

The professionalisation of domiciliary care workers in England following COVID-19

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Abstract

The growing pressure of an ageing population has resulted in an increased focus and interest in home or domiciliary care. This, plus changing lifestyle trends and the COVID-19 pandemic, necessitates a review of care in the UK. The number of domiciliary carers has increased; of the 1.62 million social workers active in 2018, 685 000 were categorised as domiciliary carers. However, this group of carers are not recognised as healthcare professionals. Indeed, there is no formal recognition or definition of the role of the carer in the UK, and there seems to be an overlap between support workers and carers, without adequate explanation of what either of these roles mean in practice. This article highlights the need to pay particular attention to this care sector, particularly in light of both the COVID-19 pandemic and Brexit.

Keywords: Brexit; COVID-19; Domiciliary care; Professionalism

Introduction

The impact of the COVID-19 pandemic on the population has been heterogeneous and has touched all areas of life, including physical health, mental health, working and living behaviour. Perhaps the most severe effect of the pandemic can be seen in domiciliary care, where death rates have been shockingly high. Domiciliary care typically refers to arrangements by which care is provided in the patient or client's own home, requiring home visits from care staff. Between 10 April 2020 and 19 June 2020, 6523 people died in domiciliary care, well over double the 3-year average of 2895. Although the pandemic was a major contributor to this dramatic rise in deaths, there were likely a number of factors involved (Office for National Statistics, 2020).

This, combined with the growing demographic pressure of an ageing population, has resulted in a renewed focus and interest in home or domiciliary care in the UK (Age UK, 2019). Between April 2014 and October 2019, the number of domiciliary care services in England increased by 23%. However, with the residential care sector declining, and the Care

Quality Commission has warned that the domiciliary sector is not growing fast enough to meet the increasing demand or make up for the falling number of nursing and residential home beds (Clark, 2019).

Many factors drive the need and demand for home care: demographic trends, changes in the epidemiological landscape of disease, the increased focus on user-centred services, the availability of new supportive technologies, and the pressing need to reconfigure health systems to improve responsiveness, continuity, efficiency and equity (Tarrocone and Tsouros, 2006). This increased demand has significant implications for both public and private domiciliary care sectors. This article provides an overview of an often-overlooked sector and debates the term 'professional' in this context. The additional challenges of COVID-19 and Brexit are also discussed.

Where does domiciliary care currently stand?

The proportion of older people in the general population is increasing steadily in the UK. By 2030, one in five (21.8%) people in the UK will be aged 65 years or over, 6.8% will be aged over 75 years and 3.2% will be aged over 85 years. The latter age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066, reaching 7% of the UK population. As England is by far the most populous country in the UK, it is likely that the highest level of growth will here (Public Health England, 2018; Age UK, 2019). Meanwhile, changing lifestyle trends, smaller families and the growing participation of women in the labour market has reduced the feasibility of providing informal care to older relatives for many families (Roantee and Vira, 2019). Yet many would prefer to be cared for in a home, or home-like, environment rather than a hospital, hospice or care home setting (Bottery and Babalola, 2020).

Underpinned by the Care Act 2014, adult social care supports many different people, including older people, disabled people, those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers (Department of Health and Social Care, 2020). Good outcomes for individuals who use care services depend on the those who deliver and manage those services having the highest standards of practice (NHS England, 2017). This applies particularly to carers, who must draw on their personal knowledge, experiences and awareness of best practice (Social Care Institute of Excellence, 2015).

Defining a carer: an ongoing challenge

The Health and Care Professions Council (www.hcpc-uk.org) is a statutory regulator of over 280 000 professionals from 15 health and care professions. In 2012, the organisation took over the regulation of social workers in England from the General Social Care Council, as part of the Health and Social Care Act 2012 reforms. Carers, as described by the Department of Health and Social Care, the Care Quality Commission and the National Careers Service, are not defined as professionals and are only preferred to hold qualifications such as a Certificate or Diploma in health and social care (National Careers Service, 2020). However, it should be noted that Carers UK reserves membership of their website to professionals without defining the meaning of that term (Carers UK, 2020). Though there are government organisations explaining what a carer should do (National

Careers Service, 2020), there is no formal recognition of the carer's role, and there seems to be an overlap between support workers and carers without adequate explanation of either role.

Carers UK (2019) estimate that 5.4 million adults in the UK are informal carers who provide unpaid care to an ill, older or disabled family member, friend or partner in the home. This may include household tasks, personal care and any other activity that allows them to maintain both their independence and quality of life. Meanwhile, the formal home care industry (or domiciliary care industry) provides support to clients for physical care, mental health, sensory impairment, learning disabilities and memory problems, as well as cognitive support (IBIS World, 2020). The industry primarily caters to local councils and state-funded individuals, although the private market is growing at 3% per annum. The number of adult social care workers in England in 2018 was estimated at 1.62 million, of which 685 000 were categorised as domiciliary carers (Skills for Care, 2019). In terms of service demand, 237 000 adults, older people and carers received direct payments from councils' social services departments in 2017– 2018. Approximately 75 000 (31%) of these recipients were employing their own home carers who were not necessarily registered with the Care Quality Commission (Bottery and Babalola, 2020).

Ambiguity and shortages

Research by the King's Fund (Bottery, 2018) found a high turnover of domiciliary care staff, demonstrating that 'relentless' staff shortages have left the home care sector struggling. Indeed, a 2019 House of Lords committee report stated that adult social care in England was inadequately funded and that 1.4 million older people had an unmet care need in 2018 (Economic Affairs Committee, 2019). The impact of COVID-19 and impending effects of Brexit will likely make matters considerably worse (Petrie and Norman, 2020), particularly as 104 000 formal carers in the UK are migrants from the European Union (Age UK, 2019). If care workers continue to be considered 'low skilled', it is unlikely that they will be given preferential access to the UK labour market and many potential workers may choose to move elsewhere. Social care in the UK is already in a fragile state, with research showing that 130 000 new care workers are needed each year just for the social care workforce to cope with current levels of demand (Age UK, 2019).

It is important to note that the then Department of Health issued national minimum standards for domiciliary care, as regulations to the Care Standards Act of 2000. The Care Quality Commission is the independent regulator of health and adult social care in England that defines fourteen distinct care activities, which individuals must be registered to practice as a requirement of the Social Care Act of 2008 (Care Quality Commission, 2015). However, a discrete body of expertise for that field still needs to be defined and the field's boundaries must be established in order for it to be recognised as a profession. There must also be a reasonable consensus within the field as to what this knowledge and expertise should consist of. No professional body has jurisdiction over the 'profession of carers'; there is no control, no formal entry or certification is required, and no ethical standards are enforced.

This ambiguity needs resolution. In April 2020, the Secretary of State for Health and Social in England, Matt Hancock, announced a 'Care Badge' as recognition of the carer profession, stating that it would give access to the same 'recognitions and benefits' as health service staff (Department of Health and Social Care, 2020). In response, the GMB Union's National

Secretary for Public Services, Rehana Azam, stated that:

‘Our care workers need more than a badge and a pat on their head to define their precious role in society. Care workers are serially undervalued, highly skilled and massively underpaid. It will take far more than branding to get them the recognition and support they deserve.’ (Johnston, 2020).

Given the growing demand for skilled workers, it is likely that care as a profession will need to evolve. This will require a formal definition of care and what it is to be a care professional. Such definition is crucial in a domiciliary care context, as it helps to create trust and improve care management, especially as this type of care is often performed by one individual working on their own in the home of a potentially vulnerable person.

What is a professional?

Balthazard (2015) points out that an early definition of a professional ‘is a member of a profession or any person who earns their living from a specified activity’, implying that economic gain is the defining characteristic of a profession. The term can also describe the standards of education and training that prepare members of the profession with the knowledge and skills necessary to perform their specific role. In addition, most professionals are subject to strict codes of conduct, enshrining rigorous ethical and moral obligations. In research conducted on behalf of the Health and Care Professions Council, Morrow et al (2014) stated that ‘professional’ may be determined in part by its legal status, such as whether it is subject to regulation. However, in its original Middle English form, the word ‘professional’ means the ability to make a public commitment to high standards of performance, integrity and public service (Postema, 1980).

Freidson (2001) posits that the professions are a method of organising work, where specialised workers control their own work with a logic requiring knowledge, organisation, career, education and ideology. In his seminal work ‘Professionalism, the Third Logic’, Freidson (2001) asserted that a profession involves ‘an ideology that asserts greater commitment to doing good work than to economic gain and to the quality rather than the economic efficiency of work’. Therefore, according to this approach, professionals do not wish to be encumbered by resource constraints or by accountability requirements. The professional role is based on expertise and an independent process of thought and personal responsibility for decisions (Bruhn, 2001). This is true of domiciliary workers who are expected to be calm, confident, decisive, sensitive and responsible decision makers in key areas of clients’ lives (National Careers Service, 2020). Freidson (2001) further argues that in the free market consumers are in command, while in bureaucracy managers dominate. This may be true in tightly controlled healthcare settings (Andreasson et al, 2018), but less so in home-based care, where domiciliary carers typically work independently, outside of direct control of managers (Cooper and Urquhart, 2005).

Sociologists emphasise working roles as identity, paying attention to the processes of learning what is appropriate behaviour in social positions (Davies, 2002). Meanwhile, psychology stresses that identity is a developmental process, with the stages of identity formation unfolding over a lifetime. This identity is the development of a subjective and individual sense of self that is created from socially available ‘professional’ roles (Wynd, 2003). This suggests that professions are about belonging and the linking of internal psychological processes with an external social context. A crucial point is that individuals derive their identity and meaning

from a logic of pairing, for example manager and worker, or professional and client. Establishing an identity in this way sets a boundary, highlighting the differences between people rather than their similarities and connections (Willetts and Clarke, 2014).

Challenges for health policy and decision makers following COvID-19

In addition to the expected growth in demand and financial constraints in the sector, domiciliary care is often labour intensive and staff shortages are a pressing issue. This scarcity also applies to informal carers, such as spouses, children, other relatives and volunteers. However, the impending economic crisis caused by COVID-19 could have a softening effect on the workforce problem in the care sector. In times of economic stagnation and growing unemployment, the reliable demand for care workers may make this sector a more attractive option for those seeking employment.

The effects of the pandemic have not been limited to the UK, but also experienced by other European countries. All affected countries are likely to be forced to reorientate their health and social care systems, including home-care services and are likely to be forced to look for new, more sustainable models of care provision. There will be a greater need than ever before to use experiences and models of provision from abroad to develop new forms of care that balance quality, equity and costs, and contain an optimal mix of defined, regulated professional care and informal family care.

Another challenge is that decision-making in domiciliary care is extremely complex, as circumstances are so heterogenous. Clients may require long-term care, palliative care or short-term care after hospital discharge (Genet et al, 2011), all of which may include a combination of personal, social and healthcare services (Burau et al, 2007). This adds another layer of complexity, as domiciliary care is intrinsically linked with other sectors, such as secondary healthcare, primary healthcare, housing and social welfare, all of which play a crucial role in helping clients remain at home. Coordination is thus essential, not just between professional care providers but also between professionals and informal caregivers.

Finally, one of the biggest challenges for the professionalisation of the domiciliary care workforce is its size, as well as the vast number of settings in which the workforce operates. Clear and effective legislation is essential to good practice. It gives effect to policy, translating abstract principles and very specific provisions into legal remedies, while mediating between the often conflicting objectives, views and expectations of legislators and service users. Therefore, the preparation of legislation in relation to the professionalisation of this sector is an inherently complicated process, subject to external pressures and unforeseeable events. Political necessities may sometimes require legislative approaches that are inherently complex. Because of this, the extent to which each stage of the process can be influenced by those sponsoring, preparing or drafting the legislation is critical.

Key Points

- The ageing population and increasing rates of long-term conditions has led to growing interest in care based on home visits, known as domiciliary care.
- Domiciliary care is not yet recognised as a distinct profession and carers thus lack regulations, representation and a collective professional identity.

- As the rise in demand for domiciliary care is likely to continue, a comprehensive definition of care and what makes a care professional is urgently needed.
- Domiciliary care is complex and heterogeneous, but could provide a reliable employment sector if properly invested in, particularly in a post-COVID-19 economy.

Conclusions

As a result of the COVID-19 pandemic, the NHS was transformed within a few weeks to allow clinicians to continue carrying out their work in a safe 'COVID-19 free' environment. This was not true of the care sector. Instead, over 25 000 vulnerable patients were discharged from the healthcare sector into care homes without first testing for COVID-19 at the height of the pandemic in June 2020. Meanwhile, figures for deaths among those receiving domiciliary care are not readily available.

Plans have already been made to address workforce shortages among medical personnel, allied health professionals, pharmacists and healthcare scientists, but this is also needed urgently in the care sector. England needs a national and long-term plan for the professionalisation of care, including domiciliary care, with a properly funded regulatory and qualifications framework for staff. At present, there seems to a sense that, while social care is a profession, domiciliary care is not. Given the increasing demand for care in the home and the growing number of domiciliary care workers, regularisation of the market is long overdue.

References

- Age UK. Later life in the United Kingdom 2019. 2019. www.ageuk.org.uk/our-impact/policy-research/policy-positions (accessed 7 October 2020)
- Andreasson J, Ljungar E, Ahlstrom L et al. Professional bureaucracy and health care managers' planned change strategies: governance in Swedish Health. *Nordic J Work Life Stud.* 2018;8(1). <https://doi.org/10.18291/njwls.v8i1.104849>
- Balthazard C. What does it mean to be a professional? Toronto: Human Resources Professionals Association; 2015
- Bottery S. Home care in England: views from commissioners and providers. London: Kings Fund; 2018
- Bottery S, Babalola G. Social care 360. London: Kings Fund; 2020
- Bruhn JGG. Being good and doing good: the culture of professionalism in the health professions. *Health Care Manag.* 2001;19(4):47–58. <https://doi.org/10.1097/00126450-200119040-00008>
- Burau V, Theobald H, Blank RH. Governing home care: a cross national comparison. Cheltenham, UK: Edward Elgar; 2007
- Carers UK. Facts about carers. Policy briefing August 2019. 2019. www.carersuk.org (accessed 7 October 2020)
- Carers UK. For professionals. 2020. www.carersuk.org/for-professionals (accessed 7 October 2020)
- Clark C. Home care sector "not growing fast enough" to offset falling number of care homes, warns CQC. 2019. www.homecareinsight.co.uk/ (accessed 7 October 2020)
- Cooper J, Urquhart C. The information needs and information-seeking behaviours of home-care workers and clients receiving home care. *Health Inf Libr J.* 2005;22(2):107–116. <https://doi.org/10.1111/j.14711842.2005.00551.x>

- Care Quality Commission. The scope of registration. Care Quality Commission. 2015. www.cqc.org.uk (accessed 7 October 2020)
- Davies C. Managing identities: workers, professions and identity. *Nurs Manag.* 2002;9(5):31–34. <https://doi.org/10.7748/nm2002.09.9.5.31.c2120>
- Department of Health and Social Care. COVID-19: our action plan for adult social care. Department of Health and Social Care. 2020. www.gov.uk/government/publications/coronavirus-covid-19-adultsocial-care-action-plan/covid-19-our-action-plan-for-adult-social-care (accessed 7 October 2020)
- Economic Affairs Committee. Social care funding: time to end a national scandal. House of Lords Economic Affairs Committee, 7th Report of Session 2017–19. 2019
- Freidson E. Professionalism, the third logic. Cambridge: Wiley; 2001
- Genet N, Boerma WGW, Kringos DS et al. Home care in Europe: a systematic literature review. *BMC Health Serv Res.* 2011;11(1):207. <https://doi.org/10.1186/1472-6963-11-207>
- IBIS World. Domiciliary care in the UK - market research report. 2020. www.ibisworld.com/unitedkingdom (accessed 16 August 2020)
- Johnston J. Matt Hancock announces badge for care home workers amid criticism of government's treatment of sector. 2020. www.politicshome.com/news/ (accessed 15 August 2020)
- Morrow G, Burford B, Rothwell C et al. Professionalism in healthcare professionals. London: Health and Care Professions Council; 2014
- National Careers Service. Care Worker. 2021. <https://nationalcareers.service.gov.uk/job-profiles/careworker> (accessed 10 February 2021)
- NHS England. Involving people in their own health and care. 2017. www.england.nhs.uk (accessed 15 August 2020)
- Office for National Statistics. Deaths involving COVID-19 in the care sector, England and Wales. 2020. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths (accessed 15 August 2020)
- Petrie K, Norman A. Assessing the economic implications of coronavirus and Brexit. London: Social Market Foundation; 2020
- Postema G. Moral responsibility in professional ethics. *N Y Univ Law Rev.* 1980;1950(55):63–89
- Public Health England. Population change and trends in life expectancy. London: Public Health England; 2018
- Roantee B, Vira K. The Rise and Rise of Women's Employment in the UK: IFS Briefing Note BN234. London: Institute for Fiscal Studies; 2019
- Skills for Care. The size and structure of the adult social care sector and workforce in England. 2019. www.skillsforcare.org.uk (accessed 18 August 2020)
- Social Care Institute of Excellence. Care Act guidance on strengths-based approaches. London: Social Care Institute of Excellence; 2015
- Tarrocone R, Tsouros AD. The solid facts: home care in Europe. Copenhagen, WHO Regional Office for Europe; 2006
- Willetts G, Clarke D. Constructing nurses' professional identity through social identity theory. *Int J Nurs Pract.* 2014;20(2):164–169. <https://doi.org/10.1111/ijn.12108>
- Wynd CAA. Current factors contributing to professionalism in nursing. *J Prof Nurs.* 2003;19(5):251–261. [https://doi.org/10.1016/S8755-7223\(03\)00104-2](https://doi.org/10.1016/S8755-7223(03)00104-2)