Homecare Association

Impact Report 2024-25

Shaping homecare together

We are proud to be the ...

What we did in 2024-25

2,243 members

92 factsheets made available

135,601 visitors to our website

182 attendees at our Tech + Homecare Conference

28,000+ social reach

119,219 views of our resources

48 training courses

846 attendees

13,751 completed DBS applications

20,000 views of our news and good news articles

22 webinars with a total of **1,294** attendees

200bn combined media reach

467 helpline cases resolved

10,000+ *Homecare* magazines distributed

2,000+ articles published mentioning Homecare Association

44,389 views of our Find Care homecare directory

Homecare Association

Lobbying Successes

We helped to ensure ...

- A strong working relationship with the Director of Labour Market Enforcement and effective representation of our issues from her office.
- Local government and elected councillors do not represent care providers on the Fair Pay Agreement Negotiating Body.
- Homecare providers have representation in discussions about the Fair Pay Agreement for adult social care.
- The Deputy Prime Minister, Secretary of State for Health and Social Care, Minister for Care, Minister for Employment Rights and other government ministers understand the homecare sector.
- Senior officials in the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, Department of Business and Trade and the Home Office understand.
- A further £12.5 million has been allocated to support the recruitment of workers displaced by sponsorship licence revocations.
- The COVID-19 Inquiry changed its Module 6 scope on adult social care to include homecare after our lobbying.
- The COVID-19 Inquiry included witness statements from the Homecare Association and Homecare Association members.
- The Prime Minister heard your concerns about the impact of increased employers National Insurance Contributions on the sector.
- The CQC heard about the experience of homecare providers with the Single Assessment Framework.
- The CQC introduced a programme of change to improve provider experience of the Single Assessment Framework, including training for inspectors.
- The delivery of the Market Sustainability and Improvement Fund, worth £1.05bn in 2024/25 and 2025/26.
- The delivery of a £500m Discharge Fund to support local authorities with discharge funding.
- Supporting members to green-card their Members of Parliament.
- The publication of the first Workforce Strategy by Skills for Care.
- New advice and guidance for members on meeting Home Office evidence requirements for genuine vacancies.
- A new scheme securing letters of support for Certificate of Sponsorship applications.
- Worked with Care Provider Alliance to raise concerns about fraudulent behaviour targeting the sector in relation to R&D tax credits.
- We contributed to the Professional Records Standards Body's priorities for change, which champion standardised record keeping in health and social care.
- Homecare providers had guidance to manage Mpox.
- The government cracked down on concerns about fraudulent behaviour targeting the sector in relation to R&D tax credits.
- The Welsh Government increased its final budget, with an additional £30m for hospital discharge.
- Publication of a National Code of Practice for commissioning in Wales, including the need to ensure a sustainable price for care.

We are the Homecare Association

We are the only membership body in the UK dedicated to supporting homecare providers.

Together we ensure society values and invests in homecare so we can all live well at home and flourish in our communities

Why we are here

We won't stop making sure the value of care at home is recognised and receives the investment it deserves.

Our Principles

Our principles drive the values and culture we live by as an organisation.
It is important to us to...

Integrity Be honest, trusted, reliable, grounded and stable.

Intelligence Adopt an intelligent and evidence-based approach to our work. This includes smart use of resources, as well as researching, analysing, questioning and synthesising data, creating insights and information which offer value.

Inclusivity Be welcoming and engaging, treating everyone with respect, listening carefully and with empathy to achieve understanding.

Inspiration Inspire and motivate all of us, being ambitious, creative, confident and courageous, and acting with conviction.

Influence Have a positive impact, leading and influencing our communities through skilful communication and development of relationships, to act.

Contents

Introduction

The policy and political landscape

As I reflect on 2024/25, it has been a year of profound change and unprecedented challenge for homecare. The election of a new Labour government brought fresh energy to social care policy, yet also intensified the financial pressures facing our sector. Through it all, the Homecare Association has stood firm as the authoritative voice for homecare providers, ensuring your experiences shape the policies that affect you.

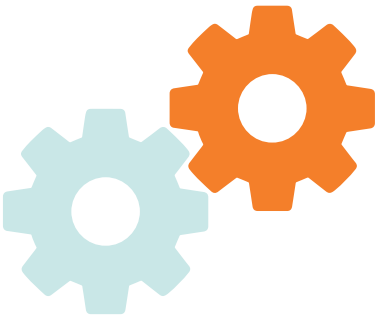
Political landscape and media

The political landscape shifted dramatically with Labour's victory in July 2024. Our pre-election manifesto, setting out seven core priorities for transforming how care is funded, delivered, and accessed, helped ensure homecare remained central to political debate. We moved swiftly to build relationships with new ministers, securing meetings at the highest levels including Number 10 Downing Street, with Secretaries of State and Ministers.

The government's first ten months proved mixed. While we welcomed commitments to supporting people at home and building a National Care Service, decisions such as removing Winter Fuel Allowance and excluding social care from National Insurance relief damaged sector confidence. Most concerning was the withdrawal of the careworker visa route, announced just beyond this report's timeframe, which risks worsening our workforce challenges.

Our media strategy proved vital in maintaining pressure for change. With 582 articles across 184 outlets and a total reach exceeding 2.8 billion, we kept social care firmly on the national agenda. The Autumn Budget response alone reached 1.8 billion people through 31 media appearances, demonstrating the power of evidence-based advocacy backed by compelling member stories.

The party conference season showcased our growing influence. From the Liberal Democrats' genuine commitment to care reform to Labour's focus on rebuilding public services, we ensured homecare providers' voices were heard at the highest political levels. Our engagement was not just about presence – it was about substance, challenging ministers on funding adequacy and workforce sustainability.



Workforce

Workforce policy underwent seismic change with progression of the Employment Rights Bill and development of a Fair Pay Agreement. While supporting stronger employment rights, we consistently highlighted that fair pay for careworkers requires fair funding for care. Our participation in 11 ministerial working groups and task-and-finish sessions ensured homecare providers' operational realities shaped policy discourse.

Our 2024 workforce survey revealed stark challenges: 48% of providers could not meet current demand, with 84% citing recruitment difficulties as the primary barrier. These findings informed our advocacy, particularly our engagement with the Home Office on migration rules and our push for realistic implementation of employment reforms.

International recruitment faced particular turbulence. Policy changes restricting sponsorship, removing dependant rights, and increasing costs created administrative and financial barriers for ethical providers. The Hartford Care legal case highlighted the irrationality of Home Office decision-making, yet securing Certificates of Sponsorship remains challenging.

Between April-June 2024, visa applications fell 81% compared to 2023, contributing to renewed workforce shortages. We strengthened relationships with the Director of Labour Market Enforcement, positioning ourselves as key representatives ahead of the Fair Work Agency's 2026 launch. Our message remains clear: enforcement without adequate funding will not solve non-compliance driven by unviable commissioning rates.

Financial sustainability

The Autumn Budget 2024 crystallised our sector's financial difficulties. The National Insurance contribution increase and threshold reduction added £2.04 per hour to direct staff costs – a 9.9% increase before considering other inflationary pressures. Our immediate response mobilised members, media, and politicians, with template letters enabling direct MP engagement and our Care Provider Alliance survey revealing devastating potential impacts.

Our LaingBuisson-commissioned analysis challenged misconceptions about sector ownership, showing 80-85% of providers are small, locally-run businesses operating on thin margins. The research proved even larger state-funded providers face financial squeeze, undermining arguments that

private equity dominance explains sector difficulties. Indeed, as we highlighted, only about 10% of provision is owned by private equity.

Despite evidence of severe pressures, the 2025/26 Local Government Finance Settlement delivered insufficient support. The £880 million increase falls £1.32 billion short of ADASS estimates for meeting rising costs. Our new data collection revealed the shocking reality: only 1% of contracts meet our £32.14 Minimum Price for England, while 27% fall below even the minimum cost of employing a careworker.

We challenged unethical commissioning directly, writing to councils paying below legal minimum costs while recording underspends. Our engagement with UNISON on their Ethical Care Charter highlighted the fundamental contradiction of authorities signing commitments they cannot fund, securing agreement to review signatories failing to meet our Minimum Price.

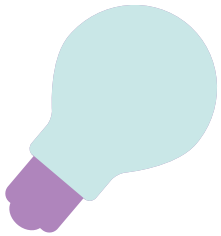
NHS

Integration and working with the NHS

The government's 10-year health plan represents healthcare transformation toward neighbourhood-based delivery, placing homecare at the heart of integrated systems. Our direct engagement with NHS England and DHSC aimed to ensure homecare providers are recognised as integral partners rather than peripheral suppliers from the design stage.

We secured vital regulatory clarification on delegation versus supervision, protecting providers from unnecessary Treatment of Disease, Disorder and Injury (TDDI) registration while enabling safe healthcare task delivery. Our proposed "enhanced health in homecare" model offers practical solutions enabling smaller providers to engage confidently in healthcare partnerships through shared clinical oversight.

Our influence on intermediate care development and hospital discharge pathways shows progress in a system that is notoriously hard to change. While transformation takes time, we have built foundations positioning homecare providers as essential infrastructure for community-based healthcare.



Thought leadership and innovation

Our conferences and research programmes established the Homecare Association as the sector's premier forum for innovation and thought leadership in homecare. The 2025 annual conference theme, "The Future of Homecare," and our Technology and Innovation events create vibrant marketplaces where cutting-edge developments meet practical application.

Through our membership of the National Digital Social Care Programme Board and

directorship of the Digital Care Hub, we drove remarkable transformation, increasing digital social care record uptake from 40% to 80% while improving cybersecurity compliance rates. The Better Security, Better Care programme exemplifies strategic partnership success, making complex requirements accessible to providers of all sizes.

Our leadership on responsible AI development through the Oxford Collaboration and AI in Social Care Summit ensures technological advancement serves care values. By supporting innovative companies through affiliate membership while establishing ethical frameworks, we are shaping AI implementation that enhances rather than replaces human care relationships.

Advancing academic research

Our involvement in 32 research initiatives spanning completed studies, ongoing investigations, and funding bids shows our commitment to evidence-based practice. From research on end-of-life care to economic evaluation of homecare, we are building the evidence base proving homecare's value and identifying improvement opportunities.

Partnerships with the NIHR Social Care Workforce Research Partnership, the IMPACT Centre, and Kent Adult Social Care Research Partnership position us at the forefront of sector knowledge development. These collaborations ensure academic research addresses real-world challenges, while member participation facilitates practical application of findings.

Regulation

While funding pressures mounted, regulatory challenges compounded provider difficulties. Our assessment of the Care Quality Commission's performance exposed systematic failures requiring urgent reform. Our August 2024 report revealed 60% of homecare providers were unrated or had outdated ratings, with the Single Assessment Framework (SAF) rollout creating inconsistency and confusion. These findings received widespread attention across 180 media outlets, forcing acknowledgment of deep structural problems.

Working through the Care Provider Alliance, we conducted the most comprehensive SAF review to date, gathering over 1,200 responses highlighting disproportionate burdens on small providers and damaging impacts on staff morale. The CQC Board's agreement to implement our recommendations represents significant progress, though much work remains under

Introduction

new Chief Executive Sir Julian Hartley's reform programme.

Our engagement on Treatment of Disease, Disorder and Injury registration secured crucial clarifications protecting providers from inappropriate requirements while enabling continued healthcare task delivery. This regulatory clarity reduces compliance uncertainty and supports integrated care development.

We also strengthened relationships with HMRC and the Director of Labour Market Enforcement, positioning ourselves as key representatives ahead of regulatory changes, including the Fair Work Agency's establishment in 2026. Our advocacy ensures enforcement approaches recognise the link between funding adequacy and legal compliance.

COVID-19 Inquiry

Preparing for the UK COVID-19 Inquiry Module 6 hearings consumed substantial resources but represented a crucial opportunity to ensure homecare's pandemic experiences inform future emergency preparedness. Our 200-page submission and supporting evidence documented how the crisis exposed long-standing systemic weaknesses while highlighting extraordinary provider resilience and innovation.

Our oral evidence emphasised homecare's vital role serving nearly a million people – far more than residential care – yet remaining overlooked in planning and response. We highlighted devastating paradoxes: while the government proclaimed "Stay at Home, Protect the NHS, Save Lives," over 100,000 excess deaths occurred at home by July 2022, mostly from non-COVID-19 causes, revealing fatal flaws in hospital-centric emergency planning.

Our recommendations propose a significant shift toward community-centric pandemic preparedness built on seven pillars: embedded social care expertise in emergency planning; equal protection for all care workers; automatic funding systems; sustainable workforce investment; maintained healthcare access through enhanced community services; modern data infrastructure capturing all home-based care; and effective governance tailored to community care.

We also proposed innovative solutions, including a Community Resilience Index measuring our capacity to keep people safe at home, and an International Homecare Emergency Response Network sharing best practices globally. Learning from Italy's home-based COVID-19 care achieving hospitalisation rates below 10% and South Korea's sophisticated community medical intervention, we highlighted that homes can be the safest places during pandemics when systems are designed properly.

These recommendations could transform emergency preparedness if implemented, positioning homecare as essential infrastructure rather than an afterthought in future crisis responses.

Devolved administrations

Each UK nation faces distinct challenges requiring tailored approaches. Scotland's National Care Service Bill withdrawal highlighted the complexity of structural reform, while our continued engagement on Integration Joint Board financial sustainability and workforce registration shows sustained commitment to Scottish members.

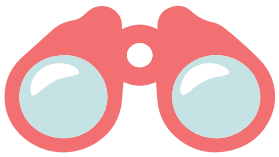
The establishment of Wales's National Office for Care and Support signals a long-term transformation ambition, though immediate financial pressures persist. Our involvement in the National Provider Forum and Strategic Domiciliary Care Group ensures homecare provider voices shape emerging policies.

Northern Ireland's workforce strategy launch provided welcome direction, while our engagement with HSC Trust directors on fee rates highlighted funding inadequacy requiring urgent attention. Our collaborative work across all devolved administrations ensures UK-wide representation while respecting distinct policy contexts.

Member support

Our helpline resolved 467 complex cases with outstanding satisfaction ratings confirmed through independent mystery shopping. The 22-minute average call duration reflects the depth of support we provide, while issue patterns inform our policy priorities. Members value personalised, practical advice from teams understanding homecare's unique challenges.

Our comprehensive resource library – 92 factsheets and 12 templates – provides expert-level support at no additional cost. New resources like the payroll costs calculator and fee uplift template letters respond directly to member needs, while regular updates ensure continued relevance and legal compliance.



Looking forward

As we enter 2025-26, the challenges are clear: implementing employment rights reforms, securing fair funding for the Fair Pay Agreement, ensuring the Casey Commission's recommendations support rather than undermine provider sustainability, and driving improvements in the CQC's performance on registration and assessment timelines. Our call for a National Contract for Care Services with minimum fee rates represents the systemic change needed to support fair pay and conditions.

Throughout these challenges, your association has proven its value as the authoritative voice for homecare. Our evidence drives policy debates, our expertise shapes regulatory reform, and our advocacy secures the recognition homecare deserves. Together, we will continue building a sustainable, valued homecare sector serving those who need us most.

Political & public awareness

2024–25 marked a turning point in the UK's political landscape, with a new Labour government elected in July. Throughout this time, we worked tirelessly to ensure homecare remained front and centre in political debate, public discourse, and policy development.

Ahead of the General Election, we released a Homecare Association Manifesto urging all parties to commit to transforming how care is funded, delivered, and accessed. We set out seven core priorities for the next government, including:

- Enabling people to remain at home with early support and preventative services.
- Investing in the workforce and embracing technology to meet growing and complex needs.
- Recognising that responsibility lies not only with providers but across government, local commissioners, and regulators.

We shared our manifesto widely with members, journalists, sector stakeholders and the public and responded to each party's published manifesto to ensure our voice was heard.

Following Labour's victory in July 2024, we moved swiftly to build constructive relationships with new Ministers and Civil Servants. We welcomed several of Labour's manifesto commitments:

- To support people living well at home
- A focus on prevention
- The ambition to build a National Care Service
- Investment in technology
- And stronger regulation

Political & public awareness

Our manifesto headlines

Home at the Heart

- Increase public awareness of the value of homecare and ensure “home first” is the default option
- Create enabling home environments with adaptations and technology solutions to support independent living
- Make homecare accessible and affordable for all

Power in Partnership

- Foster collaboration across social care, health, housing and voluntary sectors
- Give homecare providers a voice in ICS discussions and decision-making at all levels
- Amplify the voices of those who need and give care so they can contribute to policy and service development

Care as a Career

- Devise and deliver a workforce strategy to meet demand and provide professional career opportunities
- Give care experts at all levels fair and secure pay and terms and conditions of employment

Commission for Value

- Commission for long-term value and outcomes, not short-term price. Stop purchasing homecare by the minute at low fee rates
- Legislate to ensure public sector commissioners cover the true cost of quality, sustainable care services, with fair pay and T&Cs for care experts

Innovate to Improve

- Create models of homecare that prioritise prevention and address social factors to extend healthy lifespan
- Combine technology solutions and data with in-person care to personalise services, improve outcomes and evidence the value of homecare

Regulate to Protect

- Ensure rigorous, consistent, timely standards for registration and inspection
- Deal swiftly with under-performing commissioners and providers
- Ensure oversight of all providers of personal care
- Create a professional register for care experts

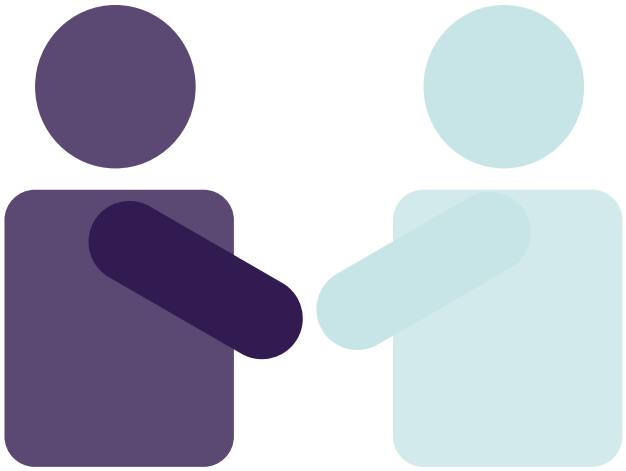
Invest in the Future

- Provide a multi-year funding settlement for social care, to meet future demand, improve access to care and cover the full cost of care (£18.4bn by 2032/33)
- Pool risk and find new ways to cover costs to create a simpler, fairer system that protects individuals and families
- Zero-rate VAT on welfare services to enable VAT on operating expenses to be reclaimed

Despite positive signals, the government’s first ten months have been mixed. Some decisions, such as removing the Winter Fuel Allowance for some older people, and excluding social care from employers’ National Insurance contributions relief, have damaged confidence in the sector. Most recently, the decision to withdraw the careworker visa route (announced just beyond this report’s timeframe) risks worsening the workforce crisis and undermining homecare delivery.

We continue to push for urgent investment, fair commissioning, and a robust workforce strategy because supporting people to live well at home must be more than a political slogan. It must be backed by real action.

Political & public awareness



Political Engagement Highlights 2024-2025

We engaged extensively on policy and political work throughout 2024 and 2025. We had important meetings, including:

- No.10 Downing Street with the Health and Social Care Secretary, the Minister for Care, Ministers and Civil Servants to discuss issues facing the homecare sector
- Department of Health and Social Care
- HM Treasury
- Department for Housing, Communities and Local Government
- Department of Business and Trade
- Home Office

These meetings spanned both the former Conservative government and the incoming Labour government. Across all, we focused on key issues: the financial sustainability of homecare, workforce pressures, and the urgent need for fairer commissioning.

September - October 2024: Party Conference Season

Across September and October 2024, we had a busy few weeks venturing out to the political party conferences armed with facts, figures, and a healthy dose of determination to raise homecare up the agenda.

We saw party leaders dedicating significant portions of their keynote speeches to social care. There were fringe events packed to the rafters with people eager to discuss key issues in the sector, and a genuine appetite from Ministers and Members of Parliament to hear about solutions to the challenges we face.

Liberal Democrats Conference

First up was a trip to sunny Brighton, where the Liberal Democrats were feeling rather jubilant! Having secured 72 Members of Parliament at the general election in July, there was a real buzz about the place. Not to mention the palpable excitement over Sir Ed Davey riding in on a jet ski to kick things off.

The Lib Dems' focus on social care felt like more than just political posturing. There was a genuine sense of urgency and a commitment to push these issues to the forefront of the national agenda. Nothing summed this up more clearly than Ed Davey, who in his leader's speech said, "if the Liberal Democrats don't offer that hope - if we don't speak up for care in Parliament - no one else will."

Political & public awareness

We attended several panel events covering a range of topics, including integration; unpaid carers; industrial strategy; economic growth; digital tech in social care; local authority funding and the economic power of social care.

During a discussion about supporting business, we asked Sarah Olney MP how her party could ensure any improvement in pay for care workers was sustainable for providers. She said they would argue for increased funding to prevent imposing obligations on businesses that they will struggle to fulfil. This is something we have continued to lobby for in our various discussions with Ministers and civil servants and hope to discuss with Sarah in Westminster in the coming months.

We met with Luke Taylor MP and Alex Brewer MP to discuss issues affecting homecare providers nationally and in their constituencies. They were both really interested in our Minimum Price for Homecare and how we can improve commissioning.

Labour Party Conference

Next stop was Liverpool - a lot less sun and a lot more rain! This wasn't just any Labour Party conference - this was the first since their general election victory.

While social care did not pip the NHS to the top spot, it certainly did feature as a key policy issue the party wanted to discuss. The Prime Minister, the Rt Hon Sir Keir Starmer MP, emphasised his commitment to rebuild public services and respect for essential workers. Unlike many years at conference, the new Ministerial team was out in full force, and this gave us the opportunity to hear their reflections outside of Whitehall and to their core voters.

The Deputy Leader, the Rt Hon Angela Rayner MP, pledged to improve workers' rights, make jobs more secure and family-friendly, and introduce a Fair Pay Agreement in social care. Meanwhile, the Chancellor of the Exchequer, the Rt Hon Rachel Reeves MP, talked of economic stability, and Securonomics - a fresh approach focusing on economic security for families and the national economy.

We heard multiple times from the new Secretary of State for Health and Social Care, the Rt Hon Wes Streeting MP. While he primarily focused on 'fixing' the NHS, he didn't shy away from addressing the challenges in social care. His words gave us confidence that he understands his responsibility to improve the social care system and that he remains committed to building a National Care Service.

A hot topic of conversation was the impending Employment Rights Bill. As details at the time remained unknown, people challenged ministers over what the Employment Rights Bill would include and what impact it would have on business. There was some reassurance from the Secretary of State for Business and Trade, the Rt Hon Jonathan Reynolds MP, that it would deliver the right balance between security for workers and flexibility for business.

Political & public awareness

It perhaps wasn't a surprise, though, that the unions dominated this topic, strongly emphasising the role of collective bargaining - something the new Bill will make easier by giving more power to the unions.

Conservative Party Conference

While our team didn't attend the Conservative Party Conference in person this year, we've closely followed the reports emerging from Birmingham. The conference, held under the shadow of their recent election defeat, saw the Conservatives grappling with their leadership woes, and how they rebuild their party for future elections. Unsurprisingly, we heard very little about their policy direction as a party.

October 2024: Standing Up for Social Care

In October 2024, our Head of Policy, Practice and Innovation, Daisy Cooney represented the Association, joining the Care and Support Alliance and over 60 older and disabled people, unpaid carers and care professionals to stand up for social care outside of the House of Commons. This is part of ongoing work as a collective group to highlight the need for reform in our sector.

Political & public awareness

October 2024: Autumn Budget Response

On 30 October 2024, the Chancellor of the Exchequer, the Rt Hon Rachel Reeves MP, announced significant changes in the Autumn Budget, including an increase to Employer National Insurance Contributions and a drop in the salary threshold. These changes prompted widespread concern across the sector.

Following the Autumn Budget, Jane spoke to BBC Social Affairs Editor Alison Holt to raise the alarm over the devastating impact the Budget measures would have on the homecare sector. Jane warned increasing costs without funding would push some providers into insolvency, leaving older and disabled people without essential services and shifting even more pressure onto families and the NHS. This article reached an incredible 591 million people worldwide showing the scale and resonance of our message.

The Homecare Association Team worked tirelessly to engage with the government, media, sector stakeholders, care providers and the public to highlight the impact of the budget measures on the social care sector. We undertook a series of engagements and actions to reinforce our messaging, including:

Timeline of events

30/10/2024 – Autumn budget announcement

04/11/2024 – We attend a Roundtable with the Deputy Prime Minister, Secretary of State for Health and Social Care and Minister for Care where we raise our concerns.

07/11/2024 – We calculate the impact of changes to the sector.

08/11/2024 – We sign a closed Time to Act letter to the Secretary of State for Health and Social Care highlighting the devastating impact of the Budget.

11/11/2024 – We write to the Secretary of State for Health and Social Care calling for an exemption from Budget measures.

12/11/2024 – We write to a targeted list of MPs with a briefing about the impact of the Budget measures.

12/11/2024 – We meet with Civil Servants to voice our concerns and ask what information they need.

12/11/2024 – We sign an open letter to the Chancellor organised by Providers Unite.

Political & public awareness

15/11/2024
We create a CPA Survey and share with Members.

15/11/2024
We share template letters for download with Members.

18/11/2024
We sign a closed letter to the Welsh Minister for Care highlighting the impact of the Budget.

21/11/2024
We are part of a small project team analysing the CPA Survey to understand the impact of the Budget.

21/11/2024
Jane is interviewed on Sky News, where she highlights our concerns.

22/11/2024
We sign a letter, as the CPA, to the Prime Minister and other key leaders.

26/11/2024
We share a press release with leading journalists on the CPA Survey findings for publication.

27/11/2024
We meet with Civil Servants in the DHSC to discuss our concerns and they ask for more specific examples of the impact of measures.

02/12/2024
Ongoing CPA work to further understand the impact of the Budget measures.

w/c 02/12/2024
We arrange visits in key constituencies with Members.

09/12/2024
Letters to the Prime Minister, Deputy Prime Minister and Secretary of State for Health and Social Care highlight Laing Buisson research on low profit in sector.

09/12/2024
Media release and press work on Laing Buisson research.

18/12/2024
Publication of our Minimum Price for Homecare.

Political & public awareness

In the days following the Autumn Budget, we created two customisable template letters for members, one addressed to the Secretary of State for Health and Social Care, the other for all MPs. These templates provided space for members to include local detail on how the Budget would affect their services, alongside an invitation to visit and see the impact firsthand.

Over the following month, we issued seven press releases expanding on our Budget commentary. We worked closely with the Care Provider Alliance, Nuffield Trust, ADASS, and others, amplifying our collective voice.

During this period, we appeared 31 times across national and regional media, including online, print and broadcast with a combined audience reach of 1.8 billion. Our Autumn Budget response also gained strong traction on social media, receiving over 31,000 impressions on the day of publication.

Over this month we had a combined audience reach of

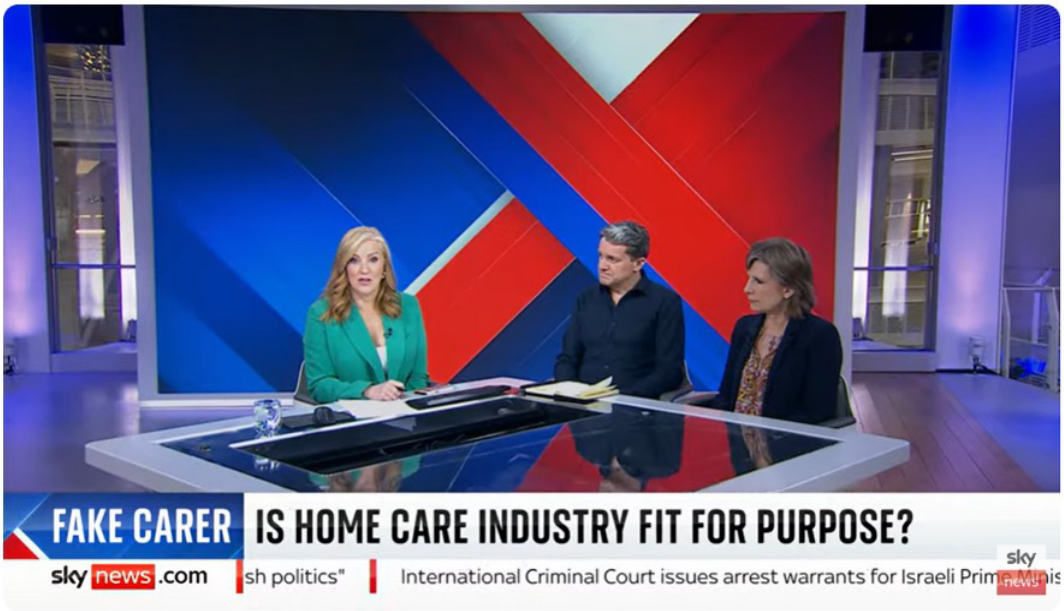
1.8bn

November 2024: Fair Pay Agreement Working Group

In November, our CEO, Dr Jane Townson OBE, and Head of Policy, Practice and Innovation, Daisy Cooney, took part in the inaugural meeting of the Fair Pay Agreement (FPA) Working Group. Alongside sector colleagues and trade union representatives, we are actively shaping the design of the FPA by providing ongoing insight.

The meeting brought together key government figures, including Deputy Prime Minister Angela Rayner MP, Health and Social Care Secretary Wes Streeting MP, Minister for Care Stephen Kinnock MP, and Parliamentary Under Secretary for Business and Trade Justin Madders MP, showing the political significance of the FPA for our sector.

Political & public awareness



November 2024: Exposing Gaps in Regulation

Following our November 2024 Tech + Homecare event, Sarah-Jane Mee interviewed Dr Jane Townson OBE live in the Sky News studios with People & Politics Correspondent Nick Martin. The segment centred on the growing risks of unregulated homecare, prompted by the story of Sarah Whitaker, who unknowingly hired a 'fake carer' to support her 89-year-old father, David.

Jane used the opportunity to highlight how rising employment costs, including the increase in Employer National Insurance contributions and proposals within the Employment Rights Bill, could unintentionally drive more families toward unregulated care. She warned that without proper investment and commissioning reform, well-intentioned legislation could push parts of the sector further into the shadows, putting safety and quality at risk.

December 2024: Follow-up on Budget Impact

Less than two months after the Autumn Budget, the Daily Express published a follow-up article amplifying our concerns about its impact. We warned the combination of increased employment costs, the projected financial burden of the Employment Rights Bill, and the introduction of a Fair Pay Agreement without sufficient funding risked accelerating a shift toward unregulated care and off-payroll practices. These developments could seriously undermine the safety, fairness, and quality of homecare services.

The article, titled

"Rachel Reeves's callous Budget sparks 'unregulated care' warning"

reached an audience of over

92.6 million

Political & public awareness

Continued Sky News Engagement

In early 2025, Dr Jane Townson OBE returned to Sky News, continuing our call for urgent reform in council-funded homecare. This appearance reflected the strong, trusted relationship we've built with Sky's editorial and production teams through months of behind-the-scenes briefings, rapid responses, and collaborative storytelling.

Working in partnership with Sky News, Scottish Care, and Care Forum Wales, we also coordinated a rapid member survey to expose the human cost of recent cuts. The findings gave voice to our member's experiences and helped bring the real-world consequences of funding decisions to a national audience.

> "Ethical homecare providers want to reward care workers fairly and provide safe, good quality care. The government is making it more difficult to do so. This means older and disabled people face having their care reduced or stopped."
>
> **Dr Jane Townson OBE.**

Since January 2022, have councils reduced the number of care packages that would previously have been awarded?

Since January 2022, have councils reduced the overall number of hours commissioned within care packages?

Source: Sky News / Homecare Association / Scottish Care/ Care Forum Wales survey 14th-17th January 2025, 336 respondents.

Political & public awareness

February 2025: Rally in Westminster

On Tuesday 25 February, the Homecare Association stood shoulder to shoulder with care providers, joining a Day of Action in Westminster to demand urgent investment in social care. The march, which began at Church House and ended in Parliament Square, sent a powerful message: the sector cannot continue to absorb the impact of continued underfunding.

Led by our Chief Executive, Dr Jane Townson OBE, and several Board Members, we spoke with Daisy Cooper MP, Helen Morgan MP, Oliver Glover MP, Alison Bennett MP, and Freddie van Mierlo MP from the Liberal Democrats. We made clear the real-world consequences of underfunding for providers struggling to stay afloat and for the older and disabled people who depend on care at home to live with dignity and independence.

We really enjoyed the opportunity to spend time with members and say hello to so many of you!

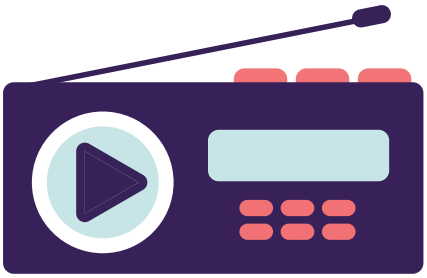
Political & public awareness

March 2025: Keeping Careworkers Visible and Valued

To mark the five-year anniversary of 'Clap for Carers,' our Board Member and Abbots Care CEO, Camille Leavold, appeared on BBC Look East. Camille spoke about the lack of recognition for care workers, the impact of Budget decisions on service sustainability, and progress on the Casey Commission.

March 2025: Making the Cost of Care Visible

Jane joined Rachel Burden and Rick Edwards on BBC Radio 5 Live to reflect on the rising costs of care, following Kate Garraway's public account of supporting and caring for her late husband, Derek. Jane explained how care costs vary depending on need and drew attention to the often-invisible unpaid carers:



> Many families across the country are struggling with the costs of caring, with around 10 million people estimated to have been supported by unpaid carers. Many have had to give up their jobs to support their loved ones and that will take its toll, physically, emotionally and financially.

March 2025: BBC Panorama Investigation

A BBC Panorama investigation by Social Affairs Editor Alison Holt explored the NHS Ten Year Plan and the essential role of social care. The programme featured our member, Be Caring, who provides extraordinary support to 41-year-old Martin, who has complex needs. CEO Sharon Lowrie, also the Homecare Association's Treasurer, talked about the financial pressure her organisation faces in light of Autumn Budget.

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April 2025: In-Conversation with Health Secretary

In April 2025, our CEO alongside our Head of Policy, Practice and Innovation, Daisy Cooney, attended an in-conversation event at the Conway Hall with the Health and Social Care Secretary, the Rt Hon Wes Streeting MP. He told The Guardian's Political Editor, Pippa Crerar, that the government is focusing on building a National Care Service following the start of Baroness Casey's Commission into Adult Social Care. He committed to more improvements and referenced the increase to Carers Allowance and the Disabled Facilities Grant.

Media Engagement and Impact

Throughout 2024–2025, we significantly ramped up our media engagement recognising strong public visibility is key to maintaining pressure on government and securing the investment our sector urgently needs.

Our mission is to enable us all to live well at home and flourish in our communities. Using mainstream and social media is vital for us to promote the importance of homecare and influence political views and actions. We want the government to invest more in homecare, so we can support care workers and meet people's needs both now and in the future.

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Over the past several years, we've worked hard to build trusted relationships with journalists, editors, and producers across print, broadcast, and digital media. Our work has resulted in the Homecare Association being widely regarded as a "go-to" source for expert comment, real-time insights, and sector intelligence.

In 2024–2025, we remained a prominent national voice on social care issues, with 582 articles referencing the Homecare Association across 184 media outlets. Our total media reach exceeded 2.8 billion, helping us keep social care on the national agenda.

Print media

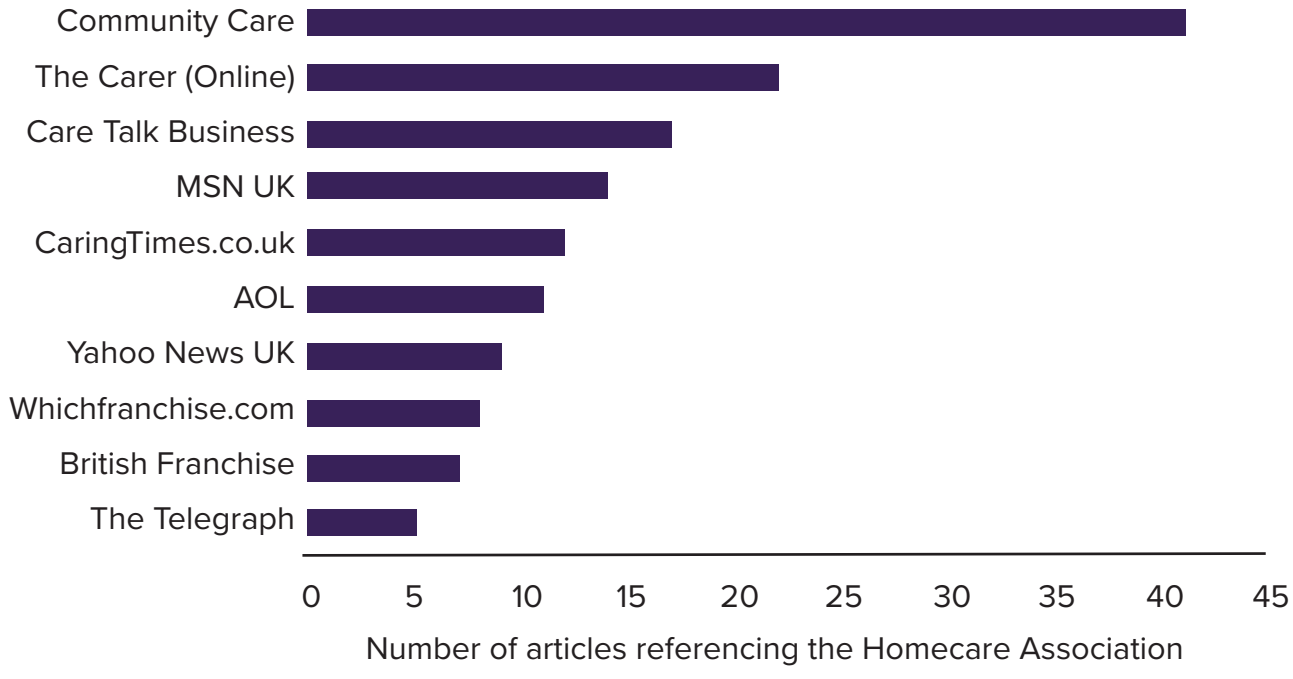
Print media remained an important platform for influencing national debate. Leading outlets such as BBC News, The Guardian, Financial Times, The Independent, and The Daily Telegraph regularly featured our commentary throughout the year.

We're especially proud of the strong, strategic relationships we've built with editors, reporters, and producers across these publications. These partnerships allow us to respond swiftly to breaking news, shape the public narrative on homecare, and crucially give a voice to our members and the people they support.

Working hand-in-hand with our members, we've ensured their stories reach national audiences:

Example 1
Chief Executive Officer of Home Instead UK and Homecare Association Board Member, Martin Jones wrote an opinion piece for The Express. He writes, Labour's decision to delay a social care overhaul until 2028 –

Our top ten outlets



Political & public awareness

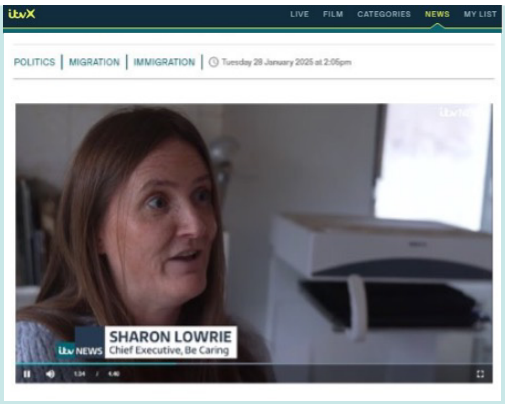
kicking the issue into the long grass once more by announcing an independent commission – is another devastating blow to a sector in desperate need of reform.

Reach: 92.6 million

Example 2

ITV News correspondent Sarah Corker interviewed Sharon Lowrie, CEO of Be Caring and Homecare Association Board Member on the urgent challenges facing the homecare sector amid a growing and ageing UK population. The segment featured Frank, aged 105, who shared how the support of Be Caring enables him to live independently and with dignity at home. Sharon used the opportunity to highlight that without long-term, sustainable funding, the homecare sector simply cannot meet the rising demand.

Reach: 38.8million



Example 3

Working with Senior Money Writer for The Telegraph, Fran Ivens and our members Sarah Slater and Adam Crispin, we told the stories of Hilda Towers and Belinda Creed, who highlight how rising costs and poor care affect older and disabled people.

Reach: 4.6 million

Behind every media appearance lies an immense amount of work briefing journalists, building relationships with editors, coordinating our members and ensuring the important messages land. Over the past year, we have dedicated ourselves to raising the profile of homecare and the urgent issues facing our sector and we will continue to do so.

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Life and Living

The publishers of Life and Living Magazines, Newsquest, approached our CEO early in 2023 about writing a monthly column. Articles in these magazines offer significant value as they reach an affluent, engaged audience. The readers are wealthy, older women, mostly retired. Many of them live in their own homes in rural and semi-rural areas. This demographic is ideal for members targeting the private-pay market. We negotiated advertising discounts of up to 15% for members. The pieces provide detailed insights about care and health, contributing to improved public understanding.

Our work in Wales

We have seen growing recognition that there needs to be a broader national conversation about social care funding in Wales. However, public understanding and engagement remain limited. As we approach the next Senedd election, we expect more political debate around the National Care and Support Service, though what this means in practice remains unclear for many.

Our work in Scotland

Public sentiment around social care shifted in Scotland in 2024. Initial enthusiasm for the National Care Service gave way to confusion, criticism and political division. The COVID-19 Inquiry in Scotland exposed governance failures and highlighted concerns about the marginalisation of homecare services during the pandemic. We continued to prepare for the COVID-19 UK Public Inquiry Module 6 hearing on Adult Social Care and presented evidence in July 2025.

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The Homecare Association ensured the sector's voice was heard by briefing UK parliamentary committees, engaging with the media, and sharing evidence of the sector's resilience. We reinforced that high-quality care continues to be delivered despite pressures.

Social Media

Total audience size:

3,350
12,432
3,600
8,768

Average engagement level:

7% 5% 8% 4%

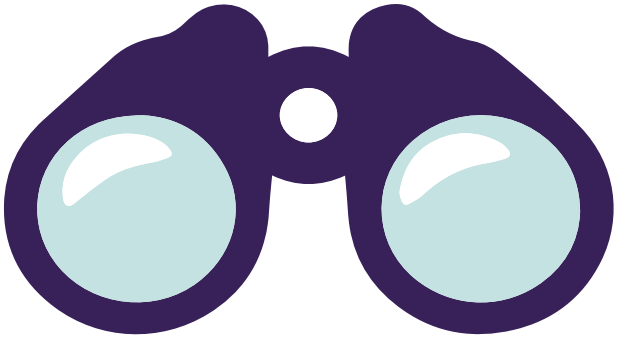
Best performing posts:

@homecareassociation
'Most Outstanding Individual in Homecare - congrats to winner' 12%

@HomecareAssociation
'Tech Conference - Exhibitors' 22%

@homecareassn
'Annual Conference' 47%

@homecareassn
'Tech Conference - Exhibitors' 36%



Looking ahead

For 2025-2026, we will focus on expanding our media reach and engaging more deeply with journalists. We will continue to amplify the voices of our members and ensure the media reflects the realities of homecare in national conversations. By securing more coverage across print, broadcast and online, we are working to place the experiences of homecare providers at the heart of public discourse and policy decisions.

Our research and market intelligence will continue to provide the robust evidence base that underpins all our policy and advocacy work, strengthening our position as the authoritative voice of the homecare sector.

How you can get involved

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

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

Workforce

2024/25 has seen a significant shift in workforce policy with the progression of the Labour Government's new Employment Rights Bill and initial discussions about a Fair Pay Agreement for careworkers. It's a critical time for care providers to come together and make their voices heard and we're here to help make that happen. Throughout the year, we have consistently pressed the Government to recognise the links between workforce conditions, funding, commissioning and regulation.

Ending zero hours working means ending zero hours commissioning.

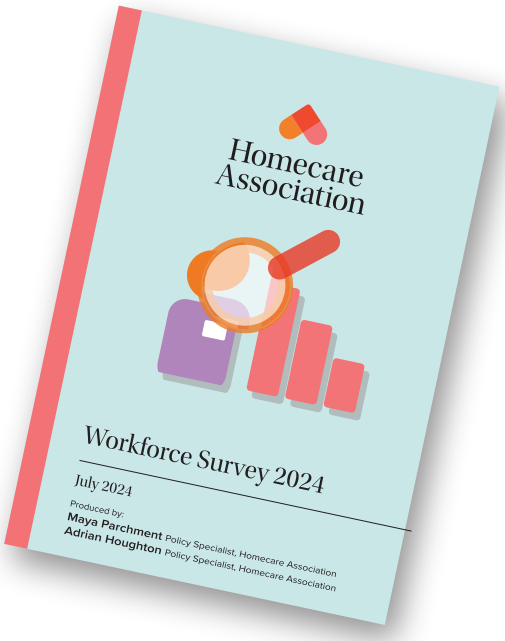
Fair Pay for careworkers means a Fair Price for care.

Alongside influencing major national policy developments, we have continued to undertake comprehensive research and make strategic representations on behalf of our members. We have represented the homecare sector's voice on issues ranging from international recruitment to workforce strategy design and development.

State of the homecare workforce

In 2024, we conducted a Workforce Survey to continue tracking long-standing challenges in recruitment and retention across the homecare sector[1]. This survey gathered responses from 307 homecare providers across the UK, providing valuable insights into both progress and persistent issues. Our findings revealed some providers were managing, but 48% could not meet current demand for homecare services, with 84% of those citing recruitment difficulties as the main barrier.

The survey also shed light on the evolving landscape of international recruitment. While 49% of providers reported not employing sponsored workers, 27% had between one and ten sponsored workers, and 25% employed 11 or more. These insights have played a vital role in shaping our advocacy efforts, particularly in our engagement with the Home Office regarding migration rules and the processes for obtaining Certificates of Sponsorship. Our goal has been to ensure ethical providers can recruit to meet demand, whilst reducing risks of over-supply, labour abuse and modern slavery.



The Employment Rights' Bill

The Employment Rights Bill, which is progressing through parliament at the time of writing, represents one of the most significant pieces of workforce legislation in recent years. It will have wide-reaching implications for the homecare sector.

The Bill spans a broad range of employment provisions, from removing time thresholds for unfair dismissal claims to third party harassment, enhancing union access to workplaces and reforming paternity leave. Some of these proposed measures are likely to have profound consequences for care providers, including:

- Introducing a Fair Pay Agreement for the adult social care sector.
- Changes to zero hours working, including requirements for employers to offer guaranteed hours after a certain time period, provide notice of shifts and compensate workers for the cancellation of, or changes to, shifts.
- Changes to Statutory Sick Pay, removing the lower earnings threshold and making Statutory Sick Pay available from the first day of illness, increasing costs.
- Adjustments to the role and powers of the proposed Fair Work Agency.

We submitted evidence to the Business and Trade Committee during its scrutiny of the Bill and highlighted our concerns in both a formal consultation response and a widely shared blog. Our central message has been consistent: the Bill will not improve conditions for careworkers unless it is accompanied by a serious reform of funding and commissioning.

The underlying problem is clearly visible. In many parts of the country, public bodies commission homecare providers at rates that do not even cover the legal minimum costs of care. This has contributed to non-compliance with National Minimum Wage legislation and sponsorship conditions, including failing to pay for travel time or to meet the salary thresholds for sponsored workers. Insufficient funding and weak enforcement create conditions where ethical employers are undercut and pushed out of the market; these practices are unlawful. Commissioning practices must change if the aims of the Employment Rights Bill are to be realised.

Throughout 2024–25, we have worked to ensure that policymakers hear the voices of responsible homecare providers. We have:

- Responded to consultations relating to the details of the Bill – including on Statutory Sick Pay.
- Briefed members of the House of Lords and key MPs and ministers on the most important issues facing the sector.
- Engaged directly with officials at the Department of Business and Trade (who

are leading on the Bill) to highlight why and how care providers use zero-hours contracts at the moment and how this relates to commissioning practices in the NHS and local authorities.

Looking ahead to 2025–26, a key focus of our work will be to represent members to make sure any changes to zero-hours working are practical, proportionate, and deliverable for the homecare sector. We will continue to push for a joined-up approach, where sustainable funding and a commissioning system that enables providers to meet their obligations without compromising care supports employment reform.

Fair pay for careworkers

One of the new Labour Government's flagship commitments in 2024–25 has been to improve employment rights and deliver a Fair Pay Agreement for social care. The government has been clear it intends to consult with the public on its ideas about the Fair Pay Agreement and therefore at this time it is unclear what this means, who it will cover or what funding may be available.

Since the general election, we have maintained a strong presence in these national discussions, ensuring the voice of homecare providers is heard at the highest levels. Dedicated teams in both the Department of Health and Social Care (DHSC) and the Department for Business and Trade (DBT) are leading this work.

We have regularly attended pre-public-consultation Task and Finish Groups hosted by DHSC and DBT and Ministerial led Working Groups, including:

- 3 Fair Pay Agreement Ministerial Working Groups hosted by DHSC
- 2 Fair Pay Agreement Task and Finish Groups on Scope of a Fair Pay Agreement
- 2 Fair Pay Agreement Task and Finish Groups on Negotiating Body and negotiating processes
- 2 Fair Pay Agreement Task and Finish Groups on dispute resolution
- 1 Fair Pay Agreement Task and Finish Group on enforcement of a Fair Pay Agreement
- 1 Fair Pay Agreement Task and Finish Group on union access to employees
- 1 Fair Pay Agreement Provider led Teach In on Commissioning and Contracting

We've worked closely with our colleagues in the Care Provider Alliance to help shape early thinking on how all adult social care employers may be represented within the proposed Fair Pay Agreement framework. This has been a complex and challenging process. There is no existing model to build from, and we are starting from scratch, without clear guidance from the Department on its intentions or expectations.

Through these forums, we have made the case for a joined-up approach from the government that recognises the links between pay, commissioning, regulation and financial sustainability. We have consistently highlighted that fair pay for care workers is impossible without fair funding for care.

We continue to focus on the need for government to address:

Financial viability and risk

We are increasingly concerned about the financial viability of homecare providers, some of whom already struggle to meet current wage requirements under existing commissioning arrangements. Aspirations such as a £15/hour minimum wage for care workers are laudable, but without adequate funding, they risk becoming undeliverable. The public sector commissions over 80% of homecare, so providers cannot simply pass on increased labour costs to clients. If the government introduces minimum pay levels without a corresponding uplift in local authority fees, the consequences could be severe, jeopardising provider sustainability and reducing access to care.

> "Aspirations such as a £15/hour minimum wage for care workers are laudable, but without adequate funding, they risk becoming undeliverable."

> "The public sector commissions 80%+ of homecare
> Providers cannot simply pass on increased labour costs to clients."

Ministers have assured us they understand the financial implications of this workforce reform, and we are urging the Government to allocate a defined and protected budget for the delivery of any Fair Pay Agreement.

Negotiation structure

We welcome the Government's intention to strengthen employment rights in social care, but the proposed negotiation structure for the Fair Pay Agreement is still unclear. Under current proposals, the Negotiating Body would be composed of unions and provider representatives, but neither party holds the authority to implement funding decisions. In effect, the ultimate negotiation

Workforce

HM TREASURY

is with the government, particularly H.M. Treasury, yet initial thinking from DHSC and DBT lacks explicit government representation in the negotiating structure.

We have since received assurance the Government will participate in the Negotiating Body. This is critical, as any agreement must be both operationally realistic and fiscally deliverable.

Representation and Readiness

The scale and complexity of the social care sector make sectoral bargaining particularly challenging. With over 18,500 social care organisations[2], most of them small or medium-sized businesses, employing 1.59 million people, social care has a larger and more fragmented workforce than the NHS. Organising meaningful representation for this diverse sector will require time, clarity, and active support from the government.

We have been working closely with Care Provider Alliance colleagues and engaging with DHSC and DBT officials to ensure that homecare providers are adequately represented in the negotiation process, whatever form that takes. How representatives are selected and mandated will be vital to the legitimacy and effectiveness of any agreement.

Scope of the Agreement

We are also involved in early discussions about the scope of the proposed Fair Pay Agreement. This includes not only who the agreement will apply to, but what it will cover, such as whether it sets only a minimum hourly rate or a wider framework of pay scales, terms and conditions. We expect a public consultation in due course, and will continue to advocate for a model that supports high-quality, ethical provision and secures fair recognition for the homecare workforce.

Member engagement

Alongside this national engagement, we have spoken regularly with members since the election to understand the direct impact of these proposed reforms. This insight has informed our representations to the government, helping to ensure we ground our policy thinking in the operational realities facing providers every day.

International Recruitment

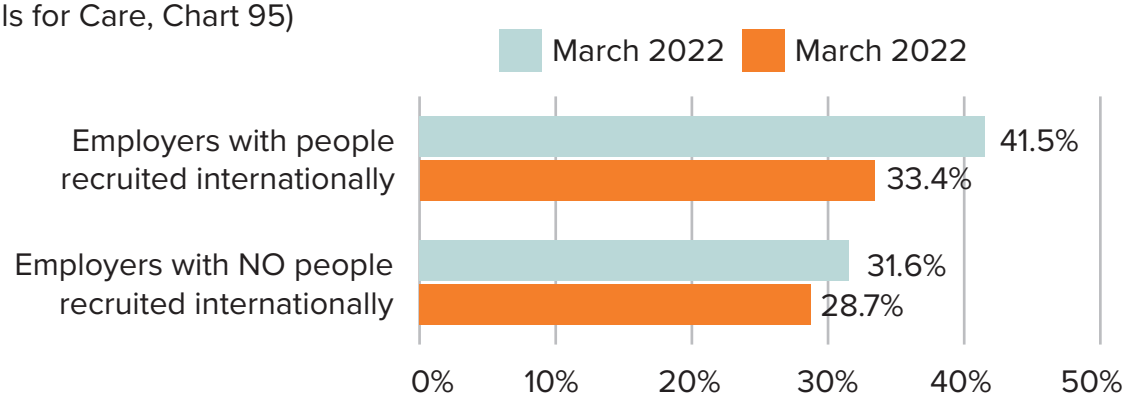
In March 2024, we responded to an Independent Report by the former Chief Inspector of Borders and Immigration, which exposed serious and systemic failures in the Home Office's handling of care worker visas[3]. The damning report revealed a litany of oversights that allowed the exploitation of migrant workers by unlawful operators in and outside of the care sector. We called on the Government to take urgent action to address these issues and to implement proper oversight while supporting the stability of the care workforce.

We have consistently highlighted the important role international recruitment plays in sustaining homecare services. Between March 2022 and December 2023, the homecare sector employed 45,000 sponsored workers. Data from Skills for Care[4] shows employers with sponsored workers saw turnover rates decrease by 8.1 percentage points (from 41.5% to 33.4%) between March 2022 and March 2024. In contrast, employers without sponsored workers experienced a decrease of just 2.9 percentage points over the same period.

Meanwhile, the recruitment of domestic staff is becoming increasingly difficult. Over the course of 2024-25, both the previous and current government continued to take action to address concerns about the exploitation of careworkers.

Turnover rate: comparing people recruited internationally and domestically between March 2022 and March 2024

(Source: Skills for Care, Chart 95)



Workforce

Policy changes included:

MAR 2024

Restricting sponsorship to CQC registered organisations in England. We supported this measure as a necessary step in reducing exploitation.

MARCH 2024

Removing the right for international care workers to bring dependants with them to the UK. We have raised serious concerns that this policy singles out care work, treating it less favourably than other health and care professions. Alongside our Cavendish Coalition partners, we urged the Government to review their approach and ensure a fair and consistent approach across the health and care workforce.

JAN 2025

Increasing sponsorship costs. This change places additional financial pressure on care providers already struggling with financial sustainability.

APRIL 2025

Prioritising recruitment from displaced international workers already in the UK. While employers are broadly supportive of this requirement, recognising the need to protect sponsored workers affected by licence revocations, it is not a complete solution. Many displaced workers face barriers such as a lack of access to transport, particularly in rural areas, which limits their ability to take up new roles in homecare.

MAY 2025

Announcing an end to care providers ability to recruit from overseas, with sponsored workers already in the country allowed to continue working until 2028. The implementation dates and details are yet to be confirmed at the time of writing.

At a time when the sector is under intense pressure, the solution cannot be to close off international recruitment without a credible alternative. We will continue to advocate for a system that protects workers from exploitation while allowing ethical providers to meet demand and maintain continuity of care.

We have continued to work closely with DHSC's International Recruitment Steering Group, with a particular focus on supporting displaced sponsored workers. The International Recruitment Fund allocated £16m in 2024-25 and a further £12.5m in 2025-26 to regions to help with this issue. Members of the Homecare Association, Borderless and Lifted Care developed tech-enabled solutions to help displaced workers find new jobs.

However, many providers have found it increasingly difficult to secure Certificates of Sponsorship (CoS). From late 2023, the Home Office began applying more stringent checks to CoS applications, refusing those where providers could not show a contract that guaranteed them work.

This created a major obstacle for homecare providers contracting with public sector commissioners on framework agreements, which do not guarantee hours, despite delivering thousands of hours a week. As a result, genuine homecare providers have been unable to find the evidence needed to meet the requirements.

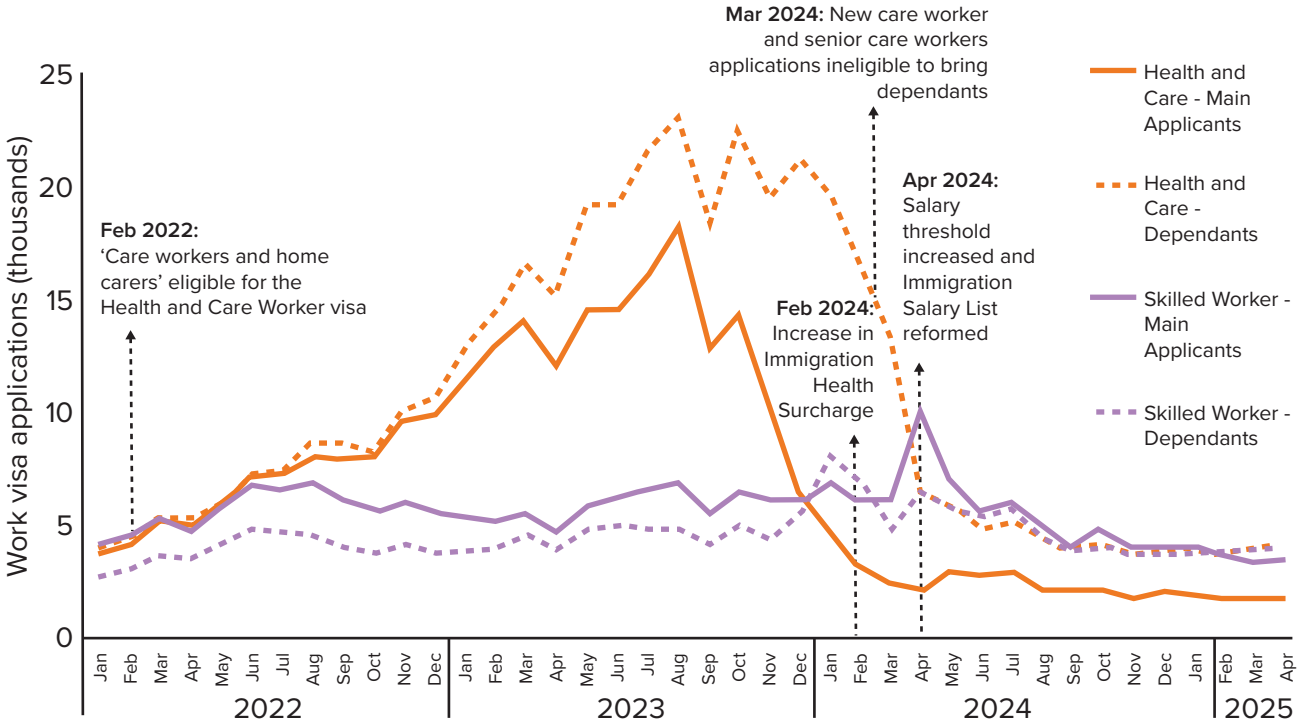
In response to these concerns, the Home Office worked with Skills to Care in 2024 to issue guidance on acceptable forms of evidence, run webinars for providers, and introduce a scheme enabling providers in England to request a letter of support for

their application from their local Director of Adult Social Services.

In early 2025, a legal case - *Hartford Care Group Limited*[5] *("Hartford Care") (R (Hartford Care Group Limited) v SSHD [2024] EWHC 3308)* showed the irrationality of the Home Office's stance. In this case, despite the care provider submitting several contracts as evidence to the Home Office, the application was rejected on the basis the contracts did not guarantee hours of work. The High Court found this interpretation unreasonable, given how care commissioning works. Despite this ruling, securing Certificates of Sponsorship remains challenging for many providers.

These administrative and legal challenges have contributed to a dramatic reduction in international recruitment. Between April and June 2024, visa applications fell by 81% compared to the same period in 2023. Health and Care visa applications fell a further 30% from 2,400 to 1,700[6] between March 2024 to March 2025. We are concerned that, without intervention, this will result in renewed workforce shortages, impacting capacity and continuity of care in the homecare sector.

Monthly applications for 'Skilled Worker' and 'Health and Care Worker' visas, January 2022 to April 2025
(Source: Home Office)



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Alongside our work with the Cavendish Coalition, we have raised concerns about these developments in meetings with academics, officials, and through formal submissions to the National Audit Office and the Public Accounts Committee Inquiry into Skilled Worker Visas. We have highlighted the structural links between commissioning practices, enforcement failures, and increased risk of worker exploitation.

In some regions, following significant capacity issues in 2021 to 2022, local authorities opened framework agreements to many providers. As international recruitment became a possibility in 2022 to 2023, we saw an influx of sponsored workers leading to an over-supply of homecare in some of those regions. As providers then struggled to secure sufficient hours to meet sponsored workers' salary thresholds, they were forced into a race to the bottom on price. The consequences have included violations of sponsorship licensing rules, poor quality care, and hardship for sponsored workers. The combination of tied visas and the no recourse to public funds policy leaves workers vulnerable, particularly if they face abuse or non-compliance from employers.

Although there has been some improvement in data sharing between local authorities and the Home Office, we remain concerned that the Government's policies on commissioning, enforcement, genuine vacancy assessment and immigration combine to create an environment where exploitation in the sector can thrive. We look forward to working with DHSC in 2025-26 as it seeks to address the National Audit Office's[7] call for a more joined up approach to addressing exploitation.

Regulation and the workforce

During 2024/25, we have become increasingly concerned that responsible employers are being undercut by businesses that do not comply with existing employment and care legislation and regulation. Lack of enforcement across the country has weakened incentives for compliance, making it harder for ethical employers to compete. Commissioning practices that prioritise low cost over quality compound this, with local authorities often paying fee rates that make it difficult or impossible to meet legal requirements and provide high-quality care.

Our CEO, Dr Jane Townson OBE, has strengthened our relationship and engagement with officials in the Department of Business and Trade, raising our concerns about poor labour standards in the care sector. Jane has also held several meetings with the Director of Labour Enforcement, and we continue to maintain dialogue with their office as the Government develops plans for the new Fair Work Agency.

We submitted a formal response to the recent Call for Evidence from the Director of Labour Market Enforcement[8]. In it we called for:

- Clear, sector-specific guidance to support employers with their compliance responsibilities
- The establishment of a sector-specific advisory group for social care within the Fair Work Agency to ensure the sector's voice is heard
- A focus on building trust with ethical providers through proportionate and targeted enforcement
- Greater recognition from commissioners of the value of responsible employment practices

The way the Fair Work Agency exercises its new powers is important. It must act to level the playing field, ensuring that providers who follow the rules are not priced out by those who cut corners.

Unregulated care: Growing risks

We continue to raise ongoing concerns about the growth of unregulated care, particularly through personal assistants and "self-employed" careworkers operating via introductory agencies. While we fully support the autonomy of disabled people to exercise choice and control, directly employing care staff if they wish, we are concerned some local authorities are misapplying direct payments to reduce costs and cut corners in relation to employment legislation.

The Government must establish proper oversight of all forms of care, both regulated and unregulated, to protect both those receiving and providing care.

We highlighted these risks with Sky News involving the story of a 'fake' carer[9] hired through an introductory agency. The individual had no training, no competency to do the work, no ability to drive and was not the person the agency had claimed. The careworker was not giving the individual medication at the right time or in the right dose, yet neither the Care Quality Commission nor the police were able to intervene.

In our report on failings at the CQC[10], we highlighted the fact that around 130,000 care roles, 20% of the workforce, are unregulated. Some local authorities are actively encouraging the use of unregulated care to save money.

We have raised our concerns in consultation responses, including the Inquiry on Adult Social Care Reform: The

Workforce

Cost of Inaction[11] and in our manifesto[12]. We also work closely with Anthony Collins Solicitors, who recently published a blog on how the Bolt worker status ruling related to self-employed care workers[13].

Care as a Career

During the General Election in 2024, we called on all parties to treat care work as a valued and professional career. We urged them to deliver a workforce strategy, create clear opportunities for progression, and ensure fair, secure pay and conditions for care staff.

We were closely involved in the development of the national workforce strategy for adult social care in England, led by Skills for Care and launched on 18 July 2024[14]. This strategy has the potential to be an important step in addressing the sector's long-term workforce needs. It estimates we will need 540,000 additional care workers by 2040 to meet rising demand. The strategy calls for action on topics ranging from pay and conditions to training; and wellbeing to digital skills. During 2024, Skills for Care have delivered some of their own recommendations on training. Other key recommendations remain outstanding.

In 2025, we welcomed further development of the Care Workforce Pathway in England, building on its original 2024 form. The pathway now includes four additional job roles:

- Registered manager
- Deputy manager
- Personal assistant
- And enhanced careworker

Our CEO was closely involved with this, sitting on the DHSC Workforce Advisory Group. She has played a key role in shaping this work through her involvement in the DHSC WAG, ensuring that the voice of homecare providers is reflected in national workforce planning.

Member support

We delivered 48 workshops and 22 webinars to over 2,000 delegates. Topics included care coordination; medication management; dementia care; quality assurance and auditing; end-of-life care; Care Quality Commission requirements; and safeguarding.

We ran sessions on how to grow your homecare business and buying or selling a homecare business; negotiating fees with local authorities; is my client unwell?; the Barring Referral Service; the legal duty to refer (to the Disclosure and Barring Service); choosing the right insurance; top tips to master first impressions; and a series of sessions on using social media for different aspects of homecare business.

Our webinar on NHS Continuing Healthcare proved popular, as many people struggle with care costs.

We delivered **70** workshops and webinars to more than **2,000** attendees

During the civic unrest of July and August 2024, we issued key guidance on keeping staff safe, as care providers saw operations disrupted by riots.

In Autumn 2024, we launched a new free Holiday Rights Toolkit, produced for members by Anthony Collins Solicitors. This key resource helps members understand how the approach to holiday pay varies depending on whether staff are part-time or full-time and if staff have irregular hours or pay fluctuations.

Other new resources include a web resource for members on international recruitment and a blog on legal duty to refer to the Barring Referral Service. As ever, we have refreshed our core documents to support your compliance, including our National Minimum Wage Toolkit.

In 2024 and 2025, our Homecare Magazine featured articles about on demand pay; insights into Registered Managers; recruitment; employer's liability; women's inclusivity in social care; unsung heroes; using data to help with staff retention; the Adult Social Care Workforce data set; the Election Aftermath: key workforce issues; the Employment Rights Bill; Unveiling the latest trends in England's homecare workforce; how learning and development improve staff retention; and supporting mental wellbeing in the care workforce.

Our Tech and Homecare conference in November 2024 touched on the use of robots in care delivery, and digital tools to improve operations – including programmes and apps that can support with recruitment. Our 2025 Annual Conference included sessions on the Employment Rights Bill and Fair Pay Agreement and Supporting the Homecare Workforce.

Our work in Wales

We welcomed findings of the 2024 Social Care Wales' workforce survey[16] which showed social careworkers felt more valued than previously. However, the survey also highlighted persistent challenges around pay and wellbeing, mirroring findings of our own UK wide 2024 Workforce Survey[17].

The Welsh Local Government Association[18] reported senior social care leaders view workforce challenges as a top priority. Research from the Senedd[19] also highlighted ongoing workforce challenges, including on international recruitment. Notably, the previous Deputy Minister acknowledged the NHS pays thousands of pounds per year more than the care sector for similar roles, however, the Welsh Government has no funding to remedy this.

In 2024, the Welsh Government established a Social Care Workforce Partnership, building on work from the Social Care Fair Work Forum. The partnership will focus on developing best practice in the care sector, including on trade union recognition, disciplinary and grievance procedures and managing safety (and violence) at work.

We are also involved in a Fair Work Forum workstream to further develop the existing Pay and Progression framework. At present, this framework sets a basic structure of roles (similar to the Care Workforce

Workforce

Pathway in England), with the next phase focused on career progression and proposed salary banding for different roles. One challenge will be how this work will relate to the Fair Pay Agreement being developed under the UK wide Employment Rights Bill.

Social Care Wales updated its workforce plan and removed the requirement for careworkers to submit evidence of meeting the 45/90 hour CPD requirements, though providers may still be asked to show CPD activity in management records. This is a welcome reduction in administration.

On recruitment, we have engaged with WeCare Wales, which has run recruitment campaigns for the sector, including some specific to domiciliary care. International recruitment in Wales faces many of the same challenges as the rest of the UK, including concerns about labour exploitation and displaced workers. The Welsh Government has issued some advice and guidance around key issues, but unlike England, there is no formal provision allowing Directors of Adult Social Services (DASS) to issue letters to support CoS applications. Despite this, we have confirmed that Welsh providers can submit such letters from their DASS.

Our work in Northern Ireland

During our trip to Northern Ireland, we met with Ann Marie Fox and Roisin Doyle, social care commissioners from the Strategic Planning and Performance Group (SPPG) of the Department of Health. Our conversation considered workforce issues, such as how a lack of money in the system is affecting career progression for careworkers. They

also explained there is a flow of staff from the independent to the statutory sector because of better terms and conditions. Ann Marie and Roisin added there was discussion of increasing fee rates to a possible £25 per hour (from £20.01 per hour[20]), which could lead to better remuneration of staff – but Health and Social Care (HSC) Trusts pushed back, wondering whether service quality would be good enough for the extra money.

We also went to the Northern Ireland Social Care Council (NISCC) to speak with CEO Patricia Higgins (who has since left the post) and Director of Regulation and Standards, Marian O'Rourke. We discussed the registration of careworkers, for which the NISCC wants to build an evidence base to show its value. While acknowledging that terms and conditions for careworkers are important, Patricia and Marian stressed good training and supervision also have a role to play. Together with empowering careworkers to do the best job possible, they noted the Regulation and Quality Improvement Authority (RQIA) takes an interest in the level of staff training when conducting inspections.

It was pleasing, therefore, to see the Department of Health release a ten-year workforce strategy for social care in December 2024. The strategy outlines a series of priorities for the sector, such as

making social care an attractive career choice, as well as ensuring the workforce feels valued and can access qualifications to develop their expertise. Alongside this strategy, the NISCC launched guidance on the Care in Practice Framework to support the career progression of the workforce[21].

We continue to make representations to the Department on the Social Care Fair Work Forum. This group aims to embed Fair Work initiatives and improve terms and conditions across social care in Northern Ireland. It is encouraging progress is being made more quickly than expected in making social care a Real Living Wage sector.

Our work in Scotland

The Scottish Government introduced a £12.00 per hour minimum wage for adult social care workers in commissioned services from April 2024. However, this fell short of wider Fair Work commitments, and concerns remain around the adequacy of pay uplifts, especially considering inflation and rising living costs.

We conducted a major Workforce Survey of homecare providers in the UK to build an evidence base for reform. The findings revealed deep concern about the sustainability of the workforce under current conditions.

- 48% said they cannot meet demand, with 84% citing recruitment difficulties as the primary reason
- 25% of respondents stated current fee rates are too low to offer competitive pay rates for UK-based workers

We used this data nationally across the UK to show that fair pay requires fair contracts. Providers stressed poor commissioning, unpaid travel time, and a lack of guaranteed hours were driving staff away.

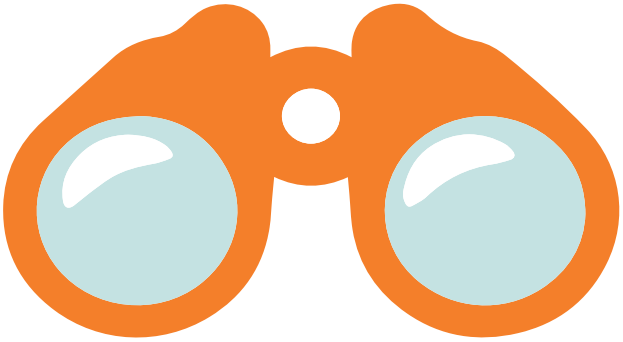
Workforce registration policy also shifted. We kept a watching brief on the confirmation of a new three-year qualification window for new social care registrants which came in June 2024; however, provider concerns delayed implementation. Planned Scottish Social Services Council (SSSC) fee increases were postponed by a year, offering temporary relief before gradual annual rises begin.

Recruitment and retention challenges persist across the sector. Many argue funds spent on planning large-scale reform would have been better used to stabilise the frontline workforce, whose resilience continues to hold up the system.

Looking ahead

In the coming year, we will set up a special interest group to engage with members around the legislative changes. As well as participating in key working groups and advocating in Westminster, we will help commissioners and providers to understand the changes that are coming in, so they happen as smoothly as possible.

Workforce



Work on negotiating a Fair Pay Agreement in social care will consume substantial time. We are still very early in this process and expect public consultation on the government proposals in autumn 2025.

We will keep pushing for enough funding for public bodies to pay a fair price for care. With this in mind, we are calling for a National Contract for Care Services, with a minimum fee rate for homecare. This would require public bodies to pay at or above an agreed minimum price to enable employers to offer fair pay and working conditions. H.M. Treasury would then have to provide an adequate budget to public bodies to meet the terms of a National Contract.

In January 2025, the Government announced a new independent commission on adult social care reform led by Baroness Louise Casey. The Commission officially began engagement in April 2025, talking first to people with lived experience.

At the time of writing, we have met with the Commission team three times. We are delighted several of the Commission team joined us at our Annual Conference in May 2025.

The Commission's Terms of Reference[15] specify the Commission will produce an initial plan of how to implement a National Care Service in a phased way over a decade. This will include looking at what adult social care should deliver for citizens and the current funding arrangements. The Commission should produce this initial plan by 2026. The Commission will then make longer term recommendations in 2028. These will look at how the sector can cope with demographic change.

In 2025/26, our team will engage with the Commission as a key priority alongside the Employment Rights Bill. We will arrange opportunities for members to speak to the Commission team about reforming social care.

How you can get involved

Are you interested in being part of a special interest group on the Employment Rights Bill?

Are you using innovative new recruitment methods?

Do you have excellent staff retention?

Has your organisation moved to shift-based working or taken significant steps to improve workers' terms and conditions?

What are the challenges you face?

Do you have a story to share?

Contact details:

Policy Team - 0845 646 1775
policy@homecareassociation.org.uk

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Financial sustainability

The government, local authorities, and health bodies are not investing enough in homecare. Zero-hour commissioning at low fee rates leads to zero-hour employment at low wage rates. This risks poor quality or unsafe care; low pay and insecure income for care workers; and market instability as providers struggle to remain viable. Our work on costs, financial sustainability and value of homecare is crucial for our members. Both public bodies and private consumers buying homecare need to understand the costs involved in delivering high quality services and the need to pay a fair price for this.

Throughout 2024 and 2025, we continued our efforts to advocate for the financial sustainability of the homecare sector. Rigorous research and data analysis underpin our work. This provides a solid foundation for our campaigns and policy recommendations.

Funding shortfall – lack of government investment

In the Autumn Budget 2024, the government announced a major change to the level of employers' National Insurance contributions (eNICs) – with the rate increasing from 13.8% to 15%. More significantly, the threshold at which liability starts reduced from £9,100 per year for each employee to just £5,000. This profoundly affects the sector, especially as many rely on part-time workers now falling into the new threshold.

Combined with the 6.7% increase in the National Living Wage, we calculated these measures added an extra £2.04 per hour to direct staff costs compared to the previous year (2024-25) - a 9.9% increase, even before accounting for inflation in other running costs[1].

In response, we wrote to the Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP, urging the government to exempt homecare providers from the eNICs changes. We highlighted the serious risk these cost increases pose to continuity of care, careworker job security and provider viability.

We calculated these measures represented a

9.9%

increase on the previous year.

Financial sustainabilty

Our influencing and campaigning strategy on the Autumn Budget 2024 also included:

- Raising our concerns in a roundtable with the Deputy Prime Minister, Secretary of State for Health and Social Care and Minister for Care, and in separate meetings with civil servants.
- Writing to a targeted list of MPs with a briefing on the impact of the Budget measures and urging members to meet with them.
- Signing a letter to the Chancellor organised by Providers Unite and a letter to the Prime Minister and other key leaders as part of the Care Provider Alliance (CPA).
- Creating two template letters for members to write to the Secretary of State for Health and Social Care and their local MP.

In response to the Budget, and during meetings with government officials, it became apparent we needed to clearly demonstrate the significant impact these decisions could have on providers. We worked with our colleagues in the Care Provider Alliance (CPA) on a survey regarding the impact of the Budget that received over 1,180 responses. The survey found:

73% will have to refuse new care packages from local authorities or the NHS.

57% will hand back existing contracts to local authorities or the NHS.

64% will have to make staff redundant.

22% are planning to close their businesses entirely.

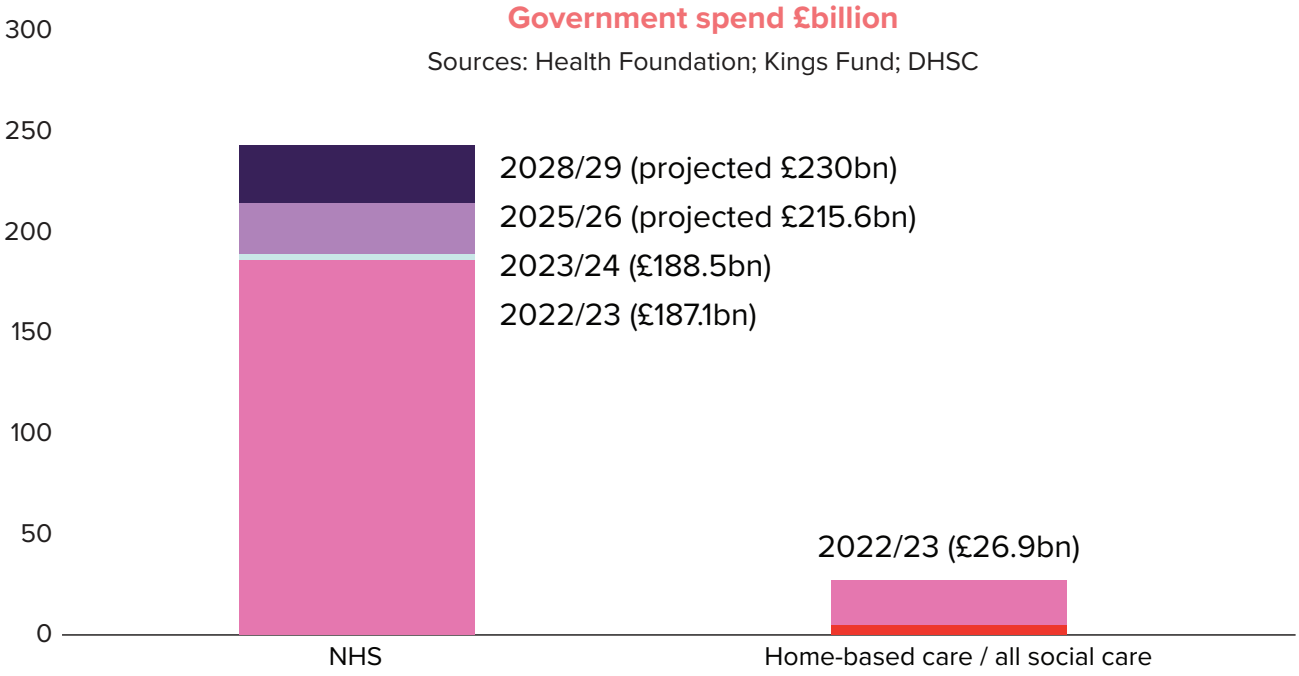
We also commissioned a care market analysis by LaingBuisson, which illustrated the precarious financial state of the sector. The report challenged common misconceptions, revealing private equity controls just over 10% of social care capacity, while the vast majority (80-85%) of providers are small, locally run businesses. These providers operate on thin margins, have limited financial resilience and remain vulnerable to economic shocks.

Crucially, data also showed even some of the larger state-funded providers are at risk of financial failure, struggling to remain afloat[2].

In light of these findings, we wrote again to the Chancellor, Deputy Prime Minister and Secretary of State for Health and Social Care, urging them to act on the evidence and commit to meaningful reform and sustainable funding.

The government had an opportunity to support providers with rising costs through the 2025-26 Local Government Finance Settlement. Instead, it announced an £880 million rise in direct funding for adult social care from the previous year, delivered

Financial sustainability



entirely through the Social Care Grant[3]. Even when combined with the anticipated £650 million from the adult social care precept, the total still falls £1.32 billion short of what the Association of Directors of Adult Social Services (ADASS) estimates is needed to meet rising care costs[4].

Funding for social care remains a political choice. The government continues to invest billions of pounds in the NHS. State funding for homecare services equates to 5% of that spent on the NHS.

At the same time, government officials claimed local authority fee uplifts in England were significantly higher than what we were hearing from providers on the ground. To test this, we launched a new data collection effort, asking our members to share real-world fee information for 2025–26, ensuring that our evidence base reflects the sector's lived reality.

We found

- 27% of contracts fall below the minimum cost of employing a careworker at £12.21/hour, including travel and training.
- Six councils in England, including Labour-led authorities, offered 0% uplift in 2025–26, despite 10–12% cost pressures on providers.
- The average council fee rate is just £24.10/hour, compared to the Homecare Association's Minimum Price of £32.14/hour.
- Only 1% of contracts meet or exceed the legal and operational threshold for sustainable, safe care.

Many of our members have contacted us with growing concern about local authorities commissioning homecare at rates well below the £22.71 per hour needed to cover the legal minimum cost of employing a careworker at the National Living Wage.

Financial sustainability

We've written directly to councils:

Hampshire County Council, which recorded a £3.2 million underspend on homecare while simultaneously forcing providers to bid at rates that fail to cover even direct statutory employment costs at minimum wage.

Hillingdon Council, which is paying providers just £18.01 per hour and offered zero uplift despite facing 10% cost increases following the Autumn Budget.

Hammersmith and Fulham, which is offering contracts at around £16 per hour, having signed UNISON's Ethical Care Charter.

Liverpool City Council, which says providers must absorb the extra cost of employers' national insurance through efficiencies in indirect costs. As our calculations show, they are not providing enough even to cover direct costs of meeting statutory employment requirements, never mind meeting care regulations.

We also met with the Senior National Officer for Social Care at UNISON to challenge the credibility of their Ethical Care Charter. This followed a letter we sent to UNISON to raise concerns about local authority fee rates.

Local Authority	Political Party	Adopted Charter?
Barnet (London Borough)	LAB	No
Hillingdon Council	CON	No
Lewisham Council	LAB	Yes
Portsmouth City Council	LIB	Yes
Southampton City Council	LAB	Yes
West Berkshire Council	LIB	No

While we fully support the Charter's aims, fair treatment of care workers and sustainable services, there is a glaring contradiction:

Many local authorities that have signed the Charter are commissioning homecare at rates far below the cost of delivery. This leaves providers facing an impossible choice: legal non-compliance or financial collapse.

We have called on UNISON urgently to review all Charter signatories and remove any that fail to meet the Homecare Association's Minimum Price for Homecare.

In response, UNISON confirmed they will remove local authorities if they find they do not meet the Charter's commitments.

We also raised concerns about unethical commissioning by some NHS bodies. We sent a letter to the Chief Executive Officer of NHS England, highlighting examples where homecare is being commissioned by the NHS at rates that fall far short of covering lawful employment costs, undermining both workforce protections and service quality.

Financial sustainability

Minimum Price for Homecare

In December 2024, we published our annual research which calculates the Minimum Price for Homecare in the UK. It is the amount needed to ensure compliance with employment and care regulations, as well as quality and financial sustainability of care services.

This year, we adapted our model so it now closely follows that used in the Fair Cost of Care exercises by local authorities in England. This has allowed us to better account for the volume of care being delivered in our model and helps providers speak with a unified voice on homecare fee rates.

Given the National Living Wage rise of 6.7% and eNICs changes, our calculation for the Minimum Price for Homecare in England for 2025-2026 was £32.14 per hour[5]. We also produced separate reports and prices for each UK nation (Table 1). We base the Minimum Prices in the devolved nations on careworkers receiving the Real Living Wage.

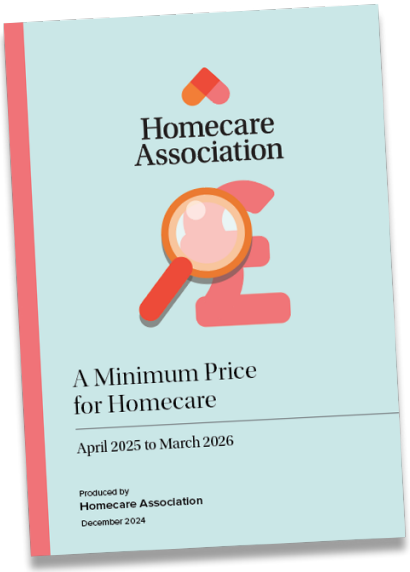


Table 1: Minimum Price for Homecare 2025-26 across the UK

Nation	Wage rate per hour	Minimum price per hour
England	£12.21	£32.14
Wales	£12.60	£33.90
Scotland	£12.60	£32.88
N. Ireland	£12.60	£32.84

The Minimum Price considers staffing costs; these include wages; pension; holiday and sick pay; training time; notice and suspension pay; Employers' National Insurance; travel time and mileage. These comprise at least 70% of costs.

For the first time, we calculated the impact of visit length on the Minimum Price per hour in England at the National Living Wage. We also showed the effective cost per call duration. Shorter calls are more expensive, mainly because of a higher proportion of travel time and travel reimbursement costs per hour.

Table 2: Minimum Price for Homecare 2025-26 in England by visit length

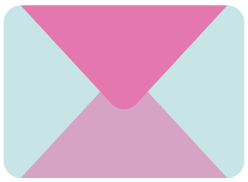
Visit length	Minimum price per hour	Effective cost per visit
15 minutes	£41.14	£10.28
30 minutes	£33.46	£16.73
45 minutes	£30.81	£23.11
60 minutes	£29.49	£29.49

Financial sustainabilty

The Homecare Association's Minimum Price has gained recognition in the UK's social care and health sectors. The Department of Health and Social Care advises English councils to use our calculations. They refer to this in paragraph 4.31 of the Care and Support Statutory Guidance[6].

This year, we collaborated with the Health Foundation, who used our Minimum Price to help them calculate the extra funding needed to meet future demand in adult social care and pay more for care. Their use of our calculations shows the credibility and rigour of the analysis we undertake as an Association.

In January 2025, we wrote to local authorities in England, Wales and Scotland, as well as Health and Social Care (HSC) Trusts in Northern Ireland, asking them to pay the relevant Minimum Price.



212 letters sent

54 responses

> The Homecare Association continues to challenge central government on the overall funding of social care. It is, however, councils, the NHS, and HSC Trusts (in Northern Ireland) that determine the prices they pay for homecare services at a local level.

Costs of running a regulated homecare business

care worker costs **£22.71**

Management & supervisors **£2.75**

Back-office staff **£0.93**

Staff recruitment **£0.40**

Insurance **£0.20**

Training costs **£0.52**

Regulatory fees **£0.08**

Rent, rates and utilities **£0.52**

Finance, legal and professional **£0.36**

IT and telephony **£0.51**

PPE and consumables **£0.36**

Other business overheads **£0.70**

Profit / surplus / investment **£2.10**

Financial sustainability

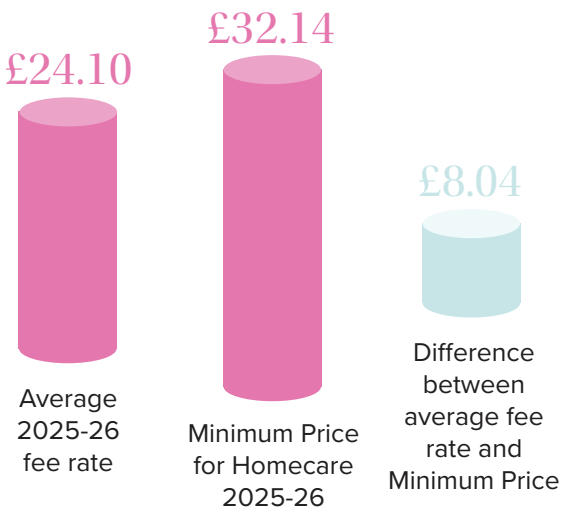
Fee rates in 2024-2025

Prior to this, we conducted research to assess if public bodies had increased fee rates enough to cover the NMW increase from April 2024.

Our findings, published in our report on Fee Rates for Homecare 2024-2025, revealed fee rates remained too low to cover rising costs[7].

The average fee rate for homecare contracts in 2024-2025 across the UK was £23.26 per hour. This fell significantly short of the Minimum Price, which at the time was £28.53 per hour. Only 1% of regular homecare contracts with local authorities and HSC Trusts in the UK met or exceeded the relevant Minimum Price for Homecare. Even more concerning, 6% of contracts paid rates that didn't even cover direct care worker costs.

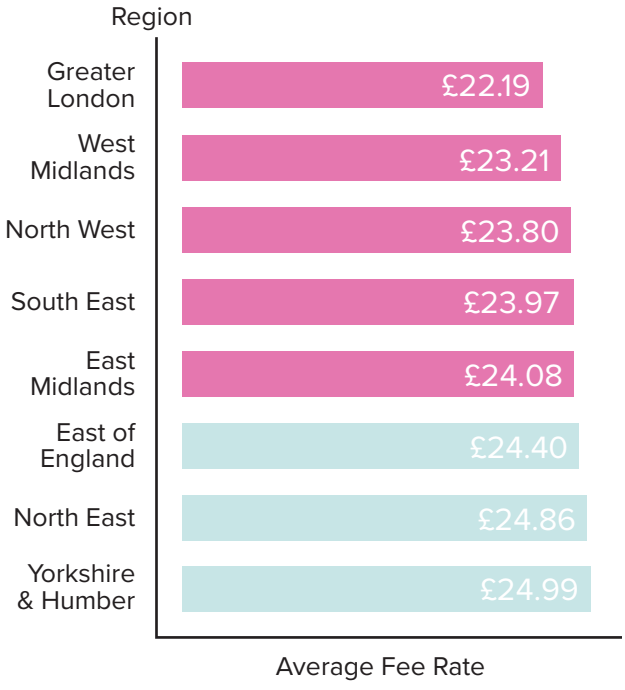
Worse still, by June 2024, 25% of councils and 75% of NHS bodies had not declared their fee rates from 1 April 2024. This makes it very difficult for providers, who must increase pay rates from April without knowing the fee rates from purchasers.



Our analysis showed the average uplift in fees from the previous year was 7.5% for regular homecare contracts with local authorities and HSC Trusts. This increase failed to match the rise in the National Living Wage (9.8% in 2024-25) or the Real Living Wage (10.1% in 2024-25). Indeed, only 7% of homecare contracts across the UK had a fee increase that kept pace with the NMW increase.

To address this funding gap, we calculated an additional £1.08 billion was needed in England alone to enable care workers in the independent and voluntary homecare sector to receive the National Living Wage in 2024-25. This figure rose to £1.56 billion if the goal was to pay care workers at a rate equivalent to NHS Band 3 healthcare assistants.

Average Local Authority Fee Rates by Region (2025-26)



Our work in Northern Ireland

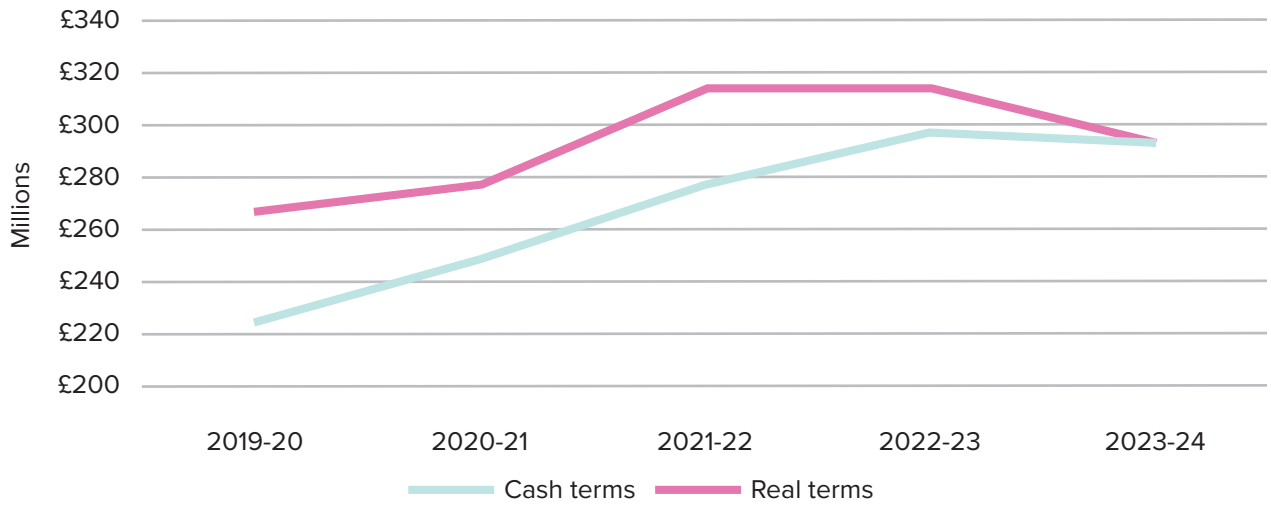
According to data published in answer to a written Assembly question[9], total homecare spend in 2023-24 for Northern Ireland was £294.5 million - a rise of 31% in cash (actual) terms, but only 10% in real terms from 2019-20. More worryingly, expenditure fell by 1% in cash terms and by 7% in real terms from the previous financial year. This was despite the number of hours provided increasing by 5% over the same period.

The Department injected £70 million in March 2024 to help raise fee rates in homecare, but this sum was clearly not enough to either ensure care businesses remain financially sustainable, or keep pace with demand. Our fee rates research for 2024-25 found the average Northern Ireland rate of £20.01 per hour was £3.25 per hour below that for the UK, and was the lowest of the UK's 12 regions[10].

The funding gap is only increasing. Driven by a rise to the Real Living Wage and Westminster changes to employers' National Insurance contributions (eNICs), our Minimum Price for Homecare in Northern Ireland is now £32.84 per hour[11]. We therefore wrote to the Directors of adult social care at each HSC Trust, urging them to engage early with providers to agree fee rate increases.

The Northern Ireland Executive set aside £8.4 billion for health and social care in their Final Budget for 2025-26[12]. According to their equality impact assessment, the final settlement represented less than a 3% increase after accounting for in-year allocations. This left the Department facing an expected funding deficit of almost £400 million[13].

Annual homecare spend (cash terms and real terms) in Northern Ireland since 2019-20



Financial sustainability

The assessment added: “Given the quantum of the funding gap, Trusts may have to propose measures with high and catastrophic impact on a range of services which would undoubtedly have direct patient consequences.” This could include ‘restriction of domiciliary care packages’.

In response, we wrote to the Finance Minister, John O’Dowd MLA, calling for additional ring-fenced funding to cover the increase in costs. The Minister acknowledged our concern about eNICs changes in his reply. In fact, along with his counterparts in Scotland and Wales, he has written to the Chief Secretary to the Treasury, Darren Jones MP, urging ‘the British Government to provide full funding to those who are delivering important public services to help meet these additional costs.’ Minister O’Dowd appeared to deflect responsibility in his response to us, saying it was for the Health Minister to prioritise within the Budget allocation.

Demand for services is only increasing. The Northern Ireland Statistics and Research Agency (NISRA) projects the number of people aged 65 and above will rise by almost 50% between mid-2022 and mid-2047[14].

We will continue to push the Executive to face facts and fund homecare fairly.

Our work in Wales

Heading into 2024, we had significant concerns that Councils and NHS uplifts were not sufficient to cover the Real Living Wage. Working with the National Provider Forum, we raised these concerns repeatedly and collected data from

members on the uplifts they had received.

The Welsh Government stated it had allocated sufficient funding to local authorities and commissioned an independent review of the Real Living Wage implementation (due for publication in summer 2025). We remain concerned that many providers have had to absorb unfunded cost increases for an extended period. We worked to ensure researchers included providers' voices, and are waiting for the publication of the report.

Financial pressures continue into 2025-26 with increases to the Real Living Wage and employers' National Insurance. We raised concerns about inadequate funding in a letter to the Senedd Finance Committee ahead of publication of the Draft Budget and separately to Mark Drakeford, MS as the Cabinet Secretary for Finance and Welsh Language. The response from the Minister for Children and Social Care, Dawn Bowden MS, confirmed Welsh Government had supplied funding to local authorities for the Real Living Wage, but not for the National Insurance increases.

On 4 February 2025, Members of the Senedd raised the lack of funding for social care in the Draft Budget debate. The Final Budget, published on 25 February, added £30 million specifically for hospital discharge support in social care. While

welcome, this funding does not support the day-to-day running costs providers are struggling to meet.

Once again, we distributed our Wales-specific Minimum Price for Homecare to all commissioners in Wales. We also worked with the National Commissioning Board on their costing model for 2025/26. However, the future of this National Commissioning Board work is uncertain because of the establishment of the Office for Care and Support, which may lead to the dissolution or transformation of the National Commissioning Board.

Recognising the financial difficulties facing the sector, the Welsh Government consulted in 2024 on whether they should charge individuals receiving care more for homecare. Ministers agreed to maintain the maximum charging level at £100 per week and increased in-year (2024/25) budgets £2.5m to allow for this, as well as £5m a year thereafter (i.e. from 2025/26).

The Health and Social Care (Wales) Act received Royal Assent on 24 March 2025. We responded to the consultation before the legislation being approved. The Act enables Direct Payments for Continuing Healthcare from the NHS, a positive move for individual's choice and control, though there is a risk the NHS could use it as a cost-saving mechanism by actively promoting cheaper, unregulated forms of care.

The Act also progresses Wales toward eliminating profit from the care of looked after children, requiring a transition to not-for-profit providers only. While this won't directly affect most adult care providers, many have expressed concern about the precedent it sets.

Our work in Scotland

Despite Scottish Government claims of record funding, Integration Joint Boards (IJBs) across Scotland faced deepening financial stress. Most overspent budgets, drew on reserves, or relied on NHS or council bailouts. Nine IJBs had no reserves going into 2024/25, with a projected sector-wide gap of £457 million.

The Homecare Association took proactive steps to address this. In late 2024, we published a new Minimum Price for Homecare in Scotland: £32.88 per hour, based on paying the Real Living Wage of £12.60. This benchmark included travel time, employer on-costs, and the minimum needed to run a sustainable, high-quality service.

We wrote directly to Chief Officers of Health and Social Care Partnerships (HSCPs) across Scotland, urging them to uplift their rates in line with this Minimum Price. We tracked and shared responses with our members.

We also raised the issue at the national level across the UK, highlighting the gap between political rhetoric and commissioning reality, and stressing failure to pay fair rates jeopardises care continuity, legal compliance, and workforce stability.

Financial sustainability

Member support

The Association published further resources for our members on financial issues during 2024-25.

We updated our National Minimum Wage (NMW) toolkit with the help of our preferred solicitors, Anthony Collins Solicitors LLP, to help members with NMW compliance. The updated toolkit now includes the updated NMW rates from April 2025 and additional guidance on uniforms, where workers purchase clothing or shoes that can be worn outside work.

Anthony Collins also revised template letters members can use to challenge public bodies on unsustainably low fee rates:

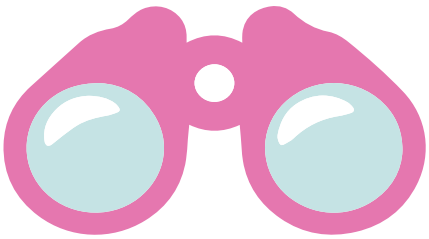
- Template letter - Fee uplift historic shortfall - no contract
- Template letter - Fee uplift historic shortfall - with contract
- Template letter - Fee uplift - Integrated Care Board

To help members calculate their increase in gross pay, eNICs and pension contributions between 2024-25 and 2025-26, we developed a payroll costs calculator. This tool allows users to list each of their individual employees and their pay over a particular pay period, with options to specify their branch and area. We also included a series of questions for users to determine whether they are eligible to claim Employment Allowance and reduce their National Insurance liability.

We organised webinars, led by Anthony Collins Solicitors, to help members with the next round of local authority fee negotiations and on taking legal action against local authorities on fee uplifts (following a High Court ruling that Stoke-on-Trent City Council's 1.4% fee increase for care homes was unlawful[8]).

We also co-hosted webinars with the Local Government Association (LGA), ADASS and our members to share first-hand accounts of financial pressures and show the challenges faced by the sector.

On our member helpline, we handled 59 cases in 2024-25 focussing on fees, direct payments, contracting and tendering with local authorities and the NHS specifically.



Looking ahead

The Labour Party plans to pass laws making unions stronger and allowing them to negotiate fair pay agreements for entire sectors. The first Fair Pay Agreement will be in social care. We know this, plus the Employment Rights Bill and the ongoing financial deficit in homecare present financial challenges for our sector to overcome.

We are calling for the government to:

- Invest at least £1.6 billion immediately for local authorities in England to ensure care worker wages meet legal minimums.
- Introduce a National Contract for Care that guarantees sustainable, lawful fee rates.

- Fully fund the Fair Pay Agreement and ensure it addresses existing shortfalls, not just future aspirations.

We will keep speaking up for homecare providers to show the government why investment is necessary.

To this end, we have sent Freedom of Information requests to all 276 public organisations in the UK that commission homecare services. Repeating an exercise last run in 2023, we have requested information on the fees paid for homecare services, the number of hours purchased, and total spend within a sample week.

For the first time, we also have asked about the type of contracts held with providers (e.g. block, framework, spot, etc.) and the 2025-26 direct payment rate per hour.

We will include our data analysis in our Homecare Deficit 2025 report, to be published in autumn 2025.

Following this, we will also update our Minimum Price for Homecare and calculate the minimum rates required in each UK nation for 2026-27.

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Innovation & integration

The Homecare Association continues to encourage collaboration between health and social care, while championing innovation in homecare delivery.

Integration and working with the NHS

This year, we helped shape one of the biggest changes to healthcare in a generation, ensuring homecare had a voice in designing the future of community-based care.

The challenge: homecare at the centre of health transformation

The government's 10-year health plan represents a fundamental shift toward neighbourhood-based healthcare. More intermediate care, hospital discharge support, and ongoing health management will be delivered in people's homes, putting home-based care and support squarely at the heart of integrated health and social care systems.

This transformation creates both opportunities and risks for providers. While it opens doors to new partnerships and contract opportunities, it also raises complex questions about clinical governance, staff training requirements, and regulatory compliance. Without homecare providers at the table, the NHS could design services in ways that do not work for our sector - particularly the 85% of providers who are small and medium enterprises.

Our response: from policy design to practical delivery

We engaged directly with NHS England and the Department of Health and Social Care (DHSC) throughout the year, taking part in cross-sector discussions on neighbourhood health planning alongside local government, mental health partners, and the voluntary sector. Our input helped ensure the plan recognises homecare as integral to community-based healthcare delivery, not just an add-on service.

We briefed members on the plan's implications - the shift from hospital to community, stronger prevention focus, and creation of neighbourhood health services - translating policy into practical considerations around workforce, contracting, and service delivery.

Innovation & integration

Addressing registration concerns

Members raised concerns with us about emerging demands from some Integrated Care Boards and local authorities for providers to obtain Treatment of Disease, Disorder and Injury (TDDI) registration for contracts involving healthcare tasks that providers have historically performed safely with appropriate training.

Working with the Care Quality Commission (CQC), DHSC, and the Chief Nurse for Adult Social Care, we secured crucial clarification: when a nurse employed by one registered provider delegates a task to a care worker employed by a different provider, this constitutes delegation (not supervision), and TDDI registration is not automatically required.

Developing practical solutions

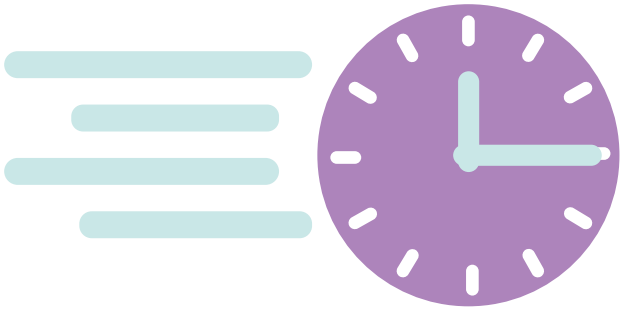
Recognising that most providers cannot employ clinical staff full time, we proposed an "enhanced health in homecare" model - neighbourhood clinical leads offering oversight across multiple providers. This approach enables safe healthcare task delegation while remaining financially viable for smaller organisations.

We issued guidance covering training, competency assessment, clinical governance, and insurance requirements, providing members with the tools to engage confidently in healthcare partnerships.

Influencing intermediate care development

We contributed to national work improving intermediate care capacity and productivity, participating in workshops with NHS, local government, and independent sector partners to shape commissioning approaches. The focus is shifting toward therapy-led, larger-scale models with long-term contracts that enable provider investment in workforce and infrastructure.

We supported the case for single named discharge leads with delegated authority and aligned incentives, anchored by a refocused Better Care Fund. This approach should reduce delays and improve outcomes across discharge and hospital-avoidance pathways.



Innovation & integration

Progress achieved: building foundations for change

While the NHS is notoriously difficult to influence and change takes time, our sustained engagement this year has created important foundations:

Regulatory clarity

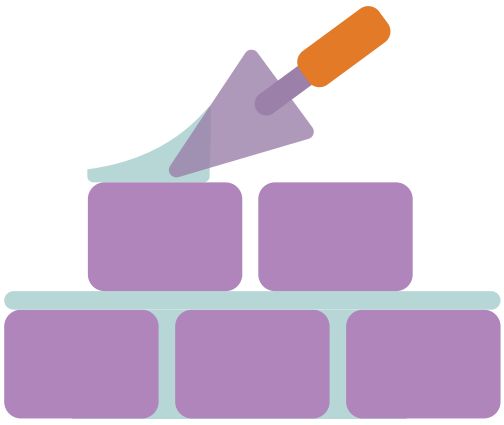
The CQC position on delegation versus supervision protects providers from unnecessary TDDI registration while enabling continued delivery of healthcare tasks. This clarity reduces compliance uncertainty and associated costs.

Policy influence

Homecare is now part of the discussion in neighbourhood health frameworks from the design stage. The National Framework for Neighbourhood Health Plans being developed will hopefully include homecare capacity and operational realities from the outset.

Contractual improvements

Our advocacy is contributing to a movement away from short-term spot purchasing toward longer-term contracts with clear standards, enabling providers to invest in workforce development and infrastructure.

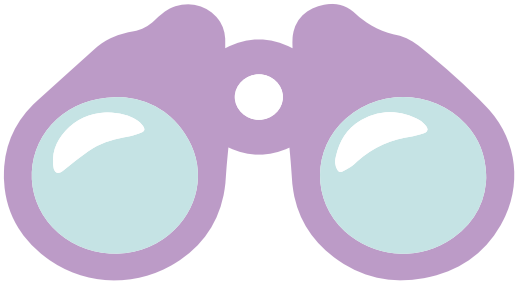


Practical guidance

Members now have clearer frameworks for safe healthcare task delegation, reducing legal and clinical governance uncertainties that previously deterred engagement with health partnerships.

System recognition

Homecare is increasingly recognised as essential infrastructure for intermediate care and hospital discharge, rather than a secondary support service.



Looking ahead

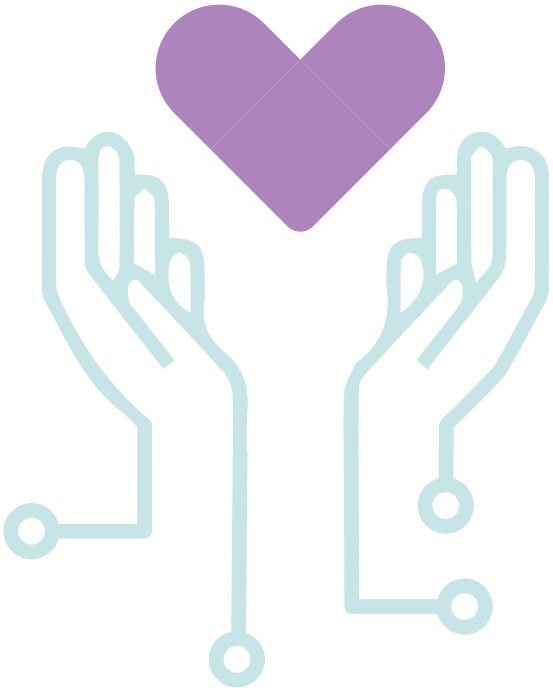
The coming year will see every area develop detailed neighbourhood health plans. We continue working to position homecare providers as core partners rather than peripheral suppliers, though this remains an ongoing challenge in a complex system.

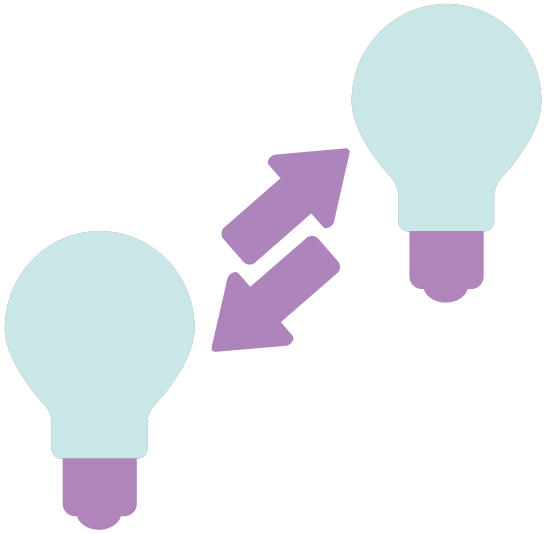
Our priorities remain securing consistent rules and fair funding for delegated healthcare, advancing intermediate care commissioning that supports sustainable service models, and translating national policy into practical tools for providers. Progress in the NHS takes time, but the foundations we have built this year position us well for the work ahead.

Supporting thought leadership and innovation in homecare

Thought leadership and innovation are vital to the future of homecare. As we navigate workforce challenges, regulatory requirements, and rising care needs, the Homecare Association has positioned itself at the forefront of transformation, establishing thought leadership whilst ensuring our members have access to the tools and knowledge they need to thrive.

Our commitment extends beyond showcasing new technologies. We recognise that meaningful change happens when innovative thinking meets practical solutions, encompassing new commissioning models, digital transformation, and AI applications that enhance rather than replace human care.





Creating environments for thought leadership and idea exchange

Our conferences and webinar programmes have become the sector's premier forums for thought leadership and innovation, bringing together international perspectives, policymakers, researchers, and practitioners. We curate content that blends academic research with practical application, covering research findings and emerging technologies applied in real-world settings. This ensures our thought leadership is evidence-based whilst remaining accessible to practitioners.

Our 2025 annual conference, themed "The Future of Homecare," and our Technology and Innovation in Homecare conference create a vibrant marketplace where innovation meets practical application, focusing on genuine problem-solving rather than technological novelty. Throughout the year, our webinar programme extends this leadership, featuring talks from innovators who share cutting-edge developments and insights, maintaining momentum between major events.

Innovation & integration

Practical solutions across the care spectrum

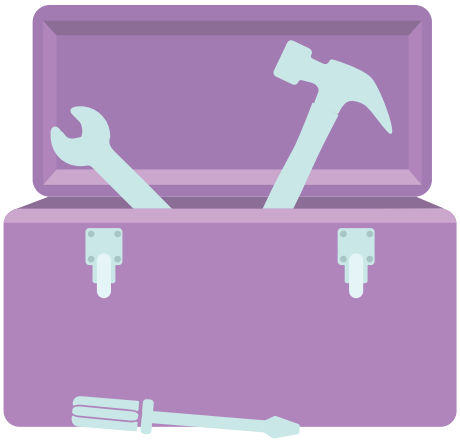
Our approach encompasses solutions benefiting the people we support, care workers, and care operations. We champion innovative commissioning models showing how collaborative longer-term contracts provide stability for providers to invest in their workforce whilst delivering improved outcomes.

We support breakthrough developments in remote monitoring, where simple technology, coupled with training and supervision, enables comprehensive health assessments in people's homes. Voice-enabled solutions provide 24/7 support whilst addressing social isolation, offering medication reminders and emergency response capabilities.

For care workers, we highlight innovations that make recruitment, retention, and workforce management more effective. Digital employment solutions address the £5 billion challenge posed by duplicated recruitment processes, whilst wellbeing applications empower and celebrate the workforce, enhancing job satisfaction and retention. International recruitment platforms transform how providers access talent pools whilst maintaining quality standards.

This collaboration increased digital social care record uptake from

40% to 80%



For care operations, we promote digital tools that reduce administrative burden, allowing care workers to focus on compassionate, person-led support. Through our strategic partnership with the Digital Care Hub, where CEO Dr Jane Townson serves as director, we have driven remarkable transformation. This collaboration increased digital social care record uptake from 40% to 80% across the sector, whilst delivering substantial improvements in Data Security and Protection Toolkit completion rates.

The Better Security, Better Care programme exemplifies strategic partnership success. This NHS England-funded initiative's practical approach - combining national expertise with local support through 28 regional organisations - made complex cyber security requirements accessible to providers of all sizes.

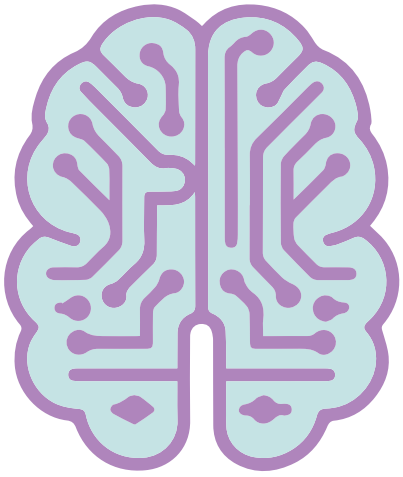
Innovation & integration

Leading on emerging technologies and AI

The Homecare Association leads responsible AI development for the care sector. Our involvement in the Oxford Collaboration on the Responsible Use of Generative AI in Adult Social Care and participation in the first AI in Social Care Summit demonstrates our commitment to ensuring innovation serves care values.

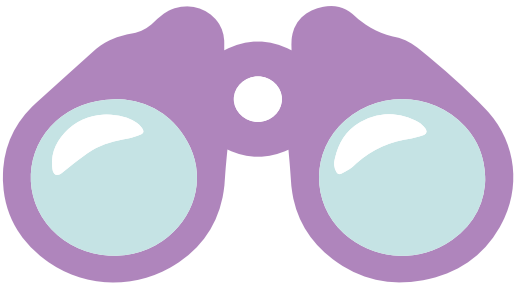
Through this work, we contributed to establishing ethical frameworks guiding responsible AI implementation. This thought leadership produces practical guidance, helping members navigate AI opportunities and risks, ensuring technological advancement supports rather than compromises fundamental care values.

We actively support companies developing AI solutions through our affiliate membership programme. Our support for innovations like Care Brain exemplifies our approach - championing AI-powered platforms providing real-time mentorship, supervision, and care planning support whilst maintaining data security and enhancing human care relationships.



> We contributed to guiding responsible AI implementation, helping members navigate AI opportunities and risks, ensuring technological advancement supports fundamental care values.

Our conference sessions on AI facilitate sector-wide understanding of how artificial intelligence can transform care delivery, from automating routine tasks to providing predictive insights enabling proactive care planning.



Looking ahead

Our focus remains on innovation delivering measurable improvements in care quality, operational efficiency, and workforce sustainability. By creating environments for thought leadership, supporting practical solutions across the care spectrum, and leading on responsible adoption of emerging technologies, we help create a future where innovation truly serves both care providers and those they support.

Innovation & integration

Advancing evidence-based homecare: our academic research contribution 2024-2025

The Homecare Association's commitment to evidence-based practice is clear in our academic research portfolio for 2024/25. Through strategic partnerships with leading universities and research institutions across the UK, we have contributed to 32 distinct research initiatives spanning completed studies, ongoing investigations, and funding bids. This programme reflects our dedication to improving homecare through rigorous academic inquiry and application.

Completed research

End-of-life care training for homecare workers

The SUPPORTED study, led by Professor Liz Walker and Professor Miriam Johnson at the University of Hull, completed work on end-of-life care training for homecare workers[1]. This NIHR-funded research explored the role that homecare workers play in caring for people at the end of life through interviews with 45 homecare workers across Hull, Bradford, and Bromley. The study identified training gaps and produced academic papers and practical resources to enable homecare workers to support people dying at home with skill and compassion.

Nutrition for people with dementia at home

Our collaboration with Bournemouth University on the TOMATO study (nuTritiOn and deMentia AT hOme) provided insights into nutritional care for people with dementia living at home[2]. The research adapted evidence-based interventions originally developed for care homes to support people with dementia receiving homecare. Working with our members, including Home Instead, the study developed practical assessment tools and guidance materials now being used to support better nutritional care in the community.

Pay variation research

Through our links with Professor Carol Atkinson at Manchester Metropolitan University, we and our members contributed to research on pay variation in adult social care[3]. This NIHR Policy Research Programme study provided insights into how pay structures vary across the adult social care sector using data from over 18,000 establishments.

Additional completed research

- Oral healthcare at home (Portsmouth University project developing mouth care checklists)[4]
- Observing and communicating change (UCL, Kent University);
- Imagining robotic care (Lancaster University); Home Care Research Portal (Manchester University)
- Digital technologies for social wellbeing (Hertfordshire University)
- DACHA homecare research on minimum data sets (Newcastle University)
- COVID-19 lessons (Nuffield Trust, LSE)
- AI roster optimisation (AI Dimension)

Current research

Economic evaluation of benefits and costs of domiciliary care

Our collaboration with the University of Kent represents the most detailed examination of domiciliary care value ever undertaken. This three-year, £1.6 million NIHR-funded project assesses the value for money that social care services provide, examining the full spectrum from regular daily homecare visits to 24/7 live-in care and residential care, using the Adult Social Care Outcomes Toolkit (ASCOT)[5].

Research partnerships

One of our significant collaborations is the NIHR Social Care Workforce Research Partnership ("Care Work"), co-directed by Professors Ann-Marie Towers (King's College London) and Karen Spilsbury (University of Leeds)[6]. This partnership brings together five universities, three national sector bodies (including the Homecare Association), four local authorities, four integrated care boards, and Leeds Health and Care Academy. Research themes include labour supply and markets, workforce wellbeing, innovation in work organisation, and data and technology.

Innovation & integration

We are also involved in the Kent Adult Social Care Research Partnership (£1.6 million NIHR-funded)[7], and the IMPACT Centre for Care (£15 million examining care as a complex ecosystem)[8].

Additional current research

- LGBTQ+ inclusion in homecare (University of Kent/Cardiff University)
- Equity for older people beyond digital access (Lancaster University)
- Dementia and neurodegeneration (Exeter University); caring for people dying with dementia (Kent University)
- Decarbonising health and social care (Cardiff University)
- Comparative international homecare analysis (Newcastle University); digital technology for medicines safety (Bristol University)
- Capacity tracker evaluation (LSE)
- The Lancet Commission on Long Term Care providing international perspective on homecare provision (King's College London).

Bids for new research funding

Looking ahead, we have supported a range of new funding bids, including:

- **Fair pay agreement evaluation:** Evaluating impact of proposed Fair Pay Agreement and employment rights changes (Manchester Metropolitan)
- **Climate change and health initiative:** Oxford and Kings College London collaboration examining health and climate intersection
- **Delegated healthcare tasks:** Research on NHS community nursing and homecare provision relationships (Manchester Metropolitan)
- **Long-term care labour shortages:** International perspective on workforce challenges (Kent and Oxford Universities)
- **Politics of regulation:** How regulatory frameworks shape homecare provision (Brighton University)
- **Economic inactivity and care workforce:** Addressing labour supply and demand questions (Brighton University)
- **Safe home medicines management:** Supporting homecare workers with medication management (Bradford University)
- **Unpaid and professional carer interactions:** Optimising relationships where formal homecare intersects with family care (University of East Anglia)

Impact and future directions

Our research involvement reflects the Homecare Association's position as the UK's leading membership body for homecare providers. Through active partnerships spanning workforce sustainability, service quality, technological innovation, and environmental responsibility, we ensure academic research addresses real-world challenges.

Our members contribute expertise and facilitate research participation, helping translate findings into practical improvements.

As our portfolio evolves to address emerging challenges including care integration, new technologies, and environmental sustainability, these partnerships help to ensure that evidence drives practice in homecare.

King's College London organises a Home Care Research Forum, which homecare providers are welcome to attend to learn about research projects relevant to homecare[9].

How you can get involved

Please tell us if you are pioneering innovative approaches or services in homecare and we will help to showcase your work.

Researchers often ask us to help them find providers and care workers to contribute to research projects. Please contact us if you would like to engage with research.

policy@homecareassociation.org.uk

Scotland

While structural reform faltered, innovation thrived at a local level, often out of necessity. Over 6,000 people were waiting for an assessment and over 3,000 were waiting for homecare in September 2024. In this context, providers explored new ways of working to improve outcomes with limited resources.

The Homecare Association championed anticipatory care planning and flexible, personalised approaches through our "Expecting the Unexpected" report. This work captured real-life case studies of homecare providers, including those in Scotland, using proactive care planning, relationship-based practice, and effective communication with families and health professionals to prevent crisis escalation.

We used this evidence to advocate for better commissioning models nationally, ones that value continuity, planning, and trust-building, rather than short, task-based visits. The report showcased the essential role of homecare in supporting people with fluctuating conditions, especially in rural and remote communities with limited formal services.

We also followed the Scottish Parliament's post-legislative review of Self-directed Support (SDS), which called for a rebalancing away from bureaucratic compliance toward genuine choice and control. We will continue supporting members to work with the government to

shape revised guidance, ensuring homecare providers can deliver meaningful, flexible support under SDS arrangements.

Northern Ireland

We have continued to work on the data, research and evidence workstream of the Social Care Collaborative Forum with support from our member Lesley Megarity. This workstream aims to develop a common understanding of what data are available, what we can use and what additional data we need to improve social care outcomes.

Regular meetings include a focus on:

- The current state of data within social care.
- Identifying gaps and opportunities in data access and quality.
- Exploring the broader role of data in driving impactful decisions.

Wales

Following publication of our Hospital Discharge report in spring 2024, we met with officials in Wales to press for improvements, particularly around discharge planning and medications management, not just bed availability.

Together with Care Forum Wales and staff from the National Office, we held a members' meeting to update our homecare risks and issues register, first developed during the pandemic. This highlighted key risks, including the inappropriate use of micro-care agencies, exploitation of international workers and difficulties recruiting local staff.

A new National Commissioning Framework came into force in September 2024, setting commissioning standards. Social Care Wales is supporting its implementation through good practice forums and a toolkit. While we hope this will lead to improvement in the long run, insufficient fee rates remain a core issue.

We sit on the Welsh Government's Strategic Domiciliary Care Group, which in 2024/25 conducted surveys of commissioners and providers to better understand the commissioning landscape in Wales. In 2025, the group plans to publish a quality statement reflecting on: Including the voices of people using services and unpaid carers, using salaried contracts and using block contracts in commissioning.

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Regulation

As in previous years, we have continued to work with national Regulators to represent our members' interests. Throughout the year, the Homecare Association has played a leading role in holding the CQC to account, supporting members with regulatory challenges, and shaping national reform efforts.

Our Interactions with the CQC

We have maintained a constructive but firm relationship with the CQC throughout 2024/25, challenging the regulator's poor performance while collaborating on improvements to regulation.

We engage regularly through several formal and informal routes, including:

- The Adult Social Care Trade Association Meeting.
- The External Strategic Advisory Group.
- The Provider Implementation Steering Group.
- And, new in 2025, the Strategic Oversight Group focused specifically on CQC's relationship with social care providers.

We also hold regular bilateral meetings with CQC staff and senior leaders to escalate issues, share insights from our members, and influence regulatory development.

This year, we also supported work on a new Inspectors' Guide in collaboration with the CQC. The guide is currently under internal review, and we hope it will support greater understanding of different service types and promote consistency in inspection practice.

Our Assessment of the CQC

In August 2024, we published an in-depth analysis of the CQC's performance in regulating homecare. These revelations received widespread media attention in over 180 outlets.

Amongst our key findings:

- 60% of homecare providers were unrated or had ratings that were out of date, some by over three years.
- The CQC's rollout of the Single Assessment Framework (SAF) had introduced inconsistencies and confusion, with many providers left unclear on what was being assessed and how to evidence compliance.

Regulation

- Delays in initial inspections meant new services were waiting years to be rated, blocking them from winning contracts or attracting private clients.
- Providers who were inspected often remained unrated because of flawed scoring algorithms that relied heavily on legacy data.

These problems stemmed from deeper structural issues: under-resourcing, fragmented sector relationships, ineffective IT systems, and a lack of understanding of homecare models among some inspection staff. Our report called for urgent action to improve inspection timeliness, review the flawed ratings methodology, and align regulatory approaches with the real-world context of community-based care.

> “60%
> of homecare providers have no rating or an out-of-date rating”

Reform Efforts

We contributed evidence to the Government-commissioned reviews of the CQC by Professor Sir Mike Richards and Dr Penny Dash. These reviews confirmed many of our members’ concerns: the CQC was struggling to deliver on its core responsibilities and needed a comprehensive reset.

We have helped ensure national reform efforts hear the voices of homecare providers, particularly small and medium-sized enterprises. We continue to meet monthly with CQC leaders and take part in advisory groups focused on inspection improvement, provider communication, and the SAF rollout.

In early 2024, the CQC launched a major reset of its regulatory approach, described by its inbound Chief Executive, Sir Julian Hartley, as the beginning of a journey to restore confidence and rebuild the foundations of good regulation. This work, branded “The CQC Way”, aims to clarify the regulator’s purpose, values, and behaviours, and to co-design a new shared vision for what high-quality regulation looks and feels like.

Over several weeks, CQC leaders held in-person engagement events in Newcastle, Manchester, Bristol and London, bringing together thousands of providers, colleagues, and stakeholders. The Homecare Association and members attended roadshows and engaged directly with senior CQC officials, sharing our members’ concerns about the current system and our vision for constructive reform.

There was broad consensus among attendees: regulation needs to be credible, consistent, and supportive of improvement, but the CQC is currently falling short. Providers described the need for simpler assessment models, clearer expectations, and timely, proportionate inspection. CQC staff spoke about culture and tools, while people who use services shared powerful insights on how effective regulation can improve outcomes.

We welcomed the CQC's recognition of the need for change and the necessity of genuinely co-designing reform with the sector. As the CQC develops a new regulatory charter, we will continue to engage closely and ensure the homecare perspective is central to shaping the future.

The Single Assessment Framework

Launched in November 2023, the SAF replaced the Key Lines of Enquiry (KLOEs) as the framework for assessing quality. The new model includes 34 quality statements grouped under five familiar domains (Safe, Effective, Caring, Responsive, and Well-led), with a new scoring system and updated evidence categories.

The implementation has been deeply flawed:

- The assessment of many providers used only a small subset of statements (often just 9 or 10), limiting their ability to show progress or innovation.
- Ratings were often based on old inspection data, leading to unfair outcomes.
- The new scoring approach included "rating limiters", meaning a single low score on any one statement could drag down the rating for a whole domain.
- Frequent delays, unclear information, and inconsistencies in reports made it difficult for providers to understand their rating's basis.

The SAF aimed to bring consistency and clarity, but its implementation has had the opposite effect. Under the new approach, the CQC assesses providers against a sample of 34 quality statements. Inspectors review only a few at any one time, meaning:

- Inspectors often miss areas of recent improvement.
- Poor historic ratings go unchallenged.
- Ratings are frequently based on outdated information.

Feedback from our members revealed assessments were inconsistent, overly burdensome, and distressing for frontline staff. Providers struggled to understand what was being assessed or how to prepare. Reports were often unclear and unhelpful, undermining their value to both providers and the public.

Following backlash, the CQC has acknowledged these issues and pledged

improvements, including reassessing affected services and taking a more flexible approach where providers can present evidence of progress.

To ensure provider voices shape regulatory reform, we worked closely with the Care Provider Alliance (CPA). With our active support, the Alliance conducted the most comprehensive review to date of the SAF rollout in Adult Social Care. Drawing on over 1,200 survey responses and five national workshops, the CPA report found the SAF imposed a disproportionate burden on SMEs, caused distress to staff and managers, and undermined trust in the regulator.

The report found:

- Too many, often overlapping, quality statements.
- A lack of clarity in what "good" looks like for different service types.
- Inconsistent inspection practice and poor report quality.
- A damaging impact on staff morale, particularly in small and medium-sized enterprises (SMEs).

The report called for:

- Reducing the number of quality statements (to under 20).
- Applying a consistent set across all providers.
- Producing tailored guidance by service type.
- Improving inspection notice, clarity of evidence expectations, and timeliness of reports.
- Training inspectors with input from providers.

We continue to press the CQC to implement these recommendations as part of its recovery programme. The CQC Board has reviewed the findings and agreed to deliver on the recommendations as part of the CQC's New Way. To date, we now sit on an oversight panel where we represent homecare providers in holding the CQC to account for delivering on its commitment to improve.

Spotlight: Gemini – Electronic Monitoring and Inspection

One area of innovation is the introduction of Gemini, an internal CQC tool for analysing electronic call monitoring data. Gemini uses digital call log data to help inspectors identify patterns in service delivery, such as late or missed calls. While it does not use AI or generate public inspection findings, it offers a more evidence-based and consistent approach, particularly valuable when used appropriately alongside human judgment.

We've directly engaged with the CQC about this tool and are working to help providers understand how it works, what it is (and isn't), and how future inspections might use it. We continue to gather feedback from our members to understand the value of this and feedback their concerns directly to the national team.

Regulation

Key features include:

- Large datasets work best with it, and it does not automatically generate inspection outcomes.
- National analysts support inspectors to avoid misinterpretation.
- Inspectors use the data to guide discussions, rather than publishing it in reports.
- The CQC has committed to developing communication materials for providers, explaining how Gemini works and uses data.

We are in dialogue with the CQC about sharing this information with our members to ensure clarity and transparency.

Local Authority Ratings

For the first time, the CQC has rated local authorities on their delivery of adult social care. Public ratings are emerging, with over 40 local authority assessments published so far.

Assessments focus on:

- How well councils meet duties under the Care Act.
- The quality, continuity and integration of care provision.
- Access to services.

However, the CQC does not routinely assess fee rates or commissioning frameworks, despite our concerns about widespread unethical practices. In many cases, local authorities are receiving good and outstanding ratings while still commissioning care lower than the cost of employing a careworker at National Living Wage (£22.71 according to our Minimum Price for Homecare 2025-26).

> We continue to advocate for more rigorous scrutiny of local authority commissioning, especially in relation to fairness and sustainability.

Devolution adds complexity, with some large counties potentially splitting into multiple new unitary authorities. We are working to understand how ratings will reflect such structural changes.

Regulation

TDDI Clarifications: Removing Regulatory Ambiguity

Delegation of healthcare tasks to care workers remains a major issue for homecare providers. In 2024/25, we received increasing reports of commissioners requiring providers to register for Treatment of Disease, Disorder, or Injury (TDDI) inappropriately.

Working closely with the Department of Health and Social Care, Skills for Care, and the CQC, we secured clarifications:

- Delegated tasks (e.g. insulin prompting, catheter care) do not automatically trigger a need for TDDI registration if delivered with appropriate training.
- The distinction between delegation (across employers) and supervision (within the same employer) is key to regulatory interpretation.
- No one should pressure providers to accept delegated tasks beyond their competence or to change their registration unnecessarily.

We continue to press for national guidance to reduce case-by-case uncertainty and ensure regulatory decisions support integrated care, not hinder it.

This clarity helps protect providers from unnecessary bureaucracy and supports a more pragmatic approach to delegation in integrated neighbourhood care models.

Looking Ahead

Following widespread criticism, the CQC has pledged to reset aspects of the SAF and improve inspection processes. A new

Chief Executive, Sir Julian Hartley, took up post in December 2024 with a mandate for reform.

Inspections are now beginning to pick up the pace. The CQC promised to revisit cases of unfairly assessed providers and reassess overlooked quality statements. There are early signs of improvement, but much remains to be done.

We will continue to:

- Support CQC's recovery programme while holding it to account.
- Push for practical, proportionate regulation that reflects the diversity of care models.
- Advocate for fair treatment of homecare providers in all regulatory processes.
- Ensure that reforms prioritise consistency, clarity, and compassion.

Effective regulation is not just about ratings, it is about enabling great care. We stand ready to support a regulatory system that helps providers thrive and deliver the safe, personalised support that people need.

A renewed regulatory framework must be proportionate, practical, and grounded in the realities of care delivery.

Employment Regulation: Preparing for the Fair Work Agency

While much of our regulatory focus in 2024/25 has centred on the CQC, a major change is on the horizon for employment rights enforcement, with direct implications for adult social care.

The Employment Rights Bill introduces the Fair Work Agency (FWA), a new executive agency within the Department for Business and Trade, which will begin phased implementation from April 2026.

The FWA will merge and strengthen existing state enforcement bodies, including:

- HMRC's National Minimum Wage (NMW) enforcement.
- The Employment Agency Standards Inspectorate.
- The Gangmasters and Labour Abuse Authority.

It will also replace the role of the Director of Labour Market Enforcement, absorbing strategic oversight and operational planning into a single body. Phase 1, launching in 2026, will focus on integrating current enforcement functions. Future phases will extend to proactive enforcement of Fair Pay Agreements (FPAs) and wider employment rights.

The FWA will have wide-ranging powers to inspect workplaces, investigate breaches, bring civil proceedings, recover costs, and enforce Labour Market Enforcement Orders, with potential criminal sanctions for serious non-compliance. Its remit will include enforcement of statutory sick pay, holiday pay, and FPA terms.

The Homecare Association supports the principle of stronger employment enforcement provided. We continue to call for it to be accompanied by fair funding and realistic expectations.

We have worked hard over the past year to build direct relationships with the Department for Business and Trade, positioning ourselves as a key representative of homecare employers. We've also established constructive engagement with the Director of Labour Market Enforcement, who has met with us regularly and attended our 2024 conference to hear directly from our members.

We are now working alongside other Care Provider Alliance members and the Department of Health and Social Care (DHSC) to explore how state enforcement via the FWA can operate in a way that is proportionate, sector-sensitive, and effective.

Regulation

Our Position

We have consistently highlighted that non-compliance with minimum wage rules in homecare is often a direct consequence of zero-hour commissioning at unviable fee rates. Without a shift in the funding model, enforcement alone will not solve the problem.

To support long-term compliance, we are advocating for a National Contract for Care Services, a centrally funded, legally binding framework that would:

- Establish minimum fee rates for homecare.
- Place enforceable duties on local authorities and other public commissioners to meet those rates.
- Support sustainable pay and conditions across the workforce.

We will continue to work with the government to ensure the introduction of the FWA supports, not undermines, the delivery of high-quality care.

Low Pay Commission

In June and July 2024, we provided both written and oral evidence to the Low Pay Commission (LPC) as part of its consultation on future minimum wage rates.

We highlighted the widening gap between rising statutory pay requirements and local authority commissioning practices, which often fail to fund care at a level that enables legal compliance, let alone sustainable, high-quality provision. We made clear in our submission that wage policy and funding and commissioning reform are inseparable.

We continue to advocate for a minimum wage that reflects the value of care work, supported by adequate investment in the homecare sector.

Looking ahead, our Head of Policy, Practice and Innovation, Daisy Cooney, will give oral evidence to the LPC later in 2025, so that homecare employers' voices will be clearly heard in future wage-setting decisions.

HMRC VAT Group Structures: A Compliance Alert for Providers

In April 2025, HMRC declared certain VAT group structures used by care providers to be tax avoidance arrangements, with immediate implications for providers using these models to recover input tax on services that are otherwise VAT-exempt.

These structures often involved care providers forming VAT groups with unregulated "special purpose vehicles" that issued invoices with VAT to local authorities or NHS bodies, who could reclaim it under

their own exemption rules. HMRC has now moved to prohibit these arrangements and is investigating up to 200 care organisations thought to be using them.

The Homecare Association immediately issued a briefing to members outlining the practical, financial and reputational risks, including:

- Termination of VAT group registrations for affected providers following individual review.
- No retroactive penalties, but clear warnings about potential high-risk status for future HMRC scrutiny.
- Concerns from commissioners who may now view these structures as non-compliant.

We urged members to seek professional advice, prepare for possible unwinding, and engage transparently with commissioners.

We also clarified that these arrangements arose from chronic underfunding: many providers entered them simply to remain financially viable when fee rates failed to cover the real cost of care.

We continue to argue for a long-term, structural solution: zero-rating independent sector care services for VAT, aligning tax treatment with public sector providers and supporting sustainability across the sector.

Our work in Scotland

Our work this year on regulation has focussed on supporting the Low Pay Commission and facilitating a meeting with members about the impact of 2023/24 increases in the National Living Wage. The visit was part of a series of meetings held

throughout the UK and the findings influence the Commission's recommendations to government. We also submitted evidence to the Commission.

We continued to keep a watching briefing on the Care Inspectorate, including its revised adult protection procedures. These moved the Inspectorate towards more structured and transparent reporting. Members prepared for a new eform system launching in April 2025.

Changes under the Disclosure (Scotland) Act 2020, including the end of lifetime Protecting Vulnerabe Groups (PVG) memberships and introducing five-year renewals, were also important for members.

Our work in Northern Ireland

As part of our Northern Ireland visit, we met with Elaine Connolly, Director of Adult Social Care, Care Homes & Domiciliary Care, and Assistant Director James Laverty of the Regulation and Quality Improvement Authority (RQIA). Unlike the CQC in England, homecare providers in Northern Ireland receive a statutory inspection once

a year. They told us about the robust registration process providers must go through. We also got an update on the evidence portal being developed, which will tell providers what evidence they must submit to register and through which they can submit this evidence. What we heard impressed us, and we look forward to continued close collaboration with the RQIA in 2025-26.

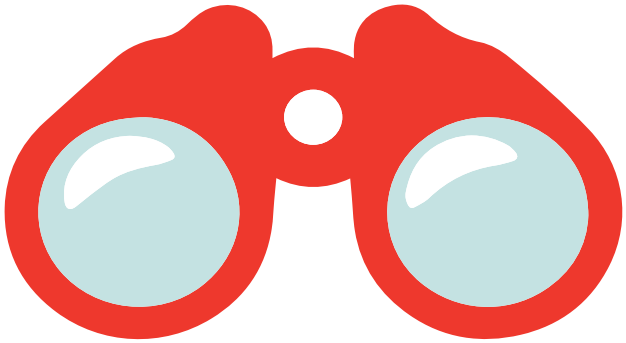
Our work in Wales

Throughout 2024/25, Care Inspectorate Wales (CIW) has been preparing to implement published ratings for homecare providers from April 2025, following a review of its previous pilot 'silent' ratings scheme.

While many providers welcome increased transparency, providers have raised concerns about the timing of this roll out given current financial pressures. During consultation, providers questioned how to distinguish between services **rated 'good'**. CIW has formed working groups to examine issues raised and, amongst other things, this has led to the decision to rename the 'poor' rating so that it is now 'requires significant improvement'. Providers have broadly welcomed this change.

We've also contributed to discussions on statutory intervention processes for failing providers, previously focused on care homes, but now being extended to homecare. At the time of writing, this revised policy is out for public consultation.

We understand Welsh Government's work on micro-care provision which began in 2023-24 is continuing. Progress has been disappointingly slow. Micro-care provision continues to be a concern to providers. While choice and control for people using care is vital, commissioners must use micro-care appropriately and not to provide cheaper care without regulatory safeguards.



Looking Ahead

Rebuilding trust between providers and regulators is essential. That means giving notice of inspections, ensuring clarity in reports, and training inspectors in the realities of different service types, especially homecare.

We will continue to work with our members, other partners and the national regulators to ensure that changes in regulation are fair, proportionate and representative of the quality of care delivered by our members across the UK.

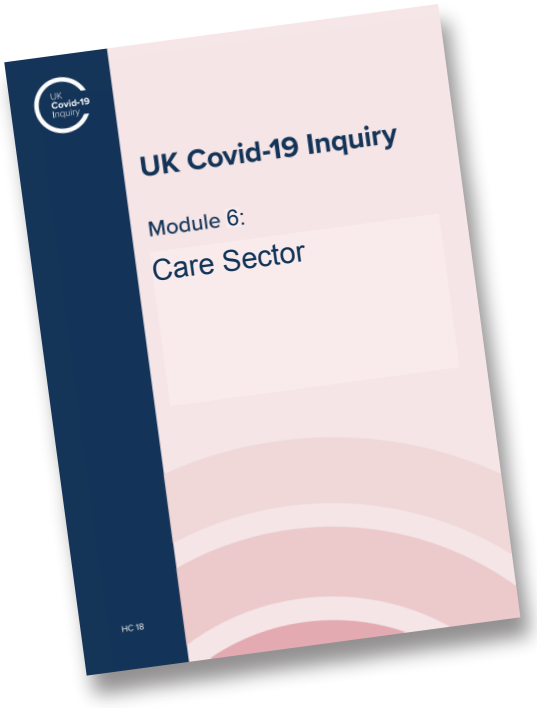
UK COVID-19 Inquiry

Representing the homecare sector

The inquiry examines the nation's response to and impact of the COVID-19 pandemic, led by Baroness Heather Hallett. Primary objectives include gaining insights for the future, assessing the UK's pandemic preparedness across health and social care, and examining decision-making regarding lockdowns, healthcare and economic support. Held under the Inquiries Act 2005, the inquiry began on 28 June 2022 and is proceeding through ten modules covering areas from resilience and preparedness to the care sector and societal impact.

Representing the homecare sector

The inquiry's sixth module, focused on the pandemic's impact on social care, concluded in July 2025 after hearings covering all four UK nations. The Homecare Association successfully represented homecare providers' experiences throughout this critical process.



Preparing for the inquiry involved substantial effort from our small team, working without formal legal support to meet stringent statutory requirements. Our written submission ran to nearly 200 pages with over 150 supporting documents. We are enormously grateful to Anthony Collins Solicitors for providing pro bono advice after Baroness Hallett declined our request for public funding for legal costs.

Expanding the inquiry's scope

Our key victory was persuading Baroness Hallett to revise Module 6 after presenting evidence including oral testimony from Jane Townson. The scope expanded beyond care homes to include other social care recipients, such as those with learning disabilities and autism. The Inquiry changed the term "residents" to "recipients of care". Following our representations, Baroness Hallett also asked to hear from homecare registered managers, and we helped identify individuals to provide vital first-hand evidence.

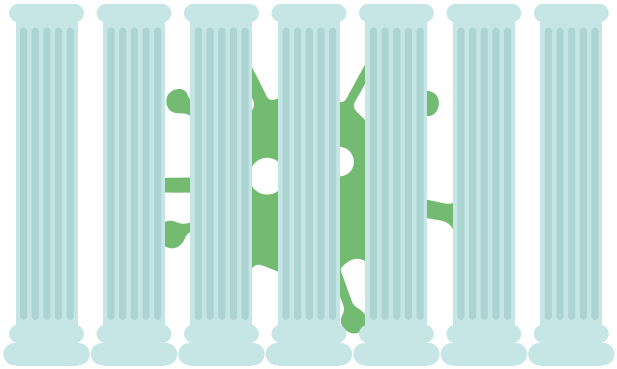
UK COVID-19 Inquiry

Key evidence and devastating findings

Besides acting as a witness in a formal evidence session, Dr Jane Townson OBE delivered both opening and closing statements, drawing on extensive member engagement, national surveys, and real-time communications with policymakers during the pandemic. The evidence revealed how the crisis exposed long-standing systemic weaknesses: homecare was overlooked in planning despite serving nearly one million people - far more than residential care. Chronic underfunding, staff shortages, and poor NHS integration left providers particularly vulnerable.

A month of oral evidence revealed devastating consequences of hospital-centric emergency planning. While the government proclaimed "Stay at Home, Protect the NHS, Save Lives," the unintended consequence was over 100,000 excess deaths at home by July 2022 - most from non-COVID-19 related causes such as dementia and cancers.

However, the inquiry heard evidence of international success stories. In Italy, home-based COVID-19 care achieved hospitalisation rates of less than 10%, with regions embracing this model seeing death rates six times lower than hospital-focused areas. South Korea similarly demonstrated that sophisticated medical intervention could be delivered at home whilst maintaining wider healthcare access.



Seven pillars for pandemic resilience

Despite exposed challenges, our evidence emphasised the resilience, innovation and commitment shown by homecare providers and their workforce. Based on this evidence, we proposed a fundamental shift from hospital-centric to community-centric pandemic preparedness, built on seven pillars:

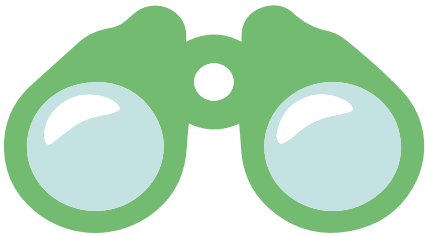
- **Pillar one:** embedded expertise - Social care expertise embedded at every level of emergency planning through a standing expert committee.
- **Pillar two:** equal protection - Hospital-grade PPE, testing, vaccines, sick pay, and psychological support guaranteed across all care settings.
- **Pillar three:** automatic funding - Emergency support reaching all providers immediately through pre-established systems.
- **Pillar four:** valuing the workforce - Sustainable funding supporting professional registration, fair pay, training, and technology adoption.

- **Pillar five:** maintaining healthcare access - Face-to-face health and care services protected, not suspended during emergencies.
- **Pillar six:** modern data infrastructure - Capturing everyone giving and receiving home-based care for effective pandemic planning.
- **Pillar seven:** effective governance - Dedicated structures understanding home-based care's unique challenges and opportunities.

Innovation and international collaboration

We proposed developing a Community Resilience Index measuring not just hospital capacity but community-based care infrastructure robustness, including care worker ratios, workforce sustainability, and digital infrastructure penetration.

Additionally, we recommended establishing an International Homecare Emergency Response Network to share best practices and deploy proven interventions immediately when the next pandemic emerges.



Looking ahead

The inquiry highlighted both devastating failures and extraordinary potential for transformation. The government's 10-Year Health Plan, with its shifts from hospital to community, illness to prevention, and analogue to digital, creates an unprecedented opportunity to implement lessons learned.

Our evidence demonstrated that homecare must be recognised as essential infrastructure, delivering better outcomes at lower costs. However, transformation requires more than policy papers - it demands a fundamental cultural shift viewing home-based care as an equal partner in improving health outcomes.

The inquiry's recommendations will influence whether we emerge with genuine transformation or just good intentions - a difference measured not in policy papers, but in lives saved and dignity preserved when the next emergency strikes.

> "We are doing all we can to ensure the lessons of the pandemic are fully understood and that the voice of the homecare sector is at the heart of that learning."

UK COVID-19 Inquiry

The UK Covid-19 Inquiry

Aims to examine the nation's response to and impact of the Covid-19 pandemic.

Primary objectives are to:

- Gain insights for the future, analysing successes and areas for improvement.
- Assess how well the UK can handle a pandemic, including its health and social care, government, and communities.
- Examine how governments and public organisations made decisions regarding lockdowns, healthcare, and economic support.
- Gather public and stakeholder input to ensure they hear the voices of those affected by the pandemic, including families of those who died.

Led by Baroness Heather Hallett, helped by a team of at least 150 barristers and solicitors.

Held under the terms of the Inquiries Act 2005.

Began on 28 June 2022 and is proceeding in modules:

1	**Module 1:** Resilience and preparedness.
2	**Module 2:** Core UK decision making and political governance.
3	**Module 3:** Impact on the healthcare systems of the four nations.
4	**Module 4:** Vaccines and therapeutics.
5	**Module 5:** Procurement.
6	**Module 6:** Care sector.
7	**Module 7:** Test, trace and isolate.
8	**Module 8:** Children and young people.
9	**Module 9:** Economic response.
10	**Module 10:** Impact on society.

Member benefits

Understanding and action

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

Advocacy and representation

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

Information you can trust

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

Advice when you need it

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

Develop your workforce

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

Expand your reach

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

Enhance your buying power

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

Reports to back you up

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

Coming together

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

Member benefits

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

Net Promoter Score (NPS)

The Net Promoter Score is the standard way to measure customer satisfaction and enthusiasm. It is calculated by asking customers the question: "How likely are you to recommend this company to a friend or colleague?".

The Net Promoter Score ranges from -100 to 100: -100 to 0 means improvements are needed, 1 to 30 is a good score, 31 to 70 is a great score, and 71 to 100 is an excellent score.

This year our NPS is	34

Membership benefits

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

The most valued benefits are:

Email alerts and round-up	91%
Reports & guidance documents	86%
Use of our logo	84%
Webinars	83%
Training courses	78%

Association services

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

The most valued service was:

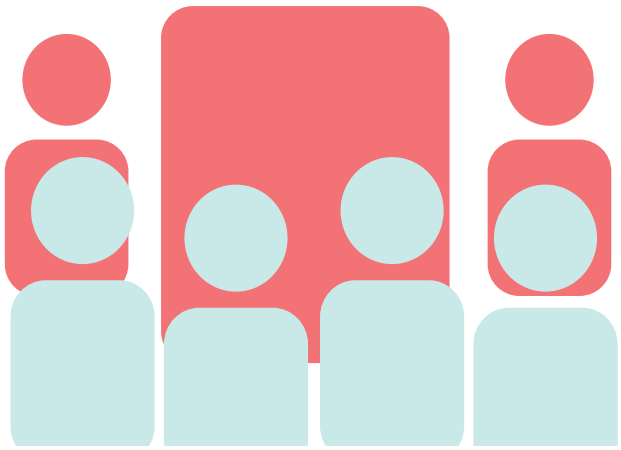
Being part of a collective voice representing homecare	87%

Find out more

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

www.homecareassociation.org.uk/membership.html

Member benefits



Events

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

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

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

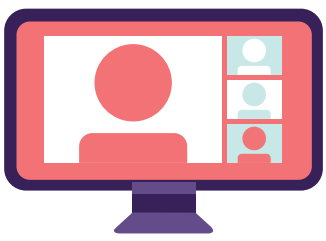
Webinars

Our webinar programme in 2024-25 presented a range of practical hints, tips and experiences. Either heavily discounted or completely free for Members, the webinars provide easy access to specialist presenters and a chance to fully understand and interrogate the information given.

Webinar subjects over the year, included:

- Buying or selling a homecare business
- Using social media for recruitment
- Using social media for customer acquisition
- Cyber security in homecare: What do small providers need to know?
- How to grow your homecare business
- Top tips to master first impressions in homecare
- Is my client unwell?
- Choosing the right insurance
- Legal Duty to Refer
- Barring Referral Service
- Negotiating fees with Local Authorities
- How to grow your care business with the power of data
- How can NHS Continuing Healthcare help your clients?

22
webinars with a total of
1,294 attendees



Member benefits

Regional Information Events

In 2024-25 we began our ongoing series of Regional Information Events with a trip to Essex.

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

The free, in-person event was held in Braintree, on Thursday 12 December 2024 with a programme including talks, Q&As, group activities and networking, with refreshments throughout the morning before an early afternoon lunch. The programme was designed to cover key issues and topics in homecare, as well as demonstrating the support and broader 'what we do' for homecare (providers).

Tech + Homecare Conference

Held in the stunning surroundings of One Birdcage Walk in Westminster on Thursday 21st November 2024, our Tech + Homecare Conference included experts from the worlds of health and social care and technology who shared best practice and led discussion and debate around the future of our sector.

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

The programme of talks included:

- How can technology solutions help move care closer to home?
- Tech solutions for improving homecare operations
- Tech solutions for improving outcomes
- What can we learn from the data in digital systems?
- How robots will help us in homecare in the future
- Responsible use of AI in homecare
- Cyber security and data protection
- How can councils support innovation in homecare?

182

attendees at our Tech + Homecare Conference

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

> The whole day was packed with hugely insightful and inspiring sessions and discussions which were highly relevant and important for the future of care. I could really feel how the Homecare Association and all the people who joined are committed to improving homecare across the UK.

Trade Shows

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

Member benefits

Website

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

The most visited pages include:

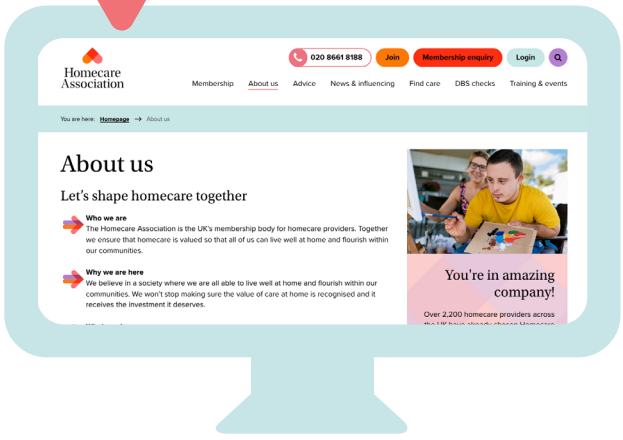
Find care: Our listing page for all provider members, searchable by those looking for homecare services.

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

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

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

135,601
visitors to our website in 2024/25



Homecare magazine

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

During the year we published 68 articles over the four issues, with subjects including:

- How learning and development improves staff retention
- Navigating fee uplifts
- Tackling cyber security risks in care
- Delivering care in a rural community

Member benefits

Training

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

We hosted a total of 48 courses, with 846 providers attending.

Our range was expanded to include a new Understanding and Managing Frailty course. This webinar course is led by Dr. Kirsten Protherough, a GP with a special interest in frailty, dementia, and positive ageing. The course equips homecare professionals with essential skills in managing frailty. Its introduction was as a response to demand for the webinar, Is my client unwell? Which was also run by Dr Protherough.

48
training courses

846
attendees

DBS checks

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

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

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

13,751
checks completed

Member benefits

Member helpline

Our Helpline provides expert, tailored advice to members on everything from daily operational queries to regulatory compliance, legal obligations, and workforce management. It's one of our most valued member benefits, delivered at no extra cost and backed by partnerships with trusted legal, HR, and insurance advisors who provide specialist guidance when needed.

Between April 2024 and March 2025, we resolved 467 member queries. Although slightly fewer than the previous year, the complexity of queries remains high, with calls averaging 22 minutes to resolve. Members come to us not just for answers, but for trusted, confidential, in-depth support.

Satisfaction and Service Quality

> "The assistant had a nice friendly, jolly voice and I felt she wanted to resolve my query."

> "I received helpful and friendly service throughout my call and was given full jargon-free advice."

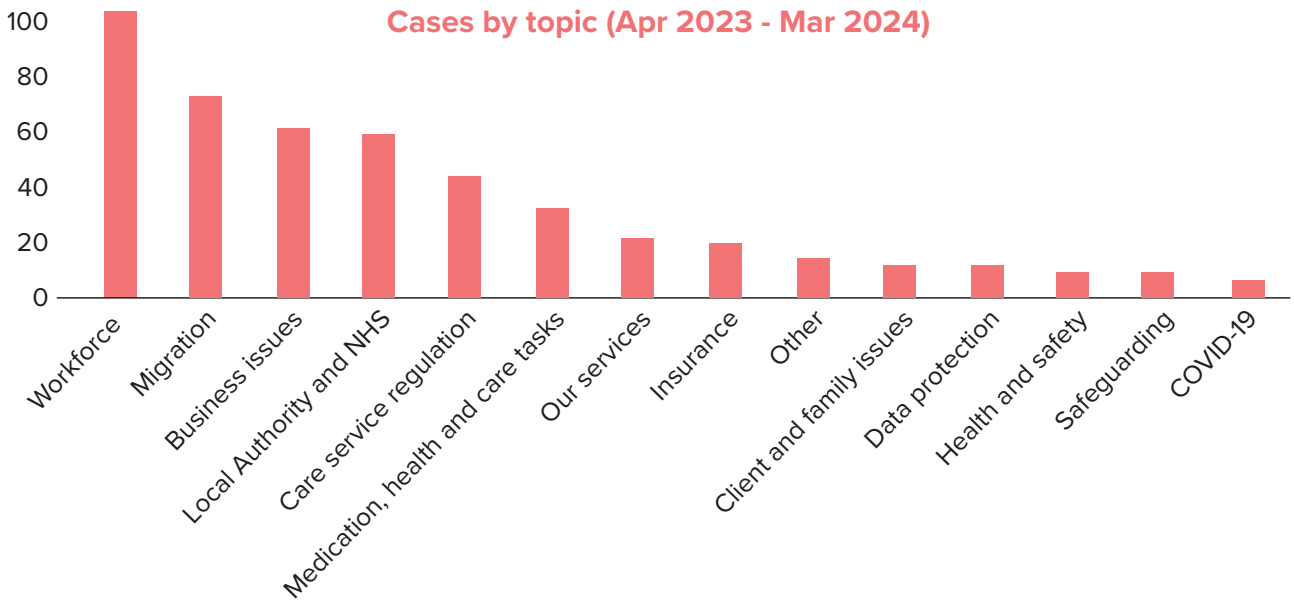
> "I received very helpful and empathetic service from a friendly and enthusiastic adviser, who clearly understood my needs and worked hard to resolve my query."

What members are calling about

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

- **Financial sustainability**
  Members contacted us frequently about under-funded local authority and NHS contracts that fail to reflect increases in the National Living Wage, employer National Insurance contributions, and wider inflationary pressures. These issues continue to threaten the viability of services.
- **International recruitment challenges**
  Changes to sponsorship rules, salary thresholds, and restrictions on displaced workers made it much harder to recruit internationally when domestic recruitment remains extremely difficult.
- **Employment law and workforce issues**
  Longstanding questions around National Minimum Wage compliance, holiday pay, and managing performance or long-term sickness remain frequent topics. Members value our practical, up-to-date advice in navigating these issues.
- **Regulatory challenges**
  The Care Quality Commission's ongoing reform of its provider assessment framework and digital systems has caused concern. Members reported delays in registration, inconsistencies in ratings, and errors in regulatory processes.

Member benefits



Why it matters to Members?

Our membership survey confirms the Helpline is one of the most appreciated benefits we offer. Members value the personalised, prompt, and practical advice they receive delivered by a team that understands the unique challenges of homecare.

At the same time, your calls help us. The insights we gain through direct conversations with members are central to shaping our policy campaigns, legal tools, and practical resources.

Cases by outcome (Apr 2023 - Mar 2024)

- Resolved by staff: 56%
- Referred to Anthony Collins Solicitors: 26%
- Referred to HR Dept: 8%
- Referred to other organisation or website: 8%
- Referred to Towergate Insurance: 2%
- Referred to Director: 1%

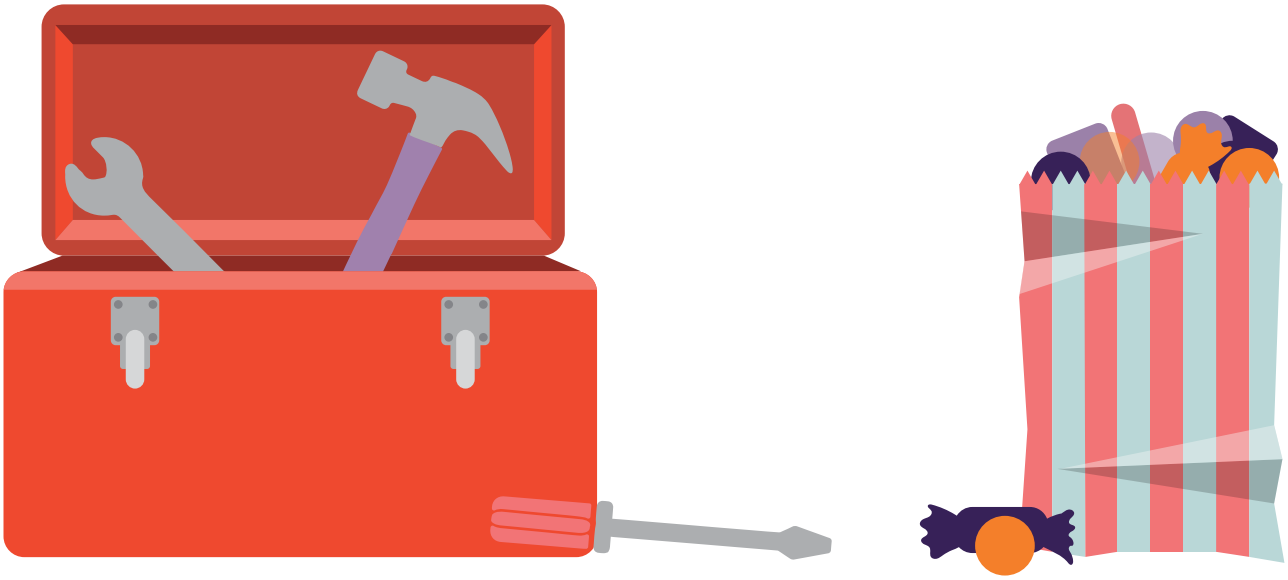
Homecare Association members can speak directly with our in-house Policy Specialists:

Monday to Friday, 9am–5pm
020 8661 8188 (option 4)
helpline@homecareassociation.org.uk

Where needed, we can refer members to our partner helplines for legal advice, HR support and insurance guidance. These services are available at no additional charge as part of your membership.

For more information, visit the Advice section on our website.

Member benefits

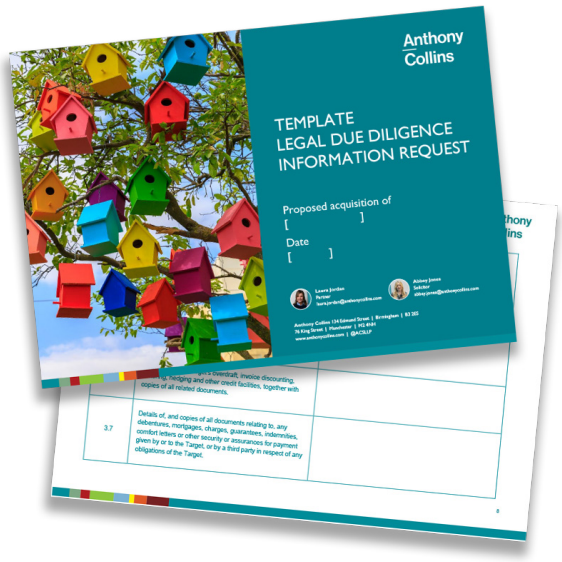


Resources

This year saw major additions and revisions to our library of member resources. We work hard to keep our materials up to date, practical, and relevant so you can focus on delivering high-quality care without reinventing the wheel. We offer these resources to members at no extra cost or at a considerably lower cost, providing expert-level support that would cost thousands if sourced independently.

Whether it's navigating payroll changes after ENICs, strengthening commissioner negotiations, or managing workforce compliance, we provide ready-to-use, legally sound tools to help you stay compliant, efficient, and informed.

We have 92 factsheets **and** 12 templates **available to our members**



Preparing to Sell Your Homecare Business

Developed with Anthony Collins Solicitors LLP, this template provides a Legal Due Diligence Information Request for prospective buyers. It enables them to gather key financial, legal, and commercial details from sellers. Sellers can also use it proactively to prepare for potential inquiries.

Cost: £50 + VAT for members.
£500 + VAT for non-members.

Member benefits

Fee Uplift Request Template Letters

In partnership with Anthony Collins Solicitors, we produced revised template letters to help members seek fairer public authority funding. Our research, Fee Rates for State-Funded Homecare in 2025-26, showed just 1% (2 contracts) met or exceeded the relevant Minimum Price in England for 2025/26 (£32.14/hour), Wales (£33.90/hour) and Scotland (£32.88/hour).

The template letters (in Microsoft Word) are tailored:

1. To request a fee uplift where there is an historic shortfall and no valid contract with the local authority.
2. To request a fee uplift where there is an historic shortfall and a valid contract with discretionary uplifts.
3. For use on fee rates for Continuing Healthcare Services (CHC) services, where the commissioner is an Integrated Care Board.

All templates include usage instructions.

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

Overseas Recruitment

Many care providers now employ sponsored workers. Whether members are considering sponsoring a worker for the first time or are already engaged in overseas recruitment, our International Recruitment webpage offers information on:

- Practical introductory guides tailored for care providers
- Up-to-date information on key topics, including:
- Recent changes to sponsorship requirements
- Quality and compliance
- Addressing modern slavery risks
- Employing refugees
- Right to work checks

We represent members' interests and regularly engage with officials on international recruitment issues. For updates, see our media releases and consultation responses.

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

Member benefits

National Minimum Wage Toolkit

Fully updated for April 2025, authored by Anthony Collins Solicitors LLP, this toolkit helps providers comply with complex minimum wage legislation.

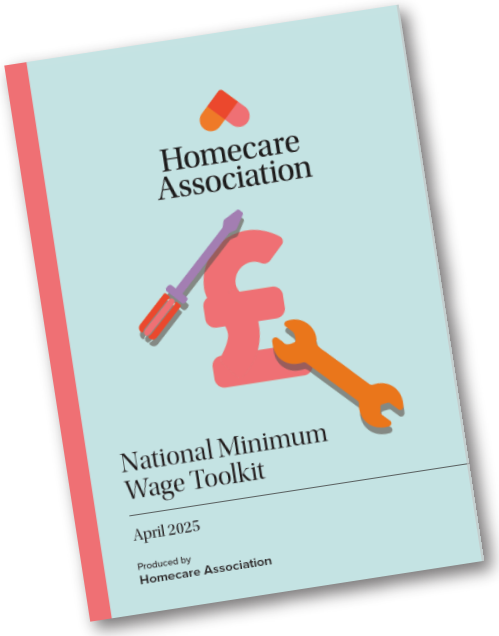
Updates include:

- A step-by-step compliance tool
- A practical action plan for providers
- New uniform guidance: Clarifies rules on deducting costs for work attire that can also be used outside work (see paragraph 40)

We updated the toolkit for the April 2025 changes.

- National Living Wage: £12.21/hour
- 18–20-year-olds: £10.00/hour
- 16–17 and Apprentices: £7.55/hour
- Accommodation offset: £10.66/day

Cost: FREE for members.
£150 + VAT for non-members.



Homecare and Children Factsheet

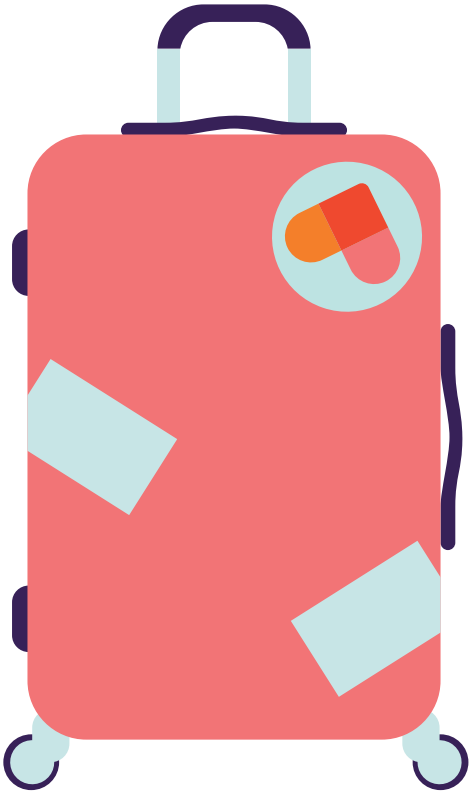
While homecare often focuses on older adults, many providers also work with or in the presence of children. This factsheet highlights why and when children need consideration in service planning, policies, and training. Examples include:

- Direct care for sick or disabled children and young people
- Supporting disabled adults who care for their own children
- Incidental contact with children, e.g., during home visits or outings

It compiles relevant guidance on safeguarding, regulation, and training, primarily referencing England with applicable points across the UK. This factsheet is free for members at: Homecare and children factsheet.

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

Member benefits



Holiday Rights Toolkit

Produced in partnership with Anthony Collins Solicitors, this free toolkit supports members in understanding and complying with current holiday entitlement and holiday pay regulations.

It breaks down how holiday rights differ based on:

- Full-time vs. part-time status
- Regular vs. irregular hours
- Fluctuating vs. fixed pay patterns

The toolkit simplifies complex holiday rules, helping ensure legal compliance and is available free to members at Holiday Rights Toolkit.

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

Payroll Costs Calculator
New in response to the Autumn Budget 2024.

We developed this member only payroll calculator to help members prepare for the financial impact of payroll changes taking effect in April 2025, including:

- Employer National Insurance Contribution (ENICs) increase from 13.8% to 15%.
- The ENICs threshold lowering from £9,100 to £5,000 per employee.
- National Living Wage increasing by 6.7% to £12.21/hour from April 2025.

It enables providers to estimate total payroll cost increases between 2024/25 and 2025/26, including gross pay, ENI, and pension contributions.

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

Why do our resources matter?

Commissioning these resources independently would cost members thousands of pounds. We develop and maintain them to provide everyday, practical value, keeping you compliant, informed, and supported.

Membership

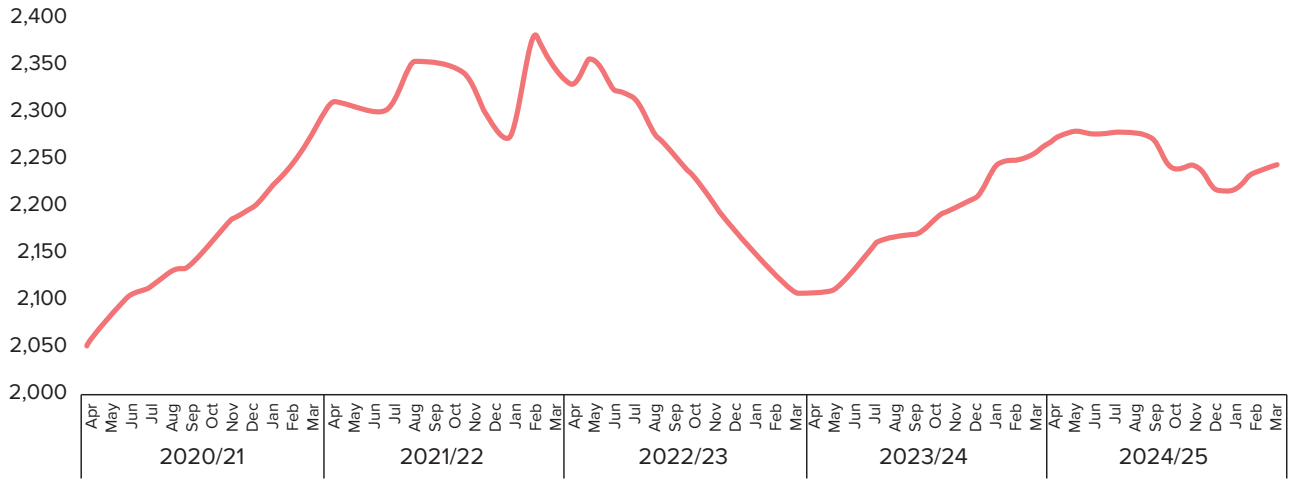
Growing our community

Membership and revenue growth

Following falling membership in 2022-2023, we launched a refreshed Member Retention and Recruitment Strategy in April 2023. We steadily increased our provider membership throughout 2023-2024 and maintained membership during 2024-2025.

We focused on ensuring that we provide our members with a comprehensive suite of benefits to support the development and growth of their businesses, thereby increasing the value of their membership.

Provider membership numbers for 2020-2025



Key internal initiatives for 2025-2026

- Developing our membership system to ensure that it continues to meet the needs of our members, including enhancing the data we hold about members so we can ensure that they receive information tailored to their businesses.
- Increasing our engagement with members and developing a membership engagement tracking mechanism.
- Implementing a new affiliate member programme, ensuring that our provider members have access to a range of commercial organisations that can support them in their business.

Our resources

Facts & figures

Treasurer's statement: A message from the Homecare Association's Treasurer, Sharon Lowrie, CEO of *Be Caring*

We generated a surplus of

£55,748

during the financial year

The income generated by the activities of the Homecare Association in 2024/25 came from five main sources: membership fees, training, disclosure services, grants and sponsorship and advertising.

Overall, turnover fell by 7% as we saw reductions in turnover for our DBS service (13%) and training (31%), however, we saw an increase in revenue from grants (31%).

During 2025/26, we plan to increase the revenue generated by our disclosure service by focusing on attracting our larger members to use our service.

The Association continues to implement various strategies to expand its offerings in areas of high value to our members, thereby encouraging the retention of existing members and attracting new members to join the Association.

Despite a reduction in turnover, by carefully controlling expenditure, we are pleased to have generated a surplus of £55,748 during the year 2024/25.

We aim to generate a modest surplus each year to safeguard the Association's future and enable continued investment in initiatives that benefit our members

The Association continues to prepare annual financial budgets and considers the balance between short and long-term needs and will continue to be managed prudently, ensuring that risks are managed. Its financial stability remains of utmost importance for the coming years to ensure long term financial sustainability.

Sharon Lowrie

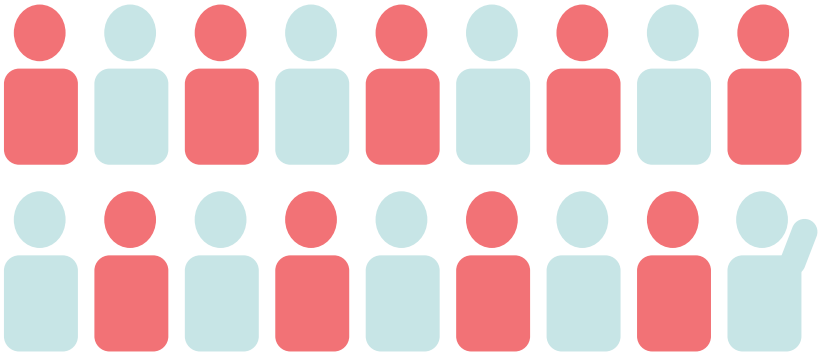
Sharon Lowrie
Treasurer, Homecare Association

> The Association continues to implement various strategies to expand its offerings in areas of high value to our members

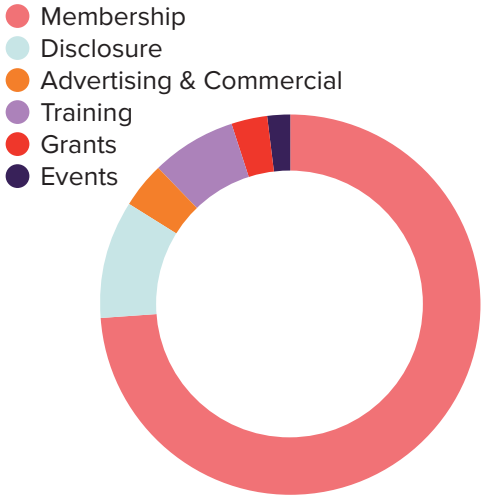
Our resources

People

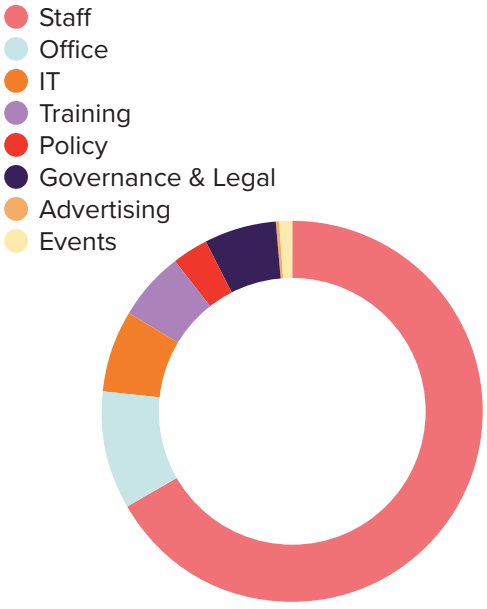
18 Full-time equivalent staff



Income Sources



Expenditure Sources



Income Statement 2024-25

	31/03/25	31/03/24
	£	£
Turnover	2,188,623	2,358,337
Cost of sales	723,563	838,135
Gross surplus	1,465,060	1,520,202
Administrative expenses	1,725,228	1,913,775
	(260,168)	(393,573)
Other operating income	307,161	439,461
Operating (deficit)/surplus	46,993	45,888
Interest receivable and similar income	5,722	3,086
(Deficit)/surplus before Taxation	52,715	48,974
Tax on (deficit)/surplus	(3,033)	3,368
(Deficit)/surplus for the financial year	55,748	45,606

Balance Sheet 2024-25

	31/03/25		31/03/24	
	£	£	£	£
Fixed assets				
Intangible assets		-		15,233
Tangible assets		11,322		18,975
		11,322		34,208
Current assets				
Stocks	10,967		13,356	
Debtors	231,682		202,090	
Cash at bank and in hand	474,520		411,782	
	717,169		627,228	
Creditors				
Amounts falling due within one year	744,784		733,477	
Net current liabilities		(27,615)		(106,249)
Total assets less current liabilities		(16,293)		(72,041)
Reserves				
Income and expenditure account		(16,293)		(72,041)
		(16,293)		(72,041)

The above is a summary of the Financial Statements for the 2024-2025 financial year. Complete Financial Statements are available upon request.

Shaping homecare together

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Shaping homecare together

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