

CONFERENCE ABSTRACT

Engaging Communities as Home Care Providers, Utilizing a Social Enterprise Model

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Introduction: Research Problem: How can we engage communities as home care providers, utilizing a social enterprise model?

Policy Context and Objectives: With the development the Integrated Care Services Model (2010), and the new impetus towards a population health approach within HSE National Service Plans, the new organisational structures, the creation initially of integrated service areas, and since 2015, the establishment of Community Health Organisations (Healy 2014), primary and home/community care have become centre-stage in the delivery of integrated care.

Within this focus, home care a very significant growth area. The commissioning of health and social care delivery for home care by way of approved home care providers by the HSE has developed since 2010 and was expanded in 2012. Complex tender documentation, aimed at accessing quality care providers have been developed. This has brought choice to the care market. However, all the home care providers currently approved in Cork are in the private sector.

The current primary research is being conducted among care workers and families receiving home care in Cork city. The research was by way of questionnaire completion and interviews and documentary analysis. Its objectives were to investigate:

What is the nature of public and private home care delivery in Cork City, Ireland?

Is home care becoming more or less affordable?

Is private provision the only option?

Should a social enterprise model become part of the care commissioning agenda?

Targeted Population: The study was conducted on home help/home care workers and families in receipt of home care by way of a questionnaire. Interviews with community care co-ordinators was also used.

Highlights: There have been progressive cuts in home help hours In Ireland in the past 4 years (Carers Alliance 2015). There is strong evidence in the research findings that this is also the case in Cork and there are high levels of dissatisfaction among home help workers. There is

concern among participants at the downgrading and displacement of home help workers, which is being perceived as arising from the claims made by the private care industry that publicly provided home help and home carers are not fit for purpose. In this context, it is to be noted that Home and Community Care Ireland (2013), the umbrella body for private home care providers have established the 'business case' for home care, stating that traditional home helps lack skills, training and education, and that their staff are more qualified and effective.

Findings also suggest that there is a desire among family carers, community workers and volunteers in the communities of care on various parts of the city to be allowed develop social enterprises/care co-operatives. This finding speaks to the success of almost 90 such care enterprises in the UK, Indeed the report of Fourth Agee Trust (2014), that social enterprises are a very useful model for the delivery of home care for elderly people, given that care workers are drawn from the community of the service user and display strong satisfaction ratings. This enhances community care (Means 2005).

The findings also suggest that private care providers, though a useful addition to the market, are not suitable for many families, as they are perceived as very costly, with €24 per hour being a typical cost.

Community care managers interviewed for this research believe that the 'profit slice' added to the cost of home care provision brings it outside the reach of families in the community. Home carers surveyed for the research received a low median wage of €10-12 per hour, despite many having honours degrees in social care. There is evidence from the UK that for profit home care providers do drive up costs (Scott 2016). Efficiently-run social enterprises, without a profit-imperative can provide care at a lower cost (Fourth Age Trust 2014) and with better wages

Transferability: This study raises issues about the nature of the delivery of care services which are equally transferable to the care of disabled people and those with mental illness in the community, who are currently being discharged since the publication of the HSE's (2014) report: Moving on from Congregated Settings and the Disability Policy Review (2012). Lessons learned from the current research can be transferred in to any integrated care planning environment which, in order to increase success, have to ensure that care in the community is affordable and that is socially inclusive. It also has transferability to care managers in that it focuses their minds on which model might be more intrinsically in-keeping with the clearest definitions of best practice in community care. This is very significant in the context of the research by Donnelly et al (2016), highlighting that a sizeable proportion of older people were in residential care who could have been cared for in their community. The transfer of knowledge here is that 'the community' needs to be a real, integrated community of people who live there who should also be doing the caring. The home care also has to be affordable. As a recent UK report entitled Taking Care (2016) noted: ""It is care recipients, their families and care workers who know how to create a care system that will deliver consistently high-quality care, they should be allowed to lead the care sector." (Guardian Social Care Network 3-11-16)

Conclusion: Successful, affordable, home care, rooted of and within the community in which a client or patient lives (Means 2005) is hugely significant building block to integrated care within the Primary Care Network within the Cork and Kerry Community Health Organisation. The discharge of elderly patients from hospitals, their health promotion, falls prevention, disease promotion at home and in the community requires efficient, affordable services. Social enterprises, forged from community members as a parallel model with private care, in delivering home care, may well have to capacity to be socially inclusive, built up social capital in the caring communities and be more affordable. Further research on these possibilities and a new focus by health and social care managers on empowered communities as care providers as social enterprises is needed urgently.

Keywords: community; home care; integrated care; commissioning; social enterprises
