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# The Dyadic Impact of Social Care: *Supporting older carers and the people they care for*

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adult social care outcomes toolkit

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# Background

- Number of carers aged 65+ years is growing
  - At least 20% of carers in the UK
- Characteristics of older carers
  - More likely to be caring for someone co-resident with them (e.g. spouse/partner)
  - Own health problems and social care needs
- The impact of community-based social care services
  - Aim to improve quality of life (QoL) and wellbeing
  - But *how* do services affect carers' QoL, individually or applying a 'dyadic' lens (i.e. carer and the person they support together)

More info on the **DYADS study**: [www.pssru.ac.uk/dyadproject/homepage](http://www.pssru.ac.uk/dyadproject/homepage)

# Policy Context

- A commitment to support carers in England, to improve QoL
- The Care Act offers parity for carers with adults with care & support needs, the right to needs assessment & to have any eligible needs met by local authority
- Improved outcomes for *both* service users & carers
- Although guidance promotes a ‘whole family approach’, long standing practice of assessing the needs of, & providing support to, users & carers separately
  - Relates to history of policy & service development; conflate or overlook carers’ needs

# Aims and Objectives

- How do community-based services improve the QoL of older carers (*individually*) and with the people they support (*as a 'dyad'*)?
- How social care professionals understand their role in supporting older carers? And/or the people they care for?
- 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

# 1. Scoping literature review

**Timeline: September 2020 to end of April 2021**

Stage 1: Identify and refine the research question

Refine and finalize: Advisory Group 1

Stage 2: Search relevant articles

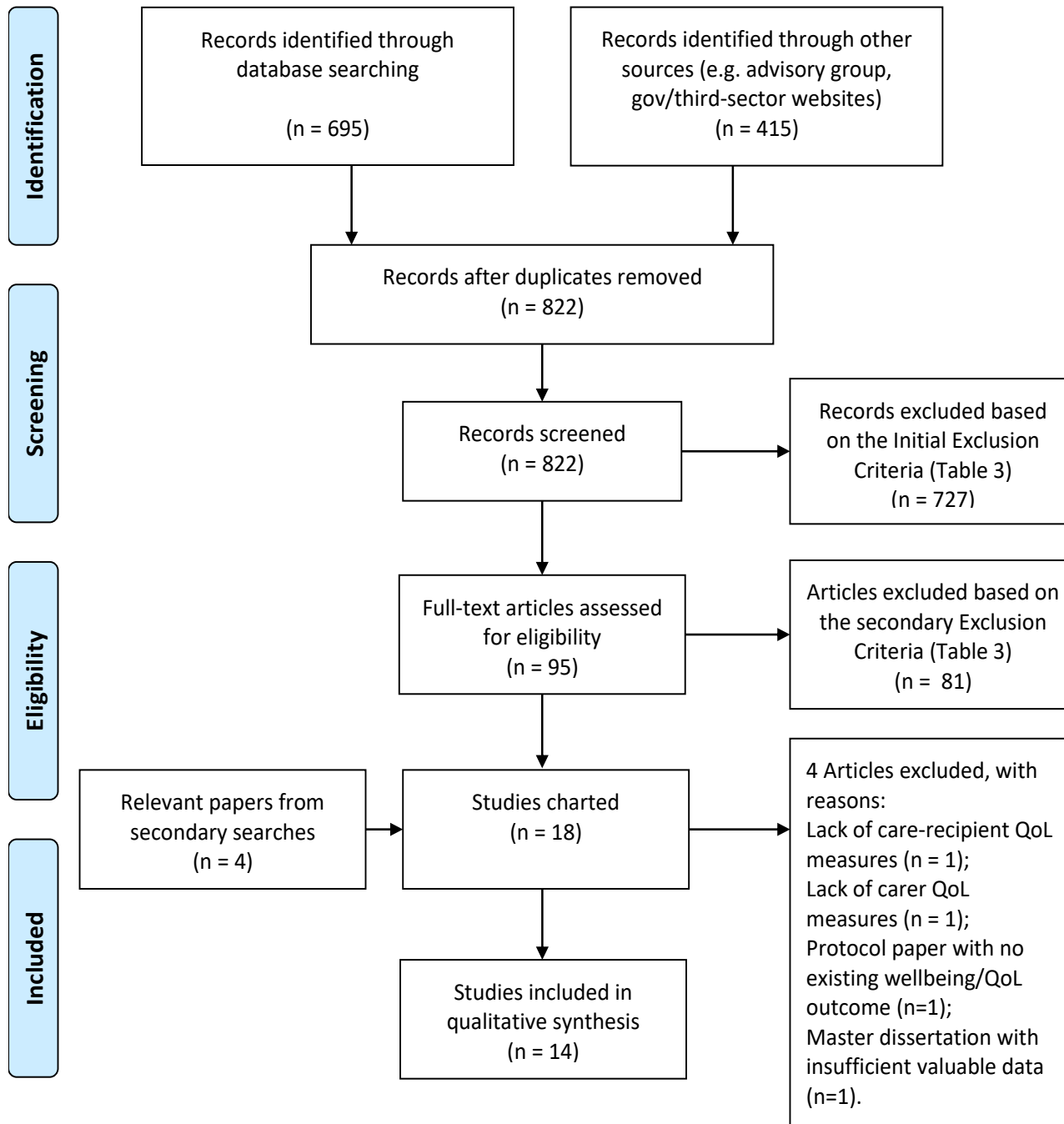
Stage 3: Study selection and grey literature

Stage 4: Extract/chart the evidence

Stage 5: Collate, summarize and report the results

Interpret and refine: Advisory Group 2





## What is known about the QoL of older carers & the people they support?

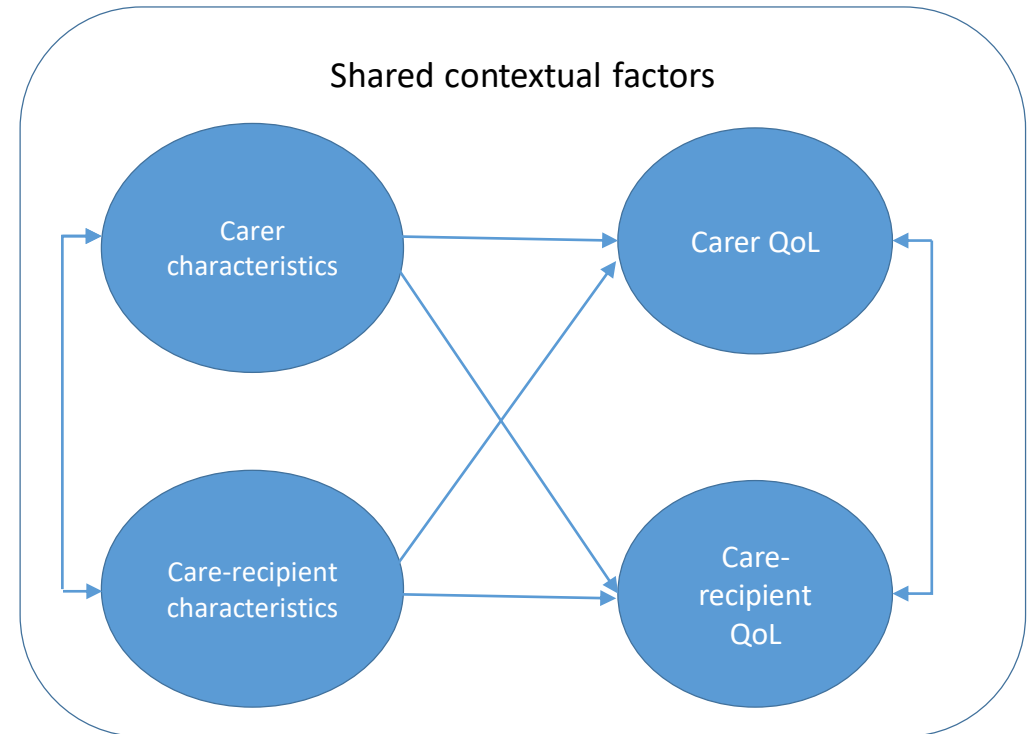
How do older carers & care-recipients experience QoL, individually & as a 'dyad'?

How do community-based social care services affect QoL of older carers & care recipients?

# 1. Scoping literature review

## Theme 1. Understanding Dyadic QoL

- Using dyadic QoL data to understand the various influences on QoL, within caring dyads
- Dynamics of caring relationships
  - Social Exchange Theory
  - Equity Theory
- Dyadic conflict and power in care relationships



*Actor-Partner Interdependence Model*, adapted from Rand et al., 2017

# 1. Scoping literature review

## Theme 2. Support that influences Dyadic QoL

- **Family, friends and neighbours**
  - Wider relationships can positively impact QoL
  - Significant variation in the support that families can provide due to distance, health, paid work demands, ageing w/o children.
- **Community-based social care**
  - Individual services for the carer (e.g. carer support) or the care recipient (e.g. home care) may also impact the other
  - Joint interventions also impact both carer and care recipient
  - Dyadic approach recognised by some care providers and practitioners.

## 2. Interviews with social care professionals

- Qualitative study of social care professionals in England ( $n=25$ )
  - Senior management ( $n=10$ )
  - Mid-level manager or 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 & planning, needs assessment, care planning, commissioning & funding
  - Benefits and challenges/barriers to **dyadic outcomes approaches**

## 2. Interviews with social care professionals

### Applying a dyadic outcomes approach – perceived benefits

- A better understanding of people's needs/outcomes
  - Needs assessment & care planning
  - Impact and evaluation
  - Service delivery and planning
- Offers a holistic view of needs/outcomes in needs assessment & care planning
- Builds trust and open communication – relationships are central
- Places carers on an equal footing ('whole family approach', co-clients)

*“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... those services would be genuine and would be geared up for that cared for, and that carer. It’d be their package of care, not the cared for, or the carer, it would 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)

## 2. Interviews with social care professionals

### Applying a dyadic outcomes approach – challenges & barriers

- Ensuring carers are not overlooked – as equal partners & co-clients

*“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. Um, maybe one would take priority over the other.”*

(PS18, LA staff)

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

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

(PS20, social worker)

## 2. Interviews with social care professionals

### 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

Perceived benefits, for carers/care-recipients and professionals, but...

Also, challenges...

- Context of support for carers...
  - Recognition of carers' rights/needs emerged later
  - An individual focus ensures that carers are recognized and supported
- Dyadic approaches are difficult to 'operationalize', especially in task focused systems
  - Clarity of focus, leadership & resource
- Reframing of 'needs' and 'outcomes', beyond individuals (but complexity?)
- How to understand 'carers'?
  - Specialist services to support carers (as a separate group)
  - Adopting a wider view of 'supporting people' (vs. carers or service user, patient or client)?

# Any questions?

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