationships to be established.

**Using contact work in interactions with adults with learning disabilities and autistic spectrum disorders** (2011) Sharon Brooks and Gail Patterson, British Journal of Learning Disabilities, Volume 39, 161–166

Contact work is a form of pre-therapy based on the person-centred approaches proposed by Carl Rogers. The idea is to form a psychological contact, which is then the basis for a therapeutic relationship, but it is equally valid in assisting people to enable communication outside of therapeutic settings. The method was developed for people who have difficulty in establishing psychological contact because of emotional or cognitive problems or mental health issues, and it is well evidenced that people with learning disabilities tend to find it difficult to engage with others. This is especially the case if the person also has an autistic spectrum disorder, and this paper reports on a study which used the approach with two people with learning disabilities and autistic spectrum disorder.

The two people in the study lived in residential accommodation for people with learning disabilities who challenge services. One person used non-verbal communication and the other had limited verbalisation. Two speech and language therapists worked with these two people using contact work approaches and the sessions were recorded, with the experiences fed back to staff in the home so that they could learn from what happened in how they interact with the people in question. The therapists reported subjectively on their experiences and views of the sessions, and the recorded transcripts were coded objectively by other researchers to assess number and type of contacts.

There were many positive outcomes to the project with both clients enjoying the sessions and maintaining positive engagement with the therapists outside of the sessions. There was a parallel between the therapists' experience of the sessions and the participants contact behaviour, which was monitored throughout the sessions. The measurement process also showed that therapists tended to rate most highly the quality of the interaction rather than the quantity. When the measurement demonstrated a high number of contacts, this did not mean that the therapists necessarily felt that the participant had engaged, whereas they felt engagement happened with fewer contacts of more meaningful quality.

There was no incremental improvement in engagement over time but there was some evidence that the participants remembered elements of what was going to happen in the sessions. There was no obvious difference in the engagement with other staff in the home. Overall, there was evidence of the short-term impact of the contact work, but no evidence of long-term impact, however, there is a need for more long-term studies to provide further evidence. The measurement tools used were to the therapists in assessing their practice and in considering the efficacy of the methods used.