

DELEGATED HEALTHCARE ACTIVITIES

THE CARE WORKERS' VIEW



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FOREWARD

Delegated healthcare activities are now a routine and embedded part of adult social care. Yet the systems designed to support care workers to carry out these responsibilities safely, confidently and fairly have failed to keep pace with the reality of care delivery. This report brings together the voices of care workers who are providing increasingly complex care every day, often without recognition, additional pay, consistent training or reliable supervision.

What emerges is a picture of deep commitment and professionalism alongside significant gaps in governance, clarity and support. Care workers are acutely aware of the responsibility they carry and the risks they navigate. However, too often they are excluded from decision-making, left unclear about their rights, or expected to absorb clinical responsibility without the safeguards that should sit behind it.

At The Care Workers' Charity, we believe care workers must be at the centre of any conversation about delegated healthcare activities. Their expertise and experience are essential to shaping safe, ethical and sustainable practice. This report is intended not only to expose where the system is falling short, but to provide a foundation for meaningful change, rooted in co-production, fairness and respect for the workforce.

I am grateful to every care worker who took the time to share their experience. Your honesty and insight continue to strengthen our advocacy and reinforce the urgent need for a social care system that truly values the people who hold it together.



KAROLINA GERLICH

CEO, The Care Workers' Charity



INTRODUCTION

Delegated healthcare activities have long been, and continue to be, a critical issue within adult social care. As care needs become more complex, care workers are increasingly expected to undertake tasks that were traditionally delivered by regulated healthcare professionals. However, the frameworks, safeguards and clarity required to support this shift have not consistently evolved at the same pace.

For this survey, delegated healthcare activities were defined as:

“A delegated healthcare activity is an activity that a regulated healthcare professional, such as a nurse, nursing associate, occupational therapist or speech and language therapist, delegates to a care worker or personal assistant. Examples include insulin administration, pressure ulcer care, wound dressings, cough assist, dressing changes and catheter flushes.”

This definition is not exhaustive. A recurring issue raised by care workers throughout engagement is the absence of a clear, formalised and universally understood list of what constitutes a delegated healthcare activity. Without this clarity, many care workers are left uncertain about the boundaries of their role, whether they are operating within their training and competence, and whether they are assuming responsibilities beyond their original job description.

The survey received 358 responses from care workers across a wide range of adult social care settings, providing a robust and diverse evidence base. It was structured across six key areas: demographics; pay; person-centred care; governance, regulation and accountability; learning, development, skills and competency; and monitoring and review. With input from the Department of Health and Social Care, the survey sought to understand how frequently delegated healthcare activities occur, what training and supervision are provided, and how these responsibilities affect care workers' roles, confidence, and wellbeing.

Delegated healthcare activities sit at the intersection of workforce sustainability, quality of care and accountability. Without clear guidance, consistent training and appropriate oversight, responsibility risks being transferred to care workers without adequate recognition or protection. By centring care workers' experiences, this report aims to inform policy, practice and future guidance, ensuring delegated healthcare activities are safe, fair and sustainable for both the workforce and people receiving care.

BACKGROUND AND CARE WORKER ENGAGEMENT:



In March 2025 and September 2025, The CWC convened a roundtable with care workers and representatives from the Department of Health and Social Care (DHSC) to explore the realities of delegated healthcare activities in adult social care. This engagement provided critical insight into the experience behind the survey findings and highlighted the increasing clinical complexity of care workers' roles.

Care workers described routinely undertaking a wide range of delegated healthcare activities traditionally carried out by registered healthcare professionals. These included, but were not limited to, medication administration, wound management, PEG feeding, catheter and stoma care, respiratory support, physiotherapy, monitoring vital signs, and other invasive procedures. Alarming, one care worker reported being required to administer an enema without having received any prior training.

A consistent theme across the roundtable was the absence of structured, standardised training and support for delegated healthcare activities. Most care workers reported receiving no formal or structured training for these tasks. Where training was provided, it was often limited to basic online modules, which participants widely described as inadequate and ineffective for complex clinical interventions

DEMOGRAPHICS



These qualitative findings are reinforced by the survey data. Of the 358 respondents, 67.87% reported being asked to perform a delegated healthcare activity.



Participants worked across a range of adult social care settings:

- 27.57% worked in domiciliary or homecare services
- 24.28% worked in supported living environments
- 20.16% worked in residential care without nursing
- 13.17% worked in residential care with nursing



This spread highlights that delegated healthcare activities are taking place across diverse care settings, not confined to services with on-site clinical workers.

PAY AND RECOGNITION

Among respondents who had been asked to perform delegated healthcare activities, 93% reported they had never received any additional pay for taking on these responsibilities.

This finding exposes a stark disconnect between responsibility and reward. Delegated healthcare activities often involve tasks with significant clinical risk, require precision, and demand a high level of trust from regulated professionals and families alike. Yet, for most care workers, these additional responsibilities are absorbed into existing roles without any financial recognition.

Roundtable participants described experienced and highly skilled care workers being paid the same as new starters, despite taking on significantly greater responsibility. One care worker reported earning just 7 pence above the National Minimum Wage while routinely carrying out complex and high-risk interventions.

The absence of additional pay for delegated healthcare activities reinforces the longstanding undervaluation of care work and further undermines workforce sustainability. As the sector faces a crisis in recruitment and retention, expecting care workers to take on increasing levels of clinical responsibility without adequate compensation damages morale and sends a clear message that skill, risk, and accountability are not reflected within pay structures. Fair remuneration for delegated healthcare activities is a critical priority if care work is to be recognised as the skilled profession it is.

PERSON CENTRED CARE



Responses revealed mixed levels of involvement in decision-making around delegated healthcare activities:

- 28.81% said they are always involved in conversations about whether delegated health activities are appropriate for the people they support.
- 37.45% stated they are rarely or never involved in these discussions.

These findings highlight a critical gap between the principles of person-centred care and practice. Care workers are often those with the closest, most sustained relationships with people drawing on care and support. Excluding them from discussions about whether delegated healthcare activities are appropriate risks undermining both safety and dignity.

While 60.91% of respondents reported that they have not been asked to perform delegated activities beyond their competency or training, the remaining proportion indicates that a significant minority may be placed in situations where expectations exceed their preparation or role boundaries. This creates ethical strain and risk for both care workers and those they support.

Many care workers also described acting as informal advocates for people drawing on care, particularly individuals with learning disabilities, mental health needs, or language barriers. Despite this, their professional judgement was frequently reported as being undermined or disregarded by other parts of the system.

Meaningful involvement of care workers in these decisions is essential to ensuring delegated healthcare activities remain genuinely person-centred, safe and appropriate.

GOVERNANCE, REGULATION AND ACCOUNTABILITY



Most respondents reported awareness of organisational governance processes: 87.60% said they are aware of their organisation's risk assessment policy.



However, awareness of policy does not necessarily translate into empowerment or protection in practice.

When asked about their ability to refuse tasks outside their training or competence, 30.86% felt they are sometimes able to refuse, and 29.21% felt they are rarely or never able to refuse.

This indicates that for many care workers, the right to refuse unsafe or inappropriate delegation exists largely in theory rather than reality. Employment insecurity, power imbalances and staffing pressures can all undermine a care worker's ability to exercise professional judgement. One respondent's comment illustrates this clearly: "If we refuse, other team members will get more hours."

This experience sits in direct contrast to national guidance. The Skills for Care Delegated Healthcare Activities Guide (November 2025) clearly states that care workers "are not required to undertake delegated healthcare activities and can decline." While this principle is well-established in policy, the findings from both the survey and the roundtable demonstrate a persistent gap between policy and reality.

In practice, structural and contractual pressures frequently override governance frameworks, leaving care workers feeling compelled to accept delegated responsibilities even when they do not feel adequately trained or supported. Without robust accountability mechanisms, clear escalation pathways, and meaningful protections for those who refuse unsafe delegation, responsibility and liability risk are being shifted downward onto individuals without sufficient safeguards.

This disconnect between policy intent and operational reality raises serious questions about how delegated healthcare activities are governed, regulated, and monitored within adult social care, and underscores the urgent need for stronger, enforceable protections that support safe practice and professional autonomy.

LEARNING, DEVELOPMENT, SKILLS AND COMPETENCY

Care workers reported significant variation in the training they receive for delegated healthcare activities.

The most common forms of training were:

- E-learning: 29.22%
- Classroom training with a regulated healthcare professional: 25.51%
- On-the-job learning or observation with a regulated healthcare professional: 23.46%

While these routes can support learning, the variation suggests a lack of consistent standards. Alarming, 6.17% of respondents reported receiving no training at all for delegated healthcare activities, despite the clinical nature of the tasks involved.

ONGOING TRAINING AND SKILLS DEVELOPMENT

- 47.93% said they regularly receive learning and skills development related to delegated activities.
- 40.50% said they receive training occasionally, but not enough.
- Nearly 12% reported receiving no ongoing training.

Delegated healthcare activities require skills that must be refreshed and maintained. Inconsistent access to ongoing training increases the risk of error, reduces confidence, and places care workers in vulnerable positions should something go wrong. Without a clear expectation of regular competency refreshers, learning becomes fragmented and dependent on organisational capacity rather than clinical necessity.

MONITORING AND REVIEW:

ASSESSMENT OF COMPETENCE

The Skills for Care Delegated Healthcare Activities (DHA) Guide is clear that care workers undertaking delegated healthcare activities should receive appropriate training and regular competency assessments, with delegated activities and care plans reviewed routinely and assessments recorded and monitored over time. Survey responses indicate significant inconsistency between this guidance and current practice.

Care workers reported a wide variation in how frequently their competence is assessed:

- 25.93% are assessed once a year
- 25.51% have never been assessed
- 18.52% are assessed every six months

With over a quarter of respondents have never had their competence assessed is a serious concern, given the clinical risks associated with delegated healthcare activities. Without regular assessment, both care workers and employers lack assurance that practice remains safe, appropriate and up to date.

SUPERVISION BY REGULATED HEALTHCARE PROFESSIONALS

Supervision levels were similarly inconsistent:

- 31.54% said they never receive supervision
- 24.48% said they rarely receive supervision
- 19.50% said they sometimes receive supervision
- Only 9.54% said they always receive supervision

Delegation without supervision undermines the fundamental principles of safe delegation. Regulated healthcare professionals retain accountability for delegated tasks, yet the lack of routine supervision suggests that this accountability is not consistently upheld.

ACCESS TO SUPPORT AND ONE-TO-ONE DISCUSSION

- 35.80% said they regularly receive one-to-one support to discuss delegated tasks.
- 39.92% said they are rarely or never able to do so.

This lack of reflective space limits opportunities for learning, escalation of concerns and emotional support. It also increases isolation for care workers carrying significant responsibility, often without the clinical backing required to feel confident and protected.



CARE WORKERS: WHAT THEY WANT

We convened a meeting with our Care Worker Advisory Board on the 20th of February 2026, to build an understanding of how we can channel these statistics into tangible change. When asked what they want to see change, care workers were consistent and direct. Their priorities centre on five key areas: clarity, training, accountability, protection and fair pay.



Clarity on What Constitutes a Delegated Healthcare Activity.

A recurring theme was the lack of a clear, shared understanding of what qualifies as a delegated healthcare activity. Many care workers described tasks such as catheter care, stoma care, wound management, monitoring vital signs and medication-related duties as 'just part of the job', without recognising that these are clinically delegated interventions.

Care workers expressed strong support for a clearly defined, nationally recognised list of delegated healthcare activities. This list would not need to be static; it could be reviewed and updated regularly. However, its existence would:

- Clarify role boundaries.
- Support informed consent to undertake tasks.
- Strengthen care workers' ability to identify when additional training is required.
- Provide a shared reference point for employers, regulators and healthcare professionals.

Without this clarity, care workers remain uncertain about where their responsibilities begin and end, and risk absorbing increasingly complex tasks without recognition.



Mandatory, Standardised and Practical Training.

Training was the most frequently raised concern. Care workers described significant variation in how delegated healthcare activities are introduced and taught. In many cases, training consisted of:

- Short online modules.
- Written leaflets provided at hospital discharge.
- Learning informally from colleagues.

This was widely described as inadequate preparation for tasks that carry clinical risk.

Care workers called for: mandatory, standardised training for all delegated healthcare activities, practical, in-person instruction, not solely e-learning. Formal competency assessments and sign-off by qualified professionals, and regular refresher training, particularly for infrequently performed or high-risk tasks. There was a clear consensus that online, 'tick-box' training does not equip care workers to deliver complex interventions safely. Care workers should not have to rely on informal peer learning, personal research, or the guidance of family members to carry out clinically significant tasks.



CARE WORKERS: WHAT THEY WANT



Clear Accountability and Legal Protection

Care workers repeatedly described the fear of being held solely accountable when something goes wrong. Many reported that responsibility for delegated healthcare activities is transferred downward, while legal and organisational protections remain unclear or inaccessible.

Care workers want:

- Clear, written accountability frameworks outlining where liability sits.
- Transparent governance structures that are experienced in practice, not just documented in policy.
- Access to guidance that clearly sets out their rights and responsibilities.
- Stronger safeguards to ensure delegation does not become a mechanism for shifting risk onto care workers.

Delegation without clear lines of accountability creates professional and emotional strain. Care workers should not have to 'hope nothing goes wrong' in order to feel safe at work



A Meaningful Right to Refuse

While many care workers are aware in principle that they can refuse tasks beyond their competence, the reality is more complex.

Members described:

- Fear of losing hours or shifts.
- Being labelled 'difficult'.
- Heightened risk for those on sponsored visas, where employment is tied to immigration status.

Care workers want the right to refuse unsafe or inappropriate delegation to be meaningful in practice, not merely theoretical.

This requires: protection from victimisation or reduced hours, clear escalation pathways, and explicit safeguards for migrant care workers, who may face disproportionate risks when speaking up.

A system that penalises refusal undermines professional judgement and compromises safety.



CARE WORKERS: WHAT THEY WANT



Fair Pay and Professional Recognition

Perhaps most strongly, care workers linked delegated healthcare activities to pay and professional recognition. Delegated healthcare activities often involve clinical risk, precision and significant responsibility. Yet the majority reported no additional pay for undertaking them. Care workers described experienced colleagues carrying out complex interventions while being paid at or near minimum wage.

Care workers are clear:

- Delegated healthcare activities represent additional responsibility and should be reflected in pay.
- Recognition must be financial as well as symbolic.
- Career progression pathways should acknowledge additional competencies.

Undertaking clinically delegated tasks without corresponding pay reinforces the perception that care work is low-skilled, despite the evidence to the contrary.



Mental Health and Workforce Wellbeing

Care workers also emphasised the psychological impact of delegated healthcare activities. Performing high-risk tasks without sufficient training, supervision or legal clarity contributes to stress, anxiety and burnout.

Care workers want:

- Access to adequate and standardised mental health support.
- Safe spaces to share concerns.
- Recognition of the emotional burden of working in high-responsibility roles without adequate structural backing.

Care workers are not refusing delegated healthcare activities outright. Many are willing and able to undertake them. What they are asking for is infrastructure. They want clarity about what is being delegated. They want proper training and competency assessments. They want protection and meaningful rights. They want accountability to be shared, not shifted. They want fair pay that reflects skill and risk. Delegated healthcare activities cannot continue to expand within adult social care without corresponding investment in the workforce delivering them.

KEY THEMES AND IMPLICATIONS

The findings reveal a system in which delegated healthcare activities are widespread but unevenly supported. Care workers are routinely expected to take on additional clinical responsibilities without additional pay, consistent training or reliable supervision. While governance structures may exist on paper, many care workers report limited autonomy, inconsistent assessment and insufficient ongoing support.

These gaps place pressure on care workers and introduce risks to safety, quality and continuity of care for people drawing on support



CONCLUSION

A SYSTEM AT RISK WITHOUT CARE WORKERS AT ITS CENTRE

This report makes clear that delegated healthcare activities are no longer exceptional; they are a routine feature of adult social care. Yet the infrastructure required to support this reality remains fragmented, inconsistent and, in some cases, absent. Care workers are delivering increasingly complex, clinical tasks without the recognition, protections or safeguards that such responsibilities demand.

The findings raise urgent questions about accountability. Delegated healthcare activities transfer risk as well as responsibility. Without clear standards, robust supervision and consistent assessment, that risk is too often absorbed by care workers operating within precarious employment structures. This is not sustainable for the workforce, nor safe for the people they support.

There is a clear need for national clarity on what constitutes a delegated healthcare activity, alongside minimum expectations for training, supervision, assessment and ongoing support. Care workers must be actively involved in decisions about delegation, empowered to refuse unsafe practice, and fairly compensated for increased responsibility. Governance frameworks must move beyond policy documents and be experienced meaningfully by care workers.

Care workers are skilled professionals and must be recognised and treated as such. While many are willing and able to take on delegated healthcare activities, this must be underpinned by proper training, clear accountability, professional autonomy, and meaningful progression pathways. The current infrastructure is not designed to support either professional development or fair pay progression, leaving care workers exposed and undervalued despite the complexity and importance of their role. Delegated healthcare activities cannot continue to expand without a corresponding investment in the workforce delivering them.

If adult social care is to remain safe, ethical and sustainable, delegated healthcare activities must be underpinned by co-production, fairness and accountability. The voices of care workers are clear: the current system is not working, and change is overdue.

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THE CARE WORKERS' VIEW

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