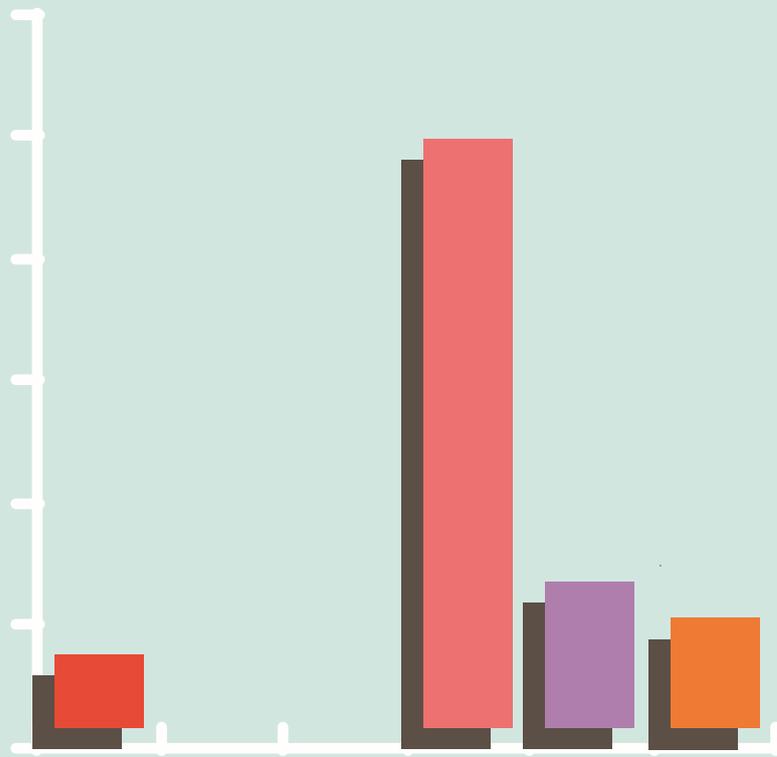




Homecare Association



An Overview of the UK Homecare Market

March 2024

Produced by
Homecare Association

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Introduction

The Homecare Association is the UK's membership body for homecare providers, with over 2,200 members across the UK. Our mission is to work together to ensure that society values homecare (also known as domiciliary care or care at home), so all of us can live well at home and flourish in our communities.

The data contained within this report will interest researchers, journalists, management consultants and organisations who are considering investment, or expansion, in the homecare sector. The Association has collected and analysed the information from various data sources, which we reference.

Social care is a devolved matter in the United Kingdom, with each administration responsible for its own data collection. As a result, unfortunately, the homecare sector suffers from a lack of consistent data across the four nations. This report summarises recent market trends.

Our analysis typically focuses on homecare for adults. However, where a data source has not clarified this, it is possible that homecare for under-18s could also be included.

We present data on homecare delivered in-house (by local authorities) and by independent providers combined or with a breakdown by sector. If a data source has not specified this information, then reference is likely to be to the two sectors combined. Indeed, reference to homecare funded by, say, local authorities/Health and Social Care Trusts means services provided or arranged by state bodies. We do not consider NHS-funded care in this report unless otherwise stated.

In the accompanying graphs, we mostly compare trend data over a five-year period, but there are some exceptions. For calculations in the text, we have used exact figures – hence, there may be occasional rounding differences from the graph labels. If appropriate, we have made a reasonable estimate where data is not available.

When analysing expenditure data, 'cash terms' refers to the actual spend, while 'real terms' accounts for inflation (using 2022-23 as the reference year, i.e. expenditure in 2022-23 terms). Here, we use [GDP deflators for December 2023](#) (deflators for March 2024 were published too late to be included in this report).

Disclaimer

Whilst the Homecare Association has made every effort to ensure the accuracy of this document, it is a summary of publicly available information (at the time of publication), rather than a definitive statement of fact. Further, we have estimated some of the information. We accept no responsibility for action taken or refrained from solely by reference to the contents of this report. You should take advice before action is taken or refrained from in specific cases.

UK homecare at a glance

The following table states homecare figures/estimates in 2022-23 or 2023-24 (where possible). If no figure for these years was available, then we have included those for 2021-22 (otherwise, we record an entry of 'No recent data'). Given the inconsistency in the collection of data across the UK, there should be caution in making a direct comparison between the four nations.

We show the source of each table entry in parentheses, with the following abbreviations used:

- CIW: Care Inspectorate Wales
- DoH: Department of Health (Northern Ireland)
- PHS: Public Health Scotland
- RQIA: Regulation and Quality Improvement Authority
- Scot Gov: Scottish Government
- SSSC: Scottish Social Services Council.

The definitions of 'homecare' vary between nation and data source – please refer to Appendix 2 for more details.

We also abbreviate the following bodies:

- HSCPs: Health and Social Care Partnerships
- HSC Trusts: Health and Social Care Trusts.

	England	Wales	Scotland ¹	Northern Ireland
Number of registered homecare services	12,808 (Skills for Care)	697 (CIW)	1,246 (Care Inspectorate)	306 (RQIA)
Estimated number of adults receiving homecare funded by local authorities/HSCPs/HSC Trusts per 10,000 population aged 18+²	111.2 (NHS Digital)	No recent data	200.4 (PHS)	208.2 (DoH)
Estimated number of homecare hours delivered to adults and funded by local authorities/HSCPs/HSC Trusts per week, per person aged 18+ in the population	0.14 ³ (LaingBuisson)	No recent data	0.17 (PHS)	0.20 (DoH)
Estimated gross local authority expenditure in cash terms on homecare for adults per person aged 18+ in the population	£71 (NHS Digital)	£151 (StatsWales)	£250 (Scot Gov)	No recent data
Percentage of gross local authority expenditure in cash terms for adult social care spent on homecare	14% (NHS Digital)	18% (StatsWales)	25% (Scot Gov)	No recent data
Estimated number of adults receiving a direct payment from a local authority/HSCP per 10,000 population aged 18+²	23.2 (NHS Digital)	26.5 ³ (StatsWales)	20.0 ³ (PHS)	No recent data
Estimated total local authority/HSC Trust expenditure in cash terms on direct payments for adults per person aged 18+ in the population	£46 (NHS Digital)	£40 (StatsWales)	£37 (Scot Gov)	£38 ⁴ (DoH)
Estimated number of homecare staff (all roles) per 10,000 population aged 18+	122.7 (Skills for Care)	84.2 ⁵ (Social Care Wales)	147.4 ⁶ (SSSC)	115.0 ⁵ (Project ECHO NI)

¹ For figures per 10,000 population aged 18+ or per person aged 18+ in the population, we use a population projection for 2022-23.

² Figures for during the year.

³ Figure for 2021-22.

⁴ Specified as 'amount paid', rather than 'gross expenditure'.

⁵ May not be restricted to homecare for adults.

⁶ Includes services combined with housing support.

Nation comparison

In the following analysis, we contrast homecare data (where available) between UK nations, stretching back to 2014-15 – the point at which [NHS Digital](#) started using the Adult Social Care Finance Return (ASC-FR) and Short and Long Term Support (SALT) collection to inform their reporting for England, following a similar method as used previously by the [Institute for Government when analysing adult social care](#).

Please note that definitions of homecare vary between data sources in the UK, and so we have attempted to control this variable as far as possible within each graph. **We would therefore advise against making comparisons on trends across different charts.**

If necessary and practical, we have estimated data points. The analysis relates to services funded by local authorities, [HSCPs](#) and HSC Trusts – see the ‘Overview of the UK homecare sector’ section for more information.

With the report’s focus on homecare for adults, our comparison is typically per person in the population aged 18+ (i.e. 18 and over) or per 10,000 population aged 18+. To do this, we use annual, mid-year population estimates from [Nomis](#), a service provided by the Office for National Statistics (ONS).

This, however, does not include mid-2022 data for Northern Ireland and Scotland.⁷ Therefore, for Northern Ireland, we include an [estimate by the Northern Ireland Statistics and Research Agency \(NISRA\)](#).⁸ For Scotland, our estimate is from the [2020-based interim national population projections](#)⁹ (which, given its recent nature, ought to be reasonably accurate).

NB. Data from NHS Digital typically refers to long-term support only. Where we have used this source, we have estimated figures to include short-term support using the proportion of gross expenditure for adult social care spent on long-term and short-term support in each year.

Please see Appendix 1 for the data sources and notes/caveats for this section of the report.

⁷ The [ONS](#) published mid-2022 estimates for the whole of the UK too late to be included in this report.

⁸ While ONS and NISRA adult population estimates have shown slight variation in the past, we are reassured by the data for mid-2021 being almost identical.

⁹ [Scotland’s Census data](#) indicates the population as of 20 March 2022, while no [2021-based population projections](#) have been published for Scotland.

People who use services

Except for 2020-21, Northern Ireland has consistently posted the highest estimated number of adults in receipt of homecare per 10,000 population aged 18+, currently standing at around 208 people. While the Scotland trend figures are similar, there is a notable difference between these two nations, and England and Wales (up to 2018-19 for the latter when the dataset was no longer updated). Indeed, in 2022-23, the England figure was only an estimated 111 people. However, it is also apparent that the number of homecare recipients per 10,000 adult population is lower now for England, Scotland and Northern Ireland than in 2014-15.

NB. We explain the reason for the mixture of solid and dotted lines for Wales in Appendix 1.

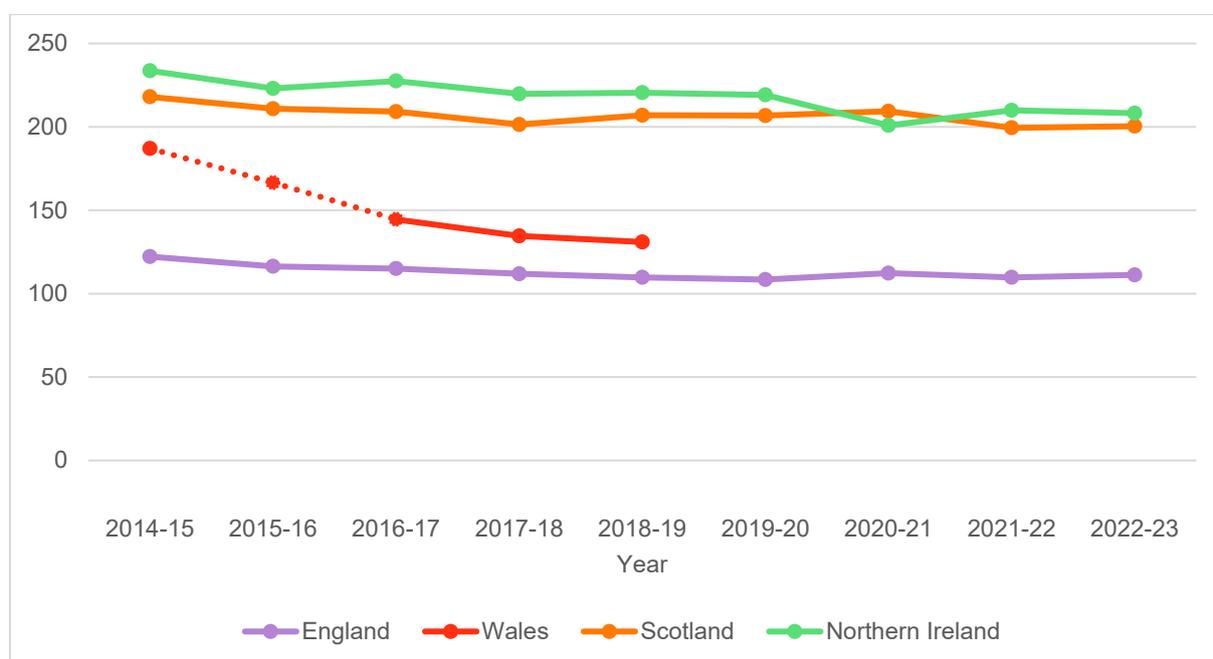


Figure 1. Estimated number of adults receiving homecare funded by local authorities/HSCPs/HSC Trusts during the year per 10,000 population aged 18+

NB. For this metric, Public Health Scotland computes rates per 1,000 population for different age groups in Scotland as part of their dataset. Northern Ireland's Department of Health calculates the number in receipt of homecare per 10,000 population aged 18 and over – however, their figures include double counting of clients (while our analysis does not).

Hours

Akin to the chart above, the UK nation with the largest estimated quantity of contact hours delivered each week per population member aged 18+ was Northern Ireland (currently 0.20 hours) and has been throughout our timeframe (despite a slight fall from 2021-22). Scotland's figures have oscillated fractionally, but there has been a rise to 0.17 hours most recently. England's numbers reached a low point of below 0.11 weekly hours per adult in the population in 2016-17 but has since recovered to reach 0.14 hours.¹⁰ A limited amount of data on hours provided in Wales has been published.

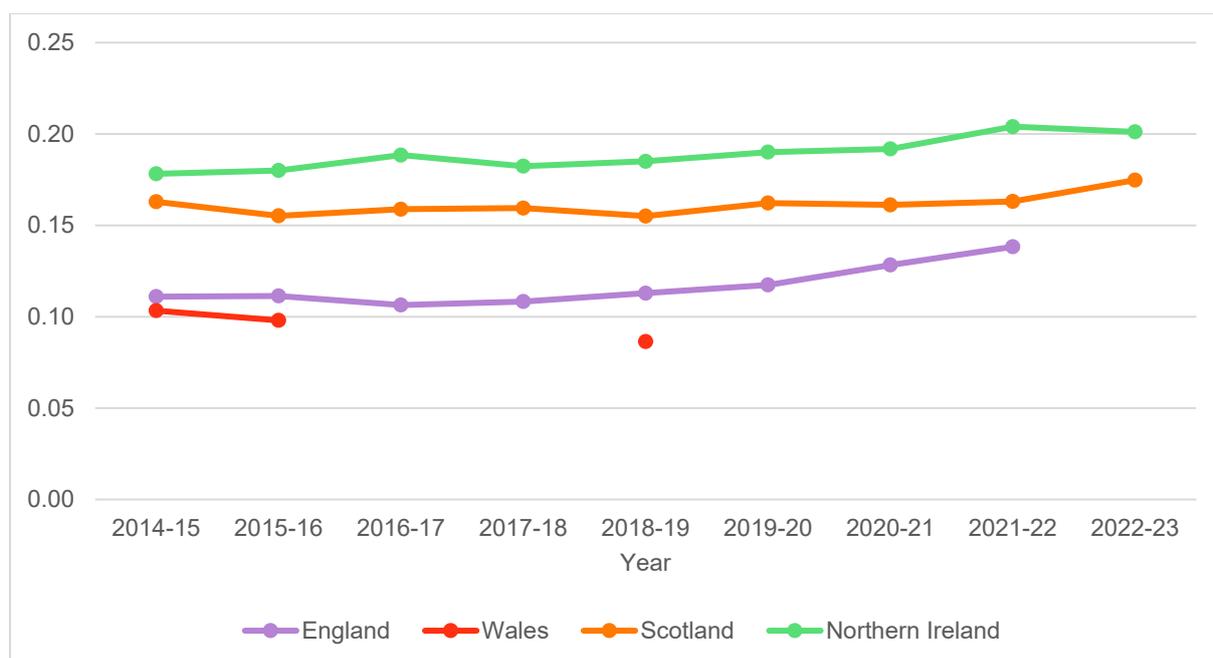


Figure 2. Estimated number of homecare hours delivered to adults and funded by local authorities/HSCPs/HSC Trusts per week, per person aged 18+ in the population

¹⁰ Data for 2022-23 in England was not available at the time of publication.

Expenditure

In 2022-23, Scotland was spending £250 on adult homecare per person aged 18+ in the population – a figure that has risen from £169 in 2014-15. This nation’s expenditure has been invariably higher than the other UK nations (no recent homecare spend data is available for Northern Ireland). Numerically, the gap between Scotland and England has also increased – while there was a difference of around £119 per population adult in 2014-15, it is now an estimated £179. In the middle is Wales, having seen an increase from £141 to £151 per adult over the last year.

In their [analysis of public spending on adult social care](#) more broadly, the Nuffield Trust also found that England performs worst per head of the UK nations, especially for older people. Note that this uses a different data source, so is not comparable to the figures in this report.

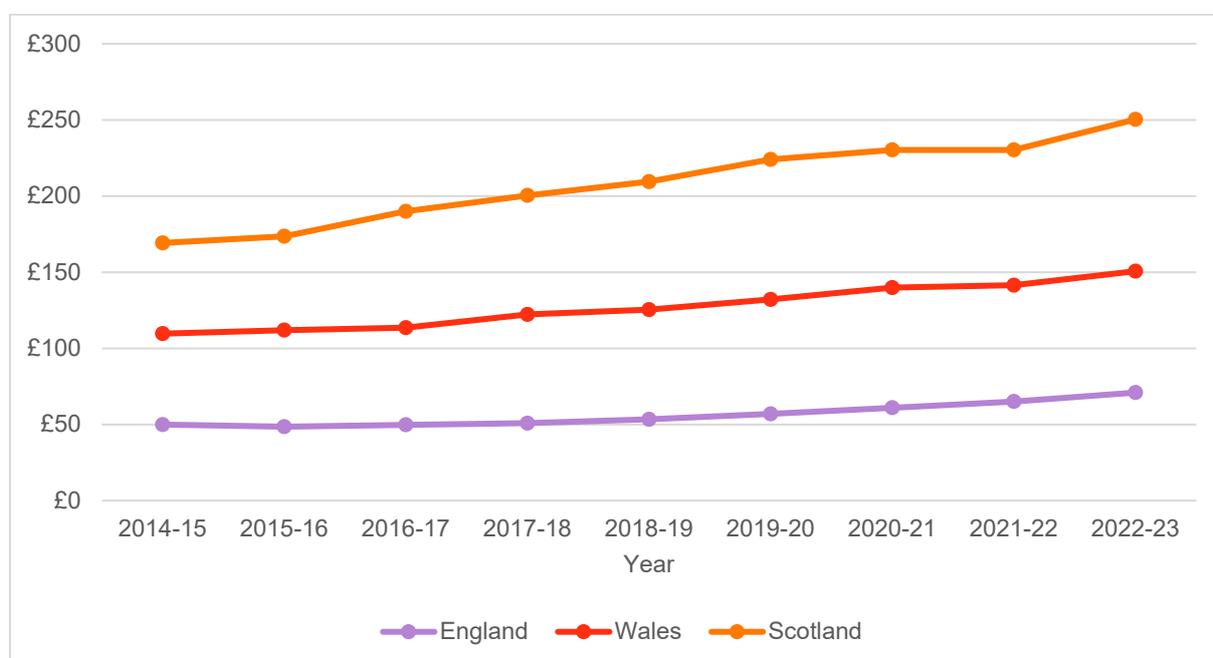


Figure 3. Estimated gross local authority expenditure in cash terms on homecare for adults per person aged 18+ in the population

Of its gross expenditure on adult social care, Scotland spends just over a quarter on homecare – a proportion that is seven percentage points above Wales and 12 percentage points ahead of England. Indeed, Scotland’s percentage rose year-on-year up to 2019-20, before falling by 3.5 percentage points since. In contrast, the proportion of homecare spend in England has grown by less than a percentage point since 2019-20. Between 2019-20 and 2021-22, the Welsh proportion fell in consecutive years and now stands at over 18%.

NB. In the following graph, our vertical axis goes as far as 30% (rather than 100%) to provide a clearer picture of the differences in trend.

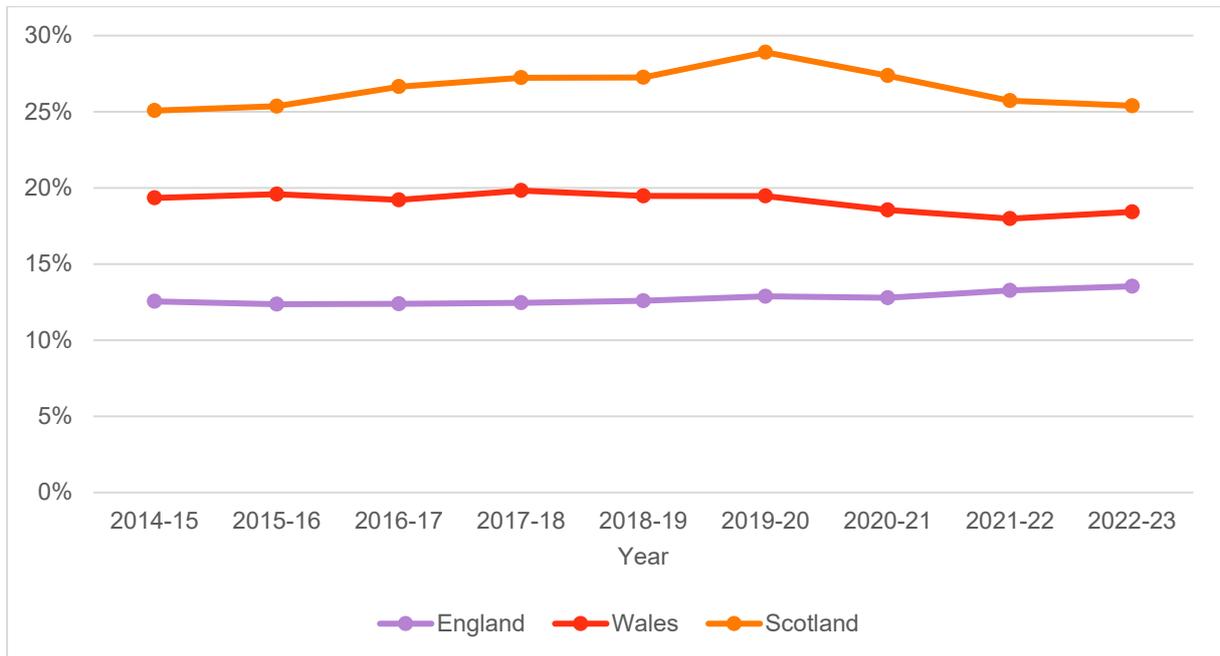


Figure 4. Percentage of gross local authority expenditure in cash terms for adult social care spent on homecare

Direct payments

An estimated 25 adults per 10,000 population aged 18+ received a direct payment in England in 2014-15. Yet, between 2017-18 and 2021-22, the number plummeted steadily each year. Wales posted a higher value as of 2021-22, reaching over 26 people per 10,000 adult population. Scotland's number started from a lower base but rose annually until a decline between 2019-20 and 2020-21 – however, the recovery since then means that the figures for each UK nation are now closely related.¹¹ No usable data is available for Northern Ireland.

NB. We explain the reason for the mixture of solid and dotted lines for Wales in Appendix 1.

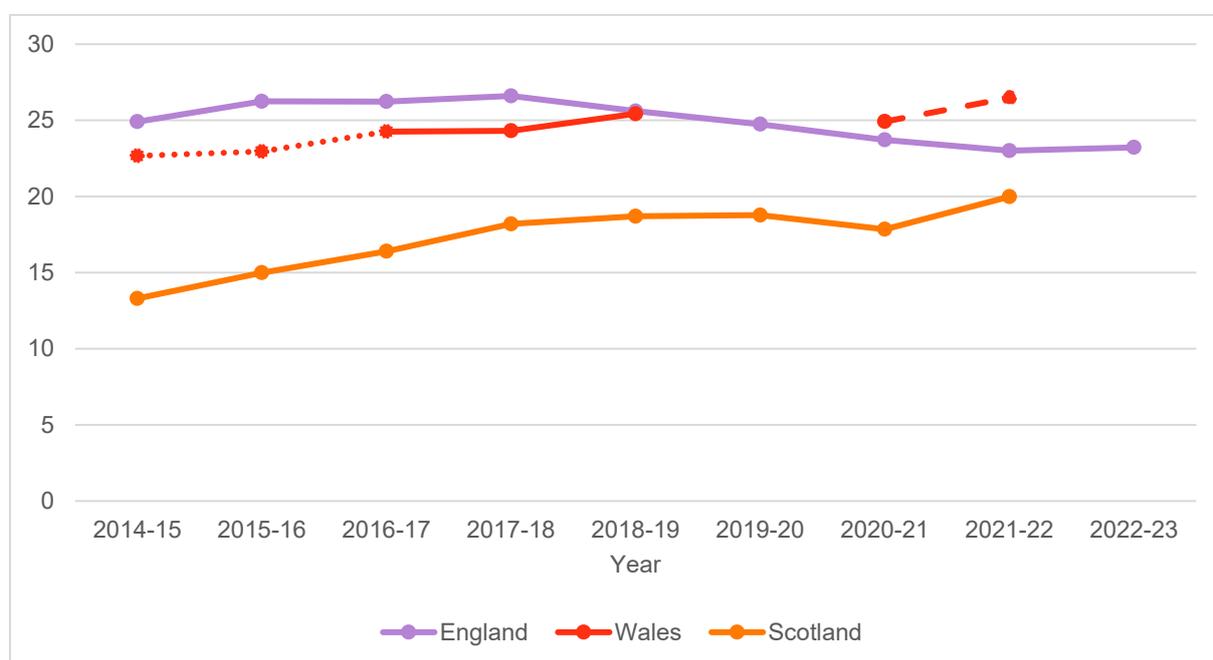


Figure 5. Estimated number of adults receiving a direct payment from a local authority/HSCP during the year per 10,000 population aged 18+

England's most recent expenditure on direct payments for adults was £46 per person aged 18+ in the population – ahead of the other UK nations after increasing from £33 per person in 2014-15. In fact, per person expenditure has seen continuous annual growth in each nation. This is particularly true of Northern Ireland, whose spend (specified as 'amount paid' rather than 'gross expenditure') per adult has risen quickly since 2015-16 (data for adults was not available in 2014-15). Indeed, its current value of £38 per adult now exceeds that of Scotland.

¹¹ Data for 2022-23 in Wales and Scotland was not available at the time of publication. There was also no data released for 2019-20 in Wales.

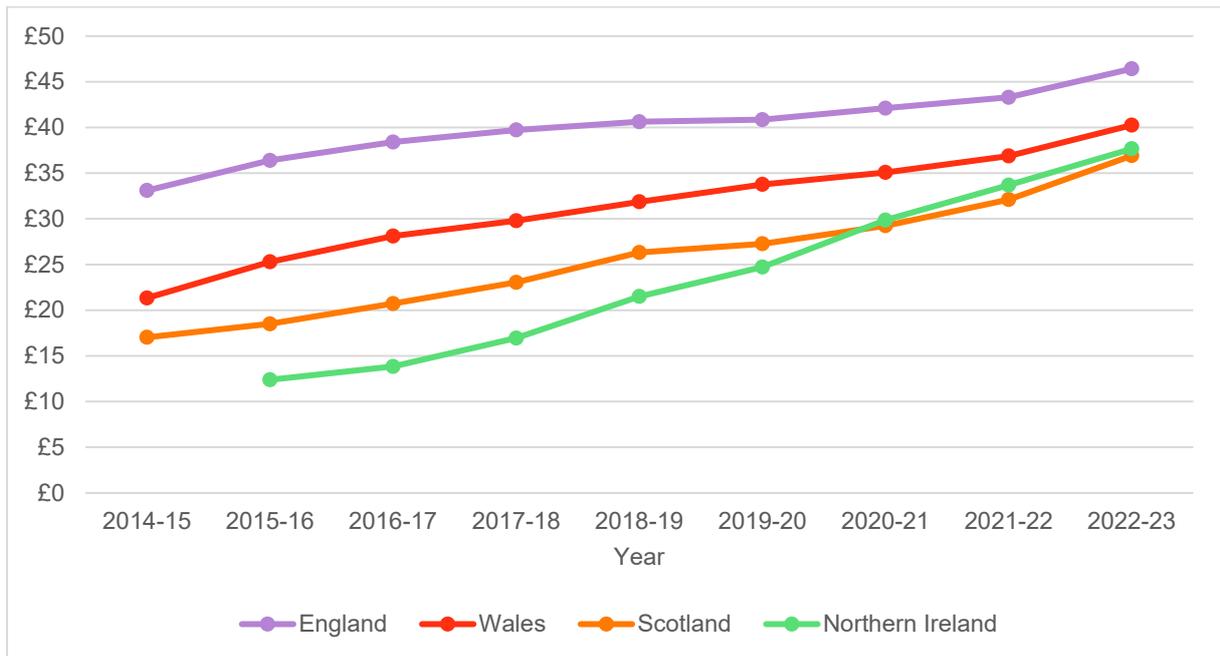


Figure 6. Estimated total local authority/HSC Trust expenditure in cash terms on direct payments for adults per person aged 18+ in the population

Workforce

As regarding staffing, no other UK nation has surpassed Scotland's figures per 10,000 adult population over our timeframe, with a current mark of 147 employees. However, it is noticeable that the statistic for each nation has declined to some extent in recent years. Indeed, the Scotland number dropped slightly between 2020-21 and 2021-22, while England's figure has fallen in consecutive years since 2020-21 from 132 to 123 staff per 10,000 population aged 18+.

The plummet for Northern Ireland (where minimal data on workforce is available) and Wales (where compulsory registration for domiciliary care workers only started in April 2020) have been more dramatic. For the former, the workforce size dropped from 135 to 115 per 10,000 adult population within a year.

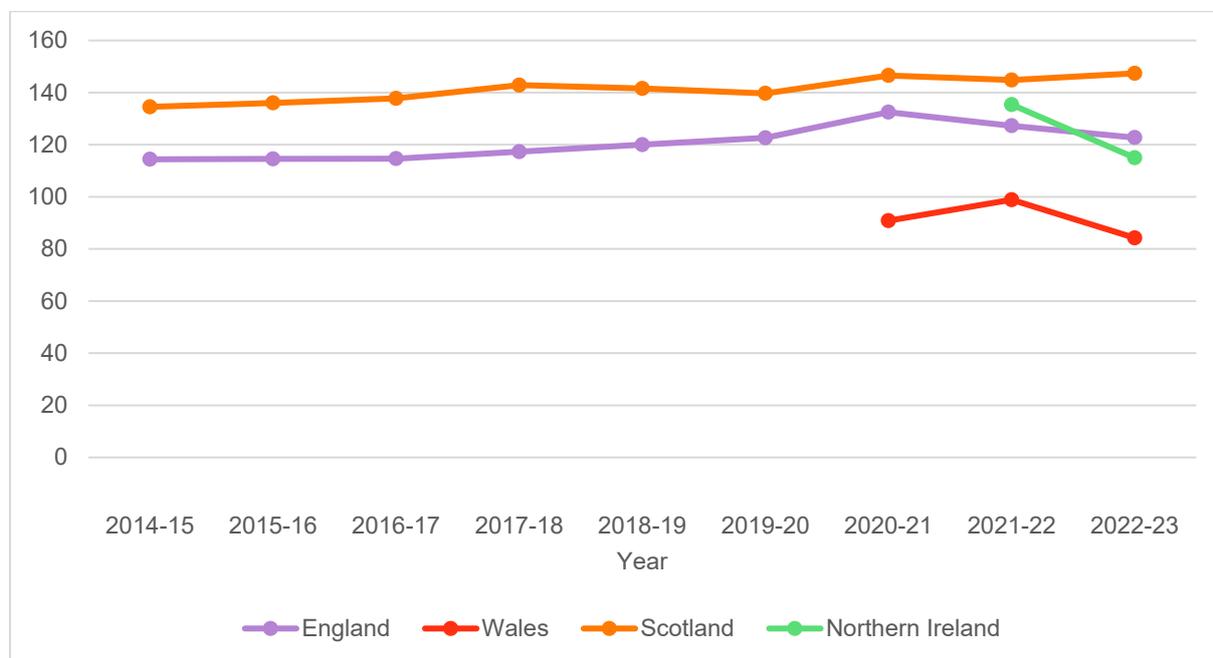


Figure 7. Estimated number of homecare staff (all roles) per 10,000 population aged 18+

NB. Ideally, we would remove the [number of people aged under 18](#) working in homecare before compiling a measure per 10,000 adult population (which we have continued to use for consistency). However, as these figures are both unknown and likely very small, we do not make this adjustment.

Overview of the UK homecare sector

As social care is a devolved issue, the rules and regulations for homecare in England, Wales, Scotland, and Northern Ireland differ.

The market value of the UK's homecare and supported living sector was [around £11.5 billion in 2021-22](#) – a figure that has risen by 12% from 2019-20.

The following bodies predominantly commission and fund homecare in each UK nation:

- England: local authorities and Integrated Care Boards (ICBs)
- Wales: local authorities and Local Health Boards
- Scotland: HSCPs¹²
- Northern Ireland: HSC Trusts.

There is also a self-funded market (whereby clients privately pay for and arrange their own care), although the size of this will vary across the four UK nations. We expect this market to grow, given an increasing population of older and disabled people. A key driver is the greater awareness of homecare as an attractive alternative to residential care.

Independent providers (private and third sector) deliver most of the homecare commissioned by statutory bodies, with a smaller quantity delivered in-house by local authorities and the NHS (or by HSC Trusts in Northern Ireland).

Independent providers deliver both state-funded and self-funded care. Some focus mainly on state-funded care, some mainly on self-funded care, and others deliver both in varying proportions.

Funding of the homecare sector by the state remains a pressing and urgent issue. In a 2023 report, the Homecare Association highlighted the [worryingly low prices that public organisations paid](#) to support the needs of older people in their own homes, as shown below with the hourly weighted average (according to the volume of hours purchased) for each UK nation.

¹² In Scotland, [integration authorities via HSCPs](#) are responsible for commissioning social care, but the responsibility for procuring and contracting care continues to lie with local authorities. [The local authority and health board in an HSCP](#) can either delegate duties between each other (only Highland has this arrangement) or to an Integration Joint Board (IJB). In the latter case, the IJB develops a strategic plan, as well as allocating a budget for the local authority/health board to deliver services in line with this plan.



Figure 8. Overall weighted average hourly prices paid for homecare for older people in each UK nation (April 2023), compared with relevant Minimum Price statistics at the time

These rates are clearly lower than the Homecare Association’s respective Minimum Price for Homecare in England and the devolved administrations. This is the minimum needed to enable providers to meet both employment and care regulations, as well as to ensure financial sustainability.

We also found that only 5% of UK public organisations were paying an hourly average price at, or above, each Minimum Price.

Since the report’s release in November 2023, the Minimum Price has increased to [£28.53 per hour in England](#), with even higher rates in the devolved administrations.

Research such as this serves to increase awareness among the public and policymakers of the value of homecare and the need for the sector to be financially stable.

Main areas of the market

There are a variety of models for delivering homecare, which include (but are not limited to):

- 'Hourly' or 'visiting' homecare
- Supported living
- Extra-care housing
- Live-in care.

Supported living is housing where people receive support and/or personal care so that they can live independently. A small group often share the accommodation, but it can also be a single household.

According to LaingBuisson, there are around 100,000 people receiving long-term supported living funded by local authorities in England. The gross current expenditure by English local authorities in 2022-23 on long-term supported living was more than £2.9 billion – an increase of 14% from the previous year.

Also known as assisted living or integrated retirement communities, extra-care housing enables individuals (often older people) to live in self-contained accommodation, but with staff available to provide care and support up to 24 hours a day.

More than 90,000 older people live in integrated retirement communities across the United Kingdom.

Live-in care offers ongoing, round-the-clock care from a careworker who lives in the person's home. In England, there are approximately 10,000 individuals who receive live-in care.

The self-funded market

Overview

In the past, recognised sources have typically not published data on the self-funded homecare market.

However, the ONS has estimated that, for 2022-23¹³, 23.0% of people in England in receipt of community care were self-funders. This proportion was also split between services providing domiciliary care and other community care (i.e. not providing domiciliary care).

Type of service	Estimated proportion of self-funders (2022-23)
Domiciliary care	23.5%
Other community care	10.7%

In comparison, 37.0% of the care home population were funding their own care over the same time period.

The ONS also provides a breakdown by English local authority of the self-funding data for those receiving community care, which we have represented pictorially in the following map (ONS data is specified to one decimal place). If there is no data attached to a local authority, we have left the area blank.

Mostly, we see that, except for Greater London (shown in the inset), there was a larger percentage of self-funders in the South than in the North. Indeed, of the eight authorities with a proportion of at least 40.0%, only one (Cheshire East) was in the North. Indeed, the highest such figure was in Windsor and Maidenhead (48.3%).

In contrast, two-thirds of those with a percentage under 5.0% were in the North West, with only 1.0% of clients in Salford funding their own care.

¹³ From 1 March 2022 to 28 February 2023.

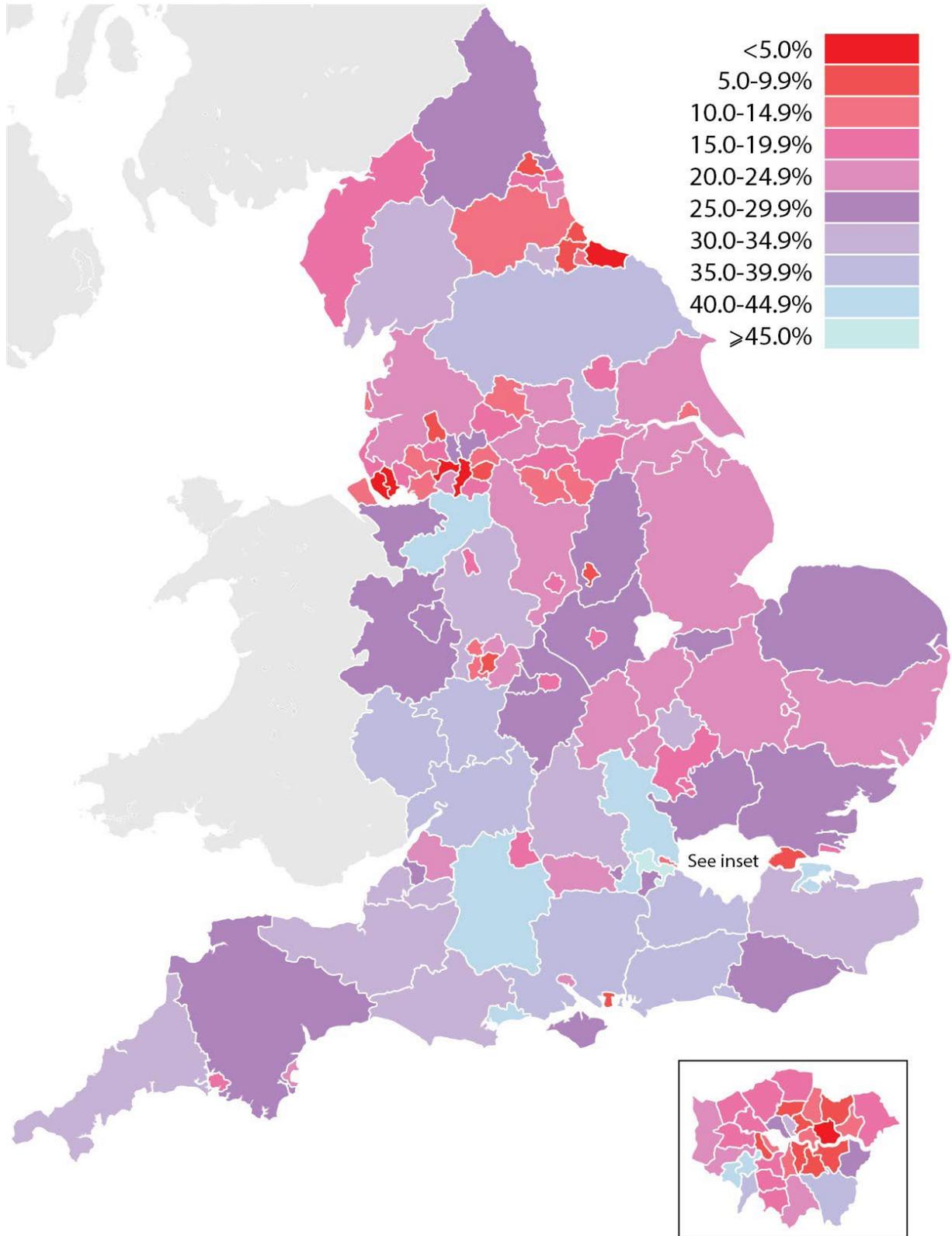


Figure 9. Map depicting the estimated percentage of people using community care services who were self-funders by local authority in England

In the other UK nations, [reports published in 2018](#) specified the proportion of older people who fund their own domiciliary, day and other care services. We quote these figures in the respective nation sections of this report.

It is also worth bearing in mind that, for ratings data on the quality of homecare providers, there is typically no breakdown by predominantly state-funded and self-funded services.

Market dynamics and service user expectations

In contrast to services funded and commissioned by the state, private payers are more likely to act like traditional marketplace consumers, choosing services that address their needs and expectations on quality and price (similar to those receiving direct payments).

This leads to competition within the self-funded market. The most successful providers to self-funders are those who best meet these expectations. This includes longer care visits and consistency of careworkers, as well as the ability to build relationships over time, employ highly trained care staff and develop more specialised services.

Providers in this market are better placed to meet quality of life needs that go beyond a narrow definition of 'personal care', such as helping clients to remain socially engaged or maintaining hobbies. This is because, unlike providers commissioned by the state, there is less reliance on the 'time and task' model (which prioritises the quantity of care time over meeting individual outcomes).

England

Regulation

In England, the Care Quality Commission (CQC) independently regulates health and social care services, including registering providers and inspecting services. Homecare providers must register with the CQC to provide the regulated activity of ‘personal care’.

Care providers must pay fees annually, including for registration. For homecare, the size of the fee depends on the [number of people receiving regulated care that the agency supports](#).

CQC has introduced a new approach to inspection, with [providers being assessed according to quality statements](#) instead of key lines of enquiry (KLOEs). From November 2023, they conducted planned assessments with a small group of early adopters in the South, followed by a gradual roll-out to all regions of England.

However, CQC has retained the five key questions (whether the service is safe, effective, caring, responsive and well-led), with ratings assigned according to a four-point scale (‘outstanding’, ‘good’, ‘requires improvement’ and ‘inadequate’).

As of 1 August 2023, CQC rated [85% of homecare providers within adult social care as either ‘good’ or ‘outstanding’](#) – a proportion that has dropped marginally since 2022 (31 July of that year). This current percentage is two percentage points above that for residential homes.

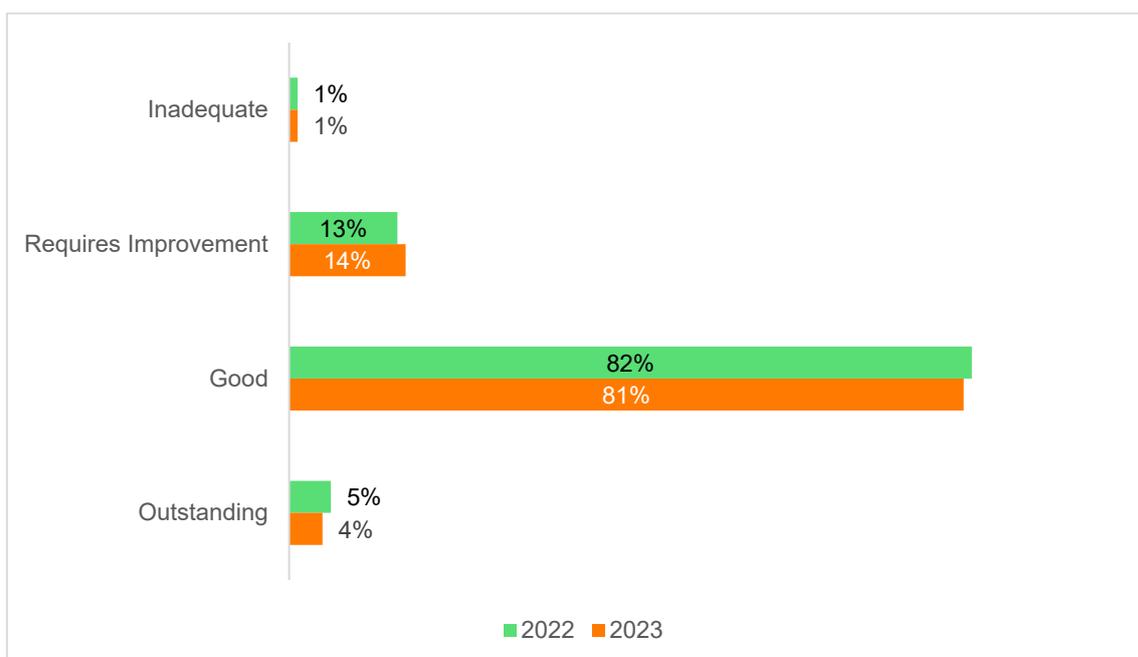


Figure 10. Percentage of homecare providers within adult social care in England by overall rating (2022 and 2023)

Unlike the other UK nations, there is no register maintained by a governing body in England for social care workers.

Providers

In 2022-23, there were [12,808 homecare services in England](#) registered with CQC, according to Skills for Care – an 8% increase from the previous year.¹⁴

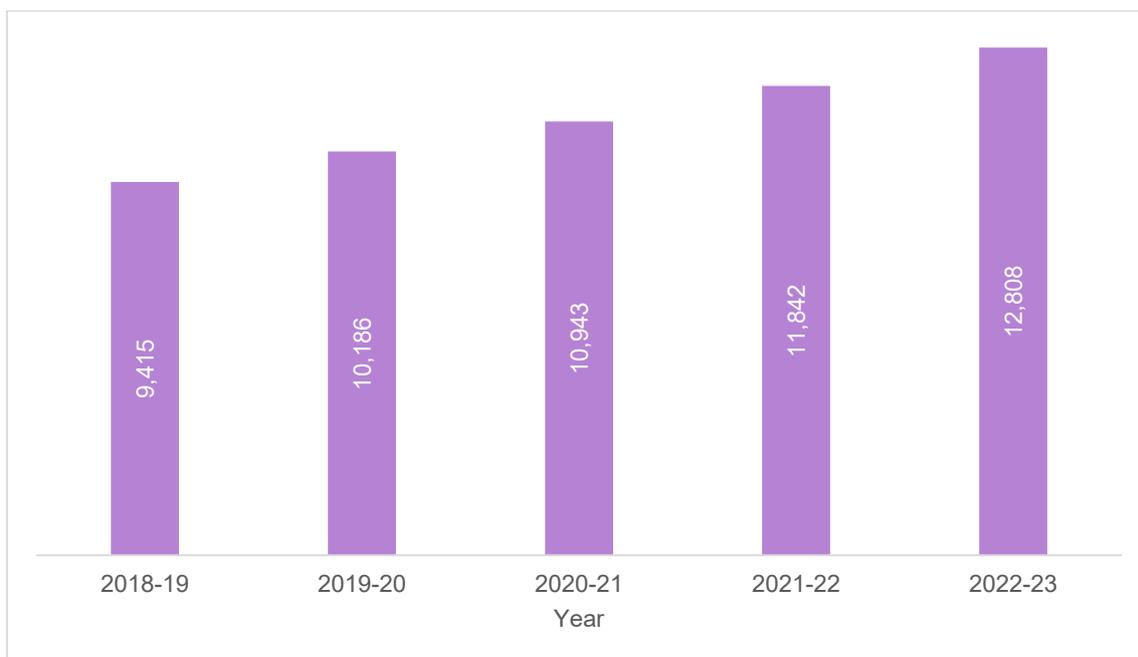


Figure 11. Number of registered homecare services in England

However, the homecare sector is facing acute financial pressures. In Spring 2023, the Association of Directors of Adult Social Services (ADASS) outlined that [the handing back of local authority contracts by homecare providers affected 3,113 people](#) within the previous six months (the respective figure for residential or nursing care providers was 920).

For homecare, this is equivalent to 59 people per council that were subject to hand-backs – compared to around 67 people in Autumn 2022.

NB. Unlike the other data points in the graph below, the number affected in Autumn 2022 was over the prior four months – for consistency, we have estimated a figure for a six-month time period (by fixing the quantity of councils subject to hand-backs).

¹⁴ Using a different data source, the [CQC care directory](#) contained 14,057 locations offering homecare and/or supported living (which could also be combined with other services) as of March 2024.

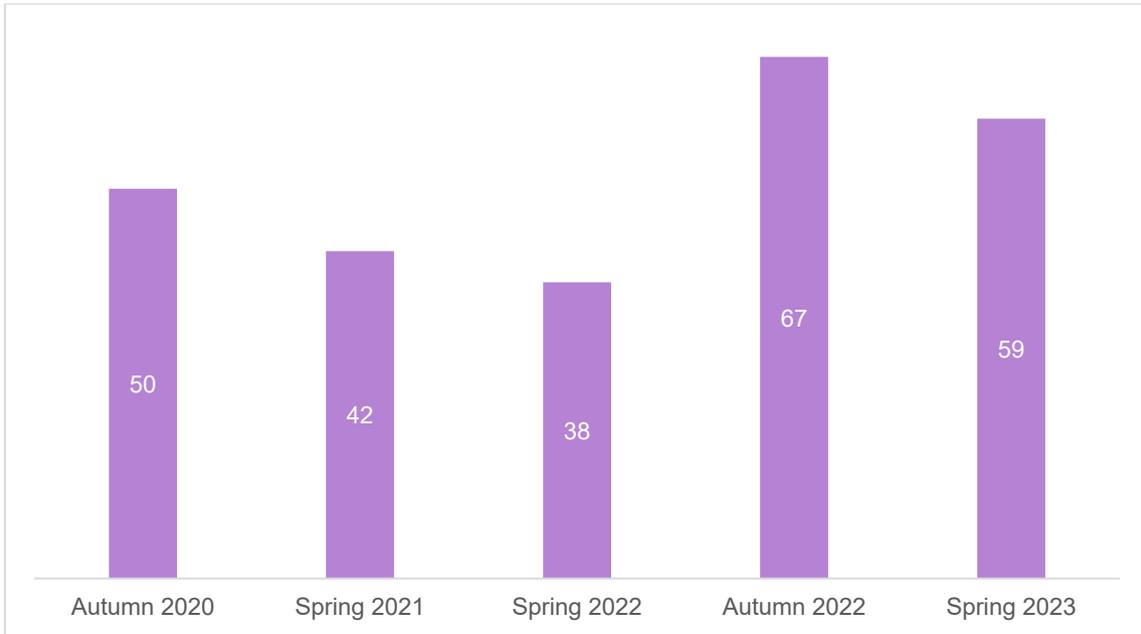


Figure 12. Number of people affected by contract hand-backs by homecare providers over the previous six months in England per council subject to hand-backs

In addition, more than a third (36%) of councils told ADASS in Spring 2023 that homecare providers had either closed or ceased to trade in the past six months. This proportion has varied in recent times, with a high point of 62% in Spring 2022.

NB. For the same reason as above, we have estimated a figure for Autumn 2022.

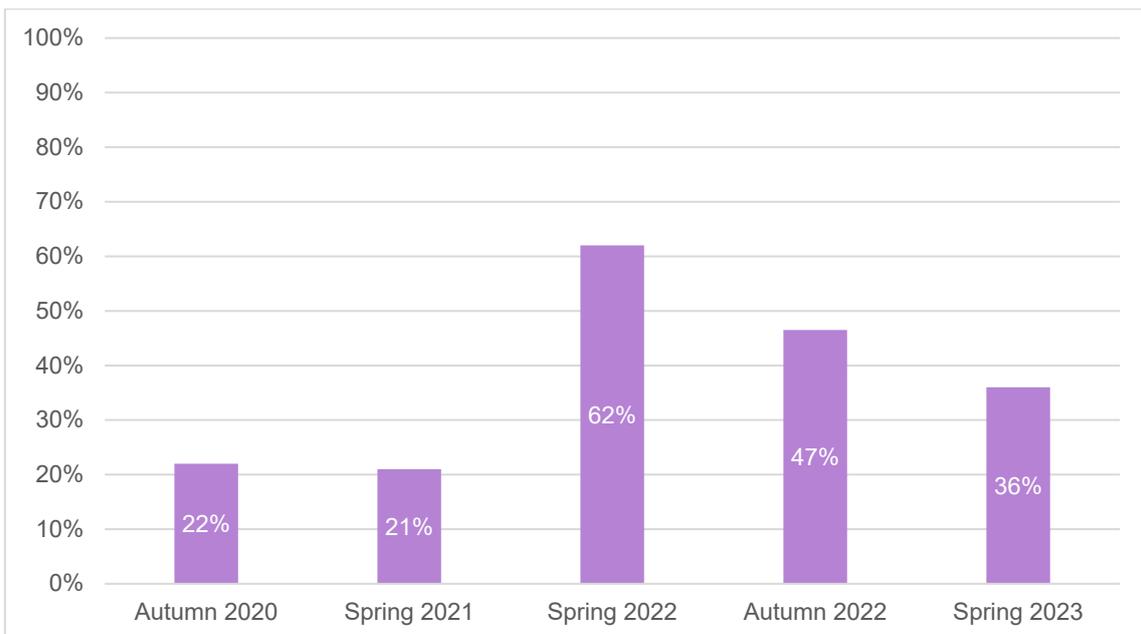


Figure 13. Percentage of councils reporting homecare providers closing or ceasing to trade over the previous six months in England

The Local Government & Social Care Ombudsman (LGSCO) releases annual adult social care statistics about the [number of complaints and enquiries received for homecare and supported living services](#). In 2022-23, there were 222 such cases received in homecare only – fractionally more than the previous year, but 34% lower than in 2018-19.

NB. The 2020-21 figures are an outlier, since the LGSCO stopped accepting new complaints between March and June 2020 because of COVID-19.

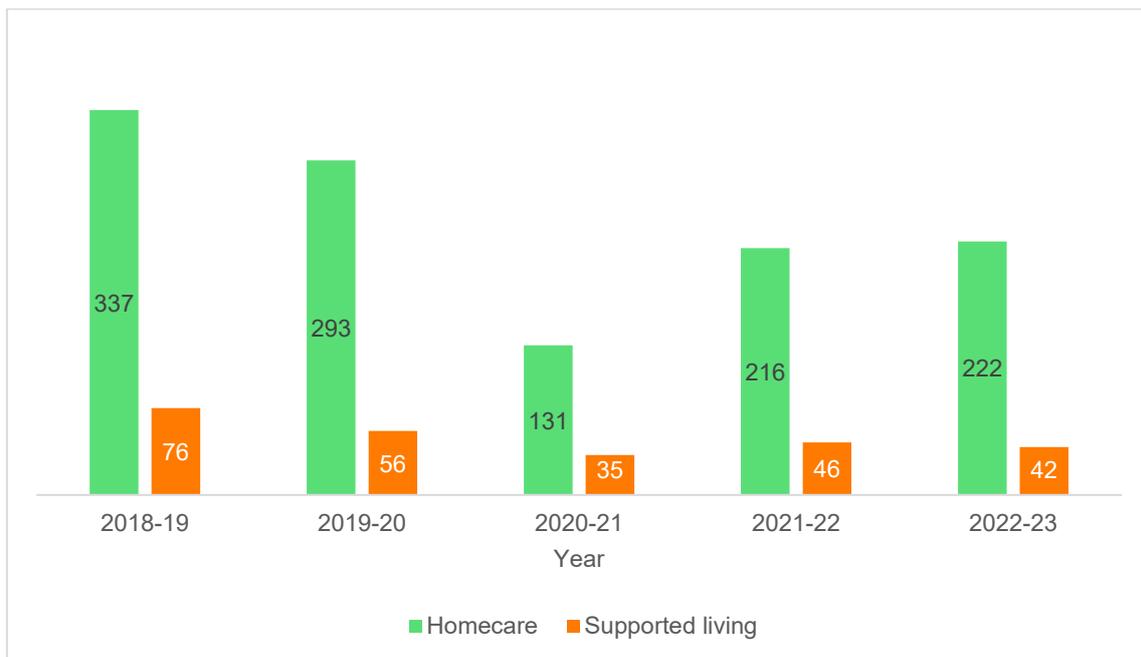


Figure 14. Number of complaints and enquiries received by the LGSCO about homecare and supported living services in England

People who use services

During 2022-23, 483,665 adults received long-term homecare¹⁵, funded by local authorities in England, according to [NHS Digital data](#). This includes those in receipt of a part-direct payment, council-managed personal budget, and council-commissioned support only (NHS Digital provides definitions of these terms in the [Adult Social Care Data Dictionary](#)). The figure comprises individuals who used a service throughout the year, as well as those who stopped using a service during the year.

The most recent figure is 2% higher than the previous year, but still marginally lower than in 2020-21, as indicated by the green bars in the graph below. The orange bars represent the quantity receiving such support at the end of the year, i.e. at a specific

¹⁵ This is a loose definition, taken as part of a more broad ‘accessing long-term community support’.

point in time. Indeed, 357,540 adults were using such services at the end of 2022-23 – the highest number over the last five years and 74% of the total during the year.

NB. In their [‘Measures from the Adult Social Care Outcomes Framework \(ASCOF\), England 2022-23’](#), NHS Digital advances a figure of 448,464 clients at the end of the year receiving long-term community support. This differs from our number as it includes ‘direct payment only’, which we treat separately. The ONS has pointed out that [different definitions of ‘community care’](#) can lead to different results for this metric.

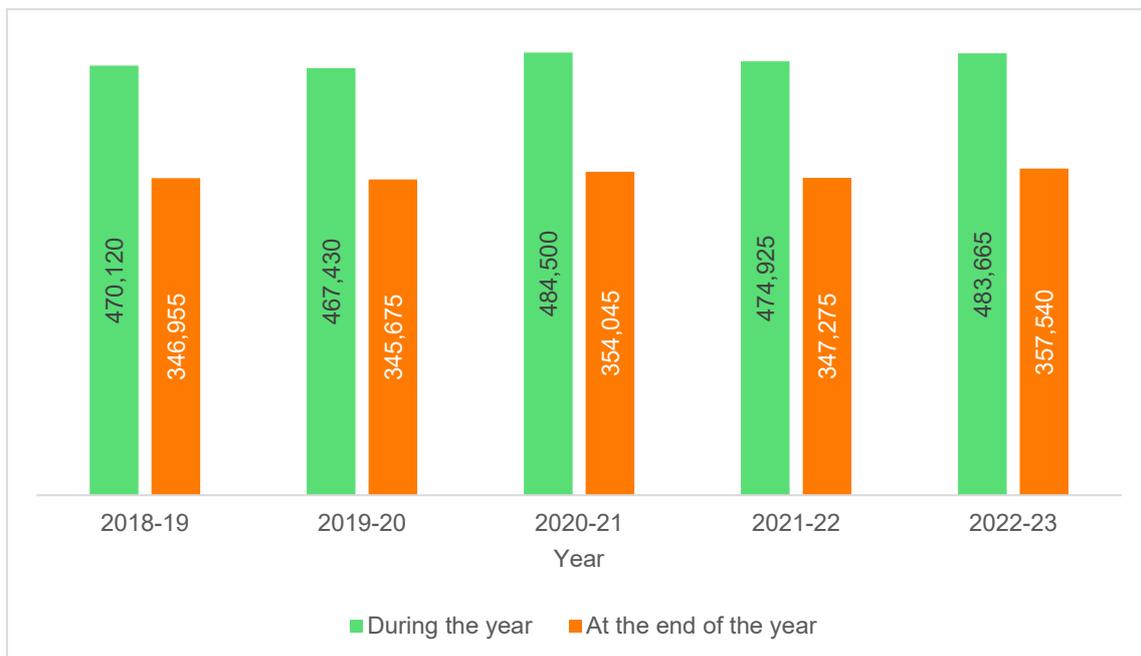


Figure 15. Number of adults receiving long-term homecare funded by local authorities in England

Adults aged 65 and above accounted for 63% of those receiving services during 2022-23, which was the same proportion as in 2021-22 (when rounding to the nearest whole number). However, NHS Digital does not provide a breakdown of clients by the sector (independent or local authority) delivering the service.

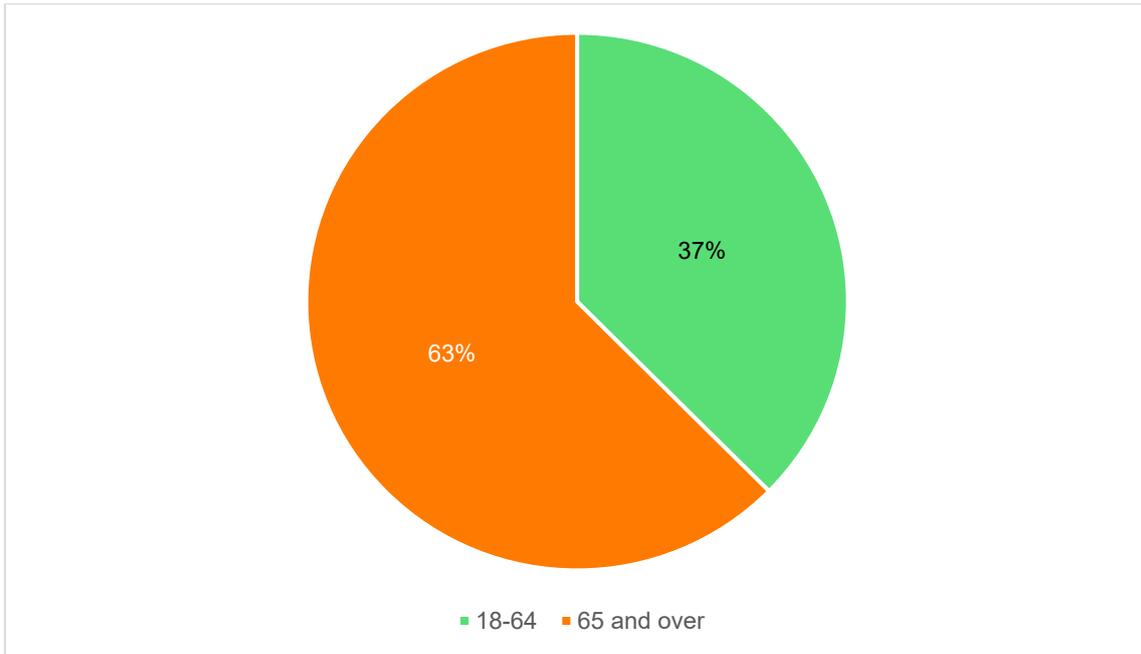


Figure 16. Percentage of adults receiving long-term homecare funded by local authorities during the year in England by age (2022-23)

As mentioned previously, [an estimated 23.0% of community care clients](#) are self-funding their own care, equivalent to 83,844 people according to the ONS.¹⁶

Hours

According to LaingBuisson, there were [173 million contact hours of homecare](#) funded by English local authorities in 2021-22¹⁷, amounting to around 3.3 million hours per week.

The number of annual hours has risen by approximately 5% from the previous year and by 18% from 2017-18. The independent sector currently provides 98% of the hours.

Supported living has seen a notable increase in hours of provision (by 49% from 2017-18), giving a combined recent total of 323 million hours for both services (including delivery by local authorities in-house and external providers).

¹⁶ The ONS produced their estimates based on provider information returns (PIRs) completed by CQC-registered community care services. However, the ONS explained: "Since we weight our figures up to the number of community providers invited to complete a PIR... rather than the actual population..., our figures are likely to be an underestimate of the actual number of people who use community care services in England." We agree with this assessment.

¹⁷ LaingBuisson refer to the year ending 31 March in their data. The dataset also refers to 'all ages', thought to mean 'working-age adults and above'.

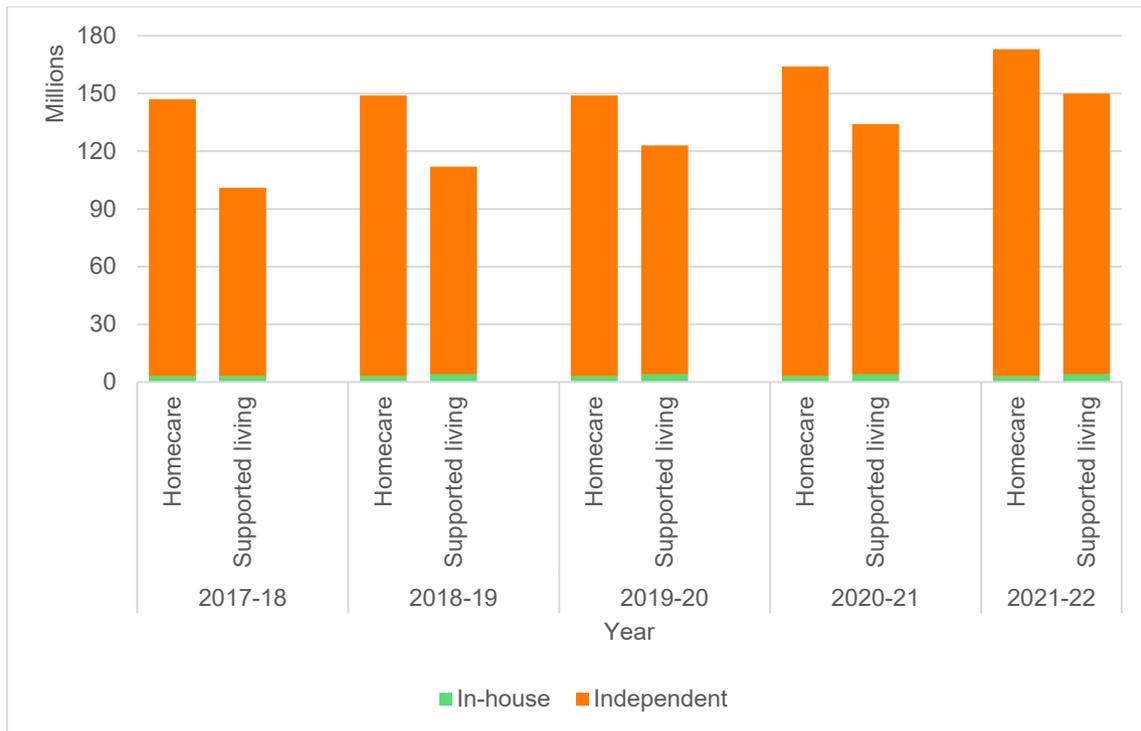


Figure 17. Number of homecare and supported living contact hours funded by local authorities in England provided by sector

Expenditure

NHS Digital data shows local authorities spent close to £3.1 billion in cash terms on long-term homecare for adults in 2022-23 – a figure that has risen by 35% since 2018-19.¹⁸ Of the most recent statistics, over two-thirds (69%) was to provide services for those aged 65 or over.

The following chart also includes an additional breakdown by supported living, giving a combined total for both elements in 2022-23 of approaching £6.0 billion.

¹⁸ NHS Digital spend data refers to ‘gross current expenditure’, defined as gross total expenditure minus capital charges.

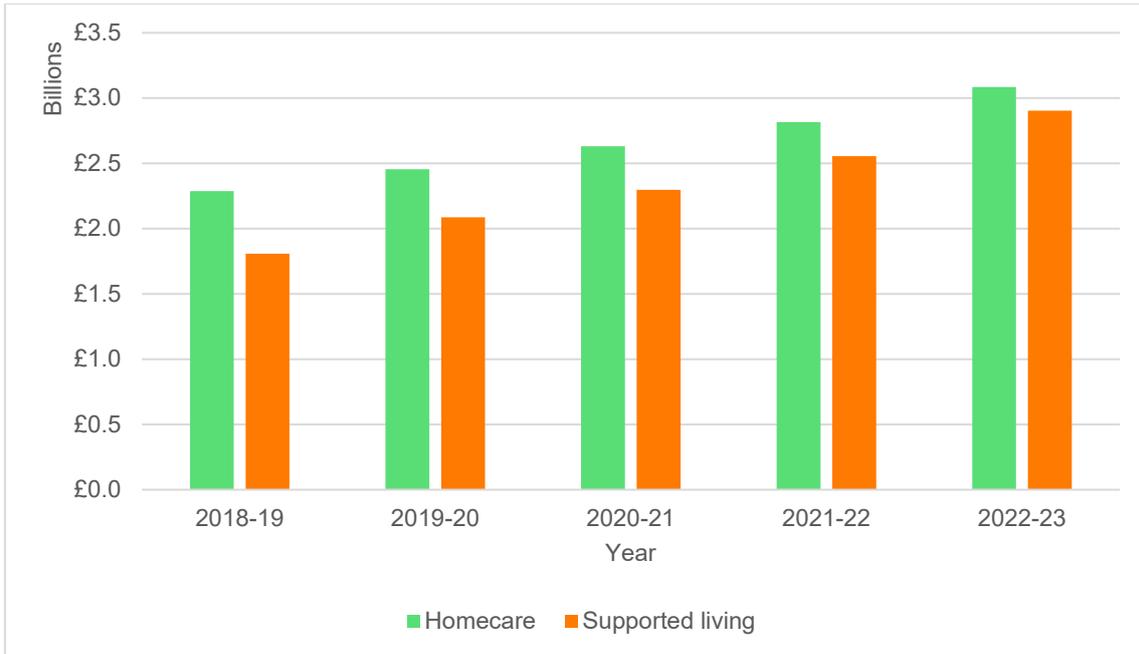


Figure 18. Gross current expenditure by local authorities in cash terms on long-term homecare and supported living for adults in England

We now consider the figures for homecare only, but this time, compare actual funding with expenditure in real terms, i.e. by adjusting figures to take inflation into account. We do this by using the [GDP deflators for December 2023](#) following a similar method to, for example, NHS Digital in producing their [Adult Social Care Activity and Finance Report](#) and the King’s Fund in their [‘Social care 360’ publication](#).

To develop a longer-term picture, our timeframe stretches back to 2014-15, when NHS Digital first used the Adult Social Care Finance Return (ASC-FR) to inform its expenditure reporting.

In 2022-23, there was a spending increase of 10% in cash terms from the previous year – the largest such annual growth rate over the period considered. But this amounted to a much more modest 3% rise in real terms.

Similarly, despite the cash-terms increase of nearly half (49%) since 2014-15, the real-terms rise has been less than a quarter (22%).

NB. For a closer picture of the trend in the data, the vertical axis in the below graph does not start from 0, as indicated by the ≠ symbol.

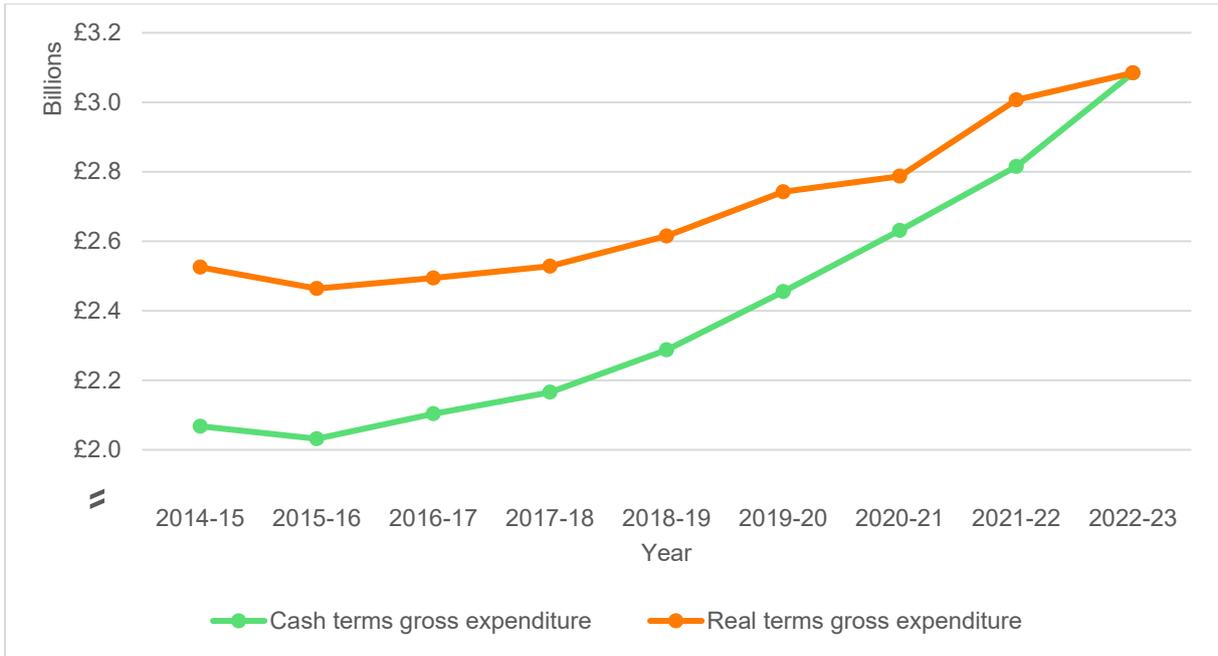


Figure 19. Gross current expenditure (cash terms and real terms) by local authorities on long-term homecare for adults in England

73% of actual local authority funding for homecare only (excluding supported living) in 2022-23 was used to support adults with physical needs. Indeed, the current figure of approaching £2.3 billion for this support category has risen by 38% in cash terms since 2018-19, or 21% in real terms.

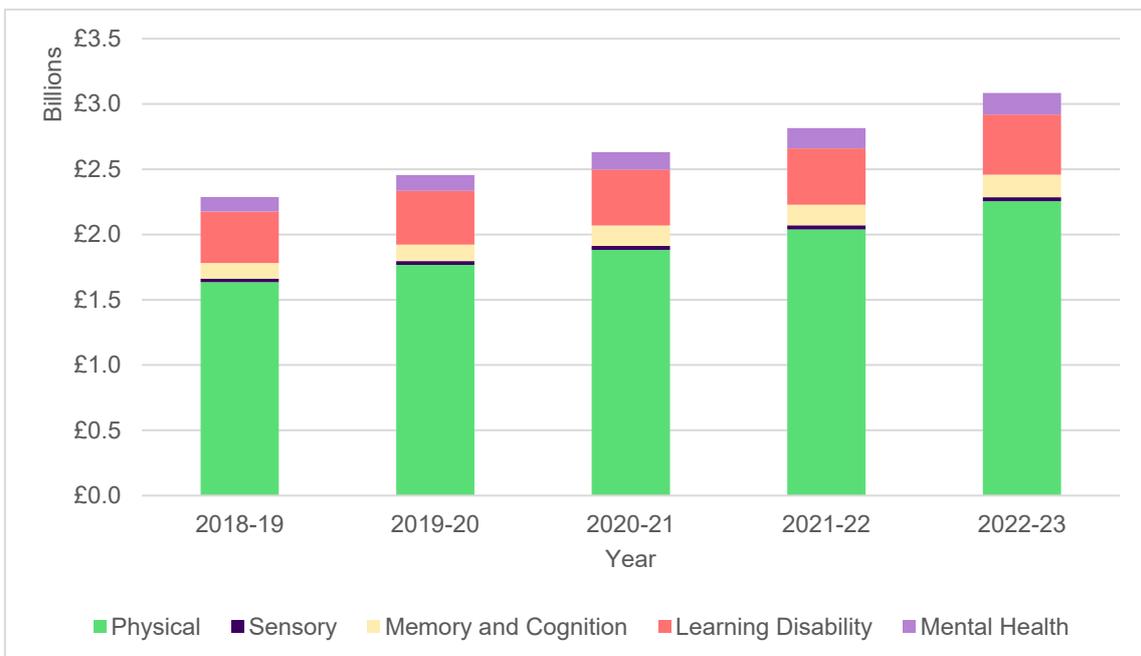


Figure 20. Gross current expenditure by local authorities in cash terms on long-term homecare in England for adults by support need

Direct payments

There was a miniscule uplift of 1% in the [number of adults receiving a direct payment during 2022-23](#) from the year prior, stopping a trend where this quantity gradually decreased. The most recent mark is still 8% lower than that in 2018-19. 90,925 adults received direct payments at the end of 2022-23, constituting 90% of the annual total (notably higher than the respective percentage for those using homecare services).

During the year, councils awarded 67% of 2022-23 direct payments to individuals aged between 18 and 64 - a percentage very similar to the previous year.

NB. Our analysis includes those in receipt of a direct payment only. We have included the figures for part-direct payments in the number in receipt of homecare above.

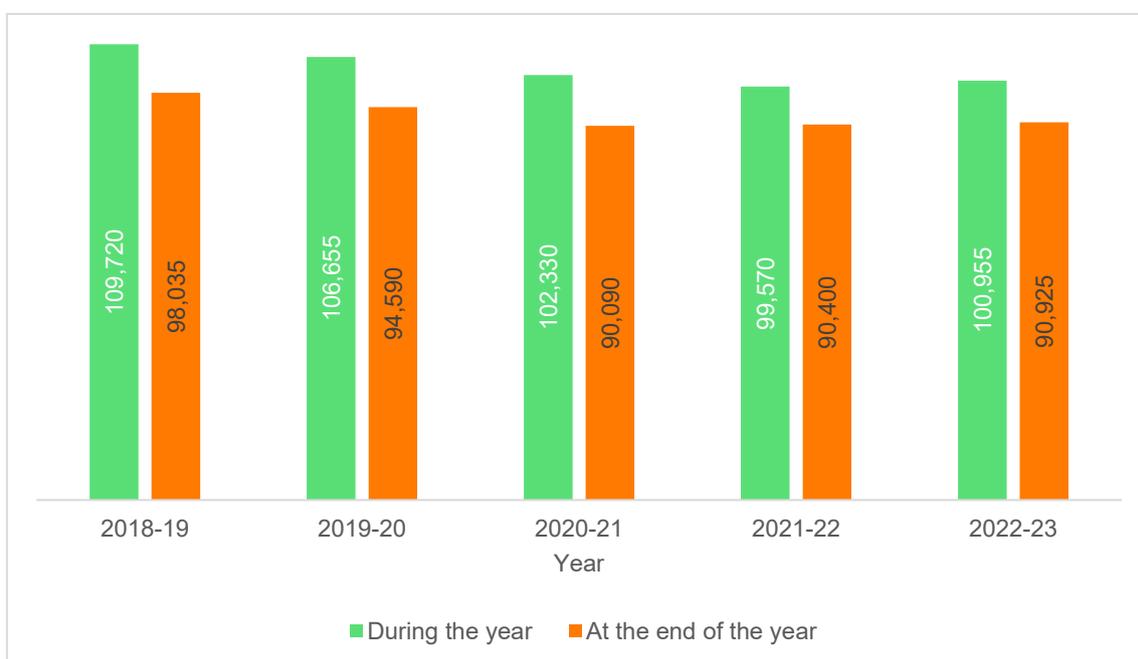


Figure 21. Number of adults in need of long-term support receiving a direct payment (only) from a local authority in England

Using [GDP deflators for December 2023](#) and a timeline from 2014-15 (as we used for homecare expenditure), current spend on direct payments stands at just over £2.0 billion – an increase of 8% in cash terms from 2021-22, but only 0.9% in real terms. On the chart below, we see that real-terms expenditure fell from 2018-19 to 2020-21 but has since recovered to some extent. That said, spend when accounting for inflation is now only 1% higher than in 2018-19.

NB. As above, the vertical axis on the graph does not start from 0.

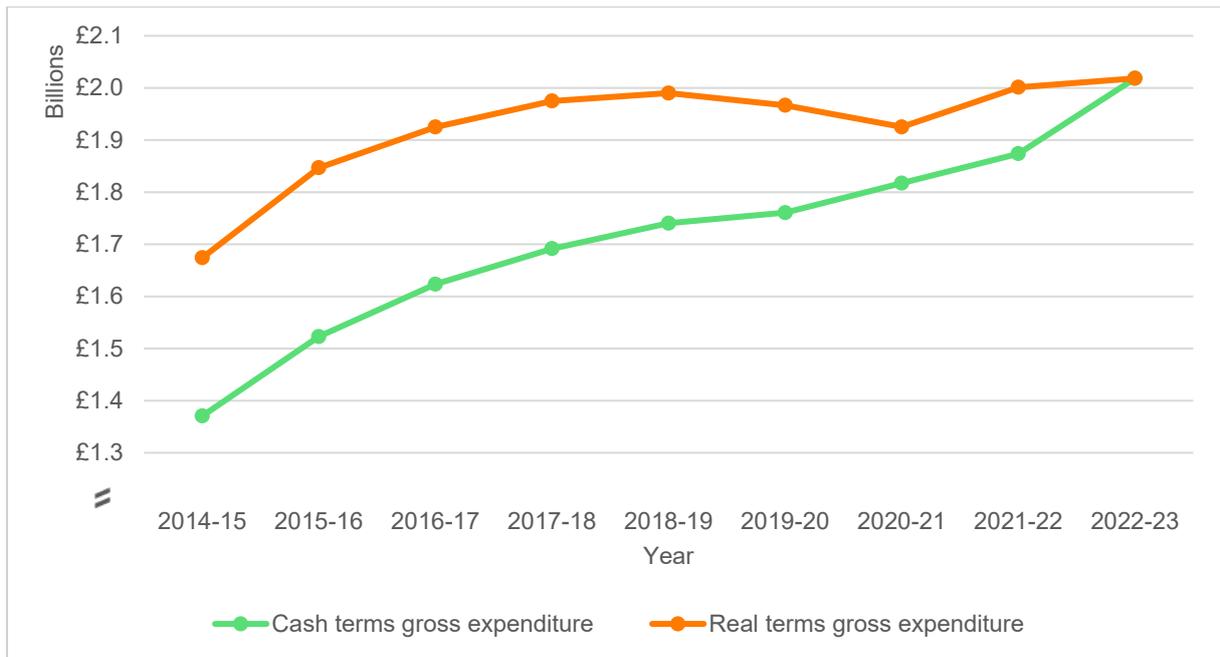


Figure 22. Gross current expenditure (cash terms and real terms) by local authorities on direct payments for adults in need of long-term support in England

Individuals who require either physical or learning disability support consistently receive the vast majority of actual direct payment expenditure. Indeed, for 2022-23, the combined proportion was 89%.

While there was a solid cash-terms increase in spending from the previous year for both support categories, the real-terms rises were much more meagre – by 0.3% for physical and 2% for learning disability support.

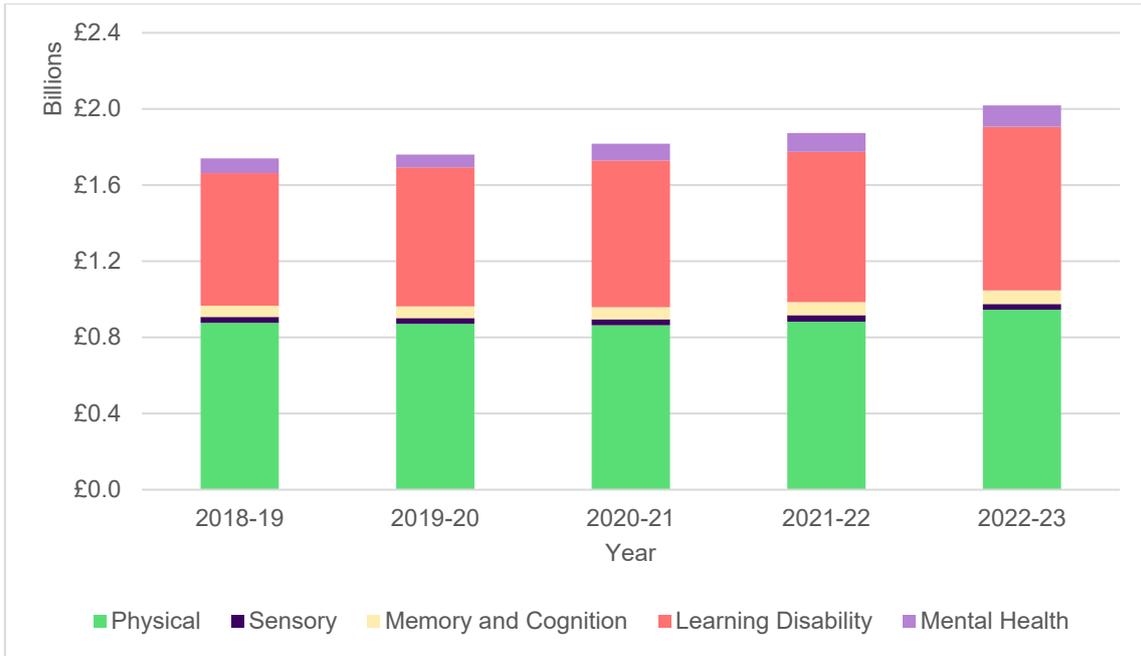


Figure 23. Gross current expenditure by local authorities in cash terms on direct payments for adults in need of long-term support in England by support need

Workforce

At CQC-registered locations for adult social care across England, an [estimated 555,000 people work in homecare](#)¹⁹. Skills for Care data shows that this is the second consecutive year where this figure has fallen and is now 6% lower than in 2020-21.

NB. Up to February 2024, there was a [2% change in filled posts in the independent homecare sector](#) from March 2023.

¹⁹ In Skills for Care's [‘The state of the adult social care sector and workforce in England’ report for 2023](#), they estimate an alternative figure of 700,000 homecare staff, which includes jobs for direct payment recipients.

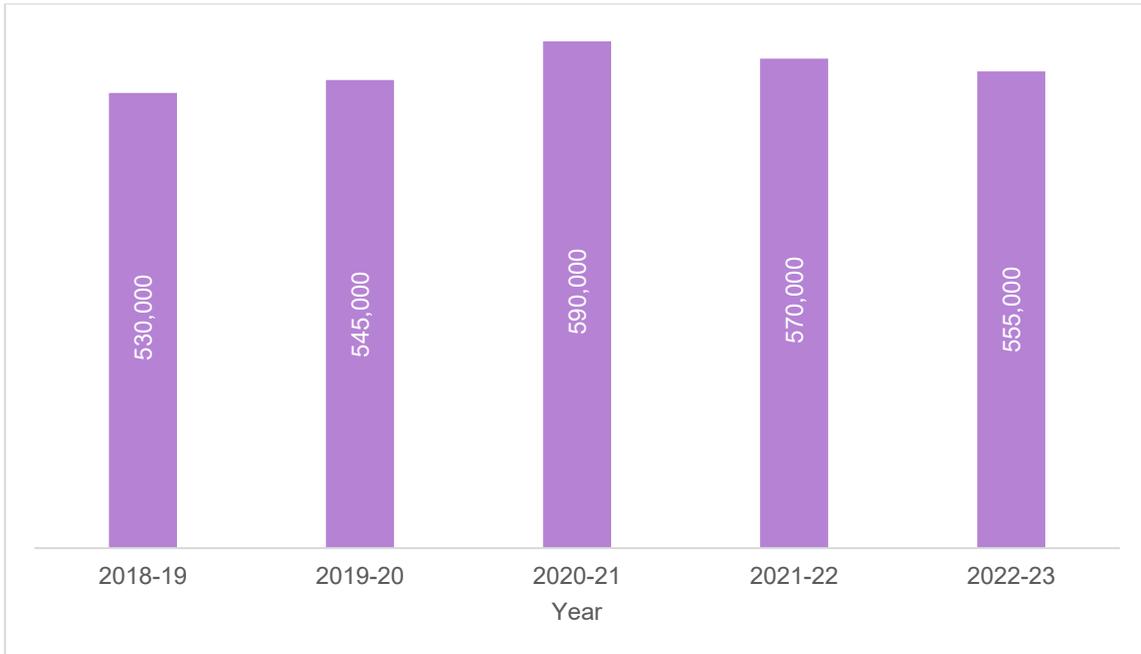


Figure 24. Estimated number of filled posts in homecare (within adult social care) in England

Homecare and jobs for recipients of direct payments contribute about 43% of the adult social care workforce – two percentage points higher than that for residential care, according to Skills for Care.

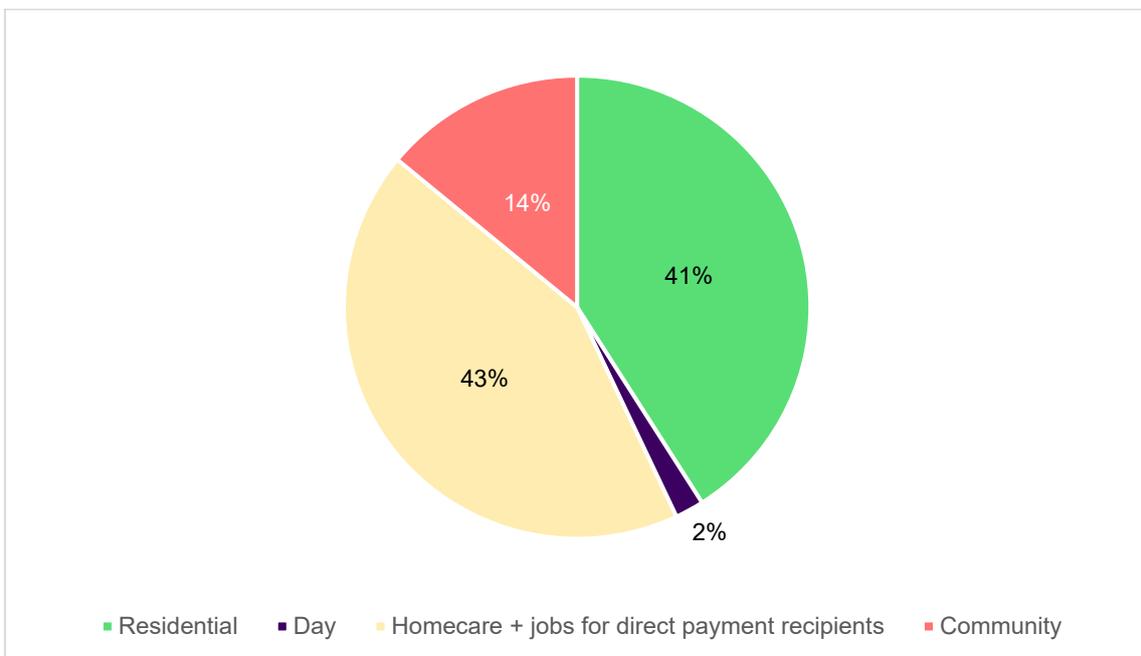


Figure 25. Percentage of adult social care filled posts in England by service type (2022-23)

In 2022-23, 86% of staff members were responsible for the direct provision of homecare, [amounting to an estimated 480,000 filled posts](#). It is also worth noting that approximately 43% of the homecare workforce were on zero-hours contracts, compared with 22% across all services.

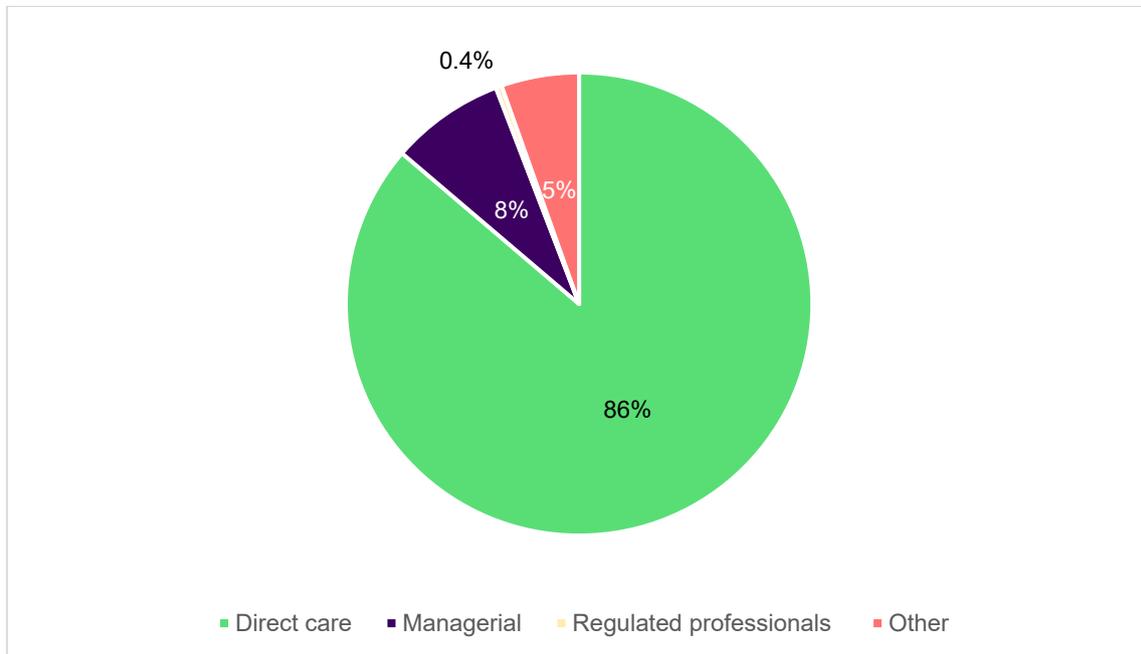


Figure 26. Percentage of filled posts in homecare (within adult social care) in England by position (2022-23)

[Regarding demographics](#), the 2022-23 breakdown in CQC-registered, non-residential services was:

- 82% of the workforce were female, 18% male.
- The average age of a worker was 44 years (overall and only those in direct care).
- 79% of the workforce was British, 6% EU and 14% non-EU.

97% of the current homecare workforce were within the independent sector, amounting to around 540,000 filled posts – an almost identical proportion to 2021-22.

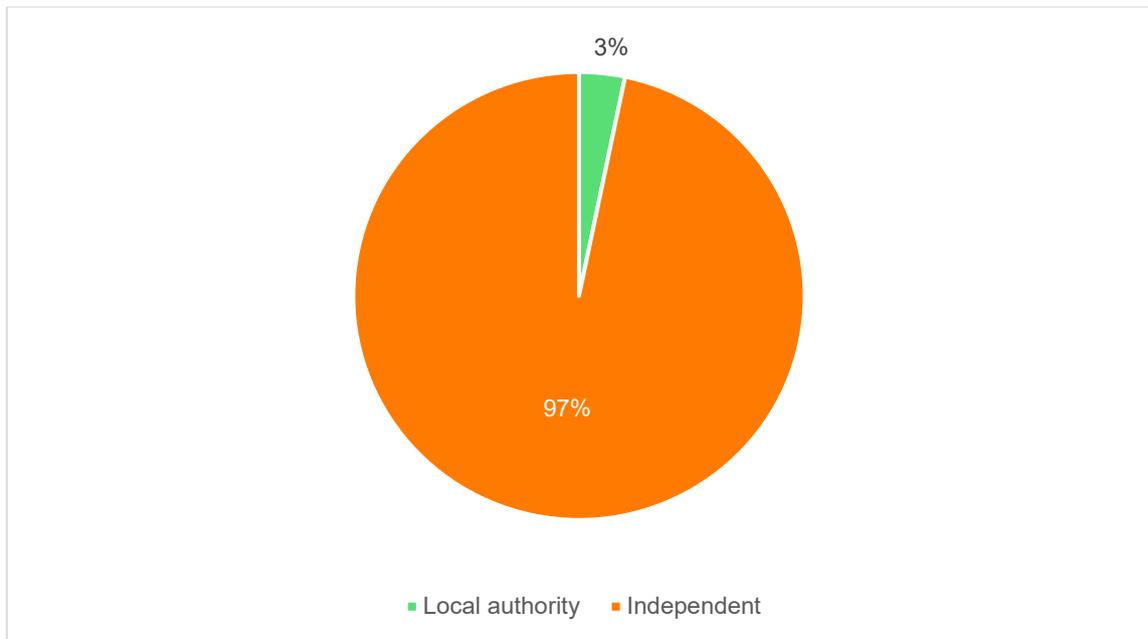


Figure 27. Percentage of filled posts in homecare (within adult social care) in England by sector (2022-23)

The following chart displays the [vacancy rate for the non-residential sector by financial year](#). To show the fluctuations clearly, our vertical axis rises only up to 20%. More recently, the rate has started to decline – indeed, the figure in the independent homecare sector was [11.7% in February 2024](#) (compared with 8.1% for adult social care overall).

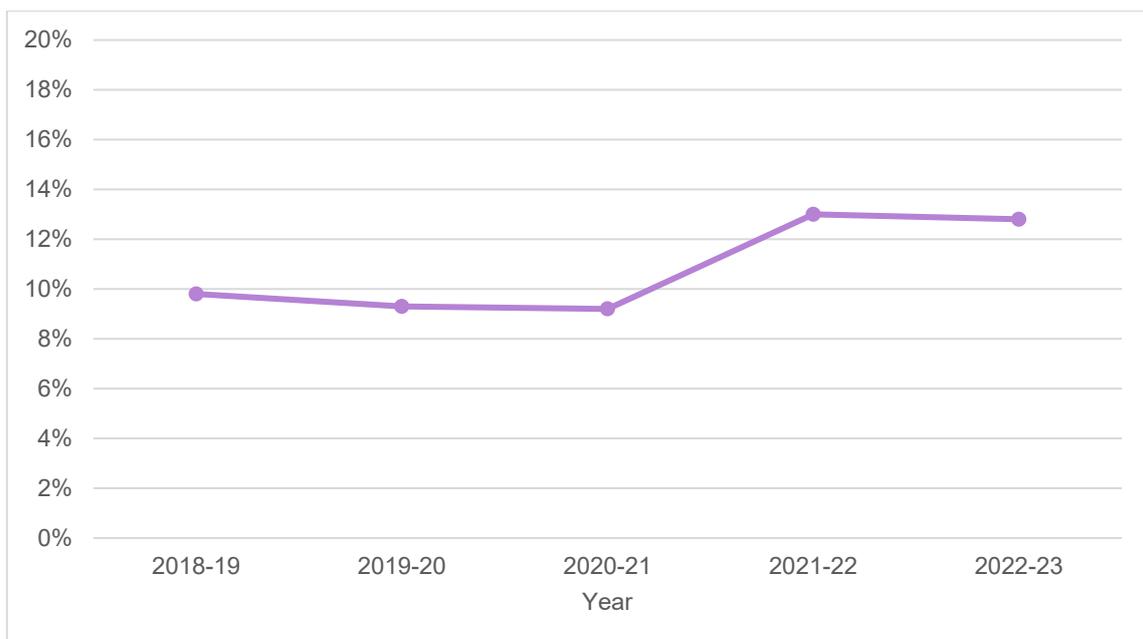


Figure 28. Workforce vacancy rate in the CQC-registered, non-residential sector (within adult social care) in England

The [turnover rate for the homecare sector in 2022-23](#) was 30.6%. When splitting by role, the turnover rate for careworkers has been consistently higher than that for senior careworkers and senior management. As it stands, this rate is 36.2% - a marginal drop from 2021-22, but still above the marks for senior careworkers and senior management by 25 and 33 percentage points, respectively.

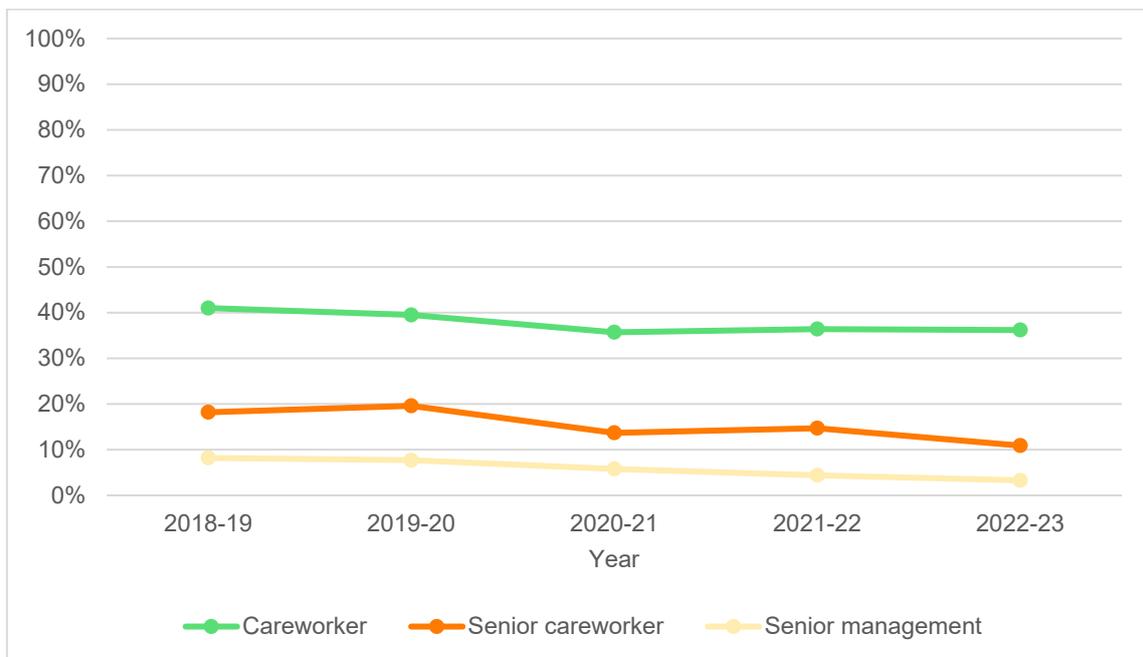


Figure 29. Workforce turnover rate in the CQC-registered, non-residential sector (within adult social care) in England by job role

The average (mean) pay of careworkers in the independent homecare sector in 2022-23 was £10.50 per hour, £1 higher than the National Living Wage. While this figure has grown by 11% in cash terms since 2020-21, it has [fallen by 6% in real terms](#) over this period (with Skills for Care using the Consumer Prices Index (CPI) to adjust for inflation).

Wales

Regulation

Care Inspectorate Wales (CIW) is the independent regulator of social care in Wales, including homecare providers. Its main functions are to register and inspect services, to enhance quality and safety. Domiciliary support services do not pay a registration fee. [Inspections focus on four themes](#) – wellbeing, care and support, leadership and management, and environment (for accommodation-based services).

Under the terms of the Regulation and Inspection of Social Care (Wales) Act 2016, the Welsh Government's intention was for a [ratings system to be introduced from 2021](#) as part of the inspection of regulated providers.

However, there has been a delay in this process. Care Inspectorate Wales started a ['silent ratings' pilot for domiciliary support services and care homes](#) in June 2023, after publishing [interim guidance for providers on ratings](#). They have now extended the [pilot scheme to run until March 2025](#), with published ratings commencing from April 2025.

Meanwhile, Social Care Wales is the social care regulator with responsibility for workforce development. [All social care managers and workers in Wales](#) (including those in homecare) must register with Social Care Wales.

Providers

There were [655 domiciliary support services](#) (within 'adult and children service') regulated by CIW as of March 2023, according to StatsWales – a rise of 7% from the previous year, but by 29% from March 2019.

NB. By the start of March 2024, the figure had risen further to [697 such services](#).

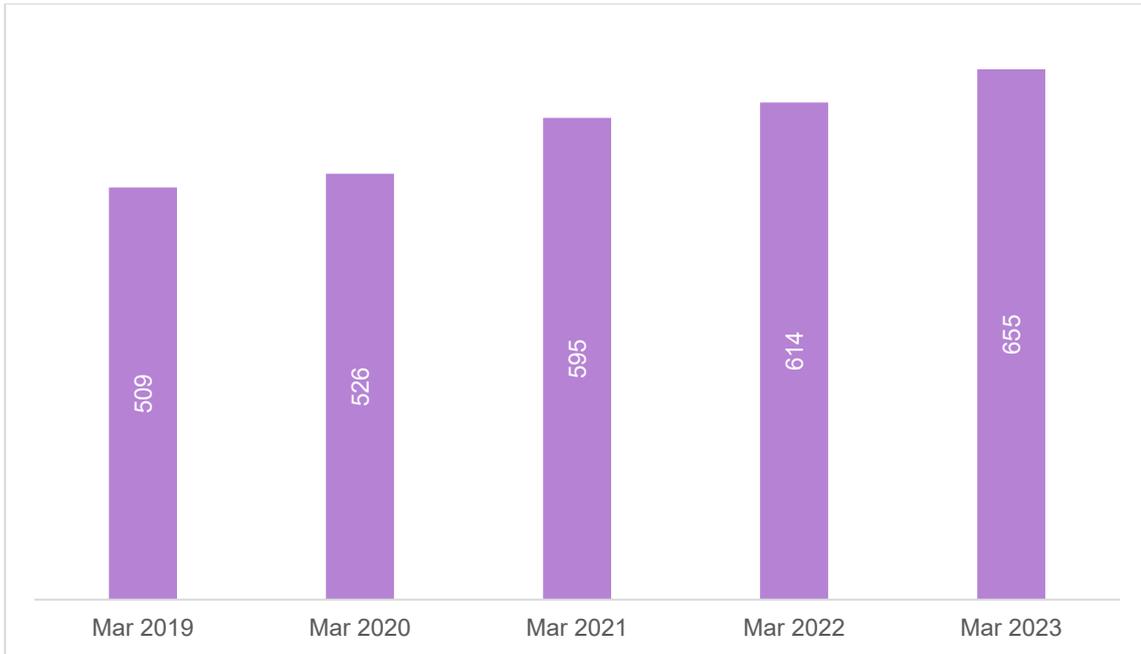


Figure 30. Number of regulated domiciliary support services in Wales (in March of each year)

65 such services were newly registered in the year up to 1 April 2023 – a rise of 12% from the previous year.

In the same time period, there were 23 services cancelled, compared with 40 during the year prior. As depicted on the graph below, the 191 services closed in 2019-20 far surpasses the other figures.²⁰

²⁰ In email correspondence, CIW noted that, during 2019-20, “the highest proportion of service registration cancellations was due to RISCA” (Regulation and Inspection of Social Care (Wales) Act 2016), which came into effect during 2018-19. This introduced “a new system of regulation and inspection for adult and children’s services” and “the structure of how CIW registered domiciliary support services changed with the implementation of RISCA.”

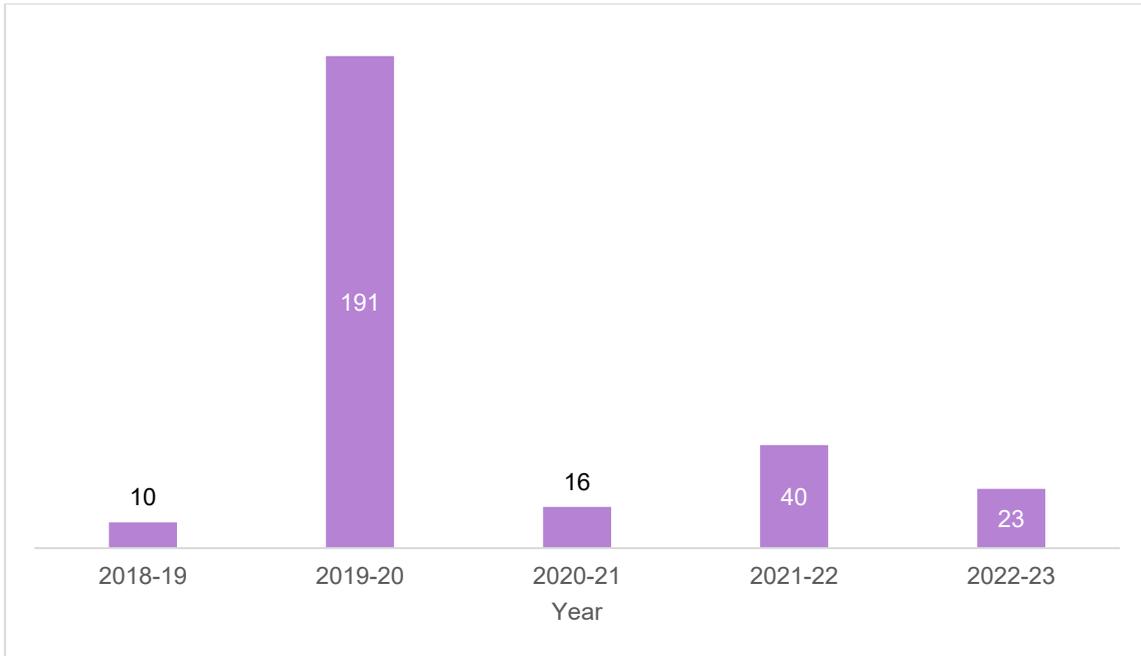


Figure 31. Number of regulated domiciliary support services in Wales that were cancelled in the year up to 1 April

The [number of concerns about domiciliary support services](#) decreased by more than a fifth (22%) from 2021-22. It is unknown how many of these concerns were substantiated. Note that concerns are often raised by those in receipt of care, as well as other people, such as their relatives or visitors.

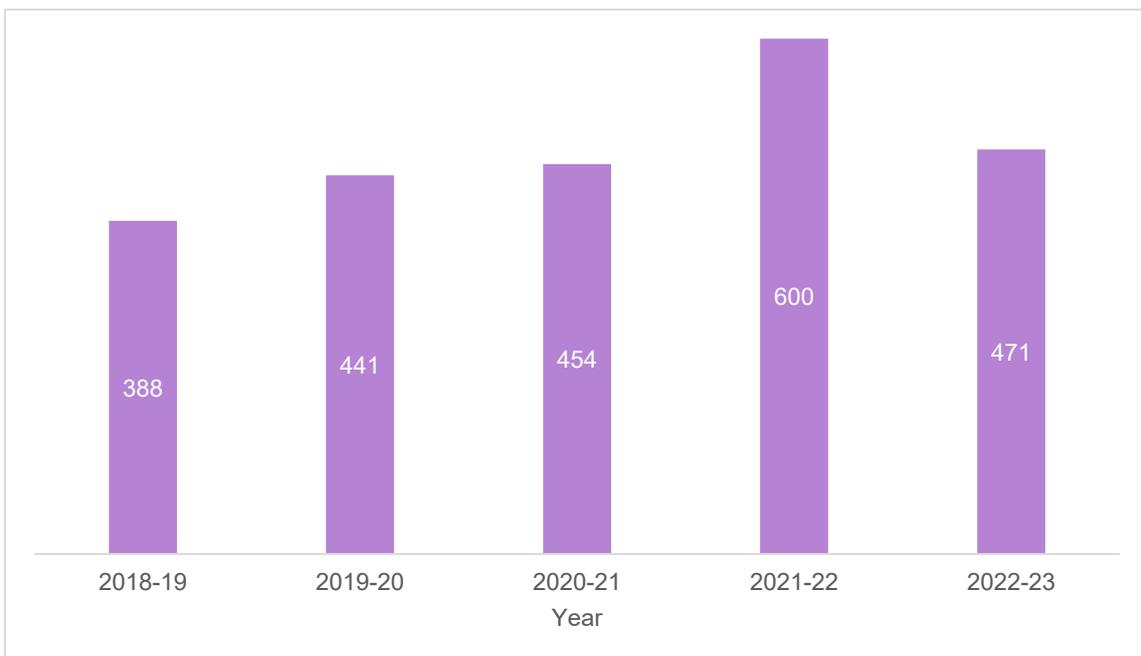


Figure 32. Number of concerns about regulated domiciliary support services in Wales

People who use services

During 2018-19, there were [28,596 adults in Wales receiving domiciliary care](#), where local authorities arranged or provided the care.

According to StatsWales, this dataset is no longer updated.²¹ However, we know that [13,322 adults started receiving domiciliary care](#) during 2021-22, a fall of 23% from the previous year.

We cannot estimate the number of people currently funding their own homecare in Wales. [A 2018 report](#) indicated that the percentage of older people in receipt of domiciliary, day and other care who self-fund was 21%.

Hours

Prior to April 2016, StatsWales published data on the [number of hours of homecare delivered](#) by the independent sector and local authorities. However, these statistics are no longer published.

For 2018-19, the [Association of Directors of Social Services Cymru \(ADSS Cymru\)](#) reported that local authorities in Wales funded around 11.1 million hours of homecare. The private/third sector delivered 88% of this total, with the remaining 12% by local authority in-house teams. More recent data, however, is not available.

Expenditure

By summing respective figures for those aged 65 and over, adults under 65 with a physical disability, adults under 65 with learning disabilities and adults under 65 with mental health needs, the [gross expenditure in cash terms by Welsh local authorities on homecare for adults in 2022-23](#) was £378.4 million.

NB. StatsWales provides a separate category for ‘Supported and other accommodation’, which we do not include here.

The graph below contrasts actual funding for homecare with expenditure in real terms, i.e. by adjusting figures to take inflation into account. We do this by using the [GDP deflators for December 2023](#). Our timeframe is across a ten-year period.

As such, the rise in spend compared with 2021-22 was 8% in cash terms – the largest such annual growth rate since that for 2017-18. But this amounted to an increase of a mere 0.7% in real terms.

²¹ This is the result of a Code of Practice that introduced a [new performance and improvement framework for Welsh social services](#), with a series of metrics being collected. In email correspondence, the Welsh Government confirmed that data on adults in receipt of domiciliary care during the year is not currently published within this framework. Information on the data that is part of the [collection exercise for 2023-24](#) is available online.

Similarly, despite the cash-terms increase of 43% from 2013-14, the real-terms rise has been only 15%.

NB. For a closer picture of the trend in the data, the vertical axis in the below graph does not start from 0, as indicated by the ≠ symbol.

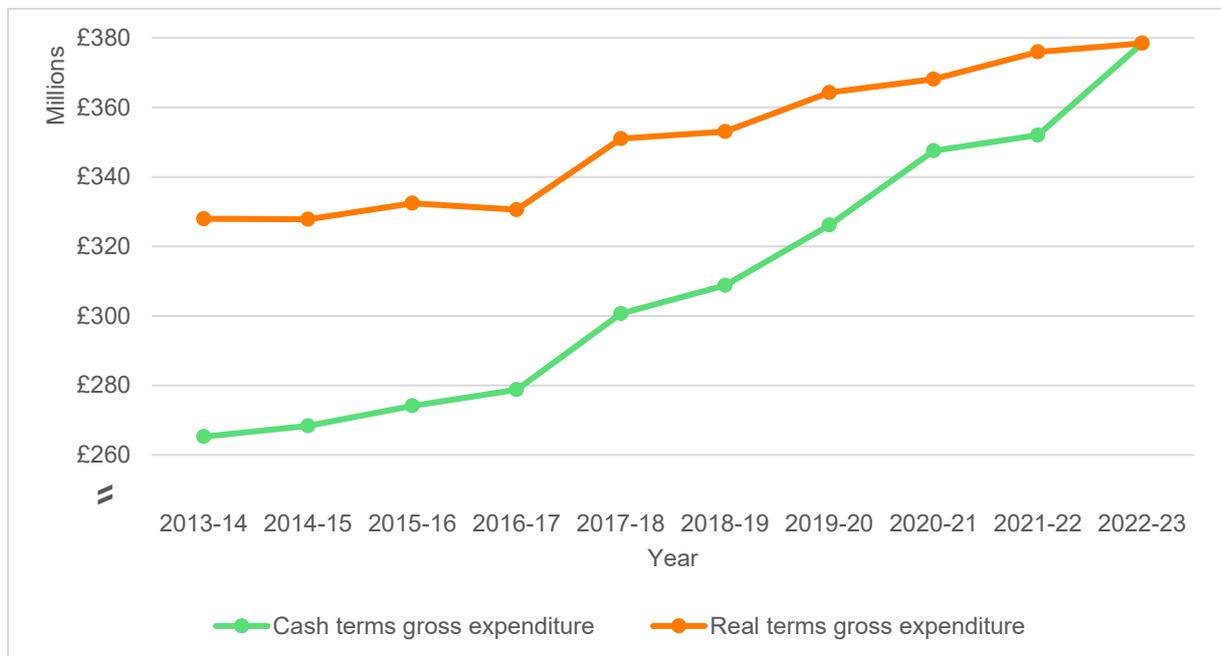


Figure 33. Gross local authority expenditure (cash terms and real terms) on homecare for adults in Wales

In 2022-23, three-quarters of actual gross funding on adult homecare was to support people aged 65 and over. Since 2018-19, the expenditure for this support category has grown by 22% in cash terms, but only by 7% in real terms.

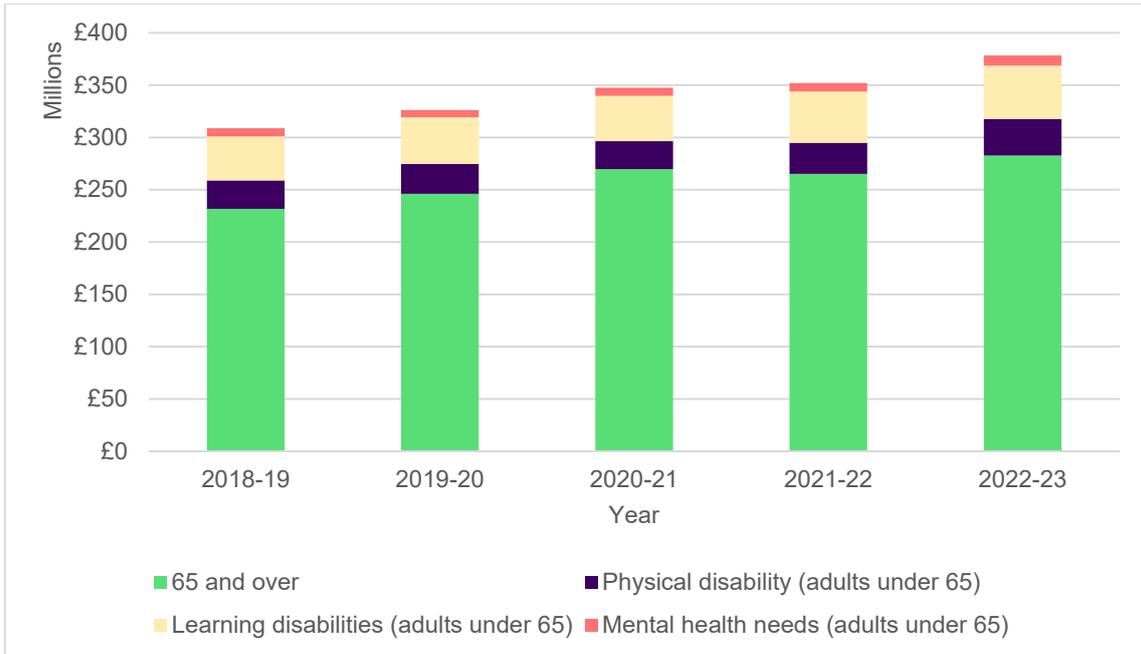


Figure 34. Gross local authority expenditure in cash terms on homecare for adults in Wales by client group

Around two-thirds (67%) of the expenditure in cash terms was to fund the delivery of care by independent and voluntary sector providers – a proportion that has barely changed since 2018-19.

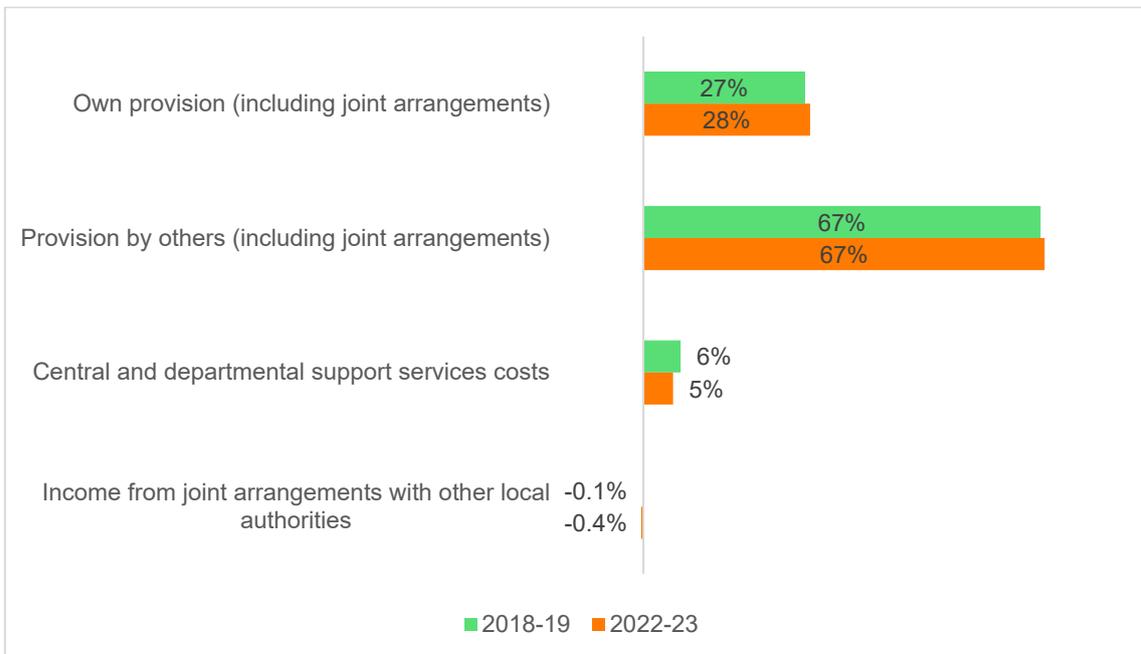


Figure 35. Percentage of gross local authority expenditure in cash terms on homecare for adults in Wales by cost type

Direct payments

During 2018-19, there were [6,262 adults who received a direct payment](#) from a Welsh local authority, according to StatsWales. However, this dataset is no longer updated.²²

Nevertheless, [5,637 adults with a care and support plan were receiving a direct payment](#) at 31 March 2022, having risen by 6% from the previous year.

Using [GDP deflators for December 2023](#) and a timeline from 2013-14 (as we used for homecare expenditure), current spend on direct payments for adults stands at £101.1 million – an increase of 10% in cash terms from 2021-22, but only 3% in real terms. The following chart depicts a [year-on-year rise in the actual gross expenditure on direct payments](#), although real-terms spend did fall by 0.8% between 2019-20 and 2020-21. Since 2013-14, actual funding has more than doubled, rising numerically by £56.0 million in cash terms (or by £45.4 million in real terms).

NB. As above, the vertical axis on the chart does not start from 0. In addition, separate figures on direct payments in relation to children’s and families’ services are available through StatsWales, but not considered here.

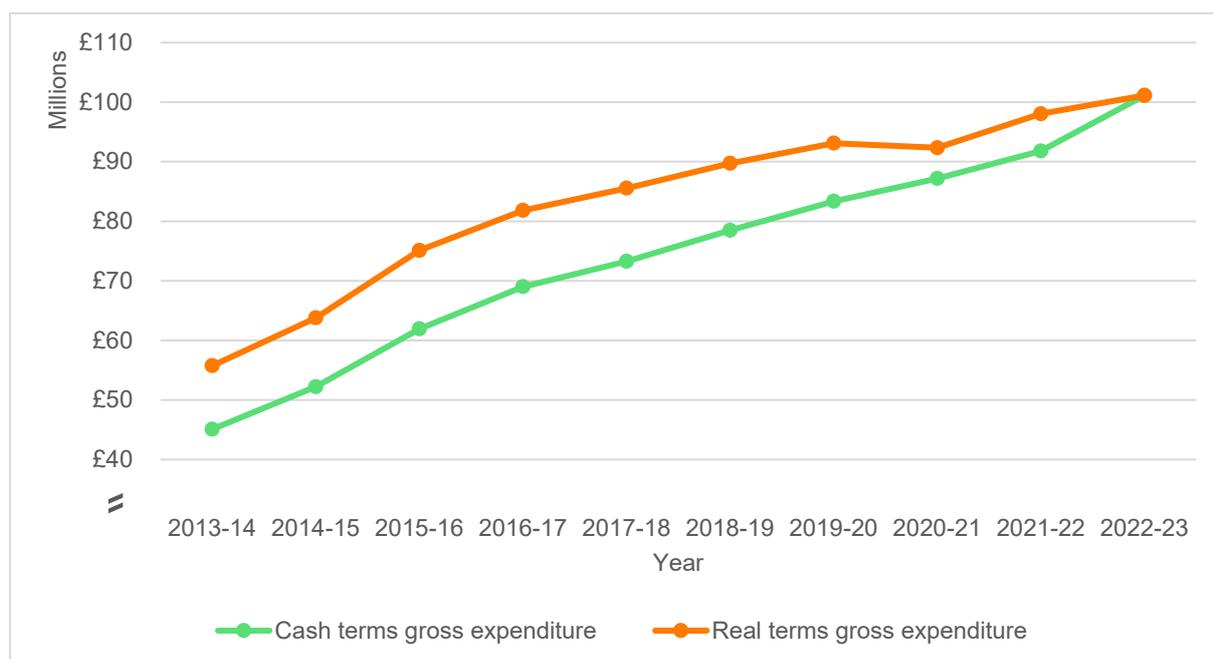


Figure 36. Gross local authority expenditure (cash terms and real terms) on direct payments for adults in Wales

38% of 2022-23 gross expenditure for direct payments in cash terms was spent on adults under the age of 65 with learning disabilities, compared with 32% for those

²² Akin to footnote 21.

aged over 65 and over. However, since 2018-19, actual spend has risen by 50% on the latter support category, as opposed to 29% for the former.

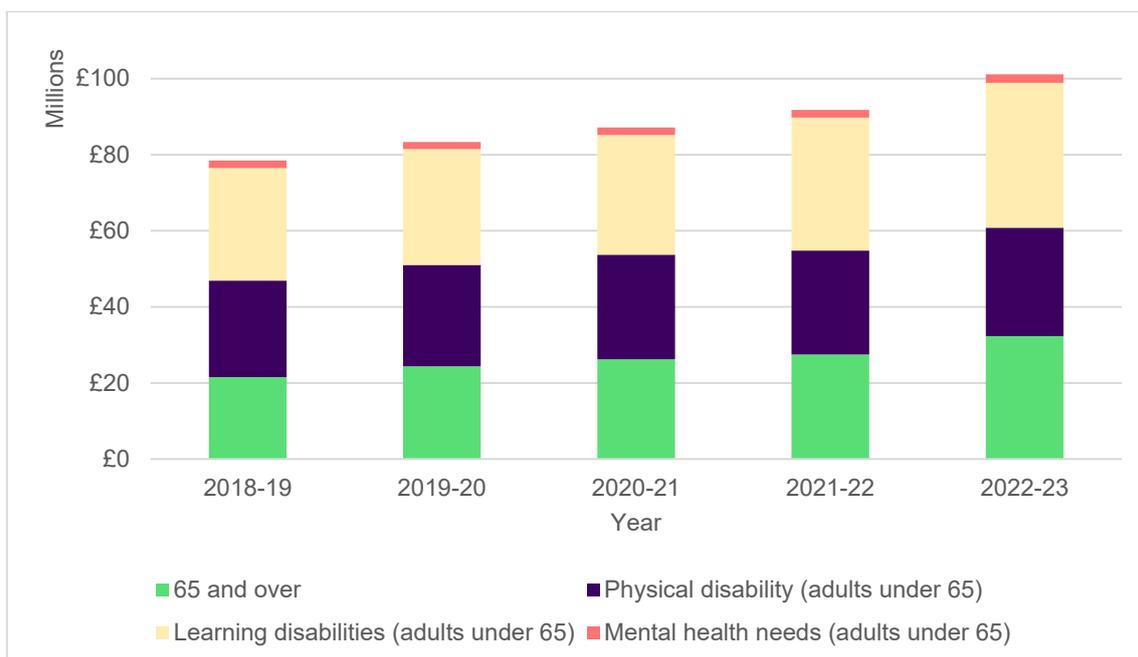


Figure 37. Gross local authority expenditure in cash terms on direct payments for adults in Wales by client group

Workforce

Since 1 April 2020, it has been compulsory for domiciliary care workers to be registered with Social Care Wales if working in Wales. However, [domiciliary care managers have been required to register in Wales](#) since the end of February 2014.

As of January 2024, there were [22,657 registered domiciliary care workers and managers](#) – almost 96% of which were careworkers. Yet, since December 2021, the number of careworkers, along with the overall total (to the nearest whole number), have declined by 8%.²³

²³ In their previously-published factsheet '[Domiciliary care workers on the Register - 1 April 2022](#)', Social Care Wales said: "To support the sector, we did not remove anyone for failing to renew their registration or pay a fee during the COVID pandemic. Therefore, a higher number than usual have since been removed in the last year."

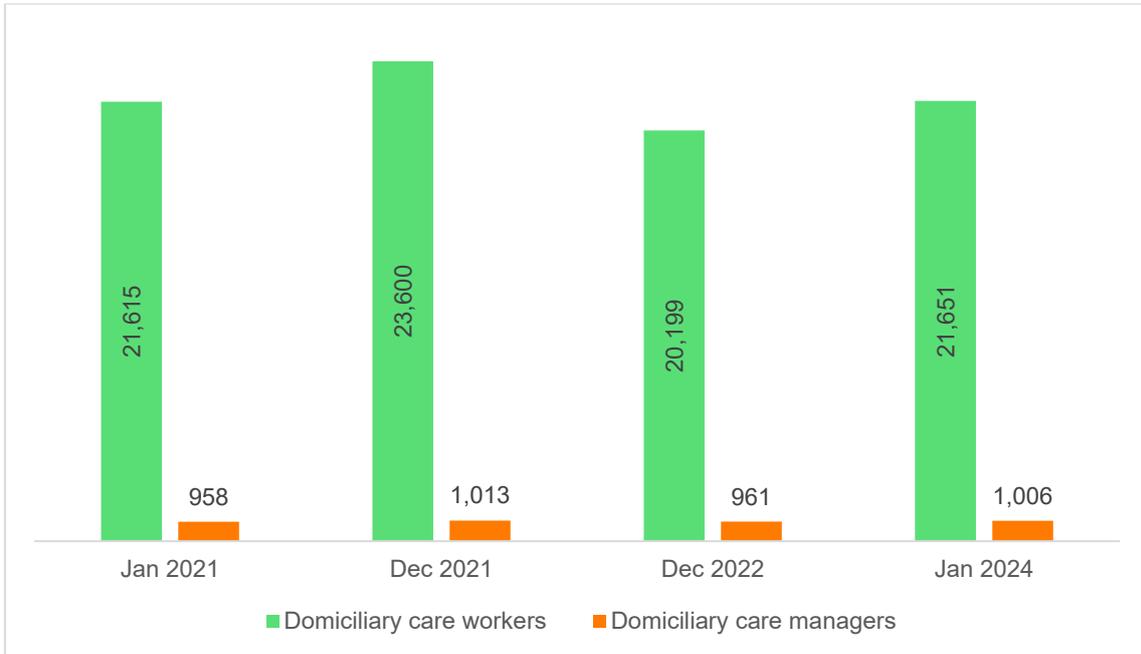


Figure 38. Number of registered domiciliary care staff in Wales

As of January 2024, 37% of staff registered with Social Care Wales were employed in domiciliary care, lower than the 43% working in adult care homes. The 'Other' category in the pie chart below typically comprises children's/family services.

NB. [Registration for adult care home workers](#) became compulsory from October 2022.

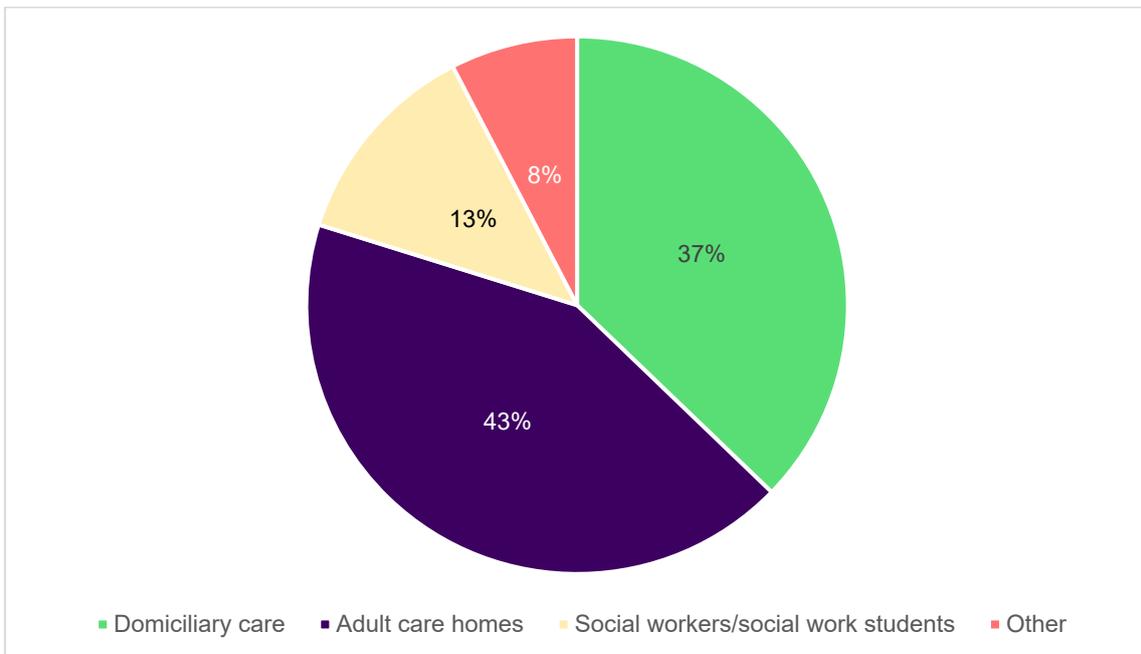


Figure 39. Percentage of staff registered with Social Care Wales by service type (including children's/family services) (January 2024)

[A Social Care Wales workforce report](#) gave a breakdown of domiciliary care roles by position (for 2022). Thus, 87% were working as a careworker, senior or otherwise. Approaching 34% of staff in external providers were on either casual or zero-hours contracts; the respective proportion in adult residential care was just 2% (to the nearest whole number).

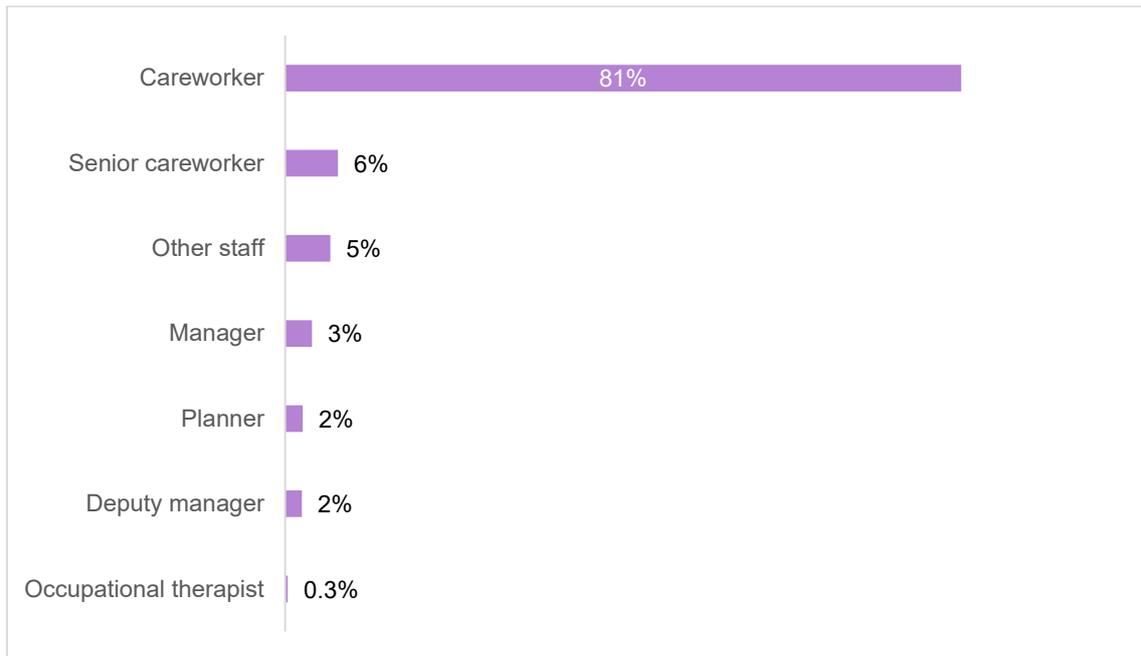


Figure 40. Percentage of domiciliary care staff in Wales by position (summer 2022)

[Regarding demographics](#), the domiciliary care breakdown as of April 2022 for careworkers was:

- 83% were female, 17% male (with four identifying as non-binary or gender-fluid).
- The average age of careworkers was 45 years.
- 96% were white British, Welsh or Irish.

Over three-quarters (77%) of domiciliary care workers (excluding managers) operate in either the private or third sector – [a drop of one percentage point from the previous year](#). Note that we assume the ‘Other’ category in the pie chart from the 2020 registration report.

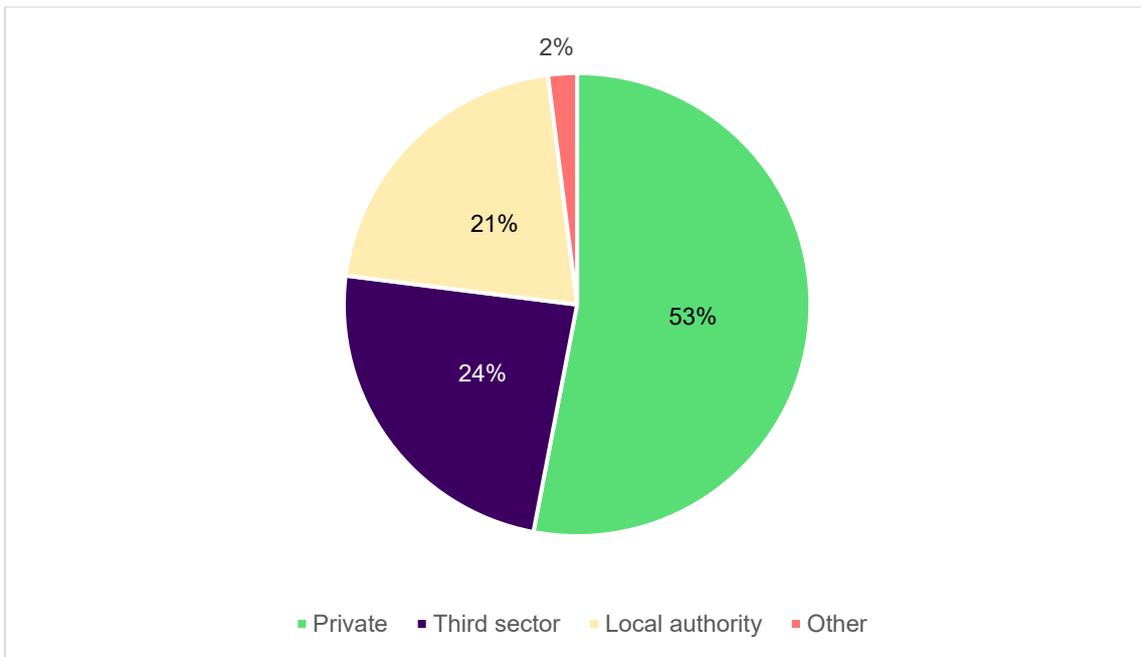


Figure 41. Percentage of registered domiciliary care workers in Wales by sector (April 2022)

In 2022, the highest number of vacancies in the Welsh social care sector was in domiciliary care, with [1,728 vacancies overall \(reported or predicted\)](#).

In its [2024-25 draft budget](#), the Welsh Government ensured funding was available so that social care workers can continue to be paid the Real Living Wage, which rose to [£12.00 per hour across the United Kingdom in October 2023](#).

Scotland

Regulation

By virtue of the [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#), local authorities in Scotland must offer people who are eligible to receive care various choices on the provision of this support. The options for self-directed support (SDS) are:

- Option 1: Direct payment
- Option 2: The person to receive care arranges the support
- Option 3: The local authority arranges the support
- Option 4: A mixture of options 1, 2 and 3.

Homecare (known as ‘care at home’) services in Scotland offer personal care and support for people in their own homes. In the Scottish Social Services Council (SSSC) datasets, such services are often combined with housing support into one category.²⁴ ‘Housing support’ includes tasks such as claiming benefits, completing forms and managing a household budget; it is often provided to older people in sheltered housing.

The Care Inspectorate inspects registered care services in Scotland to ensure that the quality of care is of a high standard. All care at home providers have to [pay a fee to register with the Care Inspectorate](#) (dependent on the size of a provider’s workforce), while annual continuation fees also apply.

When conducting inspections, the Care Inspectorate assesses providers on a [series of key questions](#) relating to support of people’s wellbeing, the planning of care and support, care setting, staffing and leadership. Ratings are on a six-point scale from ‘Unsatisfactory’ to ‘Excellent’. But unlike England, Scotland does not produce an overall rating by provider.

[As of 31 December 2023](#), figures show that 97% of care at home services received a rating of ‘Good’, ‘Very good’ or ‘Excellent’ on the measure of the care setting, with a respective proportion of at least 86% for the other questions. On each metric, the percentage deemed ‘Unsatisfactory’ was 0%.

²⁴ [According to the SSSC](#), this is because many care at home and housing support services are jointly registered.

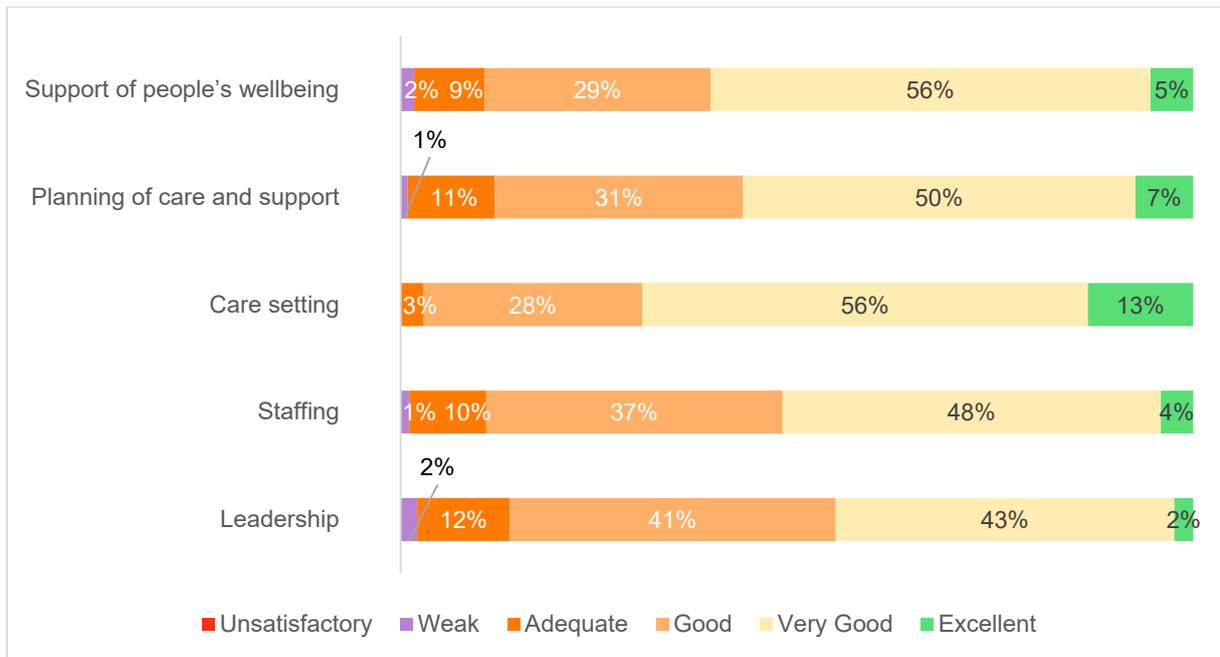


Figure 42. Percentage of care at home services in Scotland by rating for each key question (December 2023)

The SSSC acts as the regulator of Scotland's social care workforce. [All care at home support workers](#) must be registered with the SSSC.

Providers

At the end of December 2023, there were [1,246 care at home services registered with the Care Inspectorate](#). Indeed, the 10% rise from December 2022 was the largest annual growth in provider numbers over the last five years. There were also 1,052 housing support services.

NB. In the rest of the 'Providers' section, we consider care at home only.

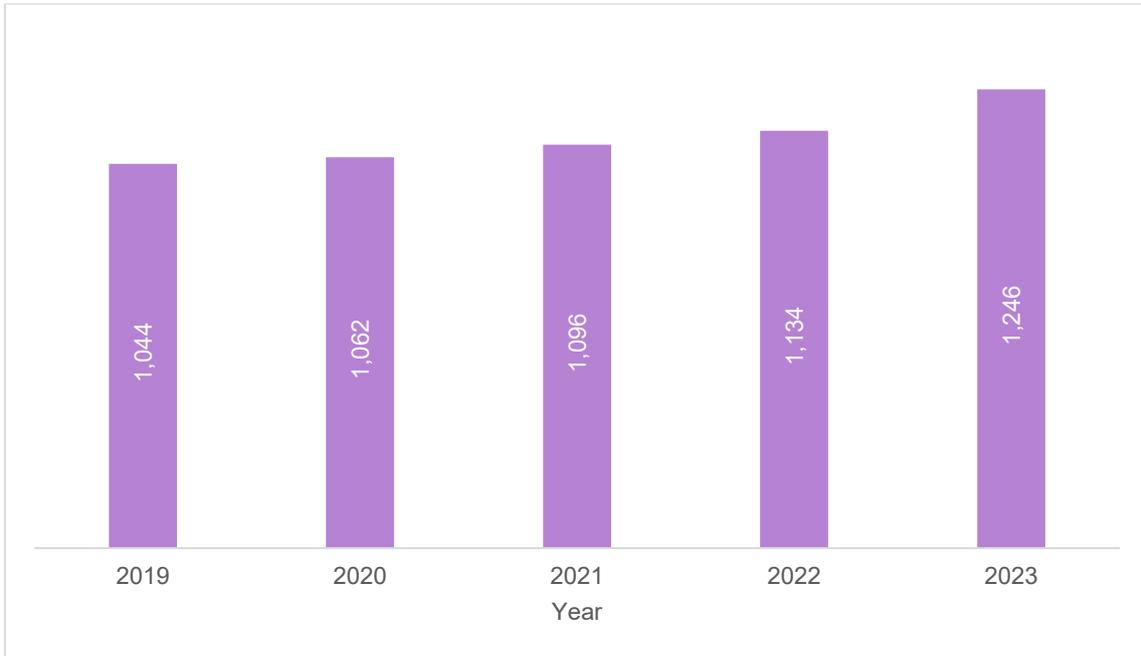


Figure 43. Number of registered care at home services in Scotland (December of each year)

Based on the number of registrations, 83% of care at home services are currently in the private or voluntary/not-for-profit sectors.

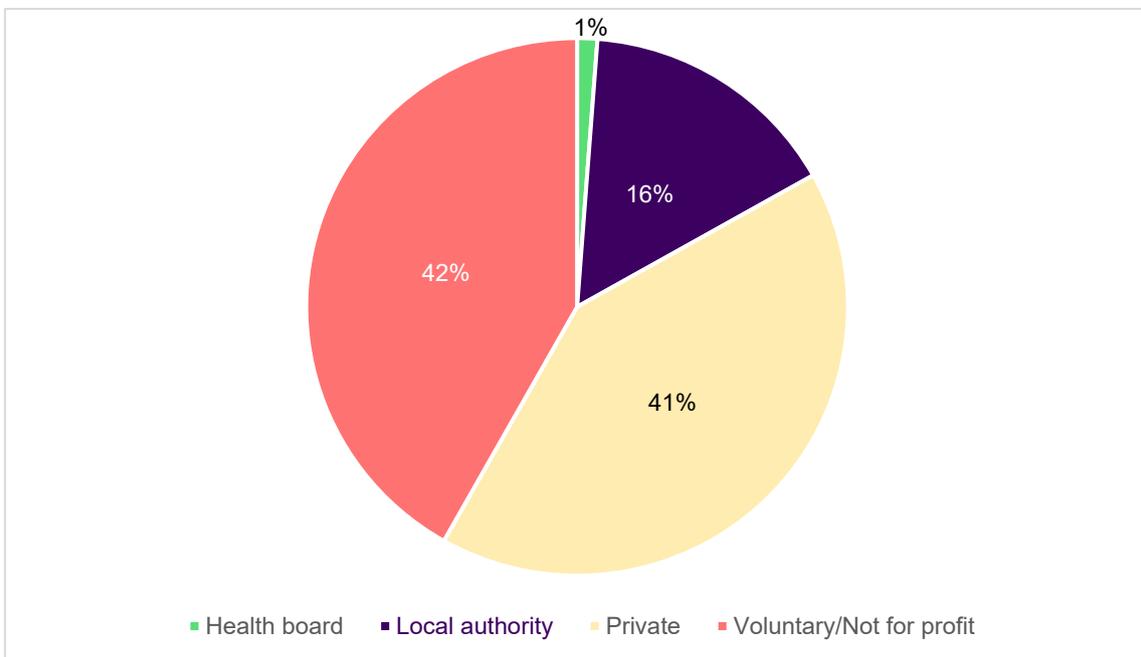


Figure 44. Percentage of registered care at home services in Scotland by sector (December 2023)

During 2022-23 (between 31 March of each year), the Care Inspectorate registered [70 care at home services](#) in Scotland, an increase of 3% from 2021-22.

Meanwhile, there were 43 cancelled registrations in 2022-23 – the same as the previous year. While this figure has grown slightly compared to 2020-21, it is 41% lower than the mark of 2019-20.

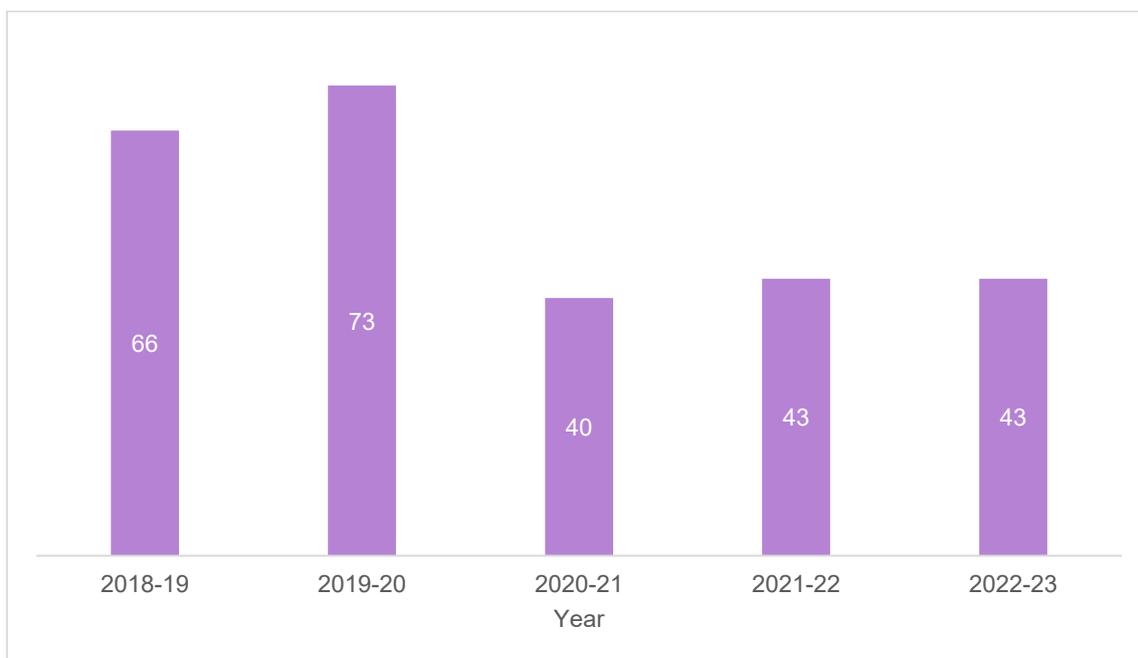


Figure 45. Number of registered care at home services in Scotland that were cancelled during the year

The graph below depicts the number of complaints received and completed²⁵ about care at home services.

In 2022-23, the Care Inspectorate received 678 such complaints – a fall of 13% from the previous year, but 48% higher than in 2018-19. Of these complaints, 78% were about the private or voluntary/not-for-profit sectors (a proportion which is slightly less than the percentage of services in these sectors). In addition, there were 96 complaints completed in 2022-23.²⁶

²⁵ In email correspondence, the Care Inspectorate said: “Complaints completed in this instance is a count of complaints which had an investigation undertaken and completed regardless of outcome.” [Their statistical releases](#) add that the figures “also do not account for complaints which were passed for alternative means of resolution such as direct service action, investigation by the provider or where the information was used as intelligence to be used in further scrutiny activity.”

²⁶ The number of complaints completed in 2020-21 is much lower than other years. [The Care Inspectorate explained](#): “Due to the emergence of COVID-19, we were required to change how we responded to any concerns/complaints we received, while also having to deal with complaints already open for investigation in other ways... We were able to utilise the alternative pathways to resolution in our complaints process where appropriate.”

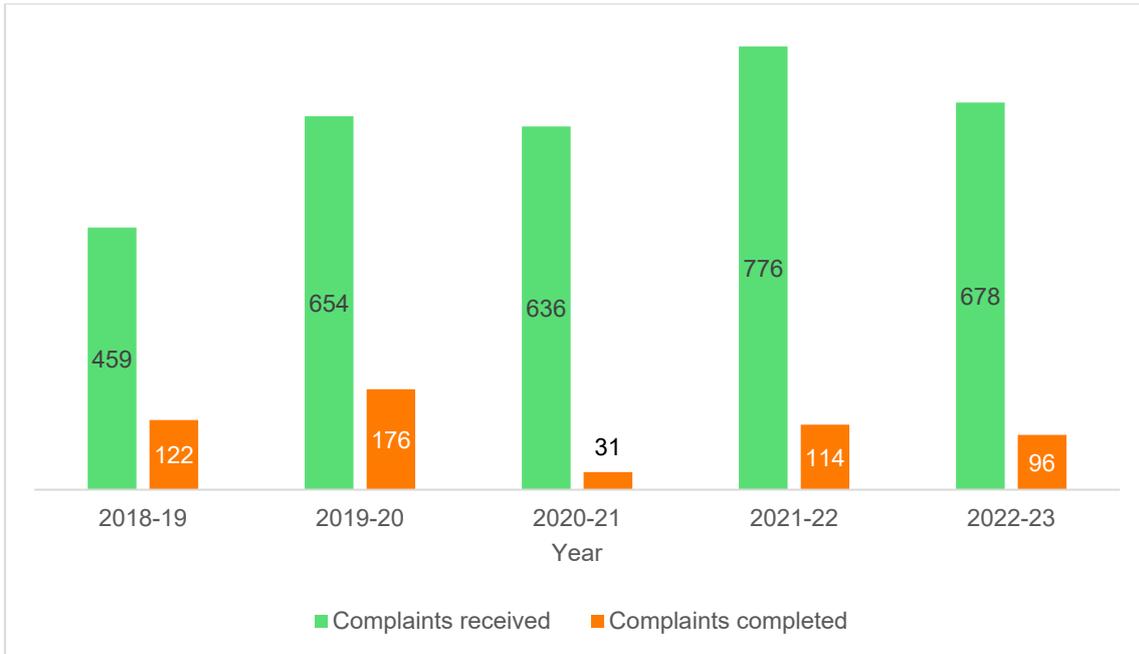


Figure 46. Number of complaints received and completed for registered care at home services in Scotland during the year

People who use services

[An estimated 89,480 adults](#) (summing those aged 18+ from the Public Health Scotland figures²⁷) were receiving care at home during 2022-23 – slightly above the prior year’s mark, but still 4% lower than in 2020-21. This relates to care where a Health and Social Care Partnership (HSCP) had an involvement.

59,235 adults were using such services during the 2022-23 census week (in March), amounting to 66% of the total during the year.

Some data on self-funders in care homes is available in the Scottish Government’s [Free Personal and Nursing Care publication](#).²⁸ However, this does not extend to care at home services, and so current figures on this are unknown. [A 2018 report](#) indicated that the percentage of older people in receipt of domiciliary, day and other care who self-fund was around 25%.

²⁷ Otherwise, 89,620 adults and children.

²⁸ This collection provides figures on, for example, the number of clients and hours, as well as estimated expenditure, regarding free personal care only within care at home services. We do not consider this data within this report. [More information on free personal care](#) is available on the Scottish Government website.

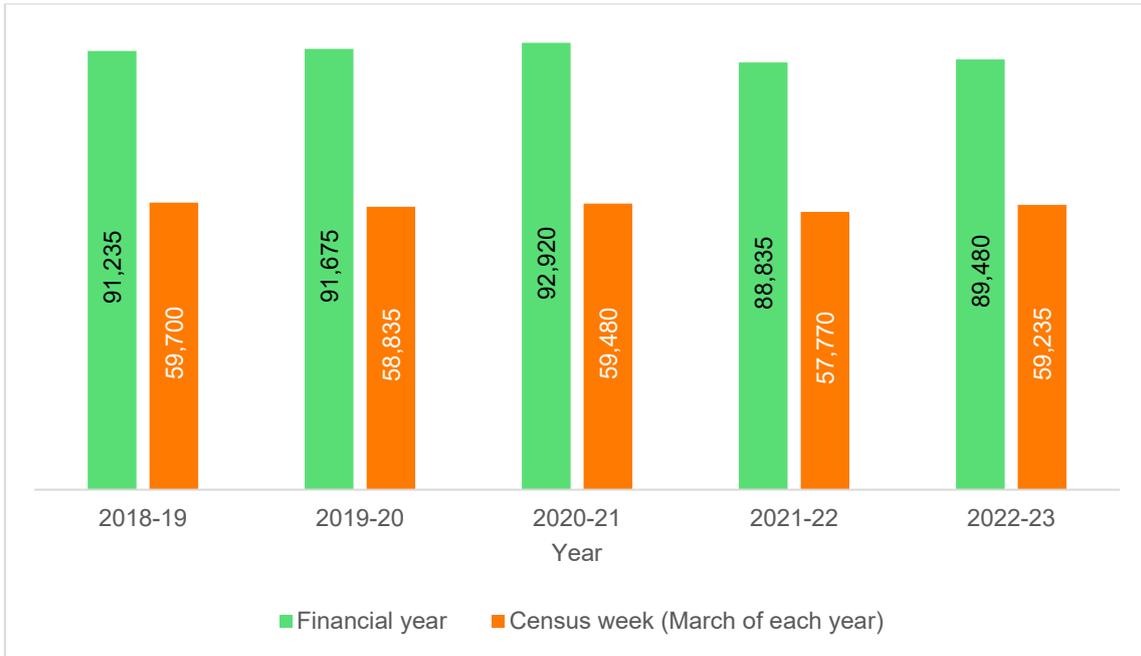


Figure 47. Estimated number of adults receiving care at home where an HSCP had an involvement in Scotland

Public Health Scotland data shows those aged 65 years and over accounted for 82% of adults receiving care at home during 2022-23, which is around the same percentage as in 2021-22.

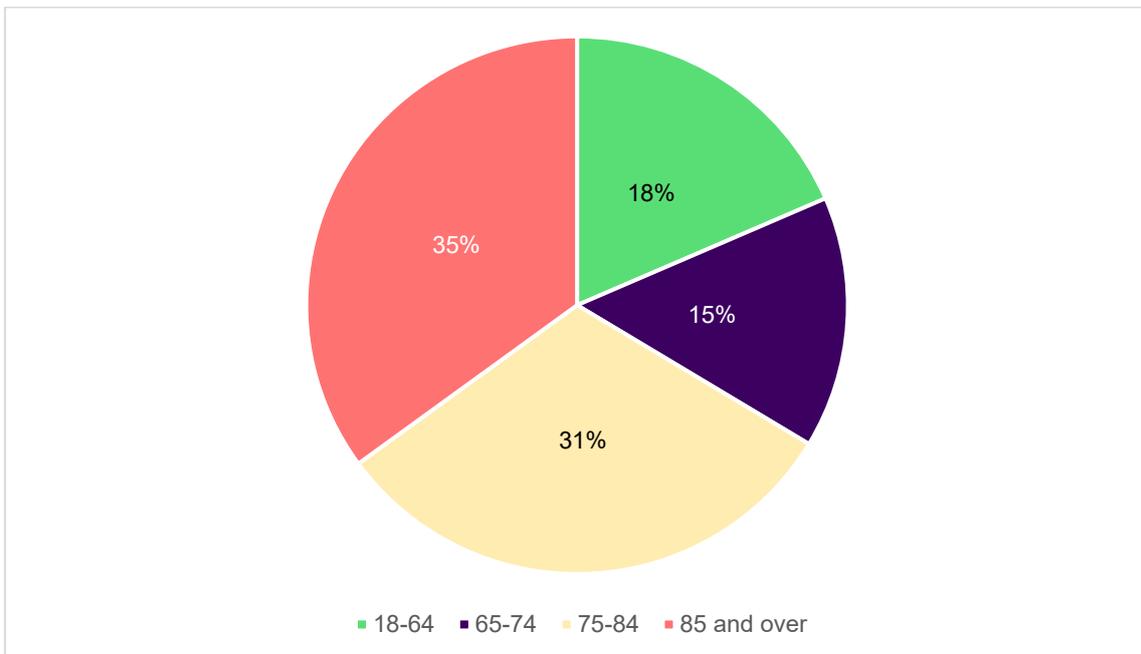


Figure 48. Estimated percentage of adults receiving care at home where an HSCP had an involvement in Scotland by age (2022-23)

Using 'all areas submitted' data (i.e. only areas that provided the information, with no estimation made for missing data), 46% of adults between January and March 2023 were receiving services provided by the state (whether a local authority, HSCP or NHS Board), with a further 45% delivered by private providers.

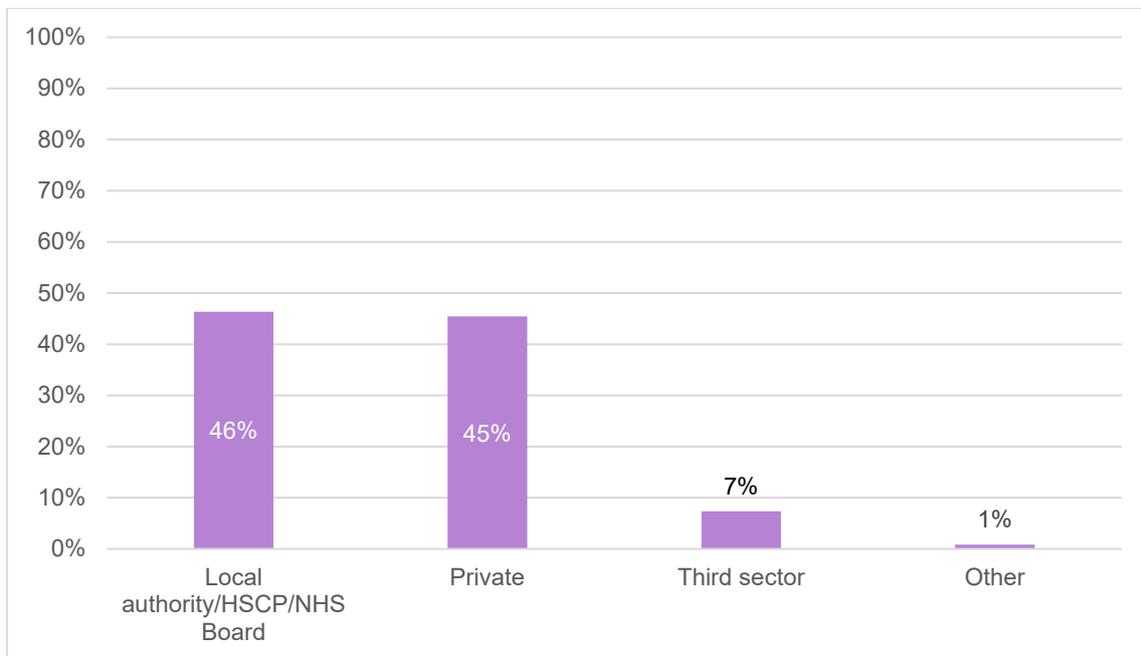


Figure 49. Percentage of adults receiving care at home where an HSCP had an involvement in Scotland by sector (January-March 2023)

Hours

An estimated [37.6 million care at home hours](#) where an HSCP had an involvement were delivered to adults in 2022-23. The number of hours dropped by 2% between 2020-21 and 2021-22 but has since recovered and is now 9% higher than in 2018-19.

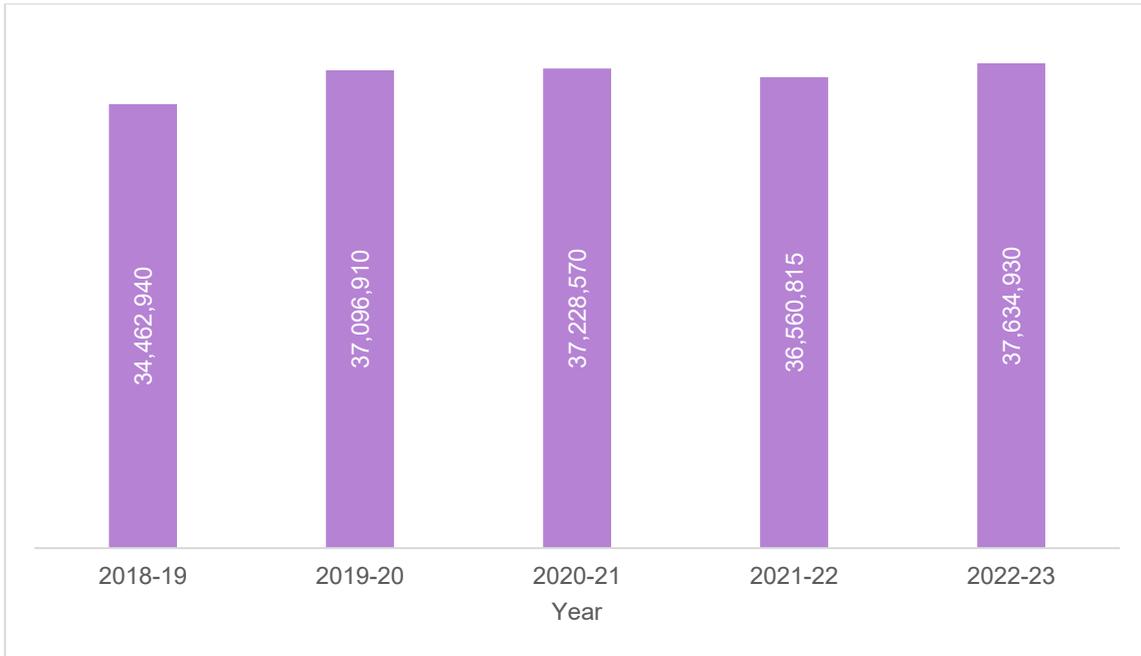


Figure 50. Estimated number of care at home hours received by adults where an HSCP had an involvement in Scotland

Despite 82% of adults receiving care at home being 65 and over, this demographic only received 59% of the hours delivered in 2022-23.

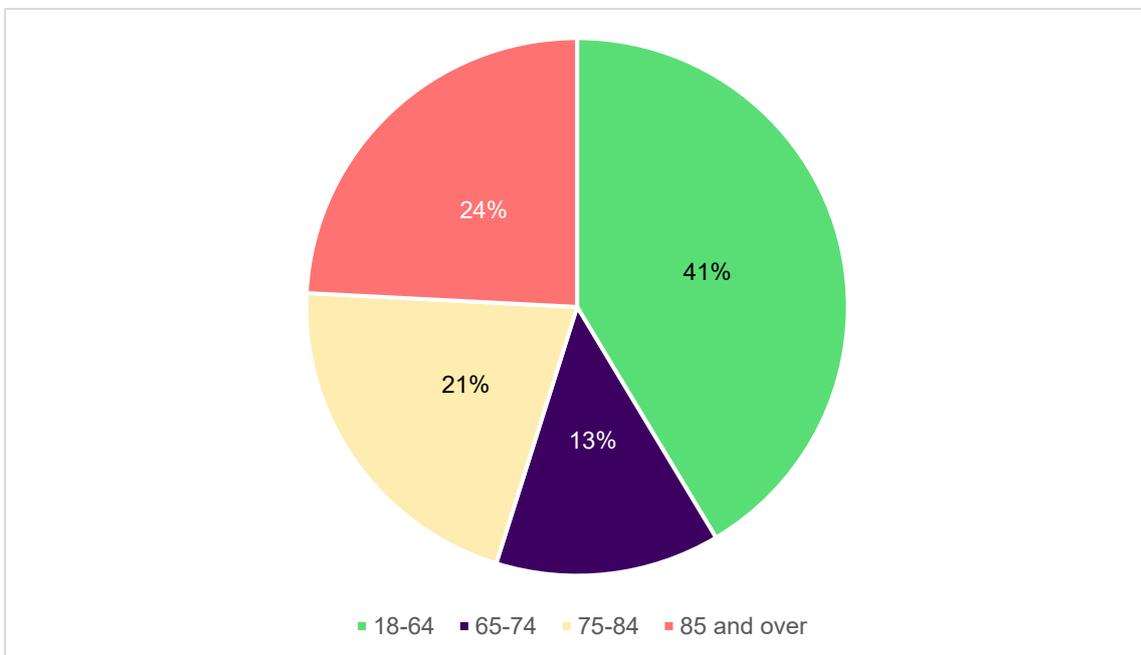


Figure 51. Estimated percentage of care at home hours, where an HSCP had an involvement, received by adults in Scotland by age (2022-23)

Expenditure

Data on care at home funding is available via the [Scottish Local Government Financial Statistics LFR 03 workbooks](#), sourced from the [Local Financial Returns \(LFRs\)](#).

The gross expenditure of local authorities on care at home services (within adult social care) in 2022-23 was just over £1.1 billion – a climb of 9% from the previous year, but now exceeding that from 2018-19 by 21%.²⁹ Furthermore, 56% of the 2022-23 money was for care at home services not run directly by the council (i.e. external providers) – however, this is much lower than the percentage of services in the private or voluntary/not-for-profit sectors (83%).

For 2022-23, there was further gross expenditure of £265.9 million in adult social care to provide supporting living services³⁰, giving a combined total for both services of approaching £1.4 billion.

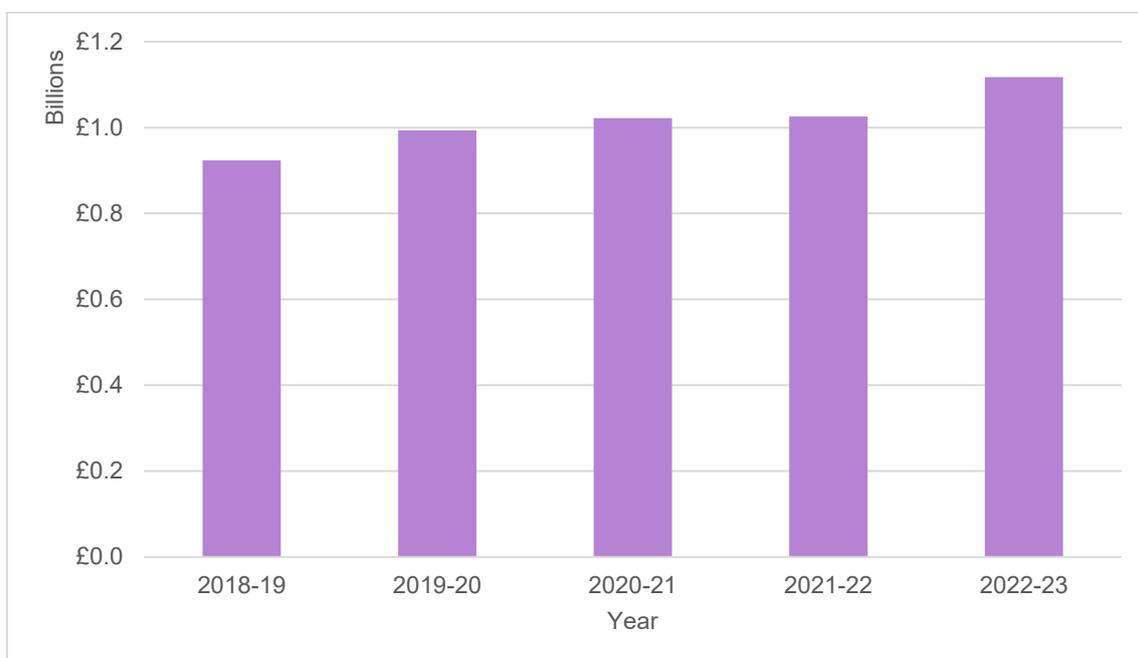


Figure 52. Gross local authority expenditure in cash terms on care at home (within adult social care) in Scotland

The graph below contrasts actual local authority funding for care at home services only with real-terms expenditure, i.e. by adjusting figures to take inflation into account.

²⁹ In the Scottish Local Government Financial Statistics workbooks, there may be inconsistency between some years on the exclusion of support services and recharges, and inclusion of contributions from other local authorities. We have simply quoted the expenditure figures as specified in each workbook.

³⁰ Expenditure on supported living services has only been given a separate entry in the LFR 03 workbooks since 2021-22, thus we do not include these figures on the accompanying graph.

We do this by using the [GDP deflators for December 2023](#). Our timeframe is from 2014-15 onwards.³¹

As such, the real-terms rise in spend from 2021-22 was only 2%, notably less than the increase in cash terms mentioned above. Between 2019-20 and 2020-21, real-terms funding fell by 2%.

Despite the growth in cash terms of 53% from 2014-15, the respective percentage in real terms was only 25%.

NB. For a closer picture of the trend in the data, the vertical axis in the below graph does not start from 0, as indicated by the ≠ symbol.

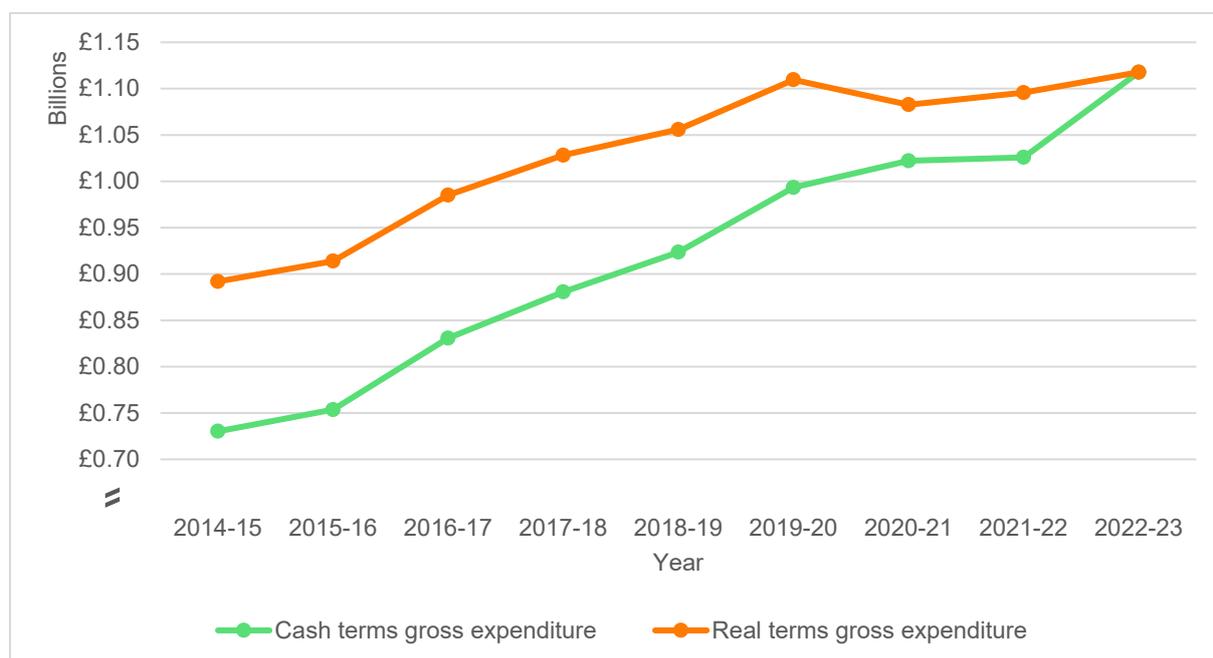


Figure 53. Gross local authority expenditure (cash terms and real terms) on care at home (within adult social care) in Scotland

Direct payments

Using [Public Health Scotland figures](#), an estimated³² 8,903 adults received a direct payment (self-directed support option 1) in 2021-22³³ – around 12% higher than the previous year, after a dip in recipients between 2019-20 and 2020-21.

³¹ [Figures on gross expenditure for homecare in 2014-15, 2015-16, and 2016-17](#) come from a Freedom of Information request submitted in 2018.

³² As the age breakdown is based on 'all areas submitted' data (i.e. 'the total of all areas that provided the required information only'), we uplift the figures for those aged 18 and over to produce an estimate for the whole of Scotland. We are also grateful to Public Health Scotland for their clarification on the robustness of the 2017-18 data.

³³ Data for 2022-23 was not available at the time of publication of this document.

According to 'all areas submitted' data, 54% of adult direct payment recipients in 2021-22 were between 18 and 64 in age.

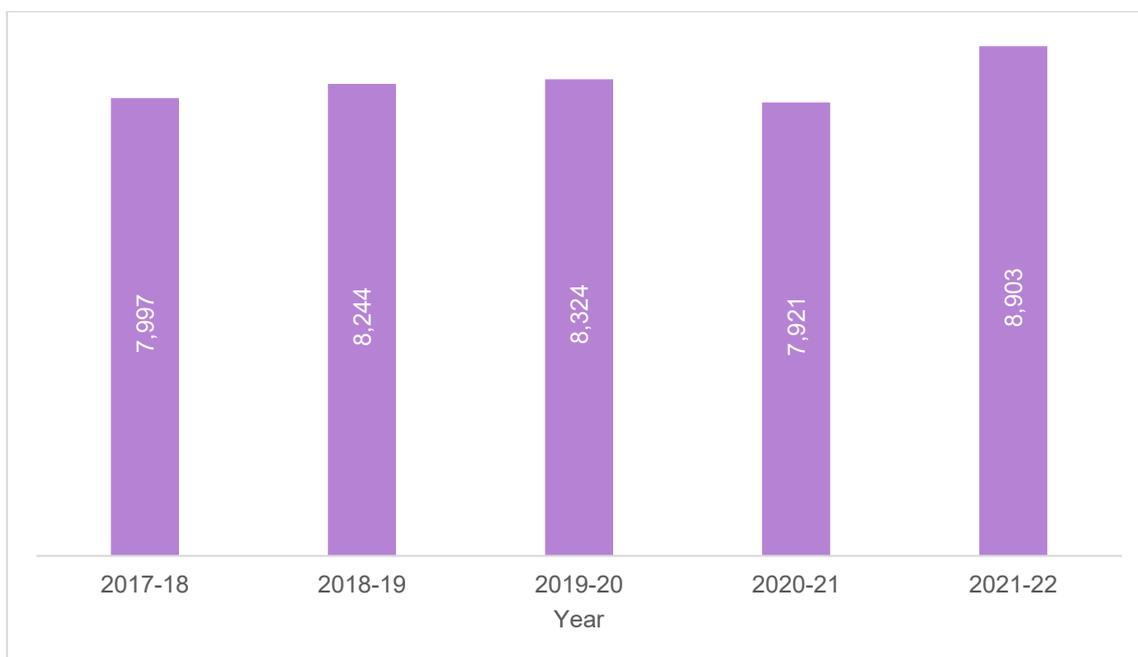


Figure 54. Estimated number of adults receiving a direct payment where an HSCP had an involvement in Scotland

Using [GDP deflators for December 2023](#) and a timeline from 2014-15 (as we used for care at home expenditure)³⁴, [current spend on direct payments](#) stands at £164.8 million – an increase of 15% in cash terms from 2021-22 (or 8% in real terms). Indeed, gross expenditure has risen year-on-year across our time period. Since 2014-15, actual funding has more than doubled, rising numerically by £91.3 million in cash terms (or by £75.0 million in real terms).³⁵

NB. As above, the vertical axis on the chart does not start from 0. In addition, the Scottish Government has identified data quality issues with direct payment expenditure figures (as specifically noted in their 2021-22 and 2022-23 LFR 03 workbooks), so this analysis should be treated as a guide only.

³⁴ [Figures on gross expenditure for direct payments in 2014-15, 2015-16, and 2016-17](#) come from a Freedom of Information request submitted in 2018.

³⁵ Akin to footnote 29.

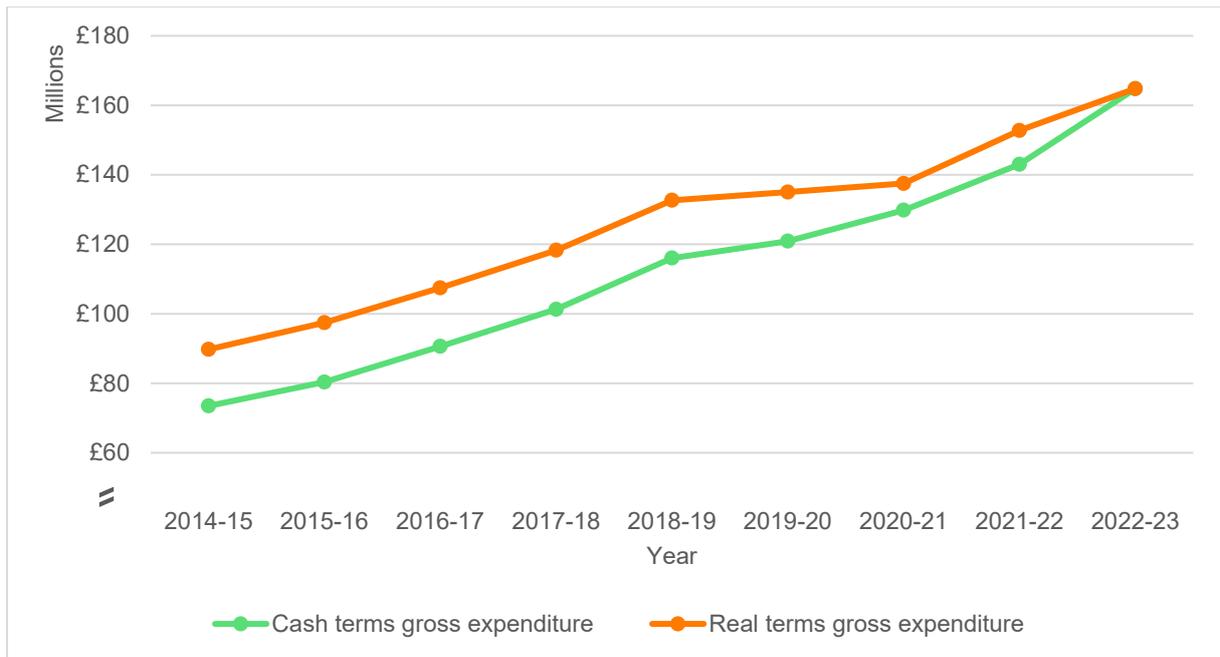


Figure 55. Gross local authority expenditure (cash terms and real terms) on direct payments (within adult social care) in Scotland

Workforce

As previously mentioned, the SSSC often aggregates care at home with housing support services in its datasets. However, to maintain consistency with other datasets analysed above, we exclude sole housing support, instead concentrating on sole care at home or care at home combined with housing support, using the SSSC's adults' services workforce tables/time series.

Thus, at the end of 2022, there were [65,810 staff employed in adults' services with a care at home element](#) – of these, 30% were working in sole care at home. Between 2020 and 2021, the sole care at home figures dipped by 6% and have not yet recovered to the 2020 mark. However, the sole care at home workforce has increased by 16% since 2018 (albeit from a lower starting point) compared with only 2% for combined services.

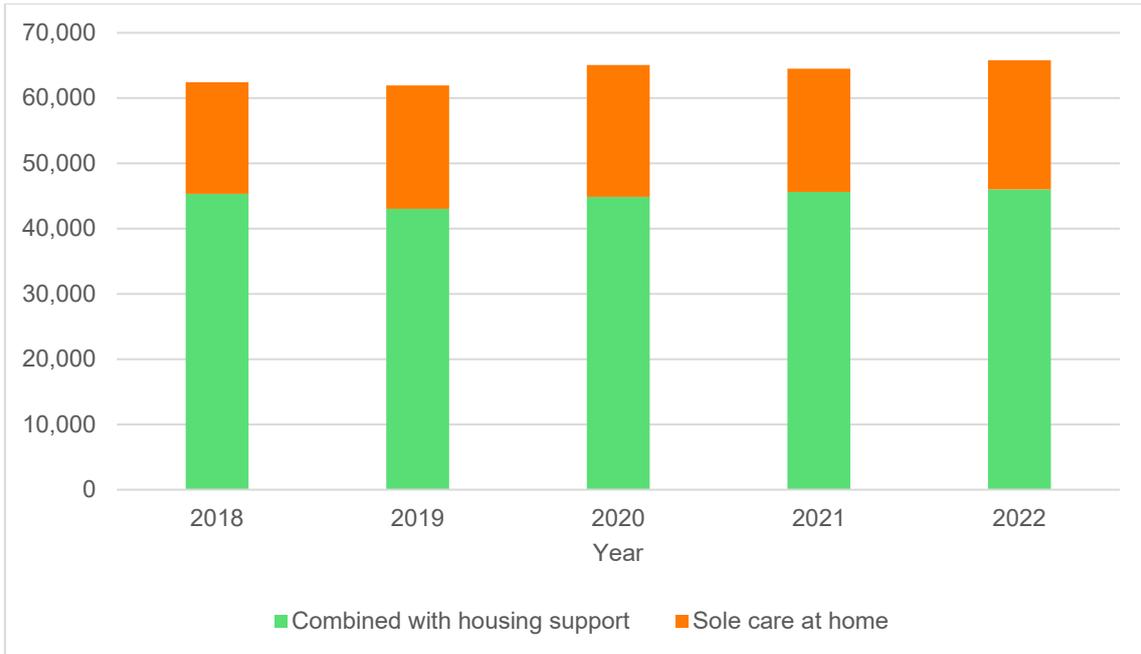


Figure 56. Number of staff employed in adults' services with a care at home element in Scotland (at the end of each year)

Care homes for adults employed 35% of the 2022 adults' services workforce – however, the aggregated proportion for services with a care at home element was 45%.

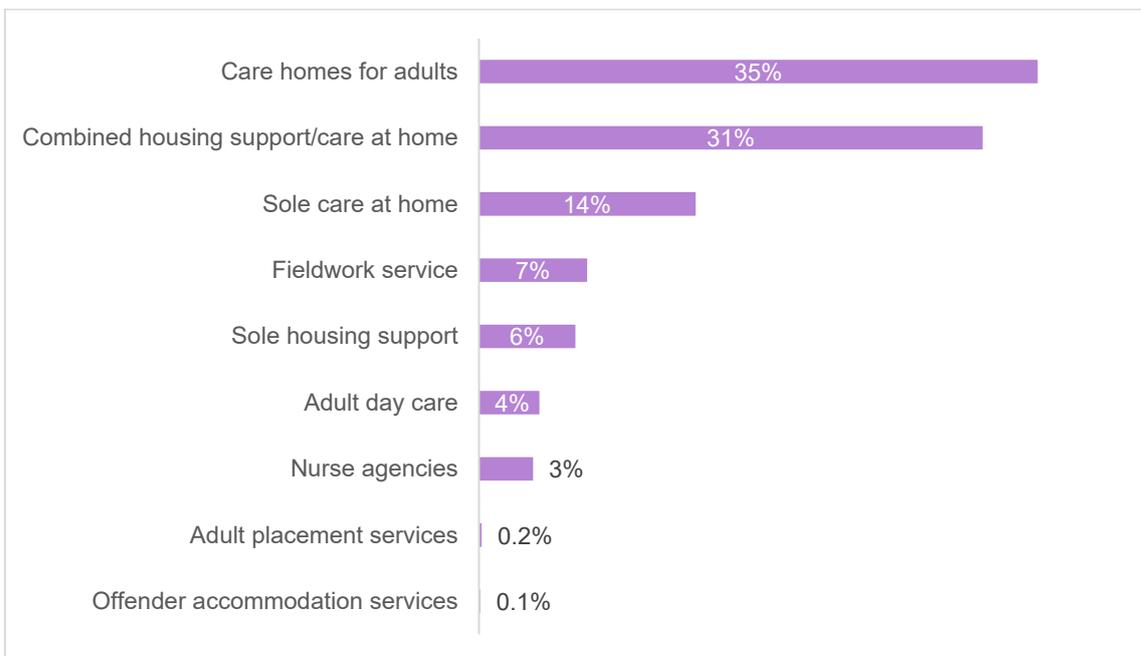


Figure 57. Percentage of adults' services staff in Scotland by service type (end of 2022)

The overwhelming majority (92%) of the sole care at home workforce was in frontline care jobs in 2022, similarly 93% in combined services. By taking an average of these figures, we estimate that this amounts to close to 60,875 staff with a care at home element. In addition, 6% of sole care at home and combined provision employees apiece were on a casual contract.

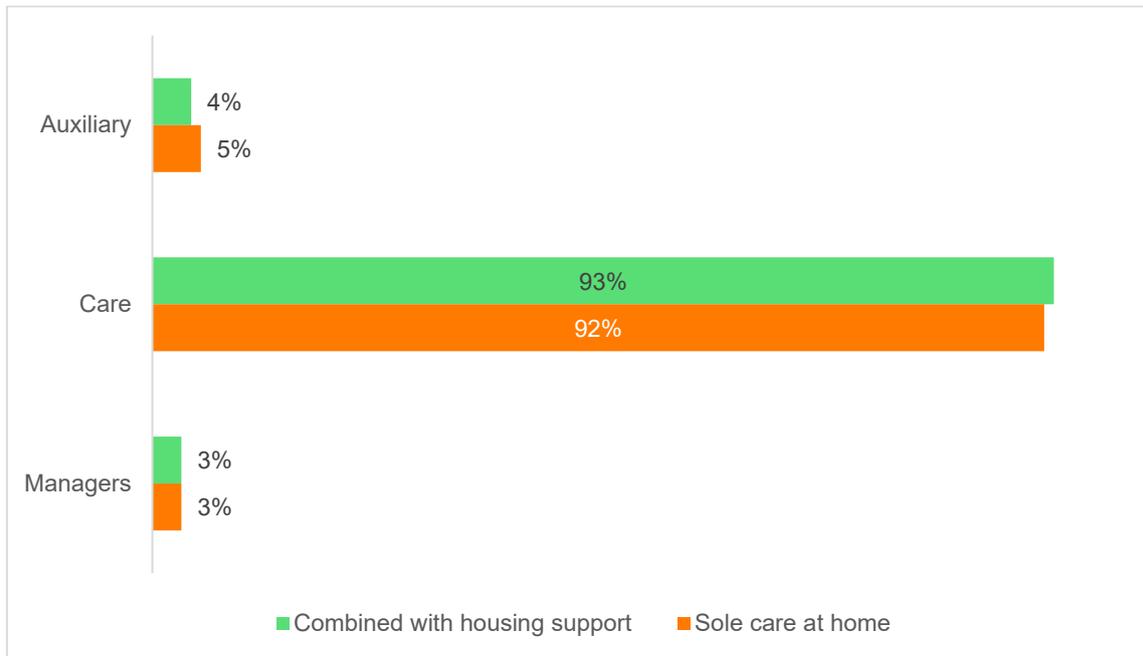


Figure 58. Percentage of staff employed in adults' services with a care at home element in Scotland by position (end of 2022)

The following table presents the [percentage gender breakdown of staff in adults' services with a care at home element](#) for 2022.

	Female	Male	Not known/Other
Combined with housing support	78%	20%	2%
Sole care at home	84%	14%	2%

The average (median) age of staff in each service type was 45 years.

While 44% of those employed in sole care at home were in the private sector, the corresponding figure for combined provision was only 22%. Indeed, for combined services, 48% were voluntary sector workers.³⁶

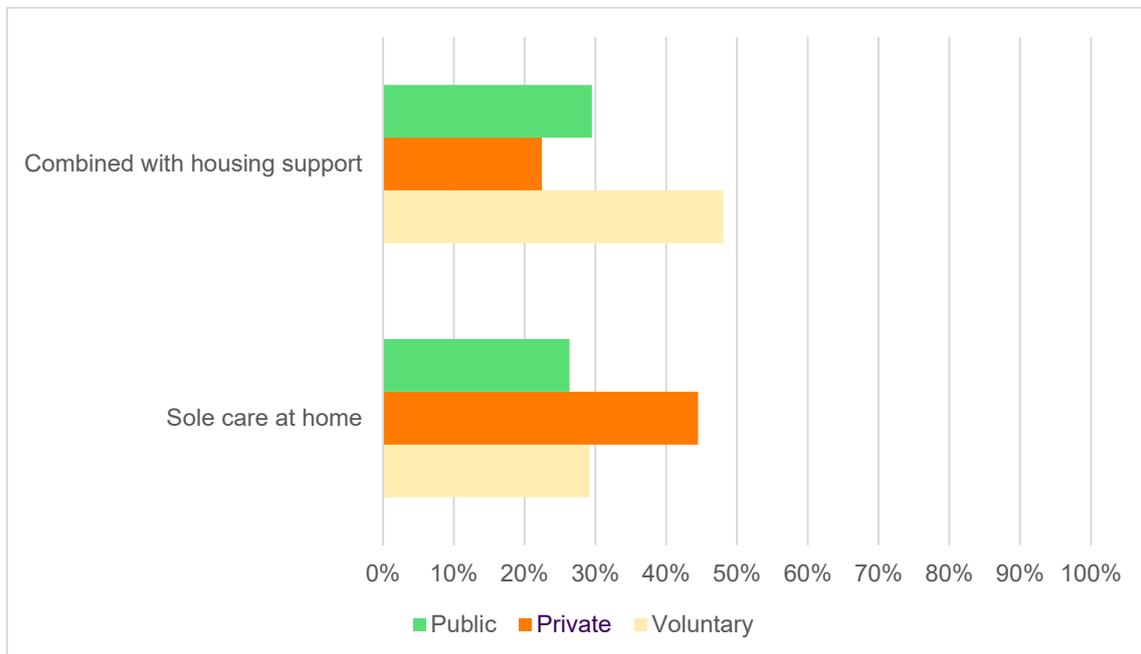


Figure 59. Number of staff employed in adults' services with a care at home element in Scotland by sector (end of 2022)

In care at home services (defined equivalently to the Care Inspectorate in their data), the rate of whole-time equivalent (WTE) vacancies reached its highest ever level by the end of 2022, since the SSSC first started reporting this data for 2016. The rate in care at home services was 12.2%, up by 4.9 percentage points from 2018, and was 'significantly above the national average for all care services of 8.7%'. This rate also rose to 13.3% in the private care at home sector.

NB. In the following graph, our vertical axis goes as far as 20% (rather than 100%) to provide a clearer picture of the fluctuations.

³⁶ Figures confirmed through email correspondence with SSSC.

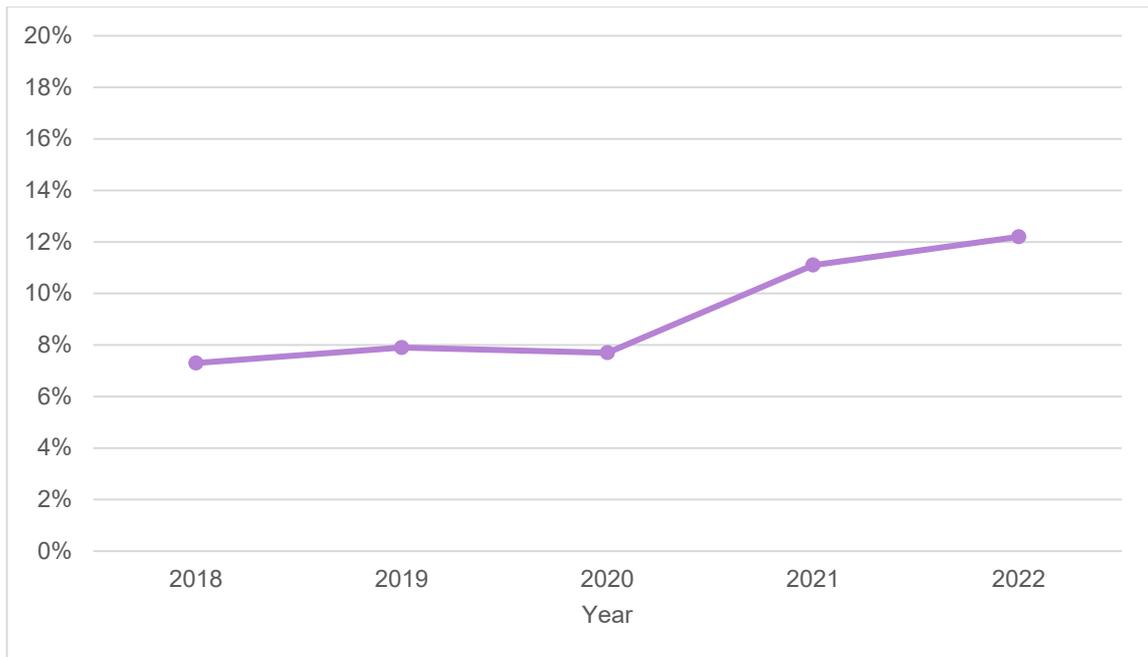


Figure 60. Rate of whole-time equivalent (WTE) vacancies in care at home services in Scotland (at the end of each year)

70% of care at home services were reporting vacancies as at 31 December 2022 – a fractional fall from the previous year, but still 11 percentage points above that in 2020. This proportion increases to 75% in the private sector, a similar statistic to that in care homes for older people (76%).

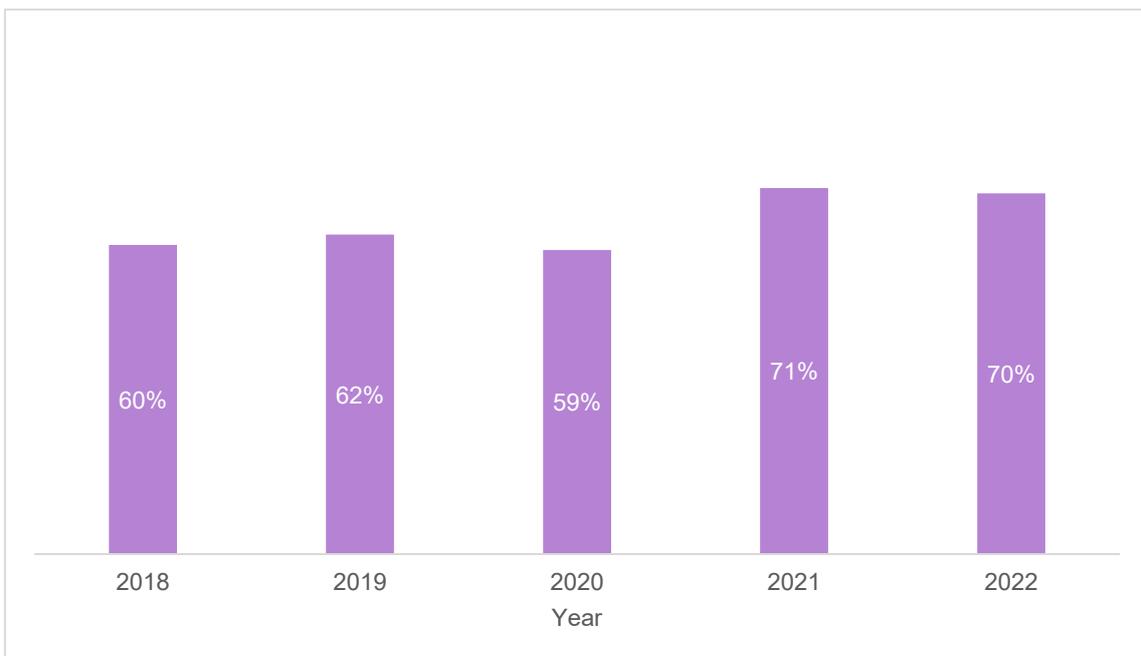


Figure 61. Percentage of care at home services in Scotland reporting vacancies (at the end of each year)

In September 2023, the Scottish Government announced that staff in the private and voluntary adult social care sector would receive a [minimum of £12 per hour from April 2024](#) (the Real Living Wage was subsequently raised to the same level across the United Kingdom). The [Scottish Budget 2024-25](#) outlined that the Scottish Government would inject over £200 million of extra spending to meet this pledge.

Northern Ireland

Regulation

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) regulates health and social care services, while conducting inspections of providers to bring about improvements in quality. Domiciliary care agencies (comprising conventional and supported living services) do not pay a registration fee, nor an annual fee to maintain their registration with RQIA.

RQIA inspections consider whether the care is safe, effective, compassionate and the service well-led. They do not currently use a ratings system.

The Northern Ireland Social Care Council (NISCC) regulates standards among the social care workforce. Registration with NISCC for social care workers (including for those in domiciliary care) is mandatory.

Providers

The RQIA's annual reports include data on domiciliary care providers.³⁷

As indicated in the chart below, the number of services has remained very steady over the last five years, with negligible change. By January 2024, the quantity of registered domiciliary care services had risen to 306.

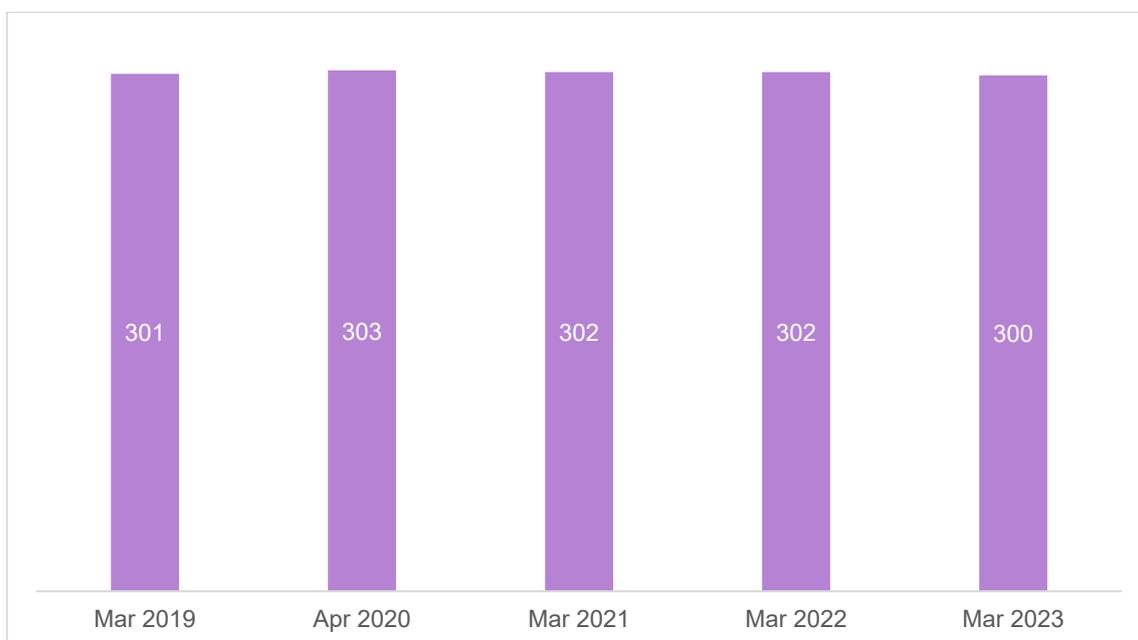


Figure 62. Number of registered domiciliary care services in Northern Ireland

³⁷ Prior to the 2021-22 annual report, RQIA split data for domiciliary care between conventional and supported living services. In this section, we have combined these figures.

In 2022-23, RQIA received 824 notifications³⁸ from domiciliary care agencies (108 of which related to safeguarding), a figure that is 6% lower than last year.

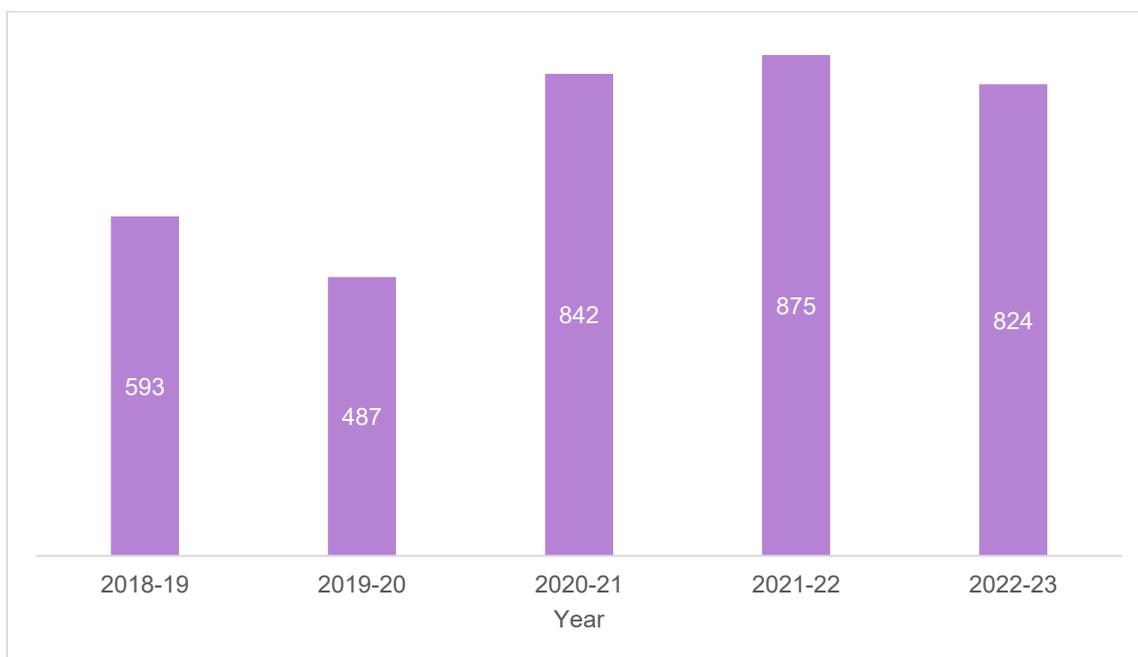


Figure 63. Number of notifications submitted to RQIA by domiciliary care agencies in Northern Ireland

61% of inspections of domiciliary care agencies in 2022-23 had no areas for improvement identified (indicated by a quality improvement plan not being issued). This is the highest such percentage over the last five years – the comparable 2022-23 figure for residential homes was just 26%.

NB. The 2019-20 annual report splits data on services with no areas for improvement between domiciliary care and supported living, but the breakdown of inspections by service type only lists domiciliary care agencies – we assume that this includes supported living services.

The 2021-22 proportion in the chart below (highlighted in red) is an anomaly, as RQIA incorporated domiciliary care into the broader ‘Agencies and Day Care’ category.

³⁸ As explained in [RQIA’s 2022-23 annual report](#): “Every registered provider is required to notify RQIA where specific categories of incidents or events occur within their service. These include:

- accidents and incidents
- deaths (expected and unexpected)
- injuries and fractures
- infectious diseases
- medication issues
- police incidents, theft or burglary
- misconduct.”

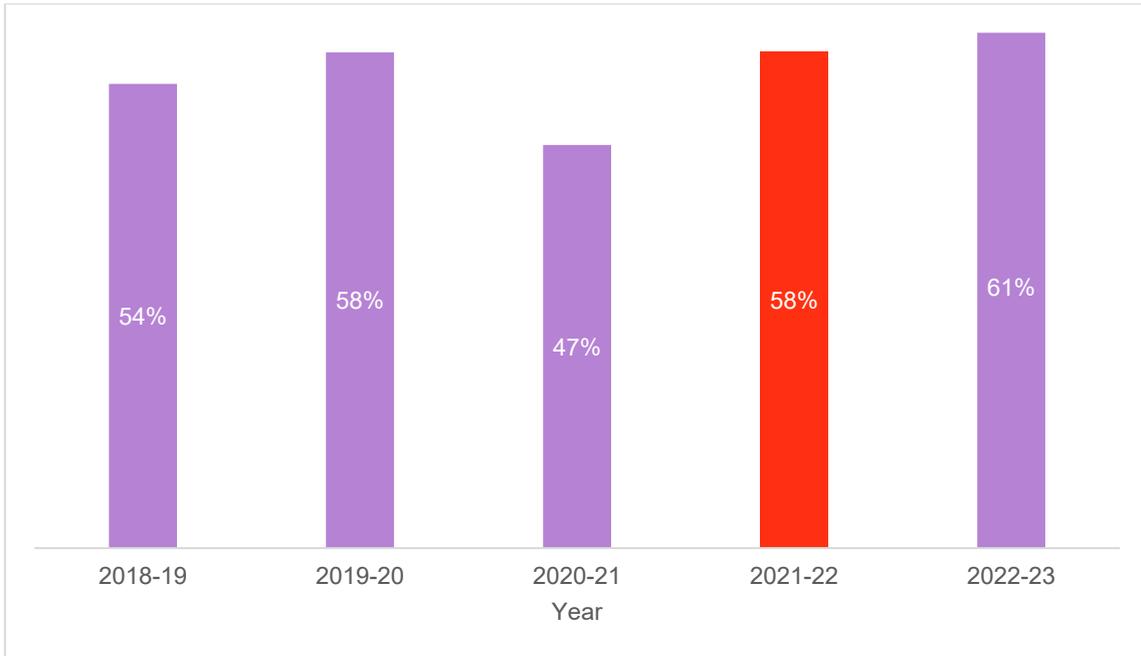


Figure 64. Percentage of inspections of domiciliary care agencies (except 2021-22) in Northern Ireland with no areas for improvement identified/no quality improvement plan issued

Northern Ireland’s Department of Health releases [information on complaint issues](#) (whereby a single complaint communication may contain more than one issue) received by Health and Social Care (HSC) Trusts. There were 59 complaint issues regarding domiciliary care services in 2022-23 – the highest such number since 2017-18. However, only 12 complaint issues related to contracted, regulated domiciliary services.

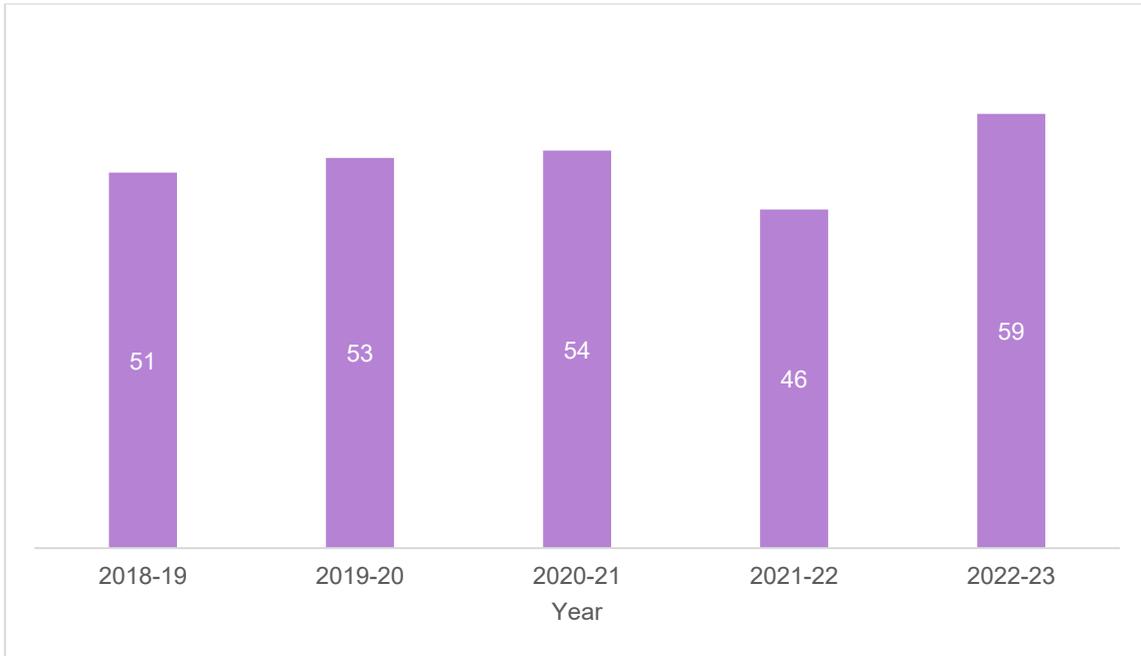


Figure 65. Number of complaint issues received by HSC Trusts about domiciliary care services in Northern Ireland

People who use services

During a survey week in September 2023, 23,249 adults were receiving domiciliary care funded by HSC Trusts (excluding the double counting of those being supported by both statutory and independent sectors). While this figure is 3% higher than the previous year, it remains slightly below the 2019 mark.

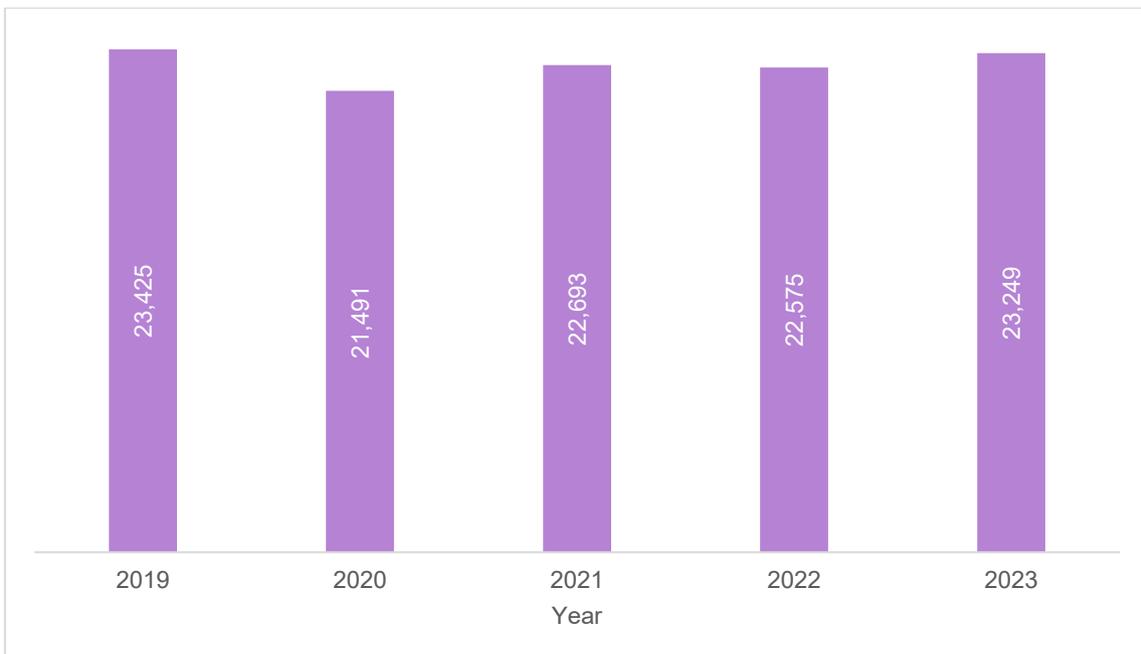


Figure 66. Number of adults receiving domiciliary care funded by HSC Trusts during a survey week in Northern Ireland

Using England figures over the last five years to compute an average percentage of those receiving care in their own home at one point in time out of those for the whole year, we estimate that, throughout 2023-24, around 31,600 adults received state-funded domiciliary care in Northern Ireland.

We cannot estimate the number of people currently funding their own home care in Northern Ireland. [A 2018 report](#) suggested that the percentage of older people in receipt of domiciliary, day and other care who self-fund was 7%.

Those aged 65 or over accounted for 85% of the total number of adults receiving domiciliary care in 2023. Within this category, the overwhelming majority (96%) were in the client group ‘elderly’. For those under the age of 65, 65% had a physical disability.

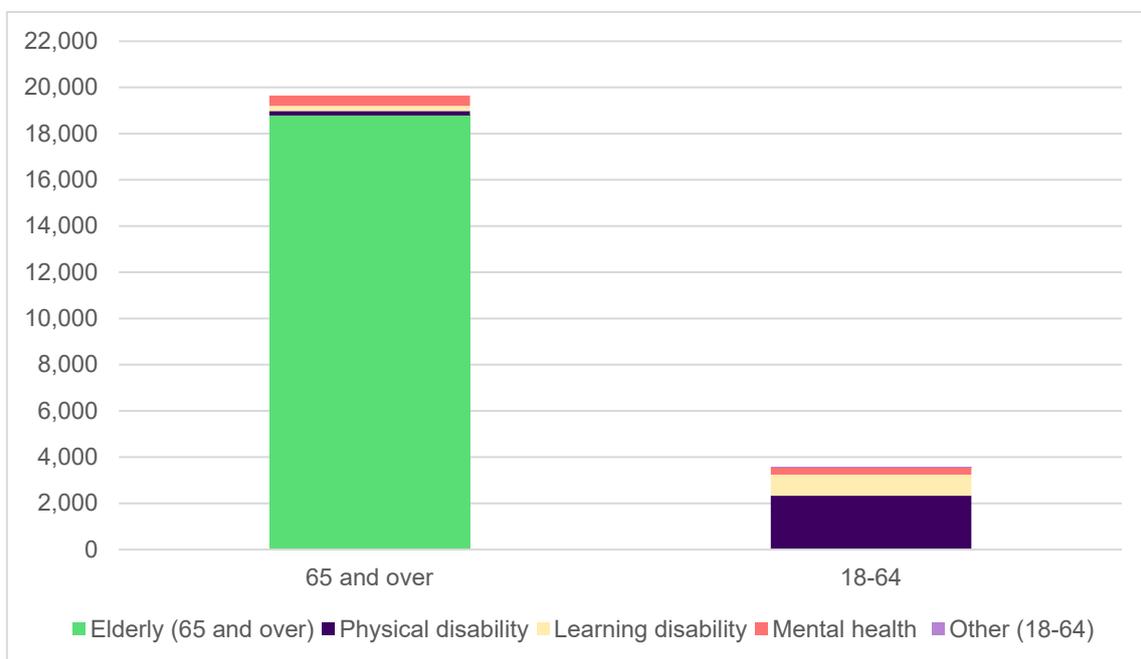


Figure 67. Number of adults receiving domiciliary care funded by HSC Trusts during a 2023 survey week in Northern Ireland by client group

Hours and visit length

In the 2023 survey week, adults received an [estimated 294,353 hours of domiciliary care](#) as a result of HSC Trust funding – equating to over 15.3 million hours during the year (approximately). This is the second successive year that the number of hours has declined, and the figure is now 2% lower than in 2021.

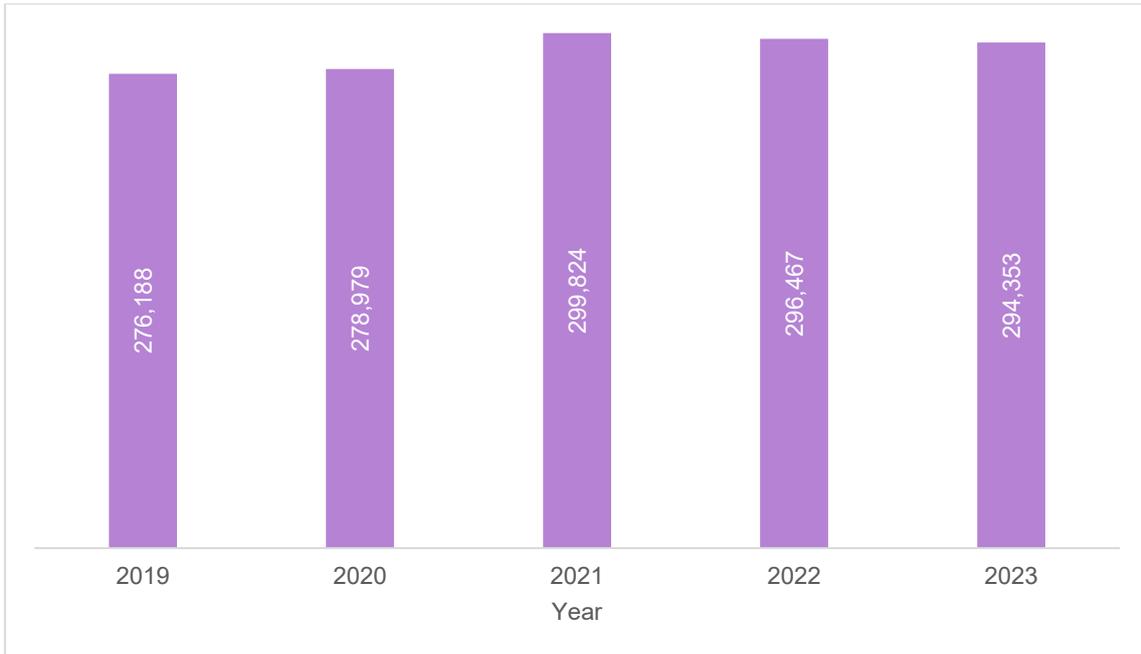


Figure 68. Estimated number of domiciliary care contact hours delivered to adults and funded by HSC Trusts during a survey week in Northern Ireland

In 2023, the independent sector provided 76% of these contact hours – a rise of four percentage points from the previous year.

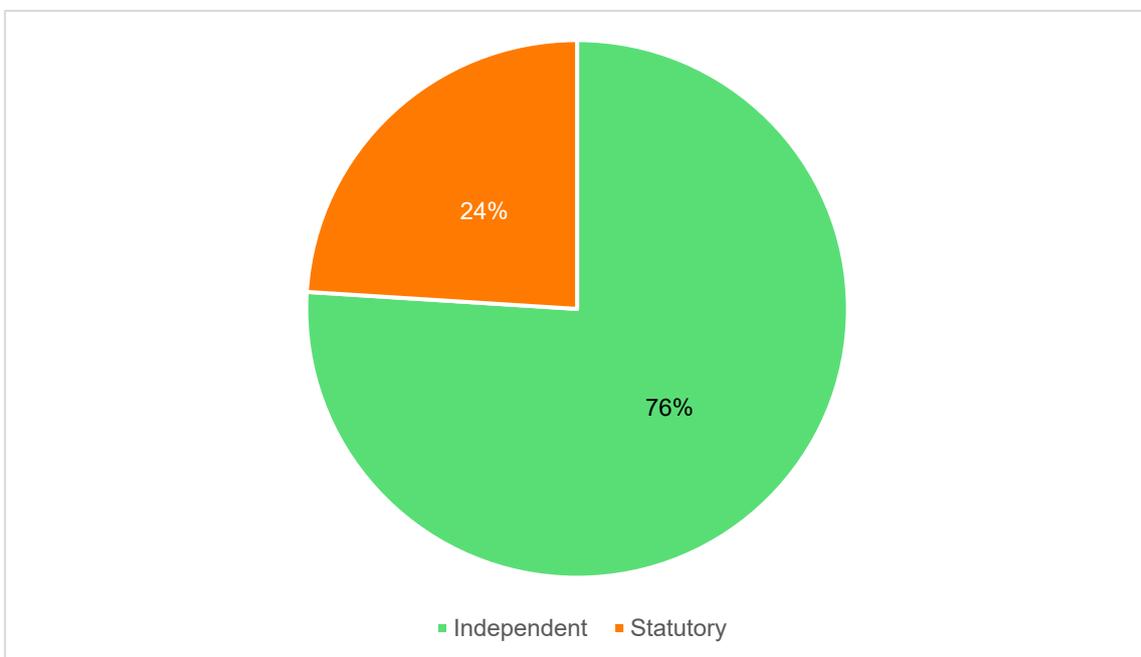


Figure 69. Estimated percentage of domiciliary care contact hours funded by HSC Trusts in Northern Ireland delivered to adults by sector (survey week, 2023)

According to Department of Health data, almost a third (32%) of domiciliary care visits were 15 minutes or less during the 2023 survey week, amounting to 191,009 visits – a total that has augmented by 19% from 2019.

Of these, in 2023, the independent sector contributed the clear majority (78%). While the number of 15-minute or less visits delivered by the statutory sector has decreased by 8% from 2019, that for the independent sector has increased by 30%.

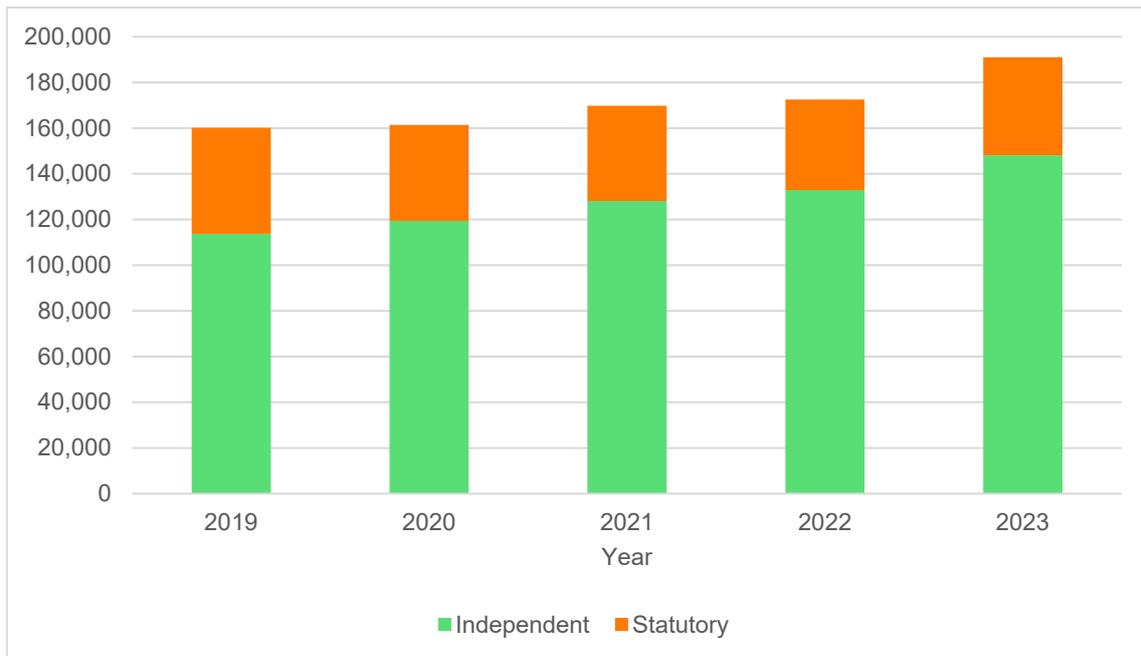


Figure 70. Number of domiciliary care visits of 15 minutes or less delivered to adults and funded by HSC Trusts during a survey week in Northern Ireland by sector

Expenditure

The Department of Health in Northern Ireland does not routinely publish gross expenditure figures on domiciliary care by HSC Trusts, and this information is typically not available elsewhere.

Direct payments

The following chart depicts how many adults (clients and carers) received direct payments during each quarter. We label only December of each financial year (i.e. the end of quarter 3).³⁹

Therefore, [5,206 adults received direct payments](#) during the quarter ending December 2023 – a figure that is 21% higher than during the quarter ending December 2019. Mostly (in particular, other than a drop early in the COVID-19 pandemic), we can see that this figure has been steadily increasing (and includes “one-off and payments which ceased during [a] quarter”).⁴⁰

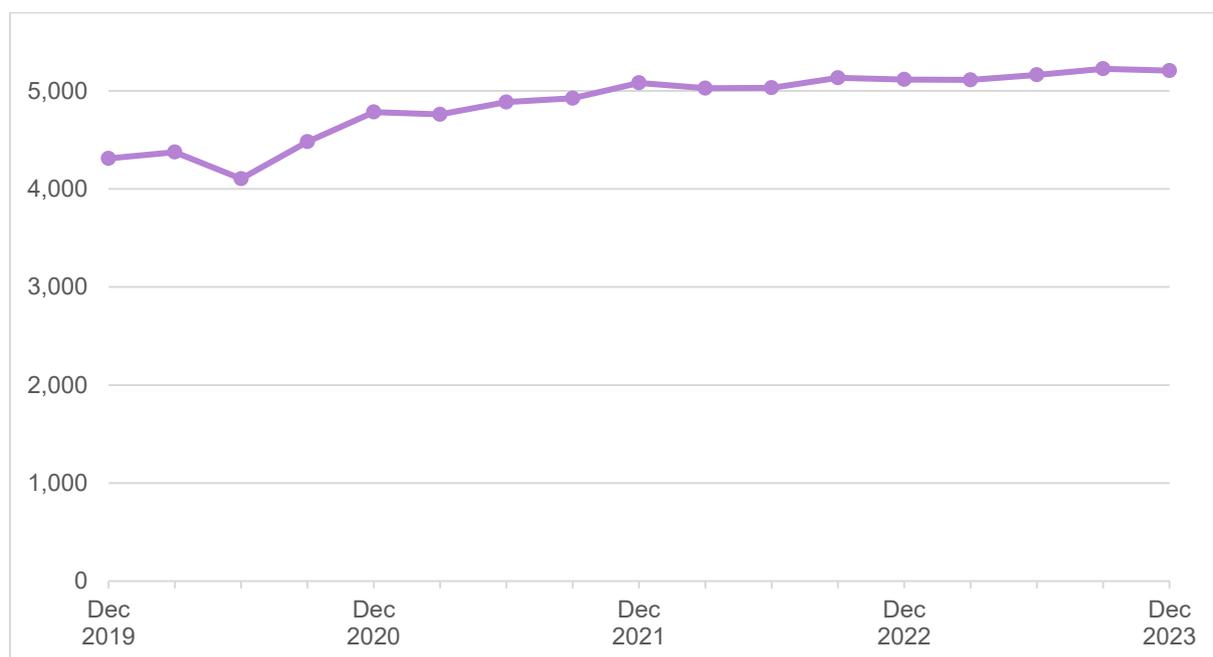


Figure 71. Number of adults receiving direct payments from an HSC Trust during each quarter in Northern Ireland

We now contrast the actual amount paid by HSC Trusts on direct payments throughout the year with expenditure in real terms, i.e. by adjusting figures to take

³⁹ The Department of Health releases data on direct payments quarterly, and to calculate figures for adults, we exclude the client groups ‘Family and Child Care’, ‘Children with a Disability’ and ‘CAMHS’ (as outlined in the dataset notes, Programme for Government: Indicator 9 includes the other client groups and this relates specifically to adults). Data for previous years is available through the Department’s [Statistics on Direct Payments by Client Group](#) spreadsheet. However, some information for 2019-20 (both number of payments and expenditure) is missing, so we have sourced the December 2019 datapoint from a previous iteration of the quarterly data.

⁴⁰ The dataset refers to the ‘number of direct payments paid during quarter’. In email correspondence, the Community Information Branch within the Department said that this refers to the “total number of clients and carers who are in receipt of payments during the quarter”. They added that summing across quarters to obtain an annual figure for the total number of clients and carers is not possible, as this will “count people in receipt of payments in more than one quarter multiple times”.

inflation into account. We do this by using the [GDP deflators for December 2023](#). Our timeframe stretches back to 2015-16.⁴¹

The total amount paid⁴² in direct payment to adults in 2022-23 was £55.5 million – an increase of 12% in cash terms from the previous year, but only 5% in real terms.

Since 2015-16, we estimate that actual funding has more than trebled, rising numerically by £37.9 million in cash terms (or by £34.2 million in real terms).

NB. For a closer picture of the trend in the data, the vertical axis in the below graph does not start from 0, as indicated by the ≠ symbol.

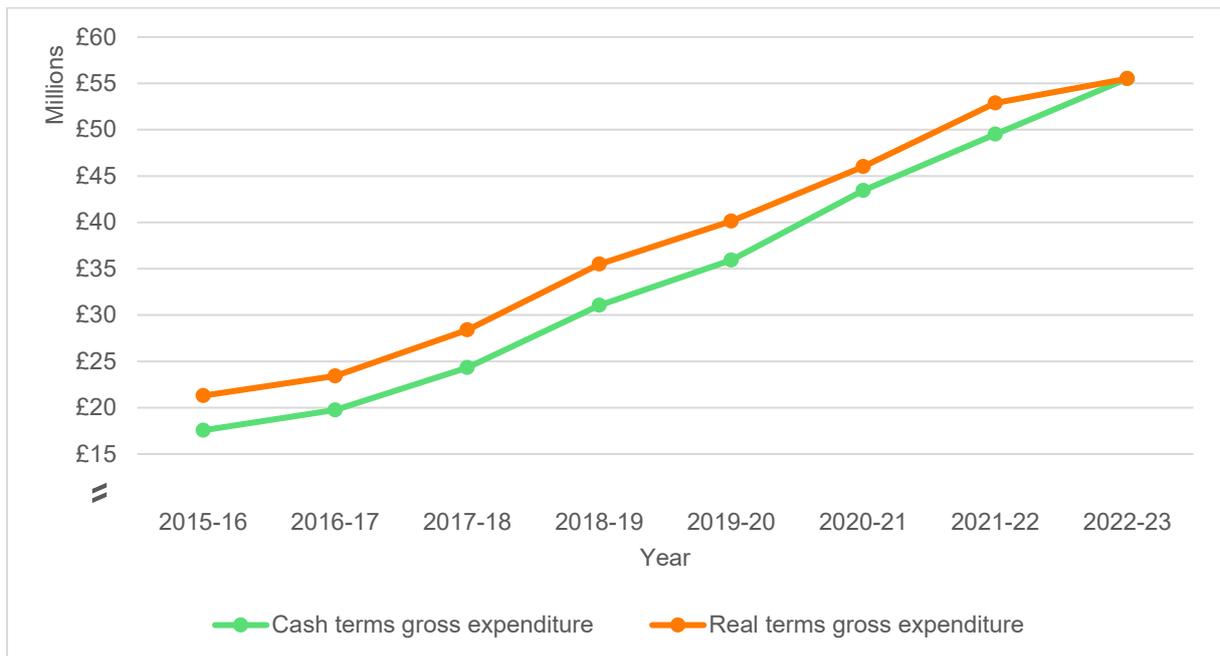


Figure 72. Total amount paid (cash terms and real terms) by HSC Trusts on direct payments for adults in Northern Ireland

Older people have regularly received the largest (cash-terms) amount in direct payments, constituting 41% of the 2022-23 total. In fact, since 2018-19, the spend for this client group has enlarged by 88%, with an even higher percentage increase (96%) for those with a learning disability. However, the mental health category has seen a much more slender rise of just 8% over this time period.

⁴¹ Data on direct payments from 2007 onwards is available through the Department’s [‘Statistics on Direct Payments by HSC Trust’](#) spreadsheet. However, the first data with a breakdown by client group came at the end of 2015, meaning that we have estimated a figure for the full 2015-16 year. Otherwise, akin to footnote 39.

⁴² The datasets refer to ‘amount paid’, rather than ‘gross expenditure’.

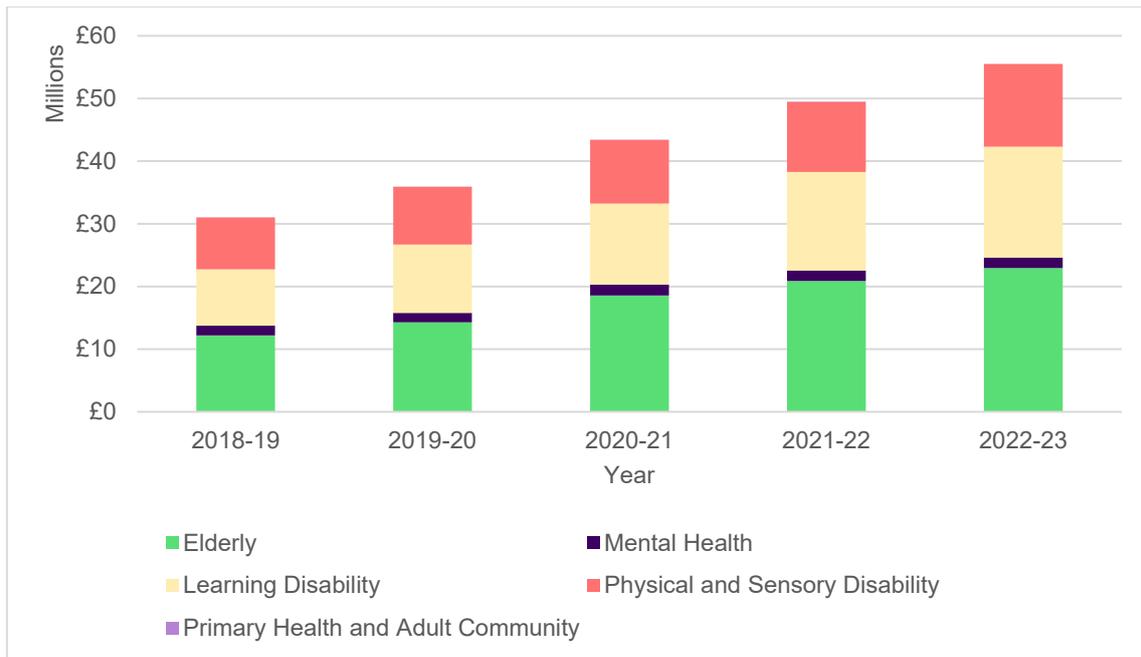


Figure 73. Total amount paid in cash terms by HSC Trusts on direct payments for adults in Northern Ireland by client group

Workforce

At the end of December 2023, there were 15,212 registered domiciliary care staff, of which 14,750 were careworkers and 462 were managers. A further 3,092 people were working in supported living.⁴³

The size of the current combined domiciliary care and supported living workforce is 8% lower than in April 2021, caused by a sudden 18% fall in domiciliary care staff between April 2021 and May 2022. However, there are now 776 more supported living employees than in April 2021 – a rise of 34%.⁴⁴

⁴³ Figures provided through email correspondence with NISCC.

⁴⁴ April 2021 figures: NISCC (email correspondence); May 2022 figures: [Project ECHO NI](#).

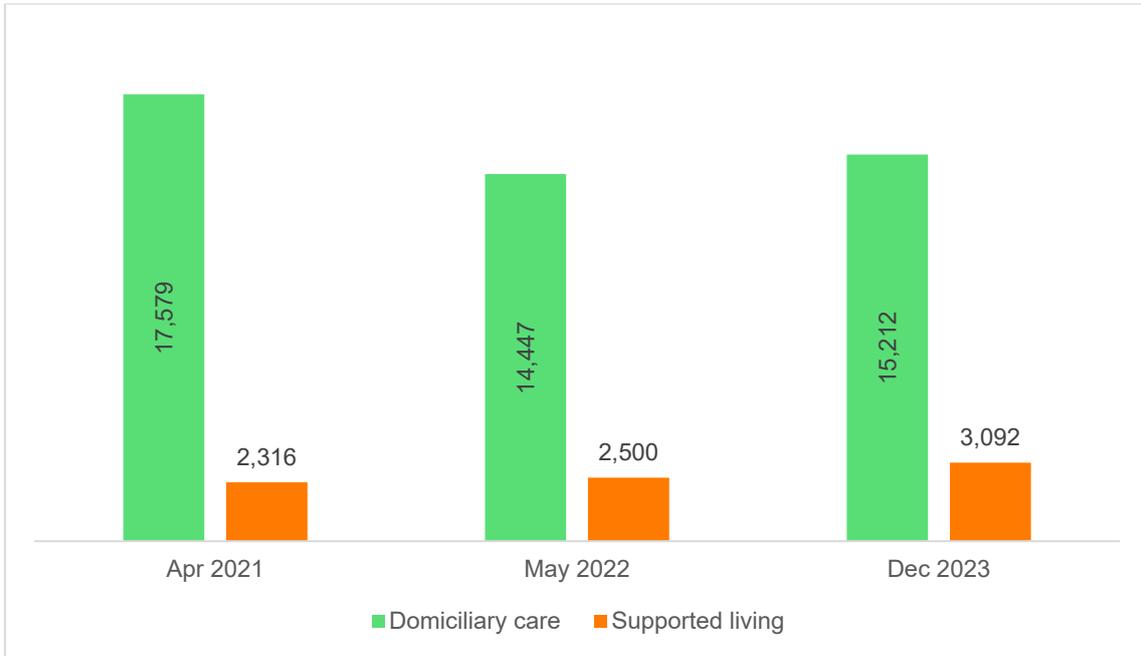


Figure 74. Number of registered domiciliary care and supported living staff in Northern Ireland

According to NISCC figures⁴⁵, domiciliary care and supported living employ 47% of the registered social care workforce – three percentage points higher (using exact figures) than in residential care.

⁴⁵ In email correspondence, NISCC said that these include “those registrants employed in social care (non-social work) whose roles are covered by compulsory registration and roles where the employer has required their staff to register.”

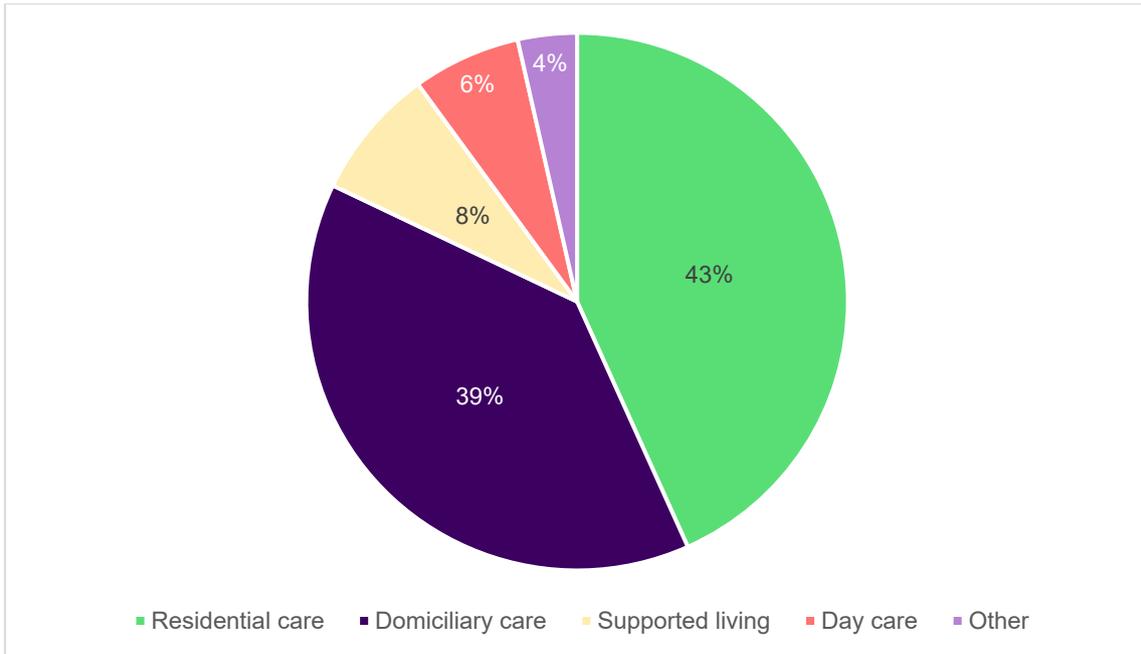


Figure 75. Percentage of registered social care staff in Northern Ireland by service type (December 2023)

[Department of Health figures](#) reveal that, at the end of December 2023, there were 349 domiciliary care worker vacancies being actively recruited in Health and Social Care in Northern Ireland – 23% lower than the mark of the previous year. A specific vacancy rate for domiciliary care is, however, not available (only a broader ‘social care staff’ category).

[Public procurement rules](#) stipulate that payment of the Real Living Wage is now compulsory for all contracts. This pay rate rose to [£12.00 per hour across the United Kingdom in October 2023](#).

Appendix 1

Data sources and notes/caveats for the graphs in the ‘Nation comparison’ section are below. This relates to numbers from the original sources.

Figure 1

England: [NHS Digital](#). We have adjusted these numbers with an estimate to include short-term support. The definition is part of a more broad ‘accessing community support’.

Wales: StatsWales, both [from 2016-17 to 2018-19](#) (which refers to ‘domiciliary care’) and [prior to April 2016](#) (refers to ‘home care’). When questioned on these definitions, the Welsh Government replied by email: “Even though the definitions are the same for the two, the data published in the datasets is not comparable. This is due [to] changes in definitions in legislation and measurement.” Thus, we have added figures computed from the old dataset to the graph as a guide only, indicated by the dotted line. In addition, relative to the definitions in Scotland and Northern Ireland, we have included figures for supported accommodation ([defined on page 21 of the 2018-19 Welsh Government report](#)) in each year. We have estimated the number of adult homecare recipients and people in supported accommodation for 2015-16, as no data was available for during the year.

Scotland: [Public Health Scotland](#) and the discontinued [Social Care Services, Scotland](#) publication. We have estimated annual numbers for between 2014-15 and 2017-18 (published data is for a single week only).

Northern Ireland: [Department of Health](#). We have estimated annual numbers for each year (published data is for a single week only).

Figure 2

England: [LaingBuisson’s](#) Homecare and Supported Living Market Report (fifth edition). As this is annual data, we have computed ‘per week’ numbers. Relative to the definitions in Scotland and Northern Ireland, we have included the contact hours for supported living. The dataset refers to ‘all ages’, thought to mean ‘working-age adults and above’.

Wales: [StatsWales](#) for 2014-15 and 2015-16, and [ADSS Cymru](#) for 2018-19. However, it is unknown whether the definitions are the same between datasets. We divide the figures from both sources by the number of weeks in a year (note that a related StatsWales dataset on [hours during a sample week](#) is not comparable at the Wales level).

Scotland: [Public Health Scotland](#) and the discontinued [Social Care Services, Scotland](#) publication. There is a slight anomaly with the 2014-15 statistic, but we have used it as stated.

Northern Ireland: [Department of Health](#).

Figure 3

England: [NHS Digital](#). We have adjusted these numbers with estimates to include short-term support. Relative to the data in Wales and Scotland, we have not included expenditure on supported living. Data is for 'gross current expenditure', namely gross total expenditure minus capital charges.

Wales: [StatsWales](#). We have not included expenditure on 'supported and other accommodation'.

Scotland: [Scottish Local Government Financial Statistics](#) from 2017-18 onwards and a [Freedom of Information request](#) regarding gross expenditure on homecare and self-directed support for previous years. There is though some inconsistency on the exclusion of support services and recharges, which we have not accounted for.

Northern Ireland: data not routinely published. [In 2014-15, spending on domiciliary care](#) (both statutory and independent sectors) was £204.4 million. As the reference does not specifically mention whether this relates to gross (not net) expenditure, we have decided not to plot this on the graph.

Figure 4

England: [NHS Digital](#). We have adjusted homecare numbers with estimates to include short-term support.

Wales: [StatsWales](#). The total adult social care spend figures for 2020-21 and 2021-22 include additional COVID-19 expenditure and we have also included money spent on service strategy for all years (for England, there is similar spend under the category of 'commissioning and service delivery').

Scotland: [Scottish Local Government Financial Statistics](#) and a [Freedom of Information request](#) regarding gross expenditure on homecare and self-directed support for previous years. As the Local Financial Returns (LFRs) (which capture the financial data summarised by the SLGFS workbooks) have undergone changes over time, there is [guidance on how to produce comparable time series](#). However, as the Scottish Government has not published the workbooks that contain a comprehensive social care expenditure breakdown for years prior to 2017-18, we do not make these slight adjustments and so treat adult social care spend figures with a little caution. However, we have adjusted figures for 2019-20 and 2020-21 so that both homecare and adult social care figures exclude support services and recharges. The

spreadsheets contain spend on service strategy – however, as this does not fall specially under adult social care, we have excluded this.

Northern Ireland: data not available.

Figure 5

England: [NHS Digital](#). We have adjusted these numbers with an estimate to include short-term support and relate to ‘direct payment only’.

Wales: [StatsWales](#), [from 2020-21 onwards](#), [between 2016-17 and 2018-19](#) and [prior to April 2016](#). Similar to the notes for Figure 1, the Welsh Government advised not to compare between different datasets. Therefore, we have used three different styles of line on the graph to show that the figures should be treated as a guide only. We have estimated the number of recipients for 2015-16, as no data was available for during the year. We have done likewise for both 2020-21 and 2021-22 (the current dataset records the “total number of adults with a care and support plan where needs are met through a direct payment at 31 March”).

Scotland: [Public Health Scotland](#) and the discontinued [Social Care Services, Scotland](#) publication. For the latter, the data collection for self-directed support, including direct payments, relates to the financial year (unlike for homecare). Note that, from 2017-18 onwards, we have uplifted the ‘all areas submitted’ data – see the ‘Direct payments’ section in Scotland for more details.

Northern Ireland: the Department of Health releases data for each quarter, but this cannot be summed to obtain annual figures – see the ‘Direct payments’ section in Northern Ireland for more details.

Figure 6

England: [NHS Digital](#). We have adjusted these numbers with an estimate to include short-term support. Data is for ‘gross current expenditure’.

Wales: [StatsWales](#).

Scotland: [Scottish Local Government Financial Statistics](#) from 2017-18 onwards and a [Freedom of Information request](#) regarding gross expenditure on homecare and self-directed support for previous years.

Northern Ireland: [Department of Health](#). The first breakdown by client group (and thus for adults) was for the quarter ending 31 December 2015, meaning that we have estimated for the full 2015-16 year.

Figure 7

England: Skills for Care, in [2022-23](#) as well as [2021-22 and prior](#).

Wales: [Social Care Wales](#). This may not be restricted to adult domiciliary care specifically.

Scotland: Scottish Social Services Council, both [in 2022](#) and [prior to this](#). Note that the figures include services combined with housing support.

Northern Ireland: data not routinely published. Information for 2021-22 is from the Northern Ireland Social Care Council (email correspondence), for 2022-23 from [Project ECHO NI](#). Figures may not be restricted to adult domiciliary care specifically.

Appendix 2

Definitions of homecare, where provided, for the main data sources referenced in this document are as follows:

UK/England

LaingBuisson – Homecare and Supported Living: Market Reports

LaingBuisson distinguishes between various services.

England

Care Quality Commission (CQC)

[As referenced by CQC](#), the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) defines the regulated activity of ‘personal care’ (as delivered by homecare agencies).

Local Government & Social Care Ombudsman – Annual Reviews of Adult Social Care Complaints

There is a separate breakdown for both homecare and supported living.

NHS Digital – Adult Social Care Activity and Finance Reports

On their website, NHS Digital has a [comprehensive data dictionary](#), with definitions of relevant terms.

Office for National Statistics (ONS) – Estimating the size of the self-funding population in the community, England: 2022 to 2023

The ONS refers to '[community care services](#)', which “could include domiciliary care services, extra care housing services and supported living services.” In the dataset, there is a breakdown between domiciliary care and community care services that do not provide domiciliary care.

Skills for Care

As specified in '[The state of the adult social care sector and workforce in England, 2023](#)' report, ‘adult domiciliary care’ includes supported living and extra care housing.

Wales

Care Inspectorate Wales/Social Care Wales

Both [Care Inspectorate Wales](#) (which informs [StatsWales provider data](#)) and [Social Care Wales](#) refer to ‘domiciliary support services’ (which, according to Care Inspectorate Wales, includes supported living). The [Regulation and Inspection of Social Care \(Wales\) Act 2016](#) defines this term, with elements not treated as such outlined in [The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2017](#).

Welsh Government (data available through StatsWales)

[The technical guidance](#) underpinning the Social Services activity data refers to the [Social Services and Well-being \(Wales\) Act 2014](#), which defines ‘domiciliary care’ and ‘domiciliary care provider’.

For the ‘Social services revenue outturn expenditure by client group’ dataset on StatsWales, [guidance notes](#) explain what local authorities should include under the category of ‘home care’.

Scotland

Care Inspectorate

Some information on what can constitute a ‘care at home’ service is available in the respective [quality framework](#).

Public Health Scotland

The data dashboard (under ‘About’ in the ‘Information’ tab) provides [a full definition of ‘care at home services’](#).

Scottish Government – Social Care Services, Scotland

Homecare [includes reablement services](#).

Scottish Local Government Financial Statistics

Since 2021-22, the LFR 03 workbook has distinguished between supported living and care at home services. There are definitions in the [‘2022-23 Local Financial Returns \(LFRs\) guidance notes’](#).

Scottish Social Services Council (SSSC)

The [SSSC website](#) defines ‘care at home’ and ‘housing support’.

Northern Ireland

Department of Health – Domiciliary care services for adults in Northern Ireland

The [Glossary of the 2023 report](#), for example, defines the services included as part of ‘domiciliary care’.

Northern Ireland Social Care Council (NISCC)

NISCC uses the definition of ‘domiciliary care’ as quoted in the Department of Health’s [‘Rapid Learning Review of Domiciliary Care In Northern Ireland’ report](#) from 2020.⁴⁶

Regulation and Quality Improvement Authority (RQIA)

The [respective minimum standards](#) refer to the definition of ‘domiciliary care agency’ under [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#) (note that the Department of Health’s [‘Complaints and Compliments Received by HSC Trusts’](#) series also mentions this order). The RQIA also includes ‘supported accommodation services that provide personal care in addition to housing support services’ in this set of minimum standards.

⁴⁶ Confirmed through email correspondence with NISCC.

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Shaping homecare together

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