



Preferences for new models of care research study:

Phase One

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Briefing Summary

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The problem

The growing number of older people, in particular older people with high care needs, has increased demand for care and a change in housing options available to accommodate these needs. Policy aims to offer person-centred models of care, provided in a holistic and integrated way, valuing and involving older people, their carers and family members in decision making, to ensure people are able express and hopefully achieve their preferences.

Our approach

- Evidence synthesis: scoping review of scientific and grey evidence describing new models of care for older people.
- Qualitative study: to understand older people's preferences for different aspects and models of social care, with analysis of data from focus groups with older people aged 50+ living in England.

Key findings

- Models are being developed with a more **community-based approach** in the funding and delivery of care for older people. **Integrating care models** address the existing fragmentation of care to coordinate the assessment and provision of care and to organise the work of different sectors such as healthcare, housing and other community organisations to ensure more co-ordinated and personalised care.
- The **components of the new models of care** discussed with study participants included: housing, community assets, use of technology, provision of care, and control and dignity.
- People **preferred to live independently** for as long as possible.
- People **value community life and access to the resources** available within the community for their wellbeing.
- There is a **technological divide** and **knowledge barrier** to fully engage with and use assistive technology.
- People prefer to receive care from the same person and not different staff on different days, this was considered to be essential to **building a relationship and trust**.
- People value being able to decide what to do in their daily lives and to manage their own finances in order to **maintain their independence, control and dignity as individuals**.
- There were differences in the preferences and importance of some of the components of care between socio-economic and ethnic groups that need to be considered when planning and providing care.

Implications

- New models of care are shifting towards being more person-centred, where care is provided in a holistic and integrated way.
- It is essential to ensure that care arrangements align with individual preferences, beliefs and values.

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