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Professionalisation of Care Workers in England in a Post COVID World

Accepted

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Abstract

The increase in the pressure of an aging population has resulted in an increased focus and interest in home or domicialiary care. This, the need for user-centred care, changing life-style trends, and the current pandemic which has led to increased death rate above what would normally be expected for the same period further necessitates the use and focus on domiciliary care. The number of domiciliary carers has increased for example of the 1.62 million social workers in 2018, 685,000 employees were categorised as domicilliary carer. However, domiciliary carers are only recommended to have qualifications such as a Cerificate or Diploma in Health and Social Care without formal recognition of these carers as healthcare professionals. Whilst government organisations have explained what a carer should do, 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 what this means. This paper highlights the need to pay particular attention to this care sector, in the face of the current pandemic and brexit which are set to change the landscape of health care in England or the UK as a whole. This is especially so as working in the care sector may be perceived as a relatively safe-haven because of the economic stagnation and growing unemployment.

Key Words: domiciliary care, home care, professionalism, Covid-19, Brexit

Introduction

The impact of the coronavirus pandemic on the general population especially in England has been heterogeneous including not only the physical and mental health impact but also impact on all aspects of live including a change in working and living behaviour and a possible impact on professionalism. The most severe effect of the pandemic can be seen in the increased death rate above what would normally be expected for the same period in domiciliary care. As an example, between 10th of April 2020 and 19th of June 2020, the death rate was 6,523 where a three-year average previously recorded was 2,895. This is 3,628 more deaths than would be expected in a year. The increase would seem as a result of a combination of factors including the coronavirus pandemic (ONS, 2020).

This together with increased demographic pressure of an aging population has resulted in an increased focus and interest in home or domicialiary care (Age UK, 2019). Between April 2014 and October 2019, the number of domiciliary care services in England increased by 23% to 9,528. However the residential care sector is declining, and the Care Quality Commission has warned that the domiciliary sector is not growing fast enough to meet the increasing demand and does not match the falling number of nursing and residential home beds. Nursing homes fell 6% and residential homes 11% in the same period (Clarke, 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 support technologies and the pressing need to reconfigure health systems to improve responsiveness, continuity, efficiency and equity (Tarricone and Tsouros, 2006). This has significant implications for the public and private domicilliary care sectors with a demand for professional services. This paper provides an overview of an often overlooked sector and debates the term 'professional' in this context. It discusses the challenges for health policy and decision makers in the context of the coronavirus pandemic and Brexit.

Background

The proportion of older people in the general population is increasing steadily in the United Kingdom (UK). By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged over 85. The over 85 age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066 (5.1 million; 7% of the UK population). Given that England is by far the most populous country in the UK it is likely that most growth will be in that country (PHE, 2018; Age UK, 2019).

Changing life-style trends, smaller families and growing labour market participation of women have reduced the possibilities of providing care informally (Roantree and Vira, 2019). This may also call for the need for more home-like formal care especially for those who would have perhaps preferred to be cared for at home and a preferred mode of care for those in need (Bottery and Babioloa, 2020) where Home may be defined as "a place of emotional and physical associations, memories and comfort" (Tarricone and Tsouros, 2006).

Underpinned by the Care Act, 2014 adult social care supports many different people, including older people, disabled people and 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 (DHSC, 2020). Good outcomes for people who use care services depend on the people who deliver and manage those services having the highest standards of practise (NHS England, 2017). This applies particularly to carers who must draw on and are guided by their personal knowledge, experiences and awareness of best practise in relation to the people who use their services (SCIE, 2015).

The Health and Care Professions Council (HCPC,) formerly the Health Professions Council(HPC) and created in 2003, is a statutory regulator of over 280,000 professionals from 15 health and care professions (HCPC, 2020). It does this by setting and maintaining standards of proficiency and conduct for the 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 CQC, Skills for Care and the government National Careers Service (NCS) are not defined as professionals but are recommended to, or preferred to have qualifications such as a Cerificate or Diploma in Health and Social Care (NCS, 2020). It is noted that Carers UK reserves membership of their website to professionals without defining meaning (Carers UK, 2020). Though there are government organisations explaining what a carer should do, 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 what this means.

Carers UK (2019) estimate that 5.4 million adults in the UK are carers who provide unpaid, informal care by looking after 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. The formal home care industry (or domicilliary 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, both of which are funded by public sector tax receipts although the private market is growing at 3% per annum. The number of adult social care jobs in England as at 2018 was estimated at 1.62 million of whom 685,000 employees are categorised as domicilliary carer (Skills for Care (2019). Also worthy of note is the fact that 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 are not necessarily registered with the CQC.

Research by the King's Fund (Bottery, 2018) found a high turnover of home care staff, and showed that "relentless" staff shortages have left the home care sector struggling, commenting that "*fees paid by some councils were too low to maintain quality service*" (Ford, 2018). The BBC (2019) headlines this as "Social care 'national scandal and disgrace" (Pym, 2019). A House of Lords committee report 'Social care funding: time to end a national scandal' stated that adult social care in England is inadequately funded and that 1.4 million older people (14 per cent of the population) had an unmet care need in 2018 (Economic Affairs Committee, 2019).

The impact of the Coronavirus and impending effect of BREXIT in 2021 will make matters considerably worse (Petrie and Norman, 2020). BREXIT could affect the 104,000 European Union (EU) carers' right to work in the UK (Age UK,

2020). Under a new rule recommended by the Government's Migration Advisory Committee, carers would be considered 'low skilled EU workers' and would not get preferential access to the UK labour market after the UK leaves the EU. Social care in the UK is already in a fragile state. Research shows 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, 2020).

Important to note is the fact that the then Department of Health issued national minimum standards for domicilliary care, as regulations to the Care Standards Act 2000. The CQC is the independent regulator of health and adult social care in England and requires registration in terms of fourteen regulated activities as a requirement of the Health and Social Care Act 2008 (CQC, 2015).

However, a discrete body of knowledge for that field must be defined, and the field's boundaries must be established for a profession in any given field to be recognised. There must also be a reasonable consensus within the field as to what the knowledge should consist of. No professional body has control of 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 as demonstrated when 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 (DHSC, 2020). In response, the GMB Union's National Secretary for Public Services, Rehana Azam said, "*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 recognition of the Health Secretary of the importance of carers generally, the intense regulation of the sector, the recommended requirements in terms of career progression, and the demand for skilled workers in the future, it is likely that care as a profession will need to evolve requiring formal definition of care and description as a care professional. Such definition is crucial in a home care context and helps create trust and improve care management especially when home care in many cases mean lone working.

What is a professional?

Balthazard (2015) points out that an early definition of professional "*is a member of a profession or any person who earns their living from a specified activity"* implying economic gain as the defining characteristic of 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 within that profession. In addition, most professionals are subject to strict codes of conduct, enshrining rigorous ethical and moral obligations. In research conducted on behalf of the HCPC, Morrow, et al. (2014) stated that 'professional' may be in part determined by its legal status, such as whether it is subject to regulation.

However, the word 'professional' in its original Middle English meaning states the essence of being a professional to be the ability to make public commitment to a high standard of performance, to integrity, and to public service (Postema, 1980). In current terms, although, not always stated explicitly, there is an implied contrast between high standard of performance and financial gain (Balthazard, 2015). The Collins Dictionary Online (2020) suggests that professional means relating to a person's work, especially work that requires special training.

Friedson (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. Friedson (2001) in his seminal work 'Professionalism, the Third Logic' identified five criteria of professions including *"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".* In 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 and confident, decisive and sensitive and responsible decision makers in key areas of client's lives (NCS, 2020).

According to Friedson (2001), the other four criteria of professionalism include specialised work in the officially recognised economy that is believed to be grounded in a body of theoretically based, discretionary knowledge and skill that is accordingly given special status in the labour force, exclusive jurisdiction in a particular division of labour created and controlled by occupational negotiation, a sheltered position in both external and internal labour markets that is based on qualifying credentials created by the occupation, and a formal training program lying outside the labour market that produces the qualifying credentials, which is controlled by the occupation and associated with higher education. Friedson (2001) further argues that in the free market consumers are in command, and in bureaucracy managers dominate. This may be true in tightly controlled health care settings (Andreasson, et al, 2018) but less so in-home care where domiciliary carers work independently outside of direct control of managers (Cooper and Urquhart, 2005).

Sociologists emphasize roles as identity, paying attention to the processes of learning what is appropriate behaviour in social positions and how these positions relate to form for example in a work organisation (Davies, 2002). Psychology stresses that identity is a developmental process with the stages of identity formation unfolding over a lifetime. This identity is 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).

A notable feature of professionals is the extent of criticism levelled against them. Care workers, lawyers and the police for example are amongst those being questioned about how they handle their core activities and responsibilities (Henderson and Atkinson, 2003). Media focuses relentlessly (and legitimately) on stop and search of ethnic minorities by police, child grooming scandals due to the failure of care agencies and health scandals such as the mass killings by Harold Shipman, the deaths of babies undergoing heart surgery at Bristol Royal Infirmary, and deaths of babies born under the care of Morecambe Bay maternity services and the suffering of patients at Stafford Hospital. The trust put in the professions, the hope that they are somehow apart from the rest of us able to solve individual and societal problems seems to be misplaced.

Challenges for health policy and decision makers: Post COVID

In addition to the expected growing demand and financial constraints in the home-care sector, the availability of home-care workers is apparent. Home care is labour intensive and the question is whether sufficient staff will be available if the ratio between the working age population and the elderly population changes. Scarcity also applies to informal carers, such as spouses, children, other relatives and volunteers. The impending economic crisis due to COVID-19 could have a softening effect on the workforce problem in the care sector. In times of economic stagnation and growing unemployment, working in the care sector can be perceived as a relatively safe haven.

The current turbulent situation is not limited to the United Kingdom but also suffered by at least 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 for foreign experiences and models of provision 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.

Decision-making is extremely complex as home care is so heterogenous. It consists of care provided for the long term; for short-term recuperation after hospital discharge; and palliative care (Genet et al., 2011). Furthermore, homecare consists of personal, social and health care services (Burau, Theobald and Blank, 2007). The home-care sector is also complex because of its interdependence with other sectors that have a role in enabling people to stay at home – for instance, the hospital sector, primary health care, housing and the social welfare sector. Coordination is essential, not just between professional care providers but also between professionals and informal caregivers

England is the only nation in the UK to have no professional body mandated by and accountable to government, with responsibility for the regulation of care workers Stakeholders have suggested this has hindered the development of a strong professional identity underpinned by shared improved status.

Beyond this, one of the biggest challenges with the professionalisation of the English home care workforce is its size, as well as the vast number of settings in which the workforce operates and the legislative complexity. Clear and effective legislation is essential and is critical 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 users. The preparation of legislation in relation to the professionalisation of this sector is therefore an inherently complicated process, subject to external pressures and unforeseeable events. Political necessities may sometimes require particular legislative approaches that are inherently complex. There seem to be three key dimensions to the problem: the volume of the statute book, the quality of legislation, and the perception of disproportionate complexity. Because there is a need to improve things, the extent to which each of these can be influenced by those sponsoring, preparing or drafting the legislation becomes critical.

Conclusion

Due to the pandemic, the NHS was transformed within a few weeks to allow clinicians to carry out their work, along with patients receiving treatment, in a safe 'COVID free' environment. This was not true of the care sector. The NHS also discharged over 25,000 vulnerable patients into care homes without first testing for COVID at the height of the pandemic in June 2020. (ONS, 2020) Figures for deaths amongsts those receving domiciliary care are not readily available. The NHS has already published specific action in relation to developing future medical, AHP, pharmacy and, healthcare science workforces to improve multi-professional working across all areas of healthcare but more needs to take place, and more urgently in the care sector too. A more nuanced approach to delivery would consider greater regulations. There are other issues which need to be addressed, particularly health and social care and domicilary staff. England needs a national and long-term plan for the professionalisation of care and home care with a regulatory and qualifications framework for staff that is well funded. There seems a cross between social care workforce and domiciliary care where one is a profession (social care) and the other is not (domiciliary care). Given the increasing number of home workers, it is time to regularise the market. Such regularisation needs to be accelerated post COVID.

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