



Homecare Association submission to the DHSC consultation about the fair pay agreement in adult social care.

Submitted via the DHSC Portal on 15 January 2026.

Daisy Cooney, Head of Policy, Practice and Innovation

Contents

How we developed our response.....	1
Part 1: About you.....	2
Part 2: Adult Social Care Negotiating Body	3
(A) Supporting the ASC Negotiating Body.....	3
(B) Representation on the ASC Negotiating Body.....	6
(C) Membership criteria.....	11
Part 3: Negotiation process	12
(D) How the negotiations would start.....	12
(E) How negotiations would work	13
(F) How the ASC Negotiating Body reaches a decision.....	14
(G) Timelines	15
Part 4: Coverage and remit.....	17
(H) Checking whether a worker falls within coverage of the ASC Negotiating Body	17
(I) Excluded sections of the workforce.....	19
(J) Areas of the workforce to note	20
(K) Informing the remit of the ASC Negotiating Body	21
Part 5: Dispute resolution	28
Part 6: Implementation	28
Part 7: Compliance and enforcement	30
Part 8: Equalities impact.....	32

How we developed our response

We developed this response through sustained engagement with providers and policy partners between October 2024 and December 2025. We held regular discussions with our



members as the detail of the fair pay agreement in adult social care emerged, which helped us test proposals, identify risks and reflect real operational pressures.

We gathered detailed insight through regular meetings with the Homecare Association Special Interest Group, a small group of homecare providers who provided practical feedback on our thinking. We also held focused discussions with the Homecare Association Board to assess the risks and opportunities of the fair pay agreement and to guide our policy development and representation on behalf of members.

Alongside this work, we collaborated closely with the Care Provider Alliance to consider how employers across adult social care can secure fair and effective representation within the negotiating body.

We also attended the DHSC Ministerial Working Group and relevant task and finish groups throughout the consultation period. These forums allowed us to explore the policy questions in depth, share employer perspectives and emphasise the central role of commissioners in delivering any agreement in practice.

Throughout this response, we emphasise that the success of any fair pay agreement depends on three conditions: meaningful employer and worker representation, full alignment with commissioning and funding mechanisms, and realistic implementation timelines. Without these foundations, the agreement risks undermining provider sustainability and workforce stability.

Part 1: About you

In what capacity are you responding to this survey?

If you are responding on behalf of someone else, please answer as if you were them. If you are working in adult social care please share your professional views.

- An individual sharing my personal views and experiences
- An individual sharing my professional views (including people working in adult social care)
- **On behalf of an organisation**
- As an individual employer of one or more personal assistants

What type of organisation are you responding on behalf of?

- Adult social care provider
- Trade union
- Local authority
- NHS trust
- Charity
- **Other representative body of adult social care workers or providers**



Homecare Association

- Other, please specify

What is the name of your organisation? Homecare Association

Where does your organisation operate or provide services?

Select all that apply.

- England
- Wales
- Scotland
- Northern Ireland
- Outside the UK

If you answered that your organisation operates in England, in which areas of England does your organisation operate? (Optional)

Select all that apply.

- The whole of England
- North East England
- North West England
- Yorkshire and the Humber
- East of England
- East Midlands
- West Midlands
- South East England
- South West England
- London
- Prefer not to say

Part 2: Adult Social Care Negotiating Body

This section considers the establishment of the Adult Social Care Negotiating Body for England ('the ASC Negotiating Body'). It seeks views on how the ASC Negotiating Body could be set up to successfully create fair pay agreements.

(A) Supporting the ASC Negotiating Body

The following 3 questions are for:

- organisations
- individual employers of personal assistants



Homecare Association

- individuals responding in a professional capacity

To help negotiations go smoothly, the ASC Negotiating Body will need a secretariat function.

There are 2 options for how this secretariat function could be delivered:

- option 1: staffed by civil servants seconded into the ASC Negotiating Body (if it is established as a non-departmental public body, as proposed). If the ASC Negotiating Body is an expert committee, it will be staffed by civil servants within the Department of Health and Social Care (DHSC)
- option 2: contracted out to an external delivery partner. This would involve a regular procurement exercise, where organisations could bid for the secretariat contract. The successful organisation would be accountable to the department through a contract management relationship. If we establish an advisory non-departmental public body, there will still need to be a small number of civil servants involved to oversee this operation

Which option for delivering the secretariat function do you believe is best suited to the fair pay agreement process?

- Option 1 - delivered by civil servants
- Option 2 - delivered mainly by an external delivery partner
- Neither option
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We support Option 1, with important caveats. The secretariat exists to support the ASC Negotiating Body as a whole, not either bargaining side, and delivery through the department best reflects that purpose. A civil service secretariat provides clarity about accountability to the Secretary of State and reinforces the status of the body as part of the statutory framework rather than an extension of employer or worker infrastructure.

However, we hold concerns about capacity and independence. Adult social care is large, fragmented and complex. A small civil service team may struggle to coordinate wide engagement, manage evidence and support negotiations at the pace and depth required. The department will need to ensure the secretariat has access to strong, independent analytical, industrial relations and engagement expertise so it can support all parties fairly and effectively.

We also note that the negotiating parties will not hold the final say over how the secretariat operates. If the department commissions external support to deliver parts of the function, the outcome will depend heavily on the procurement process, the specification and the scoring



criteria. This introduces risk. The approach may work well, but it could also fall short of what the process requires.

If the department proceeds with this model, it must involve negotiating parties in shaping the procurement exercise. Employers and workers need confidence that the services procured match the realities of the sector and the needs of the negotiating body. Without this involvement, the secretariat risks lacking credibility and practical effectiveness from the outset.

We are proposing to establish the ASC Negotiating Body as a non-departmental public body, operating at arm's length from DHSC, overseen by an independent chair and supported by a secretariat function.

If you have further comments on the proposed approach to establishing the ASC Negotiating Body, please include them here. (Optional, maximum 250 words)

We support the establishment of the ASC Negotiating Body as an arm's length public body with an independent chair, clear terms of reference and a funded secretariat. The success of this model will depend first on adequate support to convene and coordinate employer representation. Employer engagement across adult social care does not happen automatically. The sector includes thousands of organisations of different sizes and service types, many with limited capacity to engage. The department must therefore put in place dedicated and ongoing support to convene employers, gather evidence and coordinate views.

If the department selects Option 1 and delivers the secretariat through DHSC, it will need to establish external support for employer representation alongside it. Civil service capacity alone will not meet the scale or diversity of the market. This support must extend beyond the first year and form part of the long-term design, not a short-term transition arrangement. Without this investment, the employer side will struggle to engage effectively, and the negotiating body will lack balance.

Second, the body will need multi-year funding so it can build research capability, consultation systems and training for panel members. It must also retain the ability to commission independent analysis so both sides can negotiate on shared and credible evidence.

Third, the department should adopt a phased implementation approach, starting with interim arrangements and sector testing before moving to a full model. Annual reviews should assess representation, process and market change so the system evolves in step with the sector.

The department should also publish evidence standards, data access arrangements and expectations for transparency so that confidence builds quickly across a fragmented sector.

We therefore recommend that DHSC commit explicitly to minimum staffing, analytical capability and engagement capacity for the secretariat, published alongside the establishment regulations. This commitment would give negotiating parties confidence that the body can operate effectively from the outset.



(B) Representation on the ASC Negotiating Body

The following 12 questions are for everyone.

This section seeks views on:

- how the voice of workers and employers in the sector could be represented on the ASC Negotiating Body
- how others such as local government could be involved in the process
- the appointments process

Worker representation

The section 'worker representation' in the consultation document outlines a proposal developed by the Trades Union Congress, working with partner unions, for how workers could be represented in negotiations.

We propose that UNISON, GMB, Unite and the Royal College of Nursing, working with the Trades Union Congress as the convener, will form an adult social care fair pay agreements trade union group. This group will represent workers on the ASC Negotiating Body and will manage how worker representatives are co-ordinated and selected.

Do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

Workers must decide who speaks for them and whom they trust to negotiate on their behalf. We respect that choice, and we will work constructively with any worker group that workers select. Our focus centres on the need for an organised and accessible structure that supports meaningful engagement from the full adult social care workforce.

Workers hold a wide range of roles and work patterns. Many work in small services, rural areas and varied employment arrangements. Any worker group must therefore build strong links to these workers and offer simple routes for them to share views, elect representatives and follow negotiations. Workers need clear information, open channels for feedback and regular reporting so they understand how representatives gather evidence and form negotiating positions.



Homecare Association

We also encourage worker groups to reach beyond traditional structures and involve careworkers who do not usually engage with unions or formal representative bodies. Many workers hold valuable insight into the pressures of delivering care in people's homes and into the realities of travel time, scheduling, training needs and commissioning practice. A strong worker voice must capture these experiences.

We also note that a large proportion of unionised careworkers work directly for local authorities and may fall outside the scope of the fair pay agreement. If the agreement does not cover public sector workers, representation should reflect the workforce that the agreement will affect in practice. This means ensuring strong representation from workers employed in the independent sector, where most adult social care staff work and where the agreement will apply.

We welcome any approach that strengthens legitimacy and accountability and we will work in partnership with whomever workers choose to represent them.

Employer representation

The consultation document outlines our proposal for employer representatives on the ASC Negotiating Body, including how representatives could be co-ordinated and selected.

Do you agree or disagree with our proposal for co-ordinating and selecting employer representatives?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We welcome the department's recognition of the Care Provider Alliance's role as a convening body for employer representation. The alliance brings together national associations that cover most, but not all adult social care employers and holds established structures for consultation, evidence gathering and engagement. This gives the sector a clear and legitimate route to coordinate employer voices without placing representative authority in a single organisation.

We support a transparent and balanced model for selecting employer representatives. The Care Provider Alliance has proposed a structure that uses clear eligibility criteria, sector-wide consultation and a balanced mix of organisations that represent different service types



Homecare Association

and sizes. We recommend a twenty-seat employer panel supported by regional engagement so the process reflects the diversity of the market. Representatives should act on behalf of their defined constituencies, not on behalf of the Care Provider Alliance or its organisations. The alliance convenes the process but does not represent employers in negotiations.

Selection should follow the published criteria. These criteria should include evidence of legitimacy, a record of collaborative engagement, commitment to improvement across the sector and willingness to act in the public interest. Representatives need a clear mandate from the organisations and groups they speak for.

We also note the proposal that members will not receive fees for participation. This approach may limit the pool of applicants, particularly from smaller providers with limited capacity. Representatives will need time and support to engage properly. It would not be reasonable to expect the Care Provider Alliance to fund this role, given its position as convener rather than representative.

Staggered terms and independent review every three years will help maintain fairness, continuity and confidence as the system evolves.

Role of local government

The section 'the role of local government' in the consultation document proposes a package of measures to ensure local government has a strong role in the negotiation process. This includes the following:

- specifying within the remit letter that the ASC Negotiating Body must consult with local government and consider their views
- building the role of local government into the terms of reference for the ASC Negotiating Body and the roles and responsibilities of the chair
- local government representatives will be able to provide the Secretary of State with a written assessment of the proposed fair pay agreement, which the Secretary of State must give due regard to when deciding whether to ratify an agreement

Do you agree or disagree with our proposed approach for involving local government in the fair pay agreements process?

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say



Homecare Association

Please explain your position and provide any supporting evidence. If there are other ways you think that local government should be involved, please also state that here. (Optional, maximum 250 words)

We agree that local government must play a central role in the fair pay agreement process, and we believe a duty to give *due regard* does not go far enough. Commissioners shape the homecare market more than any other actor. Employers will not have confidence in the negotiating body unless commissioners hold a clear and active role in supporting and ratifying outcomes. Without this, the agreement will fail in practice.

Local authorities and NHS commissioners already purchase homecare at rates that often do not cover the costs of the National Living Wage, let alone wider employment costs. If commissioners do not engage fully in negotiations and commit to funding the outcomes, providers will face an impossible position. They cannot implement the agreed pay and terms unless the commissioners adjust the fee rates accordingly. This creates a serious risk of undermining the fair pay agreement from the outset.

We therefore believe the chair and the Secretary of State must require commissioners to play a substantive role in the process. Commissioners should submit formal evidence that they have conducted a fair cost of care exercise and assessed affordability, commissioning readiness and market sustainability and confirm how they will implement the agreement. The chair should publish how this input shapes the final proposal, not merely acknowledge it.

We also challenge the suggestion that funding should target only providers deemed socially responsible or that employers routinely pass costs onto councils. In homecare, providers already absorb unfunded costs and cross subsidise state commissioned services through private pay. There is no evidence that providers pass avoidable costs on to councils.

Funding must follow all commissioned services. Without this principle, the fair pay agreement will not deliver its intended outcomes.

We therefore recommend that the regulations establishing the ASC Negotiating Body require formal commissioner sign-off on affordability and implementation plans as a condition of ratification. We also recommend the implementation of a National Contract for Homecare as a statutory instrument. Without this, the Secretary of State cannot have confidence that any agreement will be deliverable in practice.

Other organisations

Do you think that there are any other organisations who should be members of the ASC Negotiating Body, in addition to the proposed worker and employer representatives?

- Yes
- No
- Don't know
- Prefer not to say



Homecare Association

If you answered 'yes', which other organisations should be members of the ASC Negotiating Body, and why? (Optional, maximum 250 words)

We believe the ASC Negotiating Body should include a small number of additional voices to strengthen legitimacy and improve the quality of negotiation. Individual employers play a vital role in the adult social care workforce and hold employment responsibilities that mirror those of regulated providers. They should hold a clear place within the structure so they can share their perspective and highlight the issues they face when they employ personal assistants.

We also believe the body needs strong input from the national health service. NHS commissioners and teams that oversee delegated healthcare tasks shape much of the work that careworkers carry out in people's homes. Their insight will help both sides understand the clinical and commissioning context and will support agreement on training, supervision and joint working. This involvement will also help align the fair pay agreement with wider plans for neighbourhood health services and community-based care.

We also see a gap in representation for people who pay for their own care. Self-funders will feel the impact of any agreement through changes in prices and availability of services. It remains unclear how their interests will feed into the negotiating process, as no single body represents them. The negotiating body should therefore establish a clear mechanism to consider their perspectives.

We also believe the body should have regard to the regulator. Funding, workforce conditions and quality are linked closely in adult social care. The Care Quality Commission holds insight into quality risks and market pressures and should inform discussions without diluting the negotiating role.

Others' interests

How should the interests of people who pay for their own care be considered as part of the negotiation process? (Optional, maximum 250 words)

People who pay for their own care need clear consideration in the negotiation process because they will feel the effect of any increase in employment costs and other terms and conditions. Many already face high charges and limited flexibility in how they purchase care. DHSC needs to understand when further price increases will push against an affordability ceiling and when rising costs risk reducing access to homecare. The negotiation process must therefore give this group a clear voice and create a structure that captures insight from the parts of the market that serve them.

We recommend that the ASC Negotiating Body create a self-funder advisory panel that feeds into each remit. The panel should include providers that operate in mixed markets, representatives of people who privately purchase care and consumer bodies that understand the challenges people face when they purchase care directly.

We also recommend that the secretariat collect regular data on pricing trends, cross-subsidy risks and market exits. The secretariat should publish a short impact note alongside any proposed agreement so both bargaining sides understand how new employment costs affect the private pay market. This will give a realistic picture of supply and demand and help the body balance fairness for workers with affordability for people who draw on care.



Homecare Association

Where new employment costs arise, DHSC should also set clear commissioning expectations so providers are not forced to shift pressure onto private payers where it is possible for them to do so.

How should the interests of NHS commissioners be considered as part of the negotiation process? (Optional, maximum 250 words)

NHS commissioners play a major role in the homecare market and therefore need a clear and defined place in the fair pay agreement process. Many NHS commissioning teams purchase large volumes of homecare, often at short notice and often at rates that fall below the level that local authorities set. These low rates create serious strain for providers and undermine efforts to stabilise the workforce. The negotiation process must therefore recognise NHS commissioning as a core driver of market conditions, not an edge case.

We want NHS commissioners to contribute directly to each remit so the ASC Negotiating Body can understand the real pressures in hospital discharge, step-down care and community health services. NHS teams also shape the work that care workers carry out through delegated health tasks. Their involvement will help both bargaining sides assess training needs, supervision requirements and risks to quality and safety.

We recommend that the chair invite NHS representatives and integrated care boards to submit a commissioning and clinical impact note during every negotiation cycle. This note should cover affordability, service demand, delegated tasks, workforce pressures and the changes that NHS teams need to deliver improved flow through hospitals and stronger support in the community. We also encourage NHS commissioners to take part in structured engagement sessions run by the secretariat.

The agreement will only work if all major purchasers understand and support it. NHS commissioners hold a central place in that system, and the negotiation process must reflect this from the outset.

(C) Membership criteria

Are there any specific criteria that you think the Secretary of State for Health and Social Care should consider when appointing members to the ASC Negotiating Body?

- Yes
- No
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. If you answered 'yes', please also state the criteria you think should be considered. (Optional, maximum 250 words)

Members should hold recent sector experience and have a clear link to the constituency they represent. They should also show a strong record of collaborative work, ethical leadership and commitment to the time required for effective negotiation. The body will need members



Homecare Association

who understand the realities of running services, employing staff and supporting people in their homes and communities.

The appointment process should test understanding of the full range of adult social care. The sector includes homecare, supported living, housing with care, extra care, personal assistants and individual employers. Members must understand this diversity so they can recognise the impact of decisions across different service types.

We also recommend that the Secretary of State set terms that mirror those of the worker side. Fixed terms, staggered starts and rotation will support continuity, bring new voices into the process and avoid dominance by any single group. This structure will help the ASC Negotiating Body maintain balance and credibility over time.

The secretariat should also publish short biographies, declared interests and constituency links for each member. This transparency will help employers, workers and commissioners understand who represents them and how decisions take shape. It will also support accountability and help build trust in the process.

Part 3: Negotiation process

This section considers how the negotiation process might work. It proposes an approach and seeks feedback on whether this will help negotiations be successful.

(D) How the negotiations would start

The following 2 questions are for:

- organisations
- individual employers of personal assistants
- individuals responding in a professional capacity

The section 'How negotiations would start' in the consultation document outlines a proposal that the Secretary of State for Health and Social Care would issue a formal 'remit letter' to the ASC Negotiating Body to commence each cycle of negotiations. We propose that this letter sets out:

- any priority areas that the government would like to be considered, which could include specific roles, or areas of pay or certain terms and conditions
- any other factors that the ASC Negotiating Body should consider, or conditions the agreement must meet. This includes specifying the amount of funding available for that round of negotiations, which the ASC Negotiating Body will need to work within
- the timelines by which the ASC Negotiating Body should aim to reach an agreement and submit this to the Secretary of State for Health and Social Care

Is there anything else that you think a letter from the Secretary of State should set out?

- Yes
- No



Homecare Association

- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

The remit letter should set clear evidence standards so the ASC Negotiating Body understands the data sources, modelling assumptions and treatment of new information. Both sides need confidence in the evidence base before they begin negotiation. We also support the inclusion of a clear financial envelope, but the department must publish the cost modelling that underpins it so employers, workers and commissioners can understand the constraints and test the assumptions.

The remit letter should also describe the consultation requirements for each negotiation cycle. Employers, workers, local government and the national health system all need defined routes to feed in their views. The letter should set a timetable for publication of minutes, proposals and summaries of feedback so the process operates with transparency and accountability.

We also believe the remit letter must explain how the agreement links to commissioning. Providers cannot deliver new terms and conditions unless commissioners adjust prices in line with the agreement. The remit should therefore align with a national contract framework for homecare and with minimum price standards so changes translate into real-world delivery.

The letter should also set out the triggers for dispute resolution and the steps the chair must take before escalation. The chair needs clear expectations about how to test whether both sides have explored all reasonable routes to agreement.

(E) How negotiations would work

The following 2 questions are for everyone.

The section 'how negotiations would work' in the consultation document outlines the proposed negotiation process.

Do you agree or disagree with our proposal for how negotiations will work?

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say



Homecare Association

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We agree and we support an annual cycle with a standard six-month negotiation window once the system has matured. We do believe the first cycle needs flexibility so the ASC Negotiating Body can build its systems, gather evidence and create the foundations for effective negotiation. A rigid timetable during the first year would limit engagement and reduce the quality of the agreement.

The negotiation process needs a clear and defined consultation window. Each side must speak with the constituencies they represent and test proposals for affordability, deliverability and impact. Providers, commissioners and workers need time to engage with the detail, and the ASC Negotiating Body needs time to consider the feedback. This consultation should sit within the negotiation window but should not compress the technical work required to reach an agreement.

We also stress the importance of clarity on timing and implementation. Agreements cannot operate retrospectively if negotiations run beyond the intended schedule. Providers and commissioners need certainty so they can plan budgets, set fee rates and adjust contracts in advance. Backdating an agreement would create serious financial and operational risk and would undermine confidence in the process.

The secretariat should publish a short summary of consultation feedback and explain how it influenced the draft agreement. This will strengthen transparency and show each constituency that its voice matters. The process should also include the publication of agendas, summaries of discussion points and final votes. Providers told us this will build trust and reduce confusion about how decisions take shape.

(F) How the ASC Negotiating Body reaches a decision

The following 2 questions are for:

- organisations
- individual employers of personal assistants
- individuals responding in a professional capacity

The section 'how the negotiating body reaches a decision' in the consultation document outlines the proposed decision-making process.

Do you agree or disagree with our proposal that each of the bargaining sides manages their own voting system, with a requirement that each side simply informs the chair whether they can support a proposed settlement?

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree



- Strongly disagree
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We agree with the overall structure the department proposes, and we support an annual cycle with a standard six-month negotiation window once the system has matured. We do, however, believe the first cycle needs flexibility so the ASC Negotiating Body can build its systems, gather evidence and create the foundations for effective negotiation. A rigid timetable during the first year would limit engagement and reduce the quality of the agreement.

We also believe the negotiation process needs a clear and defined consultation window. Each side must speak with the constituencies they represent and test proposals for affordability and deliverability. Providers, commissioners and workers need time to engage with the detail, and the ASC Negotiating Body needs time to consider the feedback. This consultation should sit within the negotiation window but should not compress the technical work required to reach an agreement.

We also stress the importance of clarity on timing and implementation. Agreements cannot operate retrospectively if negotiations run beyond the intended schedule. Providers and commissioners need certainty so they can plan budgets, set fee rates and adjust contracts in advance. Backdating an agreement would create serious financial and operational risks and would undermine confidence in the process.

As set out in Part 2(B), the Care Provider Alliance will require dedicated funding to fulfil its convening role effectively. Without this, employer engagement risks becoming uneven and unrepresentative.

(G) Timelines

The following 4 questions are for:

- organisations
- individual employers of personal assistants
- individuals responding in a professional capacity who are not members of the health and social care workforce

The section 'timelines' in the consultation document outlines the proposed timelines for the negotiating process.

Do you think 6 months is enough time for an agreement to be reached in negotiations?

- Yes
- No



Homecare Association

- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

No. We support the aim of reaching a six-month negotiation period once the system has matured, but we do not think the sector can achieve this in the first cycle. The ASC Negotiating Body will need time to recruit members, build an evidence base and put its processes in place. Providers and commissioners also need time to understand the remit, engage with the issues and share evidence on workforce costs, travel time, training and market pressures. A rushed first cycle will weaken confidence and risk outcomes that do not meet the needs of the workforce or the wider system.

We therefore recommend flexibility for the first negotiation period, extending it to nine to twelve months. This extension will give both sides time to gather evidence, consult properly and test the implications of different proposals. It will also help the secretariat build the research and analytical capacity that negotiations require. A more deliberate pace in the first cycle will allow the system to learn, reflect and improve before moving to a standard six-month rhythm.

This approach will also support better engagement from small providers, who often need longer lead times to understand proposals and share information. It will create space for DHSC to publish cost assumptions, commissioning expectations and guidance on coverage, which will help both sides negotiate on shared evidence.

A flexible first cycle will strengthen trust in the process and create a solid foundation for future agreements. Once the system has matured, a six-month cycle will become achievable and realistic.

We therefore recommend a phased approach: an extended first cycle (9–12 months), followed by a review, before moving to a standard six-month cycle once systems and evidence are established.

Do you think 6 months is enough time for the sector to prepare for implementation of the pay agreement?

- Yes
- **No**
- Don't know
- Prefer not to say

Please explain your position and provide any supporting information on what would be needed to make this possible. (Optional, maximum 250 words)

We support the ambition to move towards a standard six-month implementation period once the system reaches maturity, but we believe the first cycle needs much greater flexibility.



Implementation will succeed only if it aligns with commissioning and budget cycles. Local authorities and NHS commissioners plan budgets in the winter for the following financial year. If negotiations conclude in March with implementation expected in April, commissioners will not have the budget capacity to respond. At that point, the opportunity to set compliant fee rates will have passed.

Providers cannot introduce new pay and terms unless commissioners agree fee rates that reflect the negotiated costs. Misalignment between implementation and commissioning will place providers under immediate financial pressure and increase the risk of noncompliance or market exit. This risk will undermine the fair pay agreement and weaken wider goals for homecare and community-based support.

We therefore recommend that DHSC allow the chair to set the first implementation timetable only after reviewing commissioning cycles and the readiness of local authorities and NHS teams. The chair should work with the secretariat to issue early clarity on likely costs and expectations so commissioners can factor these into budget planning. This step matters more than any fixed timetable.

A flexible first cycle will give the sector time to adjust systems, consult staff and prepare payroll and rostering processes. It will also allow commissioners to set realistic prices. This approach will support safe delivery and will show that the fair pay agreement strengthens stability rather than introduces avoidable risk.

Part 4: Coverage and remit

This section seeks views on different areas of pay, terms and conditions, and wider employment policies. It also seeks views on who (what type of job roles, services and settings) the ASC Negotiating Body should cover.

(H) Checking whether a worker falls within coverage of the ASC Negotiating Body

The following 3 questions are for:

- organisations
- individual employers of personal assistants

It is the responsibility of the employer to check whether the majority of their workers' (or agency workers') time is spent on activities related to adult social care.

We think in most cases it will be straightforward to check. However, we understand that employers of workers in adult social care may sometimes find it difficult to check whether their worker fits within the definition of an adult social care worker, particularly if they work across different care settings or sectors such as education, health or children's social care.

Are there any roles, either in your organisation or that you employ, that you are concerned do not fit within the definition of an adult social care worker and would not be within coverage of the ASC Negotiating Body?

- Yes
- No



Homecare Association

- Don't know
- Prefer not to say

If you answered 'yes', please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

Providers raised concerns about several roles that do not fit neatly within the proposed definition of an adult social care worker. Many homecare workers deliver a blend of companionship, practical help and personal care. In some services, companionship forms the primary purpose, and personal care takes place rarely or not at all. Workers may spend long periods with a person, often more than five hours, and the line between social support and adult social care becomes unclear. Providers need clarity so they can decide whether these roles fall within the scope of the fair pay agreement.

Some services also move across boundaries between complex care and companionship. Workers may support people with significant health needs during part of a visit and then switch to entirely social support. Providers struggle to identify which description reflects the role for the purposes of coverage.

Workers who support both adults and children create another area of uncertainty. Some providers told us that around one fifth of their work involves people under eighteen, but workers support the whole household. The proposed definition does not capture this mixed role clearly.

Providers also expressed concern about growth in unregulated services that focus on companionship. These services may draw workers away from regulated care and may encourage employers to shift staff from employment to self-employed status. This shift would weaken employment protections and confuse coverage.

Finally, some workers support whole families rather than a single adult. There are no references to care coordinators or field supervisors.

How can DHSC support you or your organisation to determine whether your workers will be within coverage of the ASC Negotiating Body? (Optional, maximum 250 words)

DHSC can support providers by giving clear and practical tools that help them decide whether a worker falls within the scope of the fair pay agreement. Providers need simple guidance that reflects the complexity of real homecare work.

DHSC should produce a coverage checker that guides employers through a short set of questions about the purpose of the role, the type of tasks delivered and the proportion of time spent on adult social care. The checker should include clear definitions and avoid technical language. Providers should also receive worked examples that cover common mixed roles, including companionship-only services, roles that support both adults and children, and roles that combine regulated and unregulated activity.

DHSC should also offer a route for providers to seek advice on difficult cases. A helpline or short advisory service run through the secretariat would give employers a safe and simple



Homecare Association

way to test their interpretation. This service would prevent confusion and stop inconsistent decisions across the sector.

DHSC should also monitor the market for any shift towards self-employed models that seek to avoid coverage. Providers raised concerns about this risk and want the department to give clear and firm guidance on employment status.

(I) Excluded sections of the workforce

The following 9 questions are for everyone.

The section on 'Excluded sections of the workforce' in the consultation document looks at which roles in the workforce should be included in the scope of the ASC Negotiating Body. We are seeking views on whether this should include all adult social care workers or be limited to specific roles or professions, and whether any roles should be excluded from the ASC Negotiating Body's coverage.

Are there any settings, services or roles that you think should be excluded from the ASC Negotiating Body's coverage?

- Yes
- No
- Don't know
- Prefer not to say

If you answered 'yes', please explain who should not be in coverage and why. (Optional, maximum 250 words)

N/A

Are there any other settings, services or roles that you think should be included within the ASC Negotiating Body's coverage that have not been mentioned?

- Yes
- No
- Don't know
- Prefer not to say

If you answered 'yes', please explain who should be in coverage and why. (Optional, maximum 250 words)

N/A

Please share any thoughts on whether the ASC Negotiating Body could affect those that are self-employed or working under informal arrangements. (Optional, maximum 250 words)



Homecare Association

The ASC Negotiating Body will inevitably influence the incentives that shape employment models in adult social care. Providers told us that the exclusion of self-employed workers risks creating unintended consequences. If commissioners do not fund the full cost of a fair pay agreement, employers will face pressure that may drive some to shift workers into self-employed arrangements. This shift would reduce employment rights, weaken basic protections and undermine the purpose of the agreement. We therefore recommend that DHSC monitor these effects closely and take action where misclassification occurs.

Evidence already shows a rapid expansion of unregulated and falsely self-employed homecare workers, often promoted through micro-provider schemes and introductory agencies. These arrangements deny workers' sick pay, holiday pay, unfair dismissal rights and access to training. They also undermine tax compliance and remove workers from the regulatory framework that protects people who draw on care. If an FPA raises employment costs without aligned commissioning, this part of the market will grow further and destabilise fair competition.

DHSC should therefore track the impact of the agreement on employment models, strengthen enforcement against false self-employment and work with HMRC, the Fair Work Agency and the CQC to prevent further drift into unregulated practice. DHSC should also explain clearly how the agreement applies to hybrid roles, live-in care and personal assistants so workers and families understand their rights.

A well-designed FPA should lift standards for the whole sector and recognises the interaction between the agreements and benefits. To achieve this, DHSC must ensure the agreement does not inadvertently push more workers into the informal or unprotected workforce.

DHSC should set out in advance how enforcement responsibilities will be shared between the Fair Work Agency, HMRC and the Care Quality Commission, to avoid gaps in oversight and inconsistent treatment across the sector.

(J) Areas of the workforce to note

The government's policy intention is to unite the adult social care workforce by giving this fragmented sector a much-needed national infrastructure, providing the opportunity to standardise existing best practice and formalise routes for the workforce to access better pay, terms and conditions, and career and development opportunities.

However, it may not be appropriate for the ASC Negotiating Body to cover some areas of the workforce because of unique factors. Here, we are seeking views on whether adult social care workers employed directly by local authorities or the NHS should be covered by the ASC Negotiating Body.

Do you agree or disagree that workers covered by the National Joint Council should be in the ASC Negotiating Body's coverage?

This question is specifically in relation to adult social care workers employed by local government.

- Strongly agree



Homecare Association

- Agree
- Neither agree nor disagree
- **Disagree**
- Strongly disagree
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We recognise the importance of alignment but recommend that NJC-covered staff remain within their existing structure for now. The ASC Negotiating Body should liaise closely with the NJC to monitor pay differentials and ensure joint workforce planning.

Do you agree or disagree that workers covered by the Agenda for Change contract should be in the ASC Negotiating Body's coverage?

This question is specifically in relation to adult social care workers employed by the NHS.

- Strongly agree
- Agree
- Neither agree nor disagree
- **Disagree**
- Strongly disagree
- Don't know
- Prefer not to say

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

We recognise the importance of alignment but recommend that Agenda for Change-covered staff remain within their existing structure for now. The ASC Negotiating Body should liaise closely with the national NHS Staff Council to monitor pay differentials and ensure joint workforce planning.

(K) Informing the remit of the ASC Negotiating Body

The following 11 questions are for everyone.

The Employment Rights Bill sets a remit for the ASC Negotiating Body to negotiate matters that relate to:

- the remuneration (pay) of adult social care workers
- the terms and conditions of employment of adult social care workers



- any other matter related to employment of an adult social care worker, which must be specified in regulations

This section of the consultation seeks views on different elements of pay and terms and conditions, as well as other employment policies (such as training and development, policies on people and culture, and additional benefits and financial incentives) that could be part of the ASC Negotiating Body's remit.

(KA) Pay priorities

Low pay is a contributing factor to poor domestic recruitment and retention. By improving pay, we can support the delivery of high-quality care for people, leading to a more skilled, experienced and productive workforce.

We have set out a more up-to-date assessment of possible fair pay agreement settlements and outcomes in the impact assessment that accompanies the consultation document. You might want to refer to this when considering the next few questions.

Out of the following areas of pay, which do you think should be a priority for the Secretary of State's first remit letter to the ASC Negotiating Body?

Select up to 3 priorities.

- **Setting a pay floor (a sectoral minimum wage) above the National Living Wage**
- **Setting pay bands linked to career progression**
- **Introducing qualification or skills-linked pay**
- Bonuses (for example, seasonal bonus payments)
- Pay supplements (for example, for unsociable hours or to support recruitment and retention)
- Don't know
- Other, please specify
- None of the above

Please explain your position and provide any supporting evidence. (Optional, maximum 250 words)

First, the Secretary of State should direct the ASC Negotiating Body to set a clear pay floor above the National Living Wage for adult social care. Providers cannot deliver a fair pay agreement until they understand what counts as time at work and how the agreement treats travel time, waiting time and contact time. Members told us that a simple and well-defined minimum pay level will support recruitment and retention more than any other measure.

Second, the remit could include pay bands linked to progression. Providers want a structure that reflects skills and responsibilities, but they also want a simple model they can explain to staff. Many do not hold large numbers of senior roles, so the framework needs flexibility and



Homecare Association

a focus on fairness rather than hierarchy. This will help workers see a future in homecare and will support consistent pay practice across the sector.

Third, the remit could include qualification or skills-linked pay, but only on a voluntary basis. Providers value recognised qualifications and want a clear standard, but they worry about the risk of losing experienced workers who may not enjoy academic study. Skills-linked pay works only when funding supports it and when the framework allows long-serving workers to progress without mandatory qualifications.

In reality, the sector can realistically consider only setting a pay floor in the first cycle.

We strongly advise that the first fair pay agreement be deliberately narrow in scope, focusing on pay clarity and funding alignment, with other terms considered only in later remits once the system has stabilised.

(KB) Terms and conditions priorities

Workers in adult social care are often employed on statutory minimum terms and conditions, including statutory sick pay and annual leave entitlements. This is often an important reason workers leave their roles or are not attracted to the role in the first place.

The Employment Rights Bill delivers an improvement in employment rights for all workers, including strengthening statutory sick pay and introducing rights to guaranteed hours which are particularly relevant for adult social care workers. The following questions are not about those changes. Instead, they focus on how a fair pay agreement could go further.

Out of the following terms and conditions, which do you think should be a priority for the Secretary of State to consider as part of their remit letter to the ASC Negotiating Body?

Select up to 3 priorities.

- Pay for time and costs of travelling between visits (in addition to the statutory minimum of National Living Wage)
- Pay for sleep-in or night shifts
- Hours of working week, including guaranteed hours and zero-hours contracts
- Overtime pay
- Enhanced sick pay or sick leave
- Paid holiday or annual leave
- Pension contributions and conditions
- Injury allowance
- Don't know
- Other, please specify
- None of the above



Homecare Association

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

Providers urge caution about including wide-ranging changes to terms and conditions in the first remit. The sector already faces major reform through the Employment Rights Act, including changes to zero hours contracts expected from 2027. Many providers will still be adapting their contracts, rostering systems and workforce models when the first fair pay agreement takes effect. Introducing additional changes at the same time would create unnecessary complexity and operational risk.

Providers want space for the Employment Rights Act reforms to bed in before the fair pay agreement introduces further requirements. Many of the terms listed already sit within existing employment law or forthcoming legislation. Duplicating or overlapping these reforms through the fair pay agreement would confuse employers and workers and increase the risk of error.

Rather than using the fair pay agreement to impose new contractual requirements, providers ask DHSC to develop a clear code of practice for sleep-in and night work. Sleep in and night shifts stand out as unresolved issues that create confusion and inconsistent practice across the sector. Providers would welcome clear national direction on definitions and expectations.

Wider employment matters

(KC) Training, development and career progression

It might be appropriate to include training, development and career progression within the ASC Negotiating Body's remit.

Which, if any, of the following areas within training, development and career progression do you think should be included within the ASC Negotiating Body's remit?

Select all that apply.

- Training entitlements (for example, include annual training days, access to a training budget, the right to request training)
- Specialised training (for example, dementia training, artificial intelligence training, delegated healthcare tasks)
- Policies to support career progression for the workforce
- Policies to support development opportunities for the workforce
- Policies to support specific qualifications for the workforce
- Don't know
- Other, please specify
- None of the above - training, development and career progression should not be included



Homecare Association

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

Providers support a simple and clear approach to training entitlements, but only in future remits rather than the first fair pay agreement. The initial remit should focus on stabilising pay. Once the system matures, training entitlements can support longer-term improvement in skills and quality.

Members see value in setting a basic expectation that all providers will offer core training with defined refresh periods. This approach can help raise quality and reduce the growth of unregulated providers that offer little or no training. Any future remit must align fully with existing Care Quality Commission requirements as set out in Skills for Care's existing guidance so the sector avoids a second set of rules or an additional compliance burden.

Providers also stressed the importance of addressing pay for training time. Many already pay staff for mandatory training, but public authorities do not consistently fund this through commissioning rates. Any future remit that includes training entitlements must recognise training time as working time and ensure commissioners cover the full cost. Without this alignment, providers will face additional unfunded pressure and inconsistent compliance.

Members also warned strongly against complex or excessive training requirements. Providers already manage a large volume of mandated training and often face unclear guidance on what training truly matters. They questioned the role of the regulator if a fair pay agreement also sets training standards. Providers want consistency, clarity and proportionate expectations.

Members also raised concerns about enforcement. They need clarity on who will interpret disputes about training entitlements and how the Fair Work Agency will manage requests without placing new pressure on small employers.

(KD) People and culture

It might be appropriate to also include people and culture policies within the ASC Negotiating Body's remit.

Which, if any, of the following areas within people and culture policy do you think should be included within the ASC Negotiating Body's remit?

Select all that apply.

- Equality, diversity and inclusion policies
- Wellbeing policies
- Dignity at work (including bullying, harassment and discrimination) policies
- Family-friendly or balance between work and personal life (including flexible working) policies
- Health and safety in the workplace (including preventing violence in the workplace) policies



Homecare Association

- Whistleblowing and speak up schemes
- Don't know
- Other, please specify
- **None of the above - people and culture policy should not be included**

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

Providers told us that the ASC Negotiating Body should not take on responsibilities for people and culture policy. Members gave a clear and consistent view that these issues sit within existing employment law and apply across the whole economy, not just adult social care. Employers already hold legal duties on equality, dignity at work, whistleblowing, bullying and harassment, and they understand these responsibilities. They do not see a clear rationale for creating a separate framework for adult social care within a fair pay agreement.

Members also said that this area feels confusing and risks blurring the line between the role of a regulator, the role of an employer and the purpose of a fair pay agreement. Providers want the negotiating body to focus on issues that link directly to recruitment, retention and the ability to run services safely. They do not want the remit to expand into culture issues that require careful local leadership and that employers already manage through established policies and training.

Providers also stressed that adding new requirements in this space could create uneven expectations between the employed and self-employed parts of the market.

For these reasons, we recommend that the remit exclude people and culture policy and focus on areas where the fair pay agreement can deliver clear and practical improvements for the workforce.

(KE) Additional benefits and financial support

It might be appropriate to also include additional benefits and financial support within the ASC Negotiating Body's remit.

Which, if any, of the following areas within additional benefits and financial support do you think should be included within the ASC Negotiating Body's remit?

Select all that apply.

- Travel to work schemes (for example, travel season ticket loans, discount for transport, free parking schemes)
- Tailored financial support (for example, financial coaching, student loan assistance)
- Travel and expenses (for example, subsistence allowance, reimbursement of travel costs)
- Other incentives (for example, staff counselling, wellbeing schemes)



- Don't know
- Other, please specify
- None of the above - additional benefits and financial support should not be included

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

Providers told us that the ASC Negotiating Body should not set requirements on additional benefits or financial support. Members said these schemes sit outside the realistic mandate of a fair pay agreement and would place heavy burdens on employers who already struggle with tight margins and inconsistent commissioning. Many providers said that travel to work schemes or financial incentives could take workers below the National Living Wage once deductions or salary sacrifice arrangements take effect. Providers cannot risk this and cannot absorb the cost of employer-funded schemes without significant and reliable commissioning uplifts.

Members also said that only large providers hold the scale to offer broader benefit packages. Small providers cannot fund them, and any mandate would create unfair differences between parts of the sector. In private pay services, families often face rising costs already, and providers cannot add new financial benefits without passing on charges that clients cannot meet.

Some providers saw value in government-backed schemes that help staff with essential costs, such as car ownership or transport, but they stressed that employers cannot fund these schemes themselves. They asked DHSC to consider national programmes that support low-paid workers across the economy, rather than placing this responsibility on the fair pay agreement.

If there are any additional areas that the ASC Negotiating Body should consider or have in its remit, please outline them here. (Optional, maximum 250 words)

The ASC Negotiating Body should include a remit that aligns pay and terms with commissioning frameworks and minimum price standards. Providers cannot deliver negotiated employment conditions unless commissioners agree fee rates that reflect the real cost of care. The remit should require DHSC and MHCLG to set clear expectations for local authorities and the NHS so they adjust prices in line with each agreement. This alignment will support stability, protect service quality and prevent additional financial pressure on providers.

DHSC should also publish the cost assumptions that sit behind each remit. Providers need to understand the evidence base, including assumptions about travel time, on costs, inflation and productivity. Commissioners need this information as well so they can plan budgets and implement changes within realistic timelines. Clear cost assumptions will also support scrutiny and help both bargaining sides negotiate on shared evidence.

We also recommend that the remit include data transparency requirements. The sector needs strong and consistent data on workforce pay, turnover, vacancies, commissioning rates and provider costs. The ASC Negotiating Body will make better decisions when it can



draw on reliable data that covers the whole market, including unregulated services and individual employers. The secretariat should therefore collect core data and share it with both sides during negotiation.

These additions will help the remit deliver fair outcomes that providers can implement and commissioners can fund. They will also support a cycle of continuous improvement, with each remit informed by stronger evidence and clearer financial expectations.

Part 5: Dispute resolution

The following 2 questions are for:

- organisations
- individuals responding in a professional capacity who are not members of the health and social care workforce

This section considers what happens if the ASC Negotiating Body fails to reach an agreement and seeks views on how disputes should be resolved, to support the ASC Negotiating Body to successfully reach an agreement. We have developed a proposal through collaboration with the fair pay agreement working group and task and finish groups with unions, providers, local government and others which is outlined in detail in the 'Dispute resolution' section of the consultation document.

Do you agree or disagree with our proposed approach to dispute resolution, where disputes are triggered by the chair and referred to Acas for independent resolution? (Optional)

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

Referral to Acas provides a trusted and independent mechanism for resolving disputes. However, clear escalation criteria should be set out in advance, and both sides should have access to early conciliation before formal referral. Transparency about timelines and publication of outcomes will help build confidence in the process.

Part 6: Implementation

The following 3 questions are for:



- organisations
- individual employers of personal assistants
- individuals responding in a professional capacity who are not members of the health and social care workforce

This section sets out what happens once the ASC Negotiating Body has reached an agreement. It seeks views on what we can do to support the sector to be ready.

What do you think should be included in guidance and communications to support you to implement fair pay agreements? (Optional, maximum 250 words)

Implementation guidance should give providers and commissioners clear direction on how to deliver a fair pay agreement in practice. The guidance should include model employment clauses and model commissioning clauses that reflect the agreement and align with a National Contract for Homecare services. Providers need certainty that commissioners will apply the agreement consistently and fund the full cost of delivery.

DHSC and the Ministry of Housing, Communities and Local Government should jointly mandate use of the National Contract for Homecare so local authorities and NHS commissioners commission services in line with the agreement. Without this mandate, providers will face inconsistent application, delays and disputes at the local level. Clear national direction will give commissioners the confidence to adjust fee rates and give providers the assurance they need to implement new pay and terms.

The guidance should also include a compliance checklist and worked examples that reflect different service models, including homecare, supported living and mixed funding arrangements. Providers need examples that show how the agreement applies in real settings, not abstract principles.

Communications should target employers, commissioners and workers separately and explain their respective responsibilities in plain language. Providers also need a clear route to advice, including a named contact point for complex coverage queries and implementation issues.

Do you agree or disagree that DHSC and the ASC Negotiating Body should co-author and publish guidance? (Optional)

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say



Homecare Association

Please explain your answer and provide any supporting evidence. (Optional, maximum 250 words)

We agree that DHSC and the ASC Negotiating Body should coauthor and publish guidance. Joint authorship will help ensure the guidance reflects both government policy and the practical realities of delivering care services. It will also create a single and authoritative source of information and reduce confusion across a complex and fragmented sector.

We also believe the Ministry of Housing, Communities and Local Government must act as a coauthor. Local government commissions a significant share of adult social care and holds responsibility for budgets and contract management. Guidance will not work in practice unless it aligns with local government duties and commissioning processes. Joint authorship across departments will support consistent interpretation and application.

Employer representatives should also hold a clear role in shaping the guidance. Employers will need to apply the guidance day to day, and they hold insight into how proposals operate in practice. The negotiating body should therefore consult employer representatives on draft guidance and give them an opportunity to comment before publication. This step will improve quality and reduce the risk of unintended consequences.

Sign off should rest jointly with the chair and DHSC, with MHCLG agreement where guidance affects commissioning. The guidance should include clear version control and publication dates so users can track updates and apply the most current advice.

Part 7: Compliance and enforcement

This section sets out how the fair pay agreement will be enforced and seeks views on how we can support employers and commissioners of care to comply with the agreement.

The following 2 questions are for:

- organisations
- individual employers of personal assistants
- individuals responding in a professional capacity who are not members of the health and social care workforce

What do you need guidance on to help you or your organisation to comply with a fair pay agreement? (Optional, maximum 250 words)

Providers need clear and timely guidance to help them comply with a fair pay agreement. They need advice that explains what the agreement requires, how to interpret its terms and how to apply them in day-to-day operations. This guidance must arrive early and must answer practical questions about pay, travel time, waiting time and changes to terms and conditions. Providers cannot plan, budget or brief staff without this clarity.

The guidance must also address types of work that do not follow an hourly model. Providers need clarity on unmeasured time, live-in care, sleep-in and waking night shifts, and other arrangements where pay structures differ. Current experience with National Minimum Wage compliance shows that uncertainty often arises around mobile phone use, uniforms,



Homecare Association

deductions, accommodation and time on call. The guidance should deal directly with these issues and explain how the fair pay agreement applies in each case.

DHSC must also set clear legal obligations for commissioners. The sector cannot deliver a fair pay agreement unless local authorities and the NHS commission in line with it. A national contract for homecare should require commissioners to fund the full cost of compliance across different service models.

Providers also need clarity on regulation and enforcement. The Fair Work Agency will hold responsibility for employment compliance. Guidance should explain how the Fair Work Agency will operate, how providers demonstrate compliance and how this interacts with commissioning oversight.

DHSC should develop this guidance in liaison with a group of providers that reflects different business models. Practical worked examples will help ensure the guidance works in real settings.

Please share any other views or comments about how the department can support providers and commissioners of care to comply with a fair pay agreement. (Optional, maximum 250 words)

The department should give commissioners clear timelines and planning assumptions so they can set budgets, review contracts and adjust fee rates in an organised way. Sudden or unfunded changes create serious risk for providers and weaken workforce stability. A structured transition plan will help the sector move at a safe and realistic pace.

DHSC must also address the existing homecare funding deficit, which providers estimate at around £3.25 billion. Providers already deliver services at prices that fail to cover the full cost of care, including the National Living Wage. A fair pay agreement will not succeed unless the department closes this gap and funds both existing shortfalls and new costs arising from the agreement. Without this action, providers will struggle to comply, and market instability will increase.

The department should also mandate a National Contract for Homecare. Commissioners need a clear national framework that requires them to commission services in line with the fair pay agreement and fund the full cost of delivery. This mandate will reduce local variation, prevent delay and give providers confidence to implement new pay and terms.

DHSC should also create a simple evidence portal that shares cost assumptions, impact assessments and model clauses for each remit. Providers and commissioners need this information to make consistent decisions and to explain changes to staff and people who draw on care.

Finally, DHSC should work with the Fair Work Agency to set clear roles so providers do not face conflicting expectations and can focus on delivering compliance and quality.

Ultimately, compliance will depend less on enforcement action and more on whether commissioning, funding and guidance are aligned from the outset.



Homecare Association

Part 8: Equalities impact

The following 6 questions are for everyone.

We are interested to know what impact this policy could have on groups of people who have protected characteristics. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

We are also interested to hear about other groups you think might be positively or negatively impacted by the proposed policy.

Are there any groups of people, such as (but not limited to) those with protected characteristics, who you believe would be positively impacted by the proposals in this consultation?

- Yes
- No
- Don't know

If you answered 'yes', please select the characteristics of the groups that you think will be positively impacted by the proposals. (Optional)

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex



Homecare Association

- Sexual orientation
- Other group, please specify

**If you answered 'yes', why do you think these groups will be positively impacted?
(Optional, maximum 250 words)**

Women and black and minority ethnic workers make up the majority of the adult social care workforce, and many work in low-paid roles with insecure hours. A properly funded fair pay agreement could directly improve living standards and reduce in-work poverty for these workers. A fair pay agreement also offers an opportunity to recognise the skill and value of care work, which society has historically undervalued.

These positive impacts depend on full and sustained funding. Without investment, a fair pay agreement could increase pressure on providers and create new risks for workers. Government must treat the agreement as an opportunity to invest in communities rather than shift costs onto employers or people who draw on care.

We also need better workforce data. Robust data on pay, progression, hours and outcomes by sex and ethnicity will help assess impact and avoid unintended consequences. The department should collect and publish this data so policymakers can monitor outcomes and act where inequalities persist or widen.

Are there any groups of people, such as (but not limited to) those with protected characteristics, who would be negatively impacted by the proposals in this consultation?

- Yes
- No
- Don't know

If you answered 'yes', please select the characteristics of the groups that you think will be negatively impacted by the proposals. (Optional)

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation



Homecare Association

- Other group, please specify

If you answered 'yes', why do you think these groups will be negatively impacted? (Optional, maximum 250 words)

Several groups may experience negative impacts without sufficient funding and careful implementation. The delay of the easy-read version of the consultation proved unacceptable. The department must give equal weight to responses from the main consultation and the easy read so disabled people can engage fully and influence outcomes.

Older people and disabled people make up a large proportion of those who pay for their own care. A fair pay agreement will likely increase the cost of care for this group. Without adequate funding, individuals will face higher charges or reduced access to support. This risk will fall hardest on people with fixed incomes or high care needs. The department must address this impact directly and ensure funding protects affordability for people who draw on care.

Higher care costs may also affect informal carers. Families may delay or reduce paid care if prices rise, which will increase pressure on unpaid carers. Most informal carers are women, so this risk raises gender equality concerns.

We also hold concerns about uneven benefits across the workforce. Limited funding, including the proposed £500 million, will not resolve staffing shortages or deliver parity with other professions. New entrants may benefit, but experienced careworkers may see limited improvement. Evidence from the Real Living Wage impact review in Wales showed uneven uptake, with younger workers and ethnic minority workers less likely to receive the full benefit and some unintended consequences.

Socio-economic factors also matter. People in poorer areas may struggle more with rising costs, and councils with high need and low tax bases may lack the capacity to fund increases. The local government finance settlement must adjust for this risk if the policy aims to remain fair.

We recommend that DHSC commit to a formal equalities impact review after the first fair pay agreement is implemented, with findings published and used to inform subsequent remits.

Conclusion

The Homecare Association supports the principle of fair pay agreements and wants this policy to succeed. However, success depends on realism about funding, commissioning and implementation. If the fair pay agreement is introduced without these foundations, it risks destabilising services, reducing access to care and undermining workforce confidence. With the right design, funding and alignment, it can instead become a powerful tool for stabilising the adult social care workforce and improving outcomes for people who draw on care.