

Evaluation of Braemar Care, September 2021

Jacqueline Bell & Fiona Murray, Public Health Research Team, NHS-Grampian

Background

Braemar Care is a local care initiative created in 2017 in response to an identified need for social care in Braemar village and surrounding area. The remote location meant that access to statutory care services was restricted due to difficulties with the local recruitment and retention of carers. For vulnerable older and disabled people in Braemar this meant insufficient and inflexible home care and, in some cases, leaving the village to receive care in out-of-area residential homes.

Since 2019 a volunteer service has also offered additional practical help (e.g. transport to hospital appointments and newspaper delivery).

A Care Coordinator maintains a register of local carers and volunteers, matches them to community members in need of a service and provides monitoring and support. Carers are directly employed by their clients under the Self Directed Support Scheme (SDSS) or privately. *Braemar Care* acts as a hub, providing information and a source of local knowledge to members of the community, Aberdeenshire Health and Social Care Partnership (AH&SCP) teams, statutory and third sector organizations and local carers.

In March 2018 the Public Health Research Team at NHS Grampian conducted a baseline review of *Braemar Care* and in the summer of 2021 they completed the cycle with a follow-up study (this second review had been planned for 2020 but was delayed by the Covid pandemic).

Aims of the evaluation

The evaluation provides evidence on the effectiveness of the initiative to assist the community and funders in making decisions on the continuation of support and also on the suitability of using *Braemar Care* as a model for areas facing similar challenges. It also makes recommendations for the future development of the organization.

Evaluation framework

An evaluation framework was agreed to assess the effectiveness of the initiative in meeting its defining goal: 'To work closely with agencies and individuals involved in providing direct care services to ensure the delivery of innovative and sustainable health and social care for the local community, which is safe, flexible, consistent and affordable and in line with the highest standards of practice.' Appendix 1 describes the inputs, activities, outputs, outcomes and impact that comprise the evaluation framework, and this report will focus on the measurement of the three main outcomes: reduction in unmet need for care, provision of cost-effective good quality care and retained workforce, using the indicators and sources shown.

Information in 2021 has been obtained from the following sources: 3 community members receiving care services; 5 community members receiving voluntary services; 5 carers; 6 volunteers; members of the *Braemar Care* Board of Trustees (including the local GP); AH&SCP staff from the Care Management Team; and a representative from Cornerstone (who assist with the SDSS funding management).

Findings

1. Reduction in unmet need for care

There was consensus that the care needs referred to the Care Manager are being met.

The local AH&SCP Care Manager reported that unmet care needs have fallen in Braemar since the establishment of *Braemar Care*. Previously the AH&SCP Health Care Team had not always been able to attend, but in the last 2 years all the care needs that she has been aware of have been addressed and she reported that the clients were all very happy with the care received from *Braemar Care*. The representative from Cornerstone was in agreement. There is a close working relationship between the Care Manager, Cornerstone and the *Braemar Care* Care Coordinator and this has been key in the successful referral process that provides people with the care they need.

Locally, concern was expressed that perhaps not all care needs are referred to the Care Manager. In some cases there can be sequence of requests and permissions required between the identification of a need and the implementation of a care package, with potential for disconnect and delay at each stage. It is also clear that not everyone with a perceived care need will want to engage with *Braemar Care*, so needs may remain unmet through personal choice. These personal barriers to accessing care can be addressed, but they may not be easily overcome for every individual (see recommendations below).

2. Provision of cost-effective good quality care

The same high levels of service-user satisfaction with the care found in 2018 have continued.

Individuals and their families particularly appreciated the following qualities and benefits of care provided by *Braemar Care*:

- **Flexibility** on the timing of visits fitting in with lives of users and their families
- **Accessibility** with a rota given to users each week so they know who to expect and can contact carers in advance (e.g. for shopping requests)
- **Time-rich** as carers able to offer social support and this was highly valued
- **Continuity** having the same carers attending and/or carers previously known to service-users – this was a positive aspect for the people we spoke to
- Contribution to **keeping individuals out of care homes / making life easier**
- **Respite** for family carers, allowing them to continue to work and travel
- **Enabling** people with care needs to visit Braemar on holiday - 3 of the 4 visitors to Crathie Opportunity Holidays this year wouldn't have come if *Braemar Care* hadn't been available

Box 1: Views of individuals receiving care (for themselves or family member)

"The social side is just as important as physical care"

"[carers are] never in a rush so they can spend the time that's needed....happy just to sit with someone"

"Keeping him out of a care home was a really great achievement"

"Been fantastic"; "We loved it" (Crathie Opportunity Holiday visitors who also donated towards 'Christmas drinks' for the carers.)

Among users of the volunteer service there were also high levels of satisfaction and clear benefits to individuals.

Box 2: Views of individuals receiving voluntary services

“It is an excellent service and very helpful to older people like myself.”

“It’s a wonderful service and I have no idea how else I could get to these appointments”

‘I found the service very easy to use.’

‘The volunteers have all been wonderful I would be more than willing to pay [their expenses]’

It is difficult to assess the cost savings to the public purse associated with *Braemar Care*. The largest potential for savings lies in cases where *Braemar Care* provision has prevented an individual going into residential care. However, these cases are usually not clear-cut, for example in a recent case an individual was maintained in their home through a combination of input from both *Braemar Care* and their own family. Even if *Braemar Care* was the only factor responsible for maintaining an individual at home, any cost-saving would need to be assessed on case-by-case basis, because local council support with care home fees is based on financial assessments¹.

Another area of potential cost-saving is in volunteers transporting community members to health-related appointments, particularly those in Aberdeen. Again, although public funding is available for this, it is based on an individual financial assessment so savings cannot be estimated here. The taxi fare for a return journey from Braemar to ARI is over £100, so savings to an individual may be substantial.

3. Retained workforce

In 2021 *Braemar Care* had 11 carers insured and qualified to work independently - of these 6 were officially employed by AH&SCP and 8 had been active in the last 2 months. This compares with 2018 when *Braemar Care* had 12 potential carers going through an application process with AH&SCP; however at that time several were working only to help get *Braemar Care* started, with no intention of becoming carers longer term. The challenge of recruiting and retaining carers from the Braemar community continues to be recognized by all stakeholders. At present the team are meeting local needs, but this will require ongoing attention for *Braemar Care* to continue delivering its programme, particularly with the re-opening of hospitality post-Covid as several carers have jobs in this sector.

Levels of job satisfaction among the carers have improved since 2018, when many expressed dissatisfaction with the lack of training provision. At follow-up in 2021 there was a training coordinator in post and mandatory training had been provided for all carers by AH&SCP.

¹ The Scottish local council standard rate per week paid towards the cost of residence in a care home for publicly funded service users is £762.20 for nursing care and £653.79 for residential care. Full local council support with care home fees is only available to individuals with capital below £18,000 and there is no support for those with capital above £28,750. Between these upper and lower limits the contribution varies.

High levels of satisfaction were expressed by carers (see Box 3). They particularly enjoyed the flexibility of their jobs and the positive relationships with service-users, who they spoke of with affection, and the other carers. A comment from one carer that she would drop her other work 'like a stone' if more care work was available was endorsed by her colleagues. The amount of work available continues to fluctuate: in 2018 *Braemar Care* was in discussion with Crathie Opportunity Holidays and now the organization provides some work for carers through private arrangement with their holiday clients. No other potential employers have been identified.

As in 2018, most carers continue to have other jobs and peer support remains informal among the group. Although mandatory training has been covered there remains a need for other more specialized training, in particular carers again expressed the feeling that training in emotional support would be valuable as much of their work involves end of life care.

Box 3: Views of carers

"We can pat ourselves on the back for a job we're doing well"

"Putting a smile on someone's face"

"Proud to be part of this"

Agreement was reached in early 2018 for the AH&SCP to employ carers on behalf of *Braemar Care* with zero-hours contracts managed by *Braemar Care* and it was hoped this would provide a simpler system for service-users to navigate and access to the full range of AH&SCP training. Six carers went through the AH&SCP training and were accepted as carers, but this route has not been used, and it is unclear whether all the training requirements have been met. An unintended consequence of this negotiation between *Braemar Care* and AH&SCP is that the Home Care Team have withdrawn from Braemar, so for anyone wanting an alternative to *Braemar Care*, this option is no longer available.

In 2021 there were 24 volunteers registered with *Braemar Care*, of which 8 had been active in the last 2 months. This service was a new development that was only being considered in 2018. Volunteers reported benefits from their involvement in the initiative (see Box 4) and many had ideas on how it could be improved (see recommendations section). Several mentioned that they felt underutilized, and this needs to be addressed to ensure retention going forwards.

Box 3: Views of volunteers

"I live in a small community and we need to support each other. It feels good to help others." "I like the notion that Braemar Care tries to reduce loneliness by talking to people."

"I like to help people, everyone is usually so appreciative and you get to have some interesting conversations" "We're lucky to have this great service in the village! It's taken a lot to put it in place... need to ensure it stays and works effectively!"

"I enjoy getting to know other members of my community who otherwise I might not have had chance to meet."

Ideas for development

To address these challenges and further the development of *Braemar Care*, Trustees may wish to consider suggestions that have emerged during the course of this evaluation.

Promote and support the carer/volunteer role

- Develop an explicit *Braemar Care* ethos around valuing carers/volunteers, ask members how they would like this to be expressed and if needed seek sponsorship in support
- Re-start regular social gatherings for members and maybe extend to include potential service-users, carers and volunteers
- Peer support for carers
- Start a *Braemar Care* newsletter with regular updates for carers and volunteers
- Ensure all volunteers are offered opportunities regularly (perhaps limit numbers or seek more inclusive ways to communicate) and update if an opportunity is no longer available
- Ask the wider community for ideas on how volunteers can contribute
- Develop a communication plan that includes promoting *Braemar Care's* work to the local community to minimize missing people with needs
- Promote *Braemar Care* more prominently on Crathie Opportunity Holidays' website

Increase the amount of work available

- Keep a record of identified/potential care needs and the actions taken so that appropriate referrals can be made, awareness of needs is maintained and support can be re-offered periodically. This will also help to inform the team and ensure transparency in the process. Confidentiality issues will need to be worked through.
- Ensure the community are aware that the service is usually funded and extremely flexible
- Improve awareness of SDSS in the community
- Hold regular meetings between *Braemar Care* and service-user/family for those receiving care to address changing needs/issues arising
- Promote the private care aspect - an individual may not meet threshold required for home care but still able to pay for care provided by *Braemar Care* or use a volunteer

Training and support

- Contact other organisations that might provide training e.g. hospice, third sector
- Seek sponsorship to provide anticipatory training for carers/potential carers
- Explore completion of AH&SCP training to allow clients to use SDSS option 3

Wider engagement

- Engage with community action groups from across Scotland to share ideas and support – *Braemar Care's* model of care might work well for other isolated rural areas
- Lobby for inclusion of pressures on the provision of home care in the context of community resilience and equitable provision of services in the next locality plan

Future direction

- Start succession planning for the Trustees and essential *Braemar Care* roles
- Continue to seek funding for Care Coordinator and Training Coordinator as both seem crucial to the success of the project.
- Keep the idea of becoming a registered care provider open to review in future. This may become more attractive if regulations change or the organisation grows

Conclusion

Braemar Care continues to provide a vital service to those in need of home care and support in the Braemar area. This care was previously unavailable, or not reliably available, to residents and the service has undoubtedly saved time, money and resources in supporting the local community. Much progress has been made in developing the service since 2018: the unmet need for care identified in the community has fallen; the quality and acceptability of the care delivered is high; and the workforce of carers and volunteers is motivated and engaged.

Ongoing effort will be essential to maintain the current momentum, improve the service further and apply the 'can-do' attitude of *Braemar Care* to ensure that need continues to be met.

Appendix 1: Evaluation framework for *Braemar Care Initiative*

Inputs	Activities Outputs		Outcomes			Impact
Coordinator role Steering group time/ expertise	Recruitment of carers (incl. volunteers)	Human resource	1. Reduction in unmet need for care (i.e. reduction in numbers eligible for care but not receiving care)	2. Provision of cost-effective good quality care / voluntary help	3. Retained workforce of carers / volunteers	Innovative & sustainable health and social care for the local community which is safe, flexible, consistent and affordable and in line with the highest standards of practice.
	Brokering relationship between clients and carers / volunteers	Suitably matched provision of care / help				
	Training for carers	Appropriately trained carers	Number of individuals with identified unmet care needs	Client satisfaction levels	Number of carers / volunteers	
	Support for carers	Carers who are resilient to fluctuations in workload		Number of clients receiving care / help	Carer / volunteer satisfaction levels	
	Liaison with other potential employers			Waiting time		
Liaison with other agencies		Sources				
		AH&SCP Care Manager, GP records ,BC records	Clients BC records GP & AH&SCP records/ Health economist	BC records Carers Volunteers		

Assumptions: 1. Carers can be attracted to participate in the initiative; 2.Funding can be secured