

# Homecare Association

Shaping homecare  
*together.*

Impact Report 2021 - 2022



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# Introduction

Last year's Impact Report was dominated by our work representing and supporting members during the height of the COVID-19 pandemic. This continued, albeit at a slightly lower intensity, throughout 2021-2022, across England and the Devolved Administrations.

## COVID-19

Member briefings, webinars and answering numerous helpline queries on COVID-19 were combined with a multitude of meetings with Ministers, officials, public health authorities, regulators, local government, and other partners in the sector, to influence the development of pandemic policy and practice.

Our lobbying resulted in improved guidance, U-turns on problematic policies, provision of millions of pounds of emergency funding, and an extension of access to free PPE until March 2023, which have enabled substantial additional income and cost savings for providers.

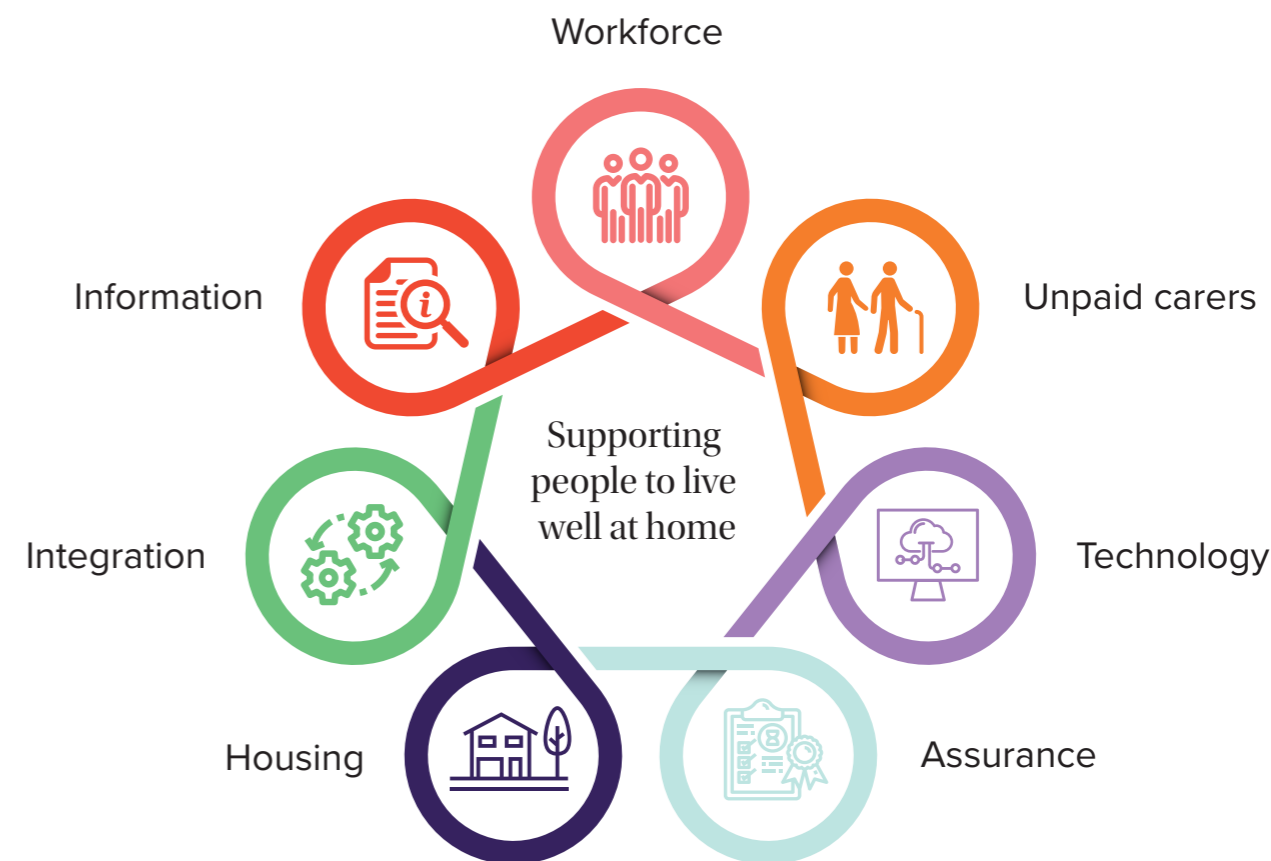
You can read more about our continued work to represent and support members during COVID-19 in this report.

## Reform of social care and health

On top of this, we contributed to most of the work streams which influenced the English government's White Paper on Adult Social Care Reform: "People at the Heart of Care", and the other on integration with health, "Health and social care integration: joining up care for people, places and populations". It was pleasing that home-based care and support became a central theme, together with the need for innovation and technology to enable us all to live well at home and flourish in our communities.



Dr Jane Townson - CEO, Homecare Association



In Scotland, Wales and Northern Ireland, there has also been substantial discussion on social care reform.

In Scotland, a detailed review resulted in a recommendation to move to a National Care Service, though how this might be funded remains unclear. The Scottish government has since committed to begin the legislative process to set up the Service with the aim for it to be fully operational by May 2026.

In Wales, the government signed a Cooperation Agreement with Plaid Cymru which stepped up the plans outlined in

their consultation paper on "Rebalancing Care and Support" to develop proposals for a National Care Service, though progress towards this appears to be slow.

In Northern Ireland, the Department of Health's Reform of Adult Social Care process has continued, with a consultation on proposals to reshape the sector closing at the start of July 2022.

You can read more about our work to represent and support members in the Devolved Administrations later in this report.

## Demand for homecare

Demand for homecare is far outstripping supply, with many providers constrained by severe challenges with retention and recruitment of care workers. At least 70% of homecare hours are purchased by public organisations across the UK.

In the community, unmet need is high and rising. Councils have waiting lists for assessments for care of more than half a million. Over 1.6 million people need care and support at home and are unable to access it due to inadequate funding and workforce capacity. Preventable deterioration of health adds further pressure to over-stretched health services.

At least half of delayed discharges from hospital are due to people waiting for homecare, as there is a critical shortage

of homecare workers. This hampers the ability of hospitals to admit new patients, contributing to increased ambulance response times and NHS waiting lists of over 6.8 million.

## Financial sustainability

Unfortunately, due to years of chronic underfunding of social care by central government, the fee rates many commissioners pay for homecare are inadequate.

In 2021, we conducted extensive research on fee rates paid for homecare by public organisations in the UK, under freedom of information legislation. Our findings, published in our Homecare Deficit Report 2021, show that at least 86% of local authority and NHS commissioners in England are paying less than it costs to ensure compliance with the legal minimum wage and provision of high quality and sustainable homecare services. This is undermining the availability of homecare, creating unfairness, affecting market stability and, at times, leading to poorer quality outcomes. Certainly, unavailability of homecare is having an adverse effect on NHS performance.

With the cost of living rising and a tight labour market, homecare providers are simply unable to compete for workers with retail, hospitality, and the NHS. Fuel prices are almost 50% higher than a year ago and are having a particularly negative impact on homecare workers, who collectively drive an estimated 4 million miles per day to support people in their own homes.

We welcomed introduction of the Market Sustainability and Fair Cost of Care Fund in England and the work the government has initiated within local authorities on determining the actual costs of delivering care.

Based on our analysis, and the findings of the Competition and Markets Authority study in relation to care homes, we are concerned that the funding allocated to bridge the gap between current practices and the 'fair cost of care' may be merely a tenth of what is required.

You can read more about our work to represent and support members with financial sustainability later in this report.

## Strengthening the workforce

Our research shows nearly two thirds (63%) of homecare providers are experiencing higher staff turnover than before the pandemic. Worryingly, Skills for Care has reported a decrease of 50,000 filled posts in social care and an average vacancy rate of 13.2% in 2021/22 in homecare, which is the highest ever recorded; in 2012, the vacancy rate in homecare was 5.9%.

All UK administrations are grappling with workforce issues, particularly how to improve retention and recruitment and increase homecare capacity. Fair pay, creation of career paths, support for care worker well-being, implementation of technology solutions, registration of care workers and international recruitment are topics discussed to varying degrees in all areas. In the absence of adequate funding



## *Investment in the workforce is vital to ensure adequate capacity to meet demand*

for social care, however, it is hard to make tangible progress.

Our expert input to the Migration Advisory Committee resulted in careworkers being added to the Shortage Occupation List and a recommendation to remove the Immigration Skills Charge for all Care Worker Visas, and make visas permanently accessible to careworkers.

War in Ukraine brought a new focus on support for refugees and asylum seekers, as well as work to overcome regulatory issues with recruiting people who may lack all required documentation.

We are now working with the Immigration Taskforce on international recruitment, to influence a reduction in complexity and cost; increase in support for providers to navigate the process; systematic mitigation of risk of exploitation of international recruits; action to address current barriers to uptake; and improved engagement of government with the sector.



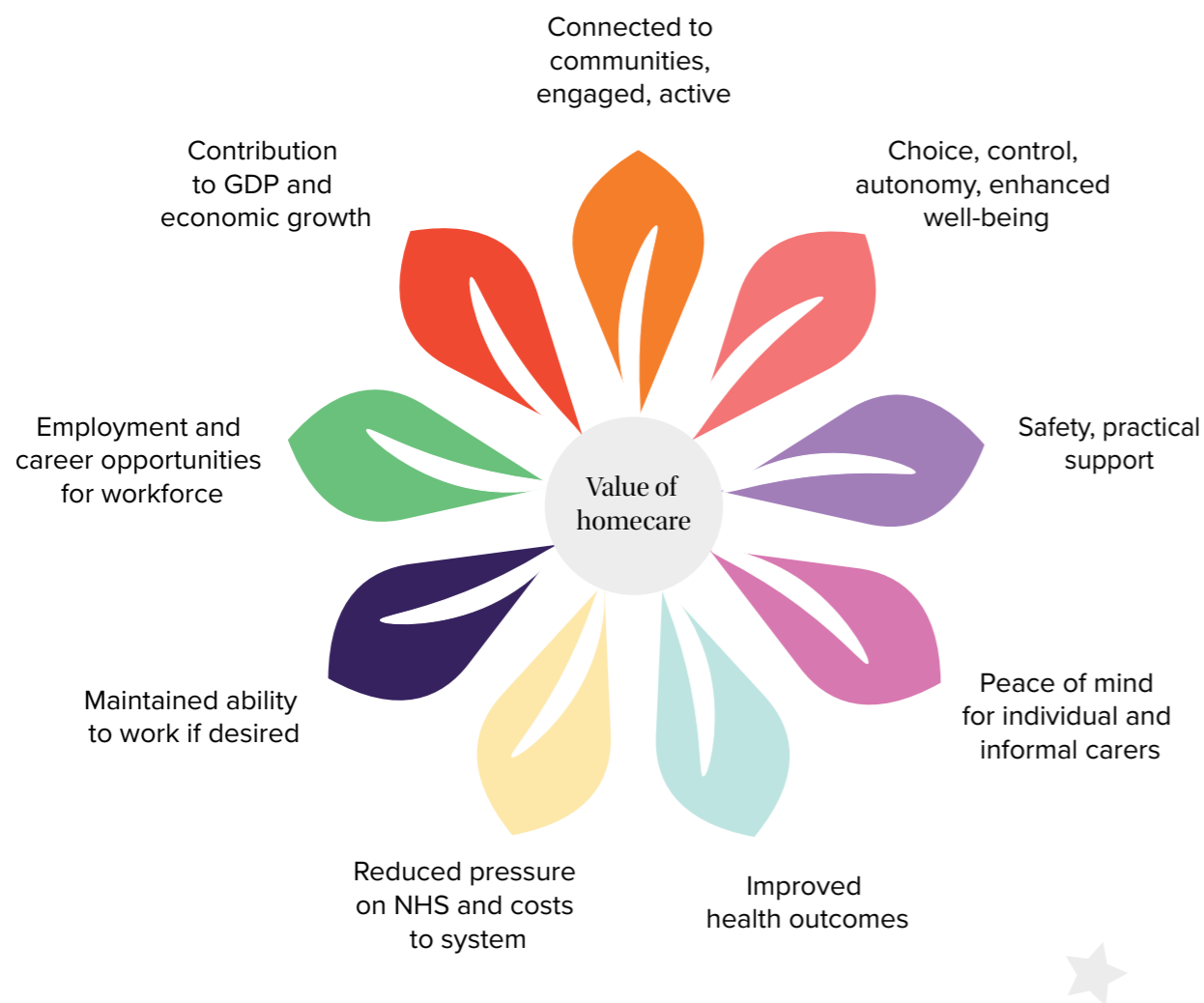
*Over 1.6 million people need care and support at home and are unable to access it due to inadequate funding*

## Public awareness of the value of homecare

Raising awareness of the value of homecare with central and local government, regulators, the media, the public and other stakeholders has been central to our activities over the last year. Rebranding and launching a new website with a fresh look and new messaging was aimed at helping to amplify our collective voice. At the same time, we strengthened our relationship with journalists and achieved unprecedented coverage for the sector in national and local broadcast, print and online media. On one legendary day in September 2021, as our media

spokesperson, I was interviewed on BBC Breakfast, BBC News 24, BBC Radio 4 World at One, Sky News, ITV News, Channel 4 News, Times Radio and wrote a Times editorial regarding the impact of fuel shortages on homecare.

We know that national and local politics is heavily influenced by public opinion which, in turn is shaped by the media, and it is important to keep the profile of homecare as high as possible.



## Practical support

Alongside our representation work, we continued to provide extensive practical support and guidance for members, as well as delivering high quality publications, a comprehensive programme of events, and a market leading training programme with discounted rates for members. Our helpline provides members with access to free expert policy, practice, HR, and legal advice, which would be a significant cost to members if purchased on the open market.

## Operational excellence

Internally, we continued implementation of our 5-year strategy and business plan. In an ambitious programme of change, we launched five new IT systems, recruited for new skills, and realigned our teams to capitalise on this investment.

## Looking ahead

Looking ahead, we are continuing to influence the policy agenda on long-term reform of social care and health. Workforce and funding are central, together with integration, innovation and enhancing public awareness of homecare.

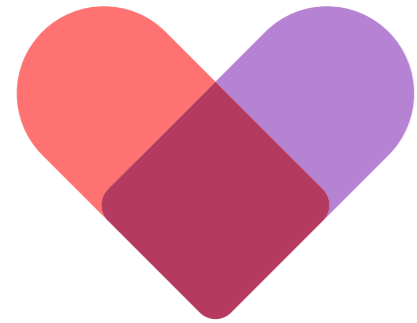
Investment in homecare and community support will allow us to grow and develop the workforce and innovate, so we can enable people to live well at home, extend healthy life expectancy, reduce inequalities, take pressure off the NHS and reduce costs for the health and care system.



# Our success at a glance

**15,202** disclosure applications processed

**2,347** Homecare provider branches in membership



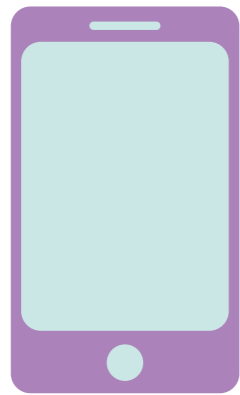
**20,492**

social media followers across all channels



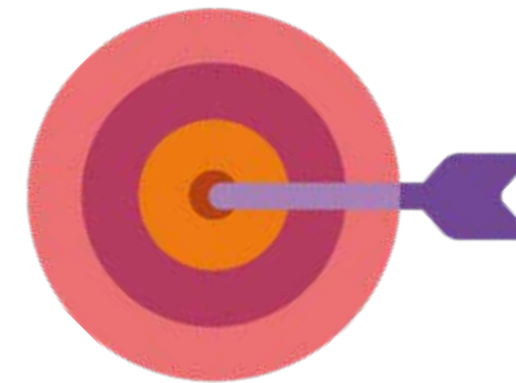
**72,732**

visits to resources on our website



**38,504**

members of the public used 'Find Care' on our website to find homecare providers



**57**

training workshops delivered to members reaching over 1,177 delegates

**898** helpline calls received & cases resolved

**259** policy information emails sent to members

**29** new member organisations welcomed to the Association

**699** delegates attended a webinar

**435** resources produced and made available on our website

**42** press releases issued to the media

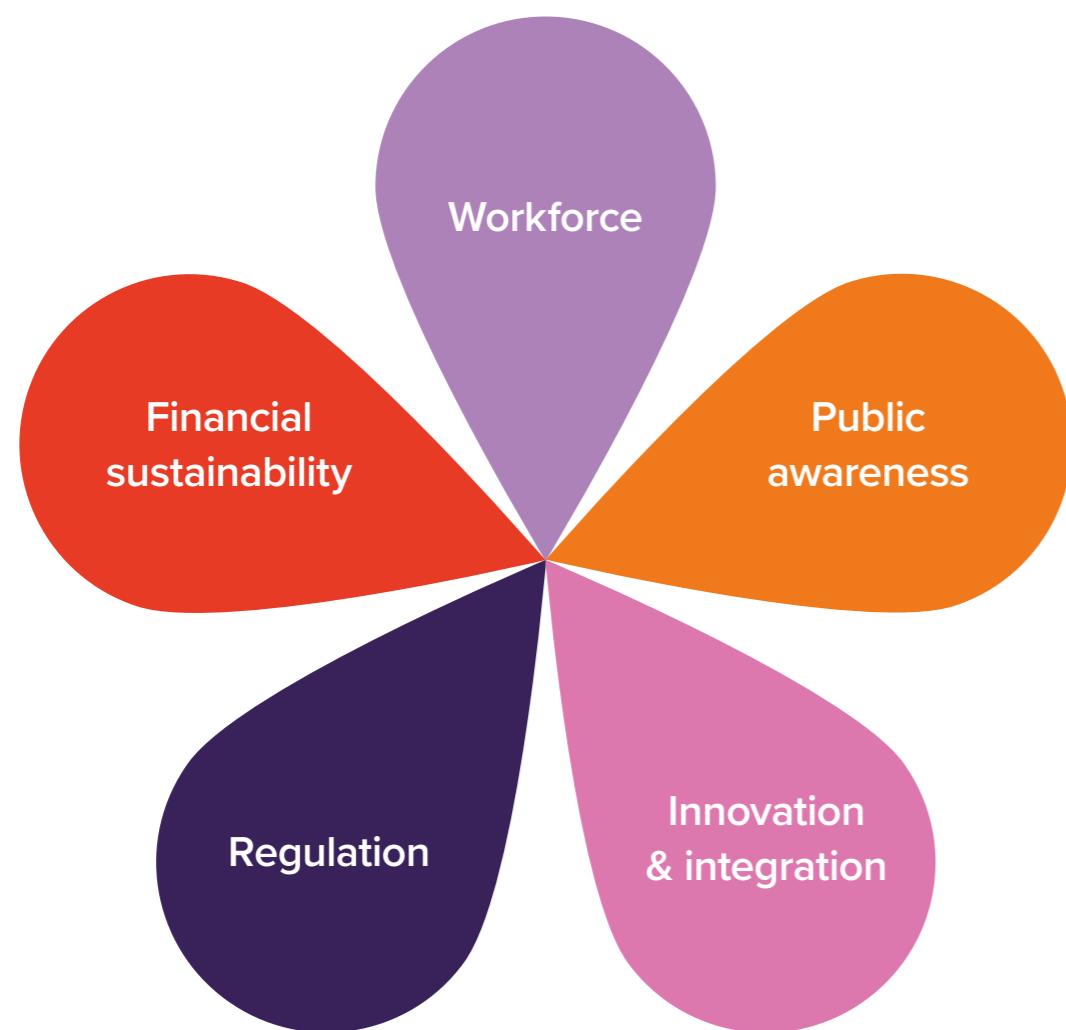


**£511,790**

of Workforce Development funding (WDF) secured for members

# Looking to the future

Our five strategic themes are based on feedback from members on the issues most important to them. These will continue to drive our work on representation and practical support.



## Representation

2022-23 will bring significant opportunities for change. Much might depend on how the new Prime Minister and their Cabinet approach the key financial issues. Given this, we are making plans to increase our parliamentary engagement.

### The Fair Cost of Care

The outcome of the 'Fair Cost of Care' exercises that local authorities have been asked to undertake will be vital for future market stability in England. We have spent years highlighting the deficit in fee rates and will continue to do so. The engagement of local authorities with cost of care exercises is welcomed, but risks remain. These include insufficient funding to pay the 'fair cost' determined; lack of clear mechanisms to challenge the outcome of the exercises; and the fact that the 'fair cost' might entrench low pay, low supervisor to staff ratios and other factors that impact on care quality.

### The COVID-19 inquiry and keeping people safe

Against the backdrop of the COVID-19 Public Inquiry, care providers will still need to keep people safe through infection prevention and control and we will continue to engage with UK governments about vaccinations, PPE, testing and funding. Implications of any amendments to the Infection Prevention and Control Code of Practice in England need to be understood. We do not want to see Vaccination as a Condition of Deployment reappearing via the back door.

## Workforce strategy

We will continue to call for parity of esteem with health, with particular emphasis on careworker pay and terms and conditions of employment, which requires funding; development of a workforce strategy for social care; and provider representation in Integrated Care Systems. We plan to work on issues around hospital discharge in coming months.

## Digital transformation in homecare

Also part of the integration agenda, shared digital care records will become more of a focus. Statutory data submissions via Capacity Tracker will also begin in England, with fines for non-compliance. Data collection must be proportionate and not duplicate efforts. We would like to see incentives for providers to adopt digital solutions rather than a focus on enforcement action.

Opportunities abound for incorporating other technology solutions with care to support people to live well at home. Doing this at scale requires a change in approach to commissioning and service delivery, moving away from paying for homecare by the minute to focusing on improving outcomes.

## Cost of living

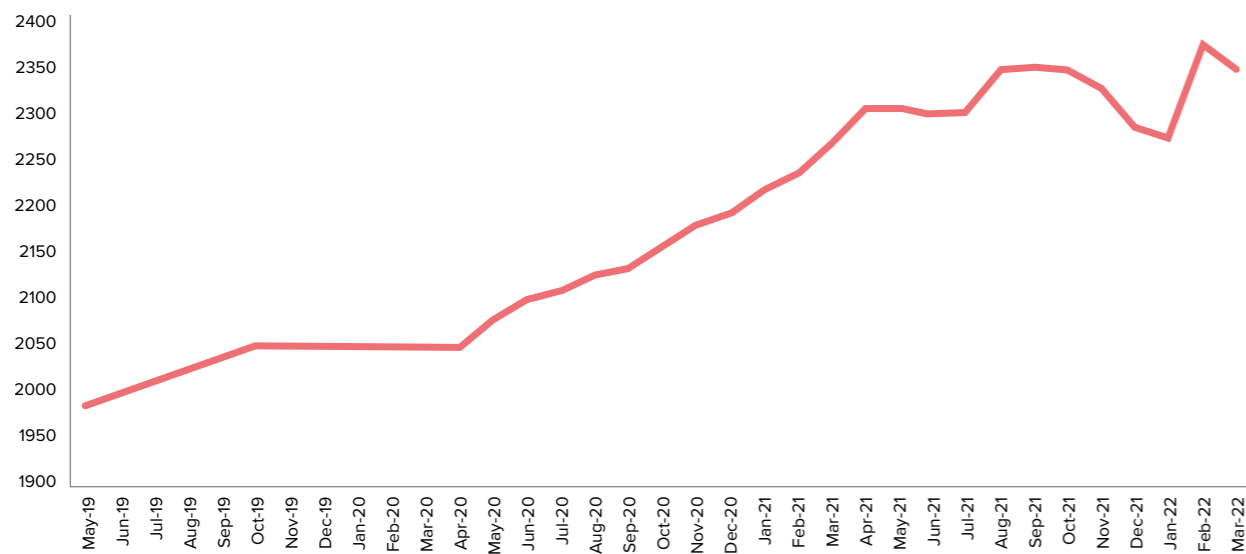
As ever, we are here to respond to your immediate and ongoing needs. We will continue to work on emerging areas, such as fuel prices and the cost of living more generally.

## Membership and revenue growth

In September 2021 we launched our new brand and improved website, as well as implementing a new Customer Relationship Management (CRM) system, finance system and platform for performing Disclosure and Barring Service checks. Building on the successful implementation of these digital

platforms provides us with an opportunity to increase member value, with a view to acquiring more members and retaining existing members, whilst exploiting commercial opportunities to grow revenue from non-membership sources.

### Provider membership numbers for 2019-2022



### Key internal initiatives for 2022-2023

- Investment in an SEO content strategy to increase traffic to our website to improve value to members and generate commercial opportunities.
- Leverage our investment in our DBS system by exploiting market opportunities to target different sectors to increase volume and revenue.
- Accelerate growth of non-membership revenues from paid for events, training, resources and publications, and sponsorship opportunities.





# Emerging from the pandemic

## Representation

Whilst some COVID-19 restrictions affecting homecare eased in 2021-22, such as travel quarantine, government expectations of careworkers remained at a time when wider society was returning to a 'new normal'.

In November 2021, the Secretary of State for Health and Social Care, Rt Hon. Sajid Javid MP, announced that regulations to require vaccination as a condition of deployment (VCOD) would be introduced in homecare by April 2022. From the outset, we supported vaccination for careworkers, but it was clear that this policy risked exacerbating already critical workforce shortages. We estimated up to a quarter of workers could leave homecare. Two-thirds of providers told us they were expecting the regulations to have a severe impact on them. We repeatedly highlighted the social and personal costs of further workforce shortages and also challenged the rationale for the decision. The Secretary of State finally announced an intention to revoke the regulations at the end of January 2022. We continued to promote vaccine uptake and also contributed to discussions on helpfully modifying guidance, such as on recognising the vaccination of overseas workers.

In mid-February 2022, testing guidance was changed from weekly PCR (polymerase chain reaction) testing to daily LFD (lateral flow device) testing. NHS staff

at the time were only required to perform LFD tests twice weekly. The policy came at a significant cost in staff time. We gathered members' concerns and presented these to the Minister and officials. Testing was stepped down to twice weekly at the start of April 2022.

Fee rates have not increased to cover costs associated with COVID-19 and, as margins are narrow, we highlighted the need for ongoing additional financial support for homecare providers. In January 2022, the government confirmed that they would fund PPE until March 2023. Extensions to the ICTF (Infection Control and Testing Fund) were agreed in July 2021 and October 2021 – an additional £639m. This funding ended in April 2022. Our member survey suggested that removal of the ICTF had a direct negative impact on staff wages when isolating after a positive COVID-19 test, creating further staff retention issues. We continue to call for this to be addressed, though a recently announced pause in COVID-19 testing may help.

Throughout the year we have worked continuously behind the scenes to review guidance (often at short notice) and ensure it is appropriate for homecare, including live-in care and that changes are communicated to members appropriately.

## Member support

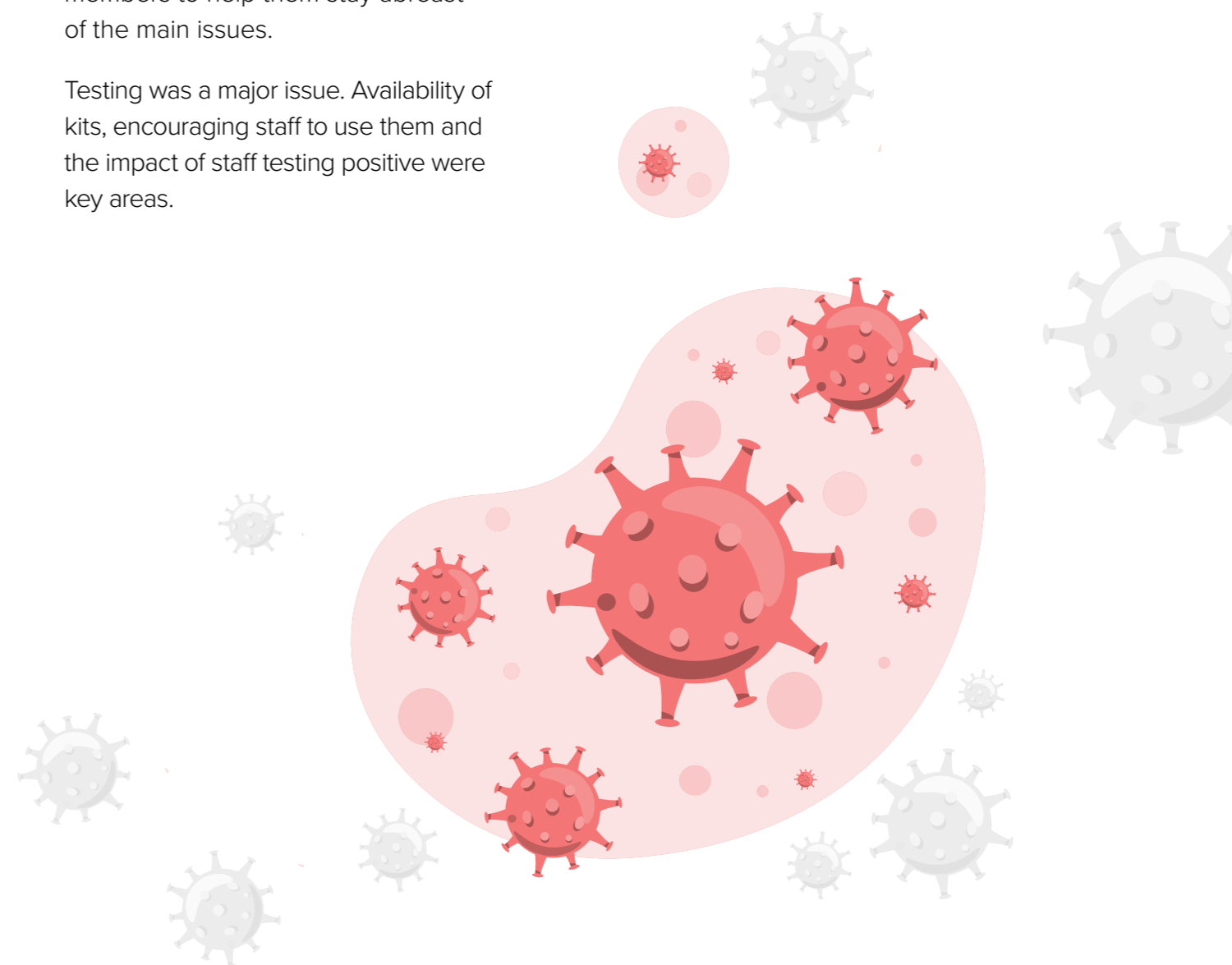
COVID-19 continued to dominate our work this year and comprised over a quarter of the calls to our Helpline.

Rapidly changing guidance related to the pandemic caused both irritation and confusion for members, as well as a challenge for us in keeping our web pages up to date.

We provided briefings, alerts and organised regular webinars for members to help them stay abreast of the main issues.

Testing was a major issue. Availability of kits, encouraging staff to use them and the impact of staff testing positive were key areas.

Vaccination was another thorny issue, particularly the proposal to make it a condition of deployment (VCOD). We organised a webinar with Anthony Collins Solicitors and a video to encourage vaccine take-up was also made available.



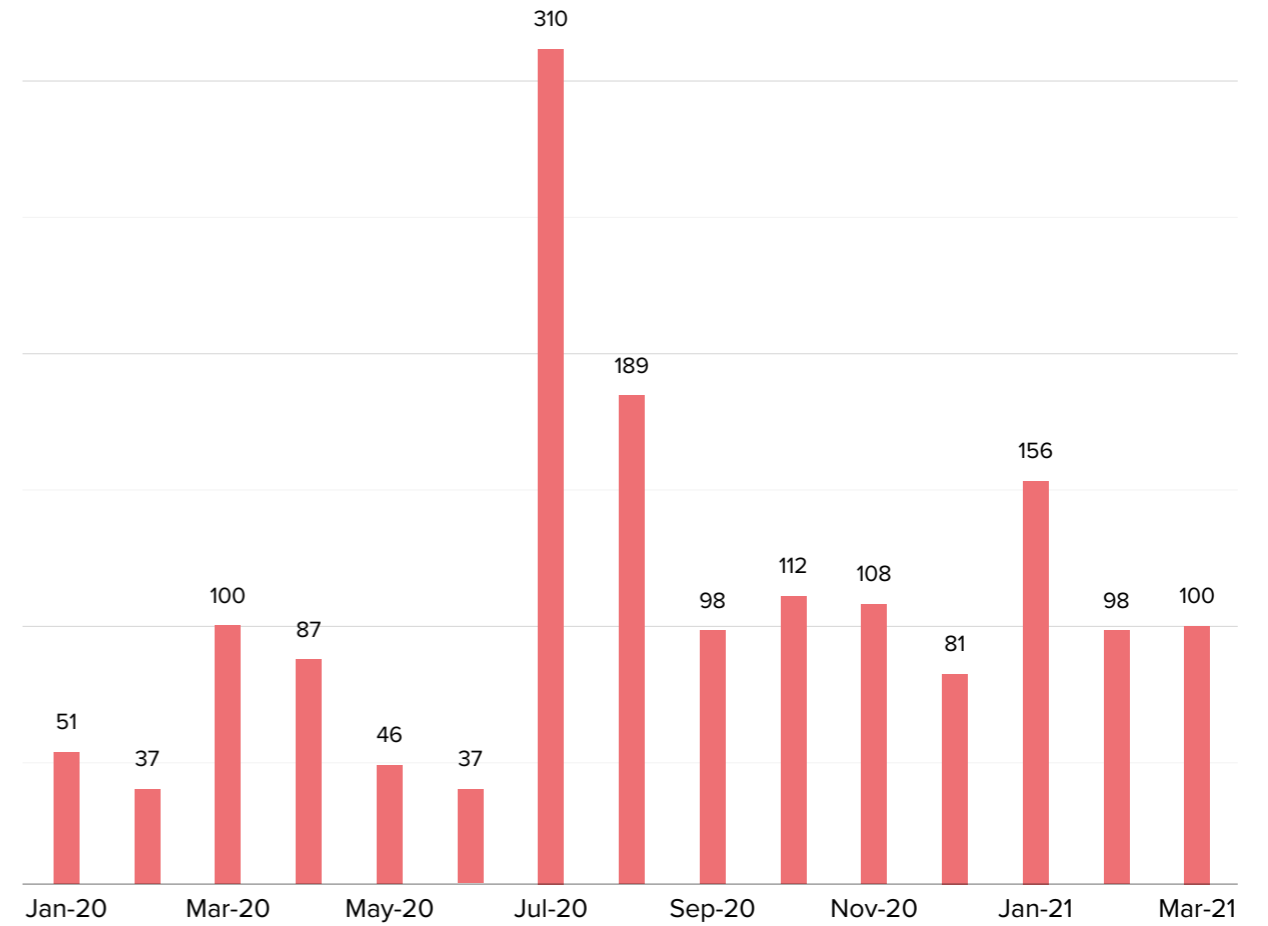
*“Homecare providers have done a fantastic job during the COVID-19 pandemic to care for vulnerable people and we recognise and thank our providers and staff for this.”*

**Jenny Wood, Director of Adult Social Care and Support at Solihull Metropolitan Borough Council.**

*“The Homecare Association was without question at the forefront of the social care sector, in helping and supporting its members with the unprecedented challenges of the pandemic.”*

**Barry Sweetbaum, Founder and Managing Director at SweetTree Home Care Services**

Number of helpline cases per month during and emerging from pandemic



**We call on the government to:**

Take a proportionate approach to continued regulation and restrictions in social care to manage COVID-19.

Ensure homecare providers are compensated to cover the additional costs related to COVID-19 regulation and restrictions.



# COVID-19 key dates

**OUR SUCCESS**  
**31 March 2021**  
Government announce that the offer of free PPE via the Portal will be extended until March 2022.

**OUR SUCCESS**  
**18 March 2021**  
Infection Control and Testing Fund 3 announced, including £341 million for infection control measures and rapid testing in adult social care.

**KEY DATE**  
**17 May 2021**  
**Step 3 easing of lockdown restrictions starts in England.**

**OUR SUCCESS**  
**27 June 2021**  
Infection Control and Testing Fund extended to 30 Sept 2021, made up of £142.5 million Infection Control Funding and £108.8 million for testing for adult social care.

**OUR SUCCESS**  
**5 July 2021**  
Guidance specific to live in care added to 'How to Work Safely in Domiciliary Care.'

**KEY DATE**  
**19 July 2021**  
**Step 4 easing of restrictions, postponed from 21 June.**

**KEY DATE**  
**9 November 2021**  
**Vaccination as a condition of deployment for frontline workers in the NHS and community settings announced to take effect from 1 April 2022.**

**OUR SUCCESS**  
**10 January 2022**  
£60 million Omicron Adult Social Care Fund announced.

**OUR SUCCESS**  
**31 January 2022**  
Sajid Javid issues statement on intention to revoke VCOD.

**OUR SUCCESS**  
**15 March 2022**  
Vaccination as a condition of deployment for frontline workers in the NHS and community settings regulations revoked.

**OUR SUCCESS**  
**21 October 2021**  
Extended Infection Control and Testing Fund further extended to 31 March 2022, with an extra £388 million of funding to support the care sector over the winter. First round ring-fenced £162.50 Workforce Recruitment and Retention Fund announced.

**OUR SUCCESS**  
**10 December 2021**  
£300 million second round of Workforce Recruitment and Retention Fund for adult social care announced, effective to 31 March 2022.

**OUR SUCCESS**  
**13 January 2022**  
Free PPE extended until 31 March 2023 in England.

**KEY DATE**  
**21 February 2022**  
**COVID-19 Response - Living with COVID-19 Plan published.**



I am so grateful to my carers - they support me to live well at home and have a fulfilled life

# What our members say

*"Thank you for such a wonderful and insightful training workshop. The content was very helpful, and I learnt so much from the day. I really appreciated the hints, tips and signposting that are invaluable in navigating this process."*

**Rufaro Mahachi, Registered Manager at Around the Clock Care**

*"I have found the advice and guidance provided by the Homecare Association invaluable. In the ever changing and developing health and social care sector, the helpline service provides me with much reassurance. The team of specialists always reply to enquiries in a prompt, efficient and helpful manner."*

**Jessica Jenkinson, Compliance and Operations Manager at Radfield Home Care**

*"Jane Townson, the Homecare Association team and the support and resources that they offer, have proven to be invaluable throughout the challenges of recent years. Home Instead Exeter & East Devon are steadfast in ensuring that we remain as members and friends of this valuable organisation. We would wholeheartedly encourage our counterparts to do the same. We are undoubtedly stronger together, and as the only professional membership body in the UK representing our sector, the Homecare Association is our united voice - with regard to government, NHS, regulators and the media."*

**Mark McGlade, Director of Home Instead Exeter and East Devon**

*"We have been members of the Home Care Association for more than 20 years. At the beginning, the advice and support about how to run a home care business was invaluable. As the business grew, we used the resources, training, and events to help us achieve best practice. In more recent years as a well-established provider, we have really appreciated the lobbying and representation they provide at government level, as well as their ability to raise the profile of homecare with the media and within local communities."*

**Camille Leavold, Managing Director at Abbots Care**

*"Being a member of the Homecare Association allows us to keep up to date with the latest sector news and legislation. We have found all the team there to be very friendly, accessible and professional. Our questions are always answered with a timely and detailed response. As a small provider, we feel reassured to know we are in safe hands. Of all the associations we are a part of, the Home Care Association certainly feels the best value for money."*

**Scott Marsh, Director at Your Home Care**

*"We've been using the Homecare Association's Disclosure and Barring Service for over six years now. Their website is easy to use and there is always someone on the end of the phone to answer any questions. In all the time I have been using the service my calls have been answered by the same team and my queries have been answered very efficiently, so I can get on with my job. They are so professional and helpful – I cannot fault them."*

**Alison Hamblin, Administrator at Kemble Care**

# Homecare: an essential service



**1 million**

Homecare helps almost a million older and disabled people each year to live safely and well at home.



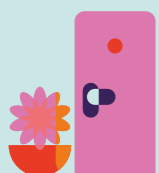
**age 75+**

UK population growth aged over 75:  
2025: 6.7 million 2030: 7.3 million 2035: 8 million



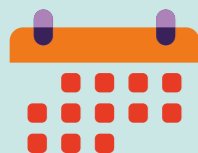
**1.6 million**

people projected to be living with dementia by 2040



**80% of people**

of the UK population believe people would rather be supported at home than in a care home



**362,235 days**

a year spent in hospital from delayed discharges due to lack of homecare in pre-pandemic period (in England alone)



**850,000**

people are employed in homecare across the UK



**1.5 million**

visits to people in their own homes every day across the UK



# Workforce

*Our professional care workforce plays an essential role in improving lives and we need to invest in them. We continue to highlight the significant workforce challenges.*

## PEOPLE AT THE *heart* OF CARE

**Reforms described in the White Paper “People at the Heart of Care” aim to ensure a workforce that is well-trained and developed; healthy and supported; and sustainable and recognised. Central government commits to investing at least £500 million over 3 years for workforce development, including:**

- ◆ A Knowledge and Skills Framework (KSF), career pathways and linked investment in learning and development to support progression for care workers and registered managers.
- ◆ Funding for Care Certificates, alongside significant work to create a delivery standard recognised across the sector.
- ◆ Continuous Professional Development (CPD) budgets for registered nurses, nursing associates, occupational therapists, and other allied health professionals.
- ◆ Initiatives to provide wellbeing and mental health support.
- ◆ A new digital hub for the workforce to access support, information and advice, and a portable record of learning and development.
- ◆ New policies to identify and support best recruitment practices locally.
- ◆ Exploration of new national and local policies to ensure consistent implementation of the above, as well as higher standards of employment and care provided.

## Representation

Four member surveys revealed worrying and persistent workforce shortages. By July 2021 62% of members were telling us that recruitment was the hardest it has ever been; this peaked at 85% in November 2021. The surveys enabled us to gain national media coverage (for example, ITV coverage by Paul Brand). The government response included the £162.4 million Workforce Recruitment and Retention Fund in November; as well as the launch of the ‘Made with Care’ campaign.

Lack of access to visas for international recruits exacerbated staff shortages. We called on the Migration Advisory Committee (MAC) and government to give careworkers access to the Skilled Worker visa route. In December 2021 MAC issued interim advice to the government to add careworkers to the shortage occupation list, which they did on a temporary basis in early 2022. We are now calling for this to be made permanent. We highlighted other issues including the cost and complexity of visa applications (included by the MAC in their final report).

In September 2021, we gained national media coverage (including BBC Breakfast, BBC News 24, BBC Radio 4 World at One, Sky News, ITV News, Channel 4 News, Times Radio and a Times editorial) regarding the impact of fuel shortages on homecare. In March 2022 we published findings of a member survey to highlight issues related to rising fuel costs. 95% of providers were concerned about cost of living increases; more than half had been

asked to increase mileage rates and a fifth had staff who had left or were looking for work elsewhere, citing fuel costs as the reason.

We provided evidence to the Low Pay Commission highlighting issues with the government increasing minimum wage, but local authorities not increasing fee rates proportionately.

Behind the scenes we co-chaired a Workforce Advisory Group at DHSC; advised Health Education England on the Long-Term Strategic Framework for Workforce; participated in Skills for Care’s Workforce Development Group; and provided feedback on the People at the Heart of Care White Paper proposals. We have engaged with academics, including on the retention and sustainability of social care workforce. We continue to work with Care and Housing Employers Together for Refugees, DHSC and others on the ethical employment of refugees.



## Member support

Over 2021-22 we continued to provide good practice resources to members on the full range of workforce issues. This included aspects of employment law such as updating our guide on the employment status of careworkers, gathering resources on equality, diversity and inclusion on our website and a podcast by our partners Anthony Collins Solicitors on the use of pre-employment questionnaires.

As careworker shortages worsened, workforce issues featured prominently at our Annual Conference. One of our Board members shared experiences of successful staff retention and recruitment in our March 2022 Homecare Magazine. We ran popular masterclasses on recruitment with Neil Eastwood. In April 2021 we hosted a Homecare Futures webinar highlighting the workforce approaches in other countries, including Singapore and the USA. The

workforce development needs for complex care also featured in our Annual Conference programme.

With the opening up of visas to careworkers we featured Anthony Collins Solicitors on How to Recruit from Overseas in our March 2022 Homecare Magazine, along with a piece from a member about their first foray into international recruitment. We also set up a dedicated webpage for members on the topic.



### We call on the government to:

Develop a ten-year social care workforce plan aligned with the NHS People Plan and improve the status of care as a career.

Invest in improving pay and terms and conditions of employment for careworkers, so that retention and recruitment for this vital public service is easier in a competitive labour market.



*“A lot of people are now talking about the valuable contribution of homecare workers and the Association has raised the profile of our sector.”*

Amrit Dhaliwal, CEO at Walfinch







Thank you for  
continuing to  
care for me  
*to live safely  
at home*

# Public awareness

We continue to raise the profile of homecare, its benefits and value to society. Our media relations work has focused on addressing the challenges homecare providers face, and we have used a range of digital, print and broadcast media to amplify these messages both nationally and regionally.

Our blog and social media channels provide platforms for us to ensure greater awareness of homecare.

## PEOPLE AT THE *heart* OF CARE

Our involvement in formulation of the White Paper “People at the Heart of Care” helped to ensure home-based support and care was at the heart of the vision for adult social care. The stated aim is to shift away from a reliance on residential care and offer people genuine options for drawing on outstanding care at home and in the community. It commits to:

- At least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available.
- A new practical support service to make minor repairs and changes in people’s homes to help people remain independent and safe in their home, alongside increasing the upper limit of the Disabilities Facilities Grant for home adaptations such as stairlifts, wet rooms and home technologies.
- A new national website to explain the upcoming changes and at least £5 million to pilot new ways to help people understand and access the care and support available.

## Our success in improving public awareness

Homecare Association’s media release outlining our response to the publication of the White Paper ‘People at the Heart of Care’ was published by 21 regional media outlets reaching 910,907 people in December 2021.

We reached four million readers of Good Housekeeping by contributing to a feature titled ‘ How to find out more about the cost of care’.

Our successful influencing has seen the Department of Health and Social Care (DHSC) recognise homecare independently of residential care in all internal and public communications.



**145** articles and features across all media

**£76.1K** AVE for print media - this is the equivalent spend on PR to secure the same coverage

## We call on the government to:

Ensure home-based care and support is available and offered as the first option for everyone who needs it.

Recognise the value of homecare to individuals, their families, communities, the health and care system and the economy, and invest to ensure high quality and sustainable services are available.





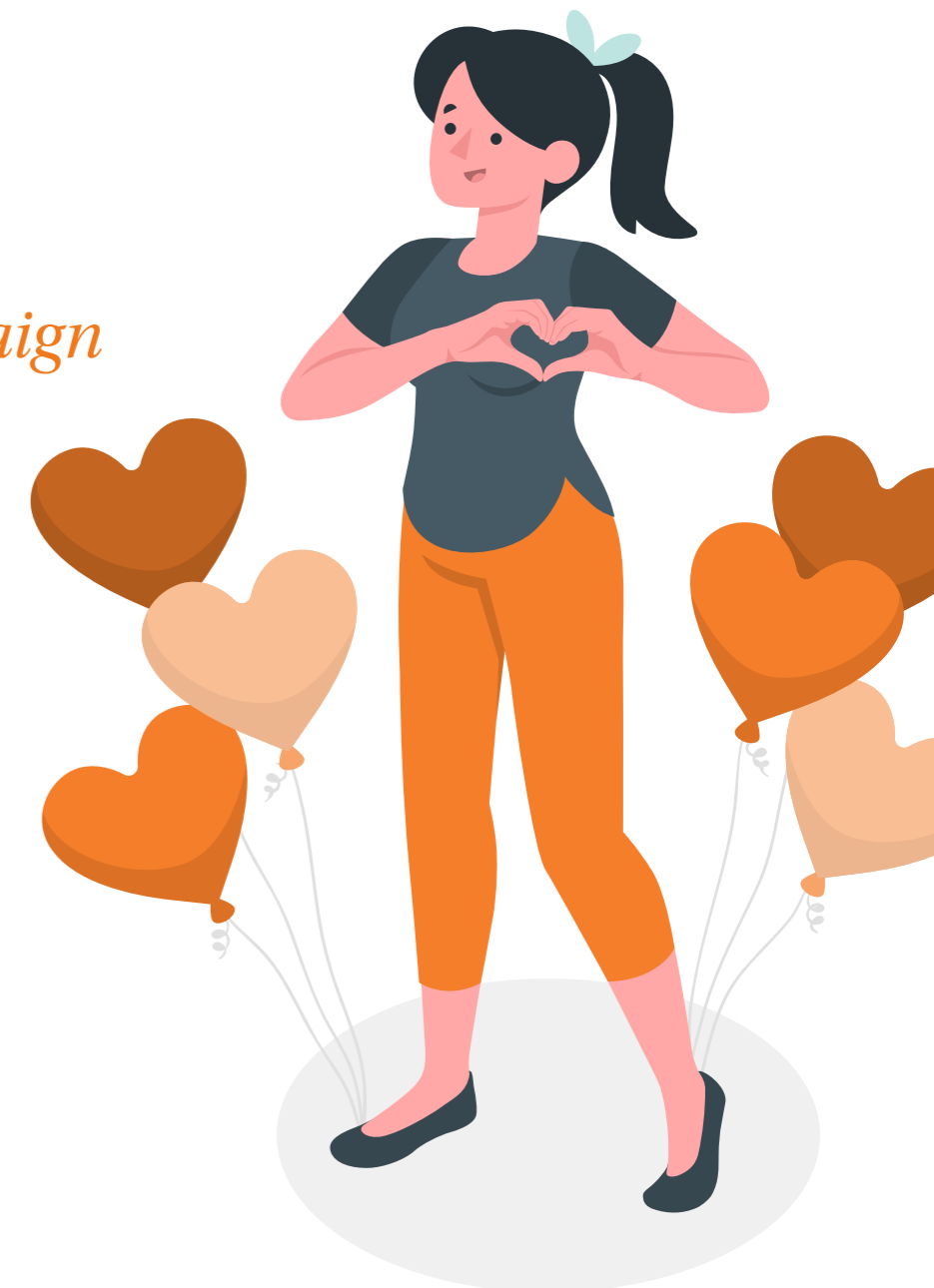
### Celebrating Homecare 2022

In September 2022, we launched our first ever ‘Celebrating Homecare’ event with the Care Workers Charity, in association with Scottish Care, Care Forum Wales, Independent Health and Care Providers Northern Ireland and Home and Community Care Ireland. The event is aimed at highlighting the value of homecare and the difference it makes to people’s lives, as well as celebrating the

significant contribution careworkers make to society. Supported by Calvin Marketing, we secured extensive coverage in national, regional and local media of the celebratory day, with 17 public figures, including Dame Esther Rantzen, Gok Wan, Colin Jackson and the cast of Emmerdale showing their support and thanking all careworkers.



*Our Celebrating Homecare campaign #madewithcare reached 34,010 people across all social media channels.*



16,797

## visits to our blogs

We continue to use our blog to raise awareness of challenges facing the homecare sector and publish research findings. By publishing our blog and sharing it on our social media channels, we are able to amplify messages and share our position on key issues.

Blogs published this past year included:

- Shortage of careworkers in homecare (July 2021)
- Health and social care levy - the Homecare Association's view on government announcement on funding for health and social care (September 2021)
- Homecare workforce shortage continues (September 2021)
- Fuel availability - the impact on homecare delivery (October 2021)
- Homecare needs recognition not rationing (October 2021)
- Who will care? Risks of making vaccination a condition of deployment in homecare (November 2021)
- People at the Heart of Care - our views on the White Paper (December 2021)
- Homecare workforce shortages deepen (December 2021)
- Homecare Association Minimum Price for Homecare 2022-2023 (December 2021)
- Why vaccination against COVID-19 is a good idea and regulations for vaccination as a condition of deployment should be scrapped (January 2022)
- Continuing lack of homecare workers (February 2022)
- Fuel costs and homecare - the impact on service delivery (April 2022)



1620  
followers  
on Instagram

Our posts on average reach over

500  
people each month  
on LinkedIn

Our tweets reach on average

39<sup>k</sup>  
PEOPLE ON  
Twitter  
EACH MONTH

8445  
followers  
on LinkedIn

Our posts reach over

5.8<sup>k</sup>  
people on  
FACEBOOK  
EACH MONTH

we have

8187  
FOLLOWERS  
on Twitter





## BBC2: INSIDE THE CARE CRISIS WITH ED BALLS

In November 2021 BBC2 aired the Ed Balls: Inside the Care Crisis documentary. The Homecare Association organised for Merseyside charity member, Caring Connections, to be involved in the production. The programme was aimed at demonstrating the positive impact of homecare, as well as the challenges facing both homecare providers and care workers.



*As a charity we are always keen to raise our hand to improve the profile of social care workers and change public perceptions of the role. We have been pushing for change for many years and welcomed this high-profile opportunity to raise our points and hopefully influence the powers that be in making change. It is important to me that the public understand how hard professional carers work, and the difference they make to people's lives.*

**Paul Growney, Managing Director  
at Caring Connections**





The carers  
and I have  
a good laugh,  
which is what  
I need. *They  
are friends.*

# Financial sustainability

*Never before has investment in homecare been more vital to ensure people can live well at home. Through our influencing and media work we continue to highlight the risk of the sector being destabilised by local authorities who continue to pay unsustainable rates for homecare and the impact this is having on recruitment and retention.*

*Our research throughout the year has evidenced the challenges providers across the UK are facing in sustaining their businesses as we experience the worst cost of living crisis for decades.*

## PEOPLE AT THE *heart* OF CARE

The “People at the Heart of Care” White Paper outlines care charging reforms aimed at ensuring greater justice for people drawing on services and protecting them from catastrophic care costs. The government has committed £3.6 billion over 3 years to pay for :

- A cap on care costs of £86K.
- An extension to asset thresholds for the means test.
- Support for progress towards local authorities paying a fair cost of care, so that the gap between the fees paid by local authorities and self-funders is minimised.

To access the additional funding, local authorities are required to conduct cost of care exercises for 65+ residential and nursing care and 18+ homecare and produce a plan for driving market sustainability by October 2022.

## Representation

The 2021 edition of our Homecare Deficit report was published in October 2021, after we submitted Freedom of Information requests on homecare fee rates to 340 public organisations across the United Kingdom. By including NHS bodies for the first time, it was the most comprehensive enquiry we have ever conducted and led to our Chief Executive, Dr Jane Townson, being interviewed on BBC News.

Once again, the continued deficit in homecare funding was exposed, with an overall weighted UK average of just £18.57 per hour being paid.

This was significantly below our Minimum Price for Homecare, which is the amount

needed to ensure compliance with employment and care regulations, as well as quality and financial sustainability of care services.

We estimated a requirement for an additional £1.7 billion per year to ensure homecare workers in the UK can be paid the same as NHS healthcare assistants at Band 3 with 2+ years’ experience (NHS, 2021), and that homecare services are financially sustainable.

Since then, the Minimum Price has been revised upwards and now stands at £23.20 per hour, with providers facing increases in wage and non-wage costs of at least 8-10% in 2022-23.

## Key stats from minimum price for homecare

	Wage rate per hour	Minimum price per hour
National minimum wage	£9.50	£23.20
Living wage	£9.50	£24.08
London living wage	£11.05	£26.66
Scottish careworkers	£10.02	£24.35
NHS Band 3	£11.14	£26.86
Competitive labour market	£12.50	£29.90

Indeed, we stressed this point when writing letters to local authorities throughout England, as well as councils and local health boards in Wales. Public organisations were urged to raise their

fee rates to help maintain and grow vital homecare capacity and ensure stability of the local market. In total, 47 response letters were received following our initial correspondence.

**We wrote to Local Authorities in England and councils in Wales to share our minimum price for homecare in 2022/23 and asking them to raise their fee rates.**

**England**

Number of letters sent	148
Number of response letters	40
Percentage of response letters	27%

**Wales**

Number of letters sent	22
Number of response letters	7
Percentage of response letters	32%

**Overall**

Number of letters sent	170
Number of response letters	47
Percentage of response letters	24%

**Some kind words from local authorities**

In October, our Chief Executive gave oral evidence to the Housing, Communities and Local government Committee regarding the long-term funding of adult social care. We also submitted our representation for the 2021 Comprehensive Spending Review which outlined the financial pressures faced by the sector.

Member surveys have also been used to inform our representation work. As well as conducting research on the increase in fuel prices, we asked our members about the removal of the Infection Control and Testing Fund, with the survey covered by ITV News.

*“Thank you for the work the Homecare Association continues to undertake to advocate for its members and the wider social care sector. We very much value the feedback and recommendations made by the Association.”*

**Mel Lock, Director of Adult Social Care at Somerset County Council.**

*“Thank you for contacting us to highlight the issues and for sharing the comparative information which is both insightful and helpful. I should also like to pay tribute to the work undertaken by the sector and acknowledge the collaboration we have received throughout the most challenging time in our history.”*

**Arwel W Owen, Head of Adult Services at Isle of Anglesey County Council, Wales.**



## Member support

Over the last year, the Association has published various resources for members on financial issues.

Most notably, we updated our National Minimum Wage toolkit. Written by our preferred solicitors, Anthony Collins Solicitors LLP, the toolkit sets out the current law with practical examples and includes a step-by-step compliance assessment tool.

Our David v Goliath factsheet was revised by Anthony Collins, providing members with top tips on recovering debt from local authorities.

Moreover, we drafted a briefing that considered the current state of play for homecare in Northern Ireland and made recommendations to support and strengthen the independent homecare sector.

In exceptional circumstances, there has been engagement with specific local authorities on fee rates. For example, we wrote to Walsall Council, expressing our serious concerns that the fee rate being offered to providers (£15.80 per hour) was nowhere near sufficient to operate a sustainable business. We have also engaged with Devon County Council, Hertfordshire County Council, Leicestershire County Council, Surrey County Council, Croydon Council, West Northamptonshire Council, the Yorkshire and the Humber commissioning network and others on various issues related to costs of delivering homecare.

We also sought members' views on elements of our Minimum Price calculations, while for attendees to our Annual Conference 2022, a workshop was held on financial sustainability.



*“The Homecare Association is incredibly valuable. Whether you are a small provider, just starting out or an established business looking to grow, you need to know that your interests are represented, particularly in light of the financial challenges the sector faces.”*

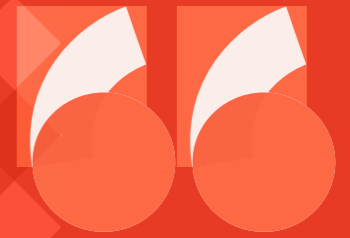
**Roger Booker, CEO of Care Sante**

## We call on the government to:

Recognise that investing in homecare is vital for enabling us all to live well at home, thereby reducing demand on the NHS.

Use the Fair Cost of Care and Market Sustainability work to ensure that both councils and the NHS are adequately funded to pay the true cost of delivering homecare, so that careworkers are fairly rewarded and quality and sustainability of services is maintained.





My care-  
workers  
encourage  
me to be  
independent  
- *that is  
important  
to me*

# Innovation and integration

*We are committed to supporting our members to implement digital technology and explore digital innovation to meet the government’s vision to have a connected health and social care system by 2024.*

*We have continued to educate key stakeholders about the opportunities and challenges facing our sector in adopting new technology and integration in homecare to ensure it is given the focus it deserves, whilst minimising the burden for our members.*

## PEOPLE AT THE *heart* OF CARE

Both White Papers, “People at the Heart of Care” and “Integration”, articulate an aspiration for everyone to receive the right care, in the right place, at the right time.

To help achieve this, the government has committed to invest at least £150 million to drive digitisation and launched a £30 million Innovative Models of Care Programme to support and embed into the mainstream innovative models of care.

The Department of Health and Social Care has said that by the end of 2024/25, they expect to have digitised the health and care system and connected it together. This will create a platform for services that look and feel different for people and communities, NHS workforce, social care workforce, industry, and suppliers.

## Representation

We contributed to the Innovation and New Models of Care workstream that informed the output published in “People at the Heart of Care”. It was pleasing that the government committed £180 million to support this agenda.

Our CEO is a member of the:

- ♥ Digital Social Care Advisory Group to NHSX (now part of NHS England, or NHSE)
- ♥ Professional Records Standards Body
- ♥ NHSX AI Strategy Group
- ♥ TEC Action Alliance

We also work closely with colleagues in the NHS on the integration agenda. Through us, some members join us in fortnightly meetings with NHS colleagues to discuss issues, which are then escalated to the highest levels in NHSE.

Our representation has focused on educating key stakeholders about the opportunities and challenges for innovation, adoption of technology solutions and integration in homecare and ensuring it is given as much strategic attention as other settings of care.

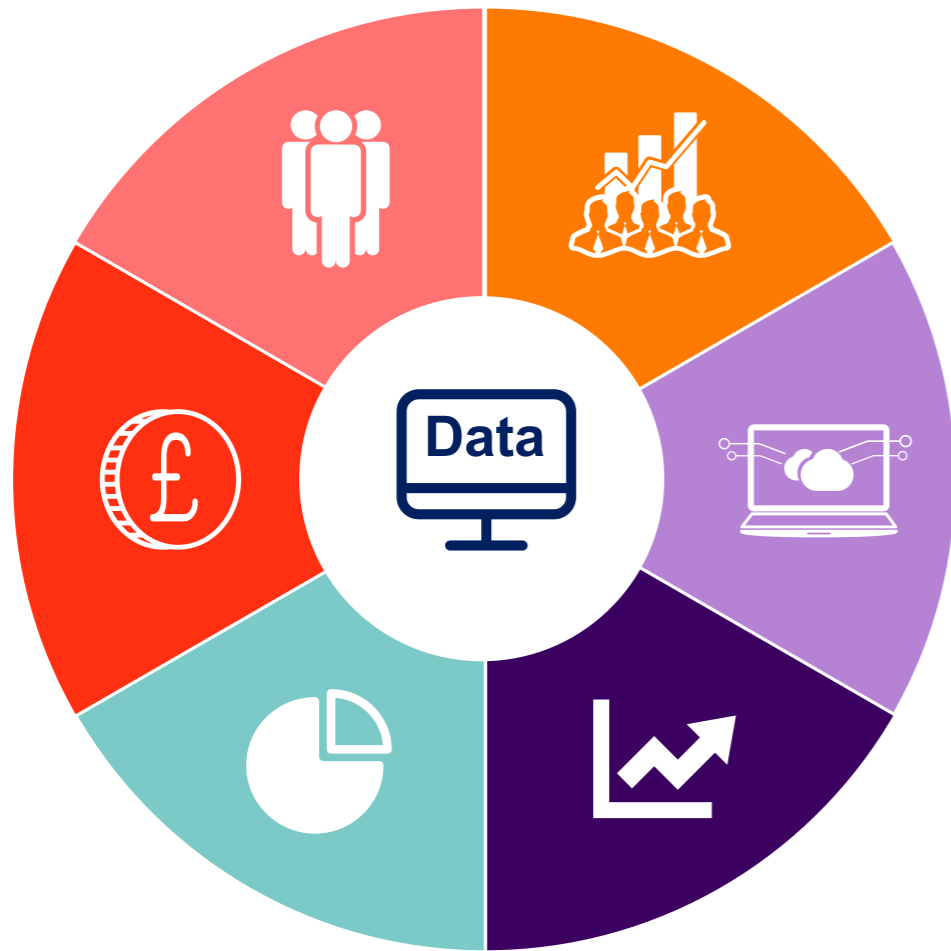
Entrepreneurial flair is abundant and there are numerous ideas and technology solutions available for improving lives of people at home.

Part of our representation work has involved showcasing members and suppliers who are already incorporating a range of technologies into service delivery and using the data to improve outcomes for those they support.

Through us, members have been invited to participate in government focus groups and academic research, publish articles and speak at high profile events.



## The importance of data in homecare

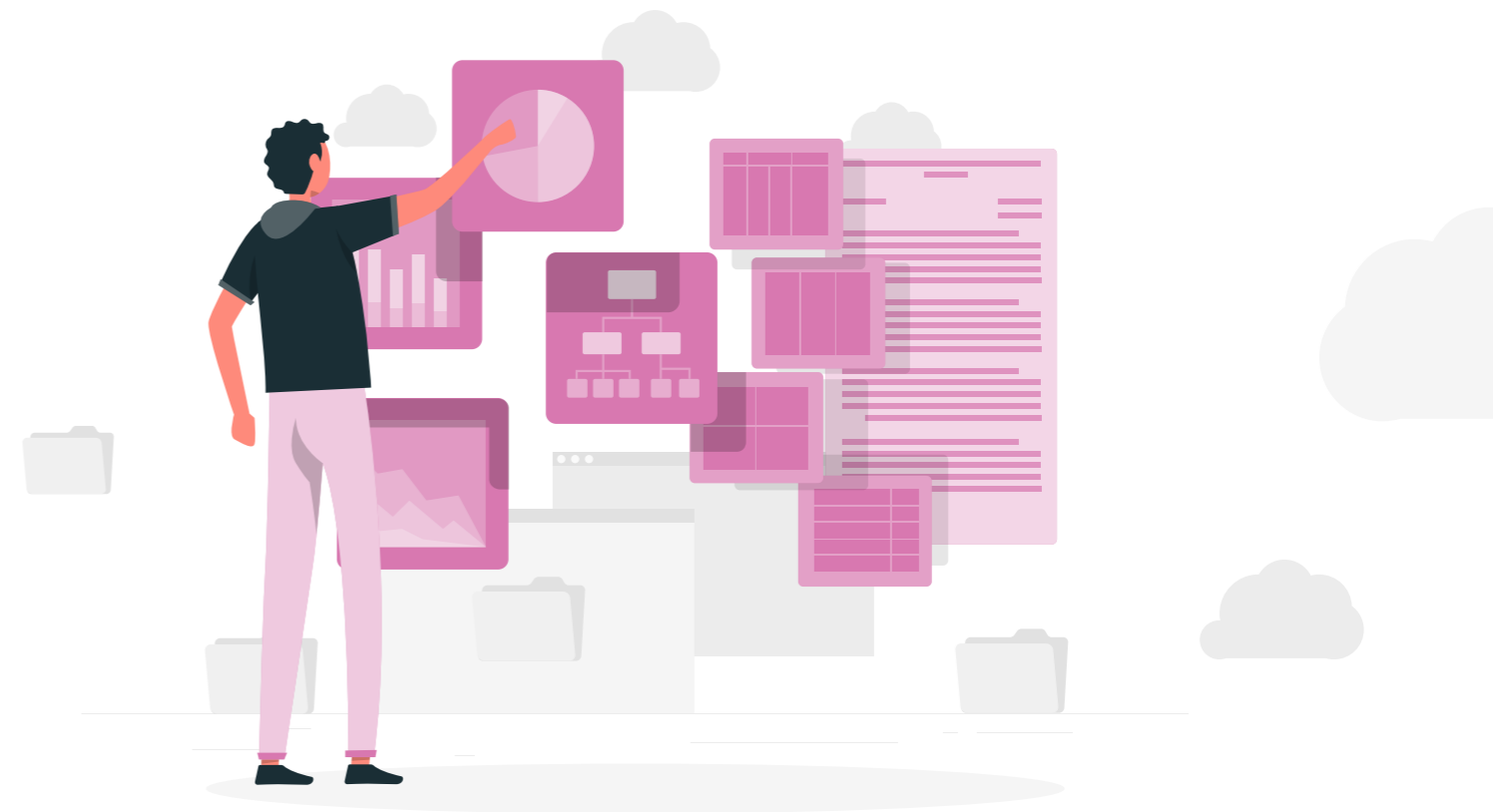


- Personalise care and improve outcomes
- Drive quality, safety, efficiency
- Enable predictive & preventative health strategies
- Identify trends
- Facilitate research and policy making
- Save money

Other representation work has focused on highlighting barriers to adoption of innovative approaches or technology solutions, including:

- ♥ Basic infrastructure, such as reliable mobile phone signals or Wi-Fi
- ♥ Local authority approaches to commissioning and purchase of homecare
- ♥ Remote health monitoring and other caretech solutions depend on response services and engagement of health professionals, which are not always available
- ♥ Cultural issues of professional trust and respect between the NHS and social care
- ♥ Finding and choosing suitable technology solutions can also be difficult for providers, either because choice is limited, or because they lack in-house resource or expertise
- ♥ Some have also found contracts with some suppliers to be onerous and hard to exit, together with transfer of data. Cyber security risks loom large in this area and risk needs to be mitigated

The Homecare Association is also involved at different levels in advising on data requirements, collection, and submission. Whilst supporting improvements in data on social care, we have pushed hard to ensure that the data burden for providers is minimised, and that data are shared with all parties for mutual benefit.



## Practical support

We are working with NHSE (formerly NHSX), Digital Social Care and Skills for Care to ensure provision of a comprehensive digital learning offer and practical guidance on using technology in all care settings, as well as targeted leadership support, so decision makers can drive cultural change at a senior level.

We are seeking to drive increased uptake of the Data Security and Protection Toolkit, building on the success of the Better Security, Better Care programme and ensuring providers have the support they need to work safely.

With a goal to achieve 80% adoption of digital social care records by March 2024, homecare providers will need substantial support and we aim to increase effort on this area in the coming year.

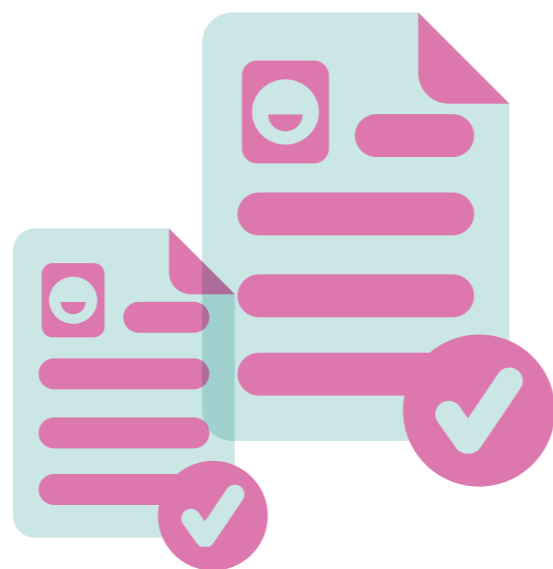
We have contributed to numerous pieces of research commissioned by NHSX and various academic institutions on opportunities and challenges for adoption of digital solutions in homecare.

Thanks to our interventions behind the scenes, some suppliers in our membership have succeeded in enabling access to GP Connect for registered managers of care services.

We collaborated with Care England and the Good Governance Institute to publish a report on Integrated Care System engagement with the adult social care sector, an area which needs improvement.

We have also been active in highlighting and seeking solutions to issues associated with poor hospital discharge processes and will be conducting further research on this area this year.

*With a goal to achieve 80% adoption of digital social care records by March 2024, homecare providers will need substantial support*



### We call on the government to:

Incentivise innovation in the care sector, so the sector can develop and implement new models of care and technology solutions, making the UK a global leader in long-term care delivery.

Support the integration of health and social care by ensuring social care providers have a seat at the table in Integrated Care Systems and parity of esteem with the NHS, so we can join up health and care for the benefit of all.





To see people  
maintaining  
life at home,  
where they  
feel secure,  
*is a reward  
in itself*

# Regulation

*We continue to represent our members' interests and explore issues with the regulatory bodies across the UK. With the impending changes to how services are regulated and inspected in England, we have continued to engage with the Care Quality Commission to ensure our members' views and concerns have been considered. We have supported members, with advice and guidance through practical resources and webinar events on regulatory issues.*

## PEOPLE AT THE *heart* OF CARE

**Homecare providers must comply with numerous regulations, including but not limited to those related to employment; care quality; consumer protection; data protection; statutory data submission; finance; and health and safety.**

In a welcome development, the adult social care reform proposals outlined in the "People at the Heart of Care" White Paper recognise that quality and sustainability of care provision is also related to the quality and sustainability of commissioning and purchase of care.

In future, therefore, oversight of local authority commissioning of care and the compliance of councils with the Care Act 2014 will be overseen by the Care Quality Commission (CQC) in England.

In the White Paper on "Integration", the government also announced a role for CQC in providing oversight of Integrated Care Systems in England, which we also view as a potentially positive change given the interdependence of all parts of health and care systems.

## Representation

Throughout the year we have continued our regular engagement with Regulatory Bodies including the Care Quality Commission (CQC) and HMRC.

Following previous work with HMRC on travel/waiting time, in 2020, which resulted in published guidance, a webinar and YouTube video, HMRC contacted us this year to discuss how to improve guidance on National Minimum Wage (NMW) compliance, which remains an area of risk for the homecare sector.

Homecare Association members were offered an opportunity to participate in a free programme designed to support providers with NMW compliance. HMRC has undertaken to review each provider's current pay arrangements and record keeping. If potential compliance risks are identified, HMRC will offer confidential information and advice on how to improve. Providers will be able to self-correct without being named or facing regulatory penalties.

A joint HMRC and Homecare Association webinar was held for members in July 2022 and the support programme will run to the end of the year.

Our ongoing engagement with the CQC has continued throughout the pandemic and we continue to take both general and individual concerns to the Commission.

In the last year, CQC has announced changes to its regulatory approach,

including plans for a Single Assessment Framework to replace the existing inspection processes for each of the sectors subject to regulation.

We submitted comments on the new proposals, which will see a greater focus on the views of those who draw on regulated services, their families and others who have an interest in the delivery of care and support. We have challenged CQC on how evidence will be triangulated and weighted, and on the transparency of processes for awarding and updating quality ratings.

In April 2022, we submitted a formal response to CQC's proposals. We expressed concerns about balance and potential sanctions, as well as our disappointment that the proposals had been drawn up with limited engagement with providers and their representative bodies.

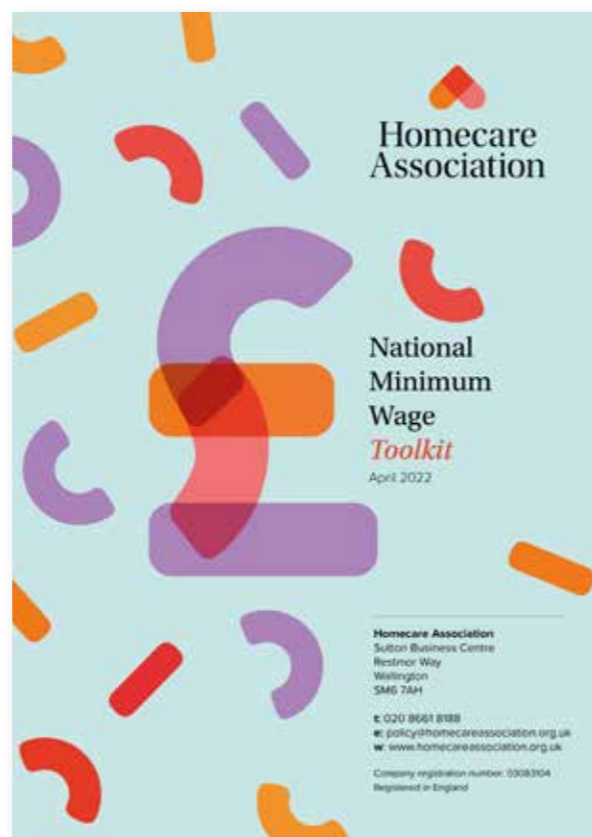
For many years the Homecare Association has argued for regulatory oversight of local authority commissioning, so we are supportive of this proposal in principle. Our concern is how this might be implemented in practice. We have made clear to CQC that we expect them to engage effectively with providers and their representatives on this matter.

Regulation of homecare is a contentious issue. Legislation currently allows for individual citizens to employ their own personal assistants at home to perform

personal and healthcare tasks, without registration or regulatory oversight. Introductory agencies exist to help people looking for personal assistants to find them more easily. Some believe fervently in the right of individuals to commission their own care, decide on whether the quality of care provided meets needs, and avoid perceived interference from local authorities and regulators. Others believe that the purpose of regulation is public protection, and that regulation should be determined by the nature of the work rather than a careworker's employment status.

Nearly all the Homecare Association's members operate managed services registered with a care regulator, of which some also provide introductory services. After extensive Board discussion in 2019, we no longer allow introductory only services to become members. Over 30 years ago, providers came together to found the Homecare Association to campaign for quality and standards in homecare, and this remains core to our work.

There appears little appetite in Whitehall to review current legislation, but we continue to explore these issues with government and regulators. We also worked with BBC You and Yours on a radio programme to examine the pros and cons of the different models, involving one of our members.



## Member support

This year we gave members a range of support on regulation to assist with common issues, such as evidencing compliance, dealing with inspectors' inconsistencies, and delays in re-rating. We gave members advice on the helpline, recorded a video on how to approach CQC inspection, ran workshops on proving compliance and published articles in our Homecare Magazine, launched in March 2022.

In 2021, we held a webinar with Anthony Collins' Solicitors, who provided a legal perspective on 'How to approach your CQC inspection'. We also ran a workshop at our Annual Conference in March on legal issues affecting homecare providers, which included care regulation.

We produced a new factsheet and accompanying templates on risk assessment and launched our highly successful guide to providing personalised

care. We followed up with summer planning guidance, which looked at reducing health risks in a heatwave, a timely addition.

Our National Minimum Wage Toolkit was updated to include case law on paying workers for induction training and as mentioned above, we worked with HMRC on minimum wage compliance. All in all, a busy year, to ensure members had maximum help on regulation.



## We call on the government to:

Keep regulation of homecare under review, to ensure universal quality standards.

Empower statutory regulators to assess the quality of commissioning of state-funded homecare and sustainability of local care markets and take action to prevent market failure.







The care-workers are professional in the way they support me - *I feel included & in control*

# Our work in Wales

*Providers in Wales have had a difficult year with workforce shortages limiting capacity across the homecare sector and significantly impacting service delivery. We have sought to represent members' interests in a number of areas.*



## Fee rates

In winter 2021 we worked with the National Commissioning Board to urge local authorities to ensure fee rates matched costs based on our costing work, this included further consideration about the real costs associated with meeting the training standards set out in the registration process.

In spring 2022 we worked together with Care Forum Wales to write letters to all local authorities and health boards urging them to uplift their fee rates to a level that would cover the reasonable costs of care delivery, taking into account the Real Living Wage commitment, and calling for rates that would allow pay equivalent to NHS Band 3. While the percentage uplift in fees offered has generally been much higher than previous years, there remain issues with a deficit due to cost increases and the fact that fee rates were low to start with. This will continue to be a focus for our work.

## COVID-19

While 2021-22 has seen restrictions for the public phased out, there is still significant infection prevention and control guidance in place in the homecare sector. This has increased costs, including, for example, needing to pay staff for time to test.

In May 2021 we wrote to the Minister to urge an extension of the Hardship Fund. We were pleased that this was agreed. However, the funding eventually came to an end in March 2022. We also wrote to

Welsh government officials to campaign for extension of the Statutory Sick Pay Enhancement which was due to end in June 2022. This was extended to the end of August, which was positive for careworkers. We continue to call on the Welsh government to ensure that additional costs associated with COVID-19 are met.

*In spring 2022 we worked together with Care Forum Wales to write letters to all local authorities and health boards urging them to uplift their fee rates*



## Workforce

There have been some efforts by Social Care Wales and the Welsh government to address workforce issues, including a further £1,000 bonus payment to social care staff, a Real Living Wage pledge and recruitment campaigns on TV. These have not been enough to tackle the significant staff shortages being experienced in Wales. We joined others in the National Provider Forum to write to senior officials in the Welsh government highlighting the issues.

We have also engaged with Social Care Wales on the development of a workforce plan; this will need to be closely tied to other work being led by the Social Care Fair Work Forum and the Welsh government. Goals such as the development of career pathways will require funding, for example. We responded to the consultation on changes to registration. We welcome the reduction in CPD hours, given the impact on part-time staff. We also participated in the Social Care Wales wellbeing network, sharing best practice in ways to support staff.

We recognise that concerns remain around the registration and qualification requirements. Over the next twelve months we will start to see the first round of registration renewals approaching. We will also see new workers needing to register in six, rather than twelve, months and if this looks like it will affect staff retention rates, further action will be needed.

*Policy conversations have covered fuel prices, innovation, the green agenda, testing and isolation, the impact of the pandemic on care-workers and the use of zero-hours contracts*



## National Care Service

In April 2021 we responded to the Welsh government's consultation on Rebalancing Care and Support. We challenged the government's assumption that the use of small providers inhibited service improvement. We called for consistent commissioning practices that move away from time and task commissioning and take into account the real costs of care delivery.

Following the May 2021 elections, the government signed a Cooperation Agreement with Plaid Cymru which stepped up previous plans on Rebalancing Care and Support to develop proposals for a National Care Service. Progress on the proposals has been slower than expected. At the time of writing, the Expert Group formed to make recommendations has not yet reported back and we are keeping an eye on developments. This is likely to form a larger part of our work in Wales over the coming year.

## Other work

Other policy conversations have covered fuel prices, innovation, the green agenda, testing and isolation, the impact of the pandemic on careworkers and the use of zero-hours contracts. We are continuing to work to raise awareness and understanding of the sector and current issues. We have been pleased to see our recent research on fuel prices feature in Senedd Research.



# Our work in Scotland

*Providers in Scotland have faced another difficult year. We have looked to represent our members interests in the development of the Scottish National Care Service, on changes to the Scottish Social Services Council and other key issues.*



## COVID-19

COVID-19 has dominated the United Kingdom's agenda for most of the last year and care at home providers in Scotland struggled with many of the same issues as colleagues in the rest of the country.

## National Care Service

We contributed to the Scottish government's consultation on a new National Care Service and like many others, raised concerns about the involvement of care at home providers in the proposed new structures and the potential costs associated with implementing the Service. The Scottish government has since committed to begin the legislative process to set up the Service with the aim for it to be fully operational by May 2026.

## Costs and the homecare deficit

Our concerns around costs remain, given the proposed £660 million required to implement the Service. Specifically, the original estimate did not cover significant costs to the government of any increase in pay for social care staff and enhanced support for hundreds of thousands of unpaid family carers.

The Scottish government promised £800m by 2026/27 to implement Mr Feeley's recommendations and an expanded remit of a National Care Service, but the Fraser of Allander Institute says the figure could end up being nearly double this. Significant costs are associated with the Scottish government's commitment to the Scottish

Living Wage but do not appear to have been fully considered as we were able to demonstrate in our most recent Homecare Deficit Report, published in October 2021.

As part of the Freedom of Information exercise that underpinned the report, we benchmarked both local authority and NHS procurement bodies' fee rates across the country.

*We contributed to the consultation on a new National Care Service raising concerns about the involvement of care workers and the potential costs of implementation*



We found that, since 2020, the number of hours of homecare purchased by public sector organisations has risen by 12% in Scotland. However, of the organisations that responded, only 3% of public organisations in Scotland were paying an average price at, or above, the Homecare Association's Minimum Price for Homecare of £21.43 per hour.

### Collaborative procurement

Given that public procurement accounts for over 80% of care purchased across the UK, getting the process right is paramount and for many years has not been effective.

As part of the development of the National Care Service, the Scottish government has funded the Coalition of Care and Support Providers in Scotland (CCPS) with a view to improving the procurement process and has issued resources including a 'How To' Guide and 'Myths Busters'.

The aim is for procurement to be more collaborative, person-centred and outcomes-based.

A series of events are planned throughout the year and we are contributing to the process.

Concerns remain among providers about the imbalance in power structures. Local authority and NHS commissioners continue to be the main decision-makers, whilst providers and people drawing on services lack a clear statutory voice within the Integrated Joint Boards.

*Only 3% of public organisations in Scotland were paying an average price, at or above our minimum price for homecare of £21.43 per hour*



### Scottish Social Services Council (SSSC)

The SSSC published preliminary findings from their Register for the Future consultation.

Over 6,500 people responded to the consultation with widespread approval for streamlining of the register, although the publication of fitness to practise warnings and/or conditions be published on the public facing Register, had less support.

There were significant concerns raised regarding the proposal to introduce a minimum qualification of SCQF level 7 for frontline care at home and Housing Support Practitioners. The main issues regarding this final proposal relate to practitioners in these settings gaining

the necessary evidence to meet the SCQF 7 requirements. In addition, there was widespread apprehension about the financial impact on employers paying for the qualification and potential issues for salary increases related to a higher level of qualification.

SSSC will run a further series of consultation workshops over the summer and aim to finalise the proposals to go to Council for decision in November 2022.

### IMPACT Assembly

The Scottish IMPACT Assembly has continued to meet to look at taking evidence into practice. IMPACT thinks of evidence as consisting of research evidence, knowledge of people who draw on care and support or who are unpaid carers, and the knowledge of people who work in services. We considered different examples and styles of evidence documents, to see what matters most to Scotland Assembly members.

### Looking ahead

We have been looking at how we can better engage with and support our members in Scotland and have been in discussion with Scottish Care with a view to more collaborative working.

As a first step, we have been invited to join Scottish Care's Regulatory Forum and in the coming year will be looking for further engagement opportunities.



# Our work in Northern Ireland

*Providers in Northern Ireland had experienced some of the lowest fee rates across the UK. We have looked to represent their interests on financial sustainability, workforce shortages and the additional costs and regulations associated with COVID-19, among other key issues.*



## Fee rates

The inadequate fee rates paid by Health and Social Care (HSC) Trusts to independent homecare providers in Northern Ireland has been an ongoing issue. For example, our Homecare Deficit 2021 report calculated a weighted average of just £15.76 per hour – the lowest price of any devolved nation or English government region.

Consequently, we worked with Independent Health & Care Providers (ihcp) to launch the ‘15’ campaign in July 2021. This called for an end to both fee rates of £15 per hour and 15-minute visits (as Northern Ireland had the highest such level of visits in the UK).

Together with lobbying the Department of Health, a support package of up to £23 million for homecare and social care services was unveiled by Health Minister Robin Swann in November 2021. This enabled the hourly rate to be uplifted to £18 per hour.

This was clearly a step in the right direction, but more still needs to be done.

In February 2022, we published a briefing on the current state of play of Northern Ireland’s homecare sector. Amongst the recommendations, we called for ongoing financial support to be made available so that providers can pay their staff at a wage equivalent to Health and Social Care Band 3. This briefing was sent to every Member of the Legislative Assembly (MLA), as well as senior stakeholders.

Campaigning on hourly fee rates will remain a key part of our work in Northern Ireland going forward.

Of course, a higher fee rate for providers will lead to a higher wage for careworkers, and the new £18 hourly minimum will help staff to be paid at closer to the Real Living Wage.

*A support package of £23 million for homecare and social care services was unveiled by the Health Minister enabling the hourly rate to be uplifted to £18 per hour*



## COVID-19

The commitment and dedication of careworkers during the pandemic to help those most in need has been simply outstanding.

To this end, following our lobbying, it was announced that homecare workers in the independent sector would be among those to receive a special recognition payment of up to £500 to reward them for their hard work.

Since then, we have worked with the Department on facilitating the scheme, engaging in numerous communications and supplying them with a template for payment. Despite delays from the Department, payments have been managed and paid by providers since November 2021.

We also had conversations with the Minister in relation to maternity pay. Indeed, in November, Southern HSC Trust sent a letter to providers – they clarified that, for pregnant employees after 28 weeks gestation or with underlying health conditions at any stage of gestation who choose to remain at home, an organisation may claim for this absence at 100% (instead of 80%) of their average earnings over a set period. Meanwhile, our efforts have helped to ensure that support for extended sick pay due to COVID-19 has also continued.

It was unclear as to the support for providers in respect of PPE for the financial year 2022-23. In fact, Northern Ireland was the only nation not to have confirmed that this will

continue. However, our lobbying led to the free provision of PPE being retained.

While vaccination as a condition of deployment was revoked in England following a consultation (news which we welcomed), we helped to ensure that this would also not be introduced in Northern Ireland.

As in other parts of the United Kingdom, there has been an issue regarding an inability to obtain insurance cover for COVID-19 claims. This is something that the Association has spoken to the Department about.

*The commitment and dedication of careworkers during the pandemic to help those most in need has been simply outstanding*



## Reform and fairness

The Department of Health's Reform of Adult Social Care process has continued, with a consultation on proposals to reshape the sector closing at the start of July 2022, to which our Northern Ireland board members responded.

As part of this work, we have represented homecare on the Reform of Adult Social Care Board. In addition, the Minister announced that a review of the Fair Price of Care would take place. The acknowledgement of the need for this is a step forward and comes by virtue of our lobbying.

Meanwhile, the Department has increased the mileage rate for Agenda for Change staff, including homecare workers employed by HSC Trusts. While the existing rate of 56p per mile for the first 3,500 miles will remain as before, the rate for mileage above 3,500 miles has risen from 20p to 30p per mile for an initial six months.

However, homecare staff in the independent sector have been excluded from this change, and we have written to the Minister, seeking to address this inequity.

We have also participated in the Fair Work Forum, which aims to improve career prospects for the social care workforce. This included sending correspondence to the Department, outlining our concerns about the Forum's Terms of Reference, such as the insufficient representation of independent sector employers among the Forum's membership.



# Member benefits



## REPRESENTING HOMECARE

communicating interests with government, regulators, the media and the public



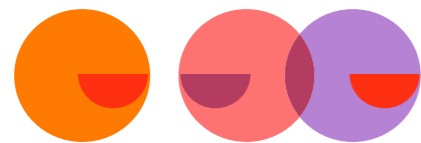
## ACCESS TO PRACTICAL RESOURCES

guidance, factsheets, operational templates, market research, and reports



## HOMECARE MAGAZINE

our new quarterly members' magazine is a leading source of credible and trusted information about homecare



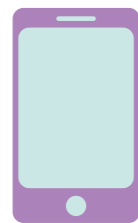
## CONNECT & NETWORK

meet and engage with other homecare providers and sector stakeholders at our events



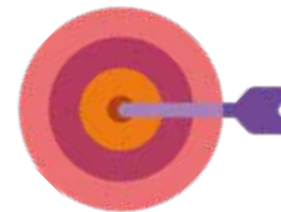
## DAILY NEWS AND PRIVILEGED INFORMATION DIRECT TO YOUR INBOX

everything from offers, policy alerts and sector updates



## MEMBERS HELPLINE

dedicated support including legal, HR and regulatory advice



## DISCOUNTED TRAINING

expert workshops, webinars and training resources



## PROMOTE YOUR BUSINESS ON OUR 'FIND CARE' SEARCH PORTAL

let those looking for care in your area find you



## DISCOUNTED PRODUCTS & SERVICES

insurance, consumables and e-learning



## DISCLOSURE & BARRING SERVICE (DBS)

a reliable and competitive service from a dedicated and friendly team



## USE OF THE HOMECARE ASSOCIATION LOGO

promote your commitment to quality



# Our board members

The role of the Homecare Association's board is to set the strategy for the Association and to monitor delivery of the business plan on behalf of all members.

## Band 1 (1-3 Branches)



**John Rennison**  
Director,  
1st Homecare



**Chair, Dominique Kent**  
Managing Director,  
The Good Care Group  
at Riverstone



**Camille Leavold**  
Managing Director,  
Abbots Care



**Polly Munyeza**  
Director, Support  
Unlimited UK



**Martin Ross**  
Director,  
Care South



**Roger Booker**  
Director,  
Care Sante

## Band 2 (4-20 Branches)



**Mario Abajo Menguez**  
CEO, Clece Care  
Services.



**Vice chair, Sarah Leskinen-Keel**  
Chief Operating Officer,  
Agincare



**Lucy Campbell**  
CEO,  
Right at Home



**Martin Jones**  
CEO,  
Home Instead, UK



**Caleb Atkins (resigned)**  
Operations Director,  
City & County  
Healthcare Group

## Band 3 (21+ branches)

## Executive Directors



**Dr. Jane Townson**  
Chief Executive



**Keith Williams**  
Membership and  
Corporate Services  
Director

## Board members representing UK Devolved Administrators



**Scotland Carolanne Mainland**  
Director, Highland Home  
Carers



**Northern Ireland Hon. Secretary, Lesley Megarity**  
Chief Executive,  
Optimum Care






**Wales Nancy Cross**  
Director,  
Gofal Ystwyth Care

As a member-led association, 14 of the 16 positions on the Homecare Association board are held by representatives from member organisations. Elected on a three-year cycle, details of the Homecare

Association board members at 31st March 2021 can be found below. Board members work on a voluntary basis and we are very grateful for their commitment, challenge and support.

## Board members who stepped down during 2021–22:

-  Former Band 1 representative: Peter Adams, Director, AVida Care.
-  Former Band 1 representative: Dr. Naomi Mujuru-Mvere, Director, Ur Choice Care.
-  Former Band 1 representative: Treasurer, Mike Smith, Managing Director, Trinity Homecare.

The Homecare Association would like to thank the following people for their time on the Homecare Association Board.

# Treasurer's statement

A message from the Homecare Association's Treasurer, Mario Abajo Menguez, CEO at Clece Care Services.

The income generated by the activities of the Homecare Association in 2021/22 came from five main sources: membership fees, training, disclosure services, grants and sponsorship and advertising. Overall revenue increased by 12% and it is pleasing to note that membership income was up by 19%.

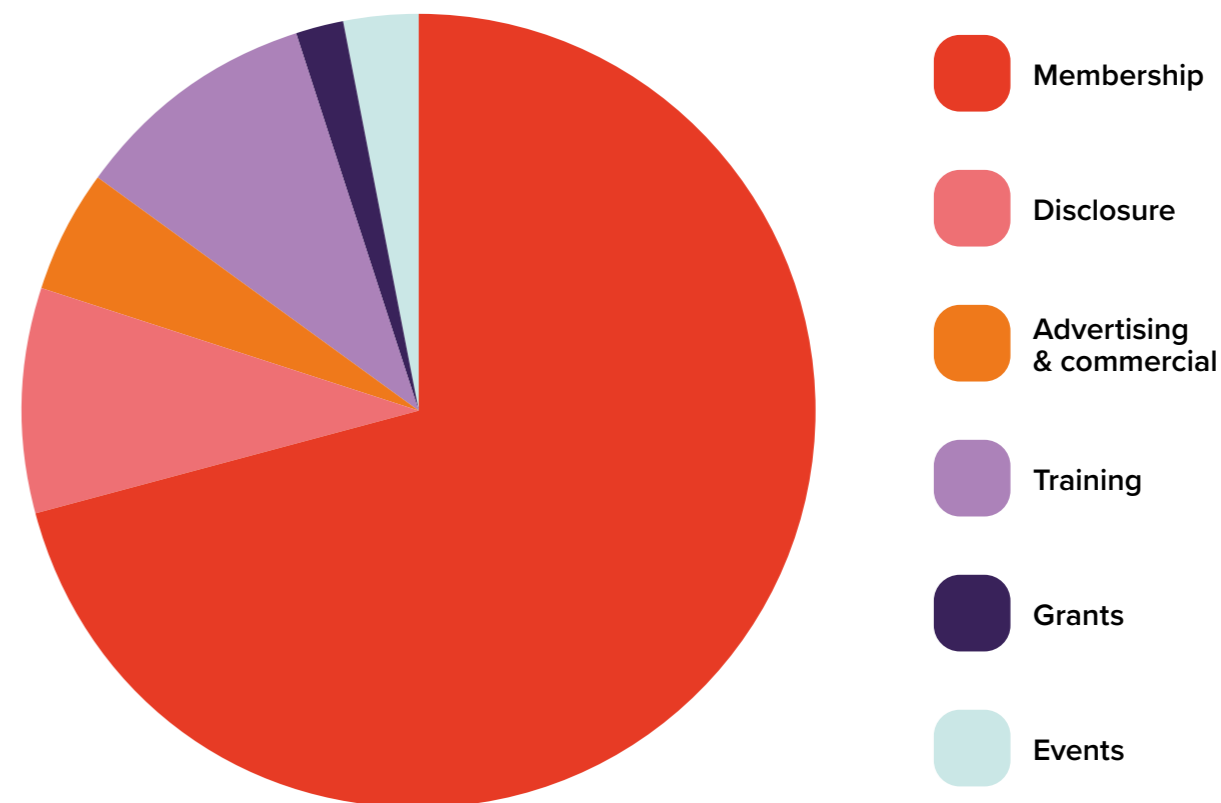
The Association continues the implementation of different strategies to increase the offer in other areas of high value for our members such as training, events, disclosure, sponsorship, advertising, and publications. It is worth mentioning the launch of our new member magazine 'Homecare' and the outstanding work done to make the publication more attractive to readers and advertisers.

The Association continues operating very carefully to enable the efficient implementation of strategic projects, including a new website and CRM system among others. These changes are proving to be very effective and useful to facilitate the interaction between our members and the Association. These new systems also represent an opportunity to expand the membership offering going forward.



*Overall revenue increased by 12% and it is pleasing to note that membership income was up by 19%.*

## Sources of revenue – 2021-2022



The Association has reviewed and implemented several new membership and finance processes to assure proper management of the finances of the organisation. The Association continues to prepare annual financial budgets, considering an adequate balance between short and long-term needs. Additionally, a number of meetings have been held to review the evolution of the budget to identify and manage potential deviations.

The Association will continue to be managed prudently, always considering detailed risk assessment and planning of any additional capital investment. Its financial stability remains of utmost importance for the coming years.

# Financial statements

Report of the Directors and Unaudited Financial Statements for the Year Ended 31 March 2022 for Homecare Association Limited

Previously known as United Kingdom Homecare Association Limited



## Company information

### Company Information for the Year Ended 31 March 2022

#### Directors

J K Townson Philpott  
C J Atkins  
R I Booker  
L G Campbell  
N N Cross  
M C Jones  
D Kent  
C A Leavold  
S L Leskinen-Keel  
C Mainland  
L C Megarity  
P Munyeza  
M Abajo Menguez  
J R A Rennison  
M Ross  
K S Williams

#### Secretary

J K Townson Philpott

#### Registered office

Sutton Business Centre  
Restmor Way  
Wallington  
Surrey  
SM6 7AH

#### Registered number

03083104 (England and Wales)

#### Accountants

Bullimores LLP  
Chartered Accountants  
Old Printers Yard  
156 South Street  
Dorking  
Surrey  
RH4 2HF

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## Report of the directors

### Report of the directors for the year ended 31 March 2022

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The directors present their report with the financial statements of the company for the year ended 31 March 2022.

#### Change of name

The company passed a special resolution on 14 September 2021 changing its name from United Kingdom Homecare Association Limited to Homecare Association Limited.

#### Principal activity

The principal activity of the company continues to be that of a non-profit making association for the benefit of its members.

Homecare Association is the professional association for homecare providers. Together we make sure that all of us can live well at home and flourish within our communities.

As a membership organisation, our focus is on supporting our members to improve their business performance and the quality of their care services.

We do this by:

- representing their interests
- providing practical support and guidance
- connecting members with other organisations that can support them in meeting their aims.

Homecare Association has over 2,300 homecare providers in our membership. Our work to represent and support homecare is focused on five key priority areas :-

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## Report of the directors

*continued*

### Report of the directors for the year ended 31 March 2022

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#### Five areas of Priority

- Workforce
- Public awareness
- Financial sustainability
- Innovation and intogration
- Regulation

#### Homecare Association Strategy

The association's five-year strategy and business plan were approved by the Board in March 2020. Since this time, we have refined the strategy into:

#### Our seven strategic statements

- We will maintain and develop our unique position in the market as the only professional association to focus exclusively on supporting organisations involved in all aspects of delivering home-based support and care.
- We will be thought leaders, nationally and internationally, shaping and influencing homecare-related research, policy and practice, and driving innovation and improvements in quality and productivity. Our goal is to help members see what is coming over the horizon and prepare their care services to meet the opportunities and challenges of the future.
- We will be realistic about our own strengths and resources, and those of others, and where necessary form strategic alliances with other organisations with related but distinct missions or geographies.
- We will adopt an evidence-based approach to our work, researching, analysing, questioning and synthesising data, and creating insights and information which offer value.




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## Report of the directors *continued*

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### Report of the directors for the year ended 31 March 2022

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-  We will focus on supporting our members to improve the quality of their care services and their business performance by: a) representing their interests; b) providing evidence-based practical support and guidance; c) connecting members with other organisations that can support them in meeting their aims; and d) highlighting the art of the possible and encouraging innovation.
-  We will expand our membership from approximately 30 per cent of the addressable market to 50 per cent over five years, and engage effectively with members and other stakeholders, to strengthen our collective voice and shape homecare together.
-  We will focus on improving internal quality and efficiency by ensuring we have the right type and quantity of skills and resources, organised effectively, and the right systems and infrastructure to enable delivery.

#### Principles

Our principles drive the values and culture we live by as an organisation.

-  **Integrity** It is important to us to be honest, trusted, reliable, grounded and stable.
-  **Intelligence** It is important to us to adopt an intelligent and evidence-based approach to our work. This includes intelligent use of resources, as well as researching, analysing, questioning and synthesising data, creating insights and information which offer value.
-  **Approachability** It is important to us that we are welcoming and engaging, treating everyone with respect, listening carefully and with empathy to achieve understanding.
-  **Inspiration** It is important to us to inspire and motivate all of us, being ambitious, creative, confident and courageous, and acting with conviction.


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## Report of the directors *continued*

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### Report of the directors for the year ended 31 March 2022

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-  **Influence** It is important to us that we have a positive impact, leading and influencing others through skillful communication and development of relationships to act, improve or change for the greater good of society.

#### Financial Review

The results for the financial year are shown in the attached financial statements.

We are pleased to report that the Association has continued to grow its membership during the year with membership now well in excess of 2,300 members. The Association is reporting a surplus for the year of £176,451 (2021 - £18,096 as restated) This includes £142,727 which relates to the reversal of prior year provisions.

In accordance with UK GAAP standards the Association has changed its accounting policy to recognise membership income from a receipts basis to recognising income on an earned basis. As a result of the change in accounting policy the prior year figures have been restated to reflect this change in accounting the policy. The Balance Sheet includes a liability of £529,850 (2021, £486,268) for membership income.

#### Going Concern

The Association at the Balance Sheet date held £590,035 (2021 £592,586) in cash. The Balance Sheet shows a liability for deferred revenue of £529,850 (2021 £486,268) in respect of membership fees relating to the period post Balance Sheet. Membership of the Association is however provided for 12 months on a non-refundable basis and no refunds are payable for early cancellation.

The Homecare Association has adequate resources to meet all its liabilities as they fall due, and to continue operational existence for the foreseeable future. Therefore, we have prepared the accounts and financial statements on a going concern basis.

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## Report of the directors *continued*

### Report of the directors for the year ended 31 March 2022

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#### Directors

The directors shown below have held office during the whole of the period from 1 April 2021 to the date of this report.

J K Townson Philpott  
L G Campbell  
N N Cross  
M C Jones  
D Kent  
S L Leskinen-Keel  
C Mainland  
L C Megarity  
P Munyeza  
M Abajo Menguez  
M Ross

#### Other changes in directors holding office are as follows:

C J Atkins	(appointed 13 October 2021)
R I Booker	(appointed 13 October 2021)
C A Leavold	(appointed 13 October 2021)
J R A Rennison	(appointed 13 October 2021)
K S Williams	(appointed 7 July 2021)
P J Adams	(resigned 13 October 2021)
N N Mujuru-Mvere	(resigned 13 October 2021)
M A Smith	(resigned 13 October 2021)
M Wurr	(resigned 13 October 2021)

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## Report of the directors *continued*

### Report of the directors for the year ended 31 March 2022

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#### Political donations and expenditure

No political donations have been made in the year.

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies.

On behalf of the board:

#### **M Abajo Menguez**

Director

29 June 2022

## Income statement

### Income statement for the year ended 31 March 2022

		31.3.22	31.3.21
	Notes	£	as restated £
<b>Turnover</b>		1,872,968	1,695,424
Cost of sales		<u>522,939</u>	<u>519,500</u>
<b>Gross surplus</b>		1,350,029	1,175,924
Administrative expenses		<u>1,797,694</u>	<u>1,552,660</u>
		(447,665)	(376,736)
Other operating income	4	<u>485,676</u>	<u>393,661</u>
<b>Operating surplus</b>		38,011	16,925
Release of prior year provisions	6	<u>142,727</u>	-
		180,738	16,925
Interest receivable and similar income		<u>168</u>	<u>210</u>
<b>Surplus before taxation</b>	7	180,906	17,135
Tax on surplus		<u>4,455</u>	(961)
<b>Surplus for the financial year</b>		<u><u>176,451</u></u>	<u><u>18,096</u></u>

## Balance sheet

### Balance sheet for the year ended 31 March 2022

		31.3.22		31.3.21	
	Notes	£	£	£	as restated £
<b>Fixed assets</b>					
Intangible assets	9		64,465		-
Tangible assets	10		<u>10,372</u>		<u>15,173</u>
			74,837		15,173
<b>Current assets</b>					
Stocks		3,713		12,772	
Debtors	11	113,252		65,836	
Cash at bank and in hand		<u>590,035</u>		<u>592,586</u>	
			707,000		671,194
<b>Creditors</b>					
Amounts falling due within one year	12	<u>786,456</u>		<u>867,437</u>	
<b>Net current liabilities</b>			(79,456)		(196,243)
<b>Total assets less current liabilities</b>			<u>(4,619)</u>		<u>(181,070)</u>
<b>Reserves</b>					
Income and expenditure account			<u>(4,619)</u>		<u>(181,070)</u>
			<u>(4,619)</u>		<u>(181,070)</u>



## Balance sheet *continued*

### Balance sheet for the year ended 31 March 2022

The company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2022.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2022 in accordance with Section 476 of the Companies Act 2006.

The directors acknowledge their responsibilities for:

-  Ensuring that the company keeps accounting records which comply with Sections 386 and 387 of the Companies Act 2006 and
-  Preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Board of Directors and authorised for issue on 29 June 2022 and were signed on its behalf by:

**M Abajo Menguez**  
Director

## Statement of changes in equity

### Statement of changes in equity for the year ended 31 March 2022

	<b>Retained earnings</b>	<b>Total equity</b>
	<b>£</b>	<b>£</b>
<b>Balance at 1 April 2020</b>	272,592	272,592
Prior year adjustment	(471,758)	(471,758)
As restated	(199,166)	(199,166)
<b>Changes in equity</b>		
Total comprehensive income	<u>504,364</u>	<u>504,364</u>
<b>Balance at 31 March 2021</b>	<u>305,198</u>	<u>305,198</u>
Prior year adjustment	(486,268)	(486,268)
As restated	(181,070)	(181,070)
<b>Changes in equity</b>		
Total comprehensive income	<u>176,451</u>	<u>176,451</u>
<b>Balance at 31 March 2022</b>	(4,619)	(4,619)



## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

#### 1. Statutory information

Homecare Association Limited is a private company, limited by guarantee, registered in England and Wales. The company's registered number and registered office address can be found on the Company Information page.

The presentation currency of the financial statements is the Pound Sterling (£).

#### 2. Statement of compliance

These financial statements have been prepared in accordance with Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" including the provisions of Section 1A "Small Entities" and the Companies Act 2006.

#### 3. Accounting policies

##### 3.1 Accounting convention

The financial statements have been prepared under the historical cost convention.

##### 3.2 Related party exemption

The company has taken advantage of exemption, under the terms of Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland', not to disclose related party transactions with wholly owned subsidiaries within the group.

##### 3.3 Changes in accounting policy

The accounting policy for revenue recognition has changed in regards to membership income. Previously, membership income was recognised on a receipts basis, but in order to comply with accounting standards, it is now recognised over the period to which the membership relates. The comparatives have been restated, accordingly. Further information is provided in the notes to the financial statements.

## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

#### 3.4 Turnover

Revenue is measured at the fair value of the consideration receivable and represents amounts receivable for services provided in the normal course of business, net of discounts and VAT.

Membership and renewal subscriptions are recognised over the period in which the membership applies and in accordance with the stage of performance by the company. The Association has no material exposure to foreign currency risk.

Income from workshops and conferences is recognised at the time they take place. Advance booking receipts are dealt with as deferred income.

#### 3.5 Intangible assets

Intangible Fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of amortisation and any impairment losses.

Amortisation is recognised so as to write off the cost or valuation of the assets less their residual values over their useful lives on the following bases:

Software Development	33% Straight Line
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The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to surplus or deficit.

#### 3.6 Tangible fixed assets

Tangible Fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of the assets less their residual values over their useful lives on the following bases:

Plant and machinery	33% Straight Line
Fixtures, fittings & equipment	20% Straight Line

## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to surplus or deficit.

#### 3.7 Government grants

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

A grant that specifies performance conditions is recognised in income when the performance conditions are met. Where a grant does not specify performance conditions it is recognised in income when the proceeds are received or receivable. A grant received before the recognition criteria are satisfied is recognised as a liability.

#### 3.8 Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

#### 3.9 Taxation

Taxation for the year comprises current and deferred tax. Tax is recognised in the Income Statement, except to the extent that it relates to items recognised in other comprehensive income or directly in equity.

Current or deferred taxation assets and liabilities are not discounted.

Current tax is recognised at the amount of tax payable using the tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

#### 3.10 Deferred tax

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date.

Timing differences arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised

## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

in financial statements. Deferred tax is measured using tax rates and laws that have been enacted or substantively enacted by the year end and that are expected to apply to the reversal of the timing difference.

Unrelieved tax losses and other deferred tax assets are recognised only to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits.

#### 3.11 Leasing commitments

Rentals paid under operating leases are charged to surplus or deficit on a straight line basis over the period of the lease.

#### 3.12 Pension costs and other post-retirement benefits

The company operates a defined contribution pension scheme. Contributions payable to the company's pension scheme are charged to profit or loss in the period to which they relate.

#### 4. Other operating income

	As at March 2021	Received	Expended	Surplus recognised on completed projects	As at March 2022
	£	£	£	£	£
<b>Skills for Care</b>	(5,440)	(485,676)	491,116	0	0

Included in the income and expenditure account are grants received of £485,676 (2021 - £393,661). This includes £34,106 (2021: £26,548) for the administrative works carried out on the completed projects.

At the 31st March 2022 the company had expended all grant monies.

#### 5. Employees and directors

The average number of employees during the year was 23 (2021 - 20).

## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

#### 6. Exceptional items

	<b>31.3.22</b>	<b>31.3.21 as restated</b>
	<b>£</b>	<b>£</b>
Release of prior year provisions	<u>142,727</u>	<u>-</u>

#### 7. Surplus before taxation

The surplus is stated after charging:

	<b>31.3.22</b>	<b>31.3.21 as restated</b>
	<b>£</b>	<b>£</b>
Depreciation - owned assets	9,900	10,259
DBS development costs amortisation	<u>13,706</u>	<u>-</u>

#### 8. Prior year adjustment

Prior year figures have been restated in accordance with an accounting policy change for income recognition.

As a result of the new policy, turnover for the 2021 accounts has decreased by £14,510 and deferred income as at 31 March 2021 is £486,268. Reserves brought forward at 1st April 2020 are reduced by £471,758 as a result of the deferred income as at 1 April 2020.

As a result of these adjustments reserves brought forward at 1st April 2021 have decreased by £486,268.

## Notes to the financial statements *continued*

### Notes to the financial statements for the year ended 31 March 2022

#### 9. Intangible fixed assets

	<b>DBS development costs £</b>
<b>Cost</b>	
Additions	<u>78,171</u>
At 31 March 2022	<u>78,171</u>
<b>Amortisation</b>	
Amortisation for year	<u>13,706</u>
At 31 March 2022	<u>13,706</u>
Net book value	
At 31 March 2022	<u>64,465</u>

Notes to the financial statements  
*continued*

Notes to the financial statements for the year ended 31 March 2022

10. Tangible fixed assets

	Plant and machinery	Fixtures and fittings	Totals
	£	£	£
<b>Cost</b>			
At 1 April 2021	80,187	14,346	94,533
Additions	5,099	-	5,099
At 31 March 2022	85,286	14,346	99,632
<b>Depreciation</b>			
At 1 April 2021	67,211	12,149	79,360
Charge for year	9,314	586	9,900
At 31 March 2022	76,525	12,735	89,260
<b>Net book value</b>			
At 31 March 2022	8,761	1,611	10,372
At 31 March 2021	12,976	2,197	15,173

Notes to the financial statements  
*continued*

Notes to the financial statements for the year ended 31 March 2022

11. Debtors: amounts falling due within one year

	31.3.22	31.3.21 as restated
	£	£
Trade debtors	87,509	41,096
Other debtors	12,584	12,584
Tax	1,010	961
Prepayments	12,149	11,195
	113,252	65,836

12. Creditors: amounts falling due within one year

	31.3.22	31.3.21 as restated
	£	£
Trade creditors	32,710	53,351
Corporation tax	4,455	-
Social security and other taxes	22,828	23,416
VAT	58,012	38,150
Other creditors	78,851	160,290
Deferred income	556,790	486,268
Accrued expenses	32,810	105,962
	786,456	867,437

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## Notes to the financial statements

*continued*

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### Notes to the financial statements for the year ended 31 March 2022

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#### 13. Operating lease commitments

At 31 March 2022 the company had outstanding commitment for future minimum lease payments under non-cancellable operating leases of £72,582 (2021: £146,455)

#### 14. Related party disclosures

Homecare Association Limited is a member-led professional association to promote high quality, sustainable care services for people living at home and in their local community. The member organisations pay annual membership subscriptions to Homecare Association Limited. The board of directors consists of representatives appointed from those member organisations. During the year Homecare Association Limited received £138,092 (2021- £108,701) in membership subscriptions from the Directors member organisation.

#### 15. Members' liability

The company is limited by guarantee, not having a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding £1.

#### 16. Investments

Ceretas is a controlled subsidiary of Homecare Association Limited. Ceretas is a company limited by guarantee (company number 05262368) and is incorporated in England and Wales. The principal activity of the company is to develop and promote a high quality, skilled and accountable workforce.

#### 17. Basis of preparation

The basis of preparation of the financial statements has been considered in the Report of the Directors. The directors consider that the going concern basis is appropriate as the net liabilities figure of £4,619 at the balance sheet date is due to deferred income carried forward.

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## Directors' responsibilities statement

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### Directors' responsibilities statement on the Unaudited Financial Statements of Homecare Association Limited

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We confirm that as directors we have met our duty in accordance with the Companies Act 2006 to:

- ensure that the company has kept proper accounting records;
- prepare financial statements which give a true and fair view of the state of affairs of the company as at 31 March 2022 and of its surplus for that period in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- follow the applicable accounting policies, subject to any material departures disclosed and explained in the notes to the financial statements.

On behalf of the board:

**M Abajo Menguez**

Director

29 June 2022

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## Independent chartered accountants' review report

### Independent chartered accountants' review report to the directors of Homecare Association Limited

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We have reviewed the financial statements of Homecare Association Limited for the year ended 31 March 2022, which comprise the Income Statement, Balance Sheet, Statement of Changes in Equity and the related notes 1 to 17. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

This report is made solely to the company's directors, as a body, in accordance with our terms of engagement. Our review has been undertaken so that we might state to the directors those matters that we have agreed with them in our engagement letter and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's directors as a body for our work, for this report or the conclusions we have formed.

#### **Directors' responsibility for the financial statements**

As explained more fully in the Directors' Responsibilities Statement set out on page 105, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

#### **Accountants' responsibility**

Our responsibility is to express a conclusion based on our review of the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised), 'Engagements to review historical financial statements' and ICAEW Technical Release TECH 09/13AAF 'Assurance review engagements on historical financial statements'. ISRE 2400 also requires us to comply with the ICAEW Code of Ethics.

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## Independent chartered accountants' review report

*continued*

### Independent chartered accountants' review report to the directors of Homecare Association Limited




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#### **Scope of the assurance review**

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. We have performed additional procedures to those required under a compilation engagement. These primarily consist of making enquiries of management and others within the entity, as appropriate, applying analytical procedures and evaluating the evidence obtained. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK and Ireland). Accordingly, we do not express an audit opinion on these financial statements.

#### **Conclusion**

Based on our review, nothing has come to our attention that causes us to believe that the financial statements have not been prepared:

-  so as to give a true and fair view of the state of the company's affairs as at 31 March 2022 and of its surplus for the year then ended;
-  in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
-  in accordance with the requirements of the Companies Act 2006.

Bullimores LLP  
Chartered Accountants  
Old Printers Yard  
156 South Street  
Dorking  
Surrey  
RH4 2HF

Date: 31st March 2022

## Detailed income and expenditure account

### Detailed income and expenditure account for the year ended 31 March 2022

	31.3.22		31.3.21 as restated	
	£	£	£	£
<b>Turnover</b>				
Memberships	1,109,421		1,069,673	
Handbook and Publications	15,493		14,417	
Resource Packs	2,453		4,129	
Disclosure Services	476,637		472,543	
Conferences and Fora	43,372		6,230	
Commission Received	49,461		55,628	
Workshops	157,636		62,161	
Advertising	5,955		4,450	
Other Income	12,540		6,193	
		1,872,968		1,695,424
<b>Cost of sales</b>				
Policy and Campaigns	2,300		69,580	
Disclosure Services	424,942		415,013	
Workshop Expenses including developments	42,076		25,830	
Resource Packs	1,319		336	
Handbook and Publication	17,504		7,381	
Conference and Fora Expenses	34,798		1,360	
		522,939		519,500
<b>Gross surplus</b>		1,350,029		1,175,924

## Detailed income and expenditure account *continued*

### Detailed income and expenditure account for the year ended 31 March 2022

	31.3.22		31.3.21 as restated	
	£	£	£	£
<b>Other income</b>				
Government grants	485,676		393,661	
Interest receivable	168		210	
		485,844		393,871
		1,835,873		1,569,795
<b>Expenditure</b>				
Leasing of plant and machinery	6,560		6,071	
Rates and water	15,765		15,985	
Rent and rates	72,628		72,582	
Website Development & Hosting	31,369		119,005	
Computer peripherals and maintenance	38,616		11,690	
Recruitment costs	32,934		21,525	
Directors' salaries	187,172		180,053	
Directors' social security	22,268		-	
Salaries	633,370		453,826	
Social security	70,634		81,724	
Pensions	61,741		54,875	
Telephone	11,359		9,710	
Printing, postage and stationery	11,489		15,138	
Advertising	37,065		84,908	
Travelling	5,494		40	
Board Expenses	10,867		(174)	
Insurance	1,028		-	
Subscriptions	6,643		7,253	
<b>Carried forward</b>	1,257,002	1,835,873	1,134,211	1,569,795

## Detailed income and expenditure account *continued*

### Detailed income and expenditure account for the year ended 31 March 2022

	31.3.22		31.3.21 as restated	
	£	£	£	£
<b>Brought forward</b>	1,257,002	1,835,873	1,134,211	1,569,795
Human Resources	8,590		2,880	
Premises Expenses	770		847	
Training Subsidy	451,570		367,113	
Staff Welfare	2,977		1,443	
Devolved Admin Expenses	7,764		3,600	
Staff Training	10,694		6,095	
Sundry expenses	953		272	
Accountancy	4,000		5,000	
Legal and professional fees	9,898		9,889	
Donations	4,500		750	
Bad debts	643		(1,311)	
		<u>1,759,361</u>	<u>1,530,789</u>	
		76,512	39,006	
<b>Finance costs</b>				
Bank charges		<u>14,726</u>	<u>11,612</u>	
		61,786	27,394	

## Detailed income and expenditure account *continued*

### Detailed income and expenditure account for the year ended 31 March 2022

	31.3.22		31.3.21 as restated	
	£	£	£	£
<b>Depreciation</b>				
Plant and machinery	9,315		10,259	
Fixtures and fittings	586		-	
Computer equipment	13,706		-	
		<u>23,607</u>	<u>10,259</u>	
		38,179	17,135	
<b>Exceptional items</b>				
Release of prior year provisions		<u>142,727</u>	<u>-</u>	
<b>Net surplus</b>		<u>180,906</u>	<u>17,135</u>	



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