



**Literature Review**  
on the Relationship between  
Family Carers and Home Care  
Support Workers.



**Key  
Findings**

## Key Findings



Family carers provide unpaid informal help, usually to relatives with long-term illnesses, health problems or disabilities.

Home care support workers provide paid, formal care assistance to individuals who reside at home, but who need help with the activities of day-to-day living.



Ireland's population is ageing rapidly and the need for carers is increasing accordingly.

Most people with care needs (and their families) express a preference for ageing and dying at home and professionals back the benefits of this approach.



Family caring remains the mainstay of care for dependent people, but demographic and socio-economic changes mean that families find it increasingly difficult to provide care in the home on their own.

As a result, there is a growing demand for statutory and commercial and voluntary care services.



Government policy supports care in the home and enables it through a number of mechanisms, including the provision of home help and home care packages, but there are ongoing concerns about equitable access to quality services that are properly regulated.

Home-based care involves a number of different parties: the person in receipt of care; often at least one family carer; one or more home care support workers; and a range of other professional staff.



Although caring as a whole has been well-researched, far less attention has been paid to the dynamic of the relationship between the person being cared for, the family carer and home care support workers, with an almost complete absence of Irish research.

There is increasing recognition that models of care provision need to adopt a relationship-based approach, in preference to one that focuses solely on the individual in need of care and/or that only notes the division of labour between different roles.



Unfortunately, the literature rarely defines what is meant by 'relationship' and if/how this differentiates from 'interactions'.



Various enablers to quality relationships between home care support workers and family members have been identified, including, but not limited to: common goals; spending time together; continuity; honest communication; mutual respect; compassion; friendliness; reciprocity; and shared values.



Conversely, numerous barriers to positive relationships between home care support workers and family members have also been identified, including, but not limited to: lack of contact; disregard for expertise; unrealistic expectations; and the structure and approaches of associated professional services.

Researchers have formulated a number of models to promote optimum care situations that encompass the needs of the different stakeholders.



Researching the specific experiences of family carers in terms of their relationship with home care support workers, it has been found that they value services that are appropriate and competent, but that they consider positive relations to be equally important.

Researching the specific experiences of home care support workers in terms of their relationship with family carers, it has been found that the challenges posed by poor working conditions can negatively affect their ability to provide high quality care (this includes: lack of training; dirty work; workload pressures; unpredictable scheduling; unsocial hours; lack of supervision; feeling trapped; being taken for granted; low pay).



Home based care in a palliative context adds another layer of complexity to the dynamic between the person at the end of their life and their carers.

Migrant workers are major providers of home care; there are both positive and negative aspects to this and more research is needed in this important field.



Information and communications technology offers interesting opportunities to improve the relationship between people needing care, their carers and professional staff.

The roles of family carers and home care support workers are undeniably interlinked and the two systems of care need to be planned and implemented not alongside each other but together.





Guiding support for family carers

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