



Commercial in Confidence

**THE ELDONIAN
CARE OF THE ELDERLY PROJECT**

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1. INTRODUCTION

The Institute of Human Ageing was commissioned by the Eldonian Development Trust to undertake a feasibility study into the setting-up of an initiative in the provision of community care for the elderly in the Vauxhall and North Liverpool area. The research began in January 1993 and covered three main areas:

Needs of older people and carers: The key to the project is to understand the needs of elderly people and their carers from their perspective and to look to develop consumer-driven services in Vauxhall. To this end we have interviewed 50 people in the Vauxhall area. In addition the views of experts and professionals involved in care of the elderly in the statutory and independent sectors have been elicited. From a quantitative perspective, a detailed examination of statistical sources has been undertaken to estimate the potential market for community care in North Liverpool.

Funding/contractual component: Local Authority service purchasers under the new community care framework have been contacted, to examine the development of care funding arrangements in Liverpool.

Training and enterprise component: An aim of the initiative is to develop services in the Vauxhall area that will attract funding and generate employment opportunities. Developing an appropriate skillbase through training will be a key part of the initiative. Responsibility for this element of the project is with Jane Hobson of Manchester Consulting Group. It is recognised that specific recommendations regarding training are not possible until a clear business plan has been developed.

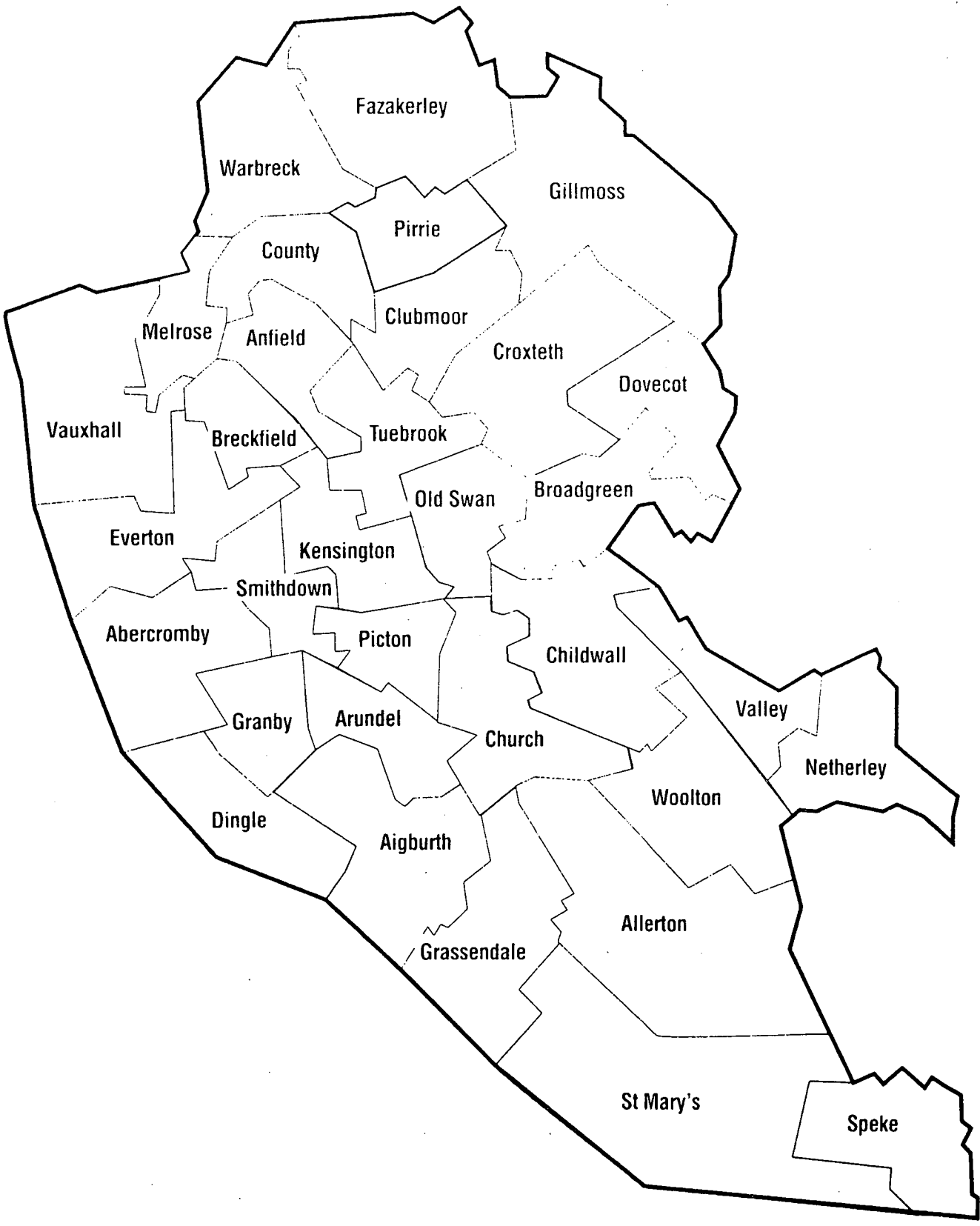
Much of the quantitative material in this report has been compiled by Peter Sharples. I gratefully acknowledge the help and assistance given to me by members of the Eldonians, Liverpool Social Services, Liverpool Health Authority, PSS, Age Concern Liverpool and the members of the general public contacted during the course of the research.

2. THE LEVEL OF NEED

The first task of the study was to examine the level of need for community care services in the Vauxhall and North Liverpool areas. Table 2.1 summarises the scale of the elderly population in Liverpool. These crude numbers are of little value in determining levels of need within the City and within the North Liverpool area. A number of tables have been produced that focus on three areas: the prevalence of frailty amongst the elderly population; the level of informal caring; and the prevalence of dementia. All these have a particular bearing on community care service requirements. Data is provided for the North Liverpool area in two geographic units: i. Vauxhall and its adjacent wards and ii. Vauxhall and its adjacent two wards.

Table 2.1 The Elderly Population of Liverpool

MASTER	65-74	75+ pop	Tot 65+
Abercromby	659	410	1069
Aigburth	1414	1939	3353
Allerton	1729	1213	2942
Anfield	1294	1095	2389
Arundel	1051	1030	2081
Breckfield	1149	1016	2165
Broadgreen	1673	1335	3008
Childwall	1499	1220	2719
Church	1611	1478	3089
Clubmoor	1640	1058	2698
County	1642	1213	2855
Croxteth	1646	1249	2895
Dingle	1219	931	2150
Dovecot	1088	701	1789
Everton	677	458	1135
Fazakerley	1283	893	2176
Gillmoss	1426	725	2151
Granby	1017	678	1695
Grassendale	1577	1365	2942
Kensington	1224	930	2154
Melrose	1239	992	2231
Netherley	561	377	938
Old Swan	1133	943	2076
Picton	1057	834	1891
Pirrie	1335	746	2081
St Mary's	1286	990	2276
Smithdown	794	620	1414
Speke	1271	602	1873
Tuebrook	1241	1001	2242
Valley	1105	712	1817
Vauxhall	803	520	1323
Warbreck	1422	983	2405
Woolton	1835	1341	3176



Fazakerley

Warbreck

Gillmoss

County

Pirrie

Melrose

Anfield

Clubmoor

Croxteth

Dovecot

Vauxhall

Breckfield

Tuebrook

Old Swan

Broadgreen

Everton

Kensington

Smithdown

Abercromby

Picton

Childwall

Granby

Arundel

Church

Valley

Netherley

Dingle

Aigburth

Woolton

Grassendale

Allerton

St Mary's

Speke

Frailty of elderly people and the need for care

It should be remembered that the vast majority of elderly people are fit and active. Even people who are in the oldest age groups (85 and over) live independently in the community. In order to gain an idea of need for community care need prevalences from Qureshi and Walkers (1989) study 'The Caring Relationship' was used to estimate severity of need. They provide an indication of the 75+ population's care requirements. For instance, they suggest that 6.4% require no support, 56.2% require minimal support such as shopping, while 37.4% require moderate or substantial amounts of care in order to remain in the community. It is this third group that is the probable target for community care. Extrapolating these figures for north Liverpool give an idea of local needs (Table 2.2). In total about 1000 to 4000 elderly people are in moderate or severe need in the North Liverpool area.

TABLE 2.2: The need for care amongst elderly people in North Liverpool wards

2.2a. Vauxhall and adjacent wards

	Pop	none	some	mod	subs
75+		6.4	56.2	16.4	21.0
Vauxhall	520	33	292	85	109
Melrose	992	63	558	163	208
Breckfield	1016	65	571	167	213
Everton	458	29	257	75	96
Total	2986	191	1678	490	627
Liverpool	31598	2022	17758	5182	6636

(figures based on Qureshi and Walker [1989] 'The Caring Relationship')
(differences between totals and component values will be due to rounding)

2.2b. Vauxhall and adjacent 2 wards

	Pop 75+	Need			
		none	some	mod	subs
Vauxhall	520	33	292	85	109
Melrose	992	63	558	163	208
Breckfield	1016	65	571	167	213
Everton	458	29	257	75	96
Warbreck	983	63	550	161	206
County	1213	78	682	776	255
Anfield	1095	70	615	180	230
Abercromby	410	26	230	67	86
Smithdown	620	40	348	102	130
Kensington	930	60	527	154	197
Total	8237	527	4630	1930	1730

Liverpool 31598 2022 17758 5182 6636

(NB: Differences between totals and component values will be due to rounding)

Informal caring

Community care is very much about supporting informal carers. Thus it is important to identify the level of caring within the population of North Liverpool. Using General Household Survey figures on the prevalence of informal caring, it is possible to estimate the level of informal carers in Liverpool. Table 2.3 shows estimated numbers of all carers to be 3000 to 9000 depending on the geographical unit. This reflects the wide kinship network that is often involved in supporting an elderly person. However, care is often left to one or two principle carers. It is estimated that there are between 600 and 2000 intensive carers, that is persons providing 20 or more hours of care per week to an elderly person. Research undertaken by the Institute of Human Ageing suggests that about a third of all carers would be interested in receiving additional help in the task of caring.

Table 2.3: The level of informal carers in North Liverpool wards

2.3a. Vauxhall and adjacent wards

	Pop 15+	estim no. carers	estim no. intensive carers
Vauxhall	5861	522	120
Melrose	11851	1055	242
Breckfield	10645	947	218
Everton	4885	435	100
Total	33242	2959	681

b. Vauxhall and adjacent 2 wards

	Pop 15+	estim no. carers	estim no. intensive carers
Vauxhall	5861	522	120
Melrose	11851	1055	242
Breckfield	10645	947	218
Everton	4885	435	100
Warbreck	14752	1313	302
County	12515	1114	256
Anfield	12135	1080	248
Abercromby	7289	649	149
Smithdown	9639	858	197
Kensington	11998	1068	246

Levels of dementia in Liverpool

Dementia is a particularly problematic area for informal carers and formal community services. Caring for a dementia sufferer is probably the most demanding task that anyone is likely to undertake and is therefore an area that is particularly challenging for the development of community services. Institute of Human Ageing estimates of prevalence suggest that between 3% and 5% of over 65s will suffer from dementia. Translated into potential numbers (Table 2.4) this would suggest between 300 and 900 dementia cases in the North Liverpool Community.

Table 2.4: Estimated levels of dementia in North Liverpool

2.4a. Vauxhall and adjacent wards

	Elderly pop			Dementia cases	
	65-74	75+ pop	Tot 65+	Est 1	Est 2
Vauxhall	803	520	1323	57	60
Melrose	1239	992	2231	96	112
Breckfield	1149	1016	2165	93	113
Everton	677	458	1135	49	53
Total	3868	2986	6854	295	338

2.4b. Vauxhall and adjacent 2 wards

	Elderly pop			Dementia cases	
	65-74	75+ pop	Tot 65+	Est 1	Est 2
Vauxhall	803	520	1323	57	60
Melrose	1239	992	2231	96	112
Breckfield	1149	1016	2165	93	113
Everton	677	458	1135	49	53
Warbreck	1422	983	2405	103	113
County	1642	1213	2855	123	138
Anfield	1294	1095	2389	103	122
Abercromby	659	410	1069	46	48
Smithdown	794	620	1414	61	70
Kensington	1224	930	2154	93	105
Total	10903	8237	19140	824	934

Summary

The crude figures presented in this section offer fairly convincing evidence as to the large scale of service need in the local population. Current levels of community care in no way match this current level. For instance, the recent Institute of Human Ageing survey of informal carers in Liverpool indicated that only about 11% of carers received any help from local services.

3. THE MARKET FOR COMMUNITY CARE

The 'perverse incentive' of DSS funding prior to 1993 has led to an emphasis on residential provision at the expense of domiciliary-based care. One of the aims of the community care legislation has been to free-up funding to allow domiciliary care to meet the need within the community. Two points need to be borne in mind. Firstly, that there is likely to be a significant level of unmet need within the community. Secondly, that a substantial proportion of people in the residential sector, perhaps 15%, could be supported within the community. One can assume that in the medium and long term, a much higher proportion of funding will be directed into domiciliary services than is now the case and obviously services will have to be developed to meet this demand.

Research undertaken by the Institute of Human Ageing also indicates that support services for informal carers are significantly underdeveloped in Liverpool. The research indicates that a substantial proportion of informal carers who currently receive no formal support would benefit from receiving more help. This situation is a combination of several factors:

- a lack in the supply of community support services
- a lack of information for potential users
- available services are inappropriate or unattractive to users

It is also likely that, as the market for community care expands, led by social services funding, then this will in turn lead to an increase in demand for privately-funded care. At the moment, many people who would benefit from community support, and would be willing to pay for it, but are unable to find private agencies to service their needs. It should be recognised that there will be many people who choose not to approach social services departments for help and who would prefer to make private arrangements.

When considering the community care market, it is important to examine the competition. Within Liverpool current provision is largely from two sources. Firstly, the social services department has a current budget of around 7 million to provide home-base services, such as meals on wheels, home helps, and home care. Secondly, Liverpool has an extremely well-developed voluntary sector, with agencies such as PSS and Age Concern being major providers of domiciliary services in their own right. One should also consider that private sector agencies will also be looking to develop domiciliary services under the new funding arrangements.

In summary, one can assume a growing demand for domiciliary services in the future. However, one should also assume that competition for the limited funding available will be strong.

AREAS OF POSSIBLE SERVICE PROVISION FOR ELDONIANS

BASIC CARE SERVICES
* Shopping Services
* Personal Care
* Cleaning - Daily
* Transport Services
* Laundry
* Meals on Wheels

+

HOME REPAIR SERVICES
* What is the Responsibility of the Local Authority?
* Adaptations for Elderly
* Care & Repair?

SUPPORT FOR CARERS
* Residential Respite
* Hours off for Carer
* Days off for Carer
* Basic Care Services for Carer and Cared For

ADVICE & INFORMATION
Information for elderly on the following:
* Benefits/Welfare
* Services Available
* Access to Services
* Leisure/Social Facilities
* Preparation for Retirement
* Preparation for Relatives
* Coping with Dementia/Alzheimer's Disease

ALARM SERVICES
* Local Support For Elderly Neighbour 'Scheme'
* Checking System
* Occasional Support System for 'Elderly in Need' (Sudden Illness)
* Electronic/Telephone System?

DROP-IN CENTRE for ELDERS
Incorporating:
* Information & Advice
* Leisure Activities
* Emergency Help - First Port of Call
* Volunteer Service for Home Care

SOCIAL/LEISURE ACTIVITIES
* Information on Available Activities
* Locally & City Wide
* Day Care Activities
* Volunteering Opportunities
* Support for Carers
* Possible Holiday/Short Breaks

4. THE KINDS OF SERVICES NEEDED

As well as the level of need, it is important to look at the kinds of services required. The identification of care needs of elderly people and their carers in the North Liverpool area was the main focus of the research. One of the main problems that many researchers have encountered when they look at this area is that older people tend to be very accepting of their situations. Even people who are living in very stressful or deprived circumstances will often express satisfaction with their life and with the services that they get (or do not get). In general, this was the picture that we encountered when we spoke to 50 elderly people and their carers in and around the Vauxhall area. However, interviews with older people and their carers, together with the views of local professionals and welfare agencies, suggest that the following are appropriate areas for service development.

Nursing home

Whilst one of the aims of the community care legislation is to reduce the emphasis on residentially-based care, it should be recognised that the geographic imbalance of services within the City means that there has been a lack of residential and nursing home services in the Vauxhall and North Liverpool area. Many people prefer to stay in or near their neighbourhood and the development of local services should be a priority. The building of Eldonian House was a step in this direction. A logical step would be the building of a nursing home in the area and it is noted that action has already been taken on this.

Basic care services

Many of the problems facing older people relate to their everyday quality of life, rather than health and social care provision. As people grow frailer help in a range of activities will promote independence. These include heavier activities in and around the home, such as house cleaning, gardening and laundry. The increased specialisation and targeting of local authority home help services on very frail people has meant that many people who are reasonably fit and active, but who are unable to do some of the heavier tasks do not qualify for assistance. This has important long-term consequences. Firstly, if they are able to find help, many older people have to pay for occasional help with gardening and heavier household tasks, such as decorating. Secondly, 'small' things like an overgrown garden or dirty windows can have a 'large' effect on the quality of life of houseproud people. Finally, the inability to keep up with these kinds of household tasks often persuades older people that they should look for alternative accommodation in sheltered accommodation or a residential home, leading to dependency.

With increasing levels of dependency then, older people may require more intensive help, for example, in the preparation of meals. A meals on wheels service may be one answer to this. However, it should be noted that it is often help with shopping that is required, rather than preparation of meals. As people grow very frail, then help with personal care ranging from help with grooming to intensive help with bathing and dressing may be required.

Another problem area is transport. The unreliability of buses was frequently mentioned and

for the more frail people, taxis were the only realistic way of getting out of the house. While users expressed satisfaction with the service offered by local taxi firms, this is obviously an expensive option for elderly people on a limited income. It should also be noted that the local authority and health authority experience great difficulty and financial cost in operating city-wide transport for non-emergency care. As demand for transport increases with increasing numbers of elderly people, then this will create an opportunity. The development of a transport system for elderly persons would ideally be flexible in order to respond to the everyday needs of users to go to shops, etc. as well as the more regular, care oriented needs such as transport to day centres, hospitals etc.

Home repair services

Home maintenance is an often unrecognised area of need, yet one that deserves more attention. Many older people find that they are no longer able to do some of the larger jobs in and around the home, such as decorating and gardening. In this situation they rely mainly on relatives or pay odd-job men to do the work. Where the person has to pay for a repair, this is often too expensive and the work remains undone. It should, however, be recognised that much of the housing stock in the area is council property and that there would be distinct difficulties in the short term in setting up any property maintenance scheme.

Social and leisure activities

For some older people living alone, the lack of social contact and leisure activities may be a problem leading to loneliness. While these may seem outside the scope of community care, the long term consequences of neglect in all these areas on the morale and ultimately the ability of people to remain independent have never been evaluated. Certainly, development of schemes in this area would be valuable.

Support of carers

Community care is very much about supporting the informal carers of elderly people. While successive policy statements have emphasised this point support services for carers have been very poor. A recent survey by the Institute of Human Ageing showed that only a tiny proportion of carers got help from sources outside their own family network. Of course many people prefer to do without outside 'interference'. However, a significant proportion, perhaps a third, would be interested in getting help. Unfortunately, the available services have often been unsuitable or unattractive to potential users. A key development in community care has to be services that are geared up to the real needs of carers. This would particularly include respite care (in its many forms- day care, sitting service, holiday respite etc.). However, the key to an effective carer support service is that it should be flexible enough to respond to what the customer wants, rather than the 'take it or leave it' approach that has persisted in the past.

Rehabilitation

Old age is often perceived to be a matter of inevitable decline. This stereotype is pervasive in the services available to older people who have experienced major illnesses or traumas such as stroke. Rehabilitation does not appear to part of the agenda on the part of services providers and older people themselves and their carers often have few expectations about their future. There is, however, considerable potential in rehabilitation that will have a pay-off in terms of the quality of life of patients and the long-term financial implications. It may be that a joint scheme with the University Department of Geriatric Medicine could attract external funding as a research and development project in its own right.

Alarm services

Alarm services has been a growth area in community support for elderly people. While there is currently a plethora of services both nationwide and in Liverpool itself. For example Age Concern England now sponsors their own scheme. There are, however, a number of limitations associated with current services. In particular, many alarm systems simply involve a controller contacting a member of the family or a doctor to provide the response to the emergency. A development for the Eldonians could be to provide a 'flying care-assistant' service to provide immediate back-up to users of the system.

Drop-in centres

It is important that any service has a visible point of contact. A useful model is a local drop-in centre. This could fulfil a number of functions. Firstly, it would be an important source of information and advice on benefits, local services etc. Secondly, it could provide in itself a focus of leisure activities, such as coffee mornings or lunches. Finally, the centre could be a point of contact for people in need or in event of an emergency.

5. CURRENT PROVISION OF SERVICES

Overall, Liverpool appears relatively well provided-for in terms of respite services, especially if one looks at the national picture, as services are generally less extensive in other parts of Britain. However, it should be recognised that provision within the city is still limited compared with the many thousands of elderly people and informal carers living in Liverpool.

Community care activities in the private sector

While the main private sector activity is long-term care, many residential and nursing homes offer community care services, such as day care, short-term respite care and so on. These activities are summarised in Table 1, together with comparative data for Local Authority homes.

Table 1. Summary of community care activities of residential and nursing homes

	All	Social Services	Independent Sector
No. of establishments	61	17	44
Provide day care	12	31	8
Take residents on short-term basis	freq 9 occas 78 never 14	19 75 6	5 79 17
Occupancy rate	88	80	93

Availability of places: The occupancy rate for homes was calculated simply by expressing the number of occupied beds as a percentage of the total number of available beds. Overall there was an occupancy rate of 88% in the homes surveyed.

Day care: A number of homes provided day care as well as residential care. About a third of Part III homes provided day care, compared to 8% of independent homes. Social services and the Health Authority also provide day care in its own right (see later section).

Short term care: The term respite is interpreted in different ways and, particularly in the private sector, would be classified as short term care. The vast majority of homes, about three quarters, said they did provide short term care at least occasionally.

Two private home help agencies were also contacted to evaluate the involvement of the private sector in domiciliary respite. Neither scheme specifically provided respite care, but recognised the potential demand for this kind of service. These agencies provided a very varied set of services ranging from domestic work, transport, and basic care of frail elderly people. This flexibility means that they would find it easy to respond to any demand for

respite care. Weekday rates for services varied from £3.00 per hour in one of the agencies to £4.00 in the other.

Liverpool Social Services provision of community care

Liverpool Social Services is currently the biggest provider of community care in the City with an annual budget of approximately 7 million. The majority of this budget is devoted to their current home help service, home care service and meals on wheels. Liverpool Social Services also provide care of elderly people in a number of day centres: Venmore Street, Lineside, Crofton, Celia Street and the Sheila Kay Day Centre.

During the period of the research Liverpool Social Services operates a specialist respite facility, the Boaler Street Unit in Liverpool. As well as this specialist unit, Liverpool Social Services provides respite and short term care in their conventional Part III homes. At the time of the research there were twenty-eight homes across the city. Boaler Street provides 10 dedicated respite beds and takes referrals from all parts of the city. Over the last few years, demand for permanent residential care in Part III homes has declined and the available capacity has increasingly been utilised for respite care.

Since 1986 Liverpool Social Services has had between 202 and 254 respite placements per year and demand has proved fairly stable overall. However, this overall pattern hides an increasing demand for respite care in the conventional Part III homes and decreasing utilisation of the Boaler Street unit. Indeed the Boaler Street capacity was reduced from 10 to 8 places in February 1991.

Unfortunately, it was not possible to estimate the likely level, given the lack of data and the diversity of the agencies involved. Domiciliary services include: Social Services home helps; NHS EMI domiciliary scheme; and services provided by Liverpool Personal Services Society (PSS). The Age Concern Good Neighbour scheme and the PSS Boarding-in schemes can also be classified as domiciliary schemes and these are described in more detail in the next section.

Voluntary sector provision of community care

Liverpool has one of the longest established and extensive voluntary sectors in Britain. Organisations such as Age Concern Liverpool and Liverpool Personal Service Society (PSS) have international reputations as providers of welfare services for older people. This is reflected in their involvement in care provision in the city. For example, in year 1992/3, the Age Concern Good Neighbour scheme had grown to a city-wide total of 675 good neighbours and 5346 housebound elderly clients. This scheme offers a befriending service as well as light tasks such as collection of pensions, shopping and cooking. Age Concern also provide day care, lunch clubs, pensioners clubs, transport and resource centres throughout the city. The information and insurance services have also been a major help to older people in Liverpool.

PSS has developed one of the most extensive and innovatory schemes in the country. PSS have developed various options in order to meet the diverse needs of carers and elderly

people. **Boarding-out** is where an elderly person goes to stay in the home of a paid carer as part of their household. **Boarding-in** is where an elderly person stays in their own home and a paid carer moves in to provide care. Periods of respite vary from a few days to a few weeks. Both these schemes have grown considerably in recent years. PSS reported 113 (an increase of 36%) Boarding-in placements 1989-1990, while Boarding-out increased by 23% to 91 placements. These levels have been sustained subsequently. PSS have also developed an innovatory approach to developing the service. PSS act as agents between clients and paid carers, but paid carers are directly employed by the clients. This arrangement maximises flexibility and affords the client a degree of control that is not often seen within welfare services.

Geographical variation within the city

One of the problems of current provision within Liverpool is the geographical unevenness of services. The accompanying Tables give a breakdown by city ward of service levels, compared with size of elderly population (over-75s). Data is given for beds in residential homes, beds in nursing homes, places in lunch clubs and places in day centres. It was not possible to obtain data for Local Authority domiciliary services during the period of the research and it is not possible to be sure about their geographical distribution within the city. Given that domiciliary services are by definition in the homes of clients, one would assume that provision would closely match the distribution of the elderly population. However, this is not necessarily always the case and disparities in access to domiciliary services would be a major source of concern.

Ward	Pop 75+	Total No of Residential Homes			Total No of Beds			% of Beds	% of Pop 75+
		Priv	Vol	LA	Priv	Vol	LA		
Abercromby	410	1	0	0	53	0	0	2.89	1.30
Aigburth	1939	5	6	4	114	180	128	23.05	6.14
Allerton	1213	1	0	1	10	0	31	2.24	3.84
Anfield	1095	0	0	0	0	0	0	0.00	3.47
Arundel	1030	4	2	3	82	35	82	10.87	3.26
Breckfield	1016	0	0	1	0	0	49	2.68	3.22
Broadgreen	1335	0	0	1	0	26	33	3.22	4.22
Childwall	1220	0	0	0	0	0	0	0.00	3.86
Church	1478	2	0	0	36	0	0	1.97	4.68
Clubmoor	1058	0	0	0	0	0	0	0.00	3.35
County	1213	0	0	0	0	0	0	0.00	3.84
Croxteth	1249	1	0	2	30	0	81	6.06	3.95
Dingle	931	0	0	1	0	0	45	2.46	2.95
Dovecot	701	0	0	0	0	0	0	0.00	2.22
Everton	458	0	0	1	0	0	44	2.40	1.45
Fazakerley	893	0	0	1	0	0	35	1.91	2.83
Gillmoss	725	0	0	1	0	0	42	2.29	2.29
Granby	678	0	0	0	0	0	0	0.00	2.15
Grassendale	1365	2	1	0	45	20	0	3.55	4.32
Kensington	930	1	1	2	21	11	40	3.93	2.94
Melrose	992	0	0	1	0	0	39	2.13	3.14
Netherley	377	1	0	1	29	0	53	4.48	1.19
Old Swan	943	0	0	0	0	0	0	0.00	2.98
Picton	834	0	0	0	0	0	0	0.00	2.64
Pirrie	746	0	0	0	0	0	0	0.00	2.36
St Mary's	990	0	0	1	0	0	22	1.20	3.13
Smithdown	620	0	0	0	0	0	0	0.00	1.96
Speke	602	0	0	2	0	0	88	4.81	1.91
Tuebrook	1001	2	0	0	33	0	0	1.80	3.17
Valley	712	0	0	1	0	0	52	2.84	2.25
Vauxhall	520	0	1	1	0	30	49	4.31	1.65
Warbreck	983	3	0	1	42	0	44	4.70	3.11
Woolton	1341	0	2	0	0	40	37	4.21	4.24
Liverpool	31598	23	13	26	495	342	994	100.00	100.00

Ward	Pop 75+	Total No of Nursing Homes	Total No of Beds	% of Beds	% of Pop 75+
		Independent	Independent		
Abercromby	410	1	32	1.04	1.30
Aigburth	1939	26	779	25.33	6.14
Allerton	1213	2	84	2.73	3.84
Anfield	1095	3	90	15.21	3.47
Arundel	1030	6	468	2.93	3.26
Breckfield	1016	0	0	0.00	3.22
Broadgreen	1335	2	67	2.18	4.22
Childwall	1220	1	13	0.42	3.86
Church	1478	3	89	2.89	4.68
Clubmoor	1058	2	102	3.32	3.35
County	1213	1	46	1.49	3.84
Croxteth	1249	3	110	3.58	3.95
Dingle	931	1	12	0.39	2.95
Dovecot	701	0	0	0.00	2.22
Everton	458	0	0	0.00	1.45
Fazakerley	893	2	117	3.80	2.83
Gilmoor	725	2	224	7.28	2.29
Granby	678	2	90	2.93	2.15
Grassendale	1365	3	158	5.14	4.32
Kensington	930	3	95	3.09	2.94
Melrose	992	1	40	1.30	3.14
Netherley	377	1	48	1.56	1.19
Old Swan	943	2	100	3.25	2.98
Picton	834	0	0	0.00	2.64
Pirrie	746	0	0	0.00	2.36
St Mary's	990	0	0	0.00	3.13
Smithdown	620	1	48	1.56	1.96
Speke	602	1	51	1.66	1.91
Tuebrook	1001	2	36	1.17	3.17
Valley	712	0	0	0.00	2.25
Vauxhall	520	0	0	0.00	1.65
Warbreck	983	1	20	0.65	3.11
Woolton	1341	3	157	5.10	4.24
Liverpool	31598	74	3076	100.00	100.00

Ward	Pop 75+	No of Lunch Clubs	No of Days Open Per Week	Weekly Membership	% of Total Weekly Membership	% of Pop 75+
Abercromby	410	1	1	21	1.11	1.30
Aigburth	1939	2	6	186	10.28	6.14
Allerton	1213	0	0	0	0.00	3.84
Anfield	1095	1	1	50	2.76	3.47
Arundel	1030	2	1	40	2.22	3.26
Breckfield	1016	1	1	25	1.38	3.22
Broadgreen	1335	5	5	156	8.62	4.22
Childwall	1220	0	0	0	0.00	3.86
Church	1478	3	3	90	4.98	4.68
Clubmoor	1058	1	1	36	1.99	3.35
County	1213	3	4	65	3.59	3.84
Croxteth	1249	1	1	36	1.99	3.95
Dingle	931	4	5	118	6.52	2.95
Dovecot	701	1	1	36	1.99	2.22
Everton	458	1	2	50	2.76	1.45
Fazakerley	893	2	2	45	2.49	2.83
Gilmoor	725	0	0	0	0.00	2.29
Granby	678	1	2	64	3.54	2.15
Grassendale	1365	0	0	0	0.00	4.32
Kensington	930	3	3	86	4.75	2.94
Melrose	992	3	4	60	3.32	3.14
Netherley	377	4	2	90	4.98	1.19
Old Swan	943	1	2	40	2.21	2.98
Picton	834	0	0	0	0.00	2.64
Pirrie	746	3	3	65	3.59	2.36
St Mary's	990	2	3	85	4.70	3.13
Smithdown	620	1	1	15	0.83	1.96
Speke	602	2	2	50	2.76	1.91
Tuebrook	1001	0	0	0	0.00	3.17
Valley	712	0	0	0	0.00	2.25
Vauxhall	520	0	0	0	0.00	1.65
Warbreck	983	3	2	81	4.48	3.11
Woolton	1341	1	5	220	12.16	4.24
Liverpool	31598	46	66	1809	100.00	100.00

TABLE: AGE CONCERN LIVERPOOL LUNCH CLUBS

Ward	Pop 75+	No of Day Centre's		Ave No of Day's Open Per Week		Total Weekly Capacity		% of Total Weekly Capacity	% of Pop 75+
		Vol	LA	Vol	LA	Vol	LA		
Abercromby	410	0	0	0	0	0	0	0.00	1.30
Aigburth	1939	1	1	1	7	20	600	21.53	6.14
Allerton	1213	0	0	0	0	0	0	0.00	3.84
Anfield	1095	1	0	1	0	30	0	1.04	3.47
Arundel	1030	0	0	0	0	0	0	0.00	3.26
Breckfield	1016	1	1	1	5	30	250	9.72	3.22
Broadgreen	1335	2	0	2	0	115	0	3.99	4.22
Childwall	1220	0	0	0	0	0	0	0.00	3.86
Church	1478	1	0	2	0	50	0	1.74	4.68
Clubmoor	1058	0	1	0	5	0	175	6.08	3.35
County	1213	0	0	0	0	0	0	0.00	3.84
Croxteth	1249	0	0	0	0	0	0	0.00	3.95
Dingle	931	0	0	0	0	0	0	0.00	2.95
Dovecot	701	0	0	0	0	0	0	0.00	2.22
Everton	458	1	0	1	0	20	0	0.70	1.45
Fazakerley	893	1	0	2	0	55	0	1.91	2.83
Gilmoor	725	1	0	1	0	35	0	1.22	2.29
Granby	678	1	1	1	5	30	250	9.72	2.15
Grassendale	1365	1	0	1	0	30	0	1.04	4.32
Kensington	930	0	0	0	0	0	0	0.00	2.94
Melrose	992	1	0	1	0	30	0	1.04	3.14
Netherley	377	1	0	1	0	28	0	0.97	1.19
Old Swan	943	0	0	0	0	0	0	0.00	2.98
Picton	834	1	0	2	0	40	0	1.39	2.64
Pirrie	746	0	1	0	7	0	350	12.15	2.36
St Mary's	990	0	0	0	0	0	0	0.00	3.13
Smithdown	620	1	0	1	0	32	0	1.11	1.96
Speke	602	1	0	1	0	30	0	1.04	1.91
Tuebrook	1001	0	0	0	0	0	0	0.00	3.17
Valley	712	0	1	0	5	0	250	8.68	2.25
Vauxhall	520	0	1	0	5	0	250	8.68	1.65
Warbreck	983	1	0	1	0	35	0	1.22	3.11
Woolton	1341	1	0	2	0	145	0	5.03	4.24
Liverpool	31598	18	7			655	2125	100.00	100.00

Ward	Pop 75+	Total No of Residential Homes			Total No of Beds			% of Beds	% of Pop 75+
		Priv	Vol	La	Priv	Vol	LA		
Blundellsands	1314	5	0	0	235	0	0	22.93	11.40
Church	1014	8	0	2	212	0	64	26.93	8.80
Derby	875	2	0	0	65	0	0	6.34	7.59
Ford	897	1	0	0	9	0	0	0.88	7.78
Linacre	749	2	0	1	43	0	35	7.61	6.50
Litherland	746	0	0	1	0	0	30	2.93	6.47
Manor	822	0	1	0	0	30	0	2.93	7.13
Molyneux	746	1	0	0	28	0	0	2.73	6.47
Netherton	604	0	1	1	0	15	32	4.59	5.24
Orrell	762	0	0	0	0	0	0	0.00	6.61
Park	933	0	2	0	0	43	0	4.20	8.10
St Oswald	297	0	1	0	0	18	0	1.76	2.58
Sudell	628	1	0	0	26	0	0	2.54	5.45
Victoria	1136	3	1	0	57	83	0	13.66	9.86
South Sefton	11523	23	6	5	675	189	161	100.00	100.00

Ward	Pop 75+	Total No of Nursing Homes	Total Number of Beds	% of Beds	% of Pop 75+
		Independent	Independent		
Blundellsands	1314	9	253	28.72	11.40
Church	1014	7	240	27.24	8.80
Derby	875	0	0	0.00	7.59
Ford	897	0	0	0.00	7.78
Linacre	749	2	84	9.53	6.50
Litherland	746	1	44	4.99	6.47
Manor	822	0	0	0	7.13
Molyneux	746	0	0	0	6.47
Netherton	604	0	0	0	5.24
Orrell	762	1	36	4.09	6.61
Park	933	1	32	3.63	8.10
St Oswald	297	1	150	17.03	2.58
Sudell	628	0	0	0.00	5.45
Victoria	1136	1	42	4.77	9.86
South Sefton	11523	23	881	100.00	100.00

As the tables indicate, there are wide variations between wards regarding levels of provision, with some localities having services far in excess of their local needs. Figures 5.1-5.4. summarise this by highlighting wards where the proportion of services exceeds the proportion of elderly people.

The tables and figures indicate that:

- Aigburth has by far the highest concentration of services of any ward in the city.
- There are two areas within the city that are particularly well-served with a comprehensive range of services: Aigburth/Granby/Arundel, Netherley/Valley/Woolton.
- A band of poorly served wards, Dovecot/Broadgreen/Childwall/Church/Allerton/St Mary's, runs from the northeast to the south of the city.
- In general the south of the city is better provided-for than the north.
- Nursing home places are particularly concentrated in a few locations within the city: Aigburth/Granby/Grassendale, Netherley/Woolton, Kensington/Old Swan, Anfield and Fazakerley/Gilmoor.

Local employment implications

One of the main priorities of the project is to generate employment opportunities in the local area. Analysis of service provision in Liverpool suggests that a shift away from residential care towards domiciliary care would have a significant impact on the local job situation. Currently, the large proportion of elder care resources are tied up in residential and nursing homes, the majority of which are located in the south of the City. With more resources directed into domiciliary care, services will follow the customer with the jobs becoming more evenly spread throughout the City, to the benefit of the Vauxhall area. While this amounts to a 'slicing-up the same pie', it would represent a fairer allocation of jobs in the city, especially as workers in this sector tend to be fairly immobile and sensitive to very small-scale changes in opportunities.

6. APPROACH TO CARE

Three key areas have been identified as crucial to the successful implementation of the **Caring for People** legislation:

- developing domiciliary day and respite services to enable people to live in their own homes wherever possible
- ensuring that service providers make practical support to carers a high priority
- assuring adequate assessment of need and good care management as the cornerstone for good quality care

In the past, it is fair to say that health and welfare services have been provider-led with the client having to make the best of what is available. For instance, the volunteer-based day care is generally geared-up to the times that volunteers are available, rather than the times that were most suitable for carers. Ultimately, if the product is not right then it is going to be of little interest to potential customers. Services must be consumer-led rather than producer-led. At the moment, carers and elderly people have to make the best of what is available. Services must be in a form that is attractive to potential clients and should be flexible enough to meet their specific needs. Some headway is being made in this respect. For example, day centres are beginning to operate more flexible opening hours.

As well as these general objectives it is important to outline the key determinants of a good quality service from the client's point of view? It should be remembered that success depends not just on **WHAT** is delivered, but on **HOW** it is delivered. A service should aim to achieve the following:

<u>Visibility</u>	People need to know that the service is there. Good communication and advertising is essential.
<u>Approachability</u>	It needs to offer a non-threatening, relaxed, supportive, non-judgmental contact. This applies to telephone contact and face-to-face contact. An office would be an inappropriate place for such contact.
<u>Availability</u>	The service needs to be available when the person themselves wants it.
<u>Appropriateness</u>	The service has to fit in with each person's unique needs and circumstances.
<u>Flexibility</u>	Care and support needs to be flexible as the clients' needs change over time.
<u>Effectiveness</u>	It is important to look at outcomes; is the service really making a difference, or is it just delivering care? For example, does respite care remove the carer's worries or does it substitute different ones? Is it improving the quality of life?

Responsiveness To be effective, services need to be responsive and immediate for critical events and for longer term care.

Caring Clients do not just want help. They want to feel that someone cares about them. The service needs to exist for people and NOT for its own perpetuation. The way in which carers are dealt with is important; they should not be processed as a client, but helped as another human being.

It is important to point out that small voluntary organisations, such as the Eldonians, are generally able to fulfil these key objectives much more easily than the larger statutory organisations.

7. STRUCTURE OF CARE DELIVERY

One of the key principles in community care theory is the 'care package' based on careful assessment of a client's needs. However, the delivery of care follows two main forms. Firstly, a package may comprise a number of services delivered to the person by a number of providers or agencies. For instance a person may get a package comprising a home help service, meals on wheels and day centre care. Alternatively, a range of tasks may be performed by a generic worker. It is likely that the second alternative provides the most flexible and responsive approach to elder care. This model is able to give the client a considerable amount of control over the kind of care that is received. The former model remains one that is geared up primarily to achieve efficiency objectives of large organisations.

8. ALTERNATIVE SERVICE MODELS

It is worth reviewing a number of voluntary sector schemes for the elderly that have been developed in recent years as possible models for the Eldonian project. Many of these have grown incrementally, tapping into a number of funding sources. One of the key elements of most schemes is the development of a core service and then to build on additional services over time.

Beth Johnson Foundation (Stoke on Trent): This is a charitable foundation in operation for 10 years and has developed a whole range of services for the elderly, but has deliberately avoided services that are already provided by the local social services. Services include:

- Senior health shop
- Senior centre
- Careline
- Reminiscence group
- Peer health counselling
- Alzheimer's sufferers support group
- Advocacy

All these projects are undertaken by a core of trained volunteers, supported by the charity's paid development staff.

South Cleveland Alzheimer's Disease Society Project: This project was set up in the early 1980s in around Middlesborough in the North East of England. The service was aimed primarily at supporting carers of dementia sufferers, but was unlike most ADS groups in that it provided a comprehensive range of services:

- advice and information
- advocacy
- counselling
- support groups
- day centres at various sites
- day and night sitting

A year ago South Cleveland ADS opened their own specialist home for the elderly mentally ill, which is now the main centre for all their activities. Given this basic similarity between the ADS project and the Eldonians own situation, then this may be a suitable contact as a possible model for service development in Vauxhall.

Ellesmere Port Dementia Support Service: This service was set up by Age Concern Ellesmere Port with a grant from Help the Aged. The aim was to provide respite care for carers of people with dementia. The scheme was based on a part-time development worker, together with a team of volunteer workers. The service has undergone radical change over its two-year history and is now considering the use of paid employees rather than volunteers. After a slow beginning, demand for the service has become heavy in recent months.

Crossroads Carer Support Schemes in Liverpool: The aim of Crossroads is to support carers of elderly persons. They offer two types of service. The first is for people of all ages with physical or mental disabilities. This service, because of stipulations of City Challenge funding, can only be run in Picton, Kensington and Old Swan wards. The second service is for the terminally ill and is run city-wide. People are referred to crossroads from a number of sources, such as GPs, social workers and voluntary organisations. There were 48 people aged 65 or over on the first scheme in April 1993. However, there were 237 out-of-area referrals indicating that approximately 75% of need is outside their current locality and not eligible for help under the scheme. Both schemes have large waiting lists. Crossroads staff are fully trained and their duties are defined by the carer they are supporting. Costs are variable according to time: 9am to 8am - £4.04 per hour; 8pm to 9am - £5.05 per hour; weekends - 6.06 per hour. Clients are not expected to make a contribution as the scheme is externally funded. The scheme organisers expect that with the advent of community care, the number of referrals will go up. This already appears to be happening and Crossroads are looking for more funding to operate outside their current area.

9. ORGANISATIONAL STRUCTURE

As well as identifying areas for service development in the North Liverpool area, an appropriate organisational structure will be required. The accompanying Figure outlines the range of possible alternatives commonly found in the independent sector and it is important that due consideration is given to the possible advantages and problems of each alternative. For example, the 'agency' model is a very flexible way of providing local services via self-employed workers that incurs little direct risk to the Eldonian organisation. However, this model may be seen to promote illegitimate practices such as benefit claiming while working. As well as single options, it may be necessary to use different structures for different types of service. For example, a partnership with Fairway Care may be a useful medium for developing an integrated nursing and social care service.

POTENTIAL FORMS OF SERVICE PROVISION

VOLUNTEER AGENCY	
*	Set up by Eldonians
or	
*	Use of established city-based agency

PRIVATE NOT-FOR-PROFIT	
*	Creation of Not-for-Profit Company based on Somerset Care Ltd concept

CHARITABLE TRUST	
*	Established by Eldonians to use volunteers or employed staff for service provision

PRIVATE COMPANY	
*	Eldonians create private company to run on commercial basis using local labour

LOCAL SELF EMPLOYMENT	
*	Eldonians act as 'Job Agency' for locally self employed individuals

10. SERVICE DEVELOPMENT

Whatever the objectives of the Eldonian project on elder care, any service will require a considerable amount of effort to set up. One of the key features of successful voluntary-sector schemes is the role of development workers. The developmental worker has a demanding job, including the following tasks:

- day to day administration of scheme
- marketing
- case assessment
- training
- liaison with other agencies
- management and supervision of workers

The success of a scheme is often dependent on the motivation and ability of the developmental worker and this should be seen as a central feature of any project. Local authorities recognise the need for core costs to include this role. It may be possible to attract grant funding to support a developmental worker in the initial phase, until a scheme becomes self-financing.

11. SOCIAL SERVICES VIEW OF LOCAL ORGANISATIONS

Interviews with representatives of Liverpool Social Services indicated that they have a favourable view of the voluntary sector and particularly wish to encourage smaller groups to become involved in the local provision of services. A number of benefits are associated with local, voluntary groups:

- local initiative
- not for profit
- create employment that is tied to the Local Authority
- keep money in the City

However, a number of practical disadvantages are associated with smaller organisations:

- lack of professionalism
- unreliable in sense they might cease to operate at some stage
- multiplicity of small providers will make more work, particularly in monitoring standards

Clearly, any proposal to the local authority should aim to convince them that these kinds of problem will be minimal.

12. QUALITY ASSURANCE

One key problem for LA purchasers is the monitoring of independent providers. If services were provided by a variety of local organisations, then making sure that these services are being properly delivered will be a difficult and time-consuming exercise. Effective QA procedures for domiciliary services remain to be developed and it may be that the role of LA staff will increasingly be in this area.

LA purchasers are likely to be fairly trusting of organisations such as PSS, who are seen as being able to monitor themselves. However, they may be less willing to trust inexperienced or "for-profit" provider organisations. Given this, a strong emphasis on **quality assurance** should be part of any proposal by the Eldonians. Competitive tendering appears to be seen as an inappropriate basis for selecting welfare services. Although Department of Health guidelines does refer to tendering, there appears to be no mandatory requirement for competitive tendering, unlike other areas of local government contracting such as school meals and direct services. Thus local authorities will be able to use their discretion in setting quality objectives.

It will be necessary to review current best-practice in QA and incorporate these in the operational procedures. However, it may be necessary to develop **novel QA procedures** for use in the community. Recent discussions with LA providers about the adaptation of the North London Poly IQA technique for domiciliary care prompted a lot of interest. It may be possible to attract funding from the government or charitable funds to pay for the development.

Quality control in community can be a 'nightmare', according to Steve Goodwin who organised domiciliary services in East Lancashire. Supervision is difficult and it is crucial that the right type of person is employed. Thus, particular attention should be paid to **recruitment and training** as part of QA in its widest sense.

13. EFFECTIVE MARKETING

One of the key problems that has been identified in all recent evaluations undertaken by the Institute of Human Ageing has been the inadequacy of providers' efforts to market their services. This has led to the paradoxical situation where even very good services may be under-utilised, despite a widely recognised need within the community.

Health and welfare services, whether they are public or voluntary sector, have traditionally placed little emphasis on "selling" their services. The mistaken assumption that "need" will be automatically translated into demand has led to a relative under-utilisation of some services within the city. A key problem lies in the lack of information. Potential clients need to know what is available and how to make use of it, before they can make an informed decision about what is best for them and for their elderly relative. Information sources, referral channels, advertising and promotion are generally inadequate and the lack of awareness of what services are available are problematic.

This was found to be the case in the Institute of Human Ageing's survey of carers in Liverpool. Here we found a general lack of interest in the available respite services. Many carers are unconvinced of the benefits of respite care and may be unwilling to relinquish the caring role even when they are suffering great stress. It is not sufficient to expect a product or service to sell itself, whether it is washing powder or a carer support scheme. However good the service is, providers have to convince potential customers that respite care is something that they need and want.

It is likely that a locally based agency such as the Eldonians will have an advantage in respect to information channels. The informal, word of mouth network that links the Eldonians to the local community appears to be very strong. In many ways, this is the most effective means of marketing a service or product. However, it has to be recognised that the providers of community care services will have to devote more resources to marketing than has often been the case in the past. This is not just for commercial reasons. The provision of information and knowledge about what is available is essential to equitable access to community care services.

14. CATCHMENT AREA

The present project is concerned with setting up a model for a locally-based agency to provide for local community care needs. However, what is a viable catchment area for the delivery of services for an agency such as Eldonians? Competing factors have to be considered, such as:

- the cost effective delivery of services
- the benefits inherent in a small, localised agency and the disadvantages of operating a large organisation
- concerns related to quality of service

Economies of scale in service delivery usually follow a U-shaped pattern, where optimum production cost per unit lies somewhere between low and high levels of output. In all likelihood, the question of what is 'too big' is not relevant to the present discussion. Rather, it is a matter of 'how big' the service agency and catchment area has to be before it becomes a realistic proposition. For example, in a very small operation, fixed costs, such as management, administration and capital investment, and the indivisibility of production units (i.e. one community care worker, one nurse, etc) can be disproportionately significant within the overall cost.

15. THE FUNDING OF COMMUNITY CARE INITIATIVES

In the past, both health authorities and local authorities have been direct producers of welfare. However, the radical reforms of recent years has seen a change in role to one of purchaser or customer. If community care is to develop in a way that is truly responsive to the needs of local people it is important to develop a systematic dialogue with service providers (actual and potential) about the sorts of services and products it would like to purchase in order to develop a better service for consumers. In this context the social service department is very receptive to proposals for new initiatives in community care. It should be recognised that local authorities are limited to purchasing 85% of services from the independent sector. This means that the vast majority of community care money will be spent on residential care in the first instance. However, the aim is to reallocate more of this money towards community care. However, it is important to review sources of funding:

Local authority funding

Many voluntary sector schemes in the past have been given funding in terms of a local authority block grant. However, this is becoming increasingly rare and organisations will inevitably have to provide services on a contractual basis. Services such as day centres, lunch clubs will therefore attract funding in line with the level of service they provide. This is the likely pattern for single services, such as meals on wheels which aims to cover a number of people within one scheme. An alternative approach is where the individual elderly person can apply for financial support to the local authority on an ad hoc basis. For example, a carer wanting care from PSS could apply via PSS for financial assistance. In this sense the funding would be on a similar basis to that of residential care. This model is appropriate when a generic worker is employed to provide intensive care for very dependent people, say for respite purposes. It should again be emphasised that local authorities are currently very receptive to proposals from the voluntary sector and the Eldonians would stand a strong chance of attracting some level of funding, dependent on the quality of the proposal and the identified need.

Social services contingency fund

Liverpool Council have set aside approximately 1 million as a contingency fund during the first year of community care. It is not known whether this will be fully utilised in covering residential care. However, it may be that some of this money will be available for community care initiatives.

Grants

It should, however, be recognised that local authorities will be fairly restricted in the ability to fund new community care initiatives. While a key objective will be to attract long-term funding to the Eldonians, it may be worthwhile looking for grants to fund a pilot project in the first instance. A fully evaluated project, once established, will be a very attractive proposition to the local authority who will not have incurred the risks associated with new

schemes. Unfortunately, many of the sources of grants within Liverpool have dried up in the recent past, particularly the Inner City Partnership fund. However, the new EC objective 1 status may be an alternative source. Finally, some of the charitable foundations may be interested in funding a pilot project.

Private funding

As the independent domiciliary care market expands, led by Local Authority funding, then it can be assumed that the opportunity for providing domiciliary services on an entirely private basis will inevitably expand. In the course of various research projects related to informal care, many carers would have been willing and able to pay for domiciliary care, but:

- are unable to find an appropriate service
- are unhappy or suspicious of the providers
- are unaware of the existence of private agencies
- have never thought about it

However, this should be seen as long-term development and one that will inevitably depend on the economic circumstances of the local population.

16. TRAINING IMPLICATIONS

(Material in this section has been provided by Jane Hobson of the Manchester Consulting Group).

The form of any training undertaken by local service providers can only be decided upon once the service type and organisational structure have been established. This makes it difficult to make specific recommendations at this stage. However, it is important to make some general points.

The need for training

The development of any industry or service is dependent on the availability of an appropriately skilled pool of labour. While the elderly care industry has traditionally been based on unskilled, unqualified and poorly trained staff at basic levels, this situation has begun to change and training is now a priority issue. Within the residential sector, evidence of basic training is required for registration purposes and health and safety standards and there is an established regulatory framework within which this operates. At the moment, no such regulatory framework exists for community-based services. However, it should be recognised that local authorities as a funding agency will be able to use their discretion in buying-in services and contractual obligations may require contractors to provide adequate training to staff. One should also assume that the provision of community-based care will require a higher calibre of worker than is general in residential care, as they will be required to work outside the immediate supervision of senior workers. The higher demands of working independently in the community should require any service agency to put training as a key priority.

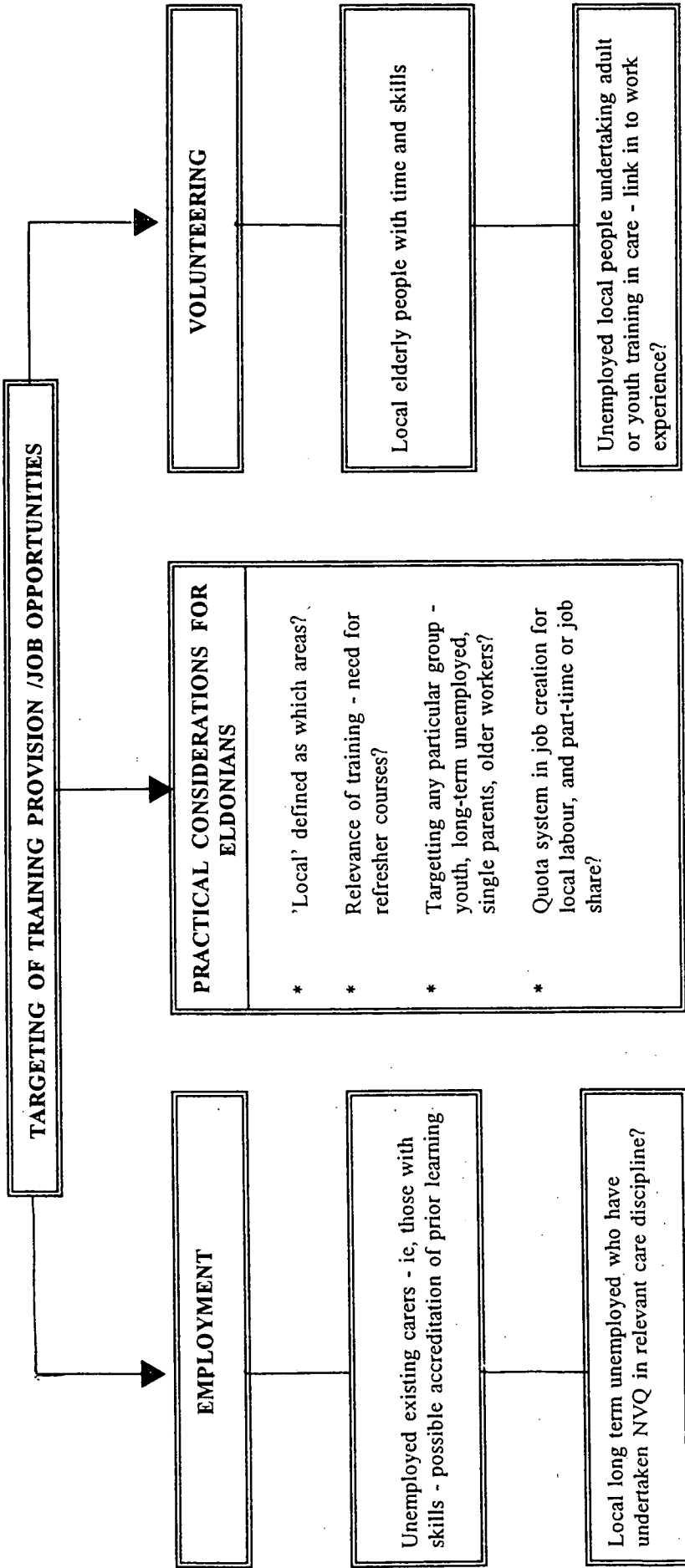
Joint training

To achieve the community care objectives, the government has promoted the concept of joint training where possible between agencies involved in the delivery and purchase of community care services. It is believed that joint training is a practical way of developing more integrated community care services. This is largely focused on those working in existing care services, but it is important for any agencies entering the field to be aware of the evolving nature of joint training. Particular emphasis is placed on determining local arrangements for the delivery of services and ensuring that training grows out of these arrangements. Therefore, it is essential that the Eldonians become involved with any forum which undertake reviews of local provision for community care provision.

Targeting of training provision

As already mentioned, training requirements will depend on the nature and structure of the proposed service agency. For example, employment training will be different for unqualified people with experience as carers compared with people with little or no direct experience. Similarly, the training needs for local elderly volunteers would be based on a different set

POTENTIAL INVOLVEMENT OF LOCAL LABOUR



TYPES OF TRAINING

NVQ TRAINING

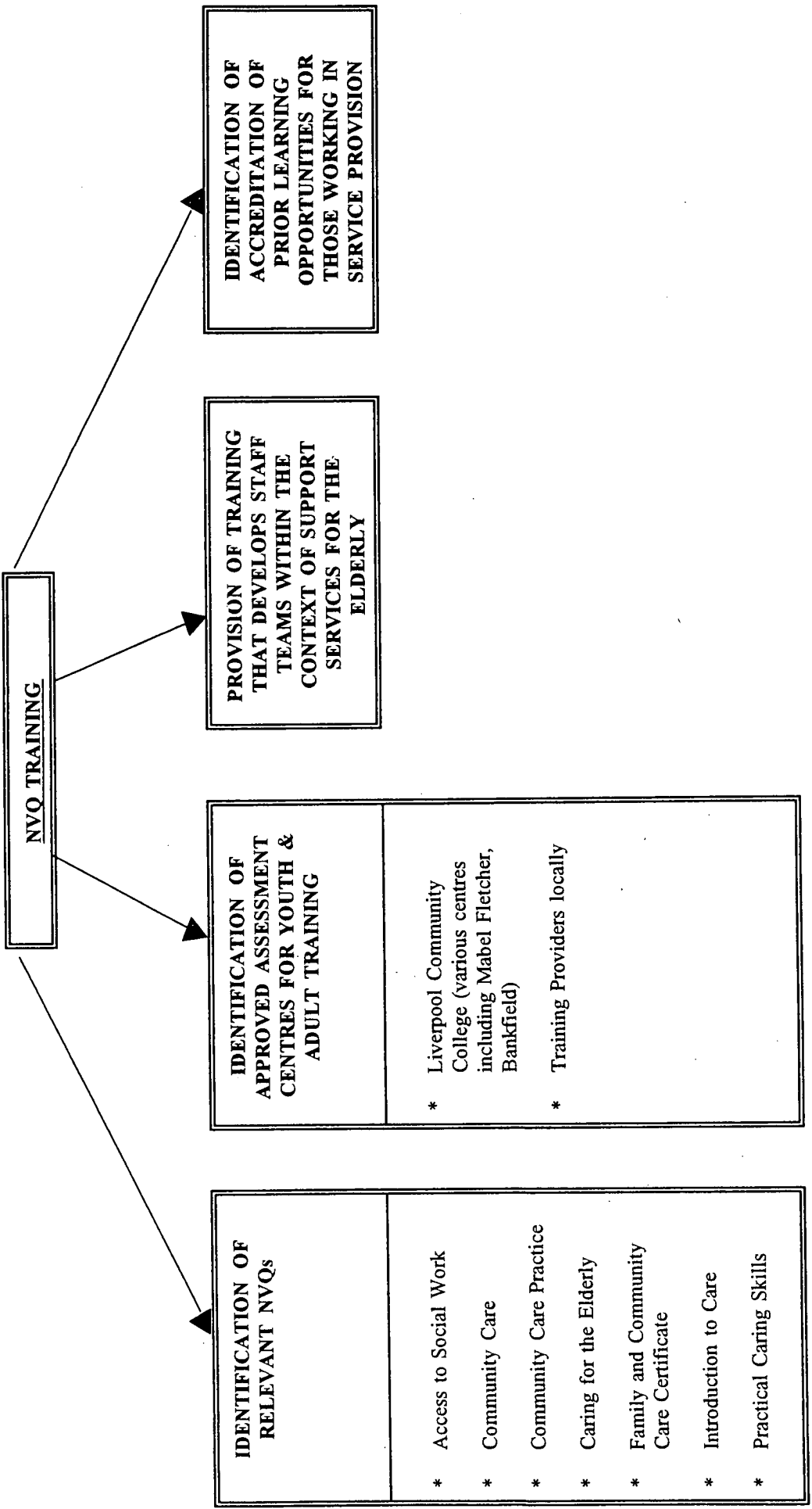
- * At established training providers?
- * See separate NVQ chart
- * Linked work experience through Eldonian service provision

'REFRESHER' TRAINING

- * Provided for those with NVQ in Care/Social Work
 - provided through Eldonians

'VOLUNTEER' TRAINING

- * Prioritise training for volunteers - related very closely to their needs based on Beth Johnson Model
- * Minimum level of volunteer training required and encouragement of NVQ participation if relevant



NVQ TRAINING

IDENTIFICATION OF RELEVANT NVQs	<ul style="list-style-type: none"> * Access to Social Work * Community Care * Community Care Practice * Caring for the Elderly * Family and Community Care Certificate * Introduction to Care * Practical Caring Skills
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IDENTIFICATION OF APPROVED ASSESSMENT CENTRES FOR YOUTH & ADULT TRAINING	<ul style="list-style-type: none"> * Liverpool Community College (various centres including Mabel Fletcher, Bankfield) * Training Providers locally
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PROVISION OF TRAINING THAT DEVELOPS STAFF TEAMS WITHIN THE CONTEXT OF SUPPORT SERVICES FOR THE ELDERLY

IDENTIFICATION OF ACCREDITATION OF PRIOR LEARNING OPPORTUNITIES FOR THOSE WORKING IN SERVICE PROVISION

of objectives and expectations to that of younger unemployed volunteers, who are seeking training and work experience.

Types of Training

Elder care training will fall into three main types. Firstly, National Vocational Qualification (NVQ) training is appropriate for currently unqualified employees of the care agency. Secondly, 'refresher' training may be required for those already with NVQ in care work. Finally, if volunteer-based care is to be carried out, then appropriate training should be given, particularly focused on their specific needs, together with encouragement to participate in NVQ training if relevant.

NVQ training and accreditation

It is important that any training undertaken by local people is accredited within the national vocational qualification (NVQ) framework where possible. Care qualifications have been developed by the Care Sector Consortium, which has now developed the integrated NVQs in care awards for anyone working in the health and social care fields in an unqualified capacity. The qualifications are level II in care (6 awards) for people working in care assistant type roles and level III in care for people working in care roles where they supervise others, and/or work with a high degree of autonomy. Other appropriate training should also be developed for those who have gained care qualifications or who have prior experience in caring for others.

Merseyside Training and Enterprise Council (MTEC)

The TEC is a possible source of funding and the Eldonians have already pointed to certain links. The TECs Local Initiative Fund may well be a future source of funding. As this is always over-subscribed, it may be more fruitful to target another pot of TEC money. The 'TEC Challenge' concept, operating on the same basis as City Challenge, may be worth exploring for training money if there is a second round in the near future. It is worth considering putting together a proposal with the TEC so as to be at the top of the queue if anything is announced.

Foyer projects

Linking into the TEC connections, some housing associations are working with their local TECs to identify possible foyer projects which could be developed. This is a project in which accommodation and employment workshops are provided within the same scheme for young people. This links into the Housing Corporation's strategy for the North West.