

ESSENCE SUMMARY 5

Help-at-home for older people: economic evidence

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FUNDED BY
NIHR | National Institute
for Health Research

This summary presents findings from independent research funded by the National Institute for Health Research School for Social Care Research. The views expressed are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health Research or the Department of Health and Social Care.

KEY POINTS

- Help-at-home schemes provide older people with access to a range of highly-valued support and can lead to health and wellbeing benefits.
- Help-at-home schemes appear to save local government and the NHS around £1,500 per person per year, owing to:
 - people remaining longer in their homes, rather than moving to care homes;
 - fewer GP appointments;
 - fewer hospital admissions.
- Benefits of help-at-home schemes might also accrue to volunteers providing support (who are more likely to find jobs after gaining skills through volunteering with the schemes).
- Findings from the economic evaluation summarised here are the first to demonstrate that help-at-home schemes also have the potential to offer value for money
- Despite the support provided by help-at-home schemes some older people continue to experience loneliness, financial worries and personal care.
- Despite economic evidence that help-at-home schemes can be good value for money, many benefits are likely to depend on local infrastructures and how such schemes are run, making it hard to generalise their value.

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ACKNOWLEDGMENTS

We are grateful to the ESSENCE project advisory group (in particular Dr Aija Kettunen, Research and Development Services for Social and Health Economics, Diaconia University of Applied Sciences, Pieksämäki, Finland) and Sam Rickman (CPEC, LSE) for their helpful comments on an earlier draft of this case summary.

Production date: June 2019

BACKGROUND

Help-at-home schemes offer a mix of community support services – low-threshold, emotional, informational and practical support for older people, including help with befriending and welfare advice – to address a range of wellbeing needs of older people living in their own homes.

Such schemes are often run by voluntary and community sector organisations, and include a mix of emotional, social, practical and financial support. Most research in this area focuses on how projects work, and in particular, on the evaluation of outputs (activities) rather than

quantifiable outcomes. Thus, there is a lack of knowledge on whether these projects work and if they are good value for money. Understanding the contribution that help-at-home schemes can have in supporting older people to live independently (and in reducing the use of services) is important to improve wellbeing in a way that is economically sensible.

This summary presents evidence of an economic evaluation of a help-at-home scheme run by Age UK in England for older people, with the addition of relevant evidence.

CONTEXT

Help-at-home schemes are delivered in many areas across the UK, alongside publicly funded home care.

The types of support typically offered by help-at-home schemes are recommended in the National Institute for Health and Care Excellence* (NICE) guideline on home care for older people (1). Specifically, the guideline recommends that home care agencies and other providers administer a wide range of practical support and personal care needs ‘to help a person manage their own financial and personal affairs, do their own shopping and cooking, or socialise’ (1). Furthermore, in their guideline on older people and mental wellbeing (2), the National Institute for Health and Care Excellence recommends programmes to help people develop and maintain friendships, including volunteer home visiting and befriending programmes.

The economic evaluation (3) presented in this case summary was carried out as part of a NIHR School for Social Care Research**-funded project concerned with understanding the economic consequences of community capacity-building initiatives in England.

The help-at-home scheme investigated was running in Shropshire, England. It was targeted on people aged 55 years or older who were living in their own homes (4). The scheme was funded through the local authority and charged individuals for using the service. While personal care was not provided as part of the scheme, people were referred elsewhere for this type of support. Working with the local authority ensured that people eligible for publicly-funded care could access the services and support to which they were entitled, and those who were not eligible could get the help from the scheme.

* www.nice.org.uk

** www.sscr.nihr.ac.uk

WHAT IS HELP-AT-HOME?

Help-at-home schemes offer low-threshold, emotional, informational and practical support for older people. Such schemes are usually run by voluntary and community organisations and operate at the interface between the community and formal health and social care.

They typically consist of one or more of several elements:

- Befriending (face-to-face or via phone; volunteer-provided)
- Practical help with gardening, shopping and cleaning
- Welfare benefit advice service
- Signposting and navigation
- Assessment of eligibility for and referral to publicly funded personal care, if eligible.

IS HELP-AT-HOME EFFECTIVE?

There is very little evidence on the (quantifiable) outcomes of help-at-home schemes. However, there is evidence in relation to other types of independent living schemes. This shows that initiatives which seek to help older people live more independently in their own homes improve older people's health and wellbeing (5, 6). Furthermore, they may prevent or delay the need for more intensive or institutional care (5, 6).

In addition, evidence exists for single elements of help-at-home schemes:

- For example, befriending and similar types of volunteer-provided emotional support interventions for older people can reduce social isolation and achieve health and wellbeing benefits (7–9).
- In terms of welfare benefit advice, there is well-established evidence (10) on the substantial, adverse impact of poverty and material deprivation on older people's health and wellbeing. Furthermore, without additional advice, many older people do not get the welfare payments to which they are entitled. They are unaware of their entitlements, may feel embarrassed accepting financial support or struggle with paper work (11).

- Additionally, it is also well-established that citizens who engage in formal volunteering can experience positive outcomes such as increased psychological wellbeing and employability (12-15).

Findings from the economic evaluation presented in this case summary (3) showed positive changes in social care-related quality of life measured with the Adult Social Care Outcomes Toolkit. This included improvements in home cleanliness, dignity, occupation and usual activities. However, changes were small and not statistically significant. Furthermore, data stemmed from a before-and-after comparison for a small number of people without a control group, and so it is possible that improvements might have occurred for reasons other than peoples' involvement with the scheme.

The study also identified a few gaps in support. Not all older people were able to engage in social activities as much as they preferred. Additionally, accessing welfare benefits entitlements through the scheme was not sufficient to stop older people's financial worries. These findings on unmet needs are consistent with previous evaluations (16-18) of health and social care interventions for older people in the community.

WHAT DO PEOPLE SAY ABOUT HELP-AT-HOME?

In satisfaction surveys carried out alongside the economic evaluation reported in this case summary (3), service users reported feeling very positive about the scheme. In particular, they valued the friendliness of the staff and volunteers. They also reported that the scheme had a positive impact on their quality of life, with some feeling that it helped them to remain living in their own home.

Even though survey questionnaires were completed anonymously, it is possible people over-reported positive answers. For example, users may have felt grateful to the volunteers and staff. Users may have also wanted the scheme and its volunteers to do well and continue receiving funding.

IS HELP-AT-HOME COST-EFFECTIVE?

There is hardly any economic evidence concerning help-at-home schemes. One previous study (19) used simulation modelling to show that befriending and signposting to existing services by volunteers (i.e. community navigators) was associated with potential cost savings. However, the modelling did not refer to older people specifically and was not based on data collected for the purpose of the study.

Findings from the economic evaluation presented in this case summary (3) refer to the cost of running the scheme and the estimated net benefit linked to long-term economic consequences.

Cost of the scheme: For local commissioners, the cost per service user and year was £792 (in 2010/11 prices). This was for 856 people registered with the scheme at that time. Additional costs of the scheme were as follows:

- The cost of practical home help was £9.60 per hour and £643 per service user and year.
- The cost of befriending was £9.30 per hour and £80 per service user and year.
- The mean annual cost of welfare benefits advice was £69 per service user and year.

Cost savings and net benefit: From a local government and NHS perspective, the estimated average cost saving was £1,568 per person and year. The main reasons for this cost saving included reductions in risks of hospital and care home admissions as well as GP visits (linked to people living more independently). Those were mostly evaluated by asking people about their

service use, establishing differences over time (before/ after) and attaching unit costs (although in the case for care home the question were asked hypothetically).

From the perspective of central government, there was an increase in estimated costs of £2,851 per person. This was due to the additional welfare benefit payments allocated to older people through the scheme. Potential savings linked to scheme from the Job Seeker Allowance for those volunteering (and moving into employment) averaged £184 per volunteer (or – if allocated to service users – £26 per person). This was based on the proportion of volunteers (11%) who had gone on to paid work after they volunteered with the scheme.

From the perspective of the individual, the scheme was likely to achieve an average net benefit of £3,766. This referred to a net benefit rather than a saving as it also included consequences, which did not refer to reductions in government expenditure. This included estimated changes in quality-adjusted life years (to which a monetary value was assigned) as well as estimated changes in economic gains for volunteers, who entered employment due to their involvement with the scheme (and which were valued with average wages). The potential benefits linked to additional earnings for volunteers were £557 per volunteer (or – if allocated to service users – £78 per person). Potential benefits of additional income from welfare benefits were £1,752 per service user.

WHAT IS THE QUALITY OF EVIDENCE ON HELP-AT-HOME SCHEMES?

There is a scarcity of high-quality evaluations of help-at-home or similar types of scheme. Reasons for such gaps include challenges associated with evaluating complex, personalised and long-term interventions. Moreover, randomised controlled trials often seem to be infeasible, or may be viewed by some decision-makers as unethical or inappropriate (20, 21). Consequently, the effectiveness and cost-effectiveness of many independent living interventions remain unknown; this is especially the case for interventions that aim to meet social care, rather than healthcare needs.

This economic study presented in this case summary (3) provides unique evidence. However, there were a number of limitations, which means that findings must be interpreted with caution. In particular, the study did not have a comparison group and instead compared outcomes of existing service users with a relatively small group of new service users. Additionally, it is possible that changes for service users were due to factors not captured in the statistical analysis. Overall, costs of schemes, their benefits to individuals and economic consequences vary strongly depending on how schemes are implemented locally.

HOW ARE HELP-AT-HOME SCHEMES IMPLEMENTED?

Local Age UK* organisations run help-at-home schemes throughout the UK (22). In addition, there are other private and voluntary sector providers offering home help often in addition to home care.

Help-at-home schemes have an important role to play in the current policy and practice context:

- The 2014 Care Act (23) placed new duties on local authorities to prevent, delay or reduce older peoples' social care needs.
- Rising eligibility thresholds for home care is resulting in publicly funded social care provision only for people with the highest levels of need.

- Help-at-home schemes are mix-funded and follow principles of shared financial responsibilities between individuals and the public sector.
- Furthermore, in contrast to more traditional services, the schemes offer prevention-focused models of care and support.

Help-at-home schemes thus fit well with current long-term care policies and the need for affordable welfare systems for ageing societies.

OTHER INFORMATION

In addition to the help-at-home scheme (4) mentioned in this summary, Age UK runs a number of other schemes (22) across the UK.

* www.ageuk.org.uk

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