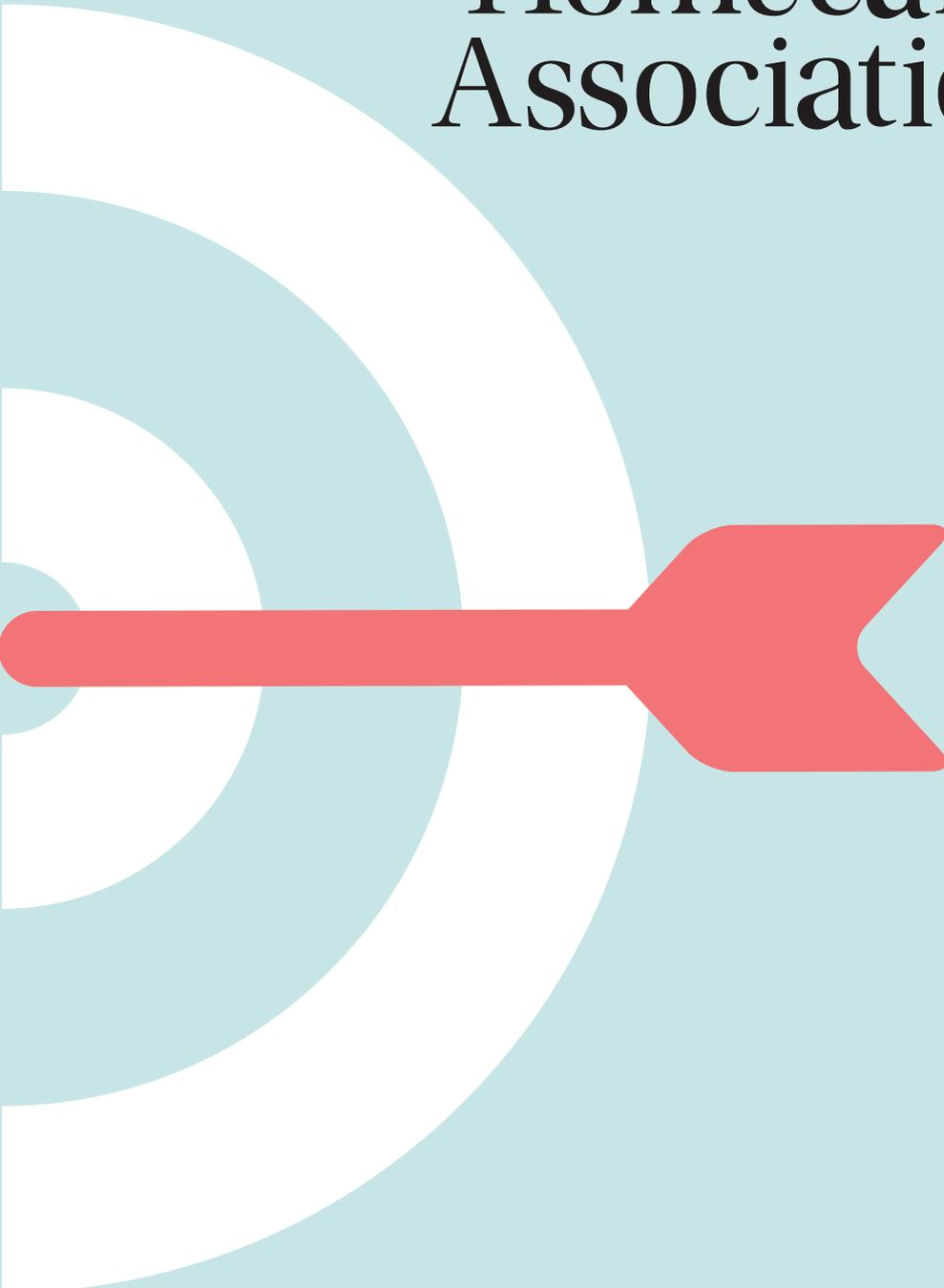




Homecare Association



Impact
Report
2023-24

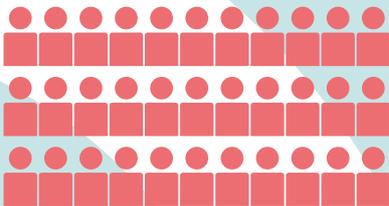
Shaping homecare **together**

We are proud to be the ...



What we did in 2023-24

2,272 members



109,000+

views of
our resources
and articles



8.2bn
combined media
reach

96
factsheets
made available



64
training
courses



520
helpline
cases
resolved



1,110
attendees

124,000+
visitors to our website



18,000
completed
DBS applications



10,000+
Homecare magazines
distributed

326
attendees at our Conference



5,000+
visits to our blogs



795
articles published
mentioning
Homecare
Association

24,000+
social reach



12
webinars
with a total of

720
attendees



40,000+
views of our Find Care
homecare directory



Homecare Association



Lobbying Successes

We helped to ensure ...



You were heard about late payments and inadequate fee rates from NHS and local authority commissioners



Government provision of Market Sustainability and Improvement Fund: £400 million (2023-2024); £683 million (2024-2025) to increase fee rates and capacity and reduce waiting lists



Additional government funding of £162 million of continued Fair Cost of Care funding for 2023-2024



Government funding of £150 million over three years to support digital transformation of social care



Extension of free PPE



You were heard about improvements in homecare commissioning leading to the first CQC inspections of local authorities



Development of the first National Workforce Strategy for Social Care



Homecare Association evidence referenced in COVID Inquiry



Government funding of £15m in 2023-2024 and a further £15m in 2024-2025 to support international recruitment



Care workers remained on the new Immigration Salary List



Protection for care workers already in the UK and for international care workers from exploitation



Development of a Care Workforce Pathway



Cabinet Office added care workers to the official emergency workers list, so they have priority access to support from Local Resilience Fora in civic emergencies



Collaboration with the NHS to develop guidance on Intermediate Care and Proactive Care services



Advice and guidance to over 12 university research programmes related to homecare



Commissioning of investigation into the Care Quality Commission's performance



Homecare reports mentioned in the House of Commons and House of Lords



You were heard about improvements in pay and conditions, recruitment and retention of care workers



Welsh Government reinstated the Social Care Workforce Grant



Welsh Government published report on micro-care provision and committed to developing policy on this area

We are the Homecare Association



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

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

Why we are here

We believe in a society where we are all able to live well at home and flourish within our communities. We won't stop making sure the value of care at home is recognised and receives the investment it deserves.

Our Principles

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

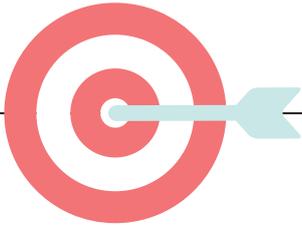
Integrity Be honest, trusted, reliable, grounded and stable

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

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

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

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



Contents

	Where we are	6
	Our future	11
	Political & public awareness	12
	Workforce	20
	Financial sustainability	32
	Innovation & integration	42
	Regulation	56
	COVID-19 Inquiry	62
	Our member benefits	65
	Our membership	69
	Our resources	70

Where we are



The policy and political landscape

As we reflect on the past year, I am very proud of the Homecare Association's continued work to promote the vital role of homecare in our society. Homecare is now centre stage. "Home First" has become a new mantra for the NHS, local authorities and people drawing on services. We see this as evidence that our influencing has been effective. Now we need alignment of funding so homecare can contribute more to preventative approaches to health and well-being.

Our organisation comprises only c.18 full-time equivalents, of which 5.5 are in our policy team. Together, we have supported and represented over 2200 members and reduced member attrition from a historic rate of 25% to 4%. The policy agenda affecting homecare is extensive. We have interacted with hundreds of stakeholders across multiple organisations. Punching above our weight, we have made further progress in advocating for our members and raising the profile of homecare. This report highlights our activity and impact in 2023-2024, as we worked tirelessly to improve conditions for homecare providers, care workers, and those receiving care.



Public awareness - political landscape and media

Throughout 2023 and 2024, we engaged extensively with policymakers and the media to raise awareness of critical issues facing the homecare sector. We had important meetings at 10 Downing Street with senior advisors and Ministers. This ensured homecare remained high on the political agenda. Our participation in roundtable discussions on social care at No.10 allowed us to present challenges and opportunities for homecare directly to the heart of government. A high point was a reception for care staff at No.10 in August 2023, which provided a valuable platform to showcase the dedication and importance of our workforce.

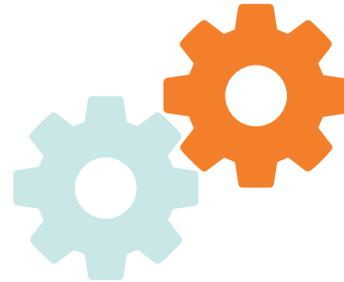


As the 2024 General Election approached, we intensified our engagement with all major political parties. We published our Homecare Manifesto, outlining seven key priorities for an incoming government. These included calls for a 'home at the heart' approach to care policy; recognition of the power of partnership for prevention; innovation for improvement; care as a career, with a robust workforce strategy; investment for the future; commissioning for value; and regulation for public protection.

Following the election, we engaged swiftly with the new government, writing to the Prime Minister, new ministers, and newly elected MPs to highlight the importance of homecare and our sector's key priorities. We have already met twice with the new Minister for Care and had various interactions with the Secretary of State for Health and Social Care. We engaged with Ministers in other departments, such as Business and Trade and HM Treasury, at the Labour Party Conference.

Our priority for the coming year is to influence the government's implementation of new Employment Rights laws. We will also support the longer-term development of a National Care Service.

Our media presence remained strong, with 795 articles published mentioning Homecare Association and a combined media reach of 8.2 billion. We featured on the BBC's One Show, where we discussed funding for homecare. Other national news programmes and print media also invited us to share our insights on a range of issues.



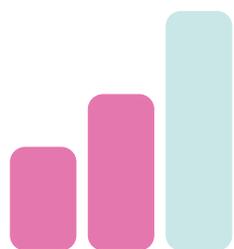
Workforce

The homecare sector continues to face significant workforce challenges. In the past two years, 70,000 British nationals have left the workforce. International recruitment has partially offset this decline but brought fresh problems.

We worked closely with the Department of Health and Social Care (DHSC) and the Home Office regarding international recruitment, emphasising its vital role in meeting demand for homecare. Recent visa restrictions have, however, led to a significant decline in applications. We continue to advocate for viable routes for ethical international recruitment.

We played a key role in creating the national workforce strategy for adult social care in England. We provided our expertise on recruitment, training, and workforce transformation. The strategy, launched in July 2024, estimates a need for 540,000 additional care workers by 2040 to meet rising demand.

Looking ahead, we will focus on ensuring implementation of both the workforce strategy and Fair Pay Agreements. We continue to push for adequate funding to enable fair pay and working conditions for care workers.



Regulation

Financial sustainability

Our research has consistently shown that funding for homecare remains inadequate. Our Homecare Deficit Report, released in November 2023, revealed that 95% of UK public organisations were paying below the Minimum Price for Homecare. We need an additional £2.08 billion per year across the UK to ensure fair wages for care workers and maintain high-quality services.

In December 2023, we released our yearly Minimum Price for Homecare calculations for each UK nation. In June 2024, we found that only 1% of homecare contracts in the UK met or exceeded the minimum price.

We keep pushing the government for more funding for social care and working with public commissioners to ensure fair fee rates. We are calling for a National Contract for Care Services with minimum fee rates to help providers improve employment conditions.



Providers have experienced many issues because of the poor performance of the Care Quality Commission (the CQC). We tried to engage constructively with the CQC, bringing our members' experiences to the table and contributing to the independent reviews led by Dr Penny Dash and Professor Sir Mike Richards. The CQC has, however, persisted in ignoring feedback.

We therefore published our own analysis of the CQC's performance in homecare, exposing the fact that 6 out of 10 homecare providers either have no rating or an out-of-date rating. Over 180 media outlets covered this revelation and highlighted the urgent need for improvements in the regulatory system.

We encouraged policymakers to see the relationship between regulation, commissioning, funding, and care provision. Our recommendations included realistic reviews of the CQC's resourcing needs; increased transparency; improved IT systems; and enhanced engagement with providers.

In 2023-2024, the Homecare Association worked closely with HM Revenue & Customs (HMRC) on important issues for the homecare sector.

We disseminated HMRC's guidance on R&D tax relief and consistently advised our members to be cautious of 'too good to be



Where we are

true' tax schemes. We emphasised the importance of seeking professional advice from reputable accountants and tax advisors.

Throughout our interactions with HMRC, we maintained a balanced approach, supporting efforts to combat tax fraud and abuse while advocating for fair treatment of care providers who may have unknowingly fallen victim to fraudulent schemes.



Innovation and Integration

We have fostered collaboration while also promoting innovative homecare delivery. Through senior national groups like NHS England and Social Care Senior Leaders Group, we have influenced policy and practice. We also advised on 14 academic research projects at universities across the UK.

We have been actively involved in shaping new initiatives, such as the Intermediate Care Framework, Proactive Care services, and Hospital at Home programmes. We continued to push for inclusion of homecare providers in multidisciplinary teams and advocated for Integrated Care Boards to commission homecare as part of these innovative services.

Our work on digital transformation has continued through our membership of key national boards and advisory groups. We made sure homecare providers could access funding and support for digitisation projects. This helped more providers adopt

digital care records and improved data security in the sector.

In June 2024, we released our report on homecare providers' perspectives on hospital discharge. Our findings highlighted significant issues in the discharge process. These included unsafe discharges; inadequate information sharing; and lack of equipment.

We put forward 35 recommendations for NHS leaders, local authorities, and the government to address these issues. These included ensuring hospitals meet people's basic needs when discharged; improving communication; including care providers in needs assessments; and involving homecare providers in shaping improvements in operations and strategic service development.



COVID-19 Inquiry

We have been actively involved in the ongoing UK COVID-19 Inquiry, with core participant status for Modules 2 and 6. We spoke at the first hearing, which resulted in Module 6 being expanded to include a wider definition of social care.

The first report from the Inquiry, focused on Module 1, revealed significant shortcomings in the UK's pandemic preparedness, particularly in relation to social care. We are working on statements for future modules that reflect the homecare sector's experiences.

Where we are



520

helpline
cases
resolved



Helpline

Our Helpline continues to be a valuable resource for members, answering 520 queries between April 2023 and March 2024. While the number of queries has decreased compared to the previous year, we have seen a shift in topics with workforce issues, particularly international recruitment, featuring prominently.

The Helpline remains a key component of membership, providing responsive support and guidance to our members on a wide range of issues.

Scotland

Despite political changes, we persisted in advocating for homecare in Scotland. We participated in talks about the National Care Service, pushing for more funding for homecare and fair wages for care workers.

Our research showed that an extra £244.2 million per year is required in Scotland to ensure care workers receive fair wages. We are working with the Scottish government, COSLA, and others to address workforce challenges and improve commissioning practices.

Wales

In Wales, we supported the creation of the National Office for Care and Support and pushed for better pay, career opportunities, and recruitment. We were involved in talks about changing the registration requirements for social care workers. We also had a say in developing a Pay and Progression Framework.

We spoke with the Welsh government about the need for better funding for homecare services, as the current rates are too low. We are in ongoing discussions with Care Inspectorate Wales regarding regulatory matters; this includes complaining about the rise of unregulated micro-providers.

Northern Ireland

The restoration of the Northern Ireland Executive in February 2024 brought renewed focus on health and social care reform. We continue to influence policy affecting homecare, including reform proposals.

In Northern Ireland, there are more adults receiving homecare per 10,000 people aged 18+ than anywhere else, but they have difficulty hiring and retaining enough workers. We continue to make representations to the Department of Health on the Social Care Fair Work Forum. This means fighting for more money so care professionals can earn fair wages.



Our future

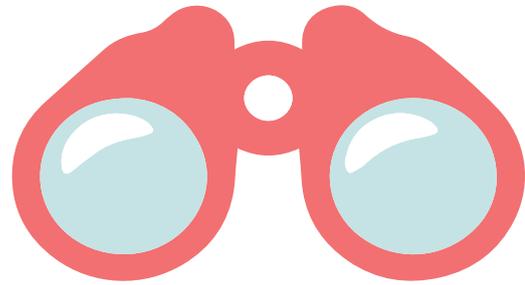


Looking ahead

As we look to the future, the Homecare Association remains committed to advancing the interests of the homecare sector across the UK. We will continue to push for adequate funding, fair pay for care workers, and improved recognition of the vital role homecare plays in our society.

Key priorities for the coming year include:

1. Ensuring successful implementation of the workforce strategy and new employment rights legislation; this includes Fair Pay Agreements in social care.
2. Working with the new government on the longer-term development of a National Care Service.
3. Advocating for a National Contract for Care Services with minimum fee rates to ensure adequate funding for the sector.
4. Supporting the ongoing reform of regulatory systems to ensure they are fit for purpose and promote high-quality care.
5. Encouraging new ways of delivering homecare, combining in-person care with technology solutions.
6. Continuing to engage with the COVID-19 Inquiry to ensure they understand the experiences of the homecare sector.
7. Working with devolved administrations to address nation-specific challenges and opportunities in homecare.



The past year has again shown the resilience and dedication of the homecare sector in the face of ongoing challenges. It has also provided many examples of outstanding care, entrepreneurial flair and innovation. The Homecare Association will continue to amplify the voice of our members. Let us stand together to make what matters stand out and shape homecare together.

Shaping
homecare
together.

Political & public awareness

In the ever-evolving landscape of social care, the homecare sector finds itself at a positive juncture. Over the last year, we took part in high-level meetings at 10 Downing Street. We also held pivotal discussions with government ministers and shadow ministers, who are now in key positions in the new Labour government.

New ministers have outlined an ambitious 10-year plan for the healthcare system, driven by three key shifts: from hospital to community; from sickness to prevention; and from analogue to digital. These goals play to the strengths of homecare. We have an excellent opportunity to show how investing in homecare helps to enhance wellbeing; increase healthy life expectancy; reduce pressure on the NHS; save money for the health and care system; and support

economic growth. Early support and preventative approaches in the community will help to shift the dial on demand. We must harness the power of innovation while cherishing the irreplaceable human elements of hands-on care. With smart strategies, collaboration, and investment, we can build a future where more of us remain healthy for longer. Supporting people at home must be at the heart of government policy.



Political & public awareness



Political engagement

We engaged extensively on policy and political work throughout 2023 and 2024. We had important meetings at No.10 Downing Street with the Prime Minister's senior advisors and Ministers to talk about issues facing homecare.



In August 2023, we attended a reception for care staff at No.10, which provided a valuable platform to highlight the dedication and importance of our workforce. Helen Whately MP, the Minister of State for Social Care, and Deborah Sturdy CBE, the Chief Nurse for Adult Social Care in England, thanked attendees for their outstanding care for people in their communities.

In September 2023, a significant milestone was our participation in a roundtable discussion on social care at No.10. Attended by Ministers from DHSC and the Department for Housing, Communities and Local Government (DHCLG), this meeting allowed us to present our concerns about workforce challenges and funding issues directly to the heart of government.

Throughout the year, we took part in many in-person and online meetings with Ministers and officials from DHSC, DHCLG, the Home Office, and HM Treasury. There was considerable focus on workforce issues, particularly international recruitment.

In February 2024, we attended the launch of the Times Healthcare Commission Report, which we contributed to. This highlighted prevention, community care, and technology solutions, moving away from hospitals. The Secretary of State for Health and Social Care Rt Hon Victoria Atkins MP spoke about improving productivity. The Shadow Secretary of State, Rt Hon Wes Streeting MP, discussed shifting from a "National Sickiness Service" to a "National Health Service".





Political & public awareness

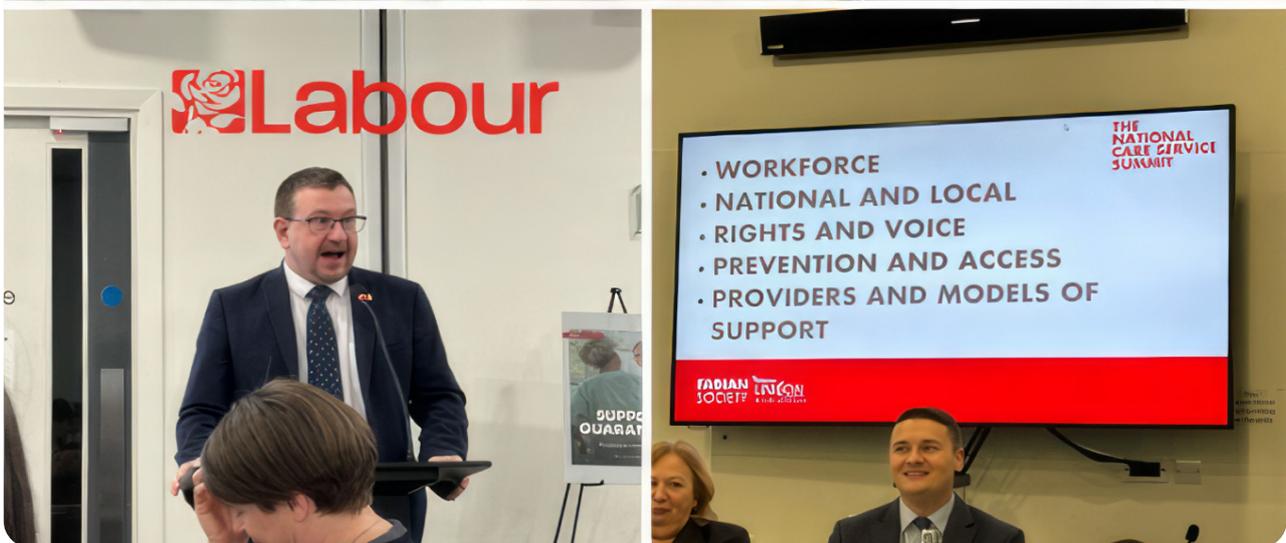
For years, we maintained a strong relationship with the Shadow Minister for Care, Liz Kendall MP. When she moved to a new role in the Department for Work and Pensions, Andrew Gwynne, MP, became Shadow Minister for Care.

Our work to engage with the Labour Party increased through 2024 because we knew a general election was on the cards by January 2025 at the latest.

Our CEO attended a National Care Service Summit at Unison headquarters at the end

of February 2024. Wes Streeting MP and Andrew Gwynne MP both joined us for the day. The Fabian Society shared principles for a National Care Service, which echo the principles of the Care Act 2014.

Shadow Minister for Care, Andrew Gwynne, MP, was due to join our Homecare Association board meeting in June 2024. He had to withdraw after Prime Minister Rishi Sunak announced a general election on 4 July 2024.



Political & public awareness



With a general election set, we published our Homecare Manifesto. This laid out seven priorities for an incoming government (see below). These included calls for a ‘home first’ approach to care; improved commissioning practices; fair funding for homecare; and a robust workforce strategy. We engaged with all major political parties to promote these policy objectives.

Following the election, we engaged swiftly with the new government, writing to the

Prime Minister, new ministers, and newly elected MPs to highlight the importance of homecare and our sector’s key priorities. We arranged campaign activities for our members, offering them letter templates and tips on how to engage with their local MPs.

During this time, we stayed visible in the media and shared our thoughts on government policies and industry issues.

2. Power in Partnership

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

4. Care as a Career

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

6. Commission for Value

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

1. Home at the Heart

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



3. Innovate to Improve

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

5. Invest in the Future

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

7. Regulate to Protect

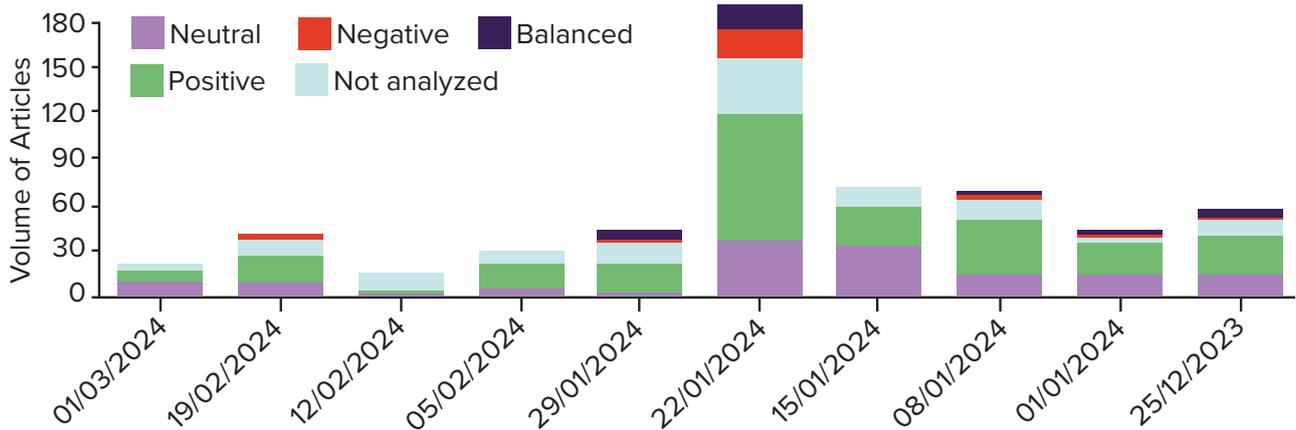
- ▶ Ensure rigorous, consistent, timely standards for registration and inspection
- ▶ Deal swiftly with under-performing commissioners and providers
- ▶ Ensure oversight of all providers of personal care
- ▶ Create a professional register for care experts



Political & public awareness



Sentiment of articles



Media engagement

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

Building relationships with broadcast and media journalists has been a focus over

several years. We are now seen as a “go-to” source for market intelligence and comment.

The Homecare Association remained a prominent voice in national print and broadcast media on matters related to social care in 2023-2024, with 795 articles published mentioning Homecare Association and a combined media reach of 8.2 billion.

Political & public awareness



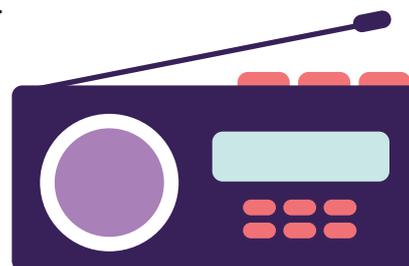
Broadcast media

A notable highlight was our appearance on the BBC's One Show, where we shed light on critical issues facing the homecare sector. This crucial segment discussed the impact of local authority practices on disabled adults receiving care at home. The coverage attracted attention and brought the conversation about fee rates and rationing of homecare to a national level.



	Followers on Instagram	2,605
	Followers on LinkedIn	10,967
	Average post reach per month on LinkedIn	7,203
	Followers on Twitter / X	8,769
	Average tweet reach per month on Twitter / X	4,377
	Followers on Facebook	3,298
	Average post reach per month on Facebook	2,213

From January 2024, we clocked up 32 mentions across television and radio, reaching over 51 million viewers and listeners. Most of this coverage (75%) was on radio stations, while television networks and radio shows accounted for 18.75% and 6.25%, respectively. Alison Holt, BBC Social Affairs Editor, included our CEO's insights on the CQC state of care report on national news.



In September 2023, the BBC Radio 4 Today Programme featured our survey of 225 members about late payments. Findings showed 80% of homecare providers are experiencing payment delays from the NHS and local authorities. Nearly half (47%) reported that public bodies pay their invoices late.



Political & public awareness



The BBC also covered our Homecare Deficit Report on national news in November 2023. This showed clear evidence of ongoing and significant lack of funding for homecare in the UK. Our report reached 30.9m people and has been in 239 media articles across print, broadcast and digital since its release.

By appearing on national news programmes, we had the chance to talk about our priority issues in homecare: the workforce; financial sustainability; regulation; quality; and integration, all the while raising public awareness of homecare.

Print media

Print media also remained a key avenue for our influence. Top news outlets like the BBC, The Guardian, The Daily Mail, The Mirror, The Independent, The Daily Telegraph, and others quoted us.

In the past year, we featured in four BBC Online articles, reaching a combined audience of 38.9 million readers—an increase of nearly a million from the previous year. Three Guardian Online articles showcased our work to 28.7 million people. Our most powerful article, 'Low fees put thousands at risk of poor homecare,' reached an incredible 9.72 million people.



Alison Holt
Social Affairs Correspondent

Political & public awareness

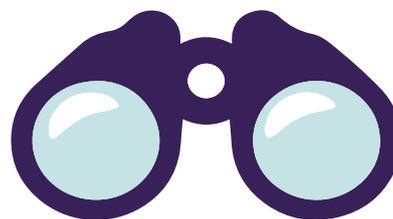


The publishers of Life and Living Magazines, Newsquest, approached our CEO early in 2023 about writing a monthly column. Articles in these magazines offer significant value as they reach an affluent, engaged audience. There are 2.8 million print readers, 46 million online users, and 7 million on social media, generating 200 million page views. The readers are wealthy, older women, mostly retired. Many of them live in their own homes in rural and semi-rural areas. This demographic is ideal for members targeting the private-pay market. We negotiated advertising discounts of up to 15% for members. The pieces provide detailed insights about care and health, contributing to improved public understanding.



Wales

We continue to see a limited public understanding of social care in Wales, despite positive work to improve this. The Bevan Commission, Wales' leading health and care think tank, hosted a 'Conversation with the Public' about the future of health and social care, however, the focus of their engagement was largely health related.



Looking forward

With many new MPs in place, we are working to build relationships and brief them about issues in homecare. We will also continue to work with members of the House of Lords.

With the Labour government poised to introduce new Employment Rights legislation, there is much to do. At present, little detail is available. We fully support improved pay and employment conditions for the care workforce. The government must ensure it funds the extra costs to avoid unintended consequences.

Beyond this, we will work with Ministers and officials to shape thinking about development of a National Care Service.

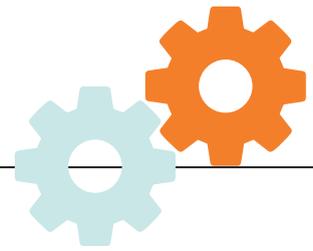
Our research and market intelligence will continue to inform our policy and advocacy work and we aim to grow our media reach in 2024-2025

How you can get involved

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

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

Workforce



Throughout 2023 and 2024, we continued our efforts to address the pressing workforce challenges facing the homecare sector. Our work encompassed comprehensive research, strategic advocacy, and active participation in shaping national policy.

We emphasised how workforce, funding, commissioning, and regulation are all connected in social care. As we look to 2025, we know this will become even more important as we influence the Labour Government's New Deal for Working People, to be enshrined in new Employment Rights legislation.

State of the homecare workforce

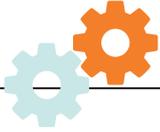
In April 2023, we conducted a comprehensive Care Provision and Workforce Survey, which provided crucial insights into the state of the sector¹. The survey collected responses from 343 homecare providers in England. These providers support over 52,600 care workers and over 79,800 people. Our findings revealed significant challenges. More than half of providers (54%) said they provided less care than last year, even though 74% said the demand for homecare had gone up since the start of 2022.

Following up on these findings, in 2024 we conducted another Workforce Survey to track the situation². This survey gathered responses from 307 homecare providers across the UK. This revealed that, while providers had made some progress, significant challenges persisted. Our findings showed 52% of respondents could meet the current demand for homecare services, but 48% could not. Of those who

could not, 84% cited recruitment difficulties as the primary reason.

The 2024 survey also shed light on the evolving landscape of international recruitment, with 49% of respondents not employing workers from overseas, while 27% employed between one and ten international recruits, and 25% employed 11 or more. These data have been instrumental in our advocacy efforts, particularly in our engagement with the Home Office regarding migration rules and the processes for obtaining Certificates of Sponsorship. Our goal has been to ensure ethical providers can recruit to meet demand, whilst reducing risks of over-supply, labour abuse and modern slavery.





International Recruitment

We continue to emphasise to the Department of Health and Social Care (DHSC), and the Home Office, the vital role of international recruitment in meeting demand for homecare. In 2023 to 2024, about 105,000 people arrived in the UK and started direct care-providing roles in the independent sector. This was an increase of 25,000 from 2022 to 2023, when the estimated number was 80,000, and positively affected vacancy rates in the sector³.

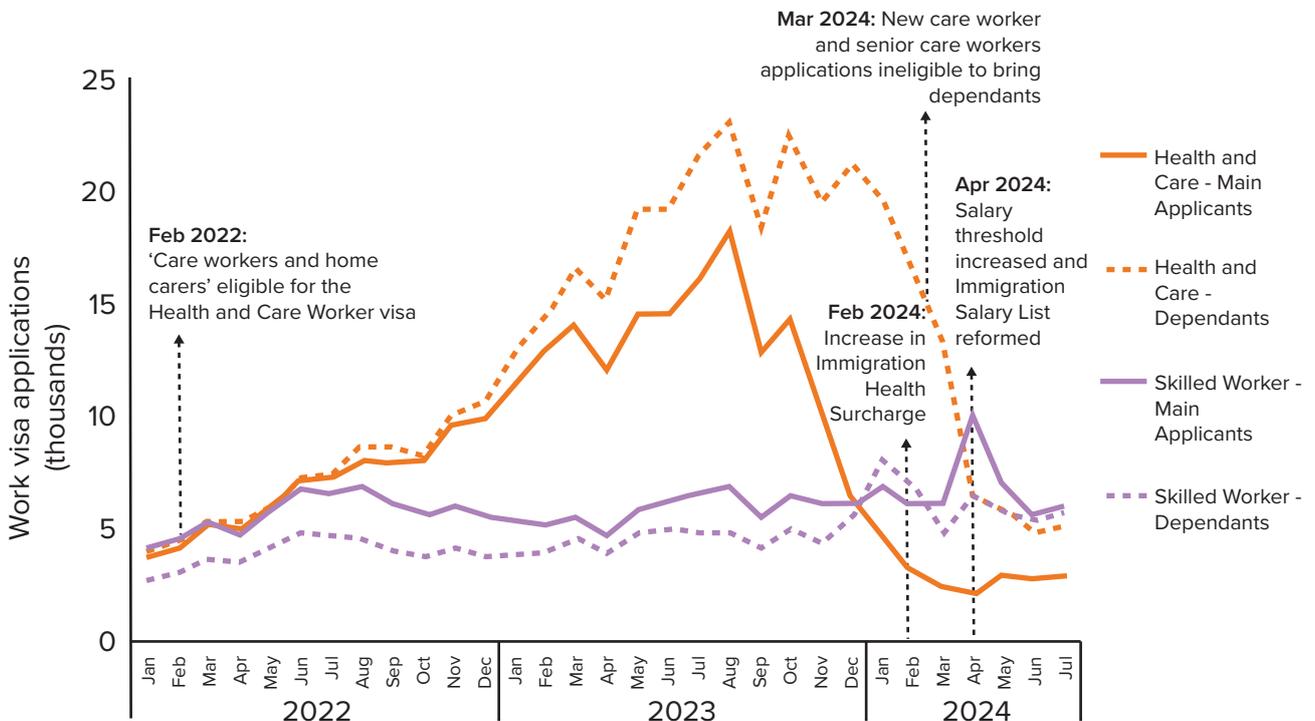
In March 2024, we responded to an Independent Report from the former Chief Inspector of Borders and Immigration on

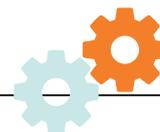
Home Office Failures on Care Worker Visas. The damning report exposed serious and systemic issues with the Home Office’s handling of care worker visas⁴. The litany of failures allowed the exploitation of migrant workers, including by companies operating unlawfully in the care sector.

In certain areas, over-supply of homecare caused by international recruitment has caused a race to the bottom on price. It has also led to violations of licensing rules, poor quality care, and hardship for sponsored workers.

We worked with DHSC’s International Recruitment Steering Group to support displaced sponsored workers. The

Monthly applications for Skilled Worker and Health Care Worker Visas from January 2022 to July 2024





International Recruitment Fund allocated a further £16m to regions to help with this issue. Borderless and Lifted Care, as affiliate members, created tech solutions to help displaced workers find new jobs.

In the wake of these problems, the Home Office tightened the rules for international recruitment in the care sector. Providers must be the CQC-registered and provide proof of a “genuine vacancy”. In response to our requests, the Home Office issued guidance on the evidence required to show a genuine job vacancy. They request copies of contracts from councils or private citizens, which guarantee the hours they will purchase. Most cannot or will not do so. Sponsored workers can no longer bring their dependants. As a result, the number of visa applications has declined dramatically. We, with members of the Cavendish Coalition, are urging a re-assessment of the approach.

The system, operated by the Home Office, does not recognise the way the homecare sector works. Providers still find the process slow, costly, and difficult to navigate. If we are to meet demand, we must develop viable routes for ethical international recruitment.

We will continue to raise our concerns on this vital issue through various routes. These include DHSC’s International Recruitment Steering Group; the ADASS Regional International Recruitment Leads; and Members of Parliament and the House of Lords. We are also submitting evidence to the National Audit Office for a study they are conducting on the Skilled Worker Visa.



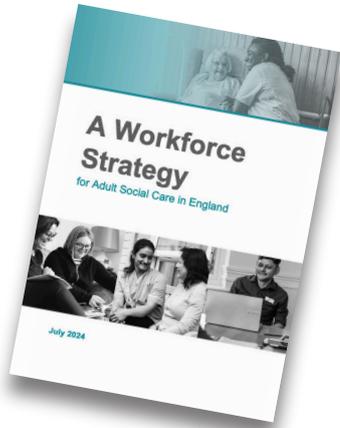
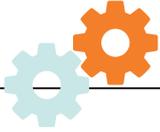
Recruitment and training

We have engaged behind the scenes with DHSC in supporting the national recruitment campaign for social care - Made with Care⁶. We were pleased to see this campaign highlight opportunities for care work in people’s own homes, challenging assumptions that care work is only available in care homes.

Work is continuing on the level 2 qualification for care and the Care Workforce Pathway. It was, though, disappointing to see the Labour Government remove the Adult Social Care Training and Development Fund.

In a media statement, our CEO said, “We call on the government to come clean and clarify its plans for the sector. Without meaningful, funded reform, we risk the collapse of a system that millions depend on. The time for empty promises and half-measures is over – we need action now.”

We know members are still unsure about who should do Tier 2 of the Oliver McGowan training. They are also concerned about the cost and availability of accredited training. We have raised these concerns multiple times and await news from DHSC.



Care as a Career

We were closely involved in the development of the national workforce strategy for adult social care in England, led by Skills for Care and launched on 18 July 2024⁷. This strategy is an important step in addressing the sector's long-term workforce needs. It estimates we will need 540,000 additional care workers by 2040 to meet rising demand.

We contributed by sharing our expertise and data on recruitment, training, and workforce transformation. Our input helped shape recommendations on pay, terms and conditions, and a 10-year plan for social care. Key recommendations included:

- ⚙️ Government-led action on improving pay and conditions.
- ⚙️ Expanding skills training and career development pathways.
- ⚙️ Mandating regular workforce planning and strategy updates.
- ⚙️ Increasing domestic recruitment to reduce reliance on international staff.
- ⚙️ Improving equality, diversity and inclusion in the sector.

- ⚙️ Enhancing wellbeing support for care workers.
- ⚙️ Expanding use of technology and developing digital skills.

Implementing the recommendations will require collaboration, including between government, local authorities, and care providers.

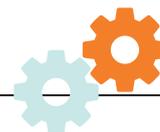
Our 2024 survey revealed that 88% of respondents offered pay of £12 per hour or more, with 6% offering £15 per hour or more. However, 25% of respondents stated that current fee rates were too low to offer competitive pay rates for UK-based workers. This information has been crucial in our ongoing campaign for fair and sustainable funding for the sector.



25%
stated current fee rates were too low

During the General Election in 2024, we called on all parties to treat care work as a career; deliver a workforce strategy; provide professional career opportunities; and ensure fair and secure pay and terms and conditions of employment for care staff.

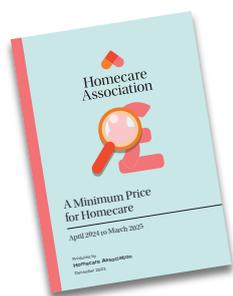
This year, we gave evidence to support the creation of a new Care Workforce Pathway in England by the DHSC and Skills for Care. Our CEO was closely involved with this, sitting on the DHSC Workforce Advisory Group; the Adult Social Care Capacity Expert Group; and the Workforce Reform Implementation Reference Group; as well as the Skills for Care Workforce Strategy Steering Group.



As a starting point, the Care Workforce Pathway and the Skills for Care Workforce Strategy together have the potential to make a difference. We need to move towards recognising the value care workers contribute to our communities and these begin to do this. It is vital though, that the Government commits to continuing this work and supports any pathway with funding to allow for better pay and rewards for staff who develop their skills.

Funding, commissioning and the workforce

In 2023, we contributed written and oral evidence to the Low Pay Commission. This is an independent body that advises the government about the National Living Wage and the National Minimum Wage. We highlighted that zero-hour commissioning at low fee rates leads to zero-hour employment at low wage rates. As one member told us, “The work is not predictable, so how can our staff working hours be predictable?”



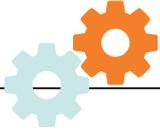
In our Minimum Price for Homecare⁸, we called for pay parity with NHS staff (specifically band 3 with 2+ years’ experience), highlighted the need for higher fee rates to fund this (£31.51 per hour when the average hourly rate in England is now £23.26⁹). We cover this in more detail in the section on Financial Sustainability.

Regulation and the workforce

In a post on our blog our CEO drew attention to the way some councils promote use of ‘self-employed’ personal assistants¹⁰. Legal experts doubt personal assistants would meet HMRC’s criteria for being self-employed. The liability for incorrect employment status would fall on those drawing on services whom HMRC would deem to be the employers. This could lead to significant unexpected tax bills for people with care and support needs.

When local authorities pursue such approaches to save money on homecare, it can lead to poor quality care, labour abuse, and market instability.

We support the ability for older and disabled people to have more control and personalise their care using Direct Payments. However, the person receiving support must make an informed choice about this decision and councils should not pursue it as a cost saving measure. When local authorities pursue such approaches to save money on homecare, it can lead to poor quality care, labour abuse, and market instability. Councils must avoid systematically undercutting regulated care providers that provide training, employee benefits, supervision and cover for leave (amongst other things) in a way that denies user choice, removes employment rights, and creates a double standard for regulatory compliance.



Labour's Plan to Make Work Pay

In 2024, we focused on understanding and responding to Labour's proposed Employment Rights Bill and their "Plan to Make Work Pay". Since Labour won the election on 4 July 2024, we have been working to make sure the homecare sector has a say in important policy decisions.

Labour's plan aims to introduce Fair Pay Agreements first in the social care sector. These will give care workers and their unions the power to negotiate fair pay, conditions, benefits, terms, and training. The government will introduce a new law called the Employment Rights Bill within 100 days of taking office, led by the Department for Business and Trade. DHSC is leading on Fair Pay Agreements in adult social care.

We have been working as members of the Care Provider Alliance to discuss how to organise employers to engage in these negotiations. However, we remain concerned about the lack of allocated funding to support these initiatives. Our goal is to secure enough funding for the new requirements, preventing sector instability.

Member support

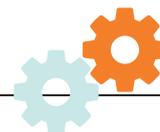
Our training continues to be popular. We delivered 57 workshops and 8 webinars to nearly 1600 delegates. Topics included care coordination; medication management; dementia care; quality assurance and auditing; end-of-life care; Care Quality Commission requirements; and safeguarding.

We also ran sessions on how to grow your homecare business and buying or selling a homecare business; social media for homecare companies; a top tips session on first impressions; embedding wellbeing; data and cyber security; and accessing volunteer responders.

Our 'Ask DBS' workshop was well received, following delays with DBS applications.

To support our members, we sent out our new email series, 'Spotlight on Compliance'. These provided guidance to avoid several common compliance issues. Topics covered so far include international recruitment; minimum wage; and the working time regulations. We also worked with the legal team at Anthony Collins Solicitors to provide briefings on the Supreme Court ruling on holiday pay.

We partnered with Towergate Insurance to update member resources; these included use of personal vehicles for work; and health and wellbeing to boost employee retention. We also



developed a new web page, drawing together resources to support staff mental wellbeing.

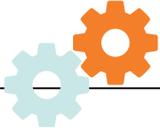
During the year, we held a roundtable discussion for members to exchange learning on international recruitment. Following this, we produced a resource drawing out ten top tips for international recruitment based on members' advice.

In 2023 and 2024, our Homecare magazine featured articles on a guide to the risks and rewards of international

recruitment; a stable and committed international recruitment strategy; workforce trends in the sector; how health and wellbeing can support employee retention; the hidden dangers of unregulated providers; an introduction to the Care Workers Charity; the healthcare task delegation framework; how to look after workforce wellbeing; boosting staff retention with on-demand pay; My Employment passport; the latest insights into the homecare workforce in England, including registered managers; and enhancing care with volunteer support.

At our annual conference, we held workshops on upskilling and retaining your workforce; and international recruitment. We also covered the Skills for Care Workforce Strategy.





Scotland

The Homecare Association continued to push the Scottish government to address workforce challenges in Scotland's homecare sector, focusing on fair pay for care workers. We have consistently advocated for improved remuneration, calculating that a minimum price of £29.35 per hour is necessary to ensure care workers receive the Scottish minimum care worker wage, including travel time and mileage costs.

 **Former First Minister Humza Yousaf MSP promised to increase the minimum wage for social care and childcare workers to £12 an hour. This represented a 10.1% increase from the £10.90 minimum rate introduced in April 2023.** 

Although some people supported this commitment, it received criticism for not fully addressing the sector's recruitment and retention challenges.

In July 2024, we hosted a visit to Scotland by the Low Pay Commission.

The session, held in Glasgow, gave Homecare Association members the opportunity to share their experience on minimum wage rates on workforce, sustainability and public perception.

Issues around sustainable funding, the impact of international recruitment and the disparity with equivalent roles in the NHS were raised with the Commission. Participants also stressed the need for

better recognition of the 'worth' of care workers rather than a focus on attaining minimum wage levels.

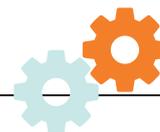
We were also involved in discussions about the Scottish Social Services Council (SSSC) registration process. The aim was to make registration easier and faster to help care workers develop their careers.

The SSSC Register was subject to review with the Scottish Government launching a public consultation on 4 October 2023 to seek views on some proposals initially outlined in SSSC's wider consultation. The consultation ran until 2 January 2024. SSSC received 69 responses, including one from the Homecare Association.

The proposed changes included:

-  Streamlining the register by reducing the number of register parts from 23 to four;
-  Changing the time period from application to registration from 6 months to 3, and;
-  Changing the Public Facing Register (PFR) by including more information.
-  Like most of the respondents, we supported the proposed changes.





Northern Ireland

As shown in our Market Overview 2024, Northern Ireland has the highest number of adults receiving homecare per 10,000 people aged 18+¹¹. The number of homecare staff per 10,000 people aged 18+ has, however, fallen and is now lower than England and Scotland (see graph opposite).

Northern Ireland has made good progress in regulating its social care workforce since the establishment of the Northern Ireland Social Care Council (NISCC) in 2001. NISCC is a non-departmental public body under the Department of Health (DoH). It registers and regulates social care workers, setting professional standards, and supporting workforce development. Northern Ireland made history in 2018 by becoming the first UK country to register all domiciliary care workers. This was a significant step towards professionalising the sector.

Registration is compulsory but is not based on qualifications. Instead, it focuses on maintaining standards of conduct and practice. This has resulted in care workers feeling more confident and people experiencing better care quality¹². The register has seen steady growth, particularly during the COVID-19 pandemic, when NISCC introduced an emergency register. By August 2024, the NISCC register boasted 47,000 registrants across various care settings.

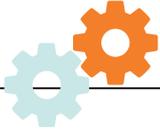
Despite these achievements, Northern Ireland's homecare sector faces persistent challenges. Independent providers deliver most of the homecare in Northern Ireland. The Health and Social Care (HSC) Trusts purchase homecare at fee rates of £20.01

per hour. They expect care workers to be paid the Real Living Wage of £12 per hour. Our calculations suggest providers need a fee rate of £29.37 per hour for this wage rate¹³. HSC Trusts also deliver homecare using in-house teams. Independent providers, who receive low fee rates, cannot compete with public sector employment contracts. This exacerbates recruitment and retention problems. Few homecare providers in Northern Ireland have hired sponsored workers and are thus relying on local labour.

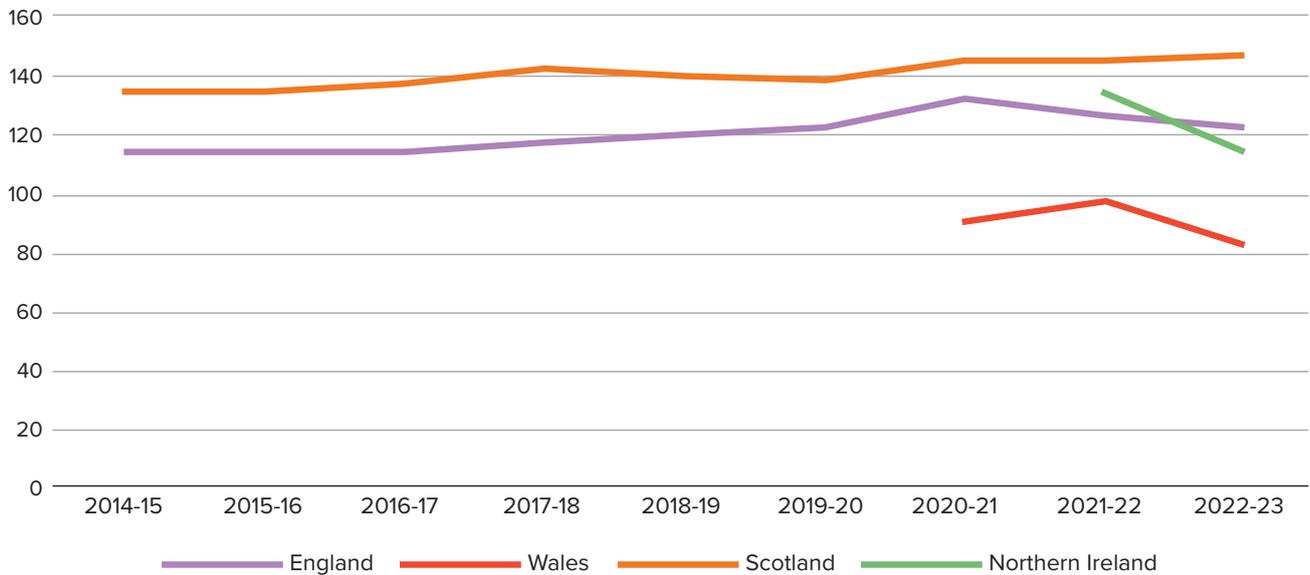
We continue to make representations to the Northern Ireland DoH on the Social Care Fair Work Forum. This group is a key mechanism for driving forward reforms and improvements in the adult social care sector in Northern Ireland. It brings together various stakeholders to collaborate on implementation of reform proposals. We want to strengthen Northern Ireland's homecare sector by making sure there is funding for fair and competitive wages for care professionals.

We were pleased the Northern Ireland Social Care Council (NISCC) launched and delivered the 'Social Care – Making a Difference' recruitment campaign¹⁴ which is due to be evaluated next year.





Estimated number of homecare staff (all roles) per 10,000 people aged 18+



Wales

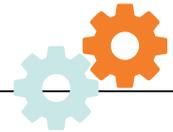
Throughout the year, we have advocated for improvements in pay, career advancement, and recruitment in Wales.

We took part in Social Care Wales' consultation on proposed changes to registration requirements for social care workers. Care workers now have more time, six years instead of three, to complete their qualifications.

While these changes are to be welcomed, we continue to encourage Social Care Wales to consider an additional tier of registration that allows people who want to work in the sector without completing the level 2 and 3 qualifications to undertake certain tasks. We want to make sure that part-time care workers, who may have caregiving or other responsibilities, can provide important services.

In August 2023, we responded to the Rebalancing Care and Support consultation issued by Welsh Government. This included a Pay and Progression Framework from the Social Care Fair Work Forum. In our response, we welcomed the potential of outcomes-based commissioning. We also supported the combination of a national code of practice for commissioning and a National Office for Social Care. We agree with the principle of a pay and progression framework. After this consultation, the Social Care Fair Work Forum created a Social Care Workforce Partnership to establish standards for employers in the social care sector.

We will keep stressing to the Welsh Government that funding is essential for achieving the goals outlined in these policy documents. Without this, commissioners



cannot pay fair rates to providers, and providers cannot improve pay and conditions for staff.

Employers in Wales, like the rest of the UK, have struggled to meet the 'genuine vacancy test' for Certificates of Sponsorship¹⁵. This means recruiting from overseas has been harder during 2023/24 than in 2022/23.

We have also had discussions with the Welsh Government around the workforce survey and encouraging vaccine uptake.

Social Care Wales has been developing resources to support the delivery of care in Welsh. This would require funding for care workers' training time to pursue at scale, which we continue to highlight.

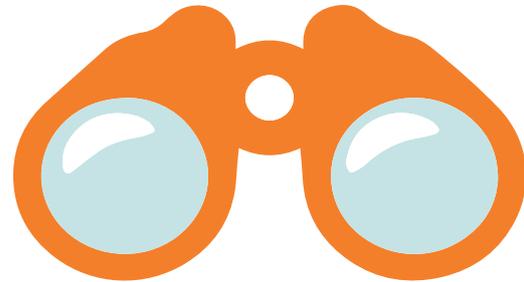


Looking ahead

In the coming year, we will work to ensure successful implementation of both the workforce strategy and the new employment rights legislation.

Work on negotiating a Fair Pay Agreement in social care will consume substantial time and take years to complete.

We will keep pushing for enough funding for public bodies to pay a fair price for care. With this in mind, we are calling for a National Contract for Care Services, with a



minimum fee rate for homecare. This would require public bodies to pay at or above an agreed minimum price to enable employers to offer fair pay and working conditions. HM Treasury would then have to provide an adequate budget to public bodies to meet the terms of a National Contract.

How you can get involved

Are you using innovative new recruitment methods?

Do you have excellent staff retention?

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

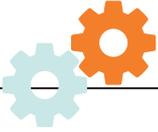
What were the challenges you faced?
Do you have a story to share?

Let us know by getting in touch:

Contact details:

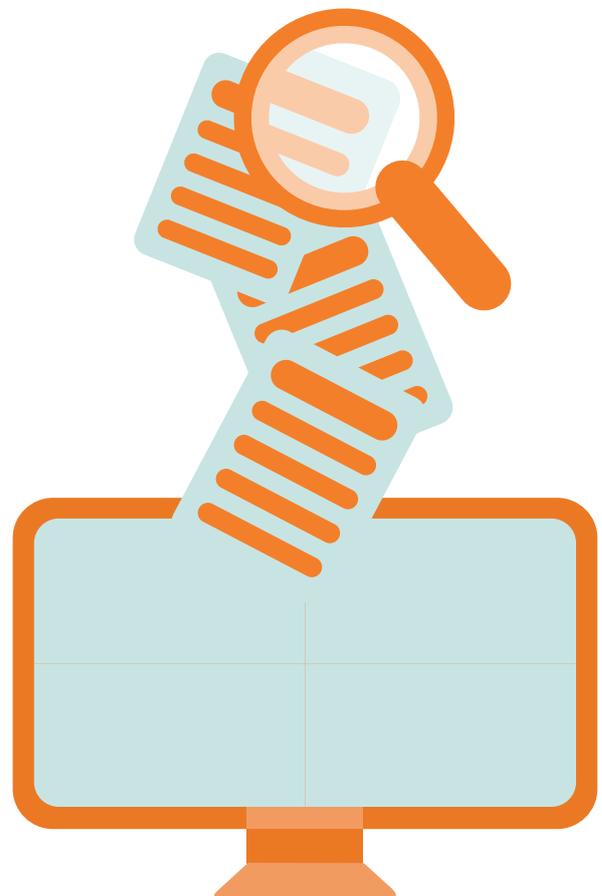
Policy Team - 0845 646 1775

policy@homecareassociation.org.uk

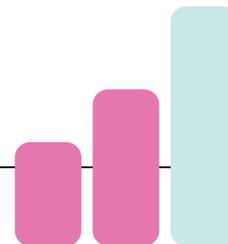


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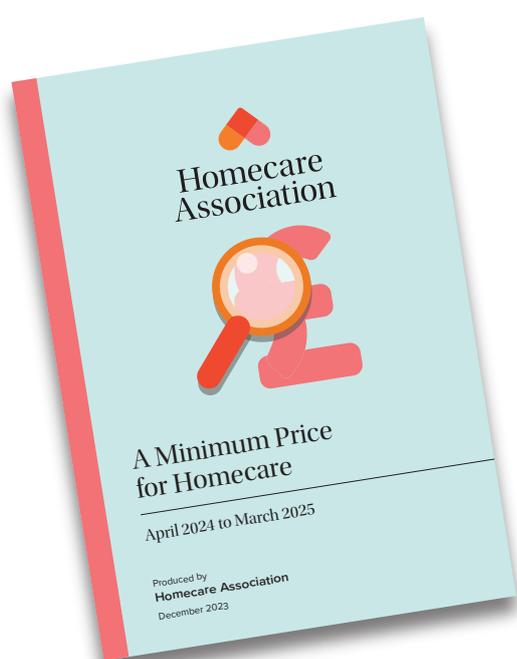
Financial sustainability



The government, local authorities, and health bodies are not investing enough in homecare. Zero-hour commissioning at low fee rates leads to zero-hour employment at low wage rates. This risks low pay and insecure income for care workers; poor quality or unsafe care; and market instability as providers struggle to remain viable.

Our work on costs, financial sustainability and value of homecare is crucial for our members. Both public bodies and private consumers buying homecare need to understand the costs involved and the need to pay a fair price.

Throughout 2023 and 2024, we continued our efforts to advocate for the financial sustainability of the homecare sector. Rigorous research and data analysis underpinned our work. This provided a solid foundation for our campaigns and policy recommendations.

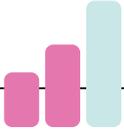


Funding shortfall

In November 2023, we released our Homecare Deficit Report¹. It examined the fees paid for homecare by UK public bodies. To inform the analysis, we obtained data from 276 public organisations through freedom of information requests. Findings showed the average fee for state-funded homecare contracts in the UK was £21.56 per hour. This figure varied significantly across regions, ranging from £16.04 to over £30 per hour. This compared with our Minimum Price for Homecare (see following page) in 2023-2024 of £25.95 per hour.

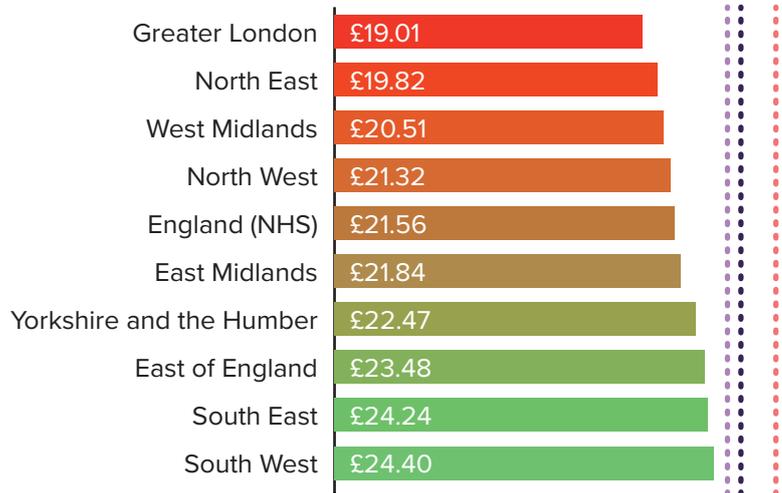
Results showed that 95% of UK public organisations were paying below the Minimum Price for Homecare. Some organisations paid an average hourly rate lower than the amount required to cover the direct costs of a care worker alone. The story was similar across all devolved nations.

Our analysis exposed a substantial funding shortfall in the sector. To pay homecare workers the same as experienced healthcare assistants (£12.45 per hour), we calculated we needed an extra £2.08 billion per year in the UK. This deficit broke down to £1.62 billion for England, £105.5 million for Wales, £244.2 million for Scotland, and



Financial sustainability

Weighted average hourly prices for homecare 2023



- Minimum Price for England (£25.95)
- Real Living Wage minimum for England (£26.70)
- NHS Band 3 minimum for England (£28.44)

£117.7 million for Northern Ireland. These figures starkly illustrated the scale of underinvestment in homecare and the urgent need for increased funding to ensure the sector's sustainability.

The report also highlighted concerning trends in homecare provision. While there was an 8% increase in the hours of homecare purchased since 2022 in the UK overall, 30% of councils and Health and Social Care (HSC) Trusts reported a decrease in hours purchased. The differences suggested challenges in meeting growing demand and ensuring access to homecare services.

Fee rates paid by public bodies in 2023-2024 were too low to cover the costs of the legal minimum wage and ensure high-quality, sustainable homecare services.

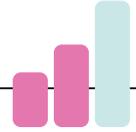
Minimum Price for Homecare

In October 2023, the government announced a further 9.8% increase in the National Minimum Wage to £11.44 per hour. The Real Living Wage rose to £12 per hour and the London Living Wage to £13.15 per hour.

In December 2023, we published our annual research which calculates the Minimum Price for Homecare in the UK. It is the amount needed to ensure compliance with employment and care regulations, as well as quality and financial sustainability of care services.

Our new calculation for the Minimum Price for Homecare in England for 2024-2025 was £28.53 per hour². We also produced separate reports and prices for each UK nation.

Financial sustainability



Minimum price for homecare 2024-25

Nation	Wage rate per hour	Minimum price per hour
England	£11.44	£28.53
Wales	£12.00	£30.58
Scotland	£12.00	£29.35
N. Ireland	£12.00	£29.37

The Minimum Price considers staffing costs; these include wages; pension; holiday and sick pay; Employers' National Insurance; travel time and mileage. These comprise 70% of costs. This year we also noted the cost of items such as car repairs; insurance; high levels of rent and fuel; as well as the wider cost of living, which continued to affect the cost of delivering services.

The Homecare Association's Minimum Price has gained recognition in the UK social care

and health sectors. The Department of Health and Social Care (DHSC) advises English councils to use our calculations. They refer to this in paragraph 4.31 of the Care and Support Statutory Guidance³.

In January 2024, we wrote to local authorities in England and Wales, as well as HSC Trusts in Northern Ireland, asking them to pay at least our Minimum Price.



180 letters sent
38 responses

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

Costs of running a homecare business

The operating costs per hour in the Minimum Price for Homecare in England (at NLW)



care worker costs
£19.90



Management & supervisors
£2.47



Back-office staff
£0.91



Staff recruitment
£0.36



Insurance
£0.34



Training costs
£0.41



Regulatory fees
£0.07



Rent, rates and utilities
£0.47



Finance, legal and professional
£0.41



IT and telephony
£0.57



PPE and consumables
£0.72

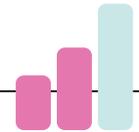


Other business overheads
£0.52



Profit / surplus / investment
£1.36

Financial sustainability



Fee rates in 2024-2025

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

Our findings, published in our report on Fee Rates for Homecare 2024-2025, revealed that fee rates remain too low to cover these rising costs⁴.

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

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



7.5%

Average increase in homecare fee rates

Our analysis showed the average uplift in fees from the previous year was 7.5% for regular homecare contracts with local authorities and HSC Trusts. This increase failed to match the rise in the National

Living Wage (9.8%) or the Real Living Wage (10.1%). Indeed, only 7% of homecare contracts across the UK had a fee increase that kept pace with the NMW increase.

To address this funding gap, we calculated that an additional £1.08 billion is needed in England alone to enable care workers in the independent and voluntary homecare sector to receive the National Living Wage in 2024 to 2025. This figure rises to £1.56 billion if the goal is to pay care workers at a rate equivalent to NHS Band 3 healthcare assistants.

Late payments

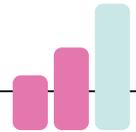
Late payments have a significant impact on business continuity. They lead to cash flow difficulties, affecting the ability to pay bills and the business's own suppliers.

In July 2023, we surveyed members about these issues and found that over 80% of providers had experienced late payments from local authorities and the NHS⁵. Over 56% of providers were waiting between 31 and 120 days for payment, while an additional 9% were waiting over 120 days. Sometimes, payments had been outstanding for over a year. Individual small providers told us local authorities or NHS bodies owed them as much as £350,000.



80%

of providers experienced late payments from LAs and the NHS



Our findings also showed that many providers were experiencing a reduction in the number of hours available to them from local authorities, with nearly half (48%) seeing a depletion of 25% or more of the number of hours. Some councils started contracting with many more providers, reducing the hours available per provider. This heightened risk to the sustainability of homecare providers and care provision for people who need services.

Our report reached 30.9 million people and 239 media articles across print, broadcast, and digital platforms have quoted it since its release. Rt Rev. and Rt Hon Sarah Mullally DBE, Lord Bishop of London, cited this work in the House of Lords. She referred to it during a debate in the Chamber regarding the 'Financial situation facing adult social care leaders and providers'.

This evidence has helped us advocate for increased government investment in homecare.

Government investment

Expenditure on homecare featured in our Market Overview 2024⁶. We analysed data to produce a comprehensive summary of the homecare sector across the UK.

For the first time since compiling the document, we included a 'Nation comparison' section. This contrasted metrics between UK nations, either per person aged 18+ in the population or per 10,000 population aged 18+.

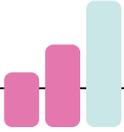
We found that, in 2022-23, Scotland was spending £250 on adult homecare per person aged 18+ in the population, after rising from £169 in 2014-15. From the

published data, this nation's expenditure per adult has been invariably higher than the other UK nations, with that for Northern Ireland currently the second best (under £202 per adult). Numerically, the gap between Scotland and England has also increased; while there was a difference of around £119 per population adult in 2014-15, it was an estimated £179 in 2022-23. In Wales, spending increased from £141 to £151 per adult over the last year.

Over the course of the year, the English government made available some additional funding for social care. This included £570 million over two years for local authorities from the Market Sustainability and Improvement Fund; and £500 million allocated to the Social Care Grant for local authorities in England.

While we welcomed extra funding, the scale of the deficit far outweighed these amounts. The Local Government Association estimated English local authorities needed an extra £4 billion over two years⁷. Analysis by the Health Foundation suggested a need for £18.4 billion per year more to pay a fair cost for care, improve access to services and meet future demand⁸.





Scotland

The Accounts Commission described a situation where there is growing demand for community health and social care, but not enough resources to meet it. Reduced funding makes this worse for Integration Joint Boards (IJBs) in Scotland.

The Scottish government claimed to have invested a 'record' amount of money in the IJBs for 2024/25. This includes funding to support the integration of the IJBs into care boards, which will be the delivery mechanism for the National Care Service.

Despite this, the Accounts Commission reported that funding for the IJBs in 2022/23 decreased by £1.1bn, with total reserves almost halved as the IJBs used up or returned money paid to them during the COVID-19 pandemic.

Although the report recognises examples of innovation, it highlights that IJBs increasingly must make 'unsustainable savings'. It also criticised the IJB's data collection, noting that the quality of the data collected is too poor to allow the Committee to know how badly the IJB's financial constraints are affecting people's quality of life.

Funding for care at home remains an issue.

In November 2023, we published our latest Homecare Deficit report. We found that an extra £2.08 billion per year across the UK is required to ensure that care at home workers can receive a fair wage, while enabling services to be of good quality and financially sustainable.

This report is about the fees paid to independent and voluntary sector providers for homecare services in the UK. It is based on Freedom of Information enquiries sent to 276 public organisations. These organisations included local authorities; Integrated Care Boards (ICBs) in England; Local Health Boards in Wales; Health and Social Care (HSC) Trusts in Northern Ireland; and regional NHS Boards in Scotland.

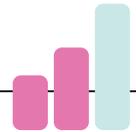
The breakdown of the £2.08 billion figure for each nation is:

-  £1.62 billion per year for England.
-  £105.5 million per year for Wales..
-  £244.2 million per year for Scotland.
-  £117.7 million per year for Northern Ireland.

The Scottish Government allocated an additional £100 million to support delivery of the £10.90 Real Living Wage for adult social care, building on an increase provided in 2022-23. This falls short of our calculation⁹.

As part of our Homecare Deficit 2023 project, we found the overall weighted average fee rate paid in Scotland for the care of older people in their own home was just £21.43 per hour. No local authority paid an average price at, or above, the Homecare Association's Minimum Price for Homecare in Scotland of £26.50 per hour.

Financial sustainability



Since we published the Homecare Deficit report¹⁰, we have recalculated the Minimum Price, which has increased to £29.35¹¹ per hour.

We also found that 46% of councils in Scotland saw a fall in the number of hours of homecare purchased between the sample weeks in 2022 and 2023. They also reported an average of 47 care packages per council in Scotland handed back by homecare providers in 2022-23.

These data underscore the increasing level of unmet need for care which we see replicated throughout the UK.



Northern Ireland

With Stormont back in action, the Northern Ireland Executive agreed a budget for 2024-25, with the Department of Health awarded nearly £7.8 billion¹² – an increase of around 6% of the previous year's initial settlement, where spending on homecare totalled only £294.5 million. The Social Care Collaborative Forum is helping the DOH create a plan to fund and implement reform proposals in the next decade. We and our members are involved in discussions on funding and in work to improve commissioning and contracting.

Our research on the Homecare Deficit 2023¹³ and recent data on fee rates since April 2024¹⁴ show that HSC Trusts still pay

lower fee rates compared to the rest of the UK.

In June 2024, a cash injection of £70 million for the social care sector was made available¹⁵, enabling a rise in the regional funding rate for homecare providers to £20.01 per hour. This remains far behind our Minimum Price for homecare services in Northern Ireland for 2024-2025 of £29.37 per hour¹⁶.

Additionally, our research shows that Northern Ireland has the highest number of care packages being returned by providers to public health bodies in the UK. This number has increased by 22% in the past year.

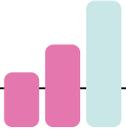
In letters to each HSC Trust, and key stakeholders in the DOH, we urged them to commit to increasing their fee rates to our Minimum Price or higher. This is so care workers can earn a wage of at least £12.45 per hour, equivalent to NHS Band 3. Since then this figure has increased to £13.13 per hour in 2024-2025.



Wales

We lobbied the Welsh Government about the financial sustainability of homecare services. The fee rates and funding for services remain too low.

In December 2023, following proposals by Welsh Government to reallocate £11m of the



Financial sustainability

Social Care Workforce Grant and keep the uplift of local government funding significantly lower than inflation, we wrote to the Minister for Finance and Local Government to voice our concerns. Pleasingly, the Government revised these proposals. They reinstated the Grant and made a more generous allocation to local authorities of £14m, though this was not all for social care.

Besides this, as part of the National Provider Forum in Wales, we asked the Welsh Government urgently to address serious concerns about Health Boards not allocating Real Living Wage uplifts to providers. The Welsh Government provided extra funding to local authorities for this policy. Providers say they are still not receiving enough to cover the increased costs. We will keep campaigning on this issue.

As part of our 2023 UK-wide Freedom of Information request research on fee rates paid for by public organisations in the UK for homecare services, we found only two local authorities (7% of commissioners) in Wales paid at or above our Minimum Price for Homecare for Wales in April 2023 (which was then £28.64). The average rate paid in 2023/24 was £24.20 per hour. We wrote to all commissioners in Wales with our Minimum Price for Homecare for 2024-25 in January, urging them to meet this. Our most recent research, based on a sample of providers, showed that in 2024/25 the average rate per hour was £24.66. We are only aware of one local authority with rates at or above the Minimum Price of £30.58.

Due to the financial situation, the Welsh Government also announced a consultation

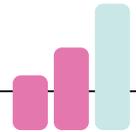
on charging people who could afford to pay more for their care.

We made representations to the Welsh Government on significant variation in the rates and approaches of Direct Payments (DP). Providers report examples of where the DP rate does not cover the cost of regulated homecare services. As DPs fall outside of the scope of the new National Commissioning Framework being introduced in September 2024, we raised this separately.

We have also provided input to a call for evidence by the Health and Social Care Committee in the Senedd. They asked for information on introducing the option of direct payments for NHS Continuing Health Care (CHC) and on the Welsh Government's aim of eliminating profit from care provided to children.

In our feedback, we highlighted that direct payments are only truly effective where there is a thriving market for care provision that provides choice. Currently, homecare services are under-funded and are thus having difficulty retaining staff. Public bodies usually buy homecare services on a 'time and task' basis, limiting providers' flexibility to meet people's needs. The Government must address this if we are truly to promote voice and control.

Finally, amongst other changes, we saw the end of free personal protective equipment (PPE) in March 2024 for adult social care providers. This marked the end of additional COVID-19 support to the adult social care sector by the Welsh Government.



Member support

The Association published further resources for our members on financial issues in 2023 to 2024.

We updated our National Minimum Wage¹⁷ toolkit with the help of our preferred solicitors, Anthony Collins Solicitors LLP. The toolkit helps members make sure they are paying their workers the National Minimum Wage. Anthony Collins also updated a note on Managing Disputes¹⁸.

We published four resources from our insurance partners, Towergate Insurance:

Emergency planning for winter – insurance tips¹⁹;

A guide to protecting your domiciliary care agency with the right insurance²⁰;

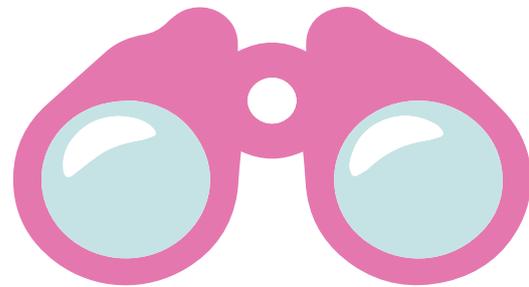
Remaining an attractive risk to insurers²¹;

The importance of having a business continuity plan²².

On our member helpline, we handled 44 cases in 2023 to 2024 that focused on local authorities and the NHS specifically (be it on fees, direct payments, or contracts and tendering). We also engaged with various councils on issues related to the cost of delivering homecare.

Among the helpline queries on insurance, we provided one member with a briefing document on the key issues ahead of a meeting with three local MPs.

Besides seeking input from members on our Minimum Price model, we also conducted workshops at our annual conference in January 2024. Topics included 'Commissioning and Contracts' and 'Financial Viability'.



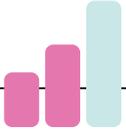
Looking ahead

Now elected, the Labour Party plans to pass laws that will make unions stronger and allow them to negotiate fair pay agreements for entire sectors. The first Fair Pay Agreement will be in social care.

Everyone wants fair pay for our care workforce. Ministers must, however, understand the context in adult social care. Public bodies, such as councils and the NHS, purchase at least 80% of adult social care services. About 70% of social care costs are staffing. Public bodies will need to increase fee rates to providers to cover the extra costs of proposed employment rights.

We are calling on the government to create a National Contract for Care Services, with minimum fee rates. Public bodies which purchase care would have to comply with the conditions of this contract. The government would then need to allocate a sufficient budget for public bodies to accomplish this.

We will keep speaking up for homecare providers to show the government why investment is necessary. New employment rights will cost more and fee rates must increase to cover this to maintain financial viability.

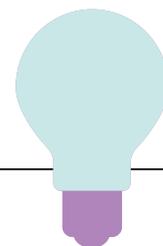


Financial sustainability

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Innovation & integration



The Homecare Association continues to encourage collaboration between health and social care, while championing innovation in homecare delivery. We spent the last year strengthening our relationships with partners and advancing important initiatives.

Representation

We represent the homecare sector in various national groups, including:

NHS England (NHSE) and Social Care Senior Leaders Group. Sarah-Jane Marsh, the Deputy Chief Operating Officer of NHSE, leads this, with occasional appearances by NHSE CEO, Amanda Pritchard.

National Hospital Discharge Taskforce.

National Intermediate Care Taskforce.

National Winter and Capacity Planning Taskforce.

National Adult Social Care Resilience Forum at DHSC.

Digital Social Care Programme Board at the Department of Health and Social Care (DHSC).

Digital Social Care Advisory Group.

Digital Social Care Special Interest Group.

Digital Care Hub Board.

National Data and Outcomes Board.

Capacity Tracker Operational Change Advisory Board (OCAB).

Professional Record Standards Body (PRSB).

Technology Enabled Care (TEC) Action Alliance.

Responsible Use of AI in Social Care Steering Group.

These roles allow us to influence policy and practice at the highest levels, ensuring the homecare sector's voice is heard in key decision-making forums.



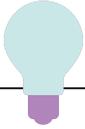
NHS Collaboration

Our work with the NHS intensified over the last year, with a focus on several key areas:

Intermediate Care

We were involved in designing the new Intermediate Care Framework and contributed to the development of Care Transfer Hubs. We advocated for the inclusion of homecare providers in multidisciplinary teams, with varying degrees of success. The framework, published in September 2023, emphasises the "Home First" approach, aligning with our goal of promoting home-based care.

The Health Foundation is analysing national data on Intermediate Care Services. We have provided expert input to help shape their report and recommendations.



Innovation & integration

Proactive Care

NHSE consulted the Homecare Association whilst drafting new guidance on Proactive Care services.

Proactive care is personalised, coordinated multi-professional support for people with complex needs, particularly those with moderate-to-severe frailty.

The aims are to improve health outcomes, maintain independent living, and reduce unplanned usage of healthcare.

There are five core components:

- Using data to identify the target cohort (people with risk factors such as frailty, multiple morbidity, social isolation).
- Conducting holistic assessments.
- Developing personalised care and support plans.
- Delivering coordinated multi-professional interventions.
- Providing continuity of care with scheduled follow-ups.



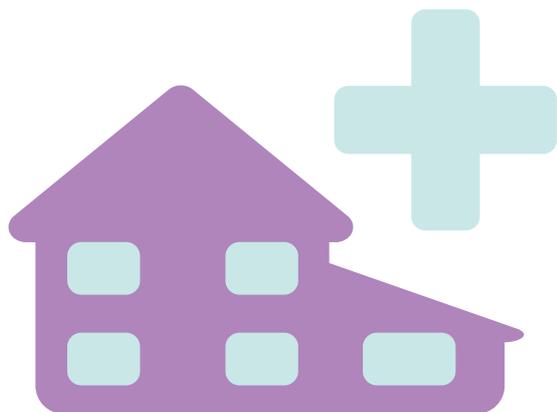
Proactive care interventions

Living well	General support	Targeted support
<ul style="list-style-type: none"> Understanding health Behaviours to improve health Enabling physical activity Healthier diet 	<ul style="list-style-type: none"> Social prescribing Regaining skills and functions Support and equipment issues Support and housing issues 	<ul style="list-style-type: none"> Mental wellbeing, loneliness, isolation Reducing risk of falls and fractures Support with cognitive and memory problems Managing medicines safely Continence support and preventing UTIs Pain management, specific conditions Support and treatment for addictions

The guidance emphasises the importance of integrated neighbourhood teams in delivering proactive care, involving professionals from across health and social care. It also highlights three key enablers:

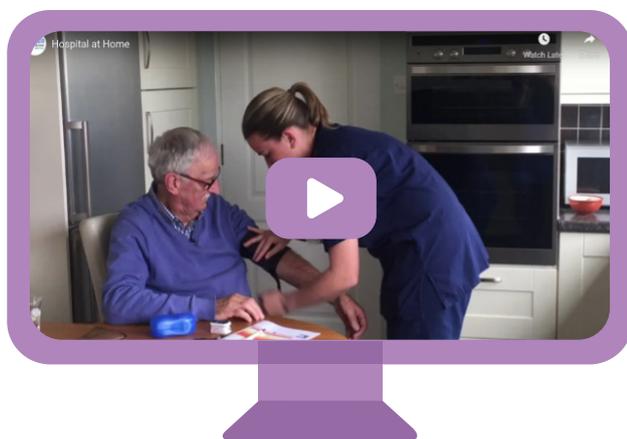
- A flexible workforce.
- Shared care records.
- Clear accountability and shared decision-making among partner organisations.

We are pushing for homecare to be included in commissioning of proactive care services. We want to see Integrated Care Systems engaging with homecare providers locally to develop new services.



Hospital at Home

Hospital at Home, also referred to as "virtual wards", allows people to receive the acute healthcare they need at home safely and conveniently, rather than being admitted to hospital. Older people with frailty often fare poorly in hospital, where risk of infection and loss of function is high. A diverse team of clinicians works together to provide a range of care, including tests and treatments. The Homecare Association continues to push for Integrated Care Boards (ICBs) to commission homecare as part of "hospital at home" services. Hampshire is one place where this is already occurring.



Watch on YouTube at:

www.youtube.com/watch?v=ik5nizRWL3I

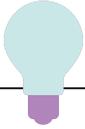
Hospital Discharge

During 2023, we conducted research on hospital discharge from the perspective of homecare providers. We published our findings in June 2024 in a report entitled: "Expecting the unexpected: Homecare providers' views of hospital discharge". Our recommendations emphasised the need for improvements in the discharge process. Our CEO's participation in the National Hospital Discharge Taskforce and the National Winter Planning and Resilience Taskforce has allowed us to influence national strategies in this area. We have been invited to speak about our work at a National Commissioners' Conference in December 2024.

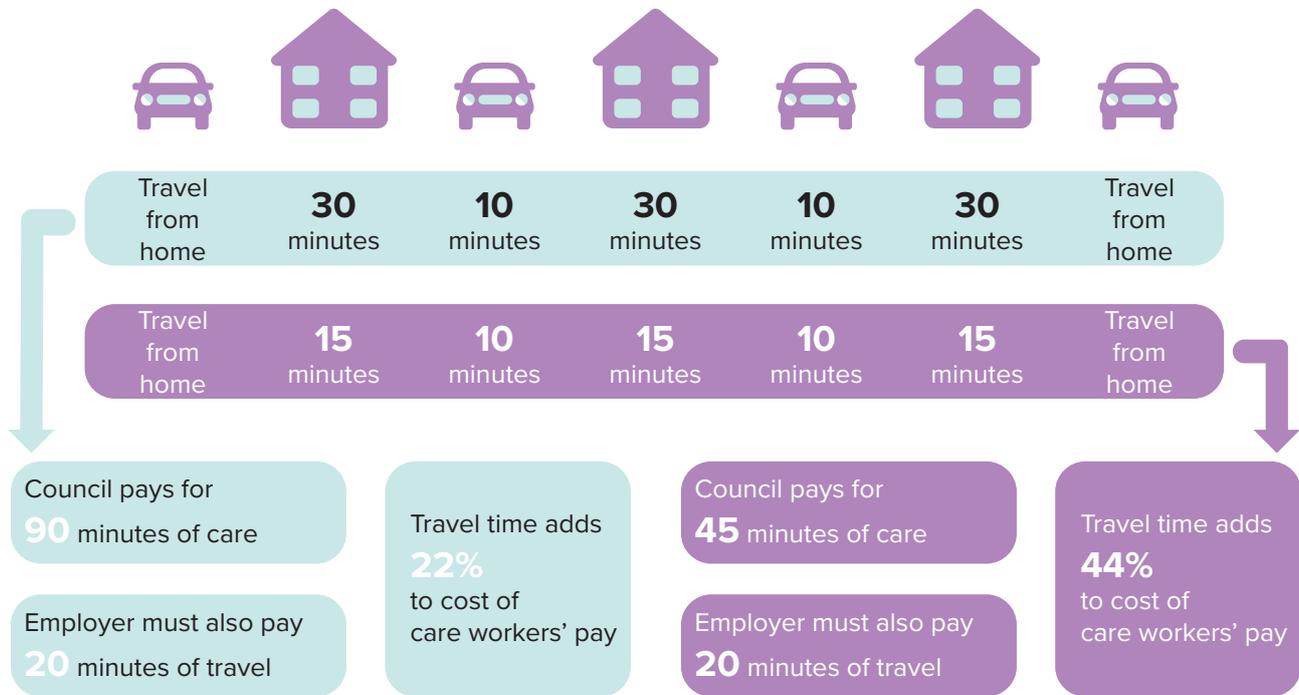
Local Authority Collaboration

We engaged with various councils who are keen to improve their approach to homecare commissioning.

Leeds City Council is introducing a pilot programme for a new Community Health and Wellbeing Service (CHWS) in several areas of Leeds. This 18-month pilot aims to transform homecare by using neighbourhood teams to provide more flexible and personalised care. Two providers, Be Caring and Springfield Homecare, will implement the service from September 2024, supporting about 200 people. The new approach includes paying care workers for full shifts; eliminating zero-hour contracts; and creating career pathways. The service was co-designed with care recipients, unpaid carers, providers, and staff, building on a successful smaller pilot from 2020 to 2022. A £247,000 grant from the Rayne Foundation will support the pilot, with a financial evaluation planned after 12 months.



How short visits affect care workers' wage costs



We also worked with the Local Government Association and Association of Directors of Adult Social Services Digital Lead to advise on innovation projects in homecare.

A three-year programme led by Health Innovation West of England, Health Innovation South West, and NHS England Workforce, Training and Education South West, explored how rota optimisation technology could address critical challenges facing the homecare sector, gains included:

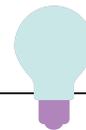
- Improved Efficiency.** Two local authorities, Bristol and Cornwall, trialled Procomp Global's AI-based Strategic Optimisation service, resulting in more effective scheduling and resource allocation.
- Care worker Satisfaction:** Care workers reported increased job satisfaction and

improved working conditions, including better-managed workloads and reduced travel time.

- Economic Benefits:** A cost-benefit analysis revealed that providers could potentially save £3.58 for every £1 invested in the solution.
- Impact on people drawing on services:** The programme identified opportunities to reduce waiting lists and improve continuity of care.
- Systemic Improvements:** Data modelling suggested potential for 35% improvement in care worker utilisation and 65% reduction in mileage.

Although there are still obstacles like commissioning methods, data sharing and resistance to change, this approach shows promise for homecare.

Innovation & integration



Digital Transformation

We continue to represent homecare providers on the:

National Digital Social Care Programme Board, led by the NHS Transformation Directorate (NHSX) and DHSC.

Digital Social Care Advisory Group at DHSC.

The Board of the Digital Care Hub, which provides advice and support to the adult social care sector on technology, data protection, and cyber security.

The TEC Action Alliance, which is transitioning to a new “Innovation and Challenge Panel”.

National Digital Social Care Programme Board

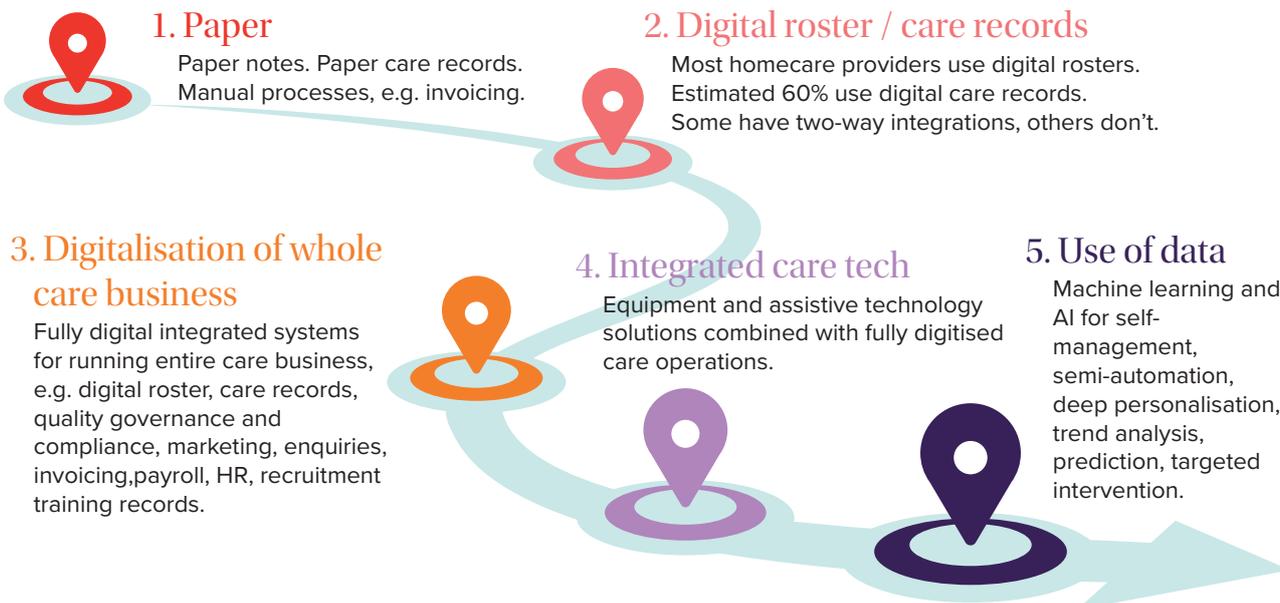
The National Digital Social Care Programme Board is managing a £150 million government investment. This is to support

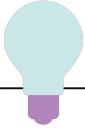
digital transformation of social care. We made sure that homecare providers who qualify can receive funding and help for important digitisation projects. We advised on the design and roll-out of grants, ensuring they met the needs of homecare providers. We also supported NHSX and DHSC when they were developing the requirements for the Assured Suppliers List.



1,300+
care providers can now access GP record information

Uptake of digital social care records has increased from 50% to 70% of providers. Over 1,300 social care providers can now access GP record information, enhancing continuity of care. Almost 75% of care providers published their Data Security and Protection Toolkit (DSPT) by the June 30, 2024 deadline, exceeding the target of 70%.





Innovation & integration



The Adult Social Care Technology Fund

The Adult Social Care Technology Fund launched in April 2023. Its purpose is to implement and evaluate a range of care technologies used in adult social care. The technologies support:

- An increase in the quality and safety of care for people using services.
- A reduction in avoidable admissions and readmissions to hospital.
- People to live independently in their own home.

DHSC announced the first round of successful applications in October 2023 and the second in March 2024.

Examples include:

Shropshire Council, in partnership with domiciliary care providers, Shropshire, Telford and Wrekin ICB, My Home Life England and TEC suppliers will use funding of almost £1.2m over two years to embed technology in people's homes alongside a virtual care delivery service to help meet care and support needs digitally. This aims to support independence in the home, help people manage their daily needs and promote self-care.

With funding of just over £1 million, Reading Borough Council and Henley Business School will trial technology that uses

sensors to track changes in daily habits that might raise concerns. The aim is to trial systems that support people to live sustained or increased independence, a sense of wellbeing, safety, and security.

NHS Greater Manchester, the University of Manchester and partners, received almost £380,000 to deliver a project to determine the effectiveness and cost-effectiveness of using a digital falls prevention programme for older people living in the community who receive care and support at home. Users can access a falls prevention program with health literacy games to learn about bone health, diet, home safety, and hydration.

Bedfordshire, Luton and Milton Keynes ICB will receive £1.1 million to implement a pain management tool which aims to support and improve pain identification and management for people who cannot communicate verbally. The ICB will also implement Robopets to improve the independence and wellbeing for individuals.

These projects will support over

9,250

people with domiciliary care or living in care homes.

The London Borough of Barking and Dagenham will receive £1.1 million to roll out a range of digital technologies to older people. These include video and communication devices, smart home tech and sensors for fall detection. This will benefit 300 people receiving homecare. It will evaluate the impact of personalised digital care on individuals, carers, and the healthcare system.

Innovation & integration



We supported the TEC Alliance, university researchers, think tanks and consultants to understand the opportunities and challenges of implementing technology solutions in homecare.



We are now looking forward to hosting our third Tech & Homecare Conference in November 2024.



Responsible use of AI in social care

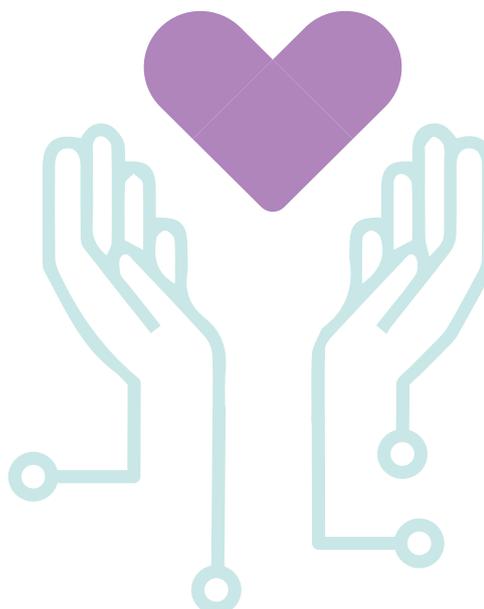
The University of Oxford Institute for Ethics in AI, along with the Digital Care Hub and Casson Consulting, initiated a series of roundtable events focused on the responsible use of generative AI in Adult Social Care.

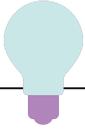
The first event, held in Oxford on 1 February 2024, gathered representatives from 30 organisations to talk about using generative AI in social care contexts. The Homecare Association was actively involved in this first roundtable and is a member of the Social Care AI Steering Group.

Key points from this initiative include:

- Recognising the urgent need for a shared, co-produced understanding of responsible AI use in adult social care.
- Prioritising values like autonomy, person-centredness, wellbeing, and rights.
- Recognising possible risks such as safeguarding, data privacy, and impact on equality and choice.
- Involving all stakeholders, including people drawing on and providing care services; technology providers; commissioners; regulators; and policymakers.
- Developing guidelines to mitigate risks, such as increasing awareness of technology; obtaining informed consent; and ensuring data protection.

The Homecare Association will continue to work with this initiative to shape how AI is used in social care, making sure it helps and supports human care instead of replacing it.





Innovation & integration

Scotland

The Homecare Association has been a strong advocate for quality improvement and innovation in the Scottish care sector. We have been closely following the development of the National Care Service, which was promised to deliver “consistent and high standards in health and social services”. While supportive of the need for reform, the Association has been critical of the lack of tangible implementation plans.

In terms of integration, we have been monitoring the evolving relationship between local and national governance in social care. We noted a new deal between COSLA and the Scottish Government, known as the Verity House Agreement, which scrapped original proposals to transfer up to 75,000 council employees across Social Work and Social Care to the new centrally controlled service. Instead, they adopted a “local by default, national by agreement” approach, reflecting a move towards better integration of local and national services.

The Homecare Association works towards improving care for Scotland’s ageing population by pushing for innovations, better working conditions for care workers, and integrating health and social care services.

Northern Ireland

Digital solutions to support the delivery of care

Areas of focus for the DOH in Northern Ireland have included deploying a range of assistive technologies such as devices and sensors for remote monitoring aimed at ensuring people remain safe at home.

Data in social care

We have continued to work with the Data Work Stream of the Social Care Collaborative Forum. This is working to develop a common understanding of what data are available, what we can use and what additional data we need to improve social care outcomes.

Wales

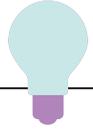
We represented members in Wales on several initiatives last year. We partnered with Care Forum Wales and others to discuss the benefits of outcomes-based commissioning from a provider perspective. Our Hospital Discharge report pointed out areas where we can do better, like managing medications and ensuring safe care at home.

We sat on the Welsh Government’s Strategic Domiciliary Care Group. This discussed a national service specification for domiciliary care. Progress has been slow while the sector faces major operational challenges. The group aims to use surveys of providers and commissioners to bring clarity and drive action.

We provided feedback on a study by the Welsh Local Government Association about a potential national homecare franchise in Wales. While we can see they intend to address genuine issues, and support innovative approaches to drive sector improvements, we remain concerned about the viability of the solutions proposed.



Innovation & integration



Research Collaboration

We expanded our engagement with academic research, advising on 14 projects.

Examples include:



Evaluating Palliative Dementia Care Resources for Care Workers

Lead: University of Kent, Dr Rasa Mikelyte.

Outcome: Developing resources to enhance skills and confidence of care workforce in providing palliative and end-of-life care for those with dementia.

Status: 1st stage application.

Long Term Care (LTC) sector's labour force shortages

Lead: University of Oxford, Dr Catia Nicodemo

Outcome: Cross-country comparative analysis on staff retention, job transitions, immigration impact, skill mix requirements, staff training, and the role of digitalisation and AI (artificial intelligence) in improving workforce management and productivity.

Status: 1st stage application.

End-of-life care training for homecare workers

Lead: Universities of Hull, Sheffield, Kings College London, and Bradford NHS Teaching hospital

Outcome: Gaining insights into end-of-life care at home to develop training resources for care workers

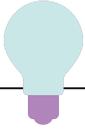
Status: Grant awarded, research nearing completion

LGBTQ+ inclusive homecare provision

Lead: University of Kent, Bristol University, Dr Jolie R. Keemink.

Outcome: Exploring experiences and needs of the LGBTQ+ community when receiving care at home.

Status: Granted funding and about to start.



Innovation & integration

The benefits and costs of domiciliary care

Lead: University of Kent, Dr Florin Vadean.

Outcome: Developing a comprehensive research protocol on the value-for-money provided by domiciliary care services.

Status: Pilot completed, grant awarded for main project, starting January 2025.

New ways of working for adult social care workers

Lead: Decent Work and Productivity Research Centre at Manchester Metropolitan University Business School, and the Universities of Manchester and Salford.

Outcome: Examining blending of NHS community nurse and (private sector) care worker roles in Greater Manchester.

Status: Grant awarded.

Adult Social Care Workforce Partnership Integration

Lead: University of Kent, Professor Ann-Marie Towers

Outcome: Understanding and addressing current challenges facing health/care workforce.

Status: Granted funding and about to start.

IMPACT (Improving Adult Care Together)

Lead: University of Birmingham.

Outcome: £15 million UK centre for implementing evidence in adult social care, funded by ESRC (Economic and Social Research Council), UK Research and Innovation, and the Health Foundation.

Status: In progress.

Kent Adult Social Care Research Partnership

Lead: University of Kent

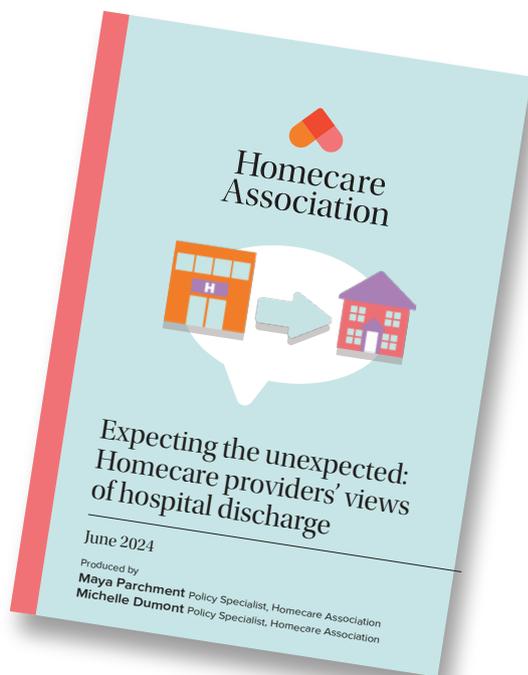
Outcome: Building research capability and capacity within the region to inform evidence-based practice and commissioning.

Status: In progress



These collaborations are helping us gather sound evidence to support our advocacy work and improve homecare practices.





Hospital discharge report

Nothing is ever as it seems with hospital discharges – we have been forced to expect the unexpected.

In 2024, we published our analysis of hospital discharge in the UK, after official data revealed the number of people whose discharge was delayed by over 14 days doubled during the pandemic. 25% were stuck in hospital because of a lack of homecare.

The aim of our research was to engage with our members to understand the issues around hospital discharge. We invited homecare providers to share their insights and collected data to help shape national policies. Our goals were to improve the experience of those discharged from hospital and give homecare providers a voice on this issue.

The report used information from focus groups with homecare providers and a survey of 283 members. These members represent over 21,000 care workers who take care of over 31,000 people in the UK. The report emphasised the need to manage the discharge process effectively to minimise stress and prioritise individual needs. It also highlighted the significance of homecare providers in enhancing outcomes and stressed the inclusion of them in service delivery and development.

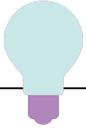
We put forward 35 recommendations for NHS leaders, local authorities, and the government to address the issues we raised. These included ensuring hospitals meet people's basic needs when discharged; improving communication; including care providers in needs assessments; paying homecare providers sustainable rates on time; and involving homecare providers in shaping improvements in operations and strategic service development.

Meeting people's basic needs and keeping them safe

Our research revealed a common theme of unsafe discharges from hospital to homecare. This was usually because of a lack of or incomplete discharge summary, with inadequate information to safely meet needs; lack of equipment; issues with transportation and poor communication with providers, individuals, and family members.

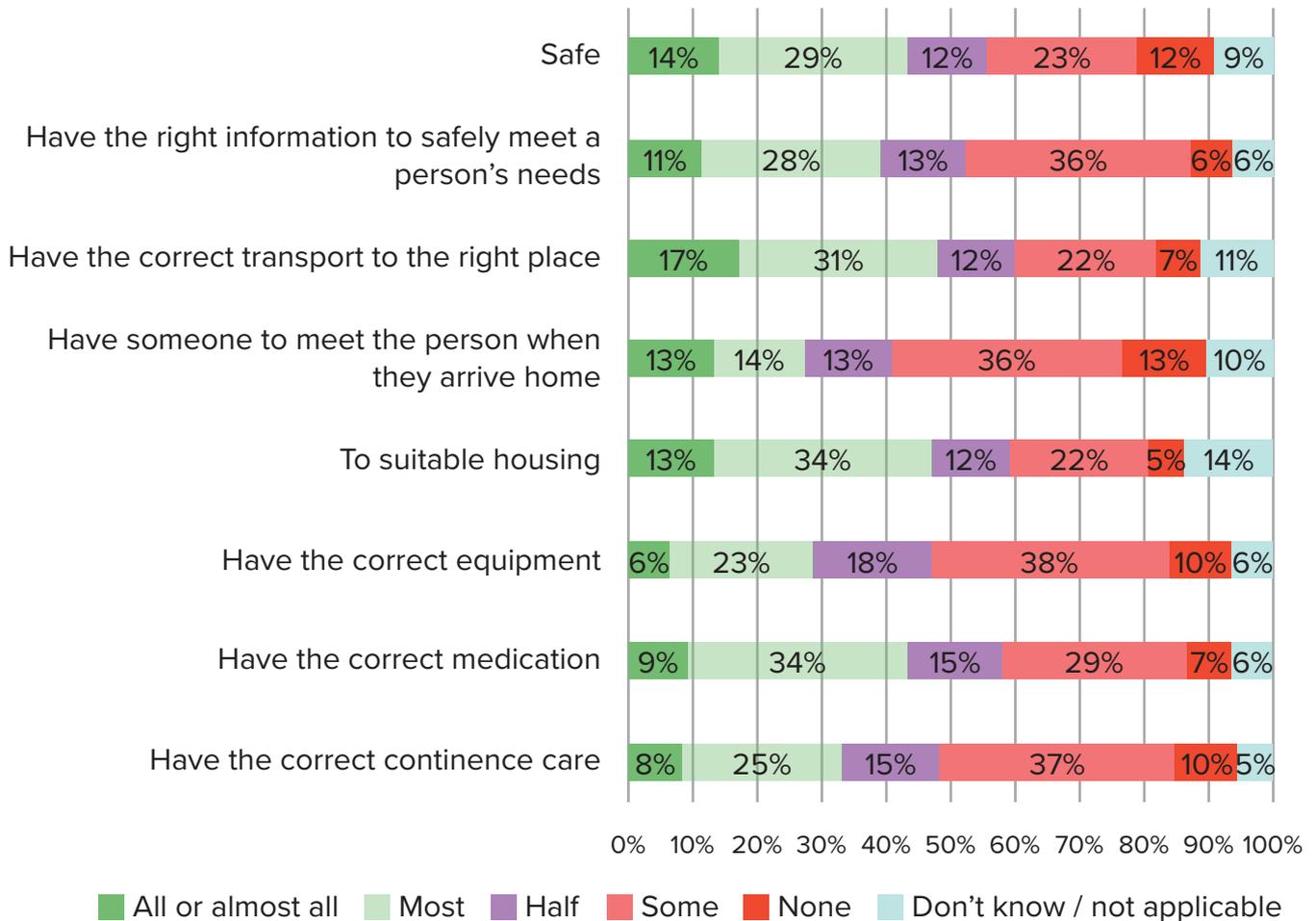
Working in partnership to use available care

The providers we spoke to expressed real and specific concerns about how different parts of the health service and social care interact. This included cultural issues;



Innovation & integration

How many of the discharges you are involved in at the moment are:



understanding of social care; accountability; inclusion of social care in Integrated Care Systems; use of multi-disciplinary teams and more. It is important to recognise the contribution of social care and ensure it has parity of esteem within the health and social care system.

Two-thirds (69%) of our respondents told us they were keen to work together with other care providers in their area to solve issues, and they have the capacity to do so.

If we improve communication between the NHS and care providers, we can enhance hospital discharge.

Providers report spending an average of



chasing up avoidable issues with discharges.

Innovation & integration



It's compassion fatigue. People are absolutely worn out."

"You feel like you're battling and all I'm trying to do is provide a safe, effective service for our clients."

"If you spoke with the team, we have in place who support discharges, they would tell stories that most people would find very distressing."

"Good hospital discharge is where you have someone who actually knows the person who can tell you about the person and you can gather all the information you need."



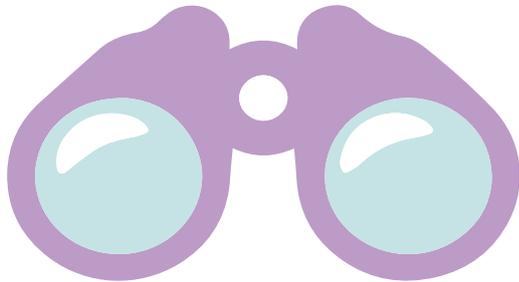
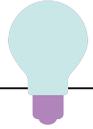
Impact of the report

- Lightbulb icon The King's Fund, Health Foundation, Care Provider Alliance, Skills for Care, Dementia Community and Archangel shared our report.
- Lightbulb icon The article featured in: The Guardian, Tribune International, This Magazine, Care Talk, CareLineLive, Yahoo News, and MSN UK.
- Lightbulb icon The press release and the report have had over 2,300 visit counts (as of 14/08/2024).
- Lightbulb icon A total of 2,729 impressions across Twitter/x (1,167), LinkedIn (884), Facebook (238) and Instagram (440).

Respondents said:

Discharge paperwork doesn't reflect the person's needs and views	55%
Most of the discharges they were involved in were not safe	35%
Most of the discharges they were involved with did not meet needs for continence care.	47%
Most people did not have the right medication on discharge	36%
Absence of correct equipment in most of the discharges	48%
People are being discharged from hospital too soon, leading to readmission	63%
Hospitals did not listen to or address their concerns about poor or unsafe discharges	54%

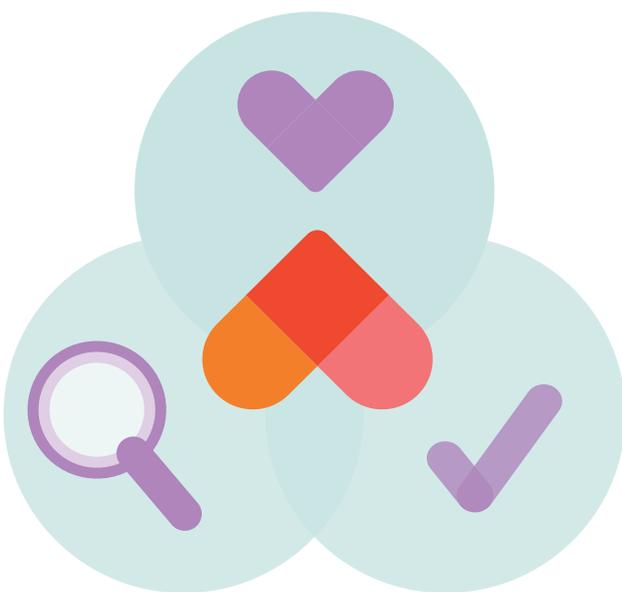




Looking ahead

Looking ahead, we will focus on three key priorities:

-  Combining in-person care with technology solutions to improve quality, safety and outcomes.
-  Expanding our research collaborations to address opportunities and challenges in the sector.
-  Advocating for policy changes to support more integrated, efficient, and person-led care models.



By continuing to bridge the gap between research, policy, and practice, we are helping to create a more connected, efficient, and person-led care system with the potential to significantly improve outcomes for those we serve.

How you can get involved

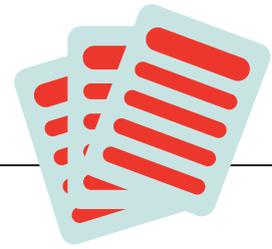
Please tell us if you are pioneering innovative approaches or services in homecare and we will help to showcase your work.

University researchers often ask us to help them find providers and care workers to contribute to research projects. Regulators tend to look favourably on providers seeking to improve for the benefit of people drawing on services. Please contact us if you are keen to engage.

Contact details:

Policy Team - 0845 646 1775

policy@homecareassociation.org.uk



As in previous years, we have continued to work with national Regulators to represent our members' interests.

Care regulations

The Care Quality Commission's (the CQC's) internal struggles and poor performance dominated last year. They failed to complete a complex reorganisation and implement a new regulatory regime. Though they tried to maintain planned and reactive inspection programmes, they were unsuccessful. Now, there is a significant backlog.

As if the above were not challenging enough, the CQC also introduced a new single assessment framework (SAF) and rating system.

Long-standing difficulties with the CQC's electronic systems worsened. Providers experienced serious problems with the provider portal and regulatory platform.

We have continued to challenge the CQC constructively throughout, bringing the experience of our members to the table.

Ministers were concerned about the CQC's performance and commissioned an independent review, led by Dr Penny Dash. The government published the Dash interim findings in July 2024¹ and we expect the final report in October 2024.

We contributed directly to the report, which has resulted in the CQC's recognition of its failings and pledge to correct the issues identified.²

“The CQC is changing,”

In November 2022, the CQC announced they were setting up an Operations Group and a National Operations directorate.

In addition, there would be large-scale movements of staff into teams within the four national regions. These teams would also see the role of inspector split into two roles: inspector and assessor.

The process began its roll-out during 2023/24.

We argued that regionalisation risked teams losing local knowledge of providers who would also lose a known point of contact. The splitting of the Inspector role could also reduce experience when carrying out inspections. The Dash Interim report later highlighted these issues.

We also highlighted the long-standing problems with the provider portal and regulatory platforms which were rolled out last year.

Below, we outline other issues we raised.

Registration

Over the last year, we have seen increasing numbers of calls to our helpline relating to registration. At the end of 2023 to 2024, Dr Dash reported that 54% of applications pending completion were over 10 weeks old³.

In its response to the Interim Dash Report, the CQC is employing more staff to support the registration process.

Regulation



Inspection Delays

Since the COVID-19 pandemic, the CQC has focused its inspection on services considered higher risk. However, this has meant the number of services inspected has fallen. Services often wait over three years for their first inspection. 23% of registered homecare services remain unrated.

Members frequently inform us that without a rating or an up-to-date rating, they cannot acquire clients or bid for local authority work.

Even if the CQC inspects a new service, they often remain unrated. This is because of the ratings formula introduced under the SAF, which relies on legacy ratings to make up the data set. 37% of legacy ratings are over three years old.

We have argued consistently that the ratings algorithm is flawed, biased and unfit for purpose. We are pleased Dr Dash listened to our concerns and included them in her report.

As the CQC rolled out its pilot programme of inspections under the SAF, we proposed some of our members to test it. Their feedback was invaluable. They highlighted a lack of knowledge of the SAF by the CQC staff and inexperience in homecare; long delays in completing the inspection process; and inconsistencies across the process.

Our Interactions with the CQC

We have monthly meetings with the CQC. These include the Adult Social Care Trade Association meeting; the External Strategic Advisory Group; and the Provider Implementation Steering Group. We also

hold individual meetings with CQC staff and senior leaders.

This year, we have also been working with the CQC and a cross-party group on an Inspectors' guide, which is currently being reviewed internally by the CQC.

We rated the CQC as Inadequate

As much of the national focus with the CQC was on hospitals and care homes, we published our own analysis of their performance in homecare⁴. This exposed the fact that 6 out of 10 homecare providers either have no rating or an out-of-date rating. This revelation received widespread media attention in over 180 outlets.

The CQC's struggles have extensive repercussions. People drawing on services face more risks, and providers are experiencing harm. Delays in registration and ratings are causing severe financial problems for providers. Several underlying issues contribute to the CQC's problems. Many councils have encouraged the proliferation of small homecare providers. About 87% of homecare providers have fewer than 50 employees, with 53% having fewer than 10. This fragmentation of the sector has compounded the CQC's workload.

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



Other factors include flaws in the CQC's funding model and fee structure; ineffective IT systems despite significant capital investment; and misalignment between the CQC and local authority practices. The pandemic exacerbated these issues but is not their root cause.

To address these challenges, our report made several recommendations. These included commissioning a realistic review of the CQC's resourcing needs; increasing transparency in operational costs and performance; reviewing the funding model, improving IT and data systems; and enhancing engagement with providers. We also called for improvements to the CQC's assessment of local authority commissioning.

We are urging policymakers to understand the connections between regulation, commissioning, funding, and quality. The CQC cannot succeed in isolation or without adequate resources. Effective regulation depends on intelligent market shaping; sufficient human resources; robust systems; and the flexibility to adapt.



Employment regulations

Low Pay Commission

In June and July 2024, we provided written and oral evidence to the Low Pay Commission's (LPC's) annual consultation⁵.

We assisted the LPC in finding members willing to give oral evidence at various regional events in England during the summer.

We also organised a meeting for members in Scotland to meet and provide evidence.



Tax regulations

In the previous year, we worked successfully with HMRC on an Employer Support Programme focused on compliance with the National Minimum Wage.

In 2023-2024, HMRC asked the Homecare Association to support them with work on tax avoidance and third-party payroll fraud. They saw evidence of healthcare workers being targeted by unethical companies and worried it could happen in the care sector too.

We disseminated HMRC's guidance on Research and Development (R&D) tax relief and consistently advised our members to be cautious of this and other 'too good to be

Regulation



true' tax reduction solutions. We emphasised the importance of seeking professional advice from reputable accountants and tax advisors.

Early in 2024, we heard stories from care providers across the sector about problems with companies making ineligible claims for R&D tax relief. We therefore escalated this to HMRC, who are investigating.

Throughout our interactions with HMRC, we maintained a balanced approach, supporting efforts to combat tax fraud and abuse while advocating for fair treatment of care providers who may have unknowingly fallen victim to fraudulent schemes. We urged HMRC to consider the financial difficulties of care providers when dealing with non-compliance issues.

Our engagement with HMRC shows our commitment to promoting ethical business practices in homecare while protecting our members' interests. It also highlights our role in facilitating constructive dialogue between the sector and key government agencies.

Scotland



The Scottish government has been progressing plans to create a National Care Service. This aims to reform existing Integrated Joint Boards and create greater national oversight

for social care, social work, and community health services.

Progress in implementing the National Care Service has been slow and fraught with challenges. The Scottish government's Expert Legislative Advisory Group expressed

dissatisfaction with the government's approach to proposed amendments to the National Care Service Bill.

Despite broad support for the Service, the Group reported that summary reports of their meetings submitted to the social care minister did not accurately reflect their discussions. This has raised concerns about transparency and effective communication in the development of the National Care Service.

The Scottish Parliament took its first vote on the general principles of the NCS Bill, voting 65 to 50 in favour of the proposals. The National Care Service Bill passed its Stage 1 debate on February 29, 2024. However, the Health Committee plans to carry out 'substantial further scrutiny' of the proposals at stage 2 and has asked the government for more detail.

Northern Ireland

We continue to represent our members with the Regulation and Quality Improvement Authority (RQIA).



In January 2024, the RQIA released a report on the Southern HSC Trust area because of concerns about poor performance. The report highlighted a lack of available homecare services as being a 'very significant barrier to timely discharge'.

These findings did not surprise us. Data from an inquiry we conducted under Freedom of Information legislation showed that Southern HSC Trust pays an average of only £18.08 per hour for care from independent providers.



In response to this report, the Homecare Association issued a media statement calling on the government of Northern Ireland to invest adequately in homecare and put an end to the minute-by-minute monitoring and payment of domiciliary care workers.

RQIA invited our CEO, Dr Jane Townson OBE, to a roundtable event in January 2024. She represented members, discussing regulatory issues such as long registration waits and innovation barriers.

Wales



We have continued to work with the Welsh Government and Care Inspectorate Wales (CIW) over the year to raise issues facing homecare providers.

In 2023, we expressed concerns to the Welsh Government about the growing use of unregulated micro-providers in Wales. Commissioners like the flexibility and lower prices of this approach. Unlike traditional homecare services, micro-providers are exempt from regulation by Social Care Wales and Care Inspectorate Wales. Nor do they need to consider employment regulation, as care workers are usually self-employed. This makes their services cheaper, as there is no requirement for training and no oversight.

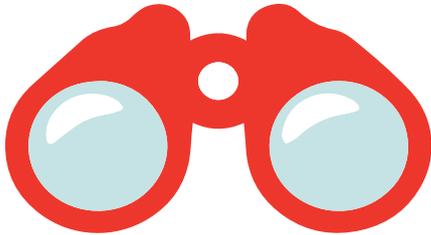
Following our representations, Welsh Government gathered evidence on the issue. They concluded that “ensuring everyone who is eligible in Wales can receive high quality and safe social care provision is paramount. Based on the engagement we have undertaken it is clear



there is a need for Welsh Government to produce policy and good practice principles on working with micro-care services.” We welcome this approach and will work with the Welsh Government on policy development.

Behind the scenes, we also raised several concerns with Care Inspectorate Wales. There were problems with the new Annual Returns process, specifically with how they asked for cost information and the use of the online system. We were pleased that CIW made adaptations ahead of the 2024-25 process, allowing providers to offer more narrative around their costings. Providers are unhappy with the new ‘silent’ rating system that gives them undisclosed ratings for their inspections. Following feedback, Care Inspectorate Wales has published a consultation on their ratings system before they publish ratings in April 2025.

Welsh Government included us in discussions about the process local statutory bodies follow when a provider is failing and may be closed; this does not cover homecare. We expect the Welsh Government will publish new guidance for public sector officials, and include homecare. We continue to engage with officials on this issue.



Looking ahead

Effective regulation is in everyone's best interests. We will continue to support the CQC with its recovery programme.

The new Labour government plans to introduce an Employment Rights Bill within 100 days of coming to power. We are campaigning to ensure there is enough funding for providers to implement a proposed Fair Pay Agreement and other changes to employment terms and conditions.

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

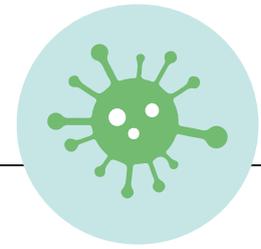


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3. <https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission/review-into-the-operational-effectiveness-of-the-care-quality-commission-interim-report>
4. <https://www.homecareassociation.org.uk/resource/critical-failures-in-homecare-regulation-revealed-by-new-report.html>
5. <https://www.homecareassociation.org.uk/resource/lpc-consultation-2024-homecare-association-response-final-pdf.html>



COVID-19 Inquiry



The UK COVID-19 Inquiry aims to examine the nation's response to and impact of the COVID-19 pandemic.

The primary objectives are to:

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

Baroness Heather Hallett is leading the inquiry, helped by a team of at least 150 barristers and solicitors. The Inquiry, held under the terms of the Inquiries Act 2005, began on 28 June 2022. It is proceeding in modules:

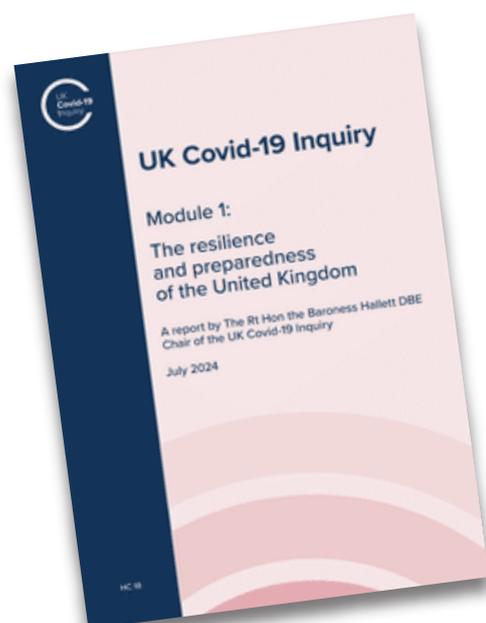
- Module 1:** Resilience and preparedness.
- Module 2:** Core UK decision making and political governance.
- Module 3:** Impact on the healthcare systems of the four nations.
- Module 4:** Vaccines and therapeutics.
- Module 5:** Procurement.
- Module 6:** Care sector.
- Module 7:** Test, trace and isolate.

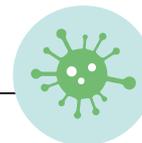
Module 8: Children and young people.

Module 9: Economic response.

Baroness Hallett published the first report from the Inquiry on 18 July 2024, focused on Module 1. A series of reports on subsequent modules will follow in coming years.

The Module 1 report revealed significant shortcomings in the UK's pandemic preparedness. Despite widely held beliefs to the contrary, the inquiry found the UK was ill-prepared to deal with a pandemic of the scale and impact of COVID-19. Key issues identified included flaws in risk assessment and strategy, overly complex and bureaucratic systems, and a failure to learn from previous pandemic exercises.





Regarding social care, the report highlighted a concerning lack of focus on the sector. The report noted that pandemic exercises like Cygnus in 2016 identified issues with social care capacity, but authorities did not adequately address these concerns. Though the Cygnus exercise highlighted expected difficulties in maintaining social care services during a pandemic, there was little evidence of plans to address these challenges. It revealed a narrow understanding of social care among policymakers, often equating it solely with care homes for older adults and overlooking the diverse range of care services. The report also highlighted a lack of surge capacity in social care compared to the NHS. This showed the government neglected the care sector in emergency planning and resource distribution.

In response, CEO of the Homecare Association, Dr Jane Townson OBE, commented:

 **The revelations from Module 1 of the COVID-19 Inquiry come as no surprise to homecare providers.**

The government's failure to plan and respond effectively to the COVID-19 pandemic had a direct effect on the homecare sector.

Homecare workers showed immense dedication and bravery during the pandemic, often at great personal cost. Whilst most other professionals worked

remotely, they continued to provide care and support at home to older and disabled people.

It is our duty to honour their efforts by ensuring the lessons from this inquiry lead to tangible improvements. 

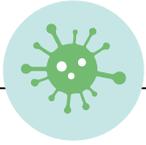
Baroness Hallett has made 10 recommendations and expects the government to implement them within specific time limits.

The Cabinet Office has admitted homecare workers to the list of emergency workers.

In a recent encouraging development, the Cabinet Office has admitted homecare workers to the list of emergency workers. This means they will receive priority help via Local Resilience Fora if we face another emergency. This results from our campaigning on the impact of fuel shortages on homecare.

Apart from Module 1, the Inquiry received evidence in 2023 on its core decision making and political governance (Module 2), including that in relation to Scotland, Wales and Northern Ireland (Modules 2A, 2B and 2C respectively).





COVID-19 Inquiry

Hearings start later in 2024 on the healthcare system (Module 3), and in 2025, on vaccines and therapeutics (Module 4) and procurement (Module 5).

Of key interest to our sector are hearings on the pandemic's impact on the adult social care sector in England, Scotland, Wales and Northern Ireland (Module 6); these are due to start in summer 2025.

Test, trace and isolate (Module 7) hearings are also due in 2025. The Inquiry will hear modules on children and young people and the economic response later.

We are working with the National Care Forum, and Care England to ensure the Inquiry considers input from the adult social care provider sector.

The Inquiry gave us core participant status for Modules 2 and 6, with the chance to give opening and closing statements, review evidence and draft questions for witnesses, but not, regrettably, public funding to pay our full legal costs. That inevitably limits our participation.

The Inquiry received nearly
60,000
documents

The scale of the challenge of participating in the Inquiry must not be underestimated. In Module 2 alone, the Inquiry received nearly 60,000 documents. Going forward, we plan to play as active a part in Module 6, and other modules if required, as our finances permit.

One of our victories was persuading Baroness Hallett to revise Module 6 of the Inquiry after we presented evidence; this included an oral testimony from Jane Townson, at the initial hearing.

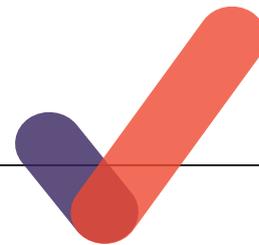
The scope of the module has now been expanded beyond care homes and a narrow definition of homecare to include other groups of people in receipt of social care, such as those with learning disabilities and autism. The term “residents”, used in the provisional outline of scope of Module 6, has also been changed to “recipients of care”.



We held a webinar in May 2024 to update providers on the Inquiry. Chaired by Jane, the webinar included speakers from the National Care Forum and Care England. Anthony Collins Solicitors, who have been giving us valuable legal advice, were there to share their expert view. The discussion included generic advice to members on what they should do if they receive a request from the Inquiry team for evidence.

With preparations for the hearings in summer 2025 on Module 6 on the care sector intensifying, we are expecting a busy period preparing evidence, to ensure that the Inquiry fully considers our sector's experiences in the pandemic.

Our member benefits



Understanding and action

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



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



Up-to-date information and guidance. We keep members informed about homecare news, market trends, legislative updates, and recommended practices.



Expert Helplines. We operate a free helpline for members. This includes advice and guidance on homecare operations, regulatory compliance, legal and employment matters. We work in partnership with specialist firms who provide detailed legal and HR advice if required.



DBS checks. The Homecare Association is a registered body with the national Disclosure and Barring Service (DBS). We offer quick, reliable DBS checks at a competitive price.



Online resource library. Members can access a wealth of free information and guidance on our website.



Publications. We publish reports, articles, blogs, and a magazine for members. We use these to share research, campaigns, thought leadership, innovations, and practical tips.



Tailored training. Homecare experts deliver tailored training workshops and webinars, with substantial discounts for members. These help to upskill your workforce and improve the quality of service.



Events. We deliver in-person and online events, with generous discounts for members. Our events connect experts in related fields, promote knowledge sharing, and provide networking opportunities.



Community engagement. Our community helps members make valuable connections, offering opportunities for peer support and collaboration.



Enhanced visibility. Members use our Find Care portal to promote their businesses and attract new clients.



Brand affiliation. Members can display our logo on their digital and printed communications to signal their commitment to excellence.



Cost-saving partnerships. Members can access discounted services and products through our network of third-party suppliers. These include legal, insurance and accountancy services; PPE; consumables; e-learning resources; and care-technology solutions.



Affiliate networking. Members can connect with our partners who offer products, services, and consultancy for homecare providers.



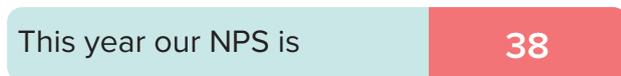
Our member benefits

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

Net Promoter Score (NPS)

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

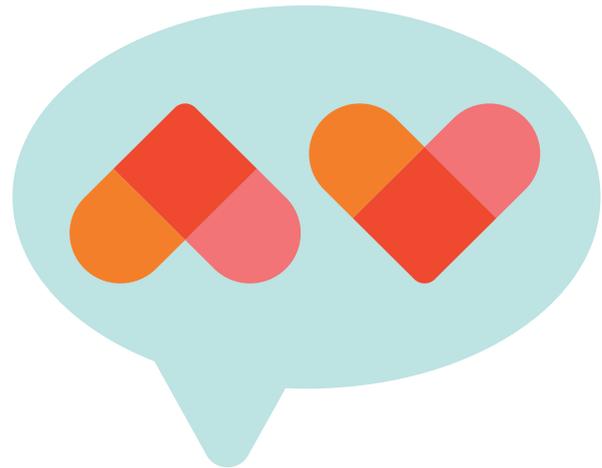
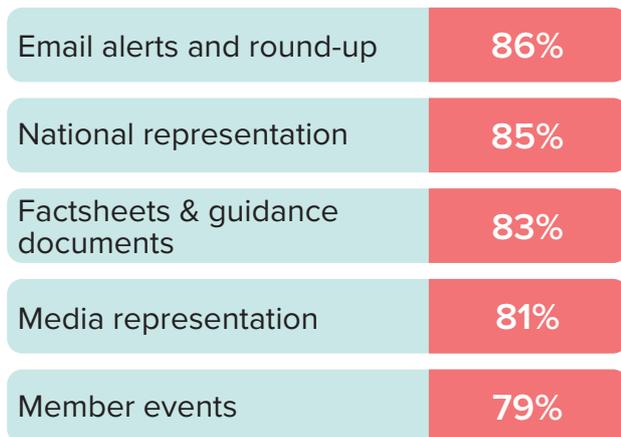
The Net Promoter Score ranges from -100 to 100: -100 to 0 means improvements are needed, 1 to 30 is a good score, 31 to 70 is a great score, and 71 to 100 is an excellent score.



Membership benefits

We asked members how much they valued our various membership benefits. The following chart shows the percentage of those that agreed or strongly agreed that they valued the service.

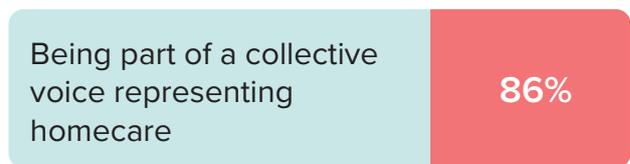
The most valued benefits are:



Association services

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

The most valued service was:

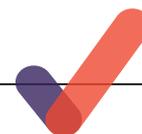


Find out more

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

www.homecareassociation.org.uk/membership.html

Our member benefits



Member helpline

The Helpline answered 520 queries between April 2023 and March 2024. This compares with 572 cases in the same period between 2022-23.

Workforce issues, particularly in relation to International Recruitment have featured prominently in the last year, reflecting the Government's visa restrictions.

The number of regulation-related cases has risen since the previous financial year, from 44 queries in 2022-23 to 59 queries in 2023-24. These have included a variety of topics such as inspections, registration and the introduction of the new Single Assessment Framework (SAF) (which has seen fewer inspections and a concentration on services considered to be of the highest risk).

A higher proportion of queries come via telephone calls, with members appreciating the responsiveness of staff.

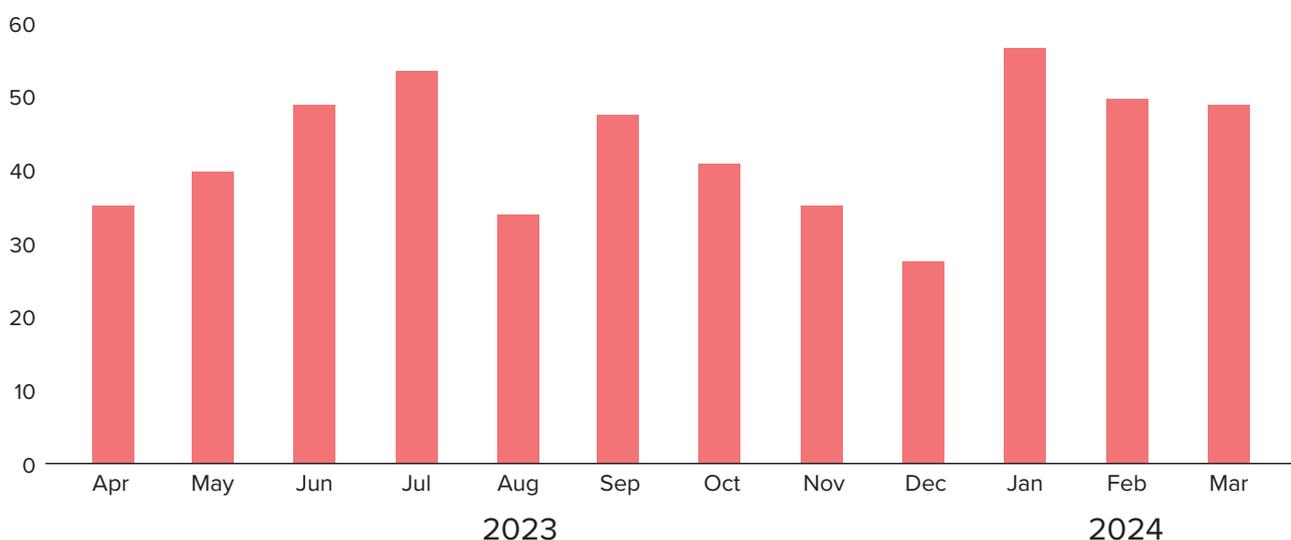
Some comments from members who have used the Helpline, follow.

...You might remember that I contacted you for support in June regarding a potential CQC inspection. I am happy to tell you that we had a routine comprehensive inspection and rated Outstanding. I am very grateful for all your support...

...I appreciate you talking to the CQC on our behalf, you are very kind and I feel very supported by the Homecare Association...

...I contacted the helpline to see what support they could give and I'm blown away by the response...

Total cases (Apr 2023 - Mar 2024)



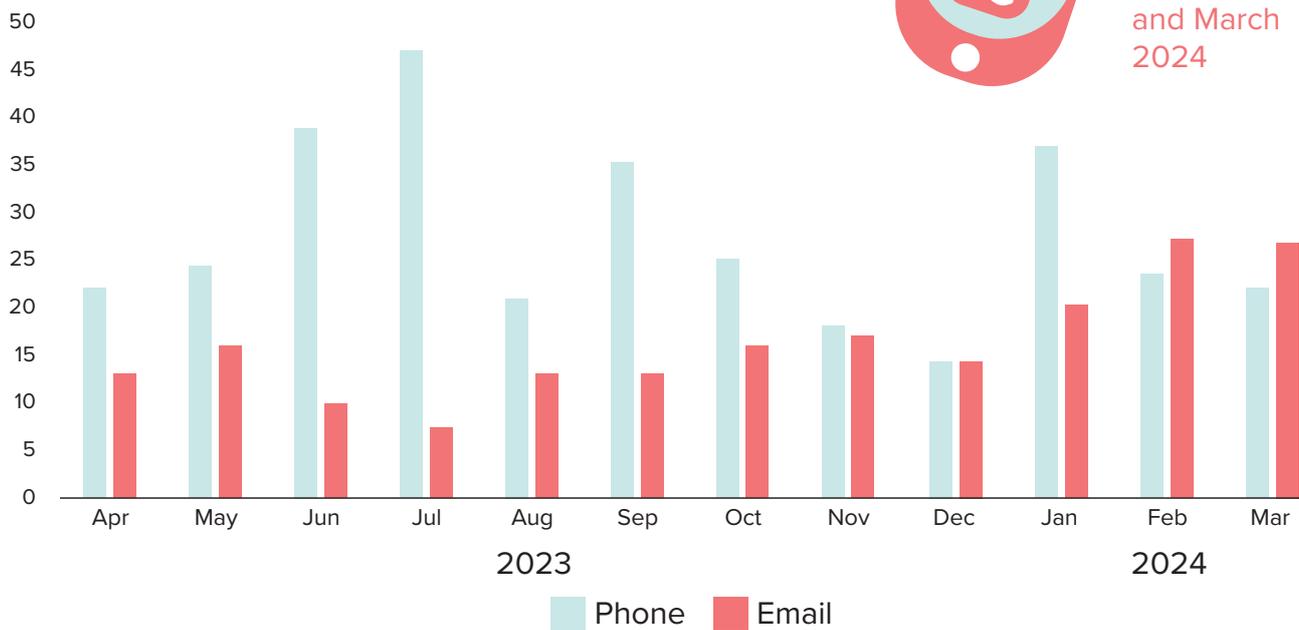


Our member benefits

Cases by source (Apr 2023 - Mar 2024)



helpline queries answered between April 2023 and March 2024



Homecare Association members have access to a wide range of help including individual advice from our in-house team of Policy Specialists. Our team is available from 9am-5pm, five days a week.

Call: 020 8661 8188, option 4, or email: helpline@homecareassociation.org.uk

In cases where more specialist advice is needed, we can refer members to our Legal, HR or insurance helplines who offer a limited free service to members.

Cases by outcome (Apr 2023 - Mar 2024)

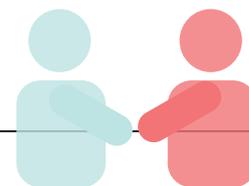
-  Resolved by staff: 65%
-  Referred to Anthony Collins Solicitors: 20%
-  Referred to HR Dept: 8%
-  Referred to other organisation or website: 6%
-  Referred to Towergate Insurance: 1%

You can find more information under the Advice section of our website.

The Helpline remains a key component of membership, and we continue to encourage our members to make use of the facility.

Our membership

Growing our community

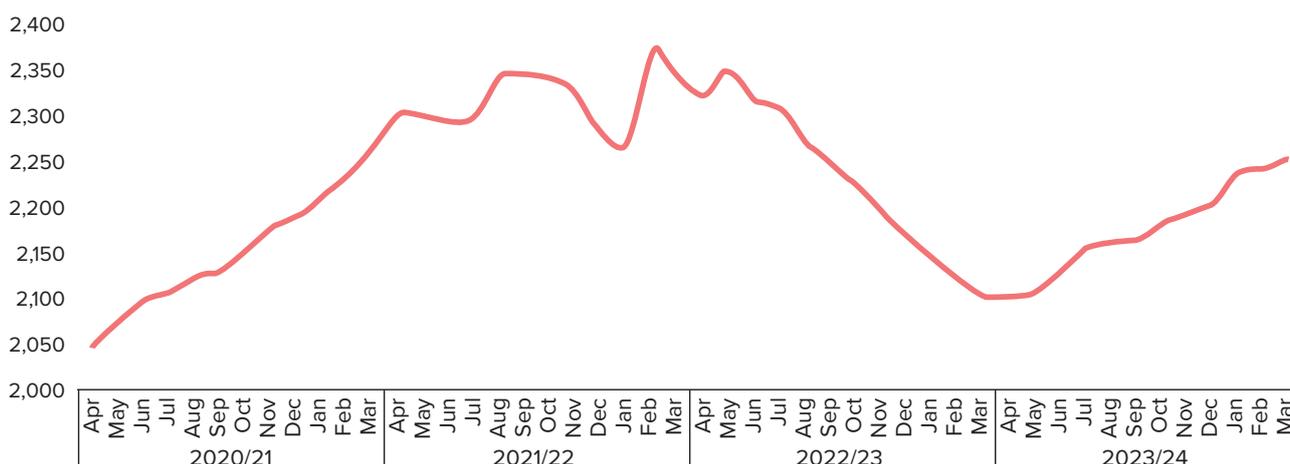


Membership and revenue growth

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

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

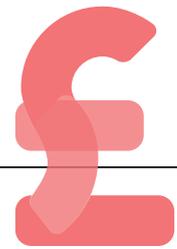
Provider membership numbers for 2020-2024



Key internal initiatives for 2024-2025

- ➔ Developing our member offer and ensuring that we contact every member who is leaving membership to understand their reasons for leaving
- ➔ Increasing our engagement with members and developing a membership engagement tracking mechanism
- ➔ Reviewing the new member journey, member communications (including segmenting our database to tailor communications) and improving the online renewal process
- ➔ Renewing our affiliate member programme to ensure that our provider members have access to a range of commercial organisations that can support them in their business.

Our resources



Facts & figures

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



The income generated by the activities of the Homecare Association in 2023/24 came from five main sources: membership fees, training, disclosure services, grants and sponsorship and advertising.

Overall turnover grew by 13% as we saw significant increases in turnover for our membership (5.6%), disclosure service (27.4%) and training activities (8.4%).

During 2024/25, we plan to increase the revenue generated by our disclosure service by focusing on attracting our larger members to use our service. We are also looking at new innovative approaches to our training.

The Association continues to implement different strategies to increase the offer in other areas of high value for our members, encouraging retention of existing members and attracting new members to join the Association.

Having moved offices from Hackbridge to Waterloo in March/April 2023 and incurring

substantial one-off costs, we saw a deficit outcome for the year 2022/23. We are pleased to have generated a surplus of £45,606 during the year 2023/24, partially offsetting the prior year's deficit. We intend to generate a small yearly surplus to restore our funds to prior levels over the next few years while ensuring that members continue receiving a valuable service.

The Association continues to prepare annual financial budgets and considers the balance between short and long-term needs.

The Association will continue to be managed prudently, ensuring that risks are managed. Its financial stability remains of utmost importance for the coming years to ensure long term financial sustainability.

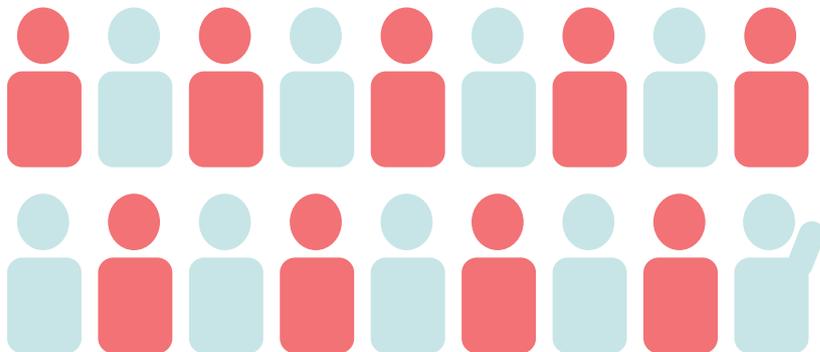
John Rennison
Treasurer, Homecare Association

Our resources



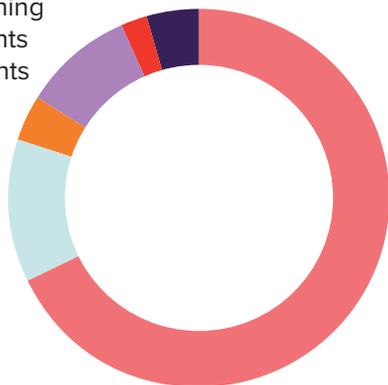
People

18 Full-time equivalent staff



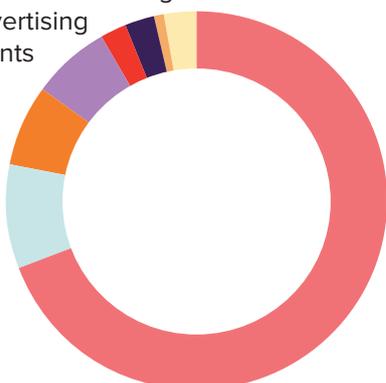
Income Sources

- Membership
- Disclosure
- Advertising & Commercial
- Training
- Grants
- Events



Expenditure Sources

- Staff
- Office
- IT
- Training
- Policy
- Governance & Legal
- Advertising
- Events



Income Statement 2022-23

	31/03/24	31/03/23
	£	£
Turnover	2,358,337	2,082,217
Cost of sales	838,135	651,762
Gross surplus	<u>1,520,202</u>	<u>1,430,455</u>
Administrative expenses	1,913,775	1,889,791
	(393,573)	(459,336)
Other operating income	439,461	352,949
Operating (deficit)/surplus	<u>45,888</u>	<u>(106,387)</u>
Interest receivable and similar income	3,086	1,859
(Deficit)/surplus before Taxation	48,974	(104,528)
Tax on (deficit)/surplus	3,368	8,500
(Deficit)/surplus for the financial year	<u>45,606</u>	<u>(113,028)</u>



Balance Sheet 2022-23

	31/03/24		31/03/23	
	£	£	£	£
Fixed assets				
Intangible assets		15,233		39,835
Tangible assets		18,975		29,521
		<u>34,208</u>		<u>69,356</u>
Current assets				
Stocks	13,356		27,678	
Debtors	202,090		134,251	
Cash at bank and in hand	<u>411,782</u>		<u>464,629</u>	
	627,228		626,558	
Creditors				
Amounts falling due within one year	<u>733,477</u>		<u>813,561</u>	
Net current liabilities		<u>(106,249)</u>		<u>(187,003)</u>
Total assets less current liabilities		<u>(72,041)</u>		<u>(117,647)</u>
Reserves				
Income and expenditure account		<u>(72,041)</u>		<u>(117,647)</u>
		<u>(72,041)</u>		<u>(117,647)</u>

The above is a summary of the Financial Statements for the 2023-2024 financial year. Complete Financial Statements are available upon request.

Shaping homecare together



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linkedin.com/company/homecareassociation

instagram.com/homecareassociation/

youtube.com/c/HomecareAssociation

Shaping homecare together

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