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Domiciliary care – Evidence summary

Contents

Disclaimer: This evidence summary includes relevant literature identified from searches on the above topic, it is not an exhaustive list, it presents key finding and not recommendations for practice.

Domiciliary care definition

For the purpose of this report the term domiciliary care refers to support provided to an individual in their own home by paid workers, this is sometimes referred to as home care. Support may include help with daily living tasks, personal care, and other activities to maintain independence and well-being.

Challenges in domiciliary care

Domiciliary care is facing many challenges, these impact on the providers, care workers, and those who receive care. This report looks at recent available research, setting out the various issues this sector is facing.

The fragile domiciliary care market

A report from Wales Centre for Public Policy (2020) found the domiciliary care market was fragile and lacked capacity, highlighting concerns around providers exiting the market. It did highlight how Wales is less reliant on large providers, which could help its resilience to the threat of an unstable market. However, smaller providers may struggle to compete to deliver low costs, whilst maintaining quality standards, and they may struggle to afford investment in technology and innovation.[1]

Commissioning approaches

Wales is moving from a ‘time and task’ approach to commissioning, to a more person-centred approach. North Wales has already started to adopt this new approach, which has the potential to improve domiciliary care services. The six Local Authorities and Health Board in North Wales recommissioned domiciliary care in 2025 under the North Wales Domiciliary Care Agreement, with a view to continuing to develop an outcomes-focused approach.[2] The ‘time and task’ approach meant care could lack flexibility, be rushed, and lacked incentives to promote independence and reablement.[1] The person-centred approach aims to make care more flexible, and build independence and reablement where appropriate.

Commissioning practices can impact the sustainability of domiciliary care providers, when there is lack of direction, purpose or clarity, it can threaten the stability of care

providers. Managing uncertainty can have financial and personal costs for the business, and distress and confusion for those accessing care.[3]

Challenges for domiciliary care providers

Domiciliary care providers face challenges in providing sufficient, good quality services, the various issues are outlined below:

- Predicted increasing demand for care services due to an increasing ageing population with complex health needs in Wales[1,4,5]
- Meeting current demand and ensuring sustainability [1,4,6–9]
- Staff shortages – including care workers and nursing staff [1,4,6,8,10,11]
- Staff retention issues, due to low pay and better pay and conditions in other sectors [1,4,6,8,9,11]
- Difficulties with recruitment, partly due to low pay and poor working conditions, further impacted by reduced immigration following Brexit [1,4,6,8,9]
- Financial issues – funding being squeezed, pressure to keep costs low and increasing costs including increases to the national living wage [1,4,8,12]
- Long-term underinvestment, recent increased investment is not sufficient [4]
- Distant relationships and limited collaboration with commissioners can impact the quality of home care delivered, causing delays, etc [3]
- Contracting arrangements can be complex, time-consuming, prioritising price over quality, and lacking flexibility [3]
- Complexity of care – with rapid discharges and people who held back due to the pandemic now requiring care [5,8]
- Complexity when working across the Welsh/English border due to two separate legislations [11]
- Risk of recruiting modern slavery victims [13]

Challenges faced by domiciliary care workers

Many of the challenges in domiciliary care impact upon the care workers, and these workers also face additional challenges, these include the following:

- Low pay, some below the real living wage [1,4,11]
- Poor terms and conditions including, many care workers are on zero-hours contracts and lack job security [1,4,9,11,14]
- Work pressures, workload, time pressure, back to back schedules, short notice changes [1,14]

- Unsociable hours [1]
- Limited career development opportunities - lack of / inadequate training for career development [1,11]
- Ethical dilemmas regarding risks in relation to respecting the rights of the person and their responsibilities as home care staff [15,16]
- Not having enough time to complete care plan tasks, not allowing for varying needs, for example people with dementia requiring more time [16]
- Lone working – no back up, isolated, and a lot of responsibility [14,16,17]
- Client behaviours – violence, aggression, agitation, verbal abuse [14,16,18]
- Feeling obliged to tolerate violence [8]
- Physically demanding work [14]
- Emotionally demanding work, particularly end of life care [17]
- Issues with the physical space – space constraints, pets, hygiene [14]
- Inexperience / lack of knowledge / training for complex care needs [10,14,17,17,19,20]
- Inconsistency in who they care for, making it more difficult to learn, meet the needs, and notice changes [19]
- The role of care worker can be perceived as low status, unskilled work, and they often feel undervalued [3,4,17]
- Lack of communication between health, family, and homecare workers [5,17]

Challenges faced by recipients of domiciliary care

The ongoing challenges within the domiciliary care sector can impact on those who access these services, the issues they face include the following:

- Delays in waiting for care to be put in place [5]
- Lack of continuity and unreliable visits, due to workforce shortages [1,19–21]
- Dissatisfaction with services – staff abilities, reliability, lack of compassion, and knowledge of conditions [19,21]
- Lack of coordination between health and social care – can result in deterioration to health and mental well-being [22]
- Family caregivers often take responsibility for co-ordinating care [23]
- Issues with communicating with family caregivers, lack of clarity and being excluded from discussions [5,7,21,23,24]
- Lack of support to find appropriate care, and navigating support can be difficult, frustrating and time-consuming [21,24]

- Unpaid carers may feel resentful, isolated, and may impact their well-being [19,25]
- Risk of being hospitalised when care needs are not being met [23]
- Isolation / lack of social interaction [25]
- Service restrictions – limited times, lack of flexibility and responsiveness, and restrictive care plans [19–21]
- Lack of access to domiciliary dental care [26]
- Risk of pressure ulcers [27]
- Fragmentation of day and night services affecting quality / continuity of care [10]
- Difficulties accessing end of life care at short notice [10,28]
- Receiving support before reaching crisis point [7]
- Delays in Deprivation of Liberty Safeguard assessments, which can result in unlawful deprivation [29]

Challenges of technology use in domiciliary care

The use of technology is increasing, and its use to support domiciliary care is no exception. There can be issues impacting the ability for domiciliary care to implement and use technology, these include:

- Poor usability / functionality [30]
- Timely and easy access to the technology [30]
- Access to internet and / or equipment [30,31]
- Perceived appropriateness [30]
- Unclear or lack of benefits [30,31]
- Lack of knowledge / skills / digital literacy [30,31]
- Legislation / regulations [30,31]
- Ambiguous policies [30]
- Lack of organisational support [30]
- Privacy, cybersecurity, and data ownership concerns [30,31]
- Anxious about using the technology [30]
- Lack of acceptance and or commitment to use technology [31]
- Motivation to change [30]
- Ethical concerns [31]
- Costs [31]
- Lack of user training and instruction [31]

The research has identified some factors which may improve the chances of successful implementation of technologies, these include:

- Collaboration between organisations [32,33]
- A shared vision [32,33]
- Integrated care ICT infrastructures [32]
- Eligibility criteria for end-users so they get appropriate technology to meet their needs and at the right time [32,33]
- Consider who will benefit and finance, consider flexible reimbursement [32]
- Care staff must be sufficiently prepared, trained, and stimulated to work using the technology [32]
- Consider the delivery challenges, recognising variations between providers [33]
- Consider the resources needed to implement and sustain use [33]
- Collect good quality individual-level data to best demonstrate the impact [33]

COVID

The pandemic exacerbated existing issues including staff shortages, increased workload, lack of recognition, and worsened mental health.[34,35] It also created further issues including access to personal protective equipment, families not following safety guidance, added pressure to attend work, and risk of infection.[34]

Research identified some triggers of mental health problems among domiciliary workers due to the pandemic. Triggers included fear of infection / infecting others, lack of recognition compared to the NHS, lack of guidance, unsafe hospital discharge, death and loss of professionals and residents, unreliable testing, delayed results and shortage of staff.[35]

Inequalities in domiciliary care

A couple of areas of inequality in domiciliary care were highlighted in the literature, these included specific or exacerbated challenges for ethnic minorities and rural communities.

Ethnicity

There can be differences in how ethnic minorities experience domiciliary care for both care workers and recipients of domiciliary care.

Some of the challenges faced by domiciliary care workers are:

- Experiencing racism / discrimination in the workplace, from relatives, people accessing care, the public, managers, and other colleagues [36–39]
- Experiencing judgement and bias [38,39]
- Racism being accepted – managers not taking effective action when racism is reported to prevent reoccurrence, or ignoring due to a person's condition [36]
- Finding it difficult to report racism, due to lack of evidence and fear of repercussions [36]
- More likely to be in insecure work, including zero-hours and temporary / bank contracts [40]
- Despite seeking progression, ethnic minority social care staff are under-represented in managerial positions [37]
- A lack of additional training to support career progression [37]
- More likely to be referred into the fitness to practice process [37]

Some of the challenges faced by recipients of domiciliary care and their families are:

- Experiencing judgement and bias [38,39]
- Lack of culturally sensitive support including language and communication, immigration status, dietary preferences, and gender–related preferences [38,39,41]
- Many ethnic minority unpaid carers act as translator which can hinder comprehension of complex information [38]
- Barriers to accessing technology – language, digital literacy, costs, access, motivation to learn to use, and acceptance of technology [41]
- Past experiences, a lack of trust and reluctance to seek / accept help [38,39]
- In some communities, certain health conditions are stigmatised, making it difficult to seek help [38,39]
- Some fear being asked for immigration documentation or having to pay [38,39]
- Identifying as a carer can be more difficult for some ethnic minorities [38]
- Loneliness and isolation can be greater among some ethnic minorities and stereotypes regarding this could mean it goes undetected [39]
- May lack understanding and knowledge of social care systems and rights [39]
- Lower levels of awareness and understanding of conditions such as depression and dementia within minority ethnic communities [39]

LGBTQ+

The term LGBTQ+ includes two identities; sexual identity (who we are attracted to) and gender identity (how we experience our own gender). Although there is limited research, an evidence summary from Social Care Wales does highlight some differences in how LGBTQ+ may experience care services, issues may include:

- May be concerned about engaging with social care services due to past experiences, making them worry over how they may be treated
- Worries about their safety if other people know they are LGBTQ+
- Their LGBTQ+ identity not being seen as an issue or impacting their care
- May face hostility, isolation, homophobia or transphobia
- Transgender people may be worried about having help with personal care
- May have wider chosen family rather than, or as well as biological family
- Being treated “the same” may mean they don’t have access to care and support that meets their needs [42]

Rural locations

Delivering home care in rural locations can be challenging, the key issues include:

- Harder to recruit and retain staff [8,43]
- Limited care choices and higher costs [43]
- Higher delivery costs and less funding per person [43]
- Poor transport links [43]
- Loneliness and isolation [43]
- Harder to access support from family / friends [43]
- Remoteness of certain houses and longer distances for staff to travel [43]
- Can be poorer quality care due to lack of choice [43]
- Digital exclusion – internet access [43]
- Access to information and advocacy [43]

Opportunities for domiciliary care

Progress in North Wales

The invitation to tender that was put out in conjunction with the 2025 renewal of the North Wales Domiciliary Care Agreement, aimed to address some of the issues

listed in the sections above.[2,44] Some of the issues that were covered in the invitation to tender include:

- A commitment to ensuring workers are paid a real living wage [44]
- Steps to address the recruitment of modern slavery victims [44]
- Commitment to fair working practices [44]
- Looking at the training that is available to staff [44]
- Processes to ensure continuous care and support, with minimal disruption [44]

There is also currently the development of a code of conduct that should help to protect staff from violence / abuse, this is being led by Flintshire County Council on behalf of the Regional Commissioning Board Domiciliary Care Sub-Group.

Potential for improvement

There is potential for improvements to be made to domiciliary care, in addition to addressing the above challenges, there are actions that could help the sector, some which were identified in the research are outlined below:

- More joined up health and social care where social care is an equal partner [1]
- Redesigning roles, and terms and conditions [1]
- Incorporating new technologies [1]
- Implementing effective prevention [1]
- Maximising independence [1]
- Embracing and utilising community assets [1]
- Social participation / engagement tailored to the persons needs and preferences [25]
- Strategies to reduce violence – training, reporting processes, working with family, peer support [18]
- Rapid care packages for end of life care [28]

Examples of good practice

Guides and resources

Understanding attraction, recruitment and job-seeking behaviours

Social Care Wales have put together a collection of reports and resources that aim to help employers; understand employment seeking behaviour, recognise how to attract people into the sector, and support recruitment and retention.[45]

How Can We Support Recruitment & Retention in Adult Social Care?

IMPACT have also put together information on how we can support recruitment and retention in adult social care, linking to some other useful resources. They also highlighted some things to consider based on the research, these include the image of social care, targeting specific groups, incentives, staff well-being, and values-based recruitment.[46]

Top tips for retention – A briefing for adult social care providers

The Local Government Association have put together tips around recruitment and retention from approaches taken by different organisations. Tips include recruiting local, value-based recruitment, teaching people about social care, good communication with candidates, good working conditions, removing barriers to working, understand the workforce and what motivates them, culture of well-being, invest in workforce and careers, celebrating good work, and featuring retention in workforce planning.[47]

Recruitment and retention strategies

WeCare Wales

WeCare Wales aims to raise awareness and understanding of social care. The focus of the programme was to raise the positive profile of care, improve perceptions of care as a career and a profession with opportunities to progress, and enhance public understanding of care and draw into the workforce those with the right values.[48]

A rapid review of innovations for attraction, recruitment and retention of social care workers

A rapid review of innovations with potential to attract, recruit, and retain the social care workforce, found the following programmes had an impact on recruiting and / or retaining social care staff:

- ‘I Care…Ambassadors’ programme
- ‘Care First Careers’ pilots
- ‘Every Day is Different’ - national recruitment campaign
- Values-based recruitment techniques [49]

Care Inspectorate Wales – Case Study: Supporting inclusion and diversity

A domiciliary care service is offering significant support to new staff recruited from overseas. A series of essential skills workshops are delivered, focusing on increasing care workers' understanding of local culture and practices. Staff then feel confident to undertake all aspects of their role and have given positive feedback about the support from leaders.[50]

Models for domiciliary care delivery

Care First-Fund Later (CareFFuL)

The project used rapid discharge to home, for people on end-of-life care so they could die in their preferred place, using a rapid response team and fast-tracking funding applications. Current systems are failing many people and their families, with many not making it home. It was a hugely successful project, demonstrating significant benefits to people and their families, the sense of worth and morale for staff, and cost savings. However, there were issues with disputes over who would be funding, which meant the project was paused, so this would need resolving.[28]

Micro-enterprises

An evaluation concluded that micro-enterprises offer more personalised and valued care without a trade-off between price and quality. Evidence from Somerset shows micro-enterprises supported by Community Catalysts are beneficial in rural areas that are less desirable to larger providers. Whilst there is strong evidence for the benefits of micro-enterprises, there was no formal evaluation in Somerset. This has also been adopted now in other areas.[1]

The Buurtzorg model

This model was developed in the Netherlands and evaluations of the project show efficiency and user satisfaction. Domiciliary care inspired by this approach in the UK do offer a way to improve the quality of care but require extra investment. Evidence for this model in the UK is less clear, but they have been received well by staff and people using services.[1]

The Norrtaeljje model

This model is from Sweden. It integrates purchaser and provider to enable prevention and joined-up health and social care. It covers a wide range of services,

but domiciliary care is at the centre. Evaluations of the Norrtaelje model show promising efficiencies.[1]

Search Strategies

Basic searches of Google were completed for each area, and then a search with a detailed search strategy was completed using Scopus, strategies are listed below.

Domiciliary care issues - Scopus

Domiciliary OR “home care” OR “care at home” OR “home help” OR “in-home care” (title) AND Issue* OR problem* OR challenge* OR difficult* OR obstacle* OR complication* OR dilemma* (abstract) Limit: 2020-2025

Domiciliary care recruitment – Scopus

Recruit* OR retention OR employ* OR retain* OR hiring OR “leaving the profession” OR leaving OR attracting OR attract OR shortage OR understaffed OR “lack of staff” OR hiring OR rural AND Domiciliary OR “home care” OR “care at home” OR “home help” OR “in-home care” AND “systematic review” OR review (abstract) Limit: 2022-2025

Domiciliary care quality of care – Scopus

Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" AND "quality of care" OR "Standard of care" OR "Level of care" OR "Service quality" OR "care standards" (abstract) Limit: 2022-2025

Domiciliary care financing – Scopus

Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" AND Funding OR financing OR investment OR investing OR finance OR fund OR contributions OR financial OR revenue OR expenditure OR budget OR budgeting OR “resource allocation” OR “allocating resources” (abstract) Limit: 2022-2025

Domiciliary care well-being staff and individuals – Scopus

well-being or wellbeing or mental or emotional or loneliness or isolation or isolated or lonely AND Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" (abstract) Limit: 2022-2025

Domiciliary care coordinating services – Scopus

co-ordinate OR co-ordinating or collaborative OR "joint working" OR partnership AND Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" (abstract) Limit: 2022-2025

Domiciliary care and ethnicity – Scopus

Ethnic OR racial OR black OR roma OR gypsy OR traveller* OR Asian OR refugee* OR “asylum seeker*” AND Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" (abstract) Limit: 2022-2025

Domiciliary care out of hours care – Scopus

"out of hours" OR "unsocial hours" OR "unsocialable hours" OR "night shift" OR twilight OR "round the clock" AND Domiciliary OR "home care" OR "care at home" OR "home help" OR "in-home care" (abstract) Limit: 2022-2025

Domiciliary care best practice – Scopus

Domiciliary OR “home care” OR “care at home” OR “home help” OR “in-home care” AND “good practice” OR “best practice” OR “improvement” OR “good example*” (abstract) Limit: 2022-2025

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