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The role of social network analysis in identifying unmet support needs for families supporting an adult with a learning disability within family homes

OVERVIEW

A mixed-methods approach to social network analysis was adopted to:

- identify support available to family carers
- explore whether different network types offered better support
- examine whether network types were associated with characteristics of carer, family and cared for person.

- The Practitioner Assessment of Network Types (PANT)[1] showed that most carers had small, isolated network types.

- Associations were found between providing full-time care and most isolated networks only.

- Qualitative network analysis highlighted limited support received from friends and family and the importance of professional support.

- Regular daytime activities, (e.g. day centres), supported carers to do other activities (e.g. work, hospital appointments).

- Friendships with other family carers were important. Carers support centres helped facilitate these relationships.

- Gender differences in contact with family were in evidence.

ABOUT THE RESEARCH

Providing long time care to a relative with learning disabilities (LDs) can be rewarding. However, over time, if support and resources are not adequate and demands of caregiving outstrip these resources, carers health can be negatively affected.

Over a decade of austerity has depleted social care support. It was against this background that I wanted to explore support available and most valued by family carers aged 40 and over, via their networks of support. The aim was to adopt a mix-methods approach to social network analysis to identify gaps in support which, if not addressed, could escalate to the need for more intensive social care interventions.

METHODS

The aims/objectives of the study were to adopt a mixed-methods approach to social network analysis to explore support available to families who live with an adult with learning disabilities.

A questionnaire called the Practitioners Assessment of Network Types (PANT) highlighted the closeness and frequency of support from family, friends and the wider community.

Qualitative network analysis (QNA) provides a visual representation of available support and highlighted where gaps in support exist.

FINDINGS

Adopting a mixed-methods approach to network analysis enabled the identification of types of support available to family-carers of adults with LDs from family, friends and the wider community. Both the PANT and QNA were able to identify gaps in support and types of support most valued by carers.

Providing full-time care and smaller, isolated networks were the only significant associations found between carer, family and cared for persons' characteristics and network types. QNA, however, highlighted potential associations between gender, marital status and relationships with network alters. Being married did seem to facilitate relationships within wider family for male carers.

Exploring how family carers construct their social support networks provides insight into available support, gaps and changes in support, which have the following implications to adult social care practice: Most family carers who provide support to an adult with LDs appear to be providing support in the context of a deficit in support from friends, family or professional services. This deficit in support has also been the result of years of austerity and cuts to social care. This has implications to carers' health and the sustainability of their caregiving role. Social care providers need to find ways to better identify where the gaps in support exist to prevent an escalation in support needed by carers and adult with LDs (e.g. an out of home placement occurring).

A more targeted approach to the identification of families most at risk of isolation and the planning and provision of support is needed in the context of increasingly scarce resources. It is also important that carers' are able to exercise their rights to support and to not have their health potentially impacted by providing too many hours of support without respite.

Social network analysis is not dissimilar to genograms or life story work already used in social care, therefore social care professionals may not be too unfamiliar with this type of method for gathering information about families. This tool could, therefore be used to complement carers assessments, better identify gaps in support and address the rights of carers to 'have a life outside of caring'.

Social network analysis also has the potential for use as a planning tool to identify emerging or changing support needs.

The accompanying discussion provides a more in-depth picture of current and emerging support needs and provides the opportunity to discuss what support is most valuable to families. This would seem a useful tool which could accompany carer assessments.

Cautious interpretation of data is

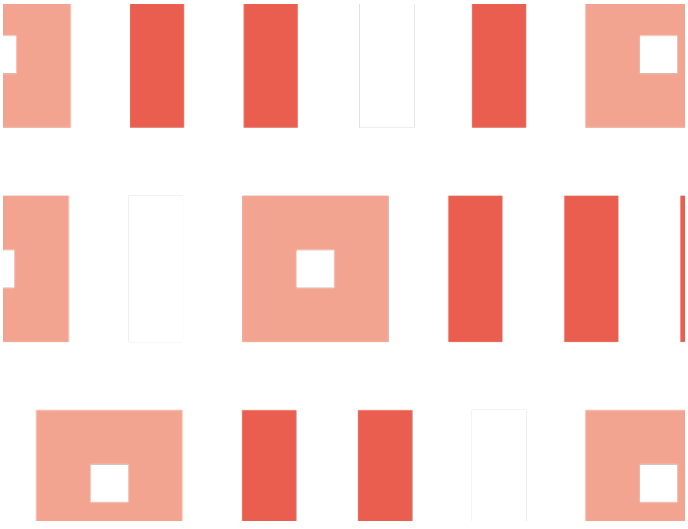
needed, due to the small sample size and methodology not permitting generalisability of the findings. Future research should consider scaling up the methodology to larger and potentially more diverse populations

CONCLUSIONS & IMPLICATIONS

This study found that using a short questionnaire designed to identify types of support available to families in combination with a visual diagram to plot support available to family carers who live with an adult with learning disabilities, provided a clear picture of support available to families, as well as highlighting where gaps in support exist.

Both the questionnaire and the visual diagram are easy to use and not expensive. They can be used together or separately and could potentially be used by social care professionals alongside carers assessments as planning tools to identify emerging or changing support needs of families.

It can also be used to discuss what support is most valued by families to better target scarce resources.



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