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<https://brookoflifecare.co.uk/domiciliary-care/>

History

Domiciliary services in the UK evolved from informal family-based care to organised home support over many centuries. Historically, families and communities cared for older or ill relatives, but formal help expanded after legislation like the 1946 National Assistance Act, which made local authorities responsible for supporting those who could not afford care. In the 1970s–80s, laws enabled local authorities to employ care workers in people's homes, and the 1990 Community Care Act further expanded and structured home care. Since then, the sector has grown rapidly with regulation and inspection, becoming a major part of social care that helps people remain at home rather than in institutions (Home care, 2026).

Services

Domiciliary care provides vital support that enables individuals to live safely and independently in their own homes while maintaining dignity and wellbeing. It offers assistance with personal care tasks such as bathing, dressing, and medication management, as well as practical household duties including cooking, cleaning, and shopping. These services help maintain a clean, safe, and comfortable living environment, supporting both physical health and emotional comfort (Bottery, 2018). Beyond practical support, domiciliary care plays an important role in promoting social inclusion and emotional wellbeing by reducing loneliness and encouraging regular interaction. Carers also monitor health and wellbeing, allowing potential issues to be identified and addressed at an early stage. Care is delivered through personalised care plans that respect individual preferences, routines, and choices, empowering people to retain control over their daily lives. This tailored approach enhances overall quality of life and independence while reducing the need for hospital admissions or long-term residential care (Nurseline Community Services, 2024).

INTRODUCTION

Domiciliary care in the UK involves professional, regulated support delivered in a person's own home to help with daily living and promote independence. It is guided by the Care Act 2014 and provided by trained carers, either through registered care agencies or private arrangements. Services are regulated and inspected by bodies such as the Care Quality Commission to ensure safety and quality of care. Support is usually delivered through scheduled visits and can include personal care, assistance with daily tasks, medication support, and other essential needs. This form of care allows individuals to remain in their own homes while receiving tailored support that meets their physical, emotional, and social needs (Acheson, 2025).



Importance of Domiciliary Care



1 Maintaining Independence and Autonomy

Our domiciliary care allows individuals to remain in the comfort and familiarity of their own homes, enabling them to maintain a greater sense of independence and control over their lives.

2 Personalised Care and Support

Our domiciliary care services are tailored to the unique needs and preferences of each individual, ensuring that they receive the precise level of support they require.

3 Enhanced Quality of Life

Staying in the familiar surroundings of one's own home can have a significant positive impact on an individual's overall quality of life.

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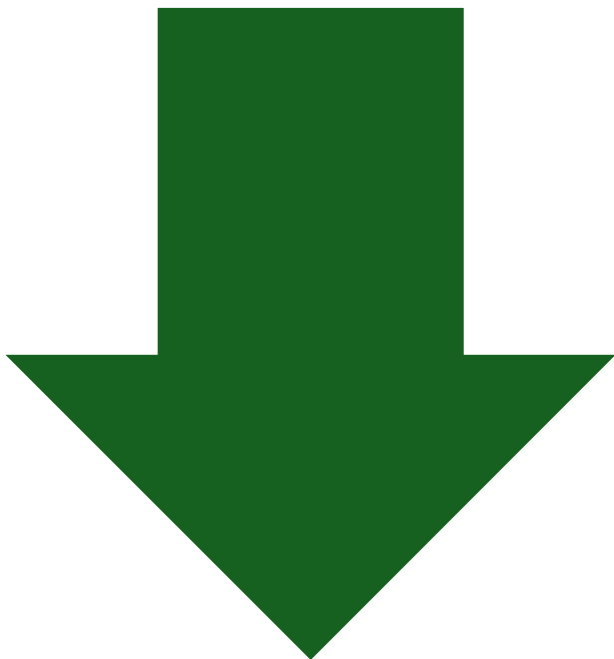
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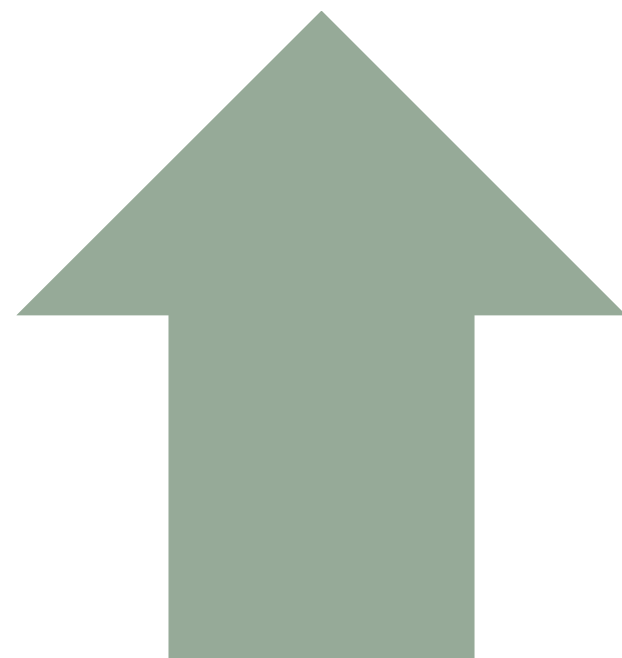
challenge :1

Domiciliary care services in the UK face ongoing challenges with workforce recruitment and retention. High staff turnover is common and is largely driven by low wages, insecure employment conditions, limited career progression, and strong competition from other sectors. These issues have been exacerbated since the COVID-19 pandemic, making it increasingly difficult for providers to attract and keep skilled care workers (Caring Times, 2025). As demand for domiciliary care continues to rise due to an ageing population and increased complexity of needs, staffing shortages lead to service gaps, reduced continuity of care, and added pressure on existing staff, impacting both workforce wellbeing and the quality of care delivered (King's Fund, 2025).



Challenge:2

Inadequate funding remains a significant challenge for domiciliary care services in the UK. Many local authorities commission care at rates that fail to reflect the true cost of delivery, including staff wages, travel time, training, and regulatory compliance. This ongoing funding gap places considerable financial pressure on care providers, making it difficult to sustain high-quality services and meet required standards. Limited funding also affects the ability to recruit, train, and retain skilled staff, further impacting service stability. As a result, some providers are forced to decline local authority contracts, reduce service capacity, or adopt financially unsustainable practices, threatening the long-term viability of domiciliary care provision (Homecare Association, 2025).



Task 2: Essay

Community Antenatal Midwifery Services

Introduction:

Antenatal midwifery services in the UK are the specific clinical care and assistance that midwives offer to pregnant parents from the time of pregnancy confirmation until the onset of labour (NHS, 2023). These services, which include necessary health examinations, blood tests, and ultrasound scans, are intended to keep an eye on the mother's and the child's health through a planned appointment schedule. The NHS (2023) states that in order to provide the family the greatest start possible, the service focuses on recognising possible concerns early and offering crucial information on healthy lifestyle choices and mental wellbeing. The development, contemporary functioning, and significant impact of these community-led services on the maternal health scene in the UK are examined in this essay.

Historical Origins and Development

Historically, community antenatal midwifery evolved from the vital work of English district midwives who provided essential home-based care long before the formalization of the healthcare system. The 1902 Midwives Act, which made midwifery a legally protected, regulated profession requiring standardized training and registration, provided the profession with its first significant structural pillar. Even after the NHS was established in 1948, these midwives continued to be the mainstay of maternal nursing until the middle of the 20th century, but things underwent a significant change in 1974. The emphasis was successfully shifted from localized, home-based support to a more clinical, institutionalized style of antenatal care during this period when district midwifery was primarily incorporated into centralized hospital services (Staras, T.2022).

The role of the community midwife changed into a crucial link when the "medicalization" of birth—the transfer of childbirth into hospitals—occurred in the middle of the 20th century. They established a reliable connection between the residence and the medical facility. Through the "Continuity of Carer" model, recent reforms have brought this trip full circle, returning to the historical principle of the midwife as a well-known and trusted community figure (NHS England, 2023).

Current Functioning of Community Services

Clinical excellence and systemic strain coexist in the current environment of community prenatal midwifery care. Despite new research showing that midwifery-led continuity of care (MCOC) dramatically lowers preterm births and boosts maternal satisfaction through "trusted partnerships" (WHO 2025), persistent workforce shortages frequently make it difficult to put these models into practice. According to the Care Quality Commission (CQC) (2025), nearly half of England's maternity services need to be improved for safety. Trusts are frequently forced to move community midwives to acute labor rooms due to severe staffing pressures, which fragments antenatal care. Additionally, persisting racial inequities continue to be a key failing despite advancements in mental health screening; Asian and Black women often report "poorer experiences" and lower levels of participation than their White counterparts (CQC, 2025). Consequently, while community-based models are theoretically superior for low-risk pathways, their current functioning is hindered by a "fragmented" infrastructure that struggles to maintain consistent, equitable care. Research by Khan et al. (2025) emphasizes that for women facing intersectional disadvantages, such as those from minority ethnic backgrounds, this trust is the primary driver of engagement with health services.

Significance in Enhancing Quality of Life

The influence of community midwifery on people's quality of life is the real test of its effectiveness. Clinically, better rates of breastfeeding initiation and lower rates of preterm birth are associated with continuity of treatment (Nature Communications, 2025). This means a healthier beginning for the baby and a more powerful recovery for the mother. Community services break down clinical boundaries and provide individualized education that genuinely empowers women by emphasizing co-production and local access. This change from hospital-led to community-based treatment greatly improves maternal health and lessens anxiety associated with pregnancy. Positive delivery experiences and better long-term mental health are primarily driven by these individualized, local relationships, which make sure women feel recognized and supported throughout their journey, as the Care Quality Commission (CQC) (2025) has underlined. This partnership guarantees a more seamless entry into motherhood and fosters the long-term welfare of the family. Community midwives contribute to the reduction of chronic health disparities by offering culturally aware and emotionally grounded care, guaranteeing that safety is not dependent on "postcode luck" (ARC South London, 2025).

Conclusion

In conclusion, the UK's community antenatal midwifery services have evolved from conventional, locally based methods to a formal NHS service that places an emphasis on continuity, accessibility, and comprehensive care. Despite the obvious advantages that modern services provide in terms of safety, experience, and quality of life, persistent workforce and capacity issues limit their efficacy. To guarantee that community antenatal midwifery services can satisfy the requirements of all women and favorably impact the wellbeing of mothers and families, sustained investment is necessary, in addition to policies that promote continuity and equity.

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