

Abstracts

Community Care

Julia Twigg

L. C. Burbridge, The labor market for home care workers: demand, supply, and institutional barriers, *The Gerontologist*, 33, 1 (1993), 41–46.

P. H. Feldman, Work life improvements for home care workers: impact and feasibility, *The Gerontologist*, 33, 1 (1993), 47–54.

N. N. Eustis, R. A. Kane and L. R. Fischer, Home care quality and the home care worker: beyond quality assurance as usual, *The Gerontologist*, 33, 1 (1993), 64–73.

The three articles reported here all take as their subject the market for home care in the United States. In doing so they raise issues that are increasingly pertinent to the United Kingdom, as our health and welfare system moves, albeit tacitly, towards a North American model. Home care in the UK increasingly displays features of the US experience. What was formally the home care service is perceived not as a service so much as a field of activity where supply is fragmented, and delivered either by the private sector or by voluntary agencies operating on a market model. The purchaser/provider split looks fair to introduce a pattern of third party payment that is characteristic of the reimbursement systems found in the US. Finally the demise of what was left of the old citizenship model of home care, whereby home help was given to older people almost as a social right, gives increased salience to income in determining usage. Help with housework has been residualised as a form of welfare, available only to those with the money or those who can show a high level of need and little or no resources. The system is in the process of being marketised not simply in relation to the plurality of suppliers but also to sources of payment. For all these reasons, data from the US concerning the market in home care is increasingly relevant in Britain.

Home care in the US has always been the poor relation of hospital-based care. The familiar biases towards medical as opposed to social care and towards hospital settings that are found across the western world have been particularly acute in America. Traditionally there has been little in the way of home care (other than that provided by

relatives), and that has mostly taken the form of post-operative care. It is only with reluctance that the American reimbursement system has ventured outside the hospital and beyond strictly medical care. Long-term care at home has been particularly neglected. Recently, however, there have been signs of change. The cost-effectiveness arguments that promote home-based care have increasingly been recognised; and the distortions imposed by hospital-oriented treatment acknowledged. The desire to curb the nursing home budget has resulted in a more favourable attitude in many States towards supporting home care. At the national level, changes in *Medicare* reimbursement in order to encourage early discharge have also facilitated the growth of home care. These factors, together with the rising number of older people able themselves to fund some form of home-based support, have resulted in a striking expansion in the market for home care since the late 1980s.

Burbridge's article addresses the nature of this market, and concentrates on one of its recent puzzling features: the persistent shortage of home care workers. In the neo-classical account, labour market outcomes result from the interplay of supply and demand, mediated by the wage. Shortages of labour should not in theory persist unless the market is subject to distortion. Burbridge, concentrating on the supply side, explores some of the factors that have constrained the availability of labour. She discusses the demography of low pay, and examines the future supply of workers traditional to this area and political debates about immigration. She discusses the interaction of low paid work with the welfare system, noting that home care workers share many characteristics with welfare recipients, that most stigmatised of American groups. She notes that the home care market has been particularly vulnerable to competition from other low paid jobs, many of which offer better wages and conditions. Home care workers earn less, for example, than nursing aids or orderlies who do similar work. Although home care workers value what they do and derive a sense of worth from it, the objective conditions of their employment are poor. The work is often isolating, leaving the worker vulnerable to harassment, is undertaken in decayed and often dirty surroundings, provides fluctuating hours and income and few job benefits. In this context, understanding the lack of attraction is easy. But why, if it is so difficult to recruit labour, does the market not respond?

Here Burbridge identifies two factors particular to the home care market. The first is the oligopsonistic power of government. The market here is not a direct one of providers and consumers, but is dominated by third-party payments mostly made by government. The levels of these are determined in the political rather than the economic

sphere. The strong downward pressure exerted by the political forces of cost-containment across the health and care sector results, she argues, in levels of payment that are insufficient to maintain labour supply. The second factor arises from labour market segmentation, which creates internal job markets in which only certain workers gain stable long term jobs. Primary labour markets are dominated by large firms which, being less vulnerable to competition, are able to offer better working conditions, more commitment on both sides, long-term training and options for advancement. They are also often unionised, again improving work conditions. Secondary markets, by contrast, are characterised by small enterprises – sometimes very small ones – that are often forced to compete fiercely on cost, particularly labour cost. They are marked by low wages, little training, instability of employment and few opportunities for advancement. Unionisation is rare. Workers in this sector, reflecting other forms of powerlessness, are differentially female and from ethnic minorities. Home care, Burbridge argues, needs to be seen in this context of secondary labour markets. Barriers to entry as a provider of home care are low, and enterprises are subject to strong cost pressures. The fragility of this market is apparent, with few large enterprises and with firms and workers subject to extreme competitive pressures. In this context, high turnover of staff may be bothersome, but its costs are lower than those of maintaining a stable work force.

Feldman, while not at odds with the broad analysis presented by Burbridge, is concerned to assess the potential for intervention. Can improvements in the working conditions of home care workers lead to better recruitment and lower staff turnover? Based on a series of demonstration sites with experimental and control samples, the study compares the impact of different packages of work enhancement, ranging from training, status enhancement through uniforms and badges, focus groups to pool experience, increased supervisor contact, better benefits, more stability of hours and wage increments. The costs of these enhancement programmes ranged from 2% to 30% of the worker's wage. Though a number of interventions were found to be effective in reducing turnover and improving morale, it proved difficult to extend them more generally into this employment sphere. Certain forms of improvement – notably higher wages – were vetoed by the political masters, reinforcing the point made by Burbridge about the depressive role of government. Others were regarded as simply out of line in a sector where few resources are traditionally invested in low paid workers, where many agencies operate almost as temporary help agencies, and where high turnover is not viewed as a significant cost. An ever-changing, unstable workforce with poor morale has obvious

implications for the quality of service delivered, but this may not impact directly on the agencies providing home care unless, that is, the funders explicitly include quality criteria in their contractual arrangements.

The last article turns to this issue, by exploring approaches to quality assurance in home care. The close and continuing relationship between the client and the home care worker, Eustis and her colleagues argue, means that issues of quality are of particular importance in this field, more so than in the regulated hospital or nursing home. Home care workers undertake extensive activity in complex social settings, but with little training or support. The quality of their work is rarely monitored and, as the authors show, thinking about quality and how to ensure it is not well developed in this area. What there is, however, is knowledge of the kinds of things that clients favour in home care workers, and the article reviews detailed evidence from several studies. Broadly speaking, clients judge home carers not just in terms of tasks performed but by whether they are reliable, honest people who really care for them and with whom they get along. Interpersonal factors clearly matter; though enshrining these in quality measures is difficult. The possible link to supply side factors is also problematic. How far do the poor work conditions of home care workers militate against quality? Direct evidence is lacking, though parallel work on the impact of morale and self esteem suggests some links.

The situation with regard to home care in the United Kingdom is still markedly different from that of the United States. Levels of provision in the UK remain significantly higher, and the model of provision is more securely located within a social-care as opposed to a medical context. There are, however, some interesting parallels and lessons to be learnt from the US situation and particularly from the analysis of the nature of this labour market. There is evidence emerging from the UK that home-care supply may not be as easy for local authority Social Service Departments to enable as has sometimes been assumed, given the low levels of capital required to enter the market. It is certainly the case that large chains of providers have not emerged; most commercial agencies offering home care are small, and many have proved vulnerable. There is some anecdotal evidence to suggest that levels of profit in this sector are low. For these reasons it is germane to look across to parallels in North America and to explanations offered there.

Department of Social Policy and Professional Studies,
University of Hull,
Hull HU6 7RX