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Rand, Stacey, Zhang, Wenjing, Collins, Grace, Silarova, Barbora, Milne, Alisoun, Ramsbottom, Helen, Della, Ogunleye and Christina, Reading (2022)
How might a dyadic approach improve social care-related quality of life of older carers? Evidence from interviews with social care professionals in England. In: **British Society of Gerontology Annual Conference 2022, 6-8 July 2022. (Unpublished)**

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Dyadic Impact of Social Care for Older Carers and the People they Support (DYADS)

Stacey Rand¹, Wenjing Zhang², Grace Collins¹, Barbora Silarova¹,
Alisoun Milne³, Helen Ramsbottom_§, Della Ogunleye_§, Christina Reading_§

¹ Personal Social Services Research Unit (PSSRU), University of Kent

² Centre for Health Services Research (CHSS), University of Kent

³ School of Social Policy, Sociology and Social Research (SSPSSR), University of Kent

§ Research Advisors, University of Kent

FUNDED BY

NIHR | National Institute for
Health and Care Research

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ASCOT
adult social care outcomes toolkit

Background

- Number of carers aged over 65 years in UK is increasing
 - At least 20% of carers in the UK
- Specific needs of older carers
 - More likely to be caring for someone co-resident with them (e.g. spouse/partner)
 - Own health and social care needs
- Role of community-based social care, e.g. home care, day centres/activities
 - Aim to improve quality of life (QoL) and wellbeing
 - But often understood as the impact on the person with support needs, not the carer or 'dyad' (carer and the person they support *together*)

Aims and Objectives

- How do services improve the QoL of older carers (*individually*) and with the people they support (*as a 'dyad'*)?
- What are the potential benefits and challenges of applying a 'dyadic' lens?
- Key learning that may be applied in policy-making, commissioning, service planning, and care practice

Methods

- WP 1. Scoping literature review
- **WP 2. Qualitative interviews with social care professionals**
- WP 3. Qualitative interviews with older carers, aged 65 or over, & the people they support

WP2. Interviews with social care professionals

- Qualitative study of social care professionals in England ($n=25$)
 - Senior management ($n=10$)
 - Mid-level managers and team leads ($n=7$)
 - Social workers ($n=5$)
 - Apprentice social worker / support worker ($n=2$)
 - Commissioners ($n=1$)
- Semi-structured interviews
 - **Using outcomes* in practice**, e.g. service design, funding, assessment
 - Benefits, challenges and barriers to applying a **dyadic outcomes approach**

* In particular, individual QoL and wellbeing

Applying a dyadic outcomes approach – benefits

- A better understanding of people's needs/outcomes
 - Needs assessment & care planning
 - Impact and evaluation of services
 - Service delivery and planning
- A holistic view of needs/outcomes
 - Especially in needs assessments and care planning
- Builds trust and open communication; relationships are central
- Carers on an equal footing to the person they support

“I’m very supportive of that approach actually because what we find is you really do need that whole family approach to build up a picture of what’s actually happening.”

(PS14, carers organisation)

“In an ideal world... services would be geared up for that cared for, and that carer. It’d be their package of care.”

(PS11 care provider)

“I think one of the opportunities of taking a wider view of things means that we can have much more coordinated approach around supporting people... having that joined up approach with an outcome focus, is only beneficial in the long run.”

(PS24, commissioner)

Applying a dyadic outcomes approach – challenges & barriers

- Ensuring one party (carers) is not overlooked

“There is a very clear separation of funding - you know, the purpose of it and the outcomes. Whereas if you’re putting it into one plan, I don’t know whether either one of the parties, needs could be somehow overlooked.”

(PS18, LA staff)

- Workforce & resourcing – requires skill, experience & time to build relationships

“In terms of resources and time..., focusing on that wider network – it’d probably be a struggle if I’m honest.”

(PS20, social worker)

Applying a dyadic outcomes approach – challenges & barriers

- Data protection and confidentiality

“When we’re talking to carers, you have to make sure that GDPR has been adhered to – if they’re talking about somebody else in a lot more depth, you have to find out about, does this person give you permission to talk about the whole situation.”

(PS16, carers organisation)

- Funding and strategic leadership

“... commissioning drives, doesn’t it, how services operate for sure. So that is I think could be the number one challenge that services are just not set up to work like that ...”

(PS14, carers organisation)

Summary & Conclusions

Adopting a *dyadic QoL outcomes lens* is perceived to be beneficial, but also challenges and barriers to its implementation.

- How to understand ‘carers’?
 - Adopting a wider view of ‘supporting people with needs’ (vs. carers or service user, patient or client)?
- Reframing of ‘needs’ and ‘outcomes’, beyond individuals (but complexity?)
- Dyadic approach difficult to operationalize, especially in task-focused systems, with limited resource

Acknowledgements

This presentation reports independent research funded by the National Institute for Health and Care Research School for Social Care Research (NIHR SSCR). The views expressed in this presentation are those of the authors and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

Any questions?

Email: s.e.rand@kent.ac.uk

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