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Ageing well at home: emergent models of home care provision and the professionalisation of the home care workforce

Summary

- Everyone would like to age well, and most people would prefer to do so, for as long as possible, in the comfort and security of their own home.
- The projected increase in the number of older people, together with continuing shortages of care workers, means home care is heading towards (and in some places has already reached) crisis.
- Home care is a profession negatively affected by poor pay and conditions and low status.
- This Sustainable Care Policy Perspective provides insights from expert contributors on these and related issues, and makes recommendations for policymakers, providers and commissioners in home care and for the Sustainable Care programme.
- Recommendations include a need for Government to invest in the home care workforce to improve its status as a profession and help reverse endemic recruitment and retention problems; and the need for the sector to develop new ways of working, including appropriate use of emerging technologies to improve wellbeing outcomes and ensure everyone is able to age well.

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CONTEXT

How best to age well at home is an urgent and current issue. It was one of the topics chosen for a series of **Re-Imagining Care Round Tables**, held in London and Birmingham in 2018, bringing experts, practitioners and members of the **Sustainable Care** team together to discuss issues crucial for the sustainability of care arrangements in the UK. At a time when social care is high on the policy agenda and a growing focus of much public debate, the round tables were designed to inform the development of the Sustainable Care research programme and to guide the Sustainable Care team's advice to policymakers.

Government has promised a [Green Paper on Social Care](#), and working carers feature in the priorities for this, set out by former Secretary of State for Health and Social Care, Jeremy Hunt. In his [speech](#) on 20 March 2018, he stated: "*People who work in care homes, who do home visits, who look after people with care needs with kindness and love in every street in every town – these are our society's modern-day heroes. Often highly skilled, they are typically also the lowest paid... But to attract more people into this sector, financial support must be matched with recognition of the value of this vital work and action on the wider set of challenges facing the workforce*".

KEY ISSUES

This Policy Perspective highlights points made in expert contributions and in discussion at a roundtable event which explored some of the problems experienced in home care and considered potential solutions to these. Key issues identified included the need to professionalise the care workforce; the implications of new models of home care delivery, and the opportunities and risks these present; and the importance of increasing take-up

and use of technology in the home care sector.

Professionalisation of the care workforce

Home care is the front line of adult social care delivery in England, and a vital and growing part of the wider care sector which contributes an estimated £41.8 billion per annum to the national economy.[1] In 2016, there were 505,000 regulated jobs in home care (an increase of 18% since 2012), of which about 440,000 were direct care jobs.[2]

In 2017, English local authorities arranged long-term care services in a community setting for 352,860 older people (65+).[3] For most, the cost was paid fully or partly by the local authority, although increasingly individuals are paying for their own care. While the precise number of these 'self-funders' is unknown, the English Longitudinal Study of Ageing (2014-15) found that 32% of older people receiving home care said this had been arranged without the involvement of a local authority. And even when a local authority was involved, 40% said they were contributing to the cost of their care from their own resources.[4] Round table participants felt the lack of detailed and systematic data on this topic was problematic, and agreed that robust and useful data are needed to fully understand developments in home care supply, demand, costs and contributions.

The sector is large, complex and volatile. In 2016, adult social care was provided by around 20,300 organisations and a total workforce of around 1.58 million people.[5] Some 8,500 home care organisations are registered with the Care Quality Commission in England, although it is thought many more, possibly another 2,800, are not registered with CQC.[6] Around 500 providers register each quarter while some 400 deregister, most deregistering before having provided any services.

Poor pay and working conditions in home care over many years have not helped in recruiting and retaining good quality staff, with many home care providers finding it difficult to maintain a stable workforce. Contributors felt there was an urgent need to change the perception of care work, and to encourage more people to consider it as a viable career option. Care England has argued that, while social care does not need endless change, a significant 'culture change' is required.[7] Participants also felt it was important to find ways of shifting perceptions about what home care is and what care workers do.

One suggestion was to begin to lift the status of paid care work by establishing a national body for care workers. This could provide a registration system, training

and CPD (continuing professional development), which could be 'portable' between home care providers. This would help avoid unnecessary retraining when employees move between companies. Making care work a recognisable profession would also improve the lives of hundreds of thousands of people, as had happened in the past in nursing. The nursing profession flourished after Florence Nightingale opened the first nursing school in London (in 1860) and following the establishment of the Royal College of Nursing (in 1916). Since then, the RCN has evolved into the world's largest professional association and union for nursing staff, and today it has more than 435,000 members, although it began with just 34. Participants in the round table suggested that care workers today urgently need a similar professional organisation to support them, raise the status of their work, and promote the importance of their role.

New models of home care delivery

Participants nevertheless agreed that raising the status of home care workers was just one element of improving the care system. 'Home care' refers to a range of care and support interventions delivered to people in their own home: domestic tasks, shopping, home maintenance, personal care, social activities, rehabilitation and recovery, and support for people who are receiving palliative care. The UK Home Care Association has estimated that around 249 million hours of home care are delivered in England each year.[8] It was argued that much of this contact time could be used in more effective ways. "Time and task" models, whereby services are delivered in short time slots and focus on completing personal care tasks, needed to be replaced by new models of care, offering alternative services to deliver preventative support, and providing companionship, engagement or early intervention to avoid or delay deterioration in health and wellbeing. Such support, it was argued, could be effective in delaying or preventing the need for residential care; it would also be beneficial following an illness or injury. Care assessments needed to reflect this approach, and to assess for physical and emotional needs. Expanding the remit of social care services to include support activities may also require a closer working relationship with third sector and voluntary organisations to reconnect people with their communities.

There was discussion about the new models of home care provider currently emerging onto the market, which include independent introductory brokerage companies, social enterprises and social franchising organisations. Regulatory arrangements in England are not keeping pace with these newer models of home care, however. Participants in the round table felt it was important to explore how these new care organisations

can be regulated, to ensure that more useful models of care can flourish and provide a wider range of options for more people.

The take up and use of technology in the home care sector

Technology, including new forms of assistive technology and developments in in-home monitoring and coordinated care planning, could offer alternative and improved approaches in home care. Participants in the discussion pointed out that the role of technology has been highlighted by many promoters and suggested to have the potential to help deliver more effective and efficient services for people who need support, their families and care workers. To date, implementation and uptake has been slow, however, and problems such as poor connectivity in some rural areas are hindering progress.

RECOMMENDATIONS

Round Table participants felt these major issues called for a policy, employer and research response:

For policymakers:
1. **Policymakers should encourage the creation of a recognised body to oversee the profession** and support the professionalisation of care work, with the aim of improving staff recruitment, retention and morale. Bringing recognition of care work as a professional role could improve career trajectories for workers and create appropriate standards for the high quality training required to become a care worker.
2. **Suitable ways of regulating and quality assuring new and emerging models of home care need to be found**, with regulatory frameworks applicable to those introducing independent introductory brokerage and social franchising, and operating as social enterprises. These new market actors are not

currently regulated by the Care Quality Commission, limiting their access to the wider market or local authority contracts, and exposing clients, workers and providers to avoidable risks.

3. **Ensure the infrastructure for broadband and wi-fi is in place in all, including rural, areas** to assist with roll-out and take-up of mobile and other emerging technologies to aid caring and care work.

For home care commissioners:

1. **Fund new models of home care which focus on improving the wellbeing of people receiving care** and address their emotional as well as physical needs. This might have a preventative effect, with wider benefits including delaying or reducing the need for residential care.

For home care providers:

1. **Embrace new technologies** to improve operational efficiency, but also to ensure that people's experience of care is improved and to achieve better well-being outcomes.

2. **Trust and support employees** to transport their qualifications, training and skills from one provider to another.

For the Sustainable Care research team and partners

1. Continue work on identifying gaps and inadequacies in care data, to include a focus on **robust and useful data on the extent and nature of care which is currently unregulated in England**. Data are required on who is using, providing and working in what kinds of unregulated care environments.

2. In exploring the need for change in care arrangements, include a **focus on innovation in home care**, to enhance knowledge of what technology can contribute to the delivery of sustainable care and improving the wellbeing of people receiving care and their carers, care workers and care providers.

ABOUT THE RESEARCH

The Sustainable Care: connecting people and systems programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainable care as about ethics, justice and the distribution of resources. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the ESRC, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle.
This Policy Perspective was prepared by Karla Zimpel-Leal, Cate Goodlad and Diane Burns. Policy Perspectives were designed by Kelly Davidge.

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