



Northern Ireland  
Assembly



The Open University



## Knowledge Exchange Seminar Series (KESS)

### “To Keep a Person in their Own Wee Corner”, Evaluating the Role of Home Care Workers in Health and Social Care using A Grounded Theory Approach.

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#### ABSTRACT

**Background:** Worldwide demographic trends resulting in an ageing population provide significant challenges for the provision of effective and responsive models of Health and Social Care. The impetus for evaluation and analyses of existing models of such provision are essential to transform practice, to ensure they are fit for purpose and fit for practice. Moreover they must be responsive to the evolving and changing societal and health care demands, particularly for the older person. There is little known about the role the home care worker fulfils within such Health and Social Care provision.

**The Study:** This two-phase study was conducted with home care workers, which consisted of

# Knowledge Exchange Seminar Series (KESS)

domiciliary care workers, home helps and community care assistants. Phase 1, a qualitative phase, (n=179) utilised a grounded theory approach. This concluded with the emergence of the core category and informed development of a survey instrument, a questionnaire, for the quantitative phase of the study, Phase 2 (n=314). These interconnected phases demonstrated movement from inductive to deductive processes with the further testing by questionnaire of major categories with a wider population sample of home care workers employed within a large Health and Social Care Trust in Northern Ireland.

**Findings:** The location of care delivery emerged early as an important factor for care provision and other emergent categories highlighted further this significance. Within the performance of role, home care workers could identify characteristics aligned with the importance of their role and demonstrated cognisance of challenges and conflicts with role performance. Core characteristics of their caring role emerged which underpinned the interconnection and intrinsic nature of their caring and the care giving relationship. The core category '***there is dissonance between the perceived centrality of the role of the home care worker, and the recognition of their role within the wider health and social care community***'.

**Conclusion:** A lack of significance for the importance of the role of the home care worker within health and social care demonstrated the essential nature for more effective integration of this professional role within wider health and social care professional groups.

## 1.0: Challenges in Demography and Caring for the Older Person

The National Health Service (NHS), established in 1948, promised a new era in health care provision for Britain (Nolan and Badger 2002). The emphasis within the founding principles was to provide the best possible health care to everyone, free at access, from the 'cradle to the grave'. The NHS has continued to evolve and change throughout the decades (Department of Health [DOH], 1997; DOH 2009); yet some authors would still argue that despite its laudable aims at commencement, it has, for the most part, remained a monument to institutionalised scarcity since its inception (Nolan and Badger 2002). Furthermore some authors articulated that there exist health and social care disparities that affect many ethnic, racial and minority groups (de Chesnay and Anderson 2008) and particularly older populations (Lawrence and McCulloch 2001; Mitton et al. 2007).

A worldwide demographic trend elucidates significant global transitions to an older population as the share of the people aged 65 years and over is increasing. Local, national, European and

# Knowledge Exchange Seminar Series (KESS)

international statistics for demographic trends (for example Northern Ireland Statistics and Research Agency [NISRA] 2011) are a clear indicator that people are living much longer and are in effect ageing in place (Want, Kamas, and Nguyen 2008; Gitlin et al. 2009). Moreover, longitudinal data are available in each of the four countries of the UK which indicate such population compositions and inherent trends will provide significant challenges to health and social care provision for many years to come.

When other issues, such as the normal physiological and psychological factors of ageing are considered, then clearly chronological age is not the only consideration of note. The resultant myriad of potential issues that people may face such as the health challenges related to chronicity of ill health, cognitive decline and Alzheimer's disease will provide significant challenges for the provision of effective and responsive models of health and social care (Cowan et al. 2003; The Appleby Reports 2005 and 2011; Glendinning, 2010; The McKinsey Report 2010; DHSSPS 2011: Transforming Your Care (TYC); Livindhome 2011).

Indeed some authors clearly articulate that they perceive some of these challenges as major inhibitory factors within all aspects of health and social care provision that may contribute to a poor quality of life expectancy for the older person. Moreover, some fundamental questions arise pertaining to the model of care delivery and the persons delivering such care. The evidence suggests that the number of people being cared for and wanting to be cared for at home, as a right, is increasing and indeed Government strategic drivers placed emphasis on this (DHSSPS 2011; Care Quality Commission 2013).

## **2.0: Evaluating Home Care Provision in the UK, EU and USA Context**

This briefing paper extrapolates on some of the aforementioned areas, particularly with respect to home care workers currently providing such home care and the model that underpins such an approach within the UK, in comparison to other European and international communities, including USA. Furthermore, the important issue of where care is provided, the location of care, is presented and addressed as a core consideration of concern within this briefing paper and some differentiations exist with respect to rural and urban care provision.

Care within the person's own home is thus an important consideration, and indeed clearly articulated, within early strategic policy drivers for effective community care provision and support services (Community Care Act, 1990; People First, Community Care in NI, 1991). More recent strategic drivers are much more explicit in such assertions regarding care delivery at home. They

# Knowledge Exchange Seminar Series (KESS)

state that services will regard 'home as the hub' for such health and social care provision and be so 'enabled to ensure that people be cared for at home'. Further, professionals providing these services will be required to work together in a more integrated way to plan and deliver consistently high quality care for patients (The Appleby Reports 2005 and 2011; Glendinning 2010; The McKinsey Report 2010; DHSSPS 2011: TYC; Livindhome 2011; Care Quality Commission 2013). The complexity of health and social care provision is compounded by many factors. Changes in personal health and dependency levels of people living in the community, living with serious long term illnesses such as cancer, stroke, cardiovascular disease and dementia will provide major challenges not only to the individuals concerned and their families but also to health and social care professionals. The need to place the person at the centre of any model of care is recognised as essential to promoting better outcomes for service users, carers and their families (DHSSPS 2011).

With so much interest in this area, it begs the question, 'what is actually known about the contribution of the home care worker to the community care agenda?' The role of these support workers takes us into relatively uncharted territory. There remains a dearth of published material on the role of home care workers within NI, EU and internationally, giving cause for concern regarding the quality and effectiveness of such care provision (Dyeson 2004; Boris and Klein, 2006). Limited studies are reported within the literature from a UK perspective (Mathew 2000; 2001; Miller, McKeever, and Coyte 2003; Francis and Netten, 2003; 2004; McClimont and Grove 2004; Williams et al. 2004; McClimont, Grove, and Berry 2004). One study, presented from a NI perspective (Fleming and Taylor 2006), conducted a descriptive cross-sectional study exploring perceptions of home care workers and factors specifically affecting staff retention in NI. Boris and Klein (2006, 81) point out that government social policies and funding create home care, shaping the structure of the industry and the conditions of work. They state:

*"The welfare nexus, linking old age, disability, health and welfare policies, have also transformed care hidden in the home into a public service. The history of home care shows that social welfare and health policy have long been entangled with labour policy".*

Glendinning (2010), in an evidence-based critique for the Dartington Review on the Future of Adult Social Care (2010) reported that whilst the challenge of developing sustainable social care for the future were undoubtedly real, the experience of other countries indicated that they are far from insurmountable. She acknowledged that many countries in the new Eastern European and Baltic member states of the EU are struggling to develop even a basic network of non-institutional social care services, particularly in rural areas. But in Western European, Scandinavian and other

# Knowledge Exchange Seminar Series (KESS)

developed welfare states, social care provision appears surprisingly resilient in the face of twin pressures of fiscal constraint and population ageing.

The Livindhome Report (2011) explored reforms in home care in nine EU countries and suggested that overall each country's approach to reforming home care services reflects its traditions, values and welfare state structures. The Livindhome Report (2011, 5) stated:

*“The importance of home based care for older people and people with disabilities is accordingly growing as a more cost-effective care solution. There is evidence in all OECD countries that home care services are seen as a way to provide care and support of independence for older people and people with disabilities in a financially sustainable manner”*

As Stacey (2005, 834) states:

*“Little is really known about how home care workers themselves experience and negotiate their labour on a daily basis”*. The need for exploring such a contribution at a time of important and significant change in health and social care delivery is well established.

### **3.0: Studying Home Care Work**

This briefing paper aims to address this lacuna outlining research with home care workers in the UK. It critically explored and analysed the self-perceived role of home care workers in meeting complex health and social care needs in the community, aiming to redress the lack of research or empirical evidence from this essential staffing group. It is envisaged that these results provide unique and important perspectives and insights into their work and caring experiences, thus providing a detailed and comprehensive analysis of their role and responsibilities and their interconnected nature with all other aspect of health and social care in the community. Such analysis will enable a deeper and richer understanding of the inherent values and challenges associated with this role, enlightening and/or dispelling any associated stigma or values/beliefs attached to this role.

This research involved two distinct phases of data collection; Phase 1 used grounded theory methodology to collect qualitative data through focus group interviews with home care workers. The findings from Phase 1 were then used to inform Phase 2, a quantitative approach using postal questionnaires which were distributed to all home care staff within a large Health and Social Care Trust (HSCT) in the UK.



# Knowledge Exchange Seminar Series (KESS)

## 4.0: Phase 1

In Phase 1, focus group interviews were conducted in the HSCT with approximately 8-12 staff in each focus group. A semi-structured interview schedule formed the basis of the focus group discussions. A total of 14 focus groups were undertaken, with a total of 179 staff participating. Following completion of the interviews, the data were analysed. The explication of the Paradigm Model (Strauss and Corbin 2008) and how it related to this study is detailed in Figure 1. The qualitative phase of the study provided an insight into how home care workers perceived their daily roles and responsibilities and these were categorised into six emergent categories:

- Location of Care
- Role Identification
- Role Challenges
- Role Conflict
- The Characteristics of Carers
- Caring and the Care Giving Relationship

## 4.1: Phase 2

Phase 2 of this study sought to further test data emergence of the six major categories from Phase 1, with content validity of such categories distributed within the questionnaire design.

Consequently the data results within Phase 2 have demonstrated significant consistency with Phase 1 data results in all the previously identified six major categorical areas. Home care workers clearly identified the complex nature, conflict and challenges within the performance of their day to day roles and reported on what they perceived was the primacy of their role. This was the provision of high quality care, based on the premise of respect and dignity for the person, with an intrinsic valuing of them as a person. Many positive caring characteristics were reported by the workforce with a deep sense of commitment to provision of the best standards of care to their respective clients cognisant of many work based constraints, particularly time. Conflict within the work place was evidenced and reported, particularly with respect to the apparent lack of recognition and valuing of their role within the wider health and social care community.

Respondents reported specific strategies that they believed the HSCT should embrace in a positive manner that would enhance both the quality of the care that they delivered to the client group, and the terms and conditions of their current working structures.

The majority of respondents clearly identified their perceived valuing of their role, the primacy of the relationship with the client and the family and above all of this their utmost integrity with respect to providing complex caring within an ever changing health care environment. Reciprocity within the care giving relationship was evidenced and reported and caring trajectories were linked

# Knowledge Exchange Seminar Series (KESS)

to prior experiences for many respondents. An overriding concern for provision of care centred around keeping the person in their own home for as long as was practically possible.

## **5.0: Policy Implications**

The findings of this study have implications for health and social care practice and policy and for the organisation and management of home care services and for the education and training of home care staff involved in the delivery of health and social care. Furthermore this study has also implications for the client and their family.

For health and social care practice and policy the importance and valuing of the contribution of home care workers must be clearly recognised and should inform the basis for a review of The Quality Standards for Health and Social Care (DHSSPS 2006), articulating and supporting good evidence for best practice standards. Whilst there is strong evidence on the existence and maintenance of separate professional groups within health and social care (Rolfe et al. 1999; Mitchell et al. 2010), the socialisation and parameters of role differentiation for the allied health professionals in home care appears to be quite non-existent and such elitism or indifference as demonstrated by other professional groups must be challenged appropriately through effective policy reviews and communicational strategies.

The current model of delivery for the organisation and management of domiciliary care will invariably need to change, cognisant of the TYC Report (DHSSPS, 2011), and this research clearly articulates a workforce that is ready to embrace the process of change in a positive and pro-active manner, offering invaluable insights and excellent contributions to the effectiveness of human caring interactions for this grade of health care worker. At the very least this study demonstrates the essential nature for a review and change of the modus operandi that has served home care delivery services quite well up until now, but the myriad of strategic drivers dictate that the time is right to embrace policy change meaningfully.

The implications for the education and training of home care staff must be viewed as the strategic foundations for securing progression as allied health professionals, which will assist collegiate and collaborative working relationships with professional colleagues. This will be an enabling influence in shifting the poor localised, national, European and international perceptions and ideologies of this predominantly female workforce. Home care workers need to establish their own professional identity within this process and begin to contribute to the academic debate on the essential nature of the care provision they deliver within home care.

# Knowledge Exchange Seminar Series (KESS)

The implications for the client and the family have the most significant ramifications in so far as the current excellent standards of home care giving within the care giving relationship, the promotion of dignity, independence, autonomy, fulfilment and respect as core aspects to a valuing of the person within this therapeutic care giving relationship, may be come fragmented due to the apparent undervaluing and lack of recognition on the interconnected nature of such provision within the health and social care environment.

## **6.0: Conclusion**

There remain, of course, significant challenges for the effective integration of the home care worker role within the wider health and social care environs. The need to recognise the invaluable contribution of this role to home care provision, and to develop effective collegiate working relationships with other members of the multi-disciplinary care team must be paramount in any strategic process for change. There must be a clear valuing for the home care worker role and a fuller exploration of the extension or inclusivity of role into the important area of care and risk assessments and care reviews. There is a need therefore to embrace a significant and strategic analysis of the home care worker role. An essential element to this will be to incorporate a training need analysis with an accreditation framework applied to all aspects of current training provision. This must embrace the diversification of the home care worker role, and add to the significance and valuing of this role by the establishment of an educational framework as a clear bench mark indicator for these allied health professionals. The existence and acquisition of mandatory nationally recognised qualifications, tied to a qualification framework as an essential component to role will add further momentum to the role valuing, role diversification, role acceptance, role involvement and role recognition within the wider health and social care community.



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**Figure 1: The Conceptual Paradigm Model: The Home Care Worker Role, Illustrating Relationship Major Categories to Each Other and to the Core Category**

