

**birdie**

# “It takes a village”

A care recipient’s view of the state  
of elderly care in the UK today



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# Executive summary

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As the UK prepares for a future where more than one in five are projected to be over 65 within a decade, this research provides a unique perspective on elderly care: that of care recipients themselves.<sup>1</sup>

Through surveying over 1,000 older adults receiving care across the UK, this report demonstrates that the concept of a 'Village of Care' - where multiple contributors work together to support an individual's care journey - isn't just an aspiration, it's already a reality.

The research explores not only what this 'village' looks like, but where it succeeds and where it struggles - and crucially, why. Four key conclusions emerge from this:

## **1. The 'village' already exists, but needs support**

The research reveals that care recipients typically interact with multiple formal and informal care providers. At the heart of this network are family members, who provide care to 61% of recipients, followed by GPs at 44% and friends at 21%.

While professional care services are deemed the most important by those who use them, their reach remains limited - only 2.4% access private homecare and 3.5% receive state-funded homecare, highlighting a significant gap between value and accessibility.

## **2. Informal care dominates, but this comes with several risks**

Family members and friends currently form the backbone of the care system, particularly

in providing practical and emotional support.

However, this heavy reliance on informal care creates inherent risks in both care quality and sustainability. The limited accessibility of professional care services who are best positioned to deliver more technical and medical support means that informal carers often must step in to fulfil roles they may not be equipped to handle.

## **3. Significant unmet needs persist**

Despite the extensive network of care providers, both formal and informal, substantial gaps in care provision remain. Practical support, including help with household tasks, shopping and transport, emerges as the most frequently requested additional assistance. Mental health and mobility support show notably lower satisfaction rates compared to other care types. The research also reveals a stark contrast between the high demand for professional care services and their limited availability.

## **4. Connection challenges limit progress and impact**

While the 'village' is well-populated, it's poorly connected - and there's a lack of appetite to change this. Only 38% of care recipients express willingness to share basic medical information across their care network. Notably, a third of recipients don't perceive a need for better connection between their care providers, despite clear evidence of the risks posed by poor coordination.

1. <https://ageing-better.org.uk/ageing-population>

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## The path forward

The findings reveal that building an effective 'Village of Care' requires two parallel transformations:

### 1. Technological interventions

Success depends on implementing digital platforms that connect all care providers, both formal and informal, enabling structured data collection that can drive preventative care through a system of "collective wisdom". This means developing secure information-sharing systems that improve care coordination and reduce errors, while providing real-time updates and notifications to keep all parties informed of important developments in the care journey.

### 2. Cultural shift

Alongside technological solutions, we must foster a cultural transformation in how we approach care coordination. This includes educating stakeholders about the benefits of information sharing in improving care outcomes, empowering care recipients to take control of their care journey, supporting informal carers through better access to information and resources, and recognising the complementary roles that formal and informal care can play.

## Recommendations

The path to an effective 'Village of Care' requires adopting technology to facilitate better coordination and information sharing. Creating structured frameworks for data sharing that protect privacy while enabling better care outcomes is crucial, as is

supporting the integration of community health services into the digital care ecosystem.

We must also expand access to professional care services to better balance the formal-informal care mix, while developing educational programs to help care recipients and their families understand the benefits of connected care.

The 'Village of Care' is not just about connecting different circles of carers – it's about creating an intelligent, responsive network that can anticipate and meet the needs of our ageing population. By combining technology with education and cultural change, we can transform elderly care from a fragmented system into a coordinated, preventative model that truly puts the care recipient at the centre.



# Introduction

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The UK is facing an unprecedented demographic shift as our society rapidly ages. The strain on our health and social care systems, whose foundations have changed little from their inception over 75 years ago, is already showing.

With a new government taking office in July 2024, discussion on how to ‘fix’ the challenge of elderly care has been part of a wider debate about what to do with an NHS in ‘serious trouble’<sup>2</sup>. In this chorus of voices, one word has repeatedly rung out: community.

Whether in Lord Darzi’s recent investigation or in the Labour manifesto, the drive to move care out of hospitals and into the community has been a clear refrain. Coping with our ageing society - and saving our health system - means moving to a more person-centred model of community-focused care.

At Birdie, we talk about this community-centred concept of care as the ‘Village of Care’: just as it ‘takes a village’ to raise a child, it takes a village to care for our elders. Through our research, we’ve discovered that this ‘village’ already exists - bringing together family and friends, medical professionals, care workers, and community support around the older adult in their home and community.

However, this ‘village’ is underdeveloped, and urgently needs both technological and cultural transformation to meet the growing challenges of our ageing population. The technology piece is critical: when we can connect these parties so they can work better together, we unlock the potential for what we term ‘collective wisdom’ - a state where data on interventions and

outcomes can help every part of the ‘village’ provide preventative and personalised care. But equally important is the cultural shift required to make this connection meaningful and effective.

With the opportunity that a new government brings, we believe it’s time to dive even deeper into the current ‘state of the village’. And we’ve chosen to do so from the perspective that’s often overlooked in many evaluations of how our health and social care system: that of the care recipients themselves.

Through speaking to over 1,000 older people in the UK who receive care and support, this reports explores:

- ‘Who cares’: who delivers care, and of what kind
- Where the successes and problems are in our current ‘village’
- How the ‘village’ works together
- Key recommendations based on the picture of the ‘village’ today

The picture we found shows that while the ‘Village of Care’ already exists, it requires urgent support to meet current and future needs:

- The system relies heavily on informal, unpaid support from family, friends and neighbours - while this is a reflection of community spirit, it puts millions of unpaid caregivers under mental, physical and financial strain that will only increase as our population ages further.

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2. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care>

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- The system's reliance on informal care creates risks in care delivery and leaves unmet needs for care recipients.
  - The system lacks the technological infrastructure for effective coordination and the cultural framework for meaningful information-sharing - two fundamental requirements for delivering better outcomes.

As we go through the findings, we'll explore why this is and what can be done about it.

Here at Birdie, we support over 1,000 homecare businesses in delivering more than 30 million care visits per year. In working closely with these care providers, we see and hear just how transformative it can be when people are cared for at home in their communities - with these recommendations (and those set out in our recent whitepaper 'Ready to Care') we hope to make this a reality for any older person in the UK.<sup>3</sup>

*Team Birdie*



3. <https://www.birdie.care/resources/ebook/ready-to-care-the-first-steps-to-fixing-social-care>

# Methodology

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This research was conducted by the independent market research consultancy, Censuswide. 1,000 UK consumers aged 70+ with a minimum 50 responses in each region: East of England, Greater London, East Midlands, West Midlands, Northeast, Northwest, Northern Ireland, Scotland, Southeast, Southwest, Wales and Yorkshire and the Humber, who are receiving some kind of formal or informal homecare were surveyed online between 02.08.2024 - 19.08.2024.

Censuswide abides by and employs members of the Market Research Society which is based on the ESOMAR principles. Censuswide is a member of the British Polling Council (BPC).

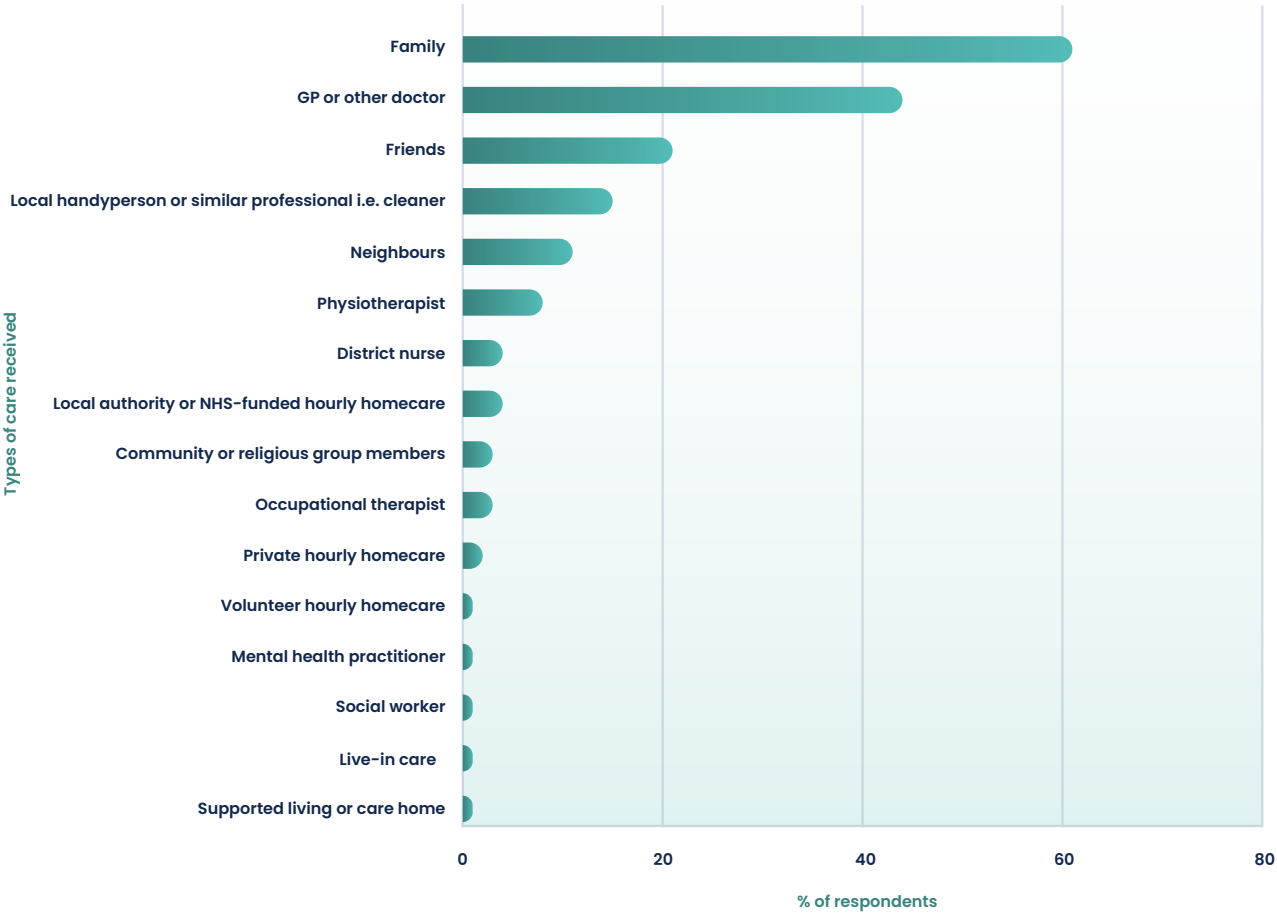
The quotes and personal stories featured throughout this report were gathered through qualitative interviews conducted by Birdie's research team with care recipients and care providers across the UK. These interviews provided rich, contextual insights into the lived experiences of older adults navigating the care system.



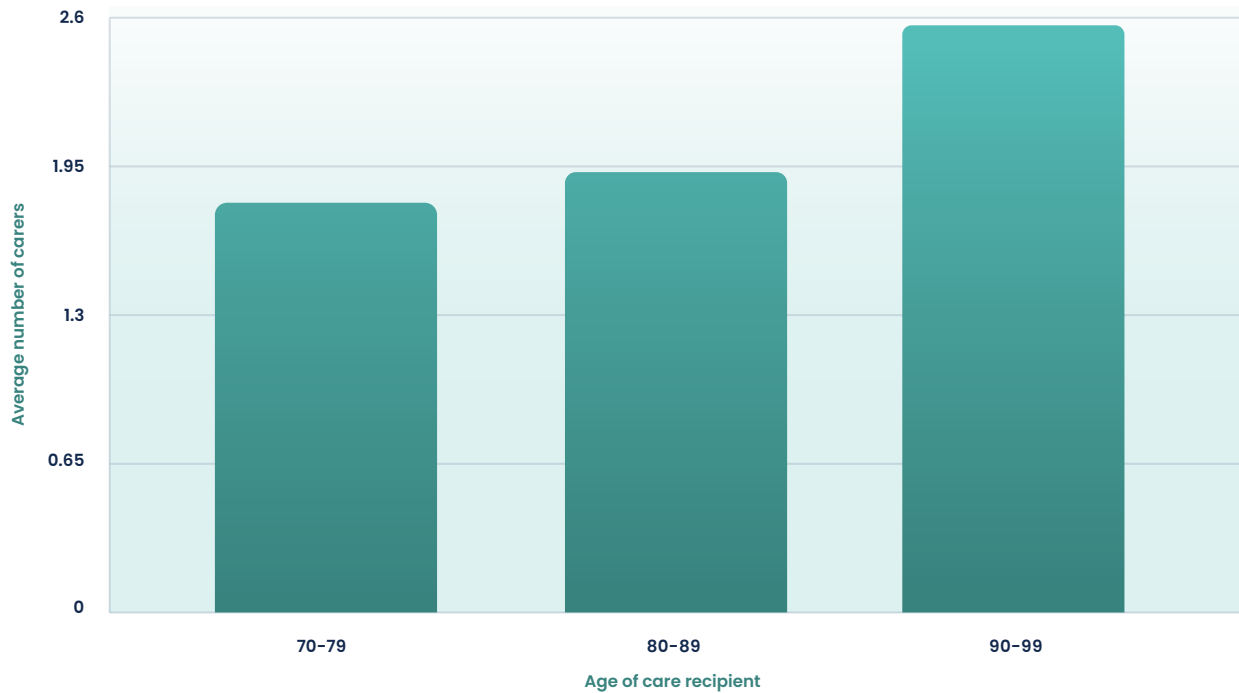
# Chapter 1: Mapping the Village of Care

## A bird's-eye view of the 'Village of Care'

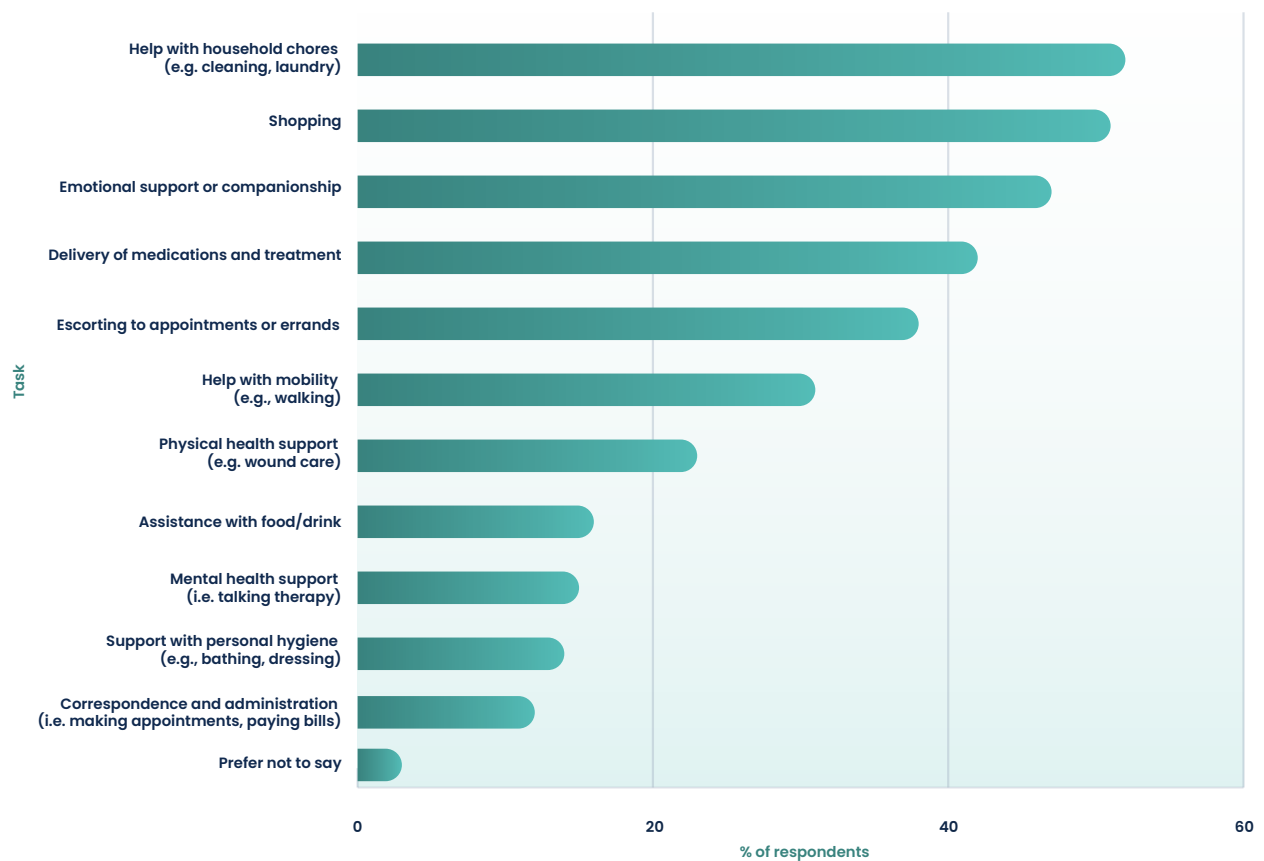
Our study began with asking care recipients a simple question: who helps them? From the list here, a diverse and varied picture of the 'Village of Care' began to build:



The picture emerged of how many people are involved in an individual's care, with the mean number rising with age:



We then asked a critical second question: how do they help you? Listing a number of different activities and tasks, care recipients selected all that they received assistance with:



In combining the data, we're now able to illustrate for the first time what the 'Village of Care' really looks like today.

The diagram below illustrates the 'Village of Care' as split across four main groups:

**1. The Core Village.** This first group consists of family members, supporting 61% of respondents. This is the single largest group of care, reflected in how this group is the usual 'first port of call' when challenges arise, but also starkly showing how much responsibility weighs on informal carers.

**2. The Professional Network.** The second group is medical professionals: GPs (supporting 44%), district nurses (4%), physiotherapists (8%), occupational therapists (3%) and mental health professionals (1%). While collectively this forms the second largest group, this is heavily weighted towards GPs, indicating a lack of access to community health services.

**3. The Community Circle.** The third group represents friends and neighbours, providing care and support to 21% and 11% of respondents respectively. This large group is often overlooked in the discourse around care, and its high representation here reflects the importance of a wider and more inclusive definition of 'community'

**4. The Support Services.** The last circle represents formal social care services, including publicly-funded homecare (supporting 3.5%) and private homecare (2.4%) and live-in care (0.1%), supported living or care home facilities (0.1%).

Each group within the 'Village of Care' fulfils specific roles - we'll explore each of these in turn, along with their challenges, in the rest of this chapter.



## The Core Village

### Family members: the default safety net at first glance

Family members form the cornerstone of elderly care in the UK, providing support to 61% of respondents in our study. While this can be of great benefit to the care recipient, this can come at great cost to the carer themselves and starts to show real limitations as care needs become more complex.

**“Since my wife passed away in 2013, my two daughters have been my primary support system. My daughters are invaluable, helping me with hospital appointments, washing, ironing, and monthly deep cleans of my home.”**

Brian, 80, Southampton

#### Areas of success:

- **Comprehensive support:** Family members assist with tasks ranging from shopping (56%) to emotional support (42%) and escorting to appointments (44%).
- **Quick response times:** Over 50% of family members respond to asks for support within 30 minutes.
- **High satisfaction rates:** Family care received a 98% satisfaction rating, nearly on par with professional services.
- **Trusted first point of contact:** Family members are the most common first point of contact for health concerns.

#### Areas of challenge:

- **Sustainability and carer wellbeing.** Extensive reliance on family carers raises concerns about wellbeing and the sustainability of this care model. 28% of unpaid carers currently live in poverty, an issue under increasing scrutiny with recent controversies around Carers Allowance.<sup>4</sup> The risk of burnout is also significant, particularly for those providing intensive or long-term care alongside other responsibilities (such as childcare for the ‘Sandwich Generation’).<sup>5</sup> NEF Consulting estimates that each year there are 107,000 carer breakdowns resulting in the need for state intervention, 10% of which result in admissions to residential care.<sup>6</sup>
- **Care quality.** Family members may struggle with more complex tasks such as medicine administration, personal hygiene and physical health support. Informal carers also rarely have care training or qualifications, meaning that care may be of varying quality. This risk becomes potentially dangerous as a person ages and their needs become more complex (such as medication administration, mobility or personal hygiene).
- **Continuity of care.** Family members often lack access to care plans or medical records, meaning that not only is it difficult for them to receive critical information from other areas of the ‘Village of Care’, it’s also hard for them to contribute to it. For example, in order to let a professional carer know that their client has experienced a bruise and needs a topical ointment applied, a family carer would likely have to exchange several calls and emails.

4. <https://www.jrf.org.uk/care/what-pushes-unpaid-carers-into-poverty>

5. [https://en.wikipedia.org/wiki/Sandwich\\_generation](https://en.wikipedia.org/wiki/Sandwich_generation)

6. <https://nefconsulting.com/wp-content/uploads/2019/06/Unpaid-Carers-Technical-Note-Accompanying-Model.pdf>

- **Unmet practical needs.** Despite family support, many respondents still desire more help with household tasks and mobility.

Family carers provide the foundation of the ‘Village of Care’, offering a unique breadth and depth of support. This might come as little surprise, given that unpaid carers make up 9% of the UK population.<sup>7</sup>

For the care recipient, there are clear positives: the high satisfaction ratings and quick response times show the invaluable role of family in elderly care. Their involvement spans from day-to-day practical support to crucial emotional care, contributing significantly to the overall wellbeing and quality of life of older adults.

However, this heavy reliance on family carers raises urgent concerns - this group is currently propping up the ‘Village of Care’ - a framework that will become increasingly unsustainable as our population ages.

There’s a clear need for better support systems for family carers, including respite care,

training in specialised care tasks, and financial support. There also needs to be greater communication between informal carers and care professionals, taking advantage of the knowledge that family members have, and in turn supporting them with more information to support their own journey as caregivers.

Above all, this speaks to a need for much greater accessibility of formal, professional care services. For the ‘Village of Care’ (and everyone within it) to thrive, it’s critical that this becomes more available.

**“...accessibility and openness is a massive thing for us. The fact that we can now allow people to have access to their relative’s care plan [through Birdie’s Family App], so they can engage much more in their care, is a massive thing. Ensuring that you’ve got a person-centred care plan is easier when you’re engaging with the service user and their family in that simple way.”**

Harrison Fensome, Managing Director at Caring Forever.

7. <https://www.health.org.uk/publications/long-reads/can-you-tell-we-care>



## Paula, family caregiver from Rotherham

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I've been caring for my brother Gary since 2000. Following a hospital stay, he was left with both epilepsy and memory loss to manage, which meant he needed constant support.

Initially, I tried to manage Gary's care myself, but it became clear that I needed additional help, especially as his needs became more complex. I was struggling to balance my caring responsibilities with other parts of my life, including being there for my daughter. That's when my family and I decided it was time to seek professional support.

Today, Gary lives independently with 24/7 care support from Gleamlite Services. We switched to them four years ago after our previous carers became unreliable, often refusing shifts. The change has been transformative - I've never looked back.

I still visit Gary every day except Sundays, usually from 8am to 10am. I handle his shopping, attend all his medical appointments, and manage his finances through power of attorney. Gleamlite uses Birdie, so getting access to the Family App has been invaluable, especially when I'm away. I can check what Gary's done each day, whether he's had a shower, taken his medications, or gone for walks to the park.

Communication between everyone involved in Gary's care is crucial. After medical appointments, I ensure all information is shared with our care provider, who updates Gary's care plans accordingly. The care team has clear protocols for handling emergencies, particularly at night, ensuring everyone knows their role and when to escalate situations.

Managing the financial aspects of care is another significant responsibility. I handle NHS funding payments and undergo audits every three months, maintaining detailed records of all invoices, payments, and bank statements. It's a complex system that requires careful organisation, but I've developed my own filing method that works well.

While caring for Gary has its challenges, we now have all the support we need. Everything is in place for a reason, and the open, honest approach we take - with carers always present during medical appointments - helps ensure Gary receives the best possible care. It's a journey that's taught me the importance of having the right support system in place, both for Gary and for myself.



## The Professional Network

Medical professionals appear frequently in the ‘Village of Care’ - however, the vast majority of these appearances are by GPs, with other community care providers seldom seen.

### GPs: the ‘village doctor’ maintains their place

GPs are a crucial component of elderly care, supporting 44% of respondents and serving as a primary medical point of contact.

**“In my experience, the majority of the over-65 patients I see have medical issues and illnesses. Most are managing multiple health conditions, and for some, the challenges go beyond medical—they may need help adapting to mobility aids, or they’re simply lonely, sometimes calling in just to hear a friendly voice. It’s a reminder that their care needs to address both health and connection.”**

Hanson, GP, London

#### Areas of success:

- High importance rating (91%), reflecting trust and reliance on their expertise
- Second most common first point of contact for health concerns, after family members
- Crucial role in medication management (41% of GP care involves this)
- Relatively strong in delivering continuity of care (55% of respondents reported never needing to repeat their care needs to their GP)

#### Areas of challenge:

- Communication gaps with other care providers such as social care providers and families, potentially leading to fragmented care
- Time constraints during appointments (only 28% of over 55s report being able to discuss all their issues during a GP appointment)<sup>8</sup>
- Accessibility issues, particularly for home visits or out-of-hours care

GPs play a vital role in the medical aspect of elderly care, providing essential services such as regular check-ups, medication management, and referrals to specialists. Their high importance rating reflects the trust placed in them by older adults and their families.

However, the data here suggests there’s potential to better integrate GP services with social care providers to create a more holistic care approach. Services such as GP Connect support this, through allowing authorised health and social care workers to access GP records, but this only goes as far as the formal care system and fails to empower informal carers such as families. It also fails to fully solve the challenge of integrating GP services with the rest of the health system - from secondary care to other community care services such as physiotherapy and mental health support.

Addressing time constraints and accessibility issues, perhaps through increased use of technology or community-based clinics, could further enhance the crucial role that GPs play in elderly care.

8. <https://www.theguardian.com/society/article/2024/sep/02/many-patients-leave-gp-appointment-without-discussing-all-worries-survey-shows>

## District nurses: a critical connection between hospital and home

Only 4% of our respondents reported district nurses as part of their network of support, even though they play a crucial role in providing specialist care in home settings.

### Areas of success:

- Rated as highly important by 98% from those who use the service
- Excel in providing skilled medical support, particularly wound care (68% of their patients receive this)
- Crucial for medication management (34% provide this service)
- Bridge the gap between hospital care and home-based recovery

### Areas of challenge:

- Limited availability compared to other care types, potentially due to resource constraints
- Some issues with care continuity, with only 41% of users never needing to repeat care needs (lower than GPs at 55%)

District nurses offer a vital service, bringing skilled nursing care into patients' homes. Their high importance rating reflects the critical nature of their work, particularly for those with complex medical needs or those recovering from hospital stays.

This specialised care is an essential service for hospital discharge - with 'bed blocking' an acute issue for the NHS, the ability to safely and quickly transition elderly

patients back to their homes has a profound impact on our wider health service.<sup>9</sup>

However, the data suggests some challenges. The need for some patients to repeat their care needs indicates potential issues with information-sharing or care continuity. This could be due to the nature of district nursing, where different nurses might visit on different occasions.

Improving the availability of district nursing services, and considering how district nurses could play a larger role in care coordination might help address some of the communication gaps in the broader care system (see Chapter 3).

An alternative solution also exists here: delegating more healthcare tasks to social care professionals. As outlined in the recent whitepaper produced by Birdie and based on the views of leaders in the social care space, there's an opportunity to leverage the rich skills and experience of care workers to deliver more healthcare-related tasks for common acute conditions (such as UTIs, pneumonia, cellulitis) and chronic conditions (such as diabetes, dementia, hypertension).<sup>10</sup>

Doing so could not only reduce the burden on district nursing services, but provide critical preventative care for conditions that often result in hospitalisation for elderly people if left untreated.

## Therapists and mental health support: a rare find in high demand

This group includes the other, smaller groups of community health professionals who were cited as part of support networks: mental health practitioners (cited by 1.3% of respondents), occupational therapists (2.7%), and physiotherapists (7.7%).

9. <https://www.england.nhs.uk/2023/01/nhs-pressure-continues-as-hospitals-deal-with-high-bed-occupancy/>

10. <https://www.birdie.care/resources/ebook/ready-to-care-the-first-steps-to-fixing-social-care>

### Areas of success:

- High importance ratings (92% for mental health practitioners, physiotherapists and occupational therapists also highly valued)

### Areas for improvement:

- Limited usage rates suggest potential issues with access or awareness. Physiotherapy was the second-most desired service, with 11% of respondents wanting more access to this service.
- Mental health support consistently shows lower satisfaction across multiple care types, indicating a potential gap in current care provision
- Limited integration with other care providers, potentially leading to communication gaps

These medical specialists offer valuable expertise that complements other forms of care. However, the relatively low engagement rates, coupled with the high importance ratings from those who do use these services, suggest that there may be unmet needs in the elderly population for therapeutic interventions. Improving awareness, access, and coordination with other care providers could improve the overall care experience.



## The Community Circle

### Friends and neighbours: tea, sympathy and Sainsburys

We now meet our second group of informal carers. Friends (cited by 21% of respondents as part of their support network) and neighbours (11%) play a significant role in the care network, offering localised and often immediate support to older adults.

**“My daughter is my primary carer, but I’m fortunate to have a network of friends who assist me throughout the week. We call ourselves “the coven”, and these ladies have become an integral part of my life. From helping with gardening and shopping to providing companionship, they ensure I’m well-supported while maintaining my independence.”**

Jacqui, 77, Lincoln

### Areas of success:

- High satisfaction rates (97% for friends, similarly high for neighbours)
- Quick response times, with over 50% responding within 30 minutes to requests for help
- Important in providing emotional support (47% for friends, 41% for neighbours)
- Provides practical assistance for tasks like shopping (37% for friends, 39% for neighbours)

### Areas of challenge:

- Potentially inconsistent availability or commitment

- May lack formal care skills or training
- Risk of overburdening relationships that are primarily social in nature

Friends and neighbours form a crucial and underrated part of the 'Village of Care', offering flexible, localised support that complements more formal care. Their strength lies in providing emotional support and practical assistance with everyday tasks, often filling gaps left by family or professional carers.

However, the informal nature of this care presents similar challenges to what we saw in our discussion of family carers. There's a risk of inconsistent care quality and potential strain on relationships. Additionally, while friends and neighbours can help in addressing immediate, practical needs, they may not be equipped to handle more complex health issues.

Just as with family members, improving the integration of friends and neighbours into the broader care network could enhance their effectiveness while maintaining the informal, flexible nature of their support. This could help create a more robust, community-based 'village' that better supports ageing.

## The Support Services

### Private homecare: critical (if you can get it)

Private hourly homecare, while used by only 2.4% of respondents, received the highest rating for importance out of all forms of care included in this survey. If ever there was a clear sign of the value of delivering high quality care in the community, this would be it.

#### Areas of success:

- Extremely high importance rating (100%) from users

- Effective in providing personal care (50% of recipients receive support with personal hygiene) - an area where informal carers are less likely to deliver support

- Helpful with mobility assistance (one-third receive this support), reflected in how adoption increases with age (less than 2% for 70-79 year-olds, but nearly 5% of 80-89 year-olds)

#### Areas of challenge:

- Low usage rate (2.4%) suggests significant accessibility issues, likely due to cost
- Limited integration with other care services, potentially leading to communication gaps
- May not fully address social and emotional needs, with only 12% receiving emotional support here

Homecare - whether paid for privately or by the state - is potentially as close to a professionalised version of a family carer as is possible. Both models allow an older person to stay at home in their community, while receiving care that's tailored to their specific needs and preferences.

This puts homecare in the perfect position to help redress the balance within the 'Village of Care' to alleviate the weight placed on informal carers, while also helping fill in gaps left by other community care providers (see previous section on District Nursing). Private homecare's high importance rating and effectiveness in personal care and mobility assistance demonstrate this potential clearly.

If homecare is a potential unlock to the whole 'village', the area where it needs to improve is in information sharing and care continuity, as some users report needing to repeat their

care needs. Enhancing communication systems and integration with other parts of the 'village' could help address this issue, and this can be supported by care management systems.

**“...third party access is a really big thing for us. We’ve already used [Birdie] for a social worker and working in multi-disciplinary team meetings, and whenever we use that everyone always says ‘Wow! I’ve got this information immediately!’ - and it’s up-to-date.”**

Harrison Fensome, Managing Director at Caring Forever

### **Local authority/NHS-funded homecare: a critical lever in need of support**

This type of care is used by 3.5% of respondents, slightly more than private homecare, and is crucial for those who may not be able to afford private options.

#### **Areas of success:**

- High importance rating (97%), nearly as high as private care
- Effective in providing personal hygiene support (63%, similar to private care)
- Strong in mobility assistance (46%)

#### **Areas of challenge:**

- Accessibility issues: 6% of respondents reported wanting access to this service but not being able to receive it. This could be due to a lack of ability to navigate the service, or a lack of eligibility.
- Slower response times compared to private care

- May face constraints due to public funding limitations, impacting visit regularity and length

If there’s any single area of the ‘Village of Care’ that has the biggest potential to make a difference to the lives of older people, it’s this.

For many older people, state-funded homecare is the only way that they can stay within their communities as their needs increase. It’s also a critical lever to a swift and effective hospital discharge system, badly needed in order to solve NHS capacity constraints.

The statistics around demand reflect this: they recently hit record levels, with requests for state-funded homecare from people aged 65 and over increasing from 1.34 million in 2020/21 to 1.37 million in 2021/22.<sup>11</sup>

However, there’s a known crisis in the system: while demand has gone up, access has gone down - there’s been a 10% decrease in older people accessing state-funded long-term care between 2015/16 and 2022/23.<sup>12</sup> This comes as a combined impact of multiple challenges, from a thinning workforce to budget limitations and ineffective commissioning structures.

When policymakers talk about restoring the nexus of care to the community, putting homecare at the centre of that discussion stands to be one of the most meaningful and impactful levers to achieve this vision. As we’ve learned in this report, the longer that this remains out of reach, the greater burden of responsibility falls onto informal carers, each additional task creating stress and risk.

11. <https://www.kingsfund.org.uk/insight-and-analysis/press-releases/demand-adult-social-care-hits-record-high-support-local-authorities-drops>

12. <https://www.nuffieldtrust.org.uk/resource/the-decline-of-publicly-funded-social-care-for-older-adults>

Interview: care provider

## Charlotte Driver-Young, Director of Operations, Christies Care

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At Christies Care, I see the challenges families face with elderly care on a daily basis. They often want to 'do the right thing' by supporting their loved ones themselves, and they take on this responsibility out of love and care, but also because many simply don't know what professional care options are available.

I think that this is partially because in the UK, the discussion around professional care has always had a heavy focus on care homes, often viewed as a last resort. In contrast, homecare is not widely understood and many families don't even realise that this is an option. This awareness gap means that many families only come to us when they're in crisis, struggling to manage care that has become increasingly demanding.

The journey to accepting professional care can also be challenging. When family members have to provide personal care, it fundamentally changes the dynamic of their relationship with their loved one. It's something we'll do for those we love, but it's mentally and emotionally taxing. Pride also plays a role – it's difficult for people to admit they can't continue providing care themselves, and there's often a feeling of letting their family members down.

When families do reach out for professional support, they face the fear of the unknown. They're shifting the burden of responsibility to someone they don't know and allowing them into their home, which requires tremendous trust. At Christies, we approach

this transition incrementally. We focus on careful carer matching, listening to families' wants and wishes, and working collaboratively to achieve what matters most – whether that's helping someone maintain independence at home or supporting them to participate in community activities.

Technology also plays a crucial role in this relationship. We use the Birdie Family App to keep families connected and informed about their loved one's care. It provides peace of mind, allowing family members to see what activities their loved ones are doing and how the care is being delivered.

The care ecosystem extends far beyond just professional carers and families. We're seeing an increasing number of informal carers emerging from unexpected places – cleaners, handymen, and other service providers who develop caring relationships with older people. Recently, a local carpet fitter approached us after noticing many of his elderly clients showing early signs of dementia. He attended one of our dementia awareness courses to better understand the signs and learn how to signpost people towards appropriate support. This kind of community engagement is crucial – so many people have these touchpoints with vulnerable individuals, and we need to ensure they know how to help, and recognise where help is needed.



This is why we've invested in having a dedicated Community Engagement Officer who actively engages with our community, supporting local charities and delivering dementia awareness training. We organise sessions where we provide talks about dementia and available care options, helping to embed ourselves within the community and work alongside like-minded organisations.

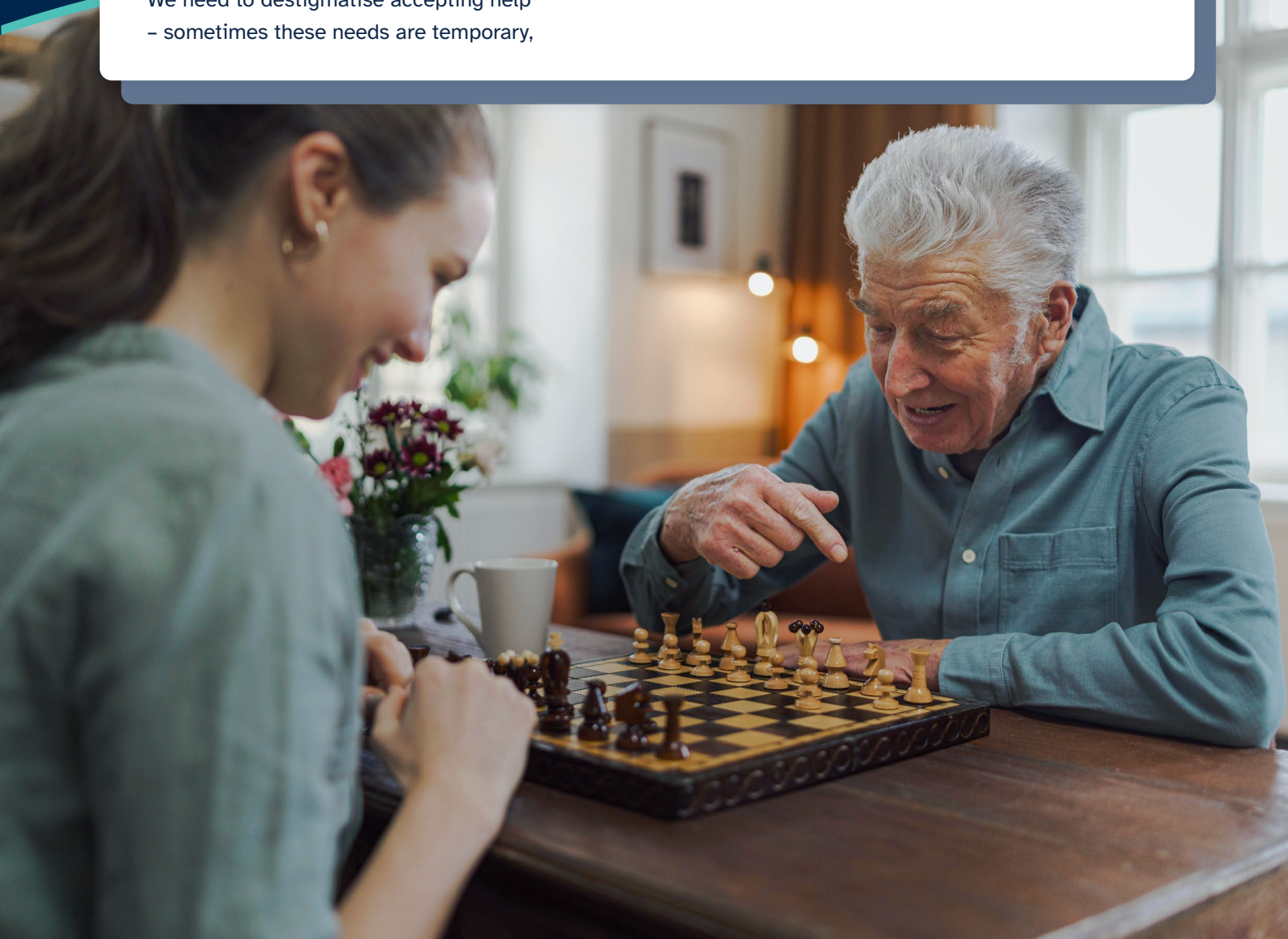
However, the care sector faces significant systemic challenges. Local authorities operate differently across the country, using various frameworks and offering widely different fee levels. This creates a postcode lottery not just in terms of care access, but in how well that care is connected to other services.

Looking ahead, I believe we need to shift away from crisis-driven care towards viewing it as a natural part of life's journey. We need to destigmatise accepting help – sometimes these needs are temporary,

sometimes permanent, but what matters is maintaining quality of life and dignity.

As care providers, we're committed to investing in our local communities and raising standards across the sector. Despite the challenges around us, we continue to advocate for better integration of health and social care, increased awareness of home care options, and stronger community connections.

Our goal isn't just to provide care when a crisis hits – we want to be there for people at every stage of their care journey, helping them maintain independence and dignity in their own homes for as long as possible. This requires a joined-up approach from government, local authorities, healthcare providers, and communities, working together to create a more sustainable and responsive care system for the future.



## Live-in care: a critical means of being able to stay at home

Live-in care, where a professional carer lives with the care recipient full-time, is used by a small portion (0.8%) of older adults - but this shouldn't negate its impact or importance.

### Areas of success:

- Extremely high importance rating (100%) from those who use the service
- Important for personal care, supporting 63% of recipients with this task
- Offers consistent help with mobility (25% receive this support)
- Assists with household tasks (50% receive this help) and shopping (63%)

### Areas of challenge:

- Potential issues with care continuity, as only 50% of users never needed to repeat care needs
- Not always suitable for all care recipients, as it requires available accommodation for the carer and being comfortable with a professional sharing the care recipient's home

Live-in care offers an essential alternative to residential care homes for older adults with high support needs, providing consistent support from personal care to household tasks. It's also critical to relieving the burden on informal carers (such as family members) for care recipients who require round-the-clock support.

However, the need for some users to repeat their care needs indicates potential issues with information sharing or care continuity, possibly due to changes in care staff. Better integration with other care services and improved

systems for maintaining care continuity could enhance the quality of care provided.

While live-in care may not be suitable or accessible for all older adults with high care needs, its high importance rating suggests it fills a crucial niche in the care landscape.

## Supported living facilities and care homes:

This type of care is used by a small percentage (0.8%) of respondents. This low adoption might not just reflect that it usually serves higher support needs - it's also considerably less popular than home-based formal care.

### Areas of success:

- Provides comprehensive, round-the-clock care for those with high support needs
- Effective in personal care, with 50% of residents receiving support with personal hygiene
- Offers consistent help with mobility (50% of residents receive this support)

### Areas of challenge:

- Low desirability: only 2% expressed demand for this type of care, compared to 12% for types of formal home-based care
- Communication challenges, with only 38% of residents never needing to repeat care needs

It's worth noting that while supported living facilities and care homes cater to a smaller portion of the elderly population, they play a crucial role for those with intensive care needs.

The low demand suggests a strong preference among older adults to age in their own homes, embedded within their own communities

and with access to their wider support networks. However, for those who do require this level of care, it provides essential 24/7 support that may not be feasible in a home setting, even with live-in care support.

## The Extended Village

### Local handyman or cleaner: a surprisingly critical support

While they might not appear on a 'traditional' list of people involved in supporting and caring for older people, local handymen play a specific yet crucial role, addressing practical household needs that may be overlooked by other care providers.

#### Areas of success:

- High importance rating (92%) from those who use the service
- Provides help with household tasks (76% of their service involves this)
- Assists with shopping for a significant portion of users (39%)

#### Areas of challenge:

- Potential for inconsistent availability or quality of service
- Potential lack of access: this was the most desired additional form of care (wanted by 16% of respondents), suggesting a high need for practical household assistance.

As more and more of us look to age in our own homes, this means that's a lot to do in keeping that home running. This is where handymen and cleaners fill a crucial and often overlooked niche in elderly care, providing practical support that enables older adults to maintain their independence and

quality of life at home. Their high importance rating reflects the value placed on these practical services by those who use them.

However, the data shows that these services may be hard to access - possibly due to lack of awareness, limited availability, or financial constraints. This need also speaks to the limitations of reliance on informal carers - while they might be able to support with household tasks to a certain extent, they might lack the time or the skills to do everything that's needed.

There's also a risk that the valuable insights handymen could provide about an older adult's living conditions and changing needs may be missed due to limited integration with other care services.

Improving the recognition of handymen as integral members of the care team could enhance overall care quality. Better integration with other services, perhaps through formal referral systems, could ensure that the practical needs identified by handymen are addressed holistically.

In addition, allocating more resources to local authorities to expand services covering tasks such as cleaning, laundry, and meal preparation can help ensure equitable access to help with these critical tasks.



## The Village: a summary of the landscape

This quick tour of the 'Village of Care' paints a picture of a wide-ranging and complex ecosystem of support:

- Informal care, particularly from family members, is the lifeblood of the 'Village of Care' - but with this reliance comes risk and unmet needs.
- GP services are relatively well-accessed, but other community health services are rarely seen.
- Professional care services, particularly homecare, are highly valued but face accessibility challenges.

- Local handypersons and cleaners play a surprisingly critical role in maintaining independence, yet more access to their support is needed.
- There's a clear spectrum of care, with formal carers excelling in medical and personal care tasks, while informal carers provide more emotional support and practical assistance.

This 'map' of the 'Village of Care' shows that informal care occupies the biggest amount of territory - a reflection of care and community, but one that comes at cost and risk. In the next chapter, we'll take a closer look at the needs that need to be met in order to move forward more effectively as a 'village'.



## Dr Simon Murphy, General Practitioner, London

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As a GP working across both digital and traditional practices in London, I've observed first-hand the evolving landscape of elderly care. With approximately one-third of my patient list over 70, I've gained valuable insights into the challenges facing our ageing population and their care providers.

One of the most pressing challenges in modern healthcare is the coordination of care across multiple providers. When working with elderly patients, we often deal with complex medical conditions and comorbidities, requiring input from various healthcare professionals. The lack of a unified overview between primary, secondary care, and third parties creates significant barriers to providing optimal care.

The shift towards remote consulting has also introduced new challenges. While technology offers convenience, many elderly patients struggle with digital platforms. Moreover, certain aspects of care, such as blood pressure measurements, still require in-person appointments, creating a delicate balance between accessibility and medical necessity.

In my experience, the dynamics between formal and informal care present interesting contrasts. Surprisingly, I often find it easier to work with informal carers - typically family members - who tend to be more up-to-date and accessible. Professional care agencies, while essential, can present communication challenges due to shift patterns and multiple points of contact.

The decline in community services over the past decade has had a noticeable impact. Where patients once benefited from community day centres and social support, many are now increasingly isolated in their homes. This isolation often leads to a concerning cycle: depression sets in, leading to declining physical health as patients become more sedentary.

One of my most crucial roles is having frank discussions about care needs. I regularly emphasise to my patients that accepting formal care support early can actually help maintain independence longer. There's often resistance - patients see accepting care as surrendering their independence. However, I stress that professional support can prevent crisis situations that might lead to nursing home admission - exactly what most patients want to avoid.

Looking ahead, we desperately need better systems for care coordination. A standardised handover process between all parties involved in patient care would make a significant difference. While medical rapid response teams have helped bridge some gaps between primary and secondary care, there's still much work to be done to create a more cohesive care ecosystem for our elderly population.

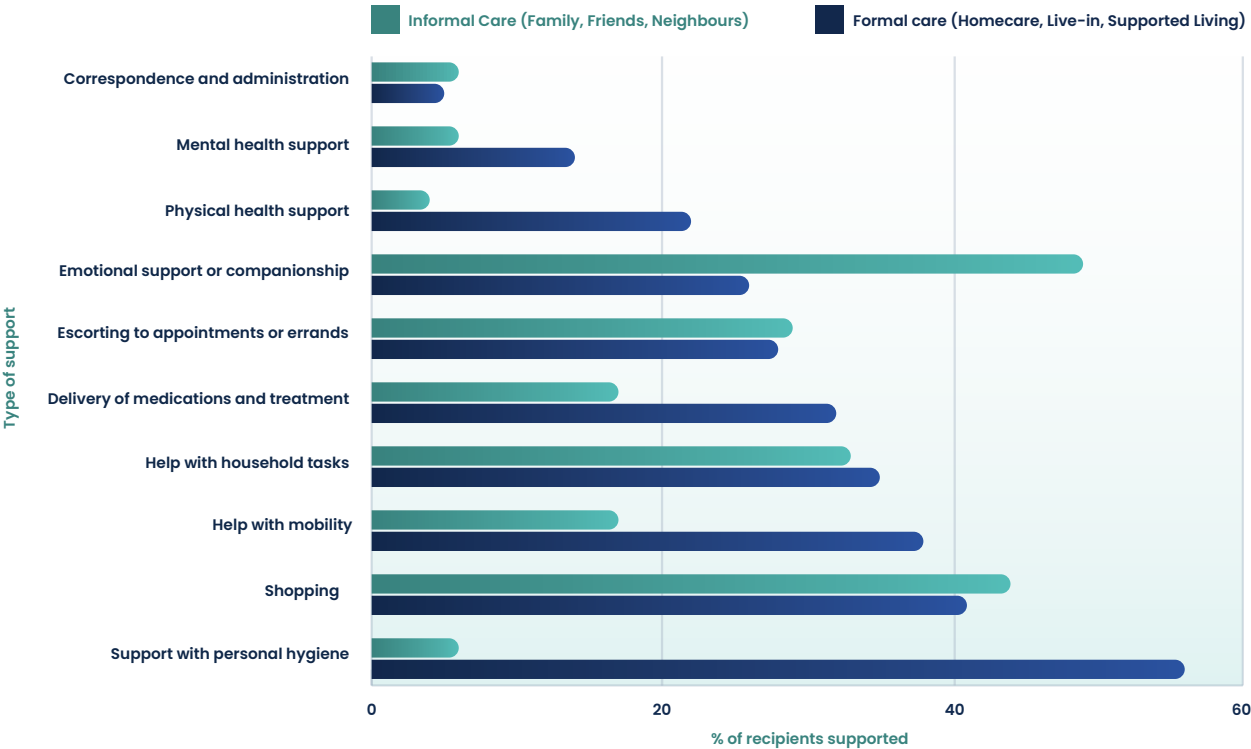
# Chapter 2: How the 'village' is working

Now that we know what the 'Village of Care' looks like, it's time to explore in more depth how it works: the needs it tries to meet, and how successful it is in doing so.

## The spectrum of care

The research highlighted the complementary roles of formal and informal care in the 'village'. Formal care (homecare, live-in care and residential care) and informal care by family, friends and neighbours are rated as similarly important by care recipients.

However, while they're of similar importance, the data shows that they can play starkly different roles:



- Formal carers are more likely to provide support in medical and personal care tasks, especially in physical health support (22% of recipients supported vs 4%), medication administration (32% vs 17%) and personal hygiene (56% vs 6%).
- Formal carers are also more likely to offer specialised support like mental health assistance (14% vs 6%) and mobility help (38% vs 17%).
- Both formal and informal carers provide similar levels of support for practical tasks like household help, shopping, and escorting to appointments.
- Administrative support is also similar between both groups, with informal carers providing slightly more (6% vs 5%).
- Informal carers are twice as likely to offer much emotional support and companionship (49% vs 26%).



- Elsewhere, we also saw informal care as the 'first responder' to requests for support (50% responding in under 30 minutes)

At this point, we start to see a 'spectrum of care' emerge:

- **Technical** (specialised tasks, such as medication management)
- **Practical** (household tasks and errands)
- **Emotional** (companionship and emotional support)

Within this, we can see how formal care occupies the 'technical' end, informal occupies the 'emotional' end, but they both serve the 'practical'.

We can now start to better understand how to relieve the burden on informal carers:

- Greater access to services to support with 'practical' tasks - particularly shopping, household tasks and transportation to and from appointments
- More access to mental health services in order to help with the emotional needs of care recipients

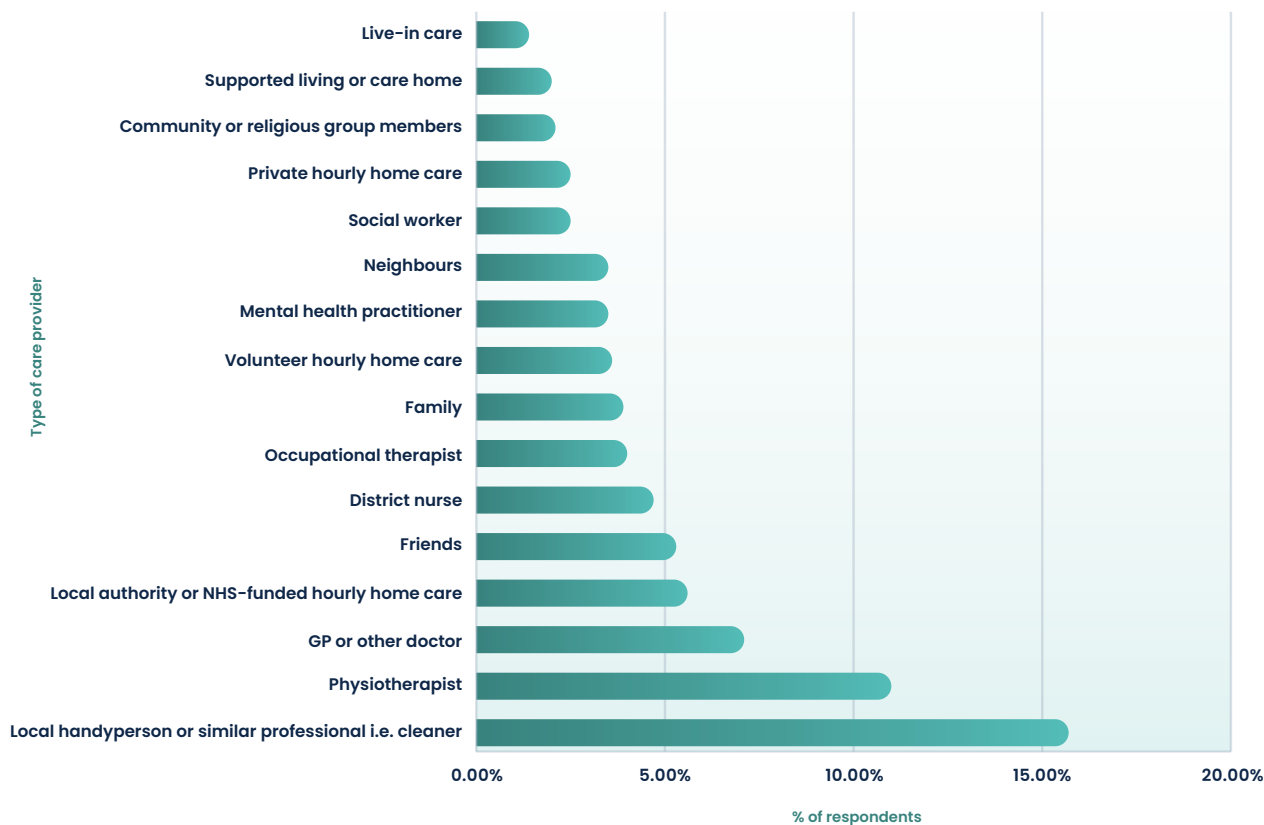
This opportunity to renegotiate 'who does what' starts with changing how we capture, share and use information about the person at the centre of it all - and we'll learn more about this in Chapter 3.



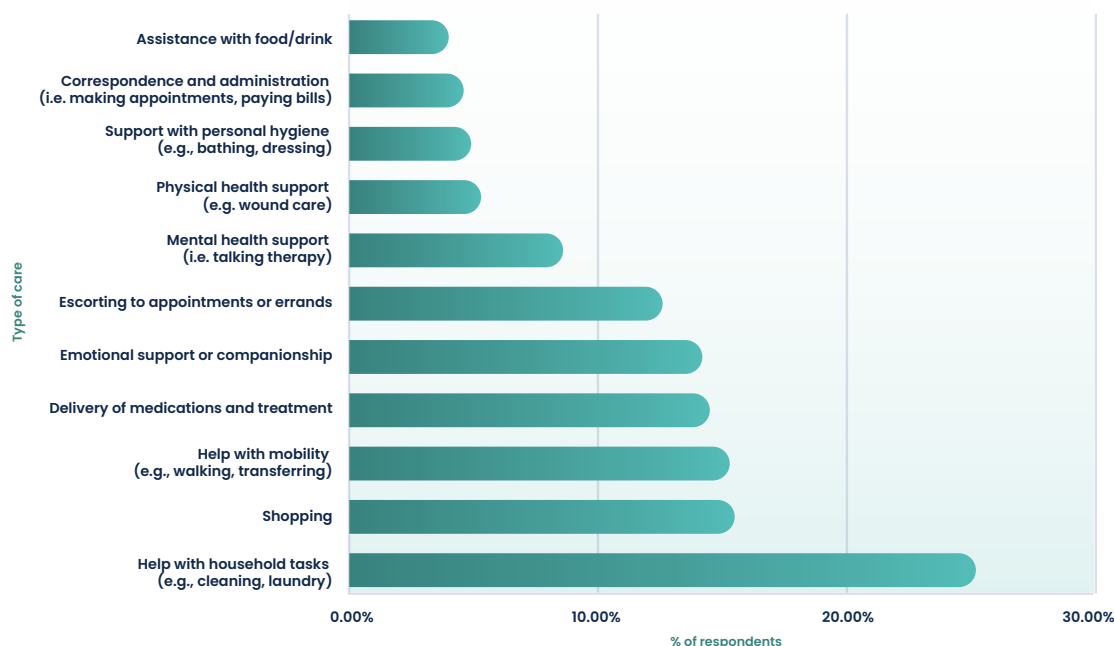
## Unmet needs span the full spectrum

Having mapped our current ‘village’, our next questions therefore probed further, establishing where unmet needs might lie hidden:

Which types of regular care and support from the following groups or individuals do you not currently receive but would like to?



Which types of care would you like to receive more of in the future?



- The findings highlighted a significant additional need for **practical** support with things such as household tasks, shopping and transport. This is supported by the fact that 16% of respondents expressed a desire for more assistance from a local handy person or cleaner.
- **Mobility** (a 'technical' task) is a pressing issue, with support here showing one of the lowest satisfaction rates and high demand for further support as well as access to physiotherapy services.
- An area of concern is **emotional support**, as mental health support consistently showed lower satisfaction rates. While relatively few people were looking for support from a mental health specialist, this speaks to the need for the current 'Village of Care' to be better enabled.

An important highlight here is that many of these unmet needs are both 'emotional' and 'practical' - which is exactly where informal carers currently pick up the slack. Once again, the limitations of our current 'Village of Care' become clear, showing how while informal carers do as much as they can, there are still gaps that need to be addressed.

Some potential solutions include:

- Expanding care services to provide more assistance with household tasks and shopping.
- Increasing funding and access to mobility assistance programs and physiotherapy.
- Developing community-based programs to combat social isolation and provide emotional support, and enhancing mental health services specifically designed for older adults.

## Access to formal social care should be highest priority

The research revealed a clear misalignment in the perception and use of professional care services.

While these services are rated as extremely important by those who use them (100% for private and 97% for state-funded care), they are only used by a relatively small percentage of respondents (2.4% for private hourly care, 3.5% for state-funded care).

This discrepancy suggests potential issues with the accessibility or awareness of these services. Barriers could include:

- Financial constraints, particularly for private care services.
- Lack of awareness about available services.
- Complex or confusing application processes for public care services.
- Limited availability of publicly-funded services.

Addressing these issues are of primary importance if we're to better meet the needs of an ageing society without having to rely even more heavily on informal carers.

While there's no 'silver bullet' solution, there are a number of innovative and exciting different levers that can move quickly into place to improve access considerably. In collaboration with leaders across the social care sector, we list seven of these recommendations in another whitepaper, that can be downloaded and accessed at [birdie.care](https://www.birdie.care).<sup>13</sup>

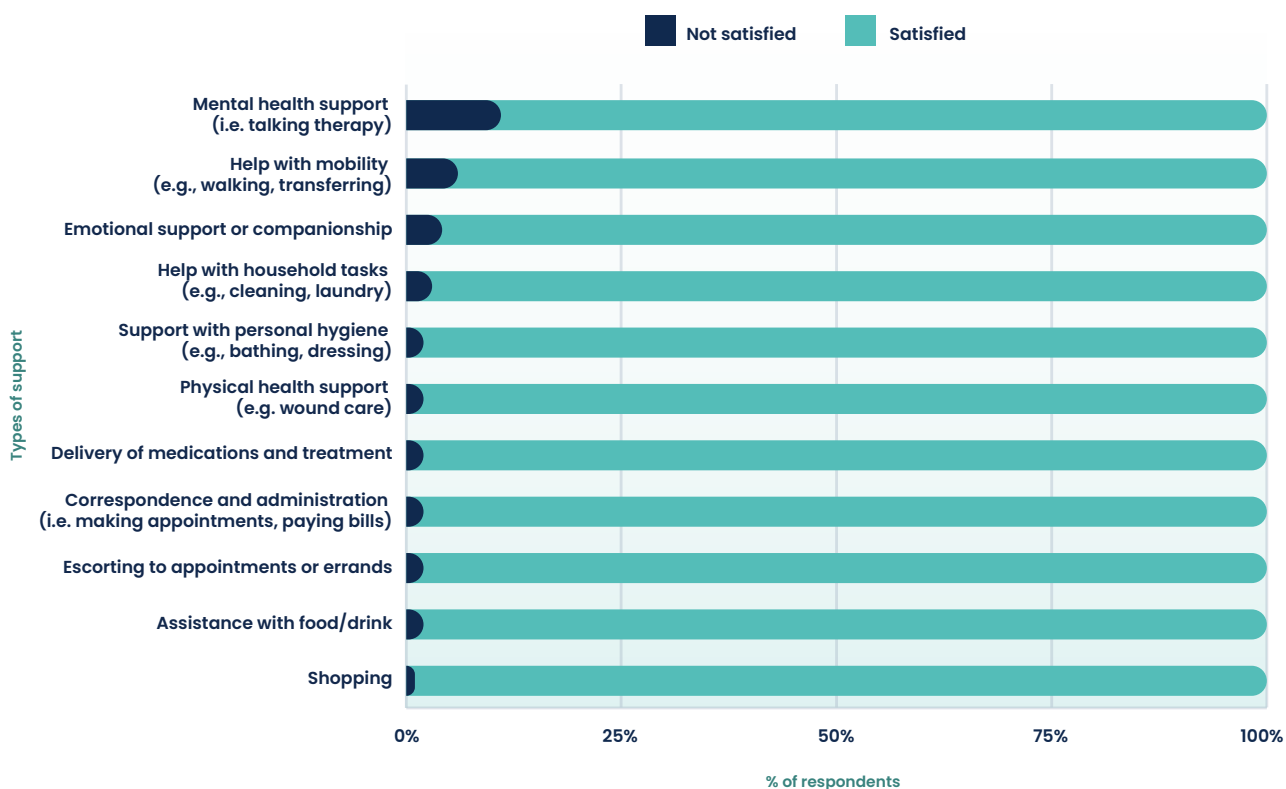
13. <https://www.birdie.care/resources/ebook/ready-to-care-the-first-steps-to-fixing-social-care>

## The state of care looks more positive from inside the circle

The prevailing discourse on the state of social care in the UK paints a picture of crisis - informal carers under financial and mental pressure, paid carers living on the poverty line, and many care providers even considering exiting the sector.<sup>14</sup>

But from the care recipient's side, the data here suggests that the picture might look different. One of the most striking findings from the research is the higher-than-expected level of satisfaction reported by those receiving care:

### Satisfaction with types of support currently received



When asked about challenges in their care, 55% of respondents indicated that there were 'no particular challenges'. Furthermore, when queried about additional help they might want, the most common response (47%) was 'none in particular'.

This indicates something important: that the challenges in building and maintaining the 'Village of Care' may be more acutely felt by those delivering the care than by those receiving it.

14. <https://www.careengland.org.uk/one-third-of-adult-social-care-providers-including-half-of-smaller-organisations-consider-exiting-the-market-amid-financial-pressure-report-reveals/>



## Summary: the 'state of the village'

Our examination of how the 'Village of Care' functions reveals a complex picture of resilience alongside clear opportunities for improvement.

- The research identified a 'spectrum of care' where formal and informal carers play complementary roles - professional carers excel in technical tasks, while informal carers provide the most emotional support, and practical assistance is covered by both.
- Despite generally high satisfaction rates, significant gaps remain in meeting care

needs, particularly around practical support, mobility assistance, and emotional support. These gaps often fall in areas where informal carers typically provide help, highlighting the strain on this crucial but vulnerable part of the 'village'.

- The solution lies in the availability of professional care services - the clear disparity between its perceived value and access represents a critical opportunity for rebalancing the 'village's split between formal and informal care, and in doing so can help address unmet needs and improve outcomes.



## Brian, Southampton, age 80

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I consider myself incredibly fortunate in terms of the care and support I receive. Since my wife passed away in 2013, my two daughters have been my primary support system. During the COVID-19 pandemic, I made the decision to move from Bournemouth to Southampton to be closer to one of them, a choice I've never regretted.

I now live in a council-supported flat, which provides me with emergency call switches should I need assistance. While I haven't had to use this service yet, it's reassuring to know it's there. My daughters are invaluable, helping me with hospital appointments, washing, ironing, and monthly deep cleans of my home.

My health has had its challenges. Last April, I underwent heart surgery for a new aorta valve, followed by a knee operation in November. These procedures have significantly improved my mobility, allowing me to walk more freely. Throughout these experiences, the NHS care I've received has been exemplary. I'm particularly impressed with the innovative heart procedure I underwent at Southampton Hospital, which resulted in a shorter recovery time.

Living just a five-minute walk from my GP surgery and pharmacy has been a game-changer. Whether it's for routine check-ups or addressing new health concerns, I've found the staff responsive and efficient.

The only area where I face challenges is dental care. Being just over the threshold for pension credit means I'm not eligible for free treatment, which can be financially straining.

One aspect of my care that I find particularly helpful is the use of email to communicate. My GP surgery contacts me via email when they need to see me, and I can easily request appointments or ask questions on email too. The pharmacy also uses email to notify me when my prescriptions are ready for collection. Given that I take 10-12 tablets daily, this is incredibly convenient. The efficiency of email is so important, it's made managing my health needs so much simpler.

My daughters also keep in close contact, calling every few days to check on me. This combination of email with healthcare providers and regular phone calls with family ensures that everyone involved in my care stays well-informed and up-to-date.

Overall, I feel incredibly well-supported. The combination of family care, good local health services, my living arrangement, and email communication has given me a quality of life I'm truly grateful for. It's a care system that works remarkably well for me, and I couldn't ask for better support in my later years.



# Chapter 3: Connecting the ‘village’

So far, we’ve established that within the ‘village’, there’s a challenge with the imbalance of responsibility between formal and informal care - and we know that this creates problems in terms of care quality and availability.

But there’s another key area where the ‘village’ doesn’t function as it should: **the sharing of information.**

We’ve seen that it really ‘takes a village’ to ensure an older person’s wellbeing, with dozens of different tasks being distributed among multiple different people. This means that information-sharing to ‘connect the dots’ is critical in order to ensure consistency and safety.

The importance of connecting the ‘Village of Care’ goes even deeper than this. At Birdie, we believe that the sharing of structured data on both inputs and outcomes can unlock something truly extraordinary: what we like to call ‘collective wisdom’.

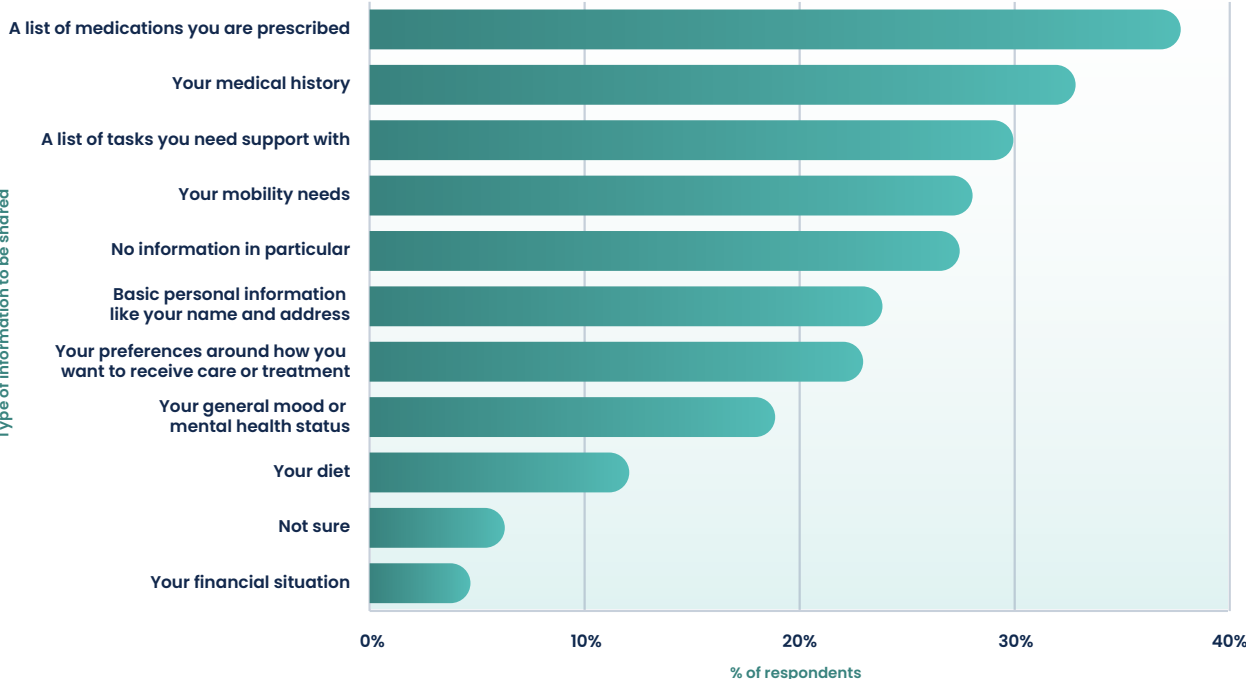
This means using data to build models of how

cause and effect relate, giving the whole ‘village’ the ability to make the right interventions at the right time in order to deliver preventative and holistic care. This could look as simple as suggesting to whoever looks after the evening meal to make sure that more fluids are taken, or even suggesting amendments to a care plan in response to a recent medical condition.

The potential for a transformative picture of ageing is enormous if we can truly build ‘collective wisdom’ - but it all starts with the simple act of connecting data. To understand how well our current system is connected, the research turned to the person who sits at the centre of it all: the care recipient.

## Sharing information across the ‘Village of Care’

Solving the problem of connection within the ‘Village of Care’ starts with a clear understanding of ‘what’ needs to be shared. Care recipients said the following when asked what information should be shared among those who care for them:



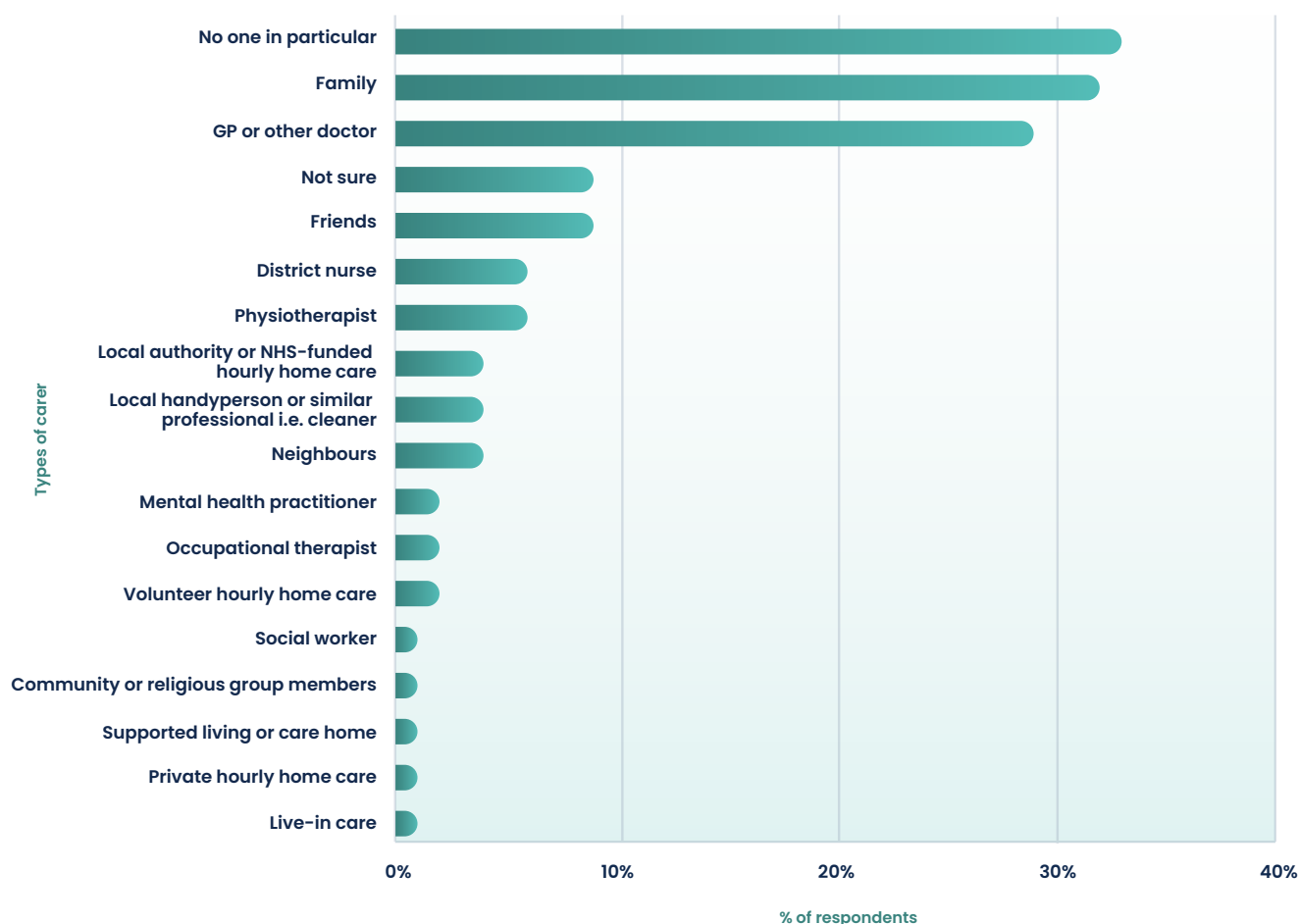
This graph shows that the willingness to share information is relatively low amongst care recipients almost immediately that the willingness to share information is relatively low. Even the most popular choice (prescribed medications) falls at less than 40% of respondents. In addition, there was a strikingly low percentage (30%) in favour of sharing a basic list of tasks that required support.

This low appetite among care recipients to share information that could improve the quality of their care shows that work needs to be done to help educate them on the importance of

sharing data. It also points - once again - to the hypothesis that many of the challenges within the 'Village of Care' are felt predominantly by the caregiver, as opposed to the care recipient. This led to our next question...

### The state of connection across the 'village'

*Out of the following list, who are the two people/groups that you feel could benefit by having more interactions with each other in the context of helping you maintain your health and independence?*



The findings here paint a fascinating picture of how care recipients view the 'Village of Care' that's building around them.

**Family members were identified as the most in need of more connection.** This is in line with what we observe of the difference

between formal and informal care: while a care agency will have an accessible care plan and potentially even access to the client's GP record, a family member is unlikely to have access to either, reliant on memory and their own records to help guide their actions.

At Birdie, we often see first-hand how beneficial better connections between the family and care providers could be for the care recipients:

**“Communication between everyone involved in my brother’s care is crucial. After medical appointments, I ensure all information is shared with our care provider, who updates care plans accordingly. The care team has clear protocols for handling emergencies, particularly at night, ensuring everyone knows their role and when to escalate situations. Getting access to the Birdie Family App has been invaluable, especially when I’m away. I can check what he’s done each day, whether he’s had a shower, taken his medications, or gone for walks to the park”**

Paula, Birdie Family App user

**GPs** or other doctors are the second most in need of connection. As key connectors in the care network, this is indicative of the gulf of information-sharing that exists between the NHS and the wider ‘Village of Care’.

**“For me, knowing who’s involved in a patient’s care—from the social worker to the specialist, family members, and nurses—makes all the difference. I find that when everyone’s on the same page, we can really support the patient in a meaningful way. This collaborative approach helps me make the best treatment decisions, knowing the patient has a whole ‘village’ behind them.”**

Hanson, GP, London

But even more significant than these two top choices is the elephant in the room: a third of respondents (33%) felt like

there was no real need for any of their ‘villagers’ to be better connected.

Once again, this might indicate how the challenges within the ‘Village of Care’ may be felt differently by the care recipient as opposed to carer.

The next question therefore sought to probe deeper into impact, looking to understand what happens if information isn’t shared amongst the ‘Village of Care’.

### The cost of disconnection

Care recipients were asked “What negative consequences now or in the future would occur for you if the different individuals or people who look after you don’t communicate with each other?”

It’s in this that it became clear what happens if the ‘Village of Care’ doesn’t connect:

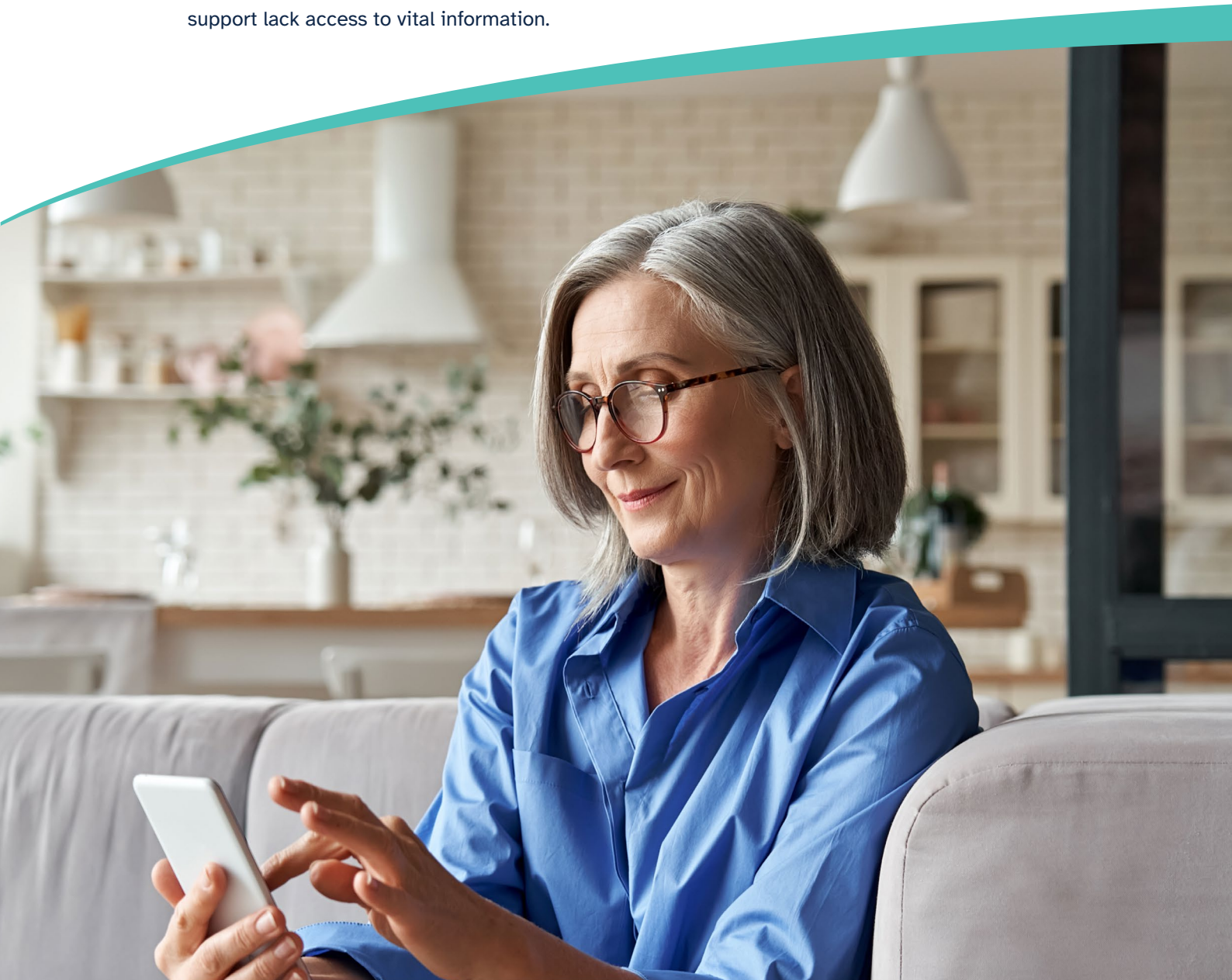
- Increased stress and anxiety for the person receiving care (28%)
- No consequences (28%)
- Delays in getting care or treatment (25%)
- Feeling isolated or unsupported (22%)
- Mistakes with medications or treatment (19%)
- Increased stress and anxiety for family/loved ones (18%)
- Poor management of chronic conditions (17%)
- Worsening mental health or emotional wellbeing (12%)

These findings suggest that while many older adults recognise that a lack of communication between carers can have negative impacts on them, none of these consequences seem particularly acute or universal.

### Summary: bridging the gaps

Our investigation into how information flows through the 'Village of Care' reveals a disconnect between attitudes toward information-sharing and the need for more coordinated care:

- Family members emerge as those most in need of better connection with other care providers, highlighting a critical gap: while professional carers often have access to care plans and medical records, informal carers who provide much of the day-to-day support lack access to vital information.
- While the 'village' comprises multiple care providers performing dozens of different tasks, there's a surprising reluctance to share even basic care information despite risks from poor coordination including increased stress, delayed care, and potential medication errors.
- The disconnect between the benefits of better coordination and the reluctance to enable it suggests that achieving the 'collective wisdom' needed for preventative, personalised care requires more than just technological solutions. It demands a fundamental shift in how we think about information sharing in care, helping care recipients and their families understand how better connection can improve quality of life and care outcomes.



## Philip, Port Talbot, age 74

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Living with multiple health challenges over the past decade has been a life-altering experience. I've faced a number of serious health complications, each leaving its mark on my life. Even though many aspects of my life have had to change, I've found strength and comfort in the care and support I've received.

My wife is my rock, my primary caregiver. She's there for everything - from helping me with dressing to providing a voice of comfort when things become too overwhelming. Her presence is a constant source of reassurance.

Dr. Frost, my GP, has been another pillar of support. Despite being relatively new to the practice, he's shown a remarkable understanding of my needs. His light-hearted approach and accessibility have been crucial for my emotional well-being. He takes the time to explain my medications and their purpose, which is particularly important because I take multiple time-critical medications, and without support, I'd often forget to take them.

My hospital interactions have been a mix of traditional and modern approaches. I still receive outpatient care for check-ups, which I value greatly. However, I now have an implant in my chest that allows for remote monitoring. While this saves time and reduces the time spent planning a trip to the hospital, I deeply miss the human contact of hospital

visits. The in-person visits in hospital allow for real-time feedback and understanding. When sending my health information digitally I often feel concerned about not being contacted if anything is going wrong.

One aspect of my care that I truly appreciate is the transparency. The GP and hospital always offer to share notes which makes me feel in the loop. It's always open, never hidden. It's my care and my health so I need to feel confident about what's happening. When healthcare professionals talk behind your back about you or your condition it feels daunting and depersonalised - having an open conversation, even if it's not positive, makes the world of difference.

The care I receive has enabled me to live the life I want. Without it, I'd be sitting in a dark room afraid to move. Instead, I'm back at work as a vicar, preaching in my church. Even though I have had to relearn many tasks it has allowed me to maintain some independence which I treasure.

My experience has taught me the importance of human interaction in care. While remote monitoring can be beneficial, it's the personal touch - the conversations, the reassurances, the shared notes - that truly makes a difference. It's not just about physical health; it's about feeling connected and understood in my care journey.



# Chapter 4: Building tomorrow's 'village'

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This research sought to look at the care system from the 'inside out', and in doing so has painted a picture of a system that is more than just a series of crises: it's one of generosity, diversity and - perhaps most importantly - hope.

What we've learned is that the 'Village of Care' - far from being a pipe-dream in a policy paper - is already in action. Diverse needs are being met by a diverse spectrum of 'villagers' - and that despite the challenges they face, in the eyes of the person they care for, they're doing a good job.

While the picture is far from perfect - the 'Village of Care' is full of unmet or partially met needs, and relies heavily on the support of informal carers to keep things running - there are tangible opportunities to improve impacts and outcomes.

As we wait to see what the new government's stance on the future of social care will be - and whether a mooted 'National Care Service' will come to life to help form a new backbone for the 'Village of Care', we can already take actions to change the status quo by:

- Providing greater access to homecare, and allowing trained care professionals to lighten the pressure on families whilst better meeting the needs of both the technical and practical kind.
- Expanding access to specialist community health services, including mental health support and physiotherapy.
- Supporting informal carers across a number of challenges, to ease the financial, physical and mental strains of their responsibilities.

## Better transparency, connection and efficiency

Delivering a 'Village of Care' that's based on a foundation of 'collective wisdom' aligns with what Lord Darzi recently called a 'tilt towards technology': in other words, it's about leveraging the power of technology to help every 'villager' to do their job easier, faster and safer.

That includes being able to better facilitate the supply of professional care services to meet needs and ease the burden on informal carers, as well as support and empower informal carers with more information and advice.

The first step on the road to the 'village' is to unlock the power of community care providers, digitising their records and processes in a structured and secure environment.

Through the billions of data points collected across assessments, care plans, tasks, outcomes and observations, we can then build a system of 'care intelligence' that unlocks the ability to provide a real-time understanding of changing needs, and can prompt proactive care actions, measuring and evaluating their impact to be able to drive further improvement.

The next step is to then bring this technology to the care recipient and the other 'villagers', including informal carers. The aspiration is to create an advanced network of holistic care for ageing adults, delivering a cost-effective and intelligent care journey that places the recipient squarely at the centre of this new 'village'.

## The beginning of a paradigm shift

To borrow another phrase, the 'village' is 'greater than the sum of its parts' - each of the many people that help an older person live a happy, fulfilling life, grow a wealth of knowledge and experience along the way, and the real revolution of the 'village' is in the ability to share it. In delivering smart connection of systems, we have the potential to unlock another fundamental transformation in how we care: the movement from treatment to prevention.

Throughout this journey through the 'village', we've learned that the move to put the patient back at the centre of care is absolutely the right one. In looking at the world of care through the eyes of the person who receives it - in not just hours and tasks, but perceptions and unmet needs - we've understood that no two 'villages' are the same, and that building the right system means building a person-centred system.

**"My experience has taught me the importance of human interaction in care. While remote monitoring can be beneficial, it's the personal touch - the conversations, the reassurances, the shared notes - that truly makes a difference. It's not just about physical health; it's about feeling connected and understood in my care journey."**

Phil, 76, Port Talbot



## Jacqui, Lincoln, age 77

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At 77, I've learned that life often throws unexpected challenges our way. My journey with Parkinson's disease began in 2018, though I wasn't officially diagnosed until 2021. Despite the difficulties, I've found strength in maintaining a positive outlook and surrounding myself with a supportive community.

My daughter is my primary carer, but I'm fortunate to have a network of friends who assist me throughout the week. We call ourselves "the coven", and these ladies have become an integral part of my life. From helping with gardening and shopping to providing companionship, they ensure I'm well-supported while maintaining my independence.

The loss of my driving ability was a significant blow, as it impacted my independence. However, my friends and family have stepped up, ensuring I can attend medical appointments and social engagements. This network of support has been crucial in helping me adapt to the changes brought on by Parkinson's.

I've always been fiercely independent, and Parkinson's has taught me a certain amount of humility. Simple tasks like opening a milk bottle or cutting my toenails now require assistance. However, I'm determined to do as much as I can for myself. I've adapted my daily routine to include exercises that help manage my symptoms and maintain my strength. From bedtime stretches to kitchen counter push-ups, I've found ways to incorporate movement into my day without overtaxing myself.

Looking to the future, I'm aware that I may eventually need professional care at home. The prospect of requiring assistance with personal tasks like showering or getting out of bed is daunting, but I'm focusing on delaying that day as long as possible. I've invested in an adjustable bed to help maintain my independence and make mornings easier when my back plays up.

While I'm grateful for the support I receive, I have concerns about the availability of professional care when I might need it. My experience with the NHS has been mixed, with some services falling through the cracks. It took until this year, thanks to my daughter's persistence, to receive an occupational therapy assessment that should have happened upon my initial diagnosis.

Despite these worries, I remain optimistic. I believe in concentrating on what I can control and appreciating the good things in life. As I often say, I'd rather be a radiator than a drain. My journey with Parkinson's has shown me the power of community, adaptability, and a positive mindset in facing life's challenges.



# So, how can Birdie help?

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Most homecare technology does a great job of digitising processes: it turns notes into clicks, paper into docs and calls into texts.

**At Birdie, we believe that this isn't enough.**

The care sector has ever-increasing demand and ever-dwindling resources: taking paper processes and putting them on a screen doesn't solve the essential problem of 'there's never enough time, there's never enough people'.

That's where Birdie is different to other homecare technology: we make the business of caring easier, faster and safer with the power of data.

Data-powered technology gives you the power of insight and automation, so it's easy to make smart decisions and act on them:

- You'll not just fix medication problems, you'll spot them instantly
- You'll know where you stand with the CQC...before the CQC does
- You'll know your roster is efficient, because it's auto-allocated to match skills and travel time

Over 1,000 care providers of every size choose Birdie, whether they're just getting started or a market-leader. If you want to make easier, faster and safer choices for you and your clients, Birdie's data-powered technology is the partner that can help you fly.



# We'll let the numbers do the talking

8%

average first-year increase in profit margin for Birdie Finance users



20%

average first-year increase in hours of care for Birdie users



120

features and updates launched in 2023



99.9%

platform uptime (for a system that's always on the clock)



“The more trust we put in the information Birdie provides us, the better decisions we can make as a team. Given that the decisions we make impact real people, and the quality of care they receive, it's super important that we got that care management system right.”



**Andy Griffin, Managing Director at Helping at Home.**







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