Homecare Association

Response to DBT consultation on options for reform of non-compete clauses in employment contracts

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About the Homecare Association

The Homecare Association is the UK's leading membership body for homecare providers and the largest national care association. We represent and support organisations that collectively deliver services to hundreds of thousands of people in their own homes, employing at least half of the adult social care workforce. The domiciliary care workforce has grown to around 740,000 posts, with projections indicating a shortfall of 470,000 additional posts in adult social care as a whole by 2040 to meet growing demand.[1]

Homecare is a critical part of the health and social care system, enabling people to live independently, preventing avoidable hospital admissions, and supporting hospital discharge. We welcome the opportunity to comment on this working paper.

Summary position

Non-compete clauses are not a significant barrier to growth or labour mobility in the homecare sector. The overwhelming constraints on workforce movement and business growth in homecare are chronic underfunding, workforce shortages, fragmented commissioning and regulation, and rising employment taxes - not contractual restrictions. Care workers are among the lowest paid in the economy, the sector already experiences very high staff turnover, and non-compete clauses for frontline care workers are already largely unenforceable under current common law given their low wages. Where these clauses have any practical effect at all, it is as a behavioural deterrent.

However, the reform proposals do engage with a concern that is highly relevant to our sector: **the risk that care workers leave regulated employment to become self-employed**, taking the people they support with them into unregulated arrangements. This raises serious questions about the quality and safety of care, continuity for adults at risk, and the sustainability of regulated providers who invest in training, supervision, and compliance with Care Quality Commission (CQC) standards.

We recognise that broad non-compete clauses - which prevent a care worker from working in care at all - are a disproportionate response to this risk, particularly for low-paid frontline staff where they are already unenforceable in practice. We do not resist their removal. The right tool for addressing client-poaching into self-employment is not an unenforceable non-compete but a

narrowly-drawn, time-limited non-solicitation clause, which specifically prevents a departing worker from approaching the people they have been supporting. This is targeted, proportionate, and far more likely to be upheld by a court.

We therefore support a combined approach of banning non-competes below a salary threshold and imposing a short statutory time limit above it, provided three conditions are met: first, that non-solicitation clauses are explicitly preserved and confirmed as available to employers in all sectors, including regulated care; second, that any reform is simple to understand and apply for small providers, accompanied by accessible guidance and model clauses; and third, that the government commits to strengthening the regulatory framework for the unregulated care workforce, so that removing the deterrent effect of non-competes does not accelerate the growth of unregulated care at the expense of quality and safety.

Key sector context

Before addressing individual questions, we set out the context that shapes our response.

The self-employment and unregulated workforce risk. The most significant way non-compete reform could affect the homecare sector is by making it easier for care workers to leave a regulated provider, set up as a self-employed carer (also referred to as a personal assistant), and take the people they support with them. This already happens, and any weakening of protections could accelerate it. It is important to note that non-compete clauses for low-paid frontline care workers are already very difficult to enforce under current common law - a court is unlikely to find a broad restriction reasonable for a worker earning close to the National Living Wage. As the working paper itself acknowledges (paragraph 12), the value of these clauses lies primarily in their behavioural and deterrent effect. Broad non-compete clauses - which prevent a care worker from working in care at all - are, we accept, a disproportionate tool for addressing this risk. The targeted solution is to preserve narrowly-drawn non-solicitation clauses, which specifically prevent departing workers from approaching the people they support, and to strengthen the regulatory framework for the unregulated care workforce. If the government removes non-competes without explicitly preserving non-solicitation clauses and without addressing the regulatory gap, the consequences could be serious:

- **Safeguarding**: Self-employed carers operating outside a regulated provider are not subject to CQC registration or inspection. There is no requirement for clinical governance, supervision, medicines management protocols, or safeguarding oversight. Older and disabled people are placed at greater risk.
- **Continuity of care**: When a care worker leaves and takes clients with them, the transition is unmanaged. People receiving care - often older, frail, or living with complex conditions - may experience disruption in care planning, risk assessments, and coordination with health professionals. Professional record-keeping may also cease, making it harder for health professionals to assess relevant issues.

- **Provider sustainability**: Homecare providers in the state-funded market typically operate on margins of 0-5%. The loss of even a few care packages to a departing worker can threaten business viability, particularly for smaller providers. This undermines investment in training, technology, and service development.
- **A growing unregulated workforce**: The rise of online platforms matching self-employed carers directly with people who need support is already a concern for the sector. These arrangements typically lack the employment protections, training requirements, insurance, and regulatory oversight that characterise CQC-registered homecare services. Weakening non-compete clauses could further fuel this trend.

Office and management staff. Non-compete clauses also serve a conventional protective function for senior and specialist roles in homecare - registered managers, business development staff, commissioning and contracting leads, and executive directors, who hold detailed knowledge of client needs, local authority contract arrangements, referral relationships, and strategic business development. Non-compete clauses with restrictions of two years are common at senior levels. This is consistent with the working paper's general analysis and is not unique to our sector.

Responses to discussion questions

Question 1: Introducing restrictions on non-compete clauses

We support proportionate restrictions on non-compete clauses, particularly for lower-paid workers, to prevent unreasonable barriers to labour-market mobility. However, in adult social care non-compete clauses are not a primary constraint on growth compared with chronic underfunding, workforce shortages, rising employment taxes, and fragmented commissioning and regulation, which are the key factors limiting capacity and productivity in homecare.

Under existing UK law, non-compete clauses must be reasonable and protect a legitimate business interest to be enforceable, and courts are generally less willing to uphold stringent restraints for lower-paid, junior employees who have limited access to confidential information or strategic decision-making. For many care workers on low pay, broad non-compete clauses are therefore already difficult to enforce in practice, which is one reason we see this reform as relatively low-impact for our sector.

Any reform should be accompanied by parallel action to strengthen the regulatory framework for the unregulated care workforce, including self-employed carers and those matched through online platforms. Without this, loosening non-compete restrictions could inadvertently undermine care quality and safety.

Homecare Association

Question 2: A statutory limit on the length of non-compete clauses

We would not oppose a clear statutory maximum for non-compete clauses, provided it is simple to understand and apply for small and medium-sized care providers and does not generate additional compliance burdens. Most homecare providers do not have in-house legal teams, and any statutory limit should be supported by accessible guidance and template wording.

For frontline care workers, non-compete clauses are already unlikely to be enforceable under current common law given the low wages involved. Their practical value lies in the deterrent and cooling-off effect: they signal to a departing worker that taking clients into self-employment is not a straightforward step, and they give the provider a window to manage transitions, ensure continuity of care, and put alternative arrangements in place. Even a modest statutory limit of three months would preserve this function.

We agree with the working paper's concern (paragraph 32) that a statutory limit could become treated as an 'industry standard' and would support clear guidance that common law reasonableness tests continue to apply below any cap.

Question 3: A statutory limit that differed according to company size

In adult social care, company-size thresholds are of limited relevance: most homecare providers are small or medium-sized organisations operating on tight margins, with limited HR capacity. If government proceeds with different limits by company size, these must be extremely simple, well-publicised and accompanied by template wording, as many providers will struggle to navigate complex thresholds in addition to the already demanding regulatory and contractual landscape.

If limits were differentiated by company size, smaller providers should be permitted longer non-compete periods. Skills for Care data show that 43.5% of community care providers have 1-4 employees and over 85% have fewer than 50. A small homecare provider with fewer than 50 employees may be disproportionately affected by the departure of a single worker who takes several clients into self-employment. Larger providers typically have greater resilience to absorb such losses.

Question 4: Length and company size thresholds

We have no strong preference between options (a) and (b) and would favour the simplest possible regime that minimises administrative complexity for SMEs. A single short statutory maximum applicable to most workers, with clear guidance, may be more effective in practice than multiple thresholds that providers may find confusing. If differentiated thresholds are adopted, we recommend that they be aligned with existing, familiar company-size definitions used elsewhere in employment and corporate law to reduce confusion.

We would also suggest the government consider whether a longer limit (up to six months) should apply regardless of company size in sectors where there are specific safeguarding concerns linked to worker departure, such as health and social care.

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Question 5: A ban on non-compete clauses in contracts of employment

We do not support an outright ban on non-compete clauses. We would not oppose a ban on broad non-compete clauses for most lower-paid workers, including frontline care workers, given their limited access to trade secrets or strategic information and the existing difficulties of enforcing such clauses in practice. However, an outright ban across all roles - including senior and strategic positions - would go further than necessary and would remove legitimate protections for providers who have invested in developing managers with detailed knowledge of client needs, commissioning arrangements, and referral relationships.

Our main concern is that any ban should not inadvertently prevent providers from using narrower, proportionate tools - specifically, confidentiality and non-solicitation clauses - to discourage active client-poaching and wholesale transfer of care packages into unregulated arrangements. In homecare, the key risk is not protecting 'innovation' in a narrow sense but reducing the risk of care workers leaving to become self-employed and taking the people they support with them, often outside the regulated part of the market, which can undermine service viability and weaken safeguards for people drawing on care. For example, moving from care delivered by a company to care from a self-employed worker could create tax liabilities for individuals contracting with the worker if HMRC later find the arrangement does not meet the requirements for self-employment from a tax perspective. It could also reduce or remove supervision and training, insurance, regulatory oversight and could prevent care cover during a worker's sickness or holiday absence.

The working paper itself acknowledges (paragraph 22) the link between non-compete enforceability and employer investment in training. In a sector where Skills for Care data shows only modest improvements in qualification levels, and where the government is simultaneously pursuing a Fair Pay Agreement that depends on a professionalised workforce, removing this incentive would be counterproductive. We already see cases where workers undertake company training and then set up as self-employed Personal Assistants, advertising that they received training from a well-known company.

Question 6: A ban on non-compete clauses below a salary threshold

We are content in principle with a ban on non-compete clauses below a salary threshold, noting that most care workers would fall under any realistic threshold. This would align the law more closely with current court practice, which already regards stringent restraints on low-paid, junior workers with scepticism.

There is, however, an irony in the homecare context: non-compete clauses for frontline care workers are already largely unenforceable under current common law, precisely because their wages are so low that a court would be unlikely to find a broad restriction reasonable. The practical effect of these clauses is therefore already limited to deterrence. A formal ban below a salary threshold would remove even this modest deterrent, while the risk of client loss to unregulated self-employment is most acute at this frontline level - precisely the group that would fall below any reasonable threshold. We accept, however, that broad non-compete clauses - which prevent a care worker from working in care at all - are a disproportionate response to this risk. The targeted

solution is not to preserve unenforceable non-competes but to ensure that narrowly-drawn non-solicitation clauses, which specifically prevent a departing worker from approaching the people they have been supporting, remain available to regulated providers. This distinction is critical: a ban on non-competes is acceptable provided non-solicitation clauses are explicitly preserved.

If a salary threshold is pursued, we would urge the government to consider complementary measures for regulated health and social care services, such as explicit preservation of non-solicitation clauses and a commitment to strengthen the regulatory framework for the unregulated care workforce.

Question 7: Ensuring a ban below a salary threshold supports higher-paid innovators, experts and entrepreneurs

To support higher-paid innovators, experts and entrepreneurs, the government could allow the continued use of time-limited non-compete clauses above a specified salary threshold, subject to a short statutory maximum and clear reasonableness tests. This would enable organisations in all sectors, including social care, to protect genuinely sensitive commercial information and strategic plans for senior leaders, without unduly constraining lower-paid frontline staff. Complementary measures such as stronger confidentiality protections, IP agreements and non-disclosure arrangements may be more effective than wide non-competes in safeguarding innovation.

We would note that the objectives the government is pursuing for higher-paid innovators - labour mobility, entrepreneurialism, knowledge diffusion - are already present in the care sector at every pay level, not because of contractual freedom, but because wages are so compressed that workers move freely and frequently. The problem in care is not that people are locked in; it is that they leave the sector entirely.

Question 8: A combination of a ban below a salary threshold and a statutory limit above it

A combined approach is the most proportionate option across the economy as a whole and is our preferred model. It would formalise what is largely the position in practice in adult social care - very limited enforceability for low-paid workers, with scope for carefully-defined restraints only for genuinely senior roles - while keeping the regime understandable and predictable.

If this approach is adopted, we would recommend that the government: provide clear guidance on what counts as a ‘senior’ or ‘strategic’ role, with sector-specific examples including social care; draft the regime as simply as possible to minimise legal uncertainty for small providers; explicitly confirm that narrowly-drawn, time-limited non-solicitation clauses remain available to employers in all sectors, as these are the proportionate and targeted tool for preventing client-poaching in care (in place of the broad non-competes being removed); and commit to a parallel review of the regulatory framework for self-employed carers and unregulated care platforms, to ensure that loosening non-compete restrictions does not accelerate the growth of the unregulated care workforce at the expense of quality and safety.

Homecare Association

Question 9: Whether restrictions should apply to other restrictive covenants

We strongly urge caution about extending restrictions to non-solicitation and non-dealing clauses. In social care, non-solicitation and non-dealing clauses are often more relevant than pure non-compete clauses, because the key risk is the loss of specific client relationships rather than generic competition. We do not support a blanket extension of all restrictions to all forms of covenant.

In homecare, non-solicitation clauses serve a distinct and critically important purpose: preventing a departing care worker from directly approaching the vulnerable people they have been supporting and persuading them to switch to an unregulated arrangement. This is not merely a commercial concern. It is a safeguarding issue. Older and disabled people can develop strong attachments to their regular care worker and may agree to follow them into self-employment without fully understanding the loss of regulatory protections, insurance cover, care planning, and professional oversight that this entails. Non-solicitation clauses help ensure that transitions are managed properly and that people receiving care are not exposed to undue influence at a point of vulnerability.

We recommend that any legislation and accompanying guidance:

- makes clear that narrowly-drawn, time-limited non-solicitation clauses aimed at preventing active client-poaching remain permissible; and
- addresses the risk of employers re-labelling broad non-compete clauses as non-dealing or non-solicitation clauses by focusing on the practical effect of the restriction rather than the label used.

Question 10: Ensuring other restrictive covenants are not used as de facto non-competes

To ensure that other restrictive covenants are not used in a way that has a similar effect to a non-compete clause, we suggest that any legislation defines prohibited restrictions by reference to their practical impact on a worker's ability to work for others or start a business, rather than by terminology alone. It should permit only proportionate, narrowly-targeted non-solicitation or non-dealing clauses, limited in time and scope to protect legitimate business interests such as specific client relationships and confidential information.

Clear statutory guidance and examples, including for sectors like homecare where client relationships are highly personal and continuity matters, would be particularly valuable. Many small providers lack access to specialist legal advice and will rely on the clarity of the legislation and guidance to understand what is and is not permissible.

Question 11: Whether restrictions should apply to wider workplace contracts

From a homecare perspective, reforms should apply across the main forms of engagement where workers perform similar roles - including employment contracts, worker-status arrangements, and common consultancy or self-employment models - to avoid regulatory arbitrage and protect lower-paid workers consistently. If reforms apply only to employment contracts, there is a risk that some

providers restructure arrangements around self-employment to circumvent the rules entirely, which would be particularly concerning in a sector where the boundary between employment, self-employment, and platform-based work is already contested and unclear.

At the same time, any extension beyond employment contracts should be targeted and accompanied by clear guidance, so that small providers understand how it affects common sector models and do not inadvertently fall foul of complex rules. There is also a wider policy question about the rapid growth of self-employed and personal assistant roles in social care and how these are regulated, which should be considered alongside non-compete reform.

Question 12: Evidence on impact on inward investment or investment in training

We are not aware of robust, sector-specific evidence that restrictions or bans on non-compete clauses materially affect inward investment in adult social care, where investment decisions are overwhelmingly driven by funding levels, commissioning models and regulatory risk. Providers' capacity to invest in training and upskilling is far more constrained by unsustainably low fee rates, high staff turnover, and rising employment-related costs than by the enforceability of non-compete clauses.

The Homecare Association's Homecare Deficit Report identified a £3.25 billion annual funding shortfall, with local authority commissioning rates routinely failing to cover the true cost of care delivery, including training. Skills for Care data shows that while the domiciliary care workforce has grown, investment in qualifications and career development remains modest.

The working paper's own evidence (paragraph 22) notes a 14% increase in training associated with moving from no enforcement to average enforceability of non-competes. This is a significant finding for a sector struggling with underinvestment in workforce development. Any policy that further reduces the incentive for providers to invest in their workforce - by making it easier for trained workers to leave and compete against them - risks exacerbating an already serious problem.

We would also draw the government's attention to the cumulative impact of rising employment-related taxes and statutory costs on the care sector. The increase in employer National Insurance contributions has imposed a significant additional cost on homecare providers, who are labour-intensive businesses with limited ability to absorb or pass on cost increases. For a sector already operating on average EBITDA margins of 5%, and where local authority commissioning rates often fail to cover existing costs, this represents a serious threat to business viability and growth.

The rise in employment taxes is not only hampering growth - it is actively encouraging unethical behaviours across the sector. Providers under acute financial pressure are more likely to underpay workers, engage in payroll practices that risk non-compliance with minimum-wage law, and cut corners on care quality and training. It also accelerates the drift towards the use of self-employed carers and unregulated workforce models, where employment taxes can be avoided entirely. The cumulative effect of rising employment taxes and weakened non-compete protections would

compound the pressures driving providers towards exactly the practices this working paper's objectives seek to prevent.

Question 13: Obstacles to bringing claims on restrictive covenants

Our members report that, in practice, most small providers lack the resources to litigate over restrictive covenants, particularly given the cost, uncertainty and management time involved. The main obstacles are:

- limited financial reserves and lack of a dedicated legal budget;
- uncertainty about the enforceability of covenants and the risk of adverse costs; and
- the relatively low monetary value of individual care packages compared with the potential cost of litigation.

Non-compete clauses in the care sector therefore face a double enforceability problem: they are unlikely to be upheld by a court for low-paid workers under current common law, and even where a provider believes it has reasonable grounds, it cannot afford the financial risk of testing this. The clauses already function purely as a behavioural deterrent. Any reform that further weakens this deterrent effect - without addressing the underlying reasons why care workers leave regulated employment - could accelerate the loss of workforce into unregulated settings.

As a result, many providers rely instead on good employment practice, staff engagement and non-legal mechanisms to retain staff and clients.

Question 14: Whether obstacles are related to costs and access to cost-management mechanisms

Yes, these obstacles are significantly related to concerns about the costs of bringing a claim and the unpredictability of outcomes. While mechanisms such as fixed recoverable costs, legal expenses insurance, or conditional fee arrangements may exist, they are often not well understood or realistically accessible to small care providers who lack the time and expertise to navigate them. Small homecare providers typically do not have legal expenses insurance that covers employment disputes, and conditional fee arrangements are uncommon for this type of claim.

If the government is genuinely concerned about access to justice in this area, a simpler and more proportionate mechanism - such as an expedited tribunal process or mediation requirement - would be more effective than the current High Court route, which is effectively inaccessible to most care sector employers. Any changes that increased the complexity of the legal framework without simplifying enforcement would likely further deter small organisations from seeking redress through the courts.

Question 15: Most appropriate response and implementation

For the adult social care sector, we consider the most appropriate approach to be:

- **A simple, national regime** that bans or sharply limits broad non-compete clauses for lower-paid workers, reflecting current judicial practice and supporting labour-market mobility without adding complexity.
- **Retention of narrowly-drawn, time-limited non-solicitation clauses**, so providers can deter active client-poaching and wholesale transfer of care packages into the unregulated part of the market, where safeguards for vulnerable people may be weaker. Any legislation should define prohibited restrictions by practical effect, not terminology, to prevent re-labelling of broad non-competes as non-solicitation clauses.
- **Clear, accessible guidance and model clauses tailored for SMEs**, including worked examples relevant to social care, to minimise legal and administrative burdens. Most homecare providers do not have in-house legal teams and will rely on the clarity of the guidance to implement any changes correctly.
- **A simpler enforcement mechanism for small employers** seeking to enforce legitimate restrictions, such as an expedited tribunal process or mandatory mediation, as the current court-based route is effectively inaccessible to most care providers.
- **Integration with the wider programme on social care funding, workforce and regulation**, so that changes to non-competes do not inadvertently accelerate unmanaged growth of an unregulated care workforce. This should include a parallel review of the regulatory framework for self-employed carers and unregulated care platforms.

The real barriers to growth in homecare

This working paper is framed around the government's growth mission. We share that ambition. Homecare is a sector with enormous growth potential: it enables people to live independently at lower cost than residential or acute care, prevents avoidable hospital admissions, and supports hospital discharge. But the barriers to growth in homecare are not contractual clauses in employment contracts. They are systemic, structural, and require urgent government action.

The £3.25 billion funding deficit

The Homecare Association's Homecare Deficit 2025 report[2] revealed a £3.25 billion annual funding shortfall across the UK. In England alone, the deficit is £2.64 billion. Not a single UK nation or region funds homecare at or above our Minimum Price for sustainable delivery, and 29% of councils and Health and Social Care Trusts pay average rates below the direct employment costs of careworkers at the minimum wage. Our Minimum Price for Homecare stands at £34.42 per hour (2026/27), yet the weighted average rate paid by councils is just £24.39. The Homecare Association has called for an immediate cash injection of £3.0 billion in England to ensure careworkers receive a fair wage and providers can operate sustainably. This is the single greatest impediment to business sustainability, workforce investment, and sector growth.

Employment taxes at unaffordable levels

The increase in employer National Insurance contributions has imposed a significant additional cost on homecare providers, which are labour-intensive businesses with limited ability to absorb or pass on cost increases. For state-funded providers already operating on low EBITDA margins of 0-5%, and where local authority commissioning rates often fail to cover existing costs, this represents a serious threat to business viability and growth.

The rise in employment taxes is not only hampering growth - it is actively encouraging unethical behaviours across the sector. Providers under acute financial pressure are more likely to underpay workers, engage in payroll fraud, and cut corners on care quality. It also accelerates the drift towards the use of self-employed carers and unregulated workforce models, where employment taxes can be avoided entirely. The government cannot pursue a growth mission in social care while simultaneously increasing the tax burden on the employers it needs to grow. And it cannot express concern about labour market mobility and worker protection in this working paper while imposing fiscal pressures that drive providers towards the very workforce practices - underpayment, non-compliance, and the use of unregulated workers - that undermine both.

A workforce shortfall of 470,000 posts by 2040

Skills for Care data[1] shows the domiciliary care workforce has grown to around 740,000 posts, but projections indicate a shortfall of 470,000 posts across adult social care by 2040. This cannot be addressed by making it easier for workers to move between care employers. It requires a fundamental shift in how care work is valued, paid, and professionalised.

Immigration policy and visa sponsorship

International recruitment has been essential to sustaining the homecare workforce. Recent changes to visa sponsorship rules and increased scrutiny from the Home Office have created significant uncertainty for providers who rely on sponsored workers. The government's approach to immigration policy will have a far greater impact on care sector growth than any reform to non-compete clauses.

Commissioning practices that suppress innovation

Local authority commissioning remains overwhelmingly focused on price rather than quality or outcomes. Short-duration care visits, time-and-task commissioning models, and below-cost-of-care fee rates prevent providers from innovating, investing in technology, or developing their workforce. If the government wants to unlock entrepreneurial activity and innovation in care - the very objectives of this working paper - it must reform commissioning practices.

Lack of integration with NHS pathways

Homecare is an untapped prevention workforce. Better integration with NHS frailty services, discharge pathways, and primary care networks would enable the sector to grow while reducing pressure on the acute system. This requires strategic commitment and investment, not contractual reform in employment law.

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Conclusion

The Homecare Association does not oppose proportionate reform of non-compete clauses. A combined approach - banning non-competes below a salary threshold and imposing a reasonable statutory time limit above it - appears the most sensible option for the wider economy, provided it is implemented simply and accompanied by accessible guidance and model clauses for small providers.

However, the government must recognise the specific safeguarding dimensions of workforce mobility in health and social care. The risk that care workers leave regulated employment and take vulnerable clients into unregulated self-employment is real, growing, and not addressed by this working paper. Any reform of non-compete clauses should be accompanied by action to strengthen the regulatory framework for the unregulated care workforce and should explicitly preserve the ability of regulated providers to use non-solicitation clauses to protect the people they support.

If the government is serious about its growth mission as it applies to health and social care, it must address the £3.25 billion funding deficit, the impact of unaffordable employment taxes that are driving unethical practices across the sector, the projected workforce shortfall of 470,000 posts by 2040, the challenges created by immigration policy, and the commissioning practices that suppress innovation and quality. These are the reforms that will unlock growth. Non-compete clause reform, while reasonable in principle, will not move the dial.

We would welcome the opportunity to discuss these priorities directly with ministers and officials at the Department for Business and Trade and the Department of Health and Social Care.

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[1] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Reports-and-visualisations/National-information/The-State-of-report.aspx
[2] https://www.homecareassociation.org.uk/resource/the-homecare-deficit-2025.html