Homecare Association

Impact Report 2025-26

Shaping homecare together

Homecare Association

2025-26 in numbers

2,373 Articles published mentioning Homecare Association

2,060 members

106,582 views of our news stories

28 Webinars run with a total of **3,804** registrations

198,618 views of our resources

62 Training workshops

1,041 Attendees

99 Factsheets made available

12.6bn Combined media reach

10,000+ Homecare magazines distributed

126,164 visitors to our website

30,479 Social reach

35,518 views of our Find Care homecare directory

392 Helpline cases resolved

13,712 completed DBS applications

448 attendees at our Conferences

Contents

Introduction from our CEO

Dr Jane Townson OBE

As I reflect on 2025-26, it has been a year of extraordinary change for homecare - and one in which your association's voice has never been more necessary.

Three forces shaped it: the most significant reform of employment law in a generation, the closure of the overseas recruitment route on which many providers now rely, and a widening gap between the cost of homecare and the fee rates paid by state commissioners.

Through all of it, the Homecare Association stood firm as the authoritative, evidence-based voice for homecare, making sure your experiences shaped the decisions that affect you and the people you support.

The Employment Rights Act

The Employment Rights Act received Royal Assent in December 2025, and the government launched its consultation on a Fair Pay Agreement for careworkers. We welcome stronger rights and better pay - careworkers deserve both. But we have been consistent and unflinching on the central point: fair pay for careworkers is only possible with fair funding for care. The £500 million earmarked for the first Fair Pay Agreement is a start, yet homecare in England alone faces a funding deficit of £2.64 billion to enable careworker wages equivalent to NHS Band 3 with 2+ year's experience. Our Homecare Deficit 2025 report, built on Freedom of Information data from 276 public bodies, put the UK-wide gap at £3.25 billion. Only 1% of council contracts met our Minimum Price, and almost a third paid less than it costs simply to employ a careworker lawfully. These are not abstractions; they are the daily reality your businesses are asked to absorb.

Introduction

Immigration

On immigration, the closure of the overseas careworker route in July 2025, followed by proposals to extend settlement timelines, and a dramatic increase in sponsorship licence revocations, has caused real hardship for dedicated workers and the providers who sponsored them. We gave government the evidence it could not find elsewhere, through our Workforce Survey 2025 and our settlement survey, and we challenged robustly the characterisation of careworkers as “low skilled”. We will keep pressing for fair treatment of those who care for us all.

Unregulated care

We were equally determined to close the regulatory gap that allows unregulated care to grow unchecked. Personal care delivered outside any oversight - with no mandatory training, supervision, or enhanced checks - puts older and disabled people at risk and undercuts the providers who do things properly. We set out the case to government for activity-based regulation, so that anyone delivering personal care must meet minimum standards, whatever their employment status.

Neighbourhood-based health

This was also a year of genuine opportunity. The NHS 10-Year Plan’s ambition to move care into communities places homecare exactly where it should be - at the heart of a neighbourhood-based health system. We worked to ensure providers are treated as partners in that shift rather than peripheral suppliers, and we championed the sensible use of technology and AI as tools to support skilled human care, never to replace it.

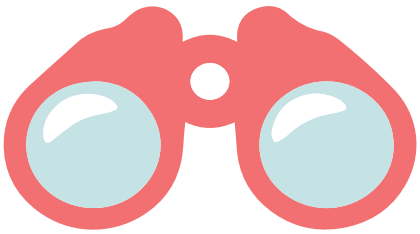
The national conversation

We took homecare to the heart of the national conversation. We secured repeated meetings with the Minister for

Introduction

Care, gave formal evidence to the Casey Commission, and won the first explicit ministerial discussion on our proposal to develop a National Contract for Care Services - the structural reform we believe can finally underpin sustainable fee rates and make fair pay deliverable. We attended every major party conference, generated media reach in the billions, and in July 2025 gave oral evidence to the COVID-19 Public Inquiry's Module 6, calling for social care to be treated as essential infrastructure and an equal partner to the NHS in emergency planning. We must never again be an afterthought.

None of this work belongs to the staff team alone. It belongs to you - the members who shared your data, told your stories to the media, met your MPs, and gave your time to our special interest groups and consultations. Your willingness to speak up gives our advocacy its weight.



Looking ahead

As we look to 2026-27, the task is clear: turn the promise of employment reform into something the sector can deliver; secure proper funding behind the Fair Pay Agreement; win the case for a National Contract for Care to ensure commissioners pay fee rates that enable compliance; hold the CQC to account for the inspections providers and the public depend on; and bring unregulated provision within a fair and consistent framework. The challenges are significant, but so is our determination. Together, we will continue to ensure that care at home is valued, properly funded, and recognised for what it truly is - essential to helping people live well in their own homes and communities.

Lobbying successes

This section sets out our key lobbying achievements from April 2025 to March 2026. Across funding, workforce, regulation, politics, and member support, we secured meaningful wins, amplified the sector's voice, and drove significant policy conversations - all in a year of extraordinary legislative and financial change.

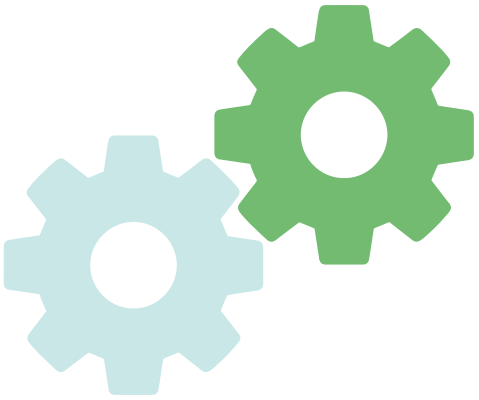
Financial sustainability and commissioning

- Published the Minimum Price for Homecare 2025-26 in England at £32.14 per hour, incorporating visit-length analysis for the first time, demonstrating that shorter visits carry a disproportionate cost per hour, with 15-minute visits requiring £41.14 per hour to be financially viable.
- Published the Minimum Price for Homecare 2026-27 at £34.42 per hour for England, incorporating waiting time (6.21 minutes per visit on average), calculating sick pay (including Day 1 provisions from the Employment Rights Act) and maternity/paternity pay at statutory rates, and basing pension contributions on qualifying earnings rather than total earnings.
- Published Minimum Prices 2026-27 for devolved nations: Wales £37.13 per hour, Scotland £36.49 per hour, and Northern Ireland £35.83 per hour.
- Launched the Homecare Deficit 2025 report in November 2025, revealing a UK-wide funding gap of £3.25 billion, calculated from Freedom of Information responses sent to 276 public organisations, including councils, Integrated Care Boards (ICBs), Health Boards and Health and Social Care Trusts. The breakdown was: England £2.64 billion, Scotland £320 million, Wales £135 million, Northern Ireland £155 million.
- Published Fee Rates for State-Funded Homecare in 2025-26, finding the average English local authority fee rate of £24.10 per hour, which was £8.04 below our Minimum Price. Only 1% of contracts met our benchmark; 27% of

Lobbying successes

local authorities in England paid less than the minimum needed to cover the direct employment costs of careworkers at the National Living Wage (£22.71 per hour).

- Sent letters to all Directors of Adult Social Services about fee rates, and wrote to specific councils, including Liverpool, Hillingdon, Hammersmith and Fulham, and Hampshire, about their particularly inadequate rates.
- Secured a meeting with Minister for Care Stephen Kinnock MP in January 2026 at which the Minister directed civil servants to advise him by March/April 2026 on options including a National Contract for Care, introductory agency regulation and registration requirements.
- Obtained a ministerial commitment from Stephen Kinnock MP that he would welcome continued engagement on a National Contract for Care Services, the first time a minister explicitly invited further work on this.
- Joined over 100 sector leaders, led by the Local Government Association, in urging the Chancellor to invest in care ahead of the Spending Review 2025.
- Participated in a collective demonstration with the Care and Support Alliance outside HM Treasury ahead of the Autumn Budget 2025, keeping social care on the political agenda.
- Published Market Sustainability and Improvement Fund (MSIF) guidance analysis, ensuring members understood how to leverage the £1.05 billion fund for 2025-26.



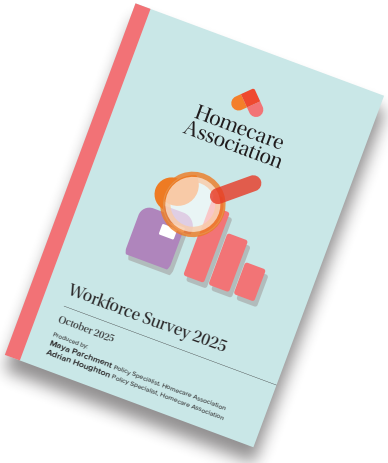
Workforce and employment

- Provided timely guidance to members on the Employment Rights Bill throughout its entire passage, from Lords Committee Stage through to Royal Assent on 18 December 2025, including hosting special webinars and convening a Special Interest Group.
- Responded to the Fair Pay Agreement (FPA) consultation launched on 30 September 2025, drawing on members' views gathered through a dedicated Special Interest Group. Our submission set out that fair pay will only work if commissioning pays the full cost; the first FPA must stay narrow and realistic; commissioners must play a formal role; and a National Contract for Care is essential.
- Secured a meeting with Minister Stephen Kinnock MP in February 2026 on FPA implementation, at which the Minister confirmed the timeline: establishing the negotiating body in 2026, negotiations in 2027, and the FPA in place by 2028 backed by £500 million.

Lobbying successes

- Briefed members of the House of Lords during the Committee Stage of the Employment Rights Bill (now Act), including meeting Lord Hendy KC on provisions relevant to homecare and Baroness Bowles of Berkhamsted on Renters Bill amendments.
- Collaborated with the Director of Labour Market Enforcement on the formation of the Fair Work Agency, arguing for sector-specific guidance, recognition of the links between exploitation and commissioning practices, and adequate enforcement funding.
- Updated the National Minimum Wage Toolkit with new April 2025 rates (£12.21 per hour), providing sector-specific guidance on complex issues including travel time, sleep-ins, on-call, and uniform costs.
- Published a Payroll Costs Calculator to help members understand their increased gross pay, Employers' National Insurance Contributions (ENICs) and pension obligations from 2024-25 to 2025-26.
- Co-hosted webinars with HMRC on National Minimum Wage compliance; supported HMRC's NE London targeted enforcement campaign by advising members on self-audit processes.

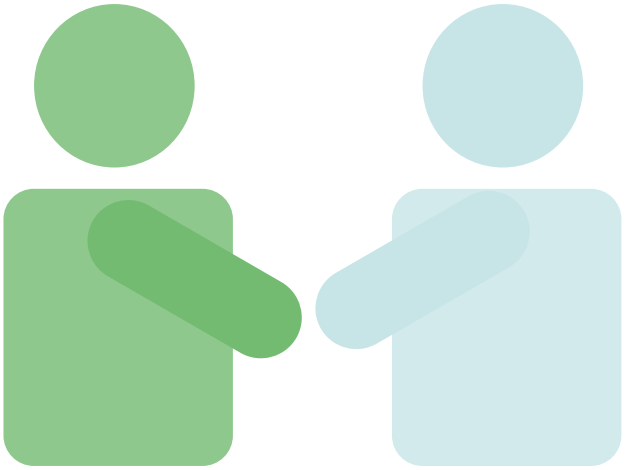
HM Revenue & Customs



- Published the Workforce Survey 2025 in October 2025, drawing on 450 responses covering 186,000 clients and 135,000 careworkers, our most comprehensive workforce survey to date.
- Submitted evidence to the Low Pay Commission's consultation on future National Living Wage rates, warning that increasing the statutory minimum without commissioning reform increases pressure on providers.
- Wrote to the Director General of Adult Social Care at the Department of Health and Social Care (DHSC) to raise member concerns about difficulties obtaining Certificates of Sponsorship (CoS) and the consequences of processing delays, securing a meeting with officials from DHSC and UK Visas and Immigration (UKVI) in January 2026.
- Pressed DHSC and the Home Office to publish further information following the Immigration White Paper (May 2025), securing clarity for members on the £25,000 salary threshold, in-country switching, the transition period, the three-month working requirement, and the right of existing careworkers to renew visas and apply for settlement.

Lobbying successes

- Used our workforce survey and our January 2026 UKVI and settlement survey to demonstrate the scale and nature of challenges members faced with overseas recruitment, including CoS delays, affordability, transport requirements, and complexity of paperwork, providing the government with data it could not access elsewhere.
- Wrote to the Deputy Prime Minister calling for commissioning practices to be aligned to the Government's guaranteed hours ambitions. Work is now under way at DHSC on commissioning.
- Worked with DWP on local recruitment, including roundtables on benefits and Jobcentres, and putting members forward for a spotlight on care event to raise awareness of homecare with Jobcentre staff. Responded to the Pathways to Work Green Paper, highlighting the issues some careworkers face with the interaction between benefits and earnings.



Regulation

- Published Care Quality Commission: Regulatory Performance in Homecare - One Year On in September 2025, revealing that over 70% of community social care locations had no current CQC rating, with 9,933 providers uninspected or rated more than three years ago.
- Published What is CQC Looking For? - an analysis of over 1,000 CQC inspection reports identifying five key drivers of regulatory outcomes - and the Quality Statement Mapping Tool with the Care Provider Alliance (CPA).
- Contributed detailed proposals to the CQC's consultation on assessment and ratings reform, which closed in December 2025. We argued for clearer rating standards, sector-specific frameworks, reduced Quality Statements (subsequently reduced from 34 to 24), and stronger accountability.

Lobbying successes

- Participated in CQC's External Strategic Advisory Group and worked with the CPA on revised Rating Characteristics and sector-specific guidance, with a new adult social care framework released for consultation in March 2026.
- Met with new CQC Chief Inspector of Adult Social Care, Chris Badger, on appointment and shared our priorities: more inspections, stronger provider relationships, and clearer expectations.
- Published Delegated Healthcare Guidance in April 2025, clarifying whether Treatment of Disease, Disorder or Injury (TDDI) registration is required, and hosted a Clinical Special Interest Group with DHSC.
- Engaged with national media to highlight risks around employing unregistered and unregulated care. We worked with Lord Wills to ask parliamentary questions regarding unregulated care provision to raise its profile in Parliament and had initial discussions with DHSC about the issues.

Political engagement and awareness

- Gave oral evidence to the COVID-19 Public Inquiry Module 6 on 14 July 2025, presenting an opening statement on 30 June and a closing statement on 31 July. Our recommendations focused on seven pillars that must form the foundation of future pandemic resilience: embedding social care expertise in emergency planning; equal access to PPE and sick pay; automatic funding; valuing the workforce; maintaining healthcare access; a modern data infrastructure; and effective governance, including a specific homecare policy framework.
- Attended all major party conferences in autumn 2025 (Reform UK, Liberal Democrats, Labour and Conservative) with a fringe event at the Labour Party Conference in Liverpool alongside the Social Care Institute for Excellence (SCIE).

Lobbying successes

- Hosted a parliamentary drop-in on the National Contract for Homecare, supported by Barclay Specialist Care and their local MP Lee Barron, attended by multiple MPs.
- Met with Minister for Employment Rights Justin Madders MP at his constituency office alongside an SME member, Stellar Care.
- Met with MP for Northampton South Mike Reader MP alongside Northampton Nursing and Carers Agency.
- Hosted an MP panel at the Annual Conference in May 2025, chaired by Rt Hon Damian Green, with contributions from Alison Bennett (Lib Dem), Dr Anna Dixon (Labour) and Joe Robertson (Conservative).
- Engaged with the Casey Commission on adult social care reform throughout the year: multiple meetings, supplying briefings and reports, and giving formal evidence in November 2025.

Member support and opportunities

- Hosted the Tech Innovation in Homecare Conference 2025 on 20 November 2025 at One Birdcage Walk, Westminster, exploring digital records, AI, remote monitoring, scheduling, and telehealth.
- Invited homecare members to the Royal Garden Party in May 2025 to recognise their service to their communities.
- Hosted monthly Board and Larger Members' Calls throughout the year, providing confidential briefings on policy developments and previewing major reports.
- Established three Special Interest Groups, covering Compliance and Regulation; Clinical Care and Support; and Employment Rights, providing members with direct input into our policy development.
- Ran multiple member webinars on the Employment Rights Bill, Fair Pay Agreement, NMW compliance, delegated healthcare, and guaranteed hours employment.

Lobbying successes

- Delivered regional information events in the Midlands and Yorkshire, offering free learning and networking for homecare professionals.
- In Wales, worked with Care Forum Wales to relaunch the Expert Reference Group on Domiciliary Care to ensure our members have opportunities to speak directly to key leaders in social care policy and regulation about their concerns.
- Responded to 388 helpline enquiries on a wide range of topics, from delegated healthcare tasks to immigration.

References

1. Homecare Association. Minimum Price for Homecare 2025-26. December 2024.
2. Homecare Association. Minimum Price for Homecare 2026-27. December 2025 (England) / January 2026 (devolved nations).
3. Homecare Association. The Homecare Deficit 2025. November 2025.
4. Homecare Association. Fee Rates for State-Funded Homecare in 2025-26. June 2025.
5. Homecare Association. Workforce Survey 2025. October 2025.
6. Homecare Association. Care Quality Commission: Regulatory Performance in Homecare - One Year On. September 2025.
7. UK COVID-19 Public Inquiry. Module 6 Hearings. June–July 2025.
8. DHSC. Fair Pay Agreement Consultation. September 2025.
9. HM Treasury. Autumn Budget 2025. November 2025.
10. HM Treasury. Comprehensive Spending Review. June 2025.

Political & public awareness

This section covers how we raised the profile of homecare with politicians, policymakers and the public throughout 2025-26. We engaged at the highest levels of government, attended all major party conferences, responded to landmark financial announcements, and generated significant national media coverage.

Parliament and Government - England

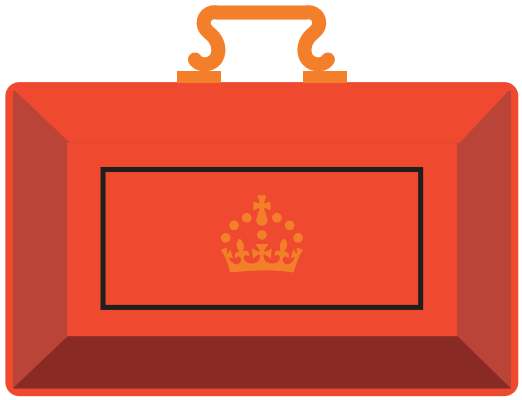
Throughout 2025-26, we worked to ensure homecare was central to the government's reform agenda. We maintained regular contact with Minister for Care, Stephen Kinnock MP, meeting him on multiple occasions, including:

- A meeting in May 2025 during which the Minister confirmed the government's planning exercise to test how local authorities would respond to a large homecare provider collapse.
- A meeting in January 2026 on unregulated homecare. The Minister agreed to direct civil servants to advise him by March-April 2026 on options including a National Contract for Care Services, regulation of introductory agencies, and careworker registration. Jane Townson and Daisy Cooney were asked to work with officials to shape the advice given.
- A meeting in February 2026 on the Fair Pay Agreement, at which we stressed that the £500 million allocated is a welcome start but inadequate given a £1.6 billion funding deficit in homecare alone, and that 29% of UK public bodies pay fee rates that fail to cover direct careworker employment costs at the National Living Wage.

We also met Minister for Employment Rights Justin Madders MP at his constituency office, alongside SME provider member Stellar Care, to discuss the role of homecare in Neighbourhood Health Teams and the need for commissioning reform to make the Employment Rights Act deliverable.

In October 2025, we hosted a parliamentary drop-in event on a National Contract for Homecare, supported by Barclay Specialist Care and their MP, Lee Barron. Multiple MPs attended to show support for the campaign. We also met with MP Mike Reader alongside Northampton Nursing and Carers Agency.

We briefed selected members of the House of Lords during the Employment Rights Bill's Lords Committee Stage, meeting Lord Hendy KC on key homecare-specific provisions and Baroness Bowles of Berkhamsted on the Renters' Rights Bill.



Political & public awareness

THE FUTURE OF HOMECARE '25
Homecare Association Annual Conference

At our Annual Conference in May 2025, an MP panel chaired by Rt Hon Damian Green brought together representatives from three parties to debate the Casey Commission, the careworker visa closure and NHS reform.

We engaged actively with Baroness Casey's Independent Commission on Adult Social Care from its launch in April 2025: attending three early meetings, supplying briefings and reports, hosting Commission members at our Annual Conference and giving formal evidence in November 2025.

We submitted evidence to the Palliative and End of Life Care Commission, highlighting funding challenges and the link between homecare underfunding and the inability to honour people's preferences for dying at home.

Response to major fiscal announcements - England

Comprehensive Spending Review - June 2025

Ahead of the Spending Review, we called on the Chancellor to:

- Invest at least £1.6 billion immediately for English local authorities to ensure careworker wages meet legal minimums.
- Introduce a National Contract for Care, guaranteeing sustainable, lawful fee rates.
- Fully fund the Fair Pay Agreement, addressing existing shortfalls rather than merely future aspirations.
- Treat social care as an equal partner to the NHS.

When the Spending Review was published, we condemned the absence of significant new funding to reform adult social care, the lack of any plan to address exploitative commissioning and the absence of serious money to implement the Fair Pay Agreement. The projected £4 billion increase for adult social care in 2028-29 was expected largely to come from council tax rises, which would not benefit the most deprived areas.

Political & public awareness

Autumn Budget - November 2025

Ahead of the Autumn Budget we called for a National Contract for Homecare and funding of £2.64 billion to meet the current deficit in England to enable wages equivalent to NHS Band 3 Health Care Assistants with 2+ years' experience, immediate CQC funding to address the inspection backlog growing at 424 per month, full funding for the Fair Pay Agreement, and doubling of the Fair Work Agency budget.

We joined the Care and Support Alliance demonstration outside HM Treasury to remind the government that millions of people are affected by its failure to invest in social care.

The Autumn Budget on 26 November 2025 announced a National Living Wage rise to £12.71 per hour from April 2026, no further increases in Employers' National Insurance Contributions, and extensions to the Warm Home Discount and fuel duty cut. While these were welcome in part, the Budget contained no fundamental reform of social care funding.

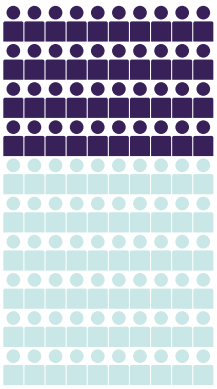
Local Government Reorganisation - England

We monitored and briefed members throughout the year on the English Devolution and Community Empowerment Bill, introduced to Parliament in July 2025 and enacted in April 2026. This Act replaces two-tier councils with unitary authorities and will affect around 23 million people, representing 40% of England's population. Shadow authorities are expected by May 2027 and new unitary authorities from April 2028. We highlighted the commissioning risks and opportunities this creates for homecare providers.

The English Devolution and Community Empowerment Bill will affect around

40%

of England's population



We also tracked the new local government funding formula, which will redistribute £2.1 billion between councils, with significant implications for homecare fee rates. London boroughs, many of which already pay very low fee rates, face funding reductions under the progressive redistribution formula.

We highlighted potential concerns about reorganisation, alongside the need for a National Contract for Care Services and additional funding, in our representation on the Local Government Finance Settlement in January 2026.

Political & public awareness

Party conferences - Autumn 2025

We attended all four major party conferences and used these as opportunities to make representations to senior politicians:

Reform UK Conference (Birmingham, September)

We tracked Reform's positions, including shifting social care funding responsibility from councils to central government, as Reform controlled 12 councils after winning 10 in the May 2025 local elections, including two mayoral contests.

Liberal Democrat Conference (Bournemouth, September)

We joined a roundtable with Shadow Chancellor Daisy Cooper MP and other business leaders, making representations about commissioning reform. Daisy Cooper MP subsequently called publicly for social care reform following her meeting with our Vice Chair.

Labour Party Conference (Liverpool, September to October)

We co-hosted a fringe event with the Social Care Institute for Excellence (SCIE), discussing the role of care in delivering the government's health reform plans and how councils and ICBs can unlock the care sector's potential. Panellists included MP Sojan Joseph (co-chair of the Adult Social Care All-Party Parliamentary Group), MP Ben Coleman and ADASS President Jess McGregor.

Conservative Party Conference (Manchester, October)

A quieter conference with limited social care discussion; we monitored the party's evolving position.

Political & public awareness

Media engagement

We generated exceptional media reach throughout 2025-26, amplifying the sector's voice to millions of people. Our media activity covered every major policy moment of the year:

From January to May 2025, we achieved a media reach of 9.3 billion people, with 1,200 articles across print, online and broadcast, and an Advertising Value Equivalency (AVE) of £2.11 million.

In the 72 hours following the immigration visa closure announcement (11 to 14 May 2025), we appeared in 116 articles, achieving a 3.2 billion reach and £1.07 million AVE. We are immensely proud of the members who stepped forward to share their experiences with the media.

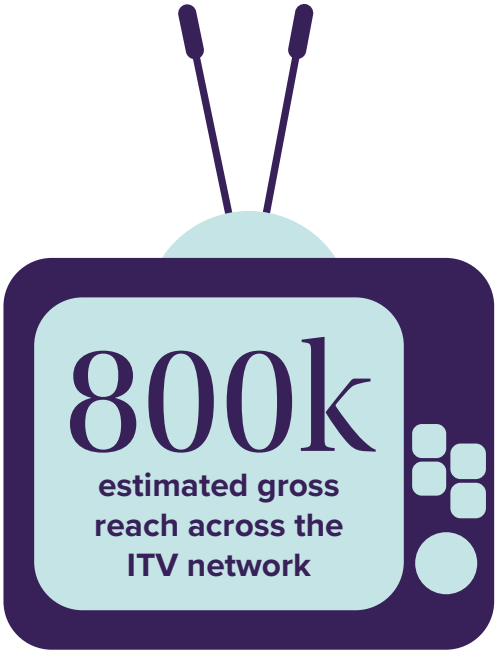
In June 2025, we achieved a 1.2 billion reach, appearing in 210 articles.

1.2bn
reach in June 2025

In the week following the launch of our CQC performance report in September 2025, we featured in 172 outlets, including the Independent, Daily Express, and Community Care, achieving a 1.6 billion reach and £139,000 AVE.

From August to mid-September 2025, 384 articles mentioned us, achieving a 1.6 billion reach and £172,000 AVE.

Good Morning Britain interviewed our CEO Jane Townson alongside member Liz Blacklock in June 2025 to discuss fee rates and their impact on providers, careworkers and those receiving care. The interview had an estimated gross reach of 800,000 viewers across the ITV broadcast network.



We published regular columns in trade and consumer publications, including Care Management Matters and Life and Living, and were featured in LaingBuisson and Private Eye.

We published a blog on the rise of Reform UK and its implications for social care commissioning in May 2025.

Political & public awareness

COVID-19 Public Inquiry

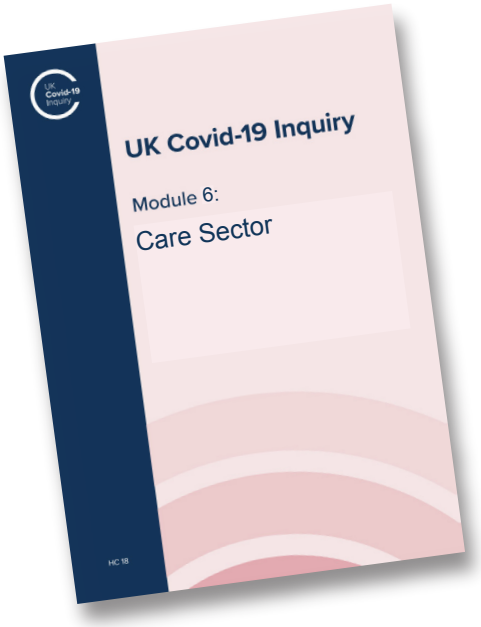
The UK COVID-19 Public Inquiry concluded its hearings in March 2026, having considered ten different modules since it opened in July 2022. To date, the Chair, Baroness Hallett, has issued reports on five modules. She expects to publish five more reports in 2026 and 2027.

Members will recall that we gave written and oral evidence to Module 6 as a Core Participant in summer 2025. This module examined the pandemic's impact on the publicly and privately funded adult social care sector in England, Scotland, Wales and Northern Ireland. Our recommendations focused on seven pillars that must form the foundation of future pandemic resilience: embedding social care expertise in emergency planning; equal access to PPE and sick pay; automatic funding; valuing the workforce; maintaining healthcare access; a modern data infrastructure; and effective governance, including a specific homecare policy framework. Baroness Hallett which will be published on 20 October 2026.

In the meantime, the Inquiry has published its report on Module 2 relating to core political and administrative decision-making. We were also Core Participants in this Module, although the Inquiry did not call us to give oral evidence. The Inquiry found that action in UK nations was too little, too late, with significant failures in preparedness, data, communication, intergovernmental working, and consideration of inequalities. In response, we highlighted the omission of social care from vital decisions and called on government to take heed and take action.

We strongly believe that earlier, more robust interventions could have saved thousands of lives. Notably, the Inquiry recognised in its report that planners and decision-makers did not sufficiently prioritise vulnerable groups, including older and disabled people relying on social care.

Political & public awareness



The report confirmed what those working in social care experienced firsthand: there was a lack of preparedness, late decision-making, and insufficient understanding of the essential role of care at home in keeping people safe.

Throughout the pandemic, homecareworkers supported older and disabled people in extraordinarily difficult circumstances. Yet decision-makers often overlooked the sector in critical decisions about access to PPE, testing, funding and workforce support.

The Inquiry was right to highlight the failure to anticipate, understand and mitigate the disproportionate impact on vulnerable people. Too many were left at risk because those in charge did not give social care equal weight in national planning and response structures.

The Inquiry has also reported on Module 3, its investigation into the pandemic's impact on the UK's healthcare systems. This confirmed that the UK entered the pandemic under-prepared, with healthcare systems already stretched beyond capacity. During the pandemic, systems became overwhelmed and came close to collapse, with patients not getting the level of care they needed, despite extraordinary staff efforts. Baroness Hallett summarised the impact as: we coped, but only just.

As we look ahead to Module 6's findings, it is vital that government listens, learns, and acts. We must build a resilient and well-funded care system, integrated with its healthcare counterpart, which protects people's rights, supports careworkers properly, and ensures we do not repeat mistakes of the past.

The Homecare Association stands ready to work with all four nations to develop stronger emergency planning, clearer communication, and sustainable investment in homecare, so we are better prepared for the next pandemic or global emergency.

Political & public awareness

Scotland

We engaged with the Scottish Parliament and government throughout the year, including through the Five Nations Care Forum, our twice-yearly meeting with counterparts from Scotland, England, Wales, Northern Ireland and Ireland. We tracked the Health and Social Care Service Renewal Framework and Scotland's Hospital at Home expansion (targeting 2,000 virtual beds by 2026, backed by £85 million).

Wales

We worked with Care Forum Wales on joint advocacy throughout the year. We engaged with the Senedd Finance Committee, submitting evidence on the adequacy of funding for homecare. We met with Welsh Minister for Care Jeremy Miles MS at a Five Nations meeting in May 2025.

Ahead of the Welsh Budget, we co-wrote a report with Cymorth Cymru and Care Forum Wales calling for adequate investment, distributing it to all Members of the Senedd. Following this, the Welsh Government and Plaid Cymru announced a budget agreement including an extra £112.8 million for local government (4.5% increase) and £180 million for health and social care, though we noted this remained insufficient. We also worked with the National Provider Forum for Wales to write to the Secretary of State for Wales about the lack of consultation with devolved administrations on the Immigration White Paper.

Northern Ireland

We maintained active engagement with the Northern Ireland Assembly and Executive throughout the year. In April 2025, we wrote to Finance Minister John O'Dowd MLA about the inadequacy of the Northern Ireland Budget for 2025-26, which allocated £8.4 billion for health and social care, less than a 3% increase, calling for ring-fenced funding for careworker wage costs.

In his response, Minister O'Dowd acknowledged our concerns about ENICs changes and, along with his counterparts in Scotland and Wales, wrote to the Chief Secretary to the Treasury urging full funding for public services.

In January 2026, our CEO Jane Townson met Minister of Health Mike Nesbitt MLA, Permanent Secretary Mike Farrar and Director of Disability and Older People Mark McGuicken at Stormont. We set out the case that community capacity, not hospitals, is now the principal system constraint, that failure to fund homecare displaces costs into more expensive settings, and that meaningful reform requires multi-year planning rather than annual tactical fixes.

Political & public awareness

Social Media

Total audience size:

3,726

14,170

3,808

8,775

Average engagement level:

6%

7%

4%

6%

Best performing posts:

@homecareassociation
'Good news stories from our Members in February 2026' — 29%

@HomecareAssociation
'Our Annual Conference' — 15%

@homecareassn
'Tech Innovation in Homecare 2025 Conference - Speakers' — 40%

@homecareassn
'Our Workforce Survey 2025' — 34%

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How you can get involved

Real-life stories are vital for bringing data to life and creating interest for broadcast and print journalists.

If you are willing to help our media work by telling your story, please contact us at **policy@homecareassociation.org.uk**

Workforce

This section covers our work representing members on all aspects of the homecare workforce during 2025-26, a year defined by seismic legislative change, a landmark immigration policy shift, and mounting evidence of the financial pressures bearing down on workers and providers alike.

Employment Rights Act - England, Scotland and Wales

The Employment Rights Bill, introduced to Parliament in October 2024, completed its parliamentary journey and received Royal Assent on 18 December 2025, becoming the Employment Rights Act. We represented members throughout every stage of this legislation's passage.

The most critical provisions for homecare include guaranteed hours, notice of shifts, compensation for cancellation at short notice, the Fair Pay Agreement, changes to Statutory Sick Pay, and the establishment of the Fair Work Agency. Several important changes come into force in April 2026:

- Statutory Sick Pay: removal of the earnings threshold and waiting period, meaning workers receive SSP from Day-one.
- Day-one paternity leave and unpaid parental leave.
- Enhanced whistleblowing protections.
- Establishment of the Fair Work Agency, merging the Gangmasters and Labour Abuse Authority, HMRC National Minimum Wage Enforcement, and the Employment Agency Standards Inspectorate.
- Electronic and workplace balloting for trade unions.
- Doubled collective redundancy protective award.

The Act included a significant concession: unfair dismissal rights will apply from six months' service rather than from Day 1, as the government had originally proposed.

We represented members throughout the passage of the Bill through practical and political means:

- We convened an Employment Rights Special Interest Group of members to discuss the provisions most relevant to homecare, including zero-hours contracts, sick pay, trade union rights and the Fair Pay Agreement, and used their insights to shape our representations.
- We briefed members of the House of Lords during the Committee Stage, including meeting Lord Hendy KC and Baroness Bowles of Berkhamsted on key homecare-specific amendments.

Workforce

- We held a commissioning teach-in for DHSC, the Department for Business and Trade, the Local Government Association and trade unions, with thanks to Camille Leavold from Abbots Care and Tim Wilson from Assist Care Group for supporting this.
- We organised webinars for members covering an overview of the Act, Fair Pay, changes to zero-hours contracts, SSP from Day 1, and working with trade unions.
- We worked closely with the nine other members of the Care Provider Alliance on Task and Finish Group meetings at DHSC to inform public consultations on the Fair Pay Agreement, zero-hours contracts, unfair dismissal and trade union access.
- We responded to consultations including on Fair Pay, Trade Union Access and employers' duty to inform their workers of their right to join a trade union.

Our Workforce Survey found that 97% of providers pay staff only Statutory Sick Pay when off sick, and 81% estimated that paying sick pay from day-one would cost more than 10p extra per hour of care delivered. We used this evidence extensively in our representations.

Fair Pay Agreement - England

The government launched the Fair Pay Agreement (FPA) consultation for England on 30 September 2025, covering the design of an Adult Social Care Negotiating Body to set minimum pay and terms and conditions for social careworkers. Secretary of State for Health and Social Care, Rt Hon. Wes Streeting MP announced £500 million of funding for the first FPA in 2028-29, drawn from a wider £4 billion envelope for adult social care.

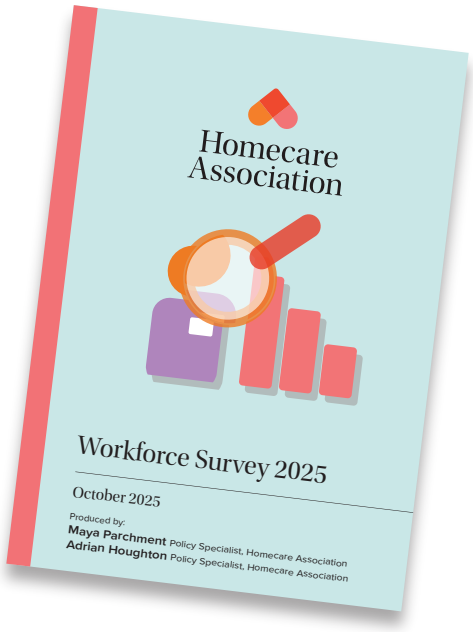
We submitted a detailed response in January 2026, formed through extensive member engagement. Our key messages were:

- Fair pay will only work if commissioning authorities pay the full cost, as the fundamental driver of low pay is low fee rates from public commissioners, not poor employer intent.
- The first FPA must remain narrow and realistic, given the scale of the funding deficit.
- Commissioners must play a formal role in the Negotiating Body, not merely be consulted.
- Implementation must align with budget and commissioning cycles.
- A National Contract for Care is essential to make FPA obligations deliverable.

Workforce

We continued to call publicly for the government to recognise that the £500 million allocated is wholly insufficient, given homecare alone has a £1.64 billion funding deficit in England to meet the NLW and £2.64 billion to pay wages equivalent to NHS Band 3 Health Care Assistants with 2+ years' experience. We met Minister Kinnock in February 2026 on this topic, making the case, using examples from the Netherlands and Germany, that fair pay reforms require the right structural foundations, including investment and shared risk from government.

We also published analysis in February 2026, worked with Care England on fiscal drag – a silent pay cut - showing that frozen income tax thresholds would cost a careworker on the National Living Wage approximately £663 in cumulative take-home pay by 2028-29, quietly undermining the benefit of every wage rise.



Workforce Survey 2025

We conducted our Workforce Survey between 17 June and 22 July 2025, gathering 450 responses from homecare providers across the UK. Those providers collectively supported over 186,000 clients and employed over 135,000 careworkers.

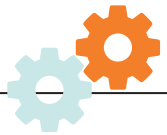
The survey produced authoritative evidence on the pressures facing the sector:

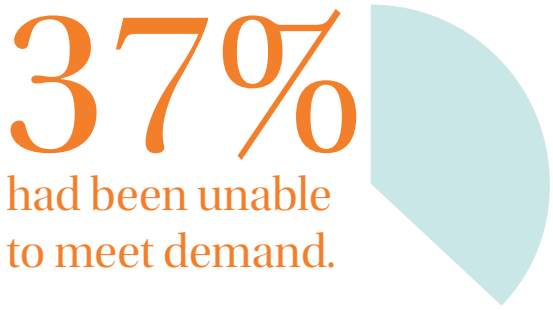
- 51% of respondents identified low wages compared with other sectors as the single biggest barrier to recruiting and retaining careworkers.
- 75% of respondents had implemented strategies to increase wages above the legal minimum, despite low fee rates.
- The most common pay rate was between £13.00 and £13.99 per hour.
- 37% of respondents had been unable to meet the demand for care in their area, with 70% citing their inability to recruit enough new careworkers and 36% citing fee rates that are too low.

51%

said low wages were the biggest barrier to recruitment and retention.

Workforce





37%
had been unable to meet demand.

97%
paid only Statutory Sick Pay when staff were off sick.

- 97% of respondents paid only Statutory Sick Pay when staff were off sick. Only 1% paid full pay.
- 12% of respondents had unions active in their workplace; only 6% had a formally recognised union.
- 63% of respondents had met demand; 25% had too much capacity and too little demand, meaning they could not give careworkers sufficient hours.
- 87% of those serving private clients received cancellation payments; only 43% serving local authority clients and just 29% serving NHS clients received these payments.

We used the Workforce Survey data throughout the year in consultations, media work and ministerial meetings to give credibility and weight to our representations on the Employment Rights Act, the Fair Pay Agreement, immigration policy and commissioning reform.

International recruitment

April 2025 to March 2026 was a pivotal period for international recruitment policy, with the government implementing a series of significant restrictions.

From 22 July 2025, care providers could no longer bring new sponsored workers from overseas into the UK. This ended a recruitment route that many providers had relied on heavily.

Our Workforce Survey found that 59% of providers employed sponsored workers, with 1 in 10 of those employing sponsored workers relying on a workforce that was over 75% sponsored.

Additional changes during the year included:

- Proposed changes to settlement eligibility (which had not been confirmed at the time of writing) that would increase the requirement for UK residence from 5 to 10 years in order to qualify for settlement. However, careworkers would face a longer 15-year wait on the basis of low skill, a characterisation we are challenging robustly.
- English language requirements strengthened: A2 English for visa extensions, B2 for settlement.
- Immigration Skills Charge increased by 32% from 16 December 2025.
- Higher English language requirements for initial applicants from 8 January 2026.
- A transition period for in-country switching runs until 2028.

Workforce

FOI data from the Work Rights Centre found that only 4% of displaced workers found new work through the Regional Partnerships. We called for reform of those partnerships, including addressing barriers such as lack of driving licences, language skills and geographic matching, and pressed DHSC to confirm when further clarity on the changes would be available.

In our January 2026 survey on the impact of the Earned Settlement proposals, we found that 28% of providers had already had sponsored staff leave their organisation, 50% reported that sponsored staff had indicated they would leave, 41% expected staff to leave the country, 21% expected staff to move to NHS roles and 13% expected staff to seek other public sector social care employment.

We engaged directly with UKVI and DHSC at official level, asking them to shorten the 18-week service standard for Undefined Certificates of Sponsorship (UCoS), change how genuine vacancies are assessed, introduce a secure document submission process and strengthen accountability. We also raised concerns about unprecedented sponsorship licence revocations. Fraudulent behaviour clearly requires an enforcement response, but it is important that the process allows employers to offer a defence, given the severe consequences of revocation for careworkers and the people they support.

We worked with the Cavendish Coalition, which brings together representatives from across health and social care, and signed an open letter with the Work Rights Centre calling for fair treatment of careworkers and challenging proposals for retrospective changes to settlement.

> Our Workforce Survey found that careworkers seeking additional employment because their primary visa sponsor could not provide enough hours had contacted 89% of respondents in 2025, often (58%) or occasionally (31%). This confirmed the scale of underemployment among sponsored workers.

We submitted evidence to the Skilled Worker Visa Inquiry, highlighting the links between commissioning practices, fee rates, and labour exploitation. Our evidence was discussed during the committee session by Anna Dixon MP.

We also responded to the Earned Settlement consultation, calling for no extension of the settlement period for care staff, a regional impact assessment, and an improved approach to assessing genuine vacancies. We launched a petition to draw further political attention to the disparity in treatment between careworkers and NHS staff in the settlement proposals.

We also worked with Citizens UK and others to discuss how best to support sponsored careworkers experiencing exploitation and displacement due to their sponsor losing their licence.

Workforce

National Minimum Wage compliance

We updated the National Minimum Wage Toolkit for the April 2025 rate of £12.21 per hour (a 6.7% increase), produced in collaboration with Anthony Collins Solicitors. This flagship resource provides detailed guidance on complex compliance issues, including travel time, sleep-ins, on-call and uniform costs, and remains free to members.

We co-hosted webinars with HMRC and supported their targeted NMW enforcement campaign in North East London, in which HMRC wrote directly to providers asking for self-audits and distributed materials urging careworkers to come forward if underpaid. We published a briefing on the campaign and advised members on their obligations.

We published a Payroll Costs Calculator helping members quantify their increased gross pay, ENICs and pension costs from 2024-25 to 2025-26, a critical tool given cost increases of 9 to 10% following the National Living Wage and ENICs changes.

We also addressed the HMRC VAT group restructuring issue which emerged in 2025, in which HMRC identified approximately 200 care organisations with arrangements involving regulated providers forming VAT groups with unregulated special purpose vehicles. We worked with Anthony Collins and others to help members unwind these arrangements.

Delegated healthcare - England

We published Delegated Healthcare Guidance for members in April 2025, clarifying when Treatment of Disease, Disorder or Injury (TDDI) registration is required (only when a task is carried out under the supervision of a Schedule 1 Health Care Professional), and providing practical steps for providers to review their practice, ensure adequate training, check insurance coverage and approach contractual discussions with commissioners.

70%

of providers undertook delegated healthcare tasks

Our Workforce Survey found that 70% of providers undertook delegated healthcare tasks. Of these, only 15% were paid more by commissioners to undertake the tasks, despite the additional training, supervision and insurance costs involved. We used this evidence to press DHSC, CQC and NHS England for dedicated funding and appropriate NHS clinical oversight.

Workforce

We hosted a Clinical Special Interest Group with DHSC to develop consistent approaches to delegated healthcare, and participated in a roundtable on 3 February 2026, bringing together insurers, DHSC and CPA members to explore risks, governance, liability and system barriers. Key principles emerging included a three-tier risk model (high/medium/low) being preferred over task lists, and the need for competence, supervision, escalation, and auditable governance.

We continued to push for national clarity on TDDI registration, raising concerns with CQC, DHSC and other key stakeholders when ICBs and local authorities demanded TDDI registration for traditional care activities.

Oliver McGowan Mandatory Training - England

Training on learning disabilities and autism became a legal requirement under the Health and Care Act 2022. We supported members throughout 2025-26 on the implementation of Oliver McGowan Mandatory Training, including:

- Co-hosting a webinar with DHSC, CQC, and Skills for Care in September covering the Oliver McGowan training Code of Practice, training tiers, available support and funding, and how CQC will assess compliance.
- Launching a dedicated member-only webpage with guidance on what training is required by law, CQC's regulatory approach, training standards and funding.
- Publishing a capacity analysis showing that the estimated 101,200 training sessions needed for the NHS and adult social care sector far exceed the approximately 10,000 annual sessions available from 18 approved training providers, a critical challenge given 29.3% annual staff turnover.
- Calling on government to extend implementation timelines and expand funding to support local training consortia.

Scotland

Scotland faced significant workforce pressures throughout 2025-26. The £125 million uplift for the Real Living Wage was insufficient to cover sector costs. Around 3,000 people waited for homecare packages and 8,000 for assessments. Sectoral bargaining moved slowly despite continued advocacy from trade unions. The Scottish Government launched a £500,000 Adult Social Care Displaced Worker Scheme to help providers re-employ migrant careworkers who lost sponsorship following the UK visa route closure, aiming to deliver up to 30,000 extra care hours per month.

Workforce

Wales

We engaged with the Social Care Fair Work Forum on Pay and Progression throughout the year. The Welsh Government commissioned a survey on pay in the social care sector to inform Fair Pay and Fair Work discussions. A consultation on Fair Pay negotiations in Wales was published, and we prepared a response in discussion with other provider representatives in the National Provider Forum, Wales.

We also engaged with Cardiff Council on their Migrant Workers Charter, which was developed with UNISON without provider input. We wrote jointly with Care Forum Wales to the Council confirming our support for better treatment of migrant workers, while calling for providers to be consulted before the charter was finalised and for cost and commissioning implications to be properly considered.

Northern Ireland

The Northern Ireland Executive's promise to make independent social care a Real Living Wage sector became undeliverable after they chose to allocate all available funding to public sector pay rises, leaving nothing for the independent homecare sector. Our Chief Executive, Dr Jane Townson OBE, wrote to Health Minister Mike Nesbitt MLA to express our deep concern and explained the impact this would have on the homecare market. This led to a meeting with the Minister in January 2026.

We have continued to participate in the Social Care Fair Work Forum in Northern Ireland and pressed for a Real Living Wage sector objective to be delivered with adequate funding.

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Financial sustainability

This section sets out our work throughout 2025-26 to document the financial issues in homecare, advocate for sustainable commissioning and fee rates, and support members to understand and navigate the financial landscape. Despite relentless advocacy, the gap between what commissioners pay and what sustainable homecare actually costs continued to grow.

Minimum Price for Homecare

Our Minimum Price for Homecare is a widely respected benchmark for the cost of providing safe, sustainable, legally compliant homecare. We publish it annually for each nation of the UK.

2025-26 (published December 2024)

Our Minimum Price for England in 2025-26 was £32.14 per hour, based on the National Living Wage of £12.21 per hour. For the first time, we conducted a full visit-length analysis, demonstrating that shorter visits carry a significantly higher cost per hour:

- 15-minute visits require £41.14 per hour to be financially viable.
- 30-minute visits require £33.46 per hour.
- 45-minute visits require £30.81 per hour.
- 60-minute visits require £29.49 per hour.

For other wage rates, the Minimum Price was: Real Living Wage (£32.87 per hour), NHS Band 3 with 2+ years' experience (£33.87 per hour) and London Living Wage (£35.30 per hour).

15-minute visits require £41.14 per hour to be financially viable

2026-27 (published December 2025 for England; January 2026 for devolved nations)

Our Minimum Price for England in 2026-27 was £34.42 per hour, incorporating the new National Living Wage of £12.71 per hour, and three notable methodological improvements: the inclusion of waiting time in the model (at an average of 6.21 minutes per visit, using data from Birdie); the calculation of sick pay (including Day 1 provisions from the Employment Rights Act) and maternity/paternity pay at statutory rates (rather than assuming full pay); and pension contributions based on qualifying earnings (between £6,240 and £50,270 per year) rather than total earnings.

Financial sustainability

The Minimum Prices for 2026-27 in the devolved nations were all based on the Real Living Wage:

- Wales: £37.13 per hour.
- Scotland: £36.49 per hour.
- Northern Ireland: £35.83 per hour.

We called on central government to inject £2.64 billion into English homecare to ensure careworkers receive NHS Band 3 wages, to implement ring-fenced funding for the additional costs of the Employment Rights Act, and to implement a National Contract for Care Services. We called on local authority and NHS commissioners to embed homecare in Neighbourhood Health Services, move quickly to agree fee rates for 2026-27 and offer greater security of hours to providers.

Minimum Price for Homecare 2026-27 across the UK

Nation	Wage rate per hour	Minimum price per hour
England	£12.71	£34.42
Wales	£13.45	£37.13
Scotland	£13.45	£36.49
N. Ireland	£13.45	£35.83

Fee Rates for State-Funded Homecare 2025-26 - England

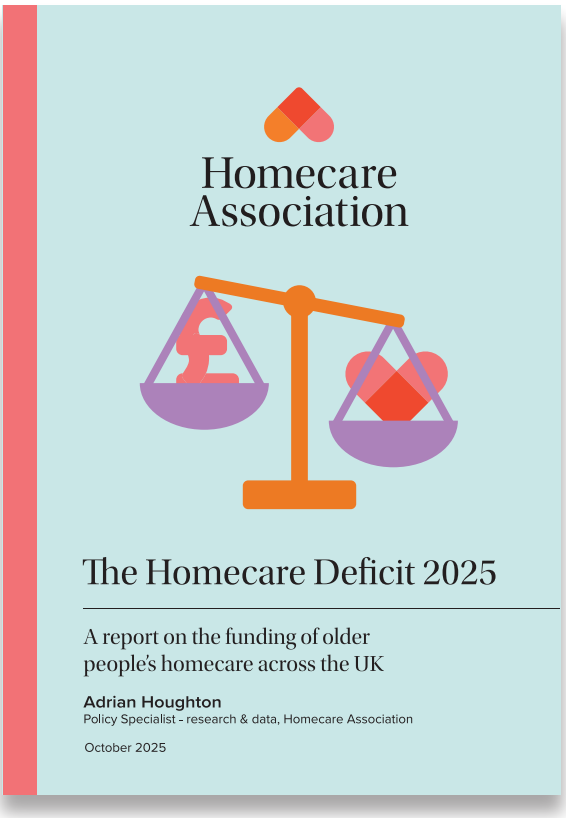
We published our Fee Rates for State-Funded Homecare in 2025-26 report in June 2025, based on information from more than 120 English councils. The findings were stark:

- The average English fee rate was £24.10 per hour, which was £8.04 below our Minimum Price.
- The average uplift was 5.6% against cost increases of 10 to 12%.
- Only 1% of contracts met the Minimum Price for Homecare.
- 27% of local authorities in England paid fee rates below £22.71 per hour, the minimum needed to cover statutory employment costs for careworkers at the National Living Wage. This leaves not a penny to cover any other operating costs.
- Only two local authorities offered uplifts aligned with the approximate rise in provider costs: North East Lincolnshire Council (10.1%) and East Riding of Yorkshire Council (13.1%). Neither authority paid at or above the Minimum Price.
- We identified six local authorities that confirmed a 0% uplift for regular homecare. Half of these councils had adopted the UNISON Ethical Care Charter.

UNISON

Financial sustainabilty

Jane Townson and member Liz Blacklock appeared on Good Morning Britain to discuss these findings, reaching an audience of around 800,000 viewers across the ITV broadcast network. This broadcast helped translate the funding issues in homecare into terms the general public could understand.

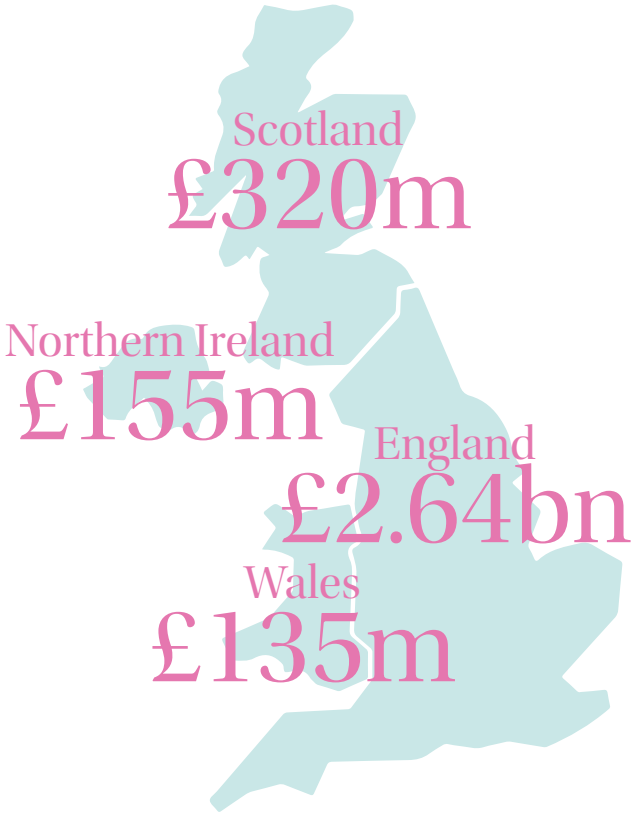


The Homecare Deficit 2025

We published the Homecare Deficit 2025 in November 2025, our most comprehensive and authoritative analysis of the gap between what the state pays for homecare and what it actually costs. Using Freedom of Information requests sent to 276 public bodies across the UK (all except one responded in time to be included in the analysis), we asked councils, ICBs, Health Boards and Health and Social Care Trusts about the fees they pay, the hours they commission and their total spend.

We found an extra £3.25 billion was needed across the UK in 2025-26 to pay careworkers at NHS Band 3 (2+ years' experience) and ensure care businesses are financially sustainable.

The breakdown by nation was:

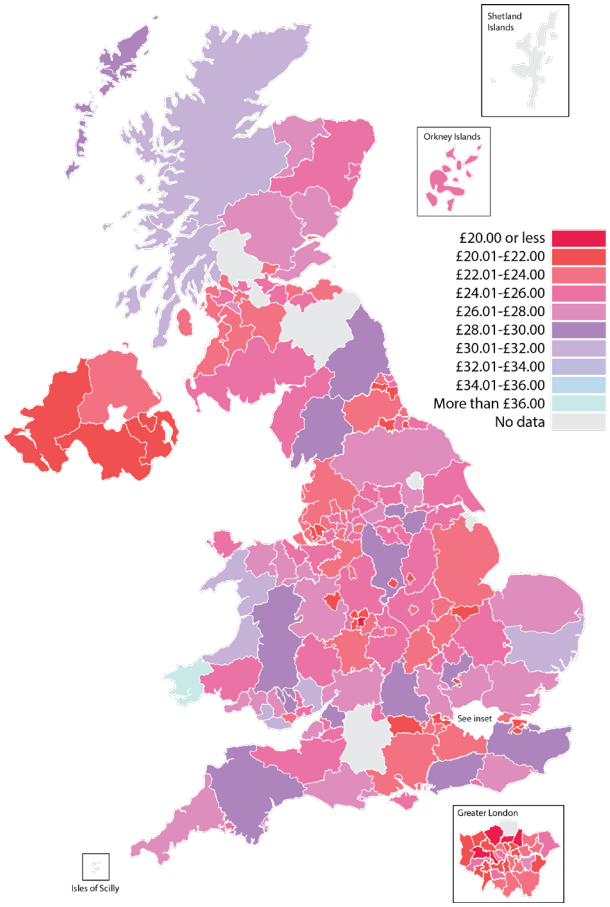


Financial sustainability

Other key findings included:

- Only one body in the entire UK, Pembrokeshire County Council in Wales, paid an average rate at or above the relevant nation's Minimum Price for Homecare.
- 29% of UK councils and HSC Trusts paid fee rates below even the cost of employing a careworker at the minimum wage. This percentage has almost quadrupled since 2023.
- More than two-thirds (69%) of local authorities paying below direct careworker costs were under Labour control. Subsequent analysis showed councils with lower fee rates are more likely to be in more deprived areas, and Labour-run councils are disproportionately represented in these areas.
- There is a statistically significant but weak relationship between deprivation and average homecare fee rates. Deprivation alone explains only a small part of the variation in fees.

> Only one body in the entire UK, Pembrokeshire County Council in Wales, paid an average rate at or above the relevant nation's Minimum Price for Homecare.



- 61% of councils and HSC Trusts purchased no more than 500 hours per provider on average in the sample week. Only 7% purchased more than 1,000 hours per provider, well below the 1,500 hours per week assumed in our Minimum Price model as a viable operating scale.
- In terms of hourly prices paid, the Homecare Deficit weighted average for England was £24.31 per hour; Scotland £24.73; Wales £27.13; Northern Ireland £21.62; UK average £24.36.

We briefed different media outlets ahead of publication. We also used the findings to brief ministers, write to individual councils and call on the Chancellor to invest in homecare ahead of the Autumn Budget.

Financial sustainabilty

Commissioning advocacy

Beyond our published research, we engaged in targeted advocacy to challenge inadequate commissioning throughout the year:

- We wrote to all Directors of Adult Social Services in England (and equivalents in the devolved nations) about their fee rates and the impact on providers, careworkers and those receiving care.
- We wrote specifically to councils with particularly problematic rates, including Liverpool, Hillingdon, Hammersmith and Fulham, and Hampshire, setting out the financial and legal implications of their commissioning decisions.
- We wrote letters to the CQC about the relationship between low fee rates and care quality.
- We hosted a commissioning teach-in for DHSC, the Department for Business and Trade, the Local Government Association and trade unions, with support from provider members Abbots Care and Assist Care Group.
- We challenged Hammersmith and Fulham Council's fee rate of £16.12 per hour, which resulted in a UNISON investigation, and raised it with the Minister for Care.

We've written directly to councils with particularly problematic rates:

Self-funder market and price transparency

The government proposed new regulations to require homecare agencies to publish their prices online, including on platforms such as Care Find. We engaged actively in this consultation, explaining the practical challenges involved and flagging a significant concern about unregulated introductory agencies and personal assistants being exempt from the requirement while competing at lower prices. We suggested a National Care Online Portal, similar to Australia's, as a more effective way to help citizens navigate the care system and understand the differences between regulated and unregulated care.

We also noted the government's announcement of a 7% increase in the Minimum Income Guarantee for working-age disabled adults from April 2026, which will give more than 150,000 people at least £400 per year extra after paying for care. We welcomed this as a meaningful improvement for people who draw on support.

Financial sustainability

HM Revenue & Customs

HMRC VAT group restructuring

In 2025, HMRC declared certain VAT group structures in the care sector to be tax avoidance arrangements. It identified at least 200 care organisations with arrangements involving regulated providers forming VAT groups with unregulated special purpose vehicles, which became the named suppliers to local authorities or NHS bodies. HMRC confirmed it was not seeking penalties, backdated liabilities or retroactive changes, but required these arrangements to be unwound. We worked with Anthony Collins Solicitors and others to help members understand their obligations and navigate the process.

Ensuring appropriate regulation and legislation

We have also been active across the board in representing members to ensure the government considers the social care sector in wider business legislation. We submitted a detailed response on non-compete clauses, encouraging the government to consider links to the use of non-solicitation clauses that prevent care businesses from losing the people they support to other businesses or self-employed Personal Assistants.

Scotland

In 2025-26, the Scottish Government invested £125 million to enable careworkers in the independent sector to receive the Real Living Wage. However, this was insufficient to cover the full cost increases driven by wage and employer on-cost pressures.

Integration Joint Board (IJB) cuts totalling £154 million affected service delivery, with Dumfries and Galloway facing a £58 million deficit. Scotland's Hospital at Home programme received £85 million of funding and aimed to create 2,000 virtual beds by 2026, a significant opportunity for homecare providers to deliver integrated care. Alzheimer Scotland organised a 10,000-signature petition calling for adequate investment.

Financial sustainabilty

We outlined in our Homecare Deficit 2025 report a funding deficit of £320 million in Scotland for homecareworkers to receive NHS-equivalent wages. This gap is now even wider after we published a new Minimum Price for Scotland of £36.49 per hour (based on a Real Living Wage of £13.45 per hour).

We then wrote to the Chief Officers of each Health and Social Care Partnership, urging a sufficient increase in fee rates and early engagement with providers ahead of finalising budgets for 2026-27.

The government increased funding for health and social care by 3.7% to £22.5 billion for 2026-27. However, more than three-quarters of this sum was set aside for the health service. Local government leaders described this as a very poor settlement that will inevitably impact the financial sustainability of the social care sector in Scotland.

Wales

In 2025-26, fee rates in Wales did not keep pace with the Real Living Wage and employer National Insurance Contributions increases. We estimated homecare in Wales was underfunded by around £135 million and called on the Welsh Government to address this through a National Contract for Care Services, setting a minimum price below which public commissioners cannot

> In the Welsh Budget, the government announced an extra £180m for health and social care.

contract. We submitted evidence to the Senedd Finance Committee and engaged with Jeremy Miles MS, Cabinet Secretary for Health and Social Care.

In advance of the Budget, we drew attention to ongoing financial issues in the social care sector in a report that we co-wrote with Cymorth Cymru and Care Forum Wales, calling for adequate investment in social care.

In the Welsh Budget, the government announced an extra £112.8 million for local government and £180 million for health and social care, a welcome improvement but not sufficient to close the funding gap (given the £135 million deficit we quoted was solely for homecare).

We continued to call for an independent analysis of the Real Living Wage's true cost to the sector in Wales. The National Office for Care and Support in Wales is monitoring the implementation of the Commissioning Framework, including standards for commissioners on understanding the cost of care and setting fair and sustainable fee rates. We have submitted our Homecare Deficit findings to them and encourage members to email them with concerns about fee rate setting processes so that they can build their evidence base and implement the Framework as intended.

Financial sustainability

Northern Ireland

Northern Ireland had the lowest homecare fee rates of any UK nation, with an average for 2025-26 of £21.62 per hour. Our Minimum Price for Northern Ireland was £32.84 per hour in 2025-26 and £35.83 per hour in 2026-27 (based on payment of the Real Living Wage). The five HSC Trusts' combined funding deficit at the Real Living Wage was £155 million.

The NI Executive's 2025-26 Budget allocated £8.4 billion for health and social care, less than a 3% increase once in-year allocations were considered. The Department of Health projected a funding shortfall of close to £400 million. Finance Minister John O'Dowd MLA, along with his counterparts in Scotland and Wales, wrote to the Chief Secretary to the Treasury urging full funding for public services.

For 2026-27, the tariff uplift for homecare was 3.65%, taking the rate from £21.35 to £22.13 per hour, representing just 61.7% of our estimated Minimum Price and failing profoundly to ensure lawful, sustainable homecare in Northern Ireland.

As a result, we wrote to the Department of Health about this wholly inadequate settlement and asked them to openly acknowledge that the current fee rate does not meet the minimum cost of delivering legally compliant homecare. The Department's reply failed to do this but did recognise that the uplift would not enable providers to pay the Real Living Wage.

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Innovation & integration

This section covers our work throughout 2025-26 to support innovation in the homecare sector, track emerging technologies, engage with NHS integration programmes and contribute to academic research. It was a year in which the NHS 10-Year Plan set bold ambitions for moving care into communities, and we worked to ensure homecare was recognised as central to that vision.

Tech Innovation in Homecare Conference - November 2025

We hosted our Tech Innovation in Homecare Conference 2025 on 20 November 2025 at One Birdcage Walk, Westminster, just minutes from the Houses of Parliament. The conference brought together homecare providers, technology suppliers, and policy experts to explore practical digital solutions to real-world homecare challenges.

Topics covered included:

- Electronic medication administration records (EMAR) and digital care records.
- Remote monitoring and its application in homecare settings.
- Artificial intelligence and scheduling tools.
- Telehealth and the integration of NHS digital platforms with homecare.
- Data interoperability and the role of the Shared Care Record.

Group discounts were available for teams attending together, reflecting our aim to make innovation accessible to providers of all sizes.

Innovation & integration

NHS 10-Year Plan and Neighbourhood Health - England

The NHS published its 10-Year Plan in 2025 with three central shifts: from hospital to community, from treatment to prevention, and from analogue to digital. A fourth shift, from fragmentation to integration, was emphasised repeatedly by ministers throughout the year, including at the Labour Party Conference.

We participated in the NHS 10-Year Plan Partner Council, contributing homecare's perspective to the planning process. The Plan included:

- A shift of investment from hospitals to community-based care.
- Neighbourhood Health Teams bringing together GPs, nurses, social care, voluntary sector and homecare providers.
- Remote monitoring becoming standard practice, with wearable technology universally available to NHS patients by 2035.
- Hospital outpatient models expected to end by 2035.
- The NHS App acting as a doctor in the pocket, handling appointments, medicines management and self-referral services.
- Predictive, AI-enabled care using genomics and continuous monitoring.

In September 2025, DHSC launched the first wave of 43 Neighbourhood Health Team pilot areas. We represented homecare providers' interests in the pilot design, pressing for:

- Homecare to be embedded fully within Neighbourhood Health Services.
- Clarity on what the Better Care Fund changes will mean for homecare commissioning.
- Recognition of homecare providers' voices in local strategy discussions as Integrated Care Partnerships are restructured.
- Interoperability of social care systems with the NHS App.
- Dedicated funding and NHS clinical oversight for delegated healthcare tasks.

We highlighted examples of where integrated approaches were already showing results: Birmingham and Solihull's integrated neighbourhood teams achieved 47% fewer GP appointments, 5% fewer emergency attendances and 41% fewer outpatient visits; Wokingham's digital social prescribing led to 71% reporting improved wellbeing and 23% fewer GP appointments; and Norfolk's use of predictive analytics for falls prevention reduced fractures by 88%.

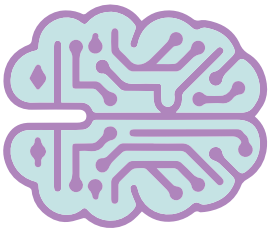
Innovation & integration

We also highlighted that the government's digitisation funding programme largely excluded homecare, meaning the true cost of digitising adult social care, estimated to require £13 billion over five years nationally, is substantially underestimated.

Digital care records - England

The government celebrated that over 80% of adult social care providers had adopted digital care records, saving an estimated 30 million hours of administration time and returning 20 minutes per shift per worker to direct care. We welcomed this progress but stressed to government and commissioners that digital adoption requires stable contracts, fair fee rates, and digital infrastructure investment that reaches homecare providers of all sizes, not just large operators.

Our Compliance and Regulation Special Interest Group explored EMAR (Electronic Medication Administration Record) adoption throughout the year, sharing best practice on implementation and compliance with CQC expectations.



Artificial intelligence (AI)

We engaged with the emerging debate around AI in homecare throughout 2025-26:

- Our CEO published articles and contributed to workshops positioning AI as a useful tool, not a silver bullet, for homecare, valuable for scheduling, risk prediction and administrative efficiency, but not a substitute for skilled human care.
- We highlighted examples of AI already in use in the sector, including the Inverclyde partnership where 500 workers used the Totalmobile platform to improve scheduling and communication.
- We published AI and data protection resources for members in January 2026, including Smarter Care: how AI can help providers deliver better, personalised homecare and guidance on data privacy notices updated to comply with the Data Use and Access Act.
- CQC also began piloting Ambient Voice Technology (AVT) from January 2026, an AI system to capture and transcribe conversations during inspections, reduce administrative tasks and improve evidence gathering. We monitored this development and briefed members.

Innovation & integration

Workforce development and technology - England

In May 2025, Health and Social Care Secretary Rt Hon. Wes Streeting MP announced four new role categories in the care workforce pathway: Enhanced Care Worker, Personal Assistant, Deputy Manager and Registered Manager. He also announced a new Level 5 digital leadership qualification for social care leaders and managers, and a refresh of the Care Certificate Standards to align with the Level 2 Adult Social Care Certificate qualification. We tracked these developments for members and set out their implications for recruitment, career pathways and commissioning.

Academic research

We maintained active links with the academic community throughout 2025-26, supporting research that generates evidence to improve homecare quality and policy:

- We launched the Academic Centre for Homecare Association (ACHA) in North East London, creating a structured partnership with university researchers.
- We participated in the Health Foundation's REAL Supply Unit, contributing to research on the homecare workforce market.
- We co-organised a Nuffield Trust and UCL roundtable on end-of-life care in homecare settings, contributing to the evidence base for Palliative and End of Life Care Commission policy development.
- We participated in the Homecare Research Forum, bringing together academics, providers and commissioners to share emerging findings.
- We supported studies by the London School of Economics, King's College London and Florence Nightingale Faculty of Nursing on homecare workforce, quality and outcome topics including long-term conditions workforce shortages, palliative care, dementia nutrition, domiciliary care benefits, suicide prevention for older people, economic inactivity, LGBTQ+ inclusive care and end-of-life care training.

International learning

We engaged in international learning to inform domestic policy advocacy:

- Our CEO analysed Australian reforms, including legislation passed in July 2025, and published a blog on the lessons for England, particularly around market regulation, consumer-directed funding and workforce standards. Tom Symondson, Chief Executive of Ageing Australia, spoke at our Annual Conference in May 2025.
- We used examples from the Netherlands and Germany in our ministerial meetings to demonstrate how structural conditions, including investment, social insurance and shared risk, are necessary for employment reforms to succeed.
- We received a visit from the Danish Minister for Senior Citizens, creating an opportunity for international exchange on homecare policy.

Urgent and Emergency Care Plan - England

The government published an Urgent and Emergency Care Plan for 2025-26 in June 2025. We identified the key implications for homecare providers:

- The NHS's minimum contribution to adult social care via the Better Care Fund rises by 3.9% (approximately £103 million nationally), which providers can use in fee negotiation and service development bids.
- A home-first approach means providers that can start care within two hours, especially at weekends, will be indispensable partners in same-day discharge and rapid re-ablement pathways.
- Digital readiness, including interoperable systems and Shared Care Records, will become a prerequisite for preferred-supplier status in future commissioning.
- Remote monitoring and falls prevention technology will align with forthcoming national guidance expected in 2026.

Innovation & integration

Scotland

Scotland's Health and Social Care Service Renewal Framework set out ambitions to shift care into communities. The Hospital at Home programme, backed by £85 million, aimed to scale to 2,000 virtual beds by 2026, a significant opportunity for homecare providers equipped to deliver clinical care at home. We tracked this programme and its commissioning implications for Scottish members.

Wales

We have begun working with the Welsh Government on developing a National Service Specification for Domiciliary Care in Wales. This should set out best-practice standards for services. We have also engaged with the Welsh Government on research relating to service improvement, including around reducing carbon emissions in homecare delivery.

Northern Ireland

We highlighted the potential of Hospital at Home approaches to transform care delivery in Northern Ireland and pressed for the evidence base for prevention to be developed alongside any acute care expansion.

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41. Health and Social Care Secretary Wes Streeting speech, UNISON Annual Health Conference. May 2025.
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44. Scottish Government. Hospital at Home funding announcement. 2025.
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Regulation

This section covers our engagement with regulators across all four nations of the UK throughout 2025-26. In England we focused heavily on holding the CQC to account for its inspection backlog, contributing to the redesign of the assessment framework and supporting members to understand what regulators are looking for. In Scotland, Wales and Northern Ireland we tracked regulatory developments and advocated for proportionate, sector-specific approaches.

CQC: leadership and accountability - England

The CQC faced another turbulent year in 2025-26, marked by significant leadership changes and continued public scrutiny of its effectiveness.

In September 2025, Chris Badger was appointed as the new Chief Inspector of Adult Social Care. He joined from Hertfordshire County Council, where he had been Director of Adult Care Services, with 15 years of experience across adult social care. We welcomed the appointment and met with him to share our priorities: more inspections, stronger provider relationships, sector-specific teams and clearer regulatory expectations for homecare providers.

In October 2025, Chief Executive Sir Julian Hartley resigned, stating that his role had become incompatible with important conversations occurring about care at Leeds Teaching Hospitals NHS Trust during his time as Chief Executive there. Dr Arun Chopra, Chief Inspector of Mental Health, assumed the role of Interim Chief Executive pending a permanent appointment.

By the end of the reporting year, the CQC had moved to sector and region-based teams, with the aim of strengthening consistency, enhancing relationships with providers and ensuring relevant knowledge of each care sector.

Regulation

CQC inspection backlog - England

We published Care Quality Commission: Regulatory Performance in Homecare - One Year On in September 2025, providing a detailed analysis of the CQC's core regulatory performance against its statutory responsibilities. The findings revealed a worsening position compared with our 2024 analysis:

- Over 70% of community social care locations had no current CQC rating, up from approximately 60% in 2024.
- 9,933 community social care providers had no current rating, either never inspected or last inspected more than three years ago.
- At the rate of approximately 81 inspections per month in August 2025, the backlog was growing by 424 locations per month.
- Our analysis projected that at the current rate, only 11% of community social care locations would have a current rating by 2035.
- Of uninspected community locations, 32% registered in 2022, 26.7% in 2023 and 18.1% in 2024, meaning many providers have operated for years without any regulatory assessment.

Our report set out specific recommendations for the CQC:

- Introduce surge inspection capacity to clear the backlog within a defined timescale.
- Publish monthly inspection performance data by care type to enable accountability.
- Apply risk-based triage to prioritise providers with intelligence suggesting concern.
- Commission an independent review of CQC's resources relative to its statutory duties.
- Introduce interim quality assurance mechanisms so commissioners can make informed decisions without relying on outdated or absent ratings.
- Redesign the fee structure to reflect proportionately the regulatory burden on different types of provider.

The report received widespread coverage: 164 outlets referenced our findings, including the Express, MSN, Belfast Telegraph, The National, Community Care and The Carer, with a combined reach of 475.6 million and an Advertising Value Equivalency of £62,000. We briefed the CQC, ministers and commissioners directly.

CQC Assessment Framework consultation - England

In autumn 2025, the CQC launched a formal consultation on proposed changes to its assessment and ratings framework. This followed a co-design process with providers in June and July 2025 in which we participated actively. The CQC proposed to:

- Revise the scoring model used to determine ratings.
- Strengthen the role of professional judgement in assessments.
- Simplify the rating process to make it clearer and more consistent.
- Keep ratings more up to date through more dynamic and responsive assessments.
- Reduce and simplify Quality Statements.
- Create more sector-specific guidance.

We submitted a detailed response to the consultation, developed in consultation with our Compliance and Regulation Special Interest Group, which closed in December 2025. Our submission supported the direction of travel while calling for:

- Clear rating standards and sector-specific frameworks to make expectations transparent for homecare providers.
- Replacement of complex scoring with straightforward ratings based on evidence and professional judgement.
- Fair treatment of providers of all sizes, addressing risks such as digital exclusion and communication barriers.
- Timely inspections and skilled, homecare-knowledgeable inspectors as the foundation of any improved approach.

Following our representations and those of other sector bodies, the CQC confirmed it would reduce 34 Quality Statements to 24 key lines of enquiry (Safe: 7, Effective: 4, Caring: 3, Responsive: 4, Well-led: 6). Work on draft social care Rating Characteristics was reviewed as part of the Care Provider Alliance process. A new draft adult social care framework was launched in March 2026 for consultation, with CQC consultation events and piloting to follow in the summer, followed by the rollout of the new approach by the end of the year.

> Our Compliance and Regulation Special Interest Group, launched in November 2025, gave members a direct route into shaping our CQC engagement. Topics covered in the Group's sessions included the consultation response, safety management systems and EMAR adoption.

Regulation

CQC registration - England

In July 2025, the CQC updated its registration guidance, requiring new applicants to provide more detailed and tailored information including a business plan, financial forecast and evidence of local demand. We informed members of these changes and noted common reasons for rejection: mismatched activities, missing signatures, weak statements of purpose and outdated policies.

Following a pilot from July to September 2025, the CQC's improved registration process became embedded, with a tightened checklist and clearer website guidance. The process extended to learning disability and autism registrations in January 2026.

The CQC's digital portal was subject to an independent review in 2025, which confirmed poor usability and data reliability. A redevelopment was delayed to mid-2026. We continued to flag the portal's inadequacy to CQC and call for improvement.

Tools and resources for members - England

We produced two major resources to help members understand and prepare for CQC inspections:

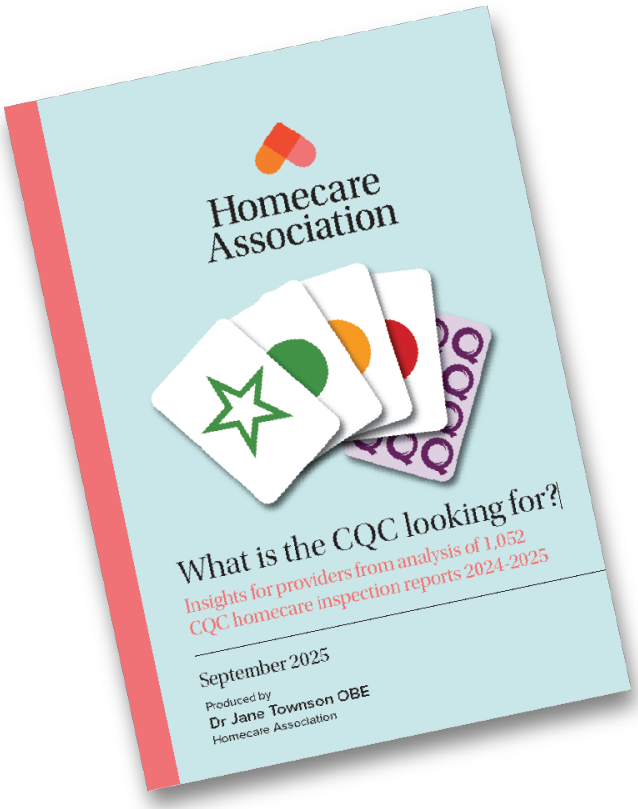
- What is the CQC Looking For?: An analysis of over 1,000 CQC inspection reports identifying five key drivers of regulatory outcomes in homecare. Free to members.
- The Quality Statement Mapping Tool, produced jointly with the Care Provider Alliance, helping providers map their practices against current and proposed Quality Statements.

We also created a new CQC Hub on our website (due to launch in 2026), bringing

together guidance on registration, inspection preparation, ratings and the new assessment framework.

We participated in the CQC's External Strategic Advisory Group, ensuring the homecare sector's perspective informed CQC's strategic decisions throughout the year.

In relation to delegated healthcare, we worked with the CPA on training for CQC inspectors and on insurance considerations, following our roundtable with insurers on 3 February 2026 which explored risks, governance, liability and appropriate frameworks for delegated tasks.



HMRC and compliance

Alongside our CQC work, we engaged extensively with HMRC on compliance matters:

- We co-hosted webinars with HMRC on National Minimum Wage compliance, educating providers on inadvertent non-compliance risks such as irregular work patterns and commissioning by contact time.
- We supported the HMRC targeted NMW enforcement campaign in NE London, in which HMRC wrote directly to providers, asked for self-audits and dropped information through doors urging careworkers to come forward. We published a briefing on the campaign and our NMW Toolkit remains the most authoritative guidance available.
- We helped members navigate the HMRC VAT group restructuring programme, working with Anthony Collins Solicitors to advise on unwinding arrangements identified by HMRC as tax avoidance.
- We published briefings on new PAYE rules making end clients potentially responsible for tax underpayments by umbrella companies, and on the new failure to prevent fraud offence under anti-fraud legislation, both with advice from Anthony Collins Solicitors.

Regulation

Unregulated care - England

A major focus of our regulatory and political advocacy this year was the rapid growth of unregulated homecare - personal care delivered by self-employed personal assistants (PAs) and "micro-providers" operating outside CQC registration. The law exempts a careworker only where they work as an individual, directly for the person and wholly under their direction; in practice, the line between this and a managed arrangement that requires registration is increasingly blurred. Some local authorities and commercial introductory agencies are actively promoting unregulated provision, with market intelligence and data from the CQC's local authority assessments suggesting around 1,000 PAs in East Sussex and half of all homecare in Somerset delivered by unregulated and often self-employed PAs. No mechanism exists to collect safeguarding data from this part of the sector.

In October 2025, our CEO wrote to Minister for Care Stephen Kinnock MP setting out the risks. We explained that unregulated provision cuts across the government's own priorities - undermining the Employment Rights Act through false self-employment, losing revenue to the Treasury, impeding neighbourhood health and the analogue-to-digital shift, and exposing a

> "1,000 PAs in East Sussex and half of all homecare in Somerset delivered by unregulated and often self-employed PAs"

regulatory gap the CQC has limited capacity to enforce. With no mandatory enhanced DBS checks, training or supervision, and no inspection or complaints system, older and disabled people are left exposed - as cases such as that of Louise Woollam, now campaigning for "Richard's Law", have shown.

We called for activity-based regulation so that anyone performing personal care or healthcare must register and meet minimum standards regardless of employment status, while companionship and domestic support remain unregulated. We support the campaign by the National Association of Care and Support Workers (NACAS) for professional registration and pointed to the proportionate registers already operating in Scotland, Wales and Northern Ireland. Our CEO also published an article in Life and Living in October 2025 to raise public awareness, and at our January 2026 meeting, the Minister agreed to seek advice from officials on options including the regulation of introductory agencies and careworker registration.

Scotland: Care Inspectorate and regulatory reform

Scotland's Care Reform Bill passed in June 2025, making provisions for digital care records, ethical procurement, improved complaints handling, and strengthened rights for unpaid carers. While we welcomed these steps, we noted they did not represent the transformational reform of adult social care funding and workforce governance we had called for.

We engaged with the Care Inspectorate, Scotland's social care regulator, throughout the year, tracking its inspection approach and advocating for sector-specific guidance appropriate to homecare's distinct characteristics.

Wales

Care Inspectorate Wales (CIW) introduced a new system of quality ratings from April 2025, with a planned two-year gradual rollout. We briefed members that they must display their CIW rating on their website and in their offices from publication. We engaged with CIW and Welsh Government officials to ensure the ratings approach was well communicated to providers and proportionate in its requirements.

The Health and Social Care (Wales) Act 2025 introduced provisions on expanding direct payments to Continuing Healthcare and restrictions on for-profit provision in looked-after children's services. During earlier consultations on these proposals, we raised concerns about the implications of profit restrictions if expanded to other parts of the sector and, while welcoming direct payments, highlighted the importance of not using them solely to reduce costs. We are monitoring the implications for homecare providers in Wales.

We have discussed the use of unregulated micro-care provision with the Welsh Government and how to ensure that this does not disrupt the care market, quality of care or safety of workers in unintended ways.

We have had ongoing dialogue with Social Care Wales about their work, including participating in workshops around the revision of the Codes of Professional Practice (published in summer 2026).

Northern Ireland: RQIA

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) regulates homecare providers. None of the five HSC Trusts paid enough for providers to cover their direct employment costs, creating fundamental tensions between regulatory expectations and financial viability.

Regulation

We engaged with the RQIA on regulatory standards, and discussed the challenges created by funding decisions and rising statutory costs, and the risks these create for sustainability, workforce stability and ultimately quality of care. We also noted the pressures on the independent sector and the importance of recognising and valuing its role as a core part of the Northern Ireland care system, not something peripheral, a sentiment that the RQIA supports.

We wrote to the Minister of Health Mike Nesbitt MLA in January 2026 following our meeting with him. In this letter, we emphasised that Northern Ireland has not substantively reviewed care regulations since 2003, but since then, homecare has changed profoundly. Without regulatory modernisation, providers are being asked to innovate within frameworks designed for outdated models of care. This creates risk for people drawing on care, for providers, and for the system, and inhibits safe innovation.

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Member benefits

Understanding and action

You provide professional care to the people you support and their families, we're here to support you.

Advocacy and representation

We work with government, councils, the NHS, regulators, media outlets, and the public to represent members' interests. Through us, members gain access to key decision-makers to influence policy and direction and help to raise the profile of homecare.

Information you can trust

We select, fact-check and summarise the latest care sector news and legislation and deliver it to you in an easily digestible format so that you can stay up-to-date.

Advice when you need it

Through our specialist member helplines, we offer expert advice on homecare and business practice, policy, regulation, DBS, legal issues and HR assistance.

Develop your workforce

As a member you and your staff will benefit from discounted training, workshops and webinars on a range of essential subjects, such as: Medication, CQC compliance, end-of-life care, legal and HR issues, marketing, and much more.

Expand your reach

Your business will be listed and promoted on our Find Care portal on our website. You will benefit from inclusion on our well-visited site, connection with the Homecare Association name and staff recommendation when potential customers ring us.

Enhance your buying power

Enjoy the discounted services and products that we have negotiated with our third-party partners, including insurance, consumables and technology.

Reports to back you up

Our meticulously researched reports can be referenced to back up your discussions with local authorities and others.

Coming together

Our members enjoy heavily discounted tickets to our face-to-face events where you can benefit from expert speakers, practical guidance, networking with sector colleagues and meeting Homecare Association staff. Events include our Annual Conference in May, our Tech Innovation in Homecare Conference in November, and regional information events across the country throughout the year.

Member benefits

Membership Survey 2026

The Homecare Association conducts a survey of members' attitudes and usage of membership benefits annually. The objectives are to establish what matters to members, to ensure the relevance of our offer, and inform any changes to membership benefits.

Net Promoter Score (NPS)

The Net Promoter Score is the standard way to measure customer satisfaction and enthusiasm. It is calculated by asking customers the question: "How likely are you to recommend this company to a friend or colleague?". The Net Promoter Score ranges from -100 to 100: -100 to 0 means improvements are needed, 1 to 30 is a good score, 31 to 70 is a great score, and 71 to 100 is an excellent score.

This year our NPS is	34

Membership benefits

We asked members how much they valued our various membership benefits. The following chart shows the top five benefits by percentage of those who rated the resource as 5 or more out of 10.

The most valued benefits are:

Guidelines	97%
Information	95%
Reports	93%
Webinars	90%
Printed resources	90%

Association services

As a way of understanding the less tangible membership benefits, we asked respondents why they liked being an Association member.

The most valued service was:

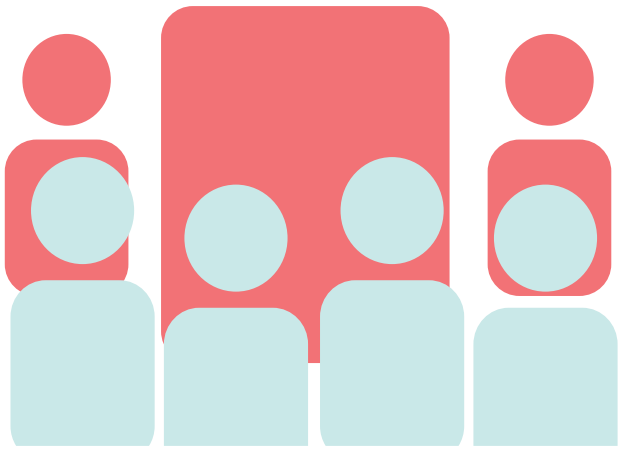
Being part of a collective voice representing homecare	80%

Find out more

To find out more about the benefits of becoming a Homecare Association member, and enquire about joining us, go to:

www.homecareassociation.org.uk/membership.html

Member benefits



Events

We provide members with free or heavily discounted access to a comprehensive programme of events across a range of formats. Our events give our members opportunities to connect and network with one another and other sector stakeholders, engage with us and learn from others.

From our annual conference where we invite insightful speakers and contributors, to our online webinar programme on practical topics, through to our round tables and interest groups – there is something for everyone on our events calendar.

- Interest groups
- Themed seminars
- Practical webinars
- Conferences
- Regional Info Events
- Trade Shows
- Round table dinners
- Member celebration events
- New member meetings

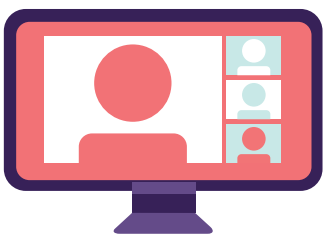
Webinars

Our webinar programme in 2025-26 presented a range of practical hints, tips and experiences. Either heavily discounted or completely free for Members, the webinars provide easy access to specialist presenters and a chance to fully understand and interrogate the information given.

Webinar subjects over the year, included:

- How to hold your own with local authorities
- Build a business through private clients
- Remote Care
- The danger of cutting back on your insurance
- National Minimum Wage Inspections
- AI in Homecare
- How to choose the right care management system
- Building financial resilience
- Oliver McGowan Code of Practice
- Negotiating fees with Local Authorities
- Employment Rights Act
- Recruitment
- Can we have a guaranteed-hours future?

28
webinars with a total of
3,804 registrations



Member benefits

The Future of Homecare '25 - Annual Conference

On Wednesday 14th May 2025 we welcomed delegates, speakers, exhibitors and guests to our Annual Conference at the Kia Oval in London for a day of talks, workshops and networking.

The programme of talks included:

- International approaches to homecare and its reform
- MPs discuss Adult Social Care reform
- Giving and receiving care
- Commissioning for better outcomes

The workshops included:

- Research in homecare
- Financial sustainability
- Employment Rights Bill & Fair Pay Agreement
- Use of AI in homecare
- Neighbourhood Teams - NHS collaboration & prevention
- Growing a private pay business
- Regulation of homecare
- Supporting the homecare workforce

268

attendees at The Future of Homecare '25 - our Annual Conference

> Absolutely fantastic day! Thank you so much for organising a super line up. I've come away with lots to think about and implement.

Thanks so much for such a fantastic day yesterday - really brilliant to connect with providers, stakeholders and suppliers.

Thank you, Homecare Association for leading such an essential conversation.

Tech Innovation in Homecare Conference 2025

Held in the stunning surroundings of One Birdcage Walk in Westminster on Thursday 20th November 2025, our Tech Innovation in Homecare Conference included experts from the worlds of health and social care and technology who shared best practice and led discussion and debate around the future of our sector.

With reduced price tickets for all members, the conference programme included talks, panels, Q&As, exhibitors, and a chance for networking.

The programme of talks included:

- The future of AI and robotics in social care
- Delivering hybrid care / remote tech solutions
- Implementing tech solutions in the home
- The ethics of digital safety, inclusion and human rights in homecare
- Innovator's Lightning Showcase
- Using tech to support careworkers to settle in the UK
- Using tech in homecare across the pond – at the epicentre of AI developments

180

attendees at our Tech Innovation in Homecare Conference 2025

Feedback for the day, from the venue and organisation to the line-up of speakers and subject of the talks, was overwhelmingly positive.

> I just wanted to say a big thank you - it was such an interesting event with really thought-provoking speakers.

> It was inspiring to explore the potential impact of technology on social care, current innovations, and the incredible work already being done in the industry.

Member benefits

Regional Information Events

During 2025-26 we continued with our series of Regional Information Events with visits to the Midlands, Yorkshire and the Southwest.

These events enable us to reach, meet and engage with members and non-members face-to-face around the country with plenty of time for in-depth discussion.

These free, in-person events were held in Solihull, Leeds and Bristol with programmes including talks, Q&As, group activities and networking, with refreshments throughout the morning before an early afternoon lunch. The programme was designed to cover key issues and topics in homecare, as well as demonstrating the support and broader 'what we do' for homecare providers.

Trade Shows

We enjoy attending sector shows and during the year we provided stands and speakers for the Care Shows in both London and Birmingham and the Care & Dementia Show at the NEC. We met with hundreds of people at these events to offer support, advice and information. It was a great opportunity to catch-up with familiar faces and meet many new friends.

Member benefits

Website

Our website, homecareassociation.org.uk, is the first port of call for members and non-members who want to find out more about what we do and how to get involved.

The most visited pages include:

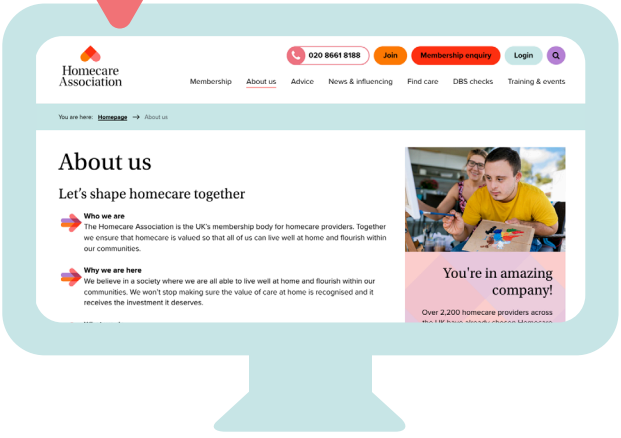
Find care: Our listing page for all provider members, searchable by those looking for homecare services.

Shop: Essential resources, including the Homecare Workers' Handbook, available at a substantial discounts to members.

Training & events: Dates, details and booking for our range of training, webinars, conferences, regional events, and more.

The site also includes our blog, details of our DBS checks, contacts and our affiliate programme.

126,164
visitors to our website in 2025/26



Homecare magazine

Homecare, our quarterly magazine, is packed full of articles about homecare written by experienced providers, sector suppliers, academics and other experts, and is sent out to every Association member for free.

During the year we published 63 articles over the four issues, with subjects including:

- Saving time and money with technology
- How to build a referral network
- Is your green strategy ready?
- Reablement and rehabilitation
- Common employee benefits challenges

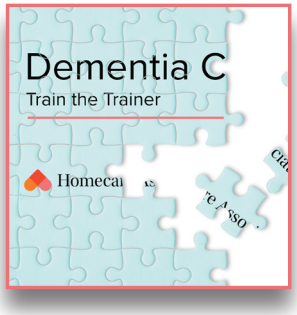
Member benefits

Training

Our reputable training programmes continued to provide everything care teams need to deliver high-quality care throughout the year.

We hosted a total of 62 workshops, with 1,041 providers attending.

This year we had launched our newly-updated Medication Train-the-Trainer workshop in collaboration with Be Caring. This has been a great success and we are looking to expand this partnership with further new workshops.



62
training workshops

1,041
attendees

DBS checks

We have been delivering our trusted, high quality Disclosure Service for over 20 years, and we've become the homecare sector's go-to for quick, reliable and cost-effective employer DBS checks.

- We offer a highly personalised service with direct access to our team of experts
- Our skilled and friendly team will support you through the process
- Expert helpline available to answer your questions, where you will speak to the same people every time

This service is available to both member and non-member organisations. We are a registered umbrella body with the Disclosure and Barring Service (DBS).

13,712
checks completed

Member helpline

Members rate our Helpline as one of their most valued benefits — and it's easy to see why. Our experts handle everything from day-to-day operational questions to regulatory compliance, legal obligations, and workforce management, all at no extra cost. When queries require specialist input, we draw on our trusted partnerships with legal, human resources and insurance advisers to ensure members get the right answer.

Between April 2025 and March 2026, we resolved 388 member queries. Whilst the volume was slightly lower than the previous year, the complexity remained high — calls averaged 22 minutes, reflecting the depth of support members need. They come to us not just for answers, but for confidential, in-depth guidance they can trust.

Satisfaction and Service Quality

"Thanks. What a comprehensive and useful reply! So quick too!"

"Thank you very much indeed for the time you have spent on this for us and the helpful contacts provided in the email."

"Your support is outstanding as ever"

"Thank you so much for your prompt response to my email. I feel that as a member, we have been heard."

What members are calling about

The Helpline acts as a barometer for the policy team, helping us identify key pressures facing providers and informing our wider policy and campaign work. This year, we saw a sharp focus on:

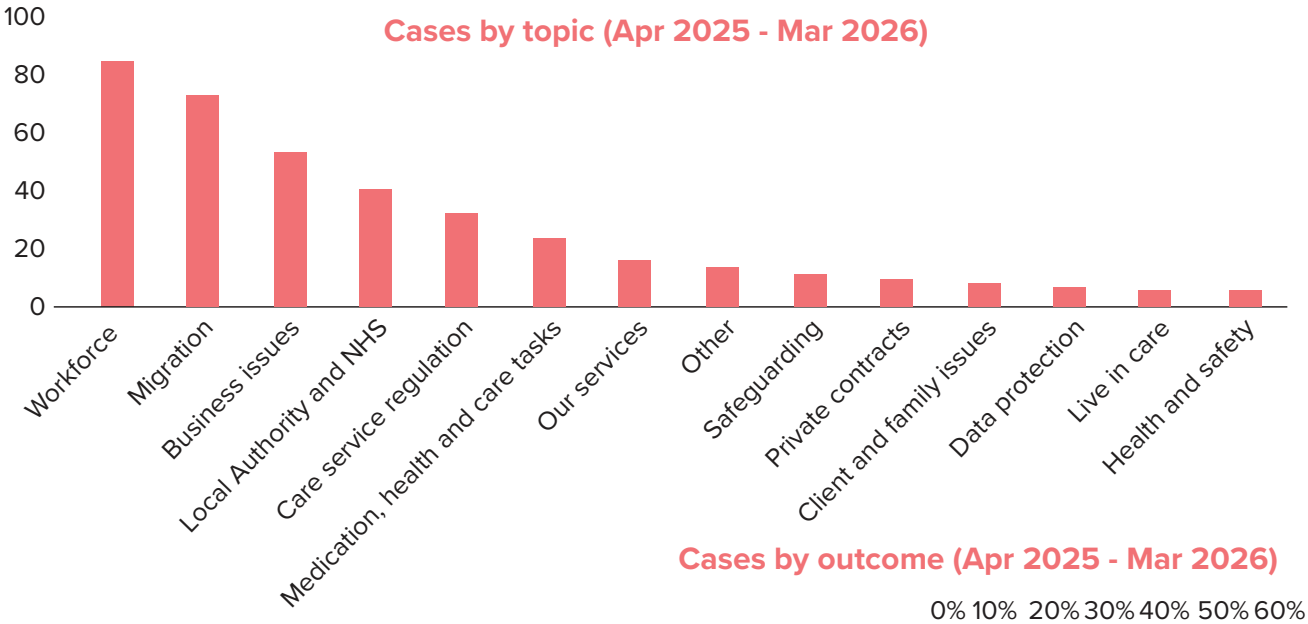
Financial sustainability
Members contacted us frequently about under-funded local authority and NHS contracts that fail to reflect increases in the National Living Wage, employer National Insurance contributions, and wider inflationary pressures. These issues continue to threaten the viability of services.

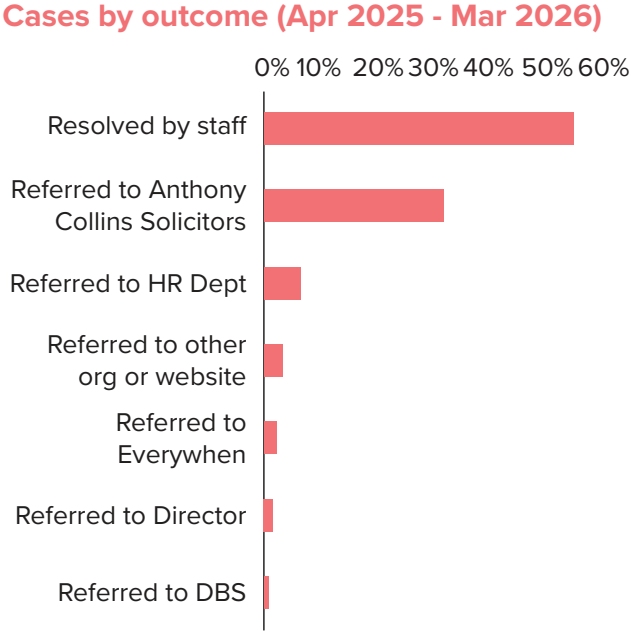
International recruitment challenges
Changes to sponsorship rules, salary thresholds, and restrictions on displaced workers made it much harder to recruit internationally when domestic recruitment remains extremely difficult.

Employment law and workforce issues
Longstanding questions around National Minimum Wage compliance, holiday pay, and managing performance or long-term sickness remain frequent topics. Members value our practical, up-to-date advice in navigating these issues.

Regulatory challenges
Under new leadership, the Care Quality Commission is moving through a rapid reform programme. Members have contacted us with queries about compliance, including medication adherence, Oliver McGowan training, delegated healthcare tasks and TDDI requirements, safeguarding, and advice on the CQC inspection process.

Member benefits





Why it matters to Members?

Members tell us the Helpline is one of the benefits they appreciate most — and the reasons are clear. Our team delivers personalised, prompt, and practical advice grounded in a real understanding of homecare's unique challenges.

The relationship works both ways. Direct conversations with members give us the intelligence we need to sharpen our policy campaigns, develop relevant legal tools, and create resources that make a real difference.

Our in-house Policy Specialists are here to help, Monday to Friday, 9.00am–5.00pm. Get in touch by phone or email:

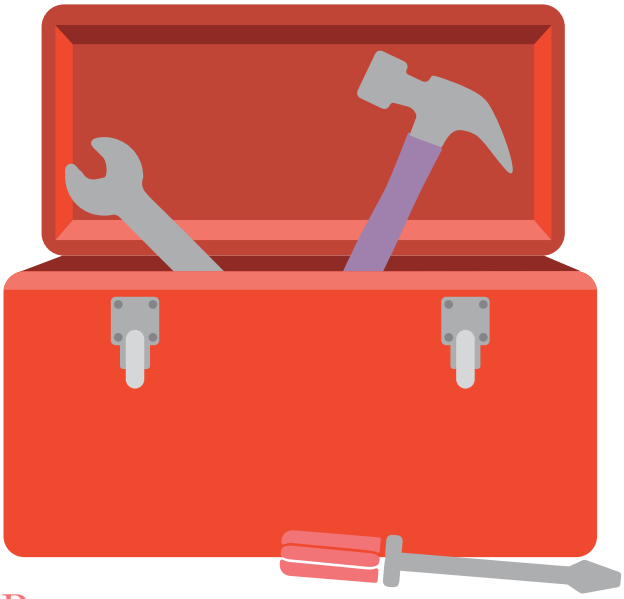
020 8661 8188 (option four)

helpline@homecareassociation.org.uk

For queries requiring specialist expertise, we connect members with our partner helplines covering legal advice, human resources support, and insurance guidance — all at no extra cost as part of your membership.

Find out more in the Advice section of our website.

Member benefits



Resources

This year, many changes to the policy agenda meant members needed prompt, up-to-date guidance and advice. We have worked hard to add to our library of member resources, keeping them practical, current, and relevant so you can focus on providing high-quality care.

Most of our resources are available to members free, or at considerably lower cost, and provide expert-level support that would cost substantially more if sourced independently.

Whether you are handling delegated tasks, navigating sponsorship rules, or adapting to international recruitment changes, we provide ready-to-use, legally sound tools to help you stay compliant, efficient, and informed.

We have 99 factsheets and 12 templates **available to our members**

Delegated healthcare tasks guidance

Policymakers and politicians want careworkers to take on more healthcare tasks, driven by the growing focus on neighbourhood health.

The Homecare Association supports stronger links between health and social care, and the principles of neighbourhood health and delegation.

To make change happen safely and sustainably, we need clear guidance, appropriate training, and adequate funding. Our guidance updates members with the current position.

https://www.homecareassociation.org.uk/resource/2025-04-25-delegated-healthcare-guidance-for-members-pdf.html

Cost: FREE for members.
Not available to non-members.

Member benefits

International recruitment for employers

Most care providers now have sponsored workers. If you need information about sponsorship, our International Recruitment webpage for employers is for you.

While not intended to replace advice from a suitably qualified and registered immigration adviser, who should always be consulted for advice on specific cases, our webpage provides information on employing overseas workers and who to contact for further support.

https://www.homecareassociation.org.uk/support/international-recruitment.html

Cost: FREE for members.
Not available to non-members

Specimen Privacy Notice

Our Specimen Privacy Notice, drafted by Anthony Collins Solicitors LLP, is designed for care and support service providers — whether publicly or privately funded — to support their GDPR compliance requirements.

Updated to reflect changes made by the Data (Use and Access) Act 2025 to UK digital information law, the template is suitable for use across all four UK administrations for the personal data of customers and, with some adaptation, staff.

https://www.homecareassociation.org.uk/product/specimen-privacy-notice.html

Cost: £50 plus VAT for members.
£600 plus VAT for non-members

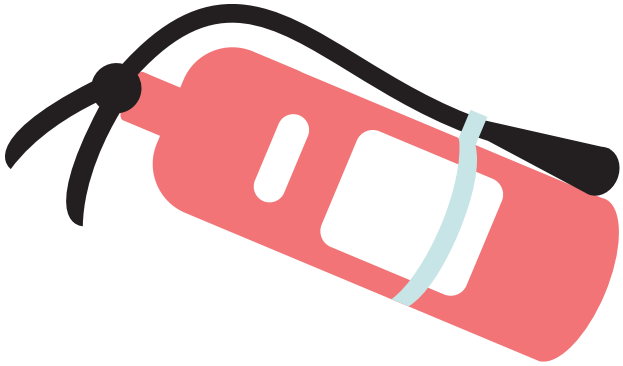
Fire safety guidance

Fire safety is vital for homecare providers and the people they care for, safeguarding lives and promoting wellbeing at home. The Homecare Association has worked closely with the National Fire Chiefs Council (NFCC) to produce advice on best practice, so that individuals receiving care remain protected and staff deliver support in safe conditions.

With NFCC's help, we have revised our 'Fire safety for homecare providers: Questions and Answers' and 'Emollient skin creams – Guidance for homecare providers on fire safety' to include their latest recommendations.

https://www.homecareassociation.org.uk/resource/fire-safety-for-homecare-providers.html
https://www.homecareassociation.org.uk/resource/skin-care-creams-and-lotions-guidance.html

Cost: FREE



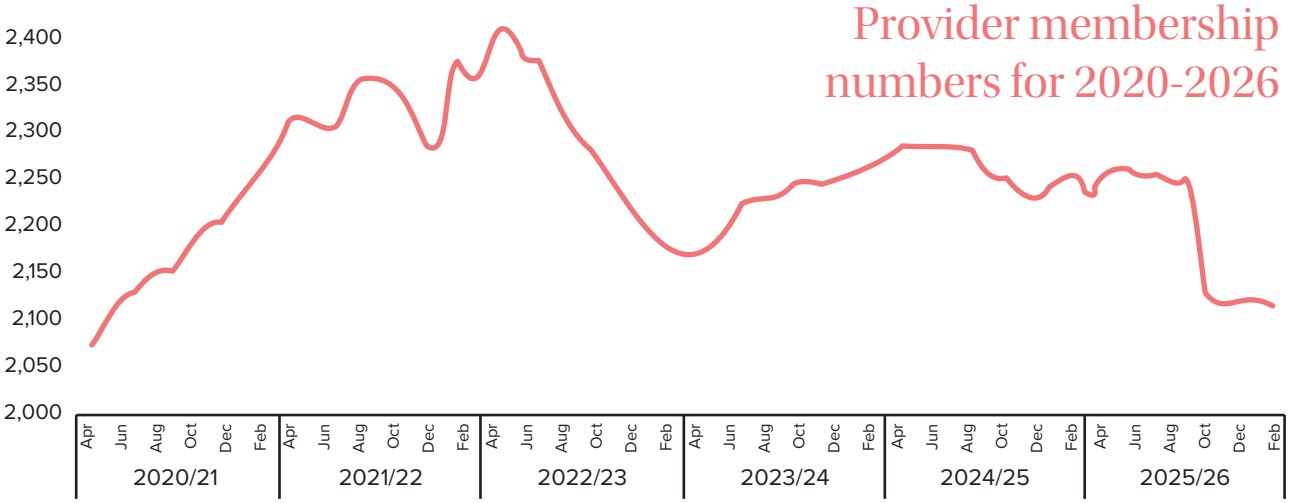
Membership

Growing our community

During 2025-2026, members agreed changes to our membership rules for franchised providers. These changes mean franchised members now follow the same rules as non-franchised members, with all operating branches included in membership. This was an important step in applying our membership rules consistently and fairly. It also led to two franchised networks leaving membership, reducing overall member numbers during the year.

We continued to focus on strengthening the value of membership and maintaining a clear understanding of membership trends. By April 2026, we recorded 2,060 provider members and 38 paying affiliate members. We also improved the way we monitor retention and attrition, giving us better insight into where targeted engagement is needed.

Provider membership numbers for 2020-2026



Key internal initiatives for 2025-2026

- Strengthening member recruitment through an organisation-wide focus on growth, supported by targeted activity, regional engagement and investment in member recruitment capacity.
- Improving retention insight by strengthening our analysis of membership attrition and using this to inform more targeted engagement with members.
- Developing the operational infrastructure of our membership systems, so they are fit for purpose, reliable, and help us better understand and support our members.
- Continuing to grow our affiliate member programme, ensuring provider members have access to carefully selected commercial organisations that can support them in their business.

Our resources

Facts & figures

Treasurer's statement: A message from the Homecare Association's Treasurer, John Rennison, Owner and CEO, 1st Homecare

We generated a surplus of

£57,722

during the financial year

The Homecare Association's income in 2025/26 came from six main sources: membership fees, disclosure services, training, grants, events and advertising and commercial income. Overall turnover increased by 9%, supported by growth in income from our DBS service, events, training, grants and membership. Advertising and commercial income reduced during the year, reflecting the more variable nature of this income stream.

We ended the year with a surplus of £57,722. This was an important step in rebuilding the Association's reserves, while continuing to invest in the services and support that members value. Our aim remains to generate modest annual surpluses over time so that the Association is financially resilient and able to respond to members' needs and invest in services they value.

The improvement in our financial position reflects both growth in several income areas and continued control of costs. In particular, we have seen strong growth in non-member income, including disclosure services, events and training. As a membership body, our focus remains on ensuring that our resources are used carefully and in ways that strengthen our ability to represent and support our homecare provider members.

Looking ahead to 2026/27, we will continue to manage the Association prudently, balancing short-term pressures with longer-term sustainability. We will keep developing our income streams, strengthening member recruitment and retention and encouraging wider use of our services, while maintaining a clear focus on value for members. Our strong cash position provides a solid foundation as we continue to invest in the organisation.

John Rennison

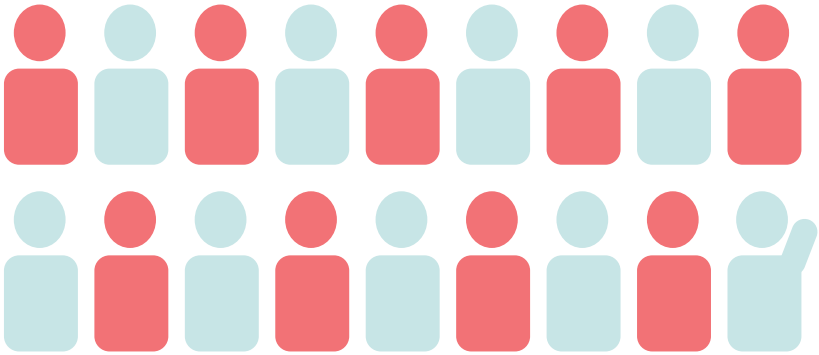
John Rennison
Treasurer, Homecare Association

> "Our resources are used carefully and in ways that strengthen our ability to represent and support our members."

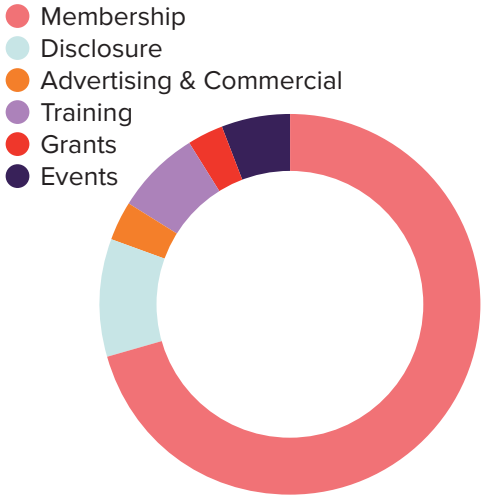
Our resources

People

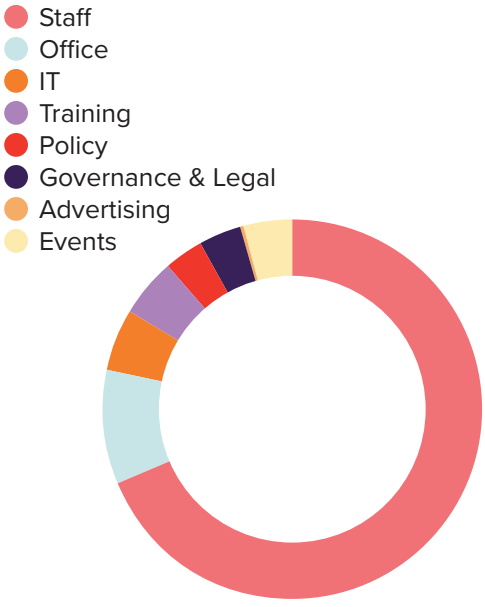
18 Full-time equivalent staff



Income Sources



Expenditure Sources



Income Statement 2025-26

	31/03/26	31/03/25
	£	£
Turnover	2,389,175	2,188,623
Cost of sales	868,287	723,563
Gross surplus	1,520,888	1,465,060
Administrative expenses	1,466,575	1,725,228
	54,313	(260,168)
Other operating income	-	307,161
Operating surplus	54,313	46,993
Interest receivable and similar income	7,844	5,722
Surplus before Taxation	62,157	52,715
Tax on (deficit)/surplus	4,435	(3,033)
Surplus for the financial year	57,722	55,748

Our resources

Balance Sheet 31 March 2026

	31/03/26		31/03/25	
	£	£	£	£
Fixed assets				
Intangible assets		-		-
Tangible assets		10,879		11,322
		10,879		11,322
Current assets				
Stocks	8,016		10,967	
Debtors	196,461		231,682	
Cash at bank and in hand	621,224		474,520	
	825,701		717,169	
Creditors Amounts falling due within one year	795,151		744,784	
Net current assets/(liabilities)		30,550		(27,615)
Total assets less current liabilities		41,429		(16,293)
Reserves				
Income and expenditure account		41,429		(16,293)
		41,429		(16,293)

The above is a summary of the Financial Statements for the 2025-2026 financial year. Complete Financial Statements are available upon request.

Shaping homecare together

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Shaping homecare together

Homecare Association

Mercury House
117 Waterloo Road
London
SE1 8UL

020 8661 8188

enquiries@homecareassociation.org.uk

homecareassociation.org.uk

Homecare Association Limited
Registered in England. Number 03083104
Registered Office: Mercury House, 117 Waterloo Road, London, SE1 8UL