Discovering what works in home care begins with asking the right questions. Two principles from the evaluation research field are useful in understanding what results should be expected of home care: First, examination of program activities may be the key to discovering program objectives (Deutscher, 1977); second, evidence of immediate effects of programs is much more likely to be found than evidence of less proximate effects (Rossi, Freeman, & Lipsey, 1999). Therefore, to understand what home care is likely to accomplish, we should start by examining the specific tasks involved in home care and focus on immediately achievable program objectives.

The core set of home care activities consists of personal assistance services intended to compensate for self-care limitations largely as reflected in activities of daily living (ADL) and instrumental activities of daily living (IADL) measures. Home care does for those with self-care limitations what they cannot do for themselves. More specifically, home care provides assistance with bathing, dressing, meal preparation, shopping, and so on for those who cannot perform these tasks independently. The immediate aim of personal assistance, therefore, is to assure that recipients have adequate solutions to challenges of daily living (Caro, 1981). I have come to use the term “quality of circumstances” to describe largely objective measures of the adequacy of solutions to problems of daily living. (I avoid the term “quality of life” because it is typically conceived of as an entirely subjective construct.) Some examples of quality-of-circumstance content may be helpful. In the quality-of-circumstance framework, a highly favorable outcome for assistance with mobility is evidence that the recipient moves around in the living environment at will day and night with full access to all rooms in the residence and does so without experiencing injury. For those whose home care addresses inability to prepare meals, the quality-of-circumstance framework documents eating experiences from both a nutritional and enjoyment perspective. The nutritional aspect includes weight gain or loss, dietary balance, quantity of food available, and frequency of eating opportunities. Enjoyment of the eating experience includes the social context, satisfaction with the types and variety of food available, and satisfaction with the eating environment. For those who are unable to shop, the adequacy of assistance with shopping is measured by how fully the household is supplied with regularly needed items and how rapidly missing items are obtained. The quality-of-circumstance framework has content that corresponds to each ADL and IADL item. In addition, it includes other dimensions such as shelter adequacy, privacy, autonomy, and activity (Caro, Gottlieb, & Safran-Norton, 2000).

Formal home care often has a second dimension in that it supplements the efforts of informal caregivers. A second aim of home care, then, should be to provide relief to informal caregivers (Caro, 1981).

The approach proposed here deliberately sidesteps the conventional argument that the aim of publicly funded home care is to prevent nursing home placement. Prevention of nursing home placement is usually a desirable outcome for home care, but it is a risky basis for judging the efficacy of home care because of the lack of close proximity between the provision of formal home care services and nursing home placement. Because many forces influence nursing home placements, the effects of formal home care in preventing or delaying nursing home placement can be swamped by the effects of other, more powerful forces. Further, formal home care is appropriate for many who are not immediate candidates for nursing home placement. For these reasons, evidence of nursing home avoidance should be considered a bonus for home care rather than the fundamental basis upon which the contributions of services are judged.

Does a framework that focuses on solutions to problems of daily living let home care off the accountability hook too easily? By no means! The key to accountability for home care is the adequacy of the solutions to daily living needs that it provides. The evaluation issue for home care, then, is largely one of quality: Is the quality of the solutions to problems of daily living achieved through home care sufficient to meet a standard of adequacy? We then need to ask how quality is defined and how a standard of adequacy is established. Consumers, informal caregivers, providers, and those who provide the financing may have different ideas about both quality and standards of adequacy. When we know the quality, we know how to measure it.
Questions about the effects of formal home care services upon caregiver burden deserve similar consideration. The introduction of formal home care services does not assure a reduction in informal caregiver effort, because caregivers may simply shift their efforts to other tasks, including the supervision of formal services. In the case of publicly funded programs, the questions about impact on caregivers invite attention to standards. Should public programs be expected simply to provide a level of relief that caregivers find satisfactory? Alternately, should there be a standard of the effort expected of informal caregivers? If so, formal home care services could be evaluated on the extent to which they reduce or eliminate “greater-than-expected” caregiving effort (Caro, 1981).

Is the quality-of-circumstance approach too difficult for home care to absorb? Two challenges are involved; both can be overcome. The first is a matter of conceptualization and language. With concerted effort, the field can shift its statement of mission to one that focuses on improvement in the life experiences of people with disabilities. The second issue is technical. I believe that case managers are able to move beyond identifying and addressing the “unmet needs” approach to service planning to one in which they also focus on strategies necessary to enable clients to achieve explicit improvements in their life circumstances. Further, researchers are capable of employing largely objective measures of how well daily living needs are met (Caro & Blank, 1988). In addition, we have both technical and political methods for establishing standards for the quality of daily living experiences that we should expect of formal home care services.

References

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