

both the status of, and confidence in, the care home sector and its employees.⁶

Long-term residential and nursing care for older people in the UK has undergone big changes. Despite the fact that 75 per cent of care home care is ‘nursing care’, there is a great deal of overlap between ‘nursing care’ and ‘residential care’.⁷ The substantial decline in the number of hospital beds for older people and the associated transfer to nursing home care has led to the increased ‘medicalisation of care home care’ and to greater levels of dependency among care home residents.⁸

Care home residents

It is estimated that over half of people with dementia in the UK are in care homes, but the number of care home places has fallen substantially in recent years. The proportion of care home residents with dementia is always much greater than the proportion with dementia for the equivalent age group in the community. As already indicated, the proportion of care home residents with dementia is on the increase – dementia affects at least 75 per cent of residents and is severe for over 30 per cent of those residents who have it.⁹ These increasing

care and 1–2 years in nursing homes.¹¹ Overall, older people in care homes are a heterogeneous population with a wide range of health care needs. Care home residents are admitted because of their special needs, so residents’ health and general profiles will often not match those found in the community. Nursing home care is self-evidently an older person’s issue.

Staffing in care homes

More than 1.5 million people work in the care sector in the UK and this figure is likely to exceed 2 million by 2025.¹² Staff in care homes are predominantly female, with a median age of 40–44 years, with ages fairly evenly distributed, and a high proportion working part time.¹³ There is high staff turnover in UK nursing homes with 42 percent of care staff leaving within 12 months of joining and 61 percent leaving within 2 years.¹⁴

Trends in globalisation and women’s migration as well as economic disparity have led to a high proportion of care home staff being from overseas.¹⁵ Many UK care homes employ ‘overseas’ staff, including both those who have lived in the UK for many years and people who have recently migrated.¹⁶ Care staff come from many countries, most commonly from Zimbabwe, Nigeria, the Philippines, Ghana and Poland.¹⁷ Therefore, it is evident that there is a rich mixture of nationalities and ethnicities among care home staff, with a diversity of cultural backgrounds and experiences.¹⁸

Care work is poorly paid – many staff earn little over the minimum wage. What is more, care staff have limited opportunity to progress in their career, either into training or managerial roles, or to specialise in specific aspects of care where both training and better wages are provided.¹⁹ As a

consequence, there is little opportunity or motivation for many care staff to progress in their careers.²⁰

Provision of care

Many have argued that the most significant change in the provision of care home care in the last thirty years has been the much greater involvement of the private sector. The proportion of long-term places in the independent sector rose from 18 per cent in 1980 to 85 per cent in 2001.²¹ At the same time, there has been a substantial growth in the number of – mainly



privately provided –, nursing home places replacing large numbers of NHS hospital beds (for both geriatric and mental illness care).²²

This significant shift of long-term nursing care for older people from long-stay hospital beds to nursing home facilities raises questions about whether nursing homes are able to cope with the demands placed on them and whether they can provide the specialist nursing care that may be required.²³

BJF’s latest work has produced two publications: *Experiences of Being* and *Doing It Well*, which propose a number of methods to improve the wellbeing and quality of care for older people in care homes. In particular, *Doing It Well* not only highlights the skills and qualities care workers need to possess, but provides information and training on how to improve the quality of care for older adults living in care homes.

Addressing the need for change in care homes

*We know that good relationships really matter to people living and working in care homes, but what are we doing to nurture them?*²⁴

Relationship-centred care

Care homes can create a culture of practice where older people, their families and staff are supported in developing positive relationships with one another (relationship-centred care), and encouraged to interact and explore ideas together in an informal way. Through this culture, staff are more able to connect with older people, to engage with them as individuals, and to understand and respond to their interests, opinions, aspirations and needs.²⁵ Relationship-centred care is different from person-centred care, which focuses on individual service users, promoting their independence and consumer choice. Many have suggested that, in long-term care settings, positive

relationships between older people, relatives and staff, and interdependence, matter more. Positive relationships in care homes enable staff to listen to older people, gain insights into individual needs, and facilitate greater voice, choice and control. A key element of person- and relationship-centred care is the need for residents to be treated with respect, dignity, kindness and compassion.²⁶

Workforce development – support, pay and training

Given the limited status and pay of staff working in care homes, and the physically and emotionally exhausting nature of the work, it is perhaps no surprise that staff problems have been identified as a key obstacle to delivering a positive, enabling culture of care. All staff in a good care home must be respected, supported and valued. Their emotional as well as employment needs should be recognised and understood. They must be fairly paid.

We pay dog walkers and babysitters more than we pay care workers.²⁷ One of the key factors in the care crisis is not just our societal indifference to the needs of our frail older citizens, but also the incredibly low value we put on the work done by the more than one million people who work in social care.²⁸ The low pay afforded to care staff, combined with poor working conditions, will adversely affect quality of care as well as staff morale. Care workers need to be rewarded sufficiently for their physically and emotionally demanding work. The care sector is one of the worst-paid sectors in the country. When taken in conjunction with high levels of part-time and other forms of flexible employment, this means that work in the care sector is associated with high levels of in-work poverty.

Opportunities for training and development are limited for this highly-skilled, high-commitment occupation. Empathy, kindness and compassion need to be nurtured, rather than just demanded.²⁹ Training care staff in essential clinical skills can enhance health and social care provision for older people in residential homes. Health-orientated education and training of care staff can be successful, leading to increased confidence and professionalism in care staff and a strengthening of their relationships with community nurses and GPs.

Recruitment of care staff is increasingly focused on values and the ability to build relationships, with

emphasis on the importance of assessing values and attitudes alongside skills and experience. Care work is not a low-skill occupation; it requires high levels of skill and personal ability. High levels of emotional intelligence, too, are needed, combined with negotiating skills, resilience and kindness and compassion. Care workers are tasked with providing high quality personal care to the most vulnerable people at the end of their lives. They have to deal with all the emotions surrounding pain, anxiety and death. Care must therefore be considered a highly skilled profession and paid accordingly.

The ‘culture’ in which care staff work is significant in creating the right environment for good care, and for building good relationships.³⁰ How care workers are perceived and how they are treated by the external system has a fundamental impact on the internal culture of a care home. If we want care workers to provide the kind of compassionate care that we say we want, then we have to care for them too.

Increasing the pay of care workers, alongside improving their other terms and conditions of employment, is an important driver of better jobs for care workers and increased quality of care for care home residents. There are other things besides pay that can help staff to feel valued, including having the right working conditions to help staff do their job well, opportunity for progression, learning and skills opportunities, more contact time with residents and a supportive management and organisational culture.



Voices of residents

*We need to devote more time and energy into exploring better, more effective, ways of meeting the future needs of older care home residents.*³¹

The voices of older people who need a lot of support are largely absent; other people such as professional representatives, guardians or family members often speak for them. A care home is an environment where, despite good intentions, there is a great imbalance of power between the residents and those providing care or support to them. The central issue is the nature of the care and support: whether it is enabling or disabling; who delivers it; and their relationship with the older person.³² Older people who need a lot of support can be seen as a burden, with little or no expectation of a fulfilling life. While some care homes are introducing small quality improvements to change these negative views of older people, these modest developments are not sufficient to properly support the huge life changes involved.³³ When older people need more support than the care home has been able to provide, substantial cultural and value changes are required to improve their quality of life.

Community involvement

When did care homes become absolutely totally responsible for the complete physical, mental and emotional wellbeing of those in their care? When did everyone else opt out?

The role of community, family and friends in care homes is important. A shift in attitudes and a diminished sense of responsibility had led to people seeing it as the ‘job’ of the care home to do the caring.³⁴ For this reason, a call for people in the wider community to take back some of this responsibility, and to have a role in improving care for older people, has begun.

Good care homes need to be engaged with their community, and to be welcoming places to visit. Similarly, the local community must take some responsibility too – encouraging and supporting care homes. However, a potential barrier to increased community involvement in care homes is poor accessibility. Care homes are often viewed as ‘empty places that are closed to the public’, and this may be reducing the opportunities for people in care to interact informally with their wider community.³⁵

The need for safety checks, and for controlling access to care homes is grounded in reducing risk, but this can have a counteractive effect on care homes.³⁶

This perception of inaccessibility is not good either for the residents or the staff. On the contrary, care homes have the potential to be a major central 'hub' of our neighbourhoods and communities: a place where people come together, where relationships can flourish and where networks of support can be created for everyone. A flourishing volunteering movement supporting care homes would be great. It exists in hospices, why not in care homes? What is it that makes care homes so off-limits, so outside our communities and neighbourhoods?

Conclusion

Over the past 30 years, care homes have changed immeasurably. The complexity of people's needs has increased dramatically, length of stay has fallen from years to months, and the number of people whose needs include multiple complex conditions has increased. Care homes continually attract

criticism as being institutional, de-personalised and closed places. Current assumptions about care home practice remain ageist and problematic, which is creating a culture of fear and insecurity with(in) the care home sector.

Giving care to another person is a human-level relationship, but the current system fails to recognise or support this. The 'mission' should be the nurturing and nourishing of good personal relationships; that is what older people say they want, and it is indeed what motivates people working in care homes. While dignity and respect are key ingredients, a completely different approach is required, based on citizenship, and beginning with an increased focus on personal identity, self-expression and individual aspirations, rights and circumstances.

Real change is needed to end the neglect of our care home sector. We need a clear vision for our future care, based on the reality of our human condition. Kindness and compassion need to be nurtured, it can't be just legislated.³⁷

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NEW PUBLICATIONS



Doing It Well: Dignity and compassion in caring for older people: guidance for those who care

Doing It Well is intended as a springboard to help conceptualise person-centred care that encompasses dignity, compassion and respect, and serves as a reminder of how much this depends on seeing the individual inside the person being cared for. The guidance suggests seven important steps that will help improve the quality of care for older people. The personal anecdotes and dilemmas included in our guidance aim to help to illustrate the real meaning of dignity for all.

Experiences of Being: The benefit of drama, music and dancing in improving the wellbeing of older people in care homes

Experiences of Being describes in detail the innovative use of drama, music and dance in care homes and shows the positive effect this can have, particularly for those living with dementia. Drama can soothe and stimulate at the same time, bring back memories from the past and help to engage underused but still active areas of the brain.



These publications are available to download in PDF format from www.bjf.org.uk/research-influence/current-research if you would prefer a hard copy, or if you would like to receive the BJF e-newsletter please telephone 01782 844036 or email angela.tunnicliffe@bjf.org.uk

The Beth Johnson Foundation (BJF)

The Beth Johnson Foundation (BJF) is a national charity dedicated to making 'a future for all ages'. We want everyone to enjoy a great later life, which means we as a society need to make changes at a strategic and practical level. Conducting cutting edge research, advising policy makers, and initiating pioneering age-friendly programmes, the Beth Johnson Foundation is at the forefront of making these changes happen.

Parkfield House · 64 Princes Rd · Stoke-on-Trent · ST4 7JL

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A briefing from the Beth Johnson Foundation



CARE HOMES IN THE UK

Care homes in the UK: where are we now?

The care home has become a significant part of the UK social care infrastructure and is likely to remain so for the foreseeable future, providing services for older people no longer able to remain in their own homes. Older people often move to a care home as a result of a crisis, with minimal preparation or planning.

In the UK, over 18,000 care homes currently provide places for more than 450,000 clients who are cared for by over a million care workers, 24 hours a day, seven days a week.¹ Approximately 17 per cent of people aged over 85 live in a care home, and the number of residents is projected to rise. In the next 20 years, the number of older people in the UK will rise significantly. Simply stated – as we all live longer, the need for more places in good quality homes will intensify.

In the words of John Kennedy, who conducted an inquiry into care homes for the Rowntree Foundation in 2013:

With an ever increasing population of older people, getting care homes 'right' is crucial to ensure a 'good life' for ALL of us – our parents and grandparents, aunts and uncles, friends and neighbours and, not least, ourselves! ... how we care for ourselves in old age is deeply personal; this is not about 'them' – it is about 'us'.²

Understanding care homes in the UK

The term 'care home' includes all residential and nursing homes registered with the Care Quality Commission where mainly older people live. In this short review, the term refers to all residential long-term care settings which provide group living and personal or nursing care, or both, for older people and other adults.

In the UK, both commercial companies and not-for-profit organizations are the main formal providers of long-term care for older people; 80 per cent of care homes are owned and run in the independent sector with a decreasing number being run in the voluntary sector (10–15 per cent) and fewer than 5 per cent run by local authorities.³

Regardless of the type, location or size of the care home, the immediate need for places is predicted to increase in coming years, with a growing number of older people experiencing multiple co-existing conditions.⁴

Care homes are subject to continual changes of policy and law. Over the past decade in the UK, there have been at least ten Public General Acts relating to health and social care, while care homes are also having to cope with significant cutbacks in public spending.⁵ The general attitude underlying policy appears to assume that real choice and control is best delivered by helping people to remain independent in their own homes for as long as possible, with care homes often being viewed as a 'last resort'. While many people do wish to stay in their own homes as long as they can, others do not, and it should not be a general assumption that they do, regardless of their real circumstances, and their own fully informed preferences. This policy assumption, coupled with constant media coverage of poor practice in care homes, has negatively affected

NEW GUIDANCE FROM BJF

This short briefing accompanies the publication by BJF of two booklets of particular relevance and interest to the care home sector:

DOING IT WELL: Dignity and compassion in caring for older people: Guidance for those who care

THE EXPERIENCES OF BEING: The benefit of drama, music and dancing in improving the wellbeing of older people in care homes

Further information on these publications is provided on the back page of this briefing.