

Evidence Briefing #14



Respite provided by a live-in carer

The Issue

Respite care is a short-term service to give informal carers a break from their caring role. Respite care largely involves the cared for person having a short stay in a care home. Live-in care is when a carer from a home care agency provides care for the person whilst living in the person's home. Commissioners were interested in whether live-in care might provide a beneficial and cost-effective alternative to a stay in a care home.

What we wanted to find out

Is live-in care a cost-effective alternative to respite care provided in a care home setting, and what effects does it have on service user wellbeing?

What we did

We searched the NIHR, Cochrane and Campbell libraries for relevant reviews and studies that included the terms 'live in care' or 'in-home care', and 'respite'. We also searched SCOPUS, PubMed, PsycINFO and Google Scholar.

A note about terminology

The terms 'respite' and 'in-home care' were both used to describe a range of services including: a short stay in a care home; 24-hour support in the home; regular visits from home carers (for up to 6 hours a day) and to provide care overnight.

What we found

We found no studies that looked at the cost-effectiveness of live-in respite care compared to respite in a care home.

We found one study that looked at the effectiveness of 'in-home respite care' for informal carers of people with dementia, compared to standard care.¹ The primary outcome was care-giver burden.

What the evidence suggests

Live-in care compared to standard care

The Belgium¹ study compared dyads of carers and cared for people who received live-in care as respite, for at least five days, with dyads who received 'usual dementia care'. Usual dementia care included medical, psychological and social services including support groups.

Shortly after the respite, carers were assessed as having lower carer burden (perceived level of strain of caring for someone) than the usual care dyads; this was not maintained after six months. Six months after the intervention carers who received live-in care respite had a significantly lower desire to institutionalise the person they cared for compared to carers in the usual care group.

Conclusion

Family carers providing unpaid care represent a significant saving for Local Authorities. Providing respite care that can delay the desire for a care home placement represents additional cost savings to the Local Authority and/or the family. However, from the available evidence it is not possible to determine the budgetary impacts of live-in respite care or whether this is a more cost-effective option than respite in a care home setting.

Quality of the evidence

The study had a sample size that fell short of that required for the authors to draw strong conclusions. The authors did not consider it possible to use randomisation to create the two groups, but instead used a recognised matching process called propensity scoring. This enabled them to match the dyads on variables known to influence outcomes, but it cannot control for unknown sources of impact. Only those willing to have a live-in carer were admitted to the study, and whilst the first five days were free to intervention participants, the potential cost may have deterred those from lower income groups.

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Additional literature that may be interesting for those commissioning respite.

We found two systematic reviews that looked at different models of respite care, including day care, domiciliary care and video calls, but not live-in care.^{2,3} These are not described here but the references are included for those interested in this general topic.

We also found a literature review⁴ on the use of respite by carers of people with dementia. The review includes benefits and negatives aspects for carers and cared for people of respite in care home settings and 'in-home' care. 'In-home' care is not clearly defined and is likely to include domiciliary care.

Finally, one study explored the planning, commissioning and delivery of short breaks for people with dementia and their carers, in Wales⁵. The study authors interviewed 26 people in strategic and operational positions from Local Authorities and the third sector. One finding concerned what factors made for a meaningful break for people. They identified important factors as providing choice of having a break separately or together, being flexible with the ability to plan in advance, settings being appropriate for the person's needs and interests and sustainability with a consistency of provider/care staff.

For more information about this briefing, contact

Kate Harris – Evidence Champion, Bristol City Council Kate.Harris@bristol.gov.uk

Lisa Dibsdall – Researcher in Residence, University of Bristol Lisa.Dibsdall@bristol.ac.uk

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