



Homecare Association



Impact Report 2020–21

Shaping homecare *together.*



Introduction

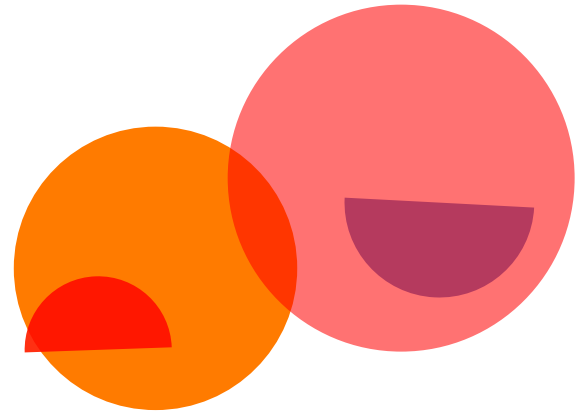


We are the
Homecare
Association

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Introduction



Homecare plays a vital role in enabling us all to live well at home and flourish in our communities.

Never has homecare proved itself more valuable or more resilient than during the COVID-19 pandemic.

As we emerge from the pandemic, homecare is experiencing a moment in time where there is significant opportunity for transformation. It is, therefore, a real pleasure to introduce this Impact Report for 2020–21 as the first under our new brand, as the Homecare Association.

The Homecare Association is the membership body for homecare providers across the UK. It has been our immense privilege to use our trusted voice to represent homecare through the pandemic, whilst also providing the practical support and tools for members to enable them to deliver their services safely and effectively.

It is vital that we all work together on our mission to ensure homecare is valued, so that we can all live well and flourish in our communities.

We look forward to working with you in Shaping homecare together.



Homecare rising to the challenge

When we were writing the introduction to the Impact Report for last year, few could have foretold that the COVID-19 pandemic would have lasted for as long, or with the intensity, that we have all endured over the past 18 months. Homecare services have not only continued throughout, they have grown. Please accept our deepest thanks for the resilience and commitment you have shown in continuing to support people to live safely and well at home in these challenging times.

Truly, this has been a year like no other. The initial phases of the COVID-19 pandemic required a rapid response from the Association and our members, as fundamental changes to the ways in which people live and work were introduced at short notice.



The dedication and selflessness that homecare services have displayed are remarkable, with our amazing workforce a lifeline for many.

With state-funded homecare services already under immense stress at the start of the pandemic due to inadequate funding over a sustained period – homecare providers serving both state and self-funding markets faced massive additional pressures financially, operationally and in supporting staff.

Homecare services also faced a vast array of continually shifting challenges, including: severe shortages of PPE at the start of the pandemic; rapidly escalating costs; frequently changing guidance from government on care and employment; staff shortages, isolation, quarantine, testing and vaccination – all whilst continuing to deliver vital care services safely to people in their own homes, every day.

Chair and CEO



Homecare Association Chair
Dominique Kent



Homecare Association CEO
Jane Townson



We have worked closely with our members – whether they support private clients or people funded by the state – to ensure we’re representing their operational and financial concerns effectively to national and local government, regulators and the media. We have represented members on issues as diverse as securing: access to supplies of PPE; emergency funding available for all homecare providers; reducing the data burden from regulation; access to routine weekly PCR testing for asymptomatic careworkers – and, in the latter months of the financial year, priority access, and ease of booking appointments, for homecare workers to COVID-19 vaccinations.

Our practical support and tools have also been valued by members. We have interpreted the vast volumes of guidance released during the pandemic and shared this with members in a meaningful and timely format through our policy alerts; briefings; guidance factsheets and newly introduced member webinars – which were often attended by over 400 people.

Our helpline, operating remotely, as we adjusted our working practices, continued to offer members advice on their specific questions. We also reengineered our workshop programme to enable members to continue to access our training online.

Engagement with members has grown stronger through the pandemic. Members’ contributions to initiatives such as data gathering on council fee rates, our survey on PPE

usage with the BBC, and on progress with vaccination amongst homecare workers, have been invaluable in providing the evidence base to secure action from national and local government. Members' positive stories of the work they and their teams are doing, and the response from their local communities, have featured in our weekly Good News series.



Looking to the future

We are determined to build on the increased awareness and understanding of the role that homecare, in all its forms, plays in enabling people to continue to live well and flourish at home and in our communities.

Advancing the case for homecare benefits everyone. We will be working with our members and board to ensure that homecare's voice is at the heart of the debate on ideas for the future of care for people in their own homes. We won't stop speaking up to make sure the importance and value of care at home is recognised and receives the investment it deserves.

We will work together to find solutions to current issues, at the same time as shaping and preparing homecare for the opportunities and challenges of the future.

Our work to represent and support homecare will focus on five key priority areas identified by members as:

- **Workforce**
- **Financial sustainability**
- **Regulation**
- **Quality, innovation and best practice**
- **Public perception of homecare**

Our new brand, alongside investment in our IT infrastructure and digital media, will give us a platform for an even stronger presence and voice for homecare and ensure that we can meet our members' needs most effectively.

The Association's membership has grown by over 10% during the past year and now numbers over 2,300 homecare locations. We know that there is strength in numbers and we will continue to grow our membership towards our strategic goal of 50% of the addressable market over 5 years.

In conclusion, we would like to thank the Association's board of elected member representatives, who have been unflinching in their commitment and support during this critical period.

We look forward to working with our homecare provider members, affiliate members, partners and all key stakeholders in advancing homecare towards our shared aim of a society where we are all able to live well at home and flourish within our communities.

Join us in *Shaping homecare together.*

CEO
Homecare Association
Jane Townson

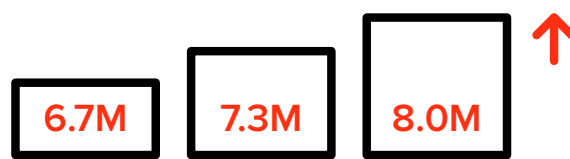
Chair
Homecare Association
Dominique Kent

Homecare: *an essential service*



1 million

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



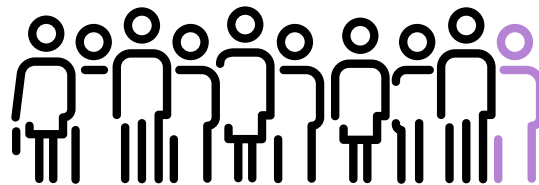
Age 75+

UK population growth aged over 75:
2024: 6.7 Million 2029: 7.3 Million 2034: 8.0 Million



1.6 million

people projected to be living with dementia by 2040.



9/10 people

aged 65+ agree people would prefer to be supported at home.



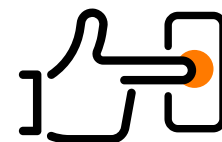
362,235 days

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



800,000+

people are employed in homecare across the UK.



1.5 million

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



Homecare rising to *the challenge*

The COVID-19 pandemic required a complete change in the way people work and live at very short notice for the wider public and care providers.

At the outset of the pandemic, with funding levels for state-funded services already inadequate and creating substantial stress on services, homecare providers faced massive additional pressures financially, operationally and in supporting their staff teams.

Yet, through the pandemic lockdowns, whilst many other health and care professionals worked remotely, homecare teams continued to deliver vital services in person, enabling people to live safely and well in their own homes.



I've had a stroke and I can do very little for myself. So, I totally depend on them for my meals and my washing, and to get me up in the morning and put me to bed. I would be totally lost, I don't know what I'd do without them.

Pat Sarman

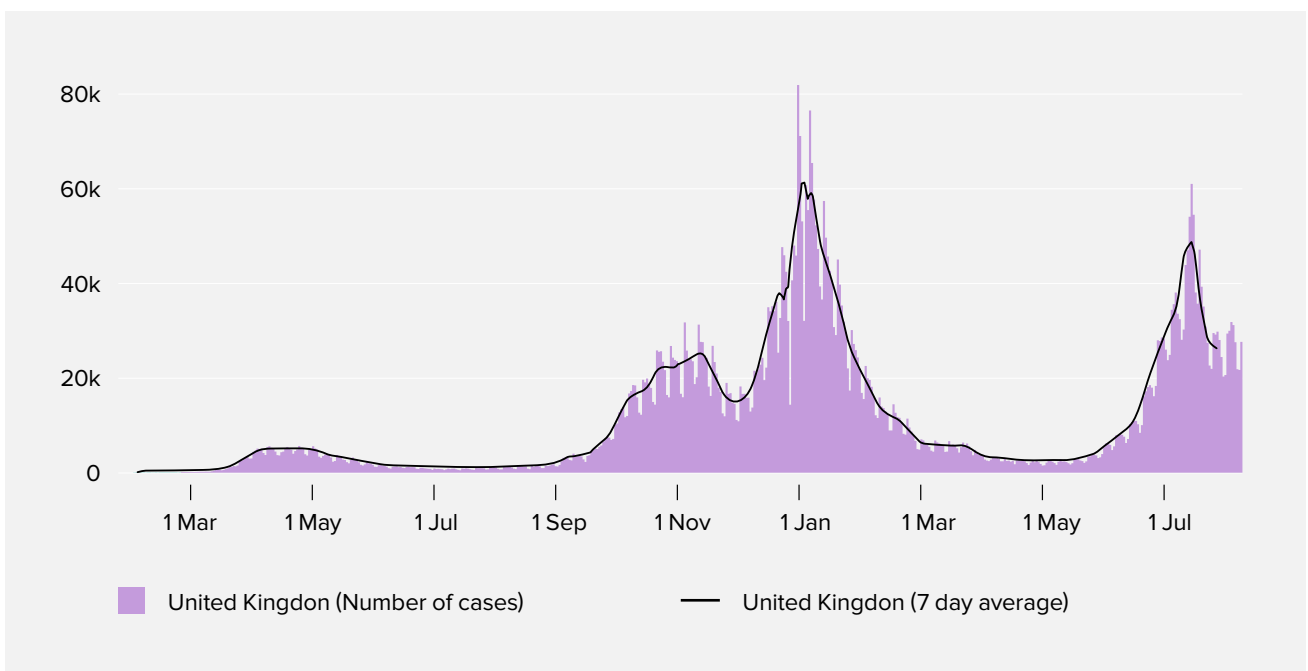
Who receives homecare services, speaking on BBC Breakfast



Concerns from the Association's members' helpline

Infection Control
Contract *Mask*
Safeguarding *COVID-19* *Symptoms* *Self-isolation*
VAT *Test* *Positive*
Guidance *Local Authority* *PPE* *Risk*
Refusal *Insurance* *CQC* *Supply*
Live-in

Pandemic trajectory — Cases 2020–2021



Representing and supporting *homecare*

We used our trusted voice to represent homecare through the pandemic and provide practical tools and support for members.

The Homecare Association played an active role in working with national government, local government, regulators, public health and a wide range of other groups. Together we helped to shape the national and local response on key issues for homecare services, their staff teams and the people they support.



We represented homecare on issues as diverse as:

- Supporting the workforce
- People and informal carers
- Collecting and using the right data
- Personal protective equipment (PPE)
- Estimating provider costs
- Maintaining market stability and insurance
- System assurance, regulation and support
- Discharge from acute to community settings
- Developing practice and guidance
- Testing, flu and COVID-19 vaccination.

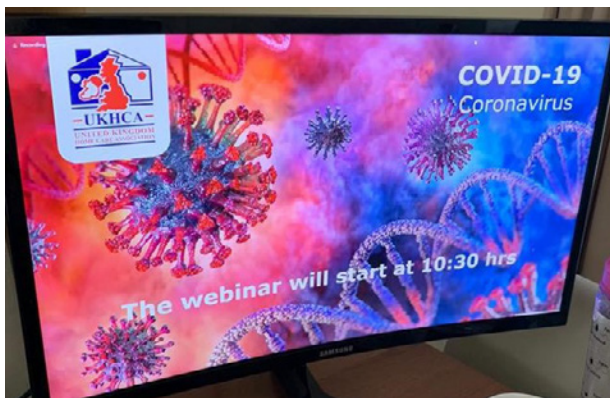
Whilst always retaining our independence to challenge and hold the authorities to account.

Working closely together with other representative associations across social care enabled us to maximise the effectiveness of our representation into government.

With much government attention focused on the impact of COVID-19 on the NHS and residential care settings, our role in speaking out for homecare was vital in securing support for home-based services. And, that this must include considering the needs of people who fund their own care and their families, as well as those using state-funded services.

Practical support and tools for members:

The Association’s helpline, email alerts and webinars continued to provide timely support and guidance on urgent issues for members through the pandemic. Our programme of training workshops was reengineered for delivery online.



Webinars briefing members regularly attracted audiences of 400+ during the height of the pandemic.



Kieron Brennan,
All About Home Care Ltd,
Tunbridge Wells

“During the pandemic the Association team have really supported its members. First by keeping us informed of what was happening in central government in a fast changing landscape. Second by highlighting the importance of homecare in keeping people safe and well – when the government only saw the NHS. Third by getting the PPE needs of the sector identified and then supplied.”

Workforce

Through the pandemic homecare workers needed to be able to work effectively and safely across their local communities.

The Homecare Association was instrumental in securing:

- **Priority access to the COVID-19 vaccination programme for all homecare workers and opening of the National Booking System, which made it easier to book vaccinations.**
- **Access to free testing for asymptomatic careworkers.**
- **Key worker status for homecare staff (and recognition by police, supermarkets).**
- **Free access to influenza vaccination for homecare workers.**
- **Simplified processes for Disclosure and Barring Service (DBS) and recruitment checks to accelerate recruitment.**
- **Extension of death in service benefits to homecare staff.**
- **Access to government supplies of Personal Protective Equipment (PPE).**



Practical support and tools for members:

Through the pandemic we provided advice and guidance for members on a broad range of issues, including:

- Access and usage of PPE
- COVID-19 testing and reporting
- Accessing vaccinations and addressing vaccine hesitancy
- Rules on shielding, isolation and quarantine requirements
- Staff eligibility for Statutory Sick Pay and the Coronavirus Job Retention (furlough) scheme
- Supporting staff wellbeing and mental health
- The Future of the homecare workforce webinar explored lessons learned for the future from the COVID-19 pandemic.



Leann Sainsbury,
Carefour, Worcester

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



Our blog on “Progress of vaccination of homecare workers against COVID-19”, reporting on survey data from members which showed substantial variation in vaccination rates across local authority areas, supported our call for the National Booking Service being opened up to social care staff.

Post-Brexit migration policy

Beyond the pandemic, the impact of Brexit and the government's post-Brexit migration policy formed the primary focus for our representation and support for members on workforce.

The Association represented members' interests in making the case for the value of the social care workforce to be recognised in post-Brexit migration policy through:

- **Submissions directly to the Migration Advisory Committee**
- **Oral evidence to the Low Pay Commission**
- **The Cavendish Coalition alliance of health and social care bodies**

We were pleased that the government took the advice of the care sector and the Migration Advisory Committee and added senior careworkers to the Shortage Occupation List.



Penny Brookes,
Rose Care Suffolk Ltd.

"We use the DBS service which is easy to use and fast."

We continue to make the case that all careworkers need to be able to access the Skilled Worker visa, to assist with recruitment challenges, which have worsened over the last year.

We provided advice and guidance for members on:

- **The EU settled status scheme and the actions eligible staff need to take**

- **Post-Brexit workforce planning**

Our continuing support for members on workforce included practical support for members through the:

- **Successful lobbying for careworkers to be granted Keyworker status**

- **Disclosure and Barring Service, which processed 14,683 disclosure service applications**

- **Workforce Development Fund partnership which distributed £368,405 to homecare providers on behalf of Skills for Care**

- **Workshop – Recruitment masterclass – run by recruitment expert Neil Eastwood**

- **HR Helpline**

- **Publication of: "Retaining homecare workers in the independent and voluntary sector", produced in collaboration with Affiliate Member, Talent for Care**

- **Assessing the impact of worker registration in Scotland, Northern Ireland and Wales – supporting calls in Wales for the registration fee for workers to be waived.**

Highlighting the need for change

With workforce, and particularly recruitment, the key challenge identified by members, the Association voiced the need for change directly to Ministers and through our role co-chairing the Workforce Advisory Group for the Social Care COVID-19 Taskforce. We also provided input to Skills for Care and for the NHS People Plan in relation to social care.

The impact of funding and “task and time” commissioning in shaping the experience of working in homecare

Jane Townson, our CEO, made a strong case to the Health and Social Care Select Committee in June for an end to “time and task” commissioning of homecare services by local authorities and Clinical Commissioning Groups.

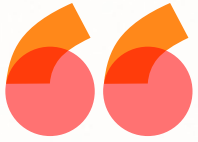


I ask you to imagine a clinical commissioning group saying to an NHS trust, “We are only going to pay nurses for every minute that they are by a patient’s bedside. We are going to electronically tag them to find out when they are there, but we are not going to pay them when they move from one patient’s bed to the next. We are not going to pay them when they are training. We are not going to pay them when they are supervised. We are not going to pay them when they are doing their CPD.” Can you imagine the outcry in the NHS under those conditions?’

That is what homecare providers have to do and are expected to do every day. Councils buy care by the minute, which means that providers end up having to employ by the minute. Nobody wants to do that, but it is the system that is wrong.

Jane Townson,
CEO, Homecare Association





Thank you for continuing
to support people to live
safely and well at home.



Financial *Sustainability*

The Association's Minimum Price for Homecare, for the financial year 2020–21, was £20.69 per hour. (£21.43 per hour from 1 April 2021)



Caroline Hempstead,
Inter-County Nursing & Care Services Ltd

“Homecare certainly needs a clear voice to speak on our behalf, something that the Association does extremely well and has been much needed during the COVID pandemic.”

Data from 93% of councils in England, collected in collaboration with members during May 2020, highlighted the continuing gap between our Minimum Price for Homecare and the median fee rate of £17.20 per hour paid by local authorities.

The pandemic resulted in rapidly escalating cost pressures for homecare providers from additional requirements for PPE, for which prices skyrocketed during the first wave of the pandemic, as demand outstripped supply, and additional staff costs.

Independent consultants calculated that the additional COVID-19 related costs totalled an extra £3.95 per hour of homecare delivered.

We used this evidence successfully to lobby central and local government for additional funding.

The Homecare Association was instrumental in securing:

- Emergency funding to help providers meet the additional costs of infection prevention and control, including four rounds of Infection Control Funds (ICF funds) and the Testing Fund.
- Additional funding for councils from central Government.
- Guidance from ADASS and LGA for councils to increase fees and provide emergency funding during COVID-19.
- Initially, a temporary waiver of VAT on PPE (we continue to seek a longer-term change on VAT status for homecare services and promoted the Zero Rated VAT campaign to members).
- Then free access to government supplies of PPE for all homecare services until March 2022, substantially reducing costs.
- Recognition by DHSC and HM Treasury that insurance of the care sector requires government attention, with costs rising and available cover diminishing.
- In Northern Ireland, the Association played an active role in negotiating:
 - support for sustained income for providers during COVID-19 pandemic to help retain staff
 - PPE support and funding for providers (ongoing).
- In Wales, we have worked with partners on the National Commissioning Board (NCB) Task and Finish Group on costing methodologies, which has:
 - developed a Wales specific costing model for the NCB
 - identified that the anticipated minimum cost per hour for homecare in Wales for 2021/22 would amount to £21.43 – in line with the Homecare Association’s Minimum Price for Homecare.
- In Scotland members were able to participate in the engagement session for homecare providers with Derek Feeley who led the Independent Review on Adult Social Care.



Practical support and tools for members included:

- Updated Minimum Price for Homecare report and online Costing Model – taking into account continuing costs from COVID-19 eg: increased insurance costs.
- Helpline, email advice, guidance and webinars supporting members to navigate processes for areas including: furlough; insurance; accessing ICF funds.
- Targeted councils to improve local conditions – engaging with members and councils in areas including: Knowsley; Hertfordshire; Devon; Brighton; North Tyneside; Oxfordshire; Leicestershire.
- Workshops on – How to grow your homecare business.
- Online seminar on – How to sell your homecare business.
- Supporting the campaign to change VAT on supplies used in homecare from exempt to zero-rated.



£3.95 – Providers' additional COVID-19 costs for delivering an hour of care in the first wave of the pandemic.



In Northern Ireland, we joined with careworkers and the Independent Health & Care Providers (IHCP) to call on the Minister for Health to:

- End £15 per hour rates for homecare in Northern Ireland
- End 15-minute visits for older people – Northern Ireland currently has the highest level of 15-minute visits in the UK
- Ensure stability for the sector with fair contracts and fair rates



Carolanne Mainland,
Highland Home Carers, Inverness

“The Minimum Price for Homecare research has helped shape Commissioner’s understanding of what they are actually purchasing.”

**Beyond COVID-19 —
#Keep your promise Boris**

The Homecare Association is using its trusted voice in discussions with DHSC and politicians on long-term reform and the vision for social care, which sees supporting people to live well at home, regardless of age or disability, as central.

We're speaking up for homecare to be properly valued and receive adequate investment, so we have sufficient capacity to provide the services we expect to be available when we need them. This has benefits for all of us: people who receive and give care services and their families as well as the wider health and care system.

So, at the same time, as working with government, we will also continue to hold the Prime Minister, Boris Johnson, to his promise delivered as part of his speech on his first day in Downing Street.



And so I am announcing now – on the steps of Downing Street – that we will fix the crisis in social care once and for all, and with a clear plan we have prepared to give every older person the dignity and security they deserve.

**Boris Johnson
Prime Minister**

The Homecare Association is working with members of the Care & Support Alliance, including Age UK and Carers UK on the #KeepyourpromiseBoris campaign.



Quality, innovation and *best practice*

Delivering homecare in a way that ensures the safety and confidence of people receiving and giving care is always a priority – and, even more so during the pandemic.

In a fast-moving and frequently changing environment there have been vast volumes of guidance produced by government and its agencies on subjects from PPE requirements to self-isolation, testing and quarantine – often released at short notice.

We have worked collaboratively with these agencies and made every effort in order to ensure the guidance reflects the specific requirements of homecare services – drawing on the feedback and experiences of members.

We have interpreted the guidance and shared it with members in an accessible and timely fashion, making sure providers are clear on how to apply the guidance correctly in their services.

Member email alerts, helplines and webinars – running weekly in the early phase of the pandemic and attracting average attendance of over 400 – provided timely and urgent advice.



Our reengineered workshop programme went live online from June 2020, supporting continued access to quality training.

Over 650 people from member organisations attended our programme of 34 workshops on topics including:

- **Care Co-ordinator Responsibilities.**
- **CQC – proving compliance.**
- **Dementia Care – Train the Trainer.**
- **End of Life Care – Train the Trainer.**
- **Medication – Train the Trainer.**
- **Registered Managers – Being well led.**
- **Safeguarding for homecare providers.**

Following members’ positive response to the online workshop programme, we plan to run a mixed programme of face to face and online workshops for the future.

Our webinar programme featured International learnings from the COVID-19 pandemic.

Elearning partner My Learning Cloud offered a number of free elearning modules, which we promoted to members.

In Northern Ireland – we represented members in development of the Rapid Learning Initiative for homecare following the first wave of the pandemic.



Folashade Oloniyo,
Immaculate Healthcare Services Ltd,
Croydon

“The Association’s training resources have greatly helped us to carry out in-house training and hence, saved us cost in the last 12 months.”

Innovation

In addition to supporting members today, it is our goal to prepare members' care services to meet the opportunities and challenges of the future. We are advocates for innovation to improve outcomes for people and efficiency for homecare services.

Areas in which the Association represented homecare on developing shorter and longer term innovations include:

Use of technology and data in care:

- **Increased work with NHSx – Joining Up Care and contributing on issues including: Connectivity; Data Strategy; Standards and Interoperability and Artificial Intelligence.**
- **Represented homecare on the TSA (the voice of Technology Enabled Care) and ADASS commission on technology in social care.**
- **Members of Digital Social Care, an advisory group to DHSC, which includes other care associations.**
- **Member webinar feature on: The role of technology in homecare.**



Housing with care – we contributed to:

- **SCIE commission on Housing with Care.**
- **Riverstone development of care services in housing with care.**
- **McCarthy and Stone report on later life living and attitudes to ageing.**

Academic research – engaging with researchers to develop meaningful research programmes for home-based care

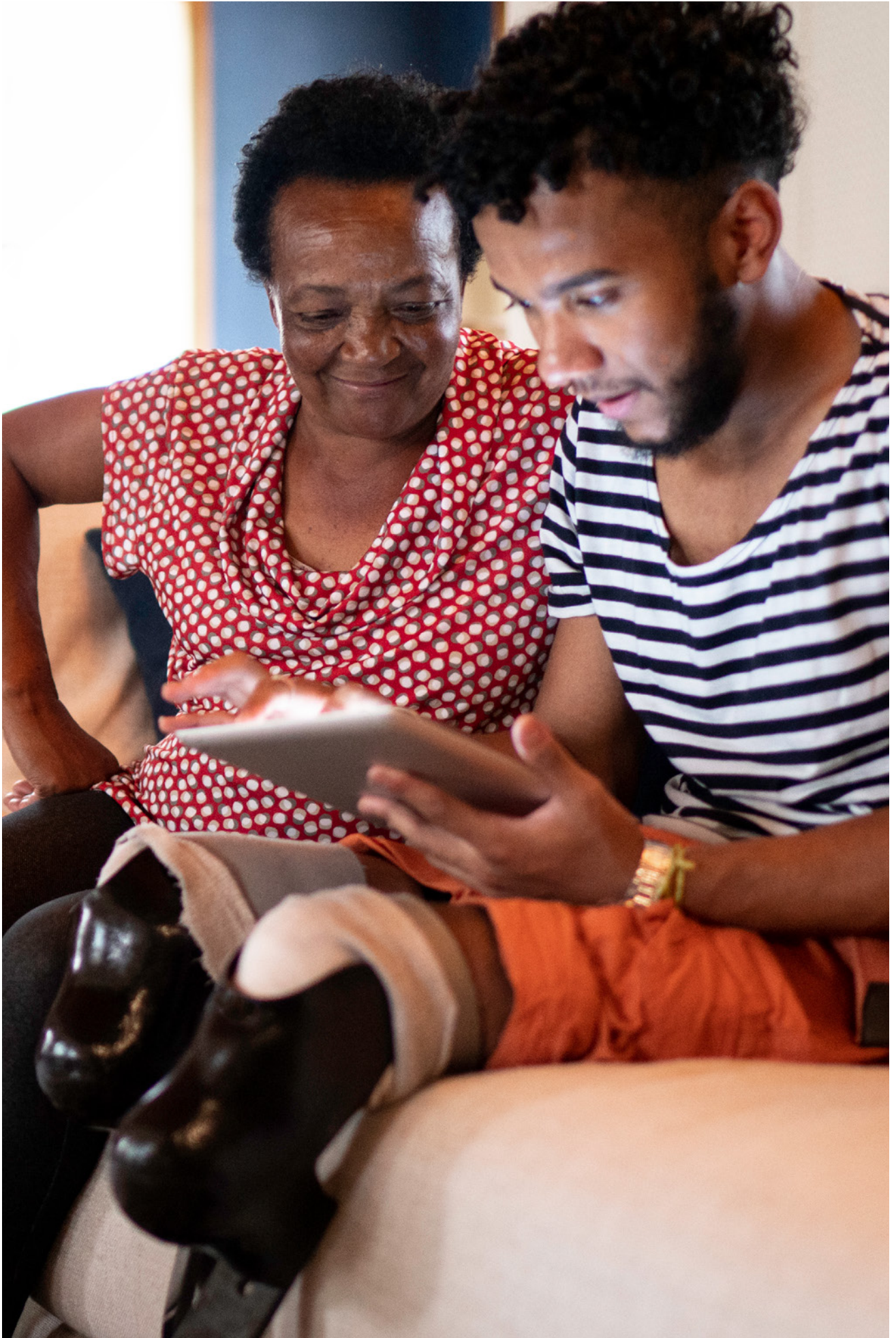
- **We have worked with a wide range of academics from leading universities and the National Institute for Health Research (NIHR) on research areas issues including: workforce; nutrition and hydration; living at home with dementia.**

Medicine in the Community

- **Medicine management in the community – commissioned by LGA / ADASS.**
- **Wales – Working with the Chief Pharmacist for Community in Wales re: Medicine in the Community.**

Longer term reform for social care and health

- **As the professional association, we used our trusted voice with DHSC and politicians to inform understanding of the role of homecare in delivering the vision for social care, which sees supporting people to live well at home regardless of age or disability, as central.**
- **In Northern Ireland we represent members on the Reform of Adult Social Care Board.**
- **We are monitoring the development of the Integrated Care Systems (ICS) in England and have highlighted the need for provider, as well as local authority, representation within the ICS.**



Regulation

The Homecare Association represents and supports members to comply with care regulations, a devolved responsibility for members across the UK, and with UK-wide employment legislation.



We support CQC's intention to evaluate the wider social care and health systems in which care is delivered.

Our email alerts and updates have ensured members across Scotland, Northern Ireland, Wales and England have been kept briefed as the regulatory requirements and inspection regimes have adapted on key issues including: requirements around PPE; COVID-19 infection notifications; submitting data and inspection protocols.

Key areas on which the Association was able to secure positive outcomes for members include:

- **Reduced data burden for providers in completing Capacity Tracker.**
- **Enabled providers to gain insight from Capacity Tracker data by arranging for providers to be able to benchmark their returns against anonymised data for their area and region.**
- **Raised concerns with DHSC and CQC about the risks for older people of unregulated care.**
- **Improved transparency and consistency for inspections. Two new guidance documents, published by CQC in 2020:**

- *How to get the most out of inspection: What a good inspection looks and feels like.*
- *What good looks like for digital records in adult social care.*
- Ensured oversight continues and that providers have the opportunity for improvements to be recognised:
 - *CQC’s “Virtual inspection pilot” participated in by members – over 200 expressions of interest were received, 78 providers were approached by CQC and 48 inspected.*
 - *The findings from the successful pilot underpin CQC’s new Flexible approach to Regulation.*

Practical support for members:

- Policy alerts provide administration specific briefings on regulatory issues.
- Advising on specific member queries relating to care service and NMW compliance.
- Our telephone helpline supports providers with issues around their inspection outcomes and process.
- Raising issues with regulators on behalf of members.
- Commissioning legal briefings on proceedings and judgments related to employment and care regulations (eg: MENCAP sleep-ins case).
- Kate Terroni, CQC Chief Inspector for Adult Social Care spoke at our members’ webinar in May.
- Workshops and guidance to help members prepare for their next inspection by CQC.



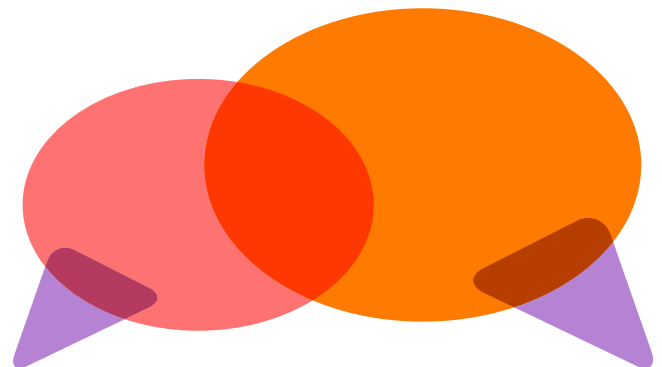
Keri Llewellyn,
All Care (S.Wales) Ltd

“(The thing I like most about being a member is) Knowing information and help is available for me if I need it.”



Catharine Chalton,
Home Instead, Wirral

“Our management team have turned to the Association to ensure they are compliant in all areas and continue to learn.”



Regulating for quality and safety for all personal care services

People who are supported by registered homecare agencies already benefit from national regulators, which inspect provider organisations for quality and safety.

The public has less protection if they employ or engage careworkers through private arrangements (Personal Assistants), or use organisations which solely introduce workers through the Internet.

The Homecare Association is making the case to government and regulators that the protections offered by regulation should be consistently applied to all personal care services, whoever delivers them.



Responding to The Care Quality Commission (CQC)'s new strategy



We welcome the aspiration in CQC's new strategy. Placing greater emphasis on the experience of people who use services, and adopting a more dynamic and flexible approach using data and updating providers' quality ratings is extremely positive.

“We support CQC's intention to evaluate the wider social care and health systems in which care is delivered. However, we recognise that CQC, currently, has limited powers to hold those systems to account. In the case of homecare services bought by councils and the NHS, we see a number of undesirable practices, including care purchased by the minute, which regularly has a negative impact on people's care and support and on the experience of careworkers. In adopting a whole-systems approach, a regulator also needs the ability to identify the impact of unmet needs of a local population.

“We are committed to working with CQC to help develop approaches which will deliver on this aspiration.”

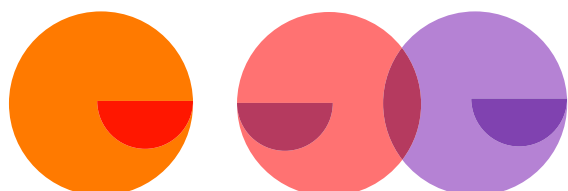


Public *perception*

Raising awareness of the benefits of homecare, particularly in helping to keep people safe at home and within their communities during COVID-19, has been a priority.

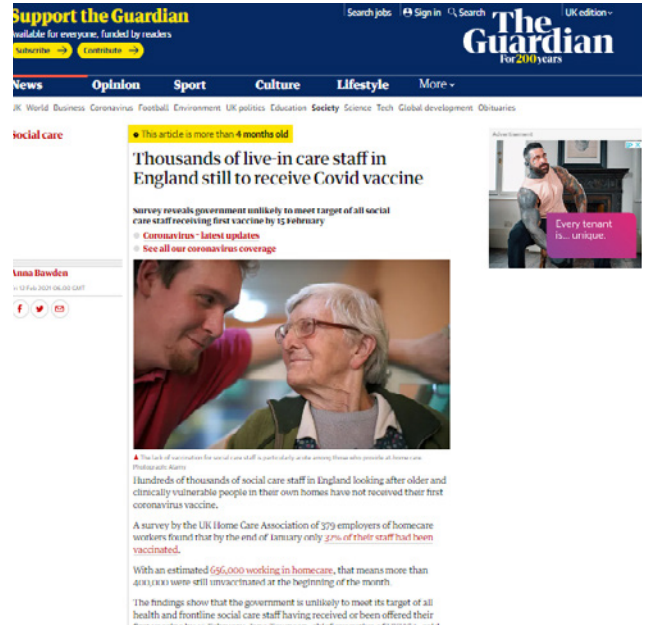
We represented homecare in over 200 media stories, across a broad range of print, digital and broadcast media.

- The Association and our members featured on broadcast news outlets including: the BBC – Radio and TV; ITV, Sky News and LBC.
- National print media coverage included the the Times, Financial Times, Independent, Daily Mail, Daily Mirror, Daily Express, and Guardian.
- The Association and our members were frequently quoted in care sector and local digital and print media.
- Around 400 members contributed to two surveys which generated extensive news coverage, highlighting the urgent challenges of:
 - of securing adequate PPE for staff early in the pandemic
 - of improving access to vaccinations for the workforce in February 2021.
- Increased visibility and engagement on social media.





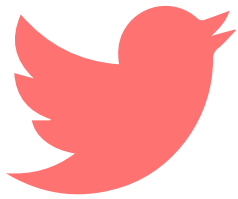
Images from left to right: Colin Angel, Policy Director appearing on BBC Breakfast; Guardian newspaper article feature; Jane Townson, CEO on Good Morning Britain



Gavin Morrigan,
Home Instead, Cleveland

“Hard Working, effective organisation truly representing the sector with passion.”

Our social media platforms have continued to grow engagement and followers in the last year:



6980



5961



1512



1102



2k
Over 2k
unique visits



531
watch hours

Our blog has provided an additional channel through which we can publish research findings and speak up for homecare. Blogs published during the past year have included:

- **Homecare in the time of coronavirus**
- **Progress on vaccination of homecare workers against COVID-19**
- **National Audit Office Value for Money Report on Adult Social Care in England**
- **Vaccination against COVID-19 – should it be compulsory for careworkers?**

Initial publication on the blog generated additional coverage by national mainstream media.

Our weekly Good news stories and blogs have continued to be a hit with members and across social media.



Investing to *support members*

As the membership body for homecare providers across the UK, our mission is to work together to ensure that homecare is valued, so we can all live well at home and flourish within our communities.

We do this by:

- using our trusted voice to speak up for homecare and in working collaboratively with our members and beyond in **Shaping homecare together**
- providing practical tools and support for our members to improve the quality of their care services and their business performance.

Feedback from members revealed five common themes of importance to all organisations regardless of size, business model, service type or where they were based.



These five themes, shown in the diagram above, whilst distinct are all interdependent.

We will work together to address the challenges of the present, at the same time as shaping and preparing homecare for the opportunities and challenges of the future.

We made a number of significant investments during 2020–21 to enhance our ability to support and represent our members and homecare most effectively, these included:

- **New brand identity, website and CRM due to go live in autumn 2021.**
- **New Policy Officer role to expand our support capacity for members.**
- **New Marketing Specialist role to extend our capability in digital media and maximise the benefit from our new brand.**
- **New Membership Development Officer role focused on new member recruitment to grow our membership and increase our strength in numbers.**
- **New brand identity and name as the Homecare Association.**



Nancy Atkinson,
Libertas Care, Crewkerne

“Feeling part of a greater service – support and advice from people who know instantly what you are talking about.”



Camille Leavold,
Abbots Care

“We have been members for 20 years plus and have found the information and support really valuable for the business over this time.”



Homecare Association membership in numbers during 2020–2021

Homecare Association membership branches

2,226

across the UK.

Information and guidance

148

member resources available from our website. 35 new and updated resources released during 2020–21.

Membership growth

10%

increase in number of member branches.

Briefing members on policy

307

alerts on COVID-19 and other issues important for homecare providers.

Workshops and training

653

people at 34 workshops.

Social media

6,980

followers on Twitter.

Workforce Development Fund

368,405

pounds (£) training funds distributed.

Representing members

200+

media stories featuring the Association.

Disclosure and Barring Service

14,683

applications processed.

Engaging with members

500

regularly attending our webinars.

Telephone helpline

9,300

calls from members seeking advice and support and the public looking for care.

Treasurer's Statement

2020–2021

It is pleasing to note that the Association's membership has grown during the year with membership income up by 8%. The Association has had to adapt to the changing environment, by providing seminars and training courses on-line and has seen revenue from advertising almost disappear, as it has not been able to publish the Homecarer Magazine.

The Association has been careful to operate within its means, which has enabled it to set aside resources to fund the re-branding of the Association; to develop a new web site and to introduce a new CRM system, which will enable us to improve the way we interact with our membership.

The Association has a number of processes in place to manage the finances of the organisation. This includes preparing annual financial budgets, a medium term financial strategy to ensure that it is able to balance the short-term needs of the Association with the longer-term organisational objectives. These are prepared in conjunction with a detailed risk assessment that looks at unexpected variations to the Association's income and costs and the planning of capital investment for future years.

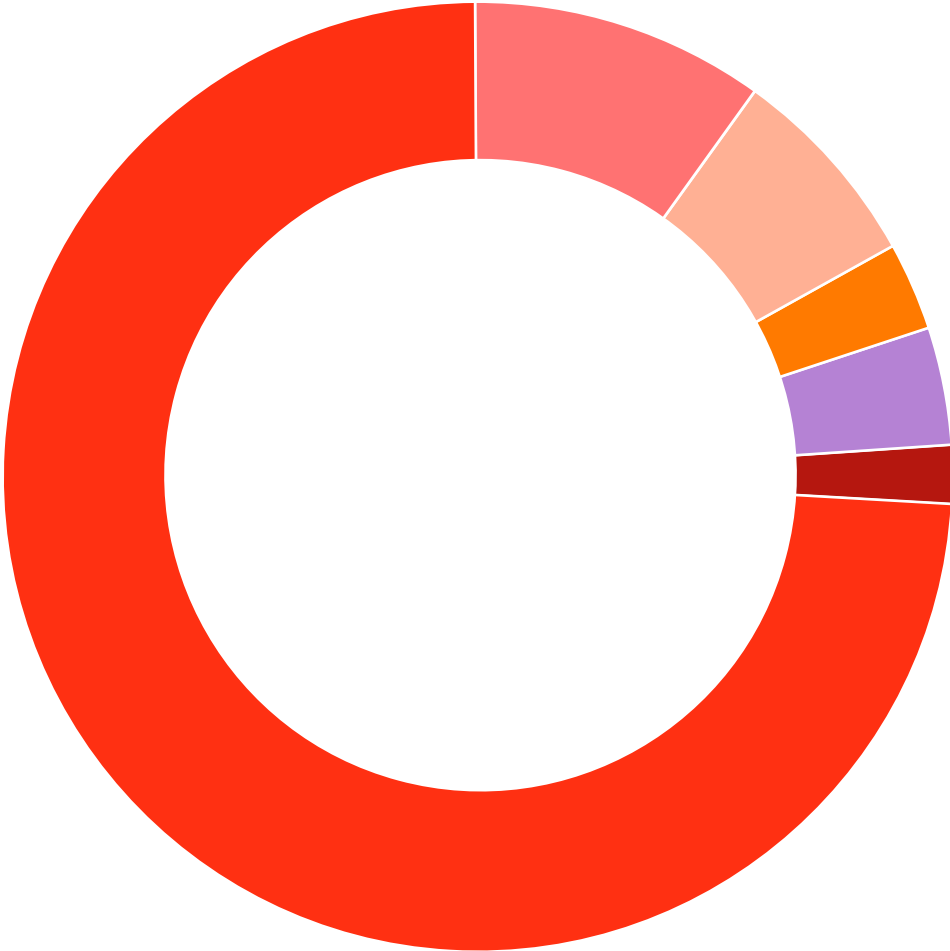
The Association will continue to be managed prudently with the financial stability of the Association remaining of paramount importance for the forthcoming year.



Homecare Association's Treasurer
Mike Smith

Sources of income

2020–2021



● Provider Membership	74%
● Disclosure Service	10%
● Resources and Events	7%
● Commercial Membership	3%
● Commission	4%
● Skills for Care	2%

Homecare Association

Board Members

Band 1 (1–3 branches)



Peter Adams
Director, AVida Care



Polly Munyeza
*Director,
Support Unlimited UK*

Band 2 (4–20 branches)



Mario Abajo Miguez
*CEO, Clece Care
Services Ltd*

Band 3 (21+ branches)



Lucy Campbell
*Group Director of Operations,
Right at Home*



Chair, Dominique Kent
*Chief Operating Officer,
The Good Care Group*



Martin Ross
Director, Care South



Sarah Leskinen-Keel
*Chief Operating Officer,
Agincare Group*



Martin Jones
CEO, Home Instead, UK



**Dr. Naomi Norma
Mujuru-Mvere**
Director, Ur Choice Care



Treasurer, Mike Smith
*Managing Director,
Trinity Homecare*



Max Wurr
*Director of Policy &
Communications, City and
County Healthcare Group*

The role of the Homecare Association’s board is to set the strategy for the Association and to monitor progress against the strategy on behalf of all members.

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 representing UK devolved administrations

Staff board members

Homecare Association Ambassadors



Northern Ireland
Lesley Megarity
Chief Executive, Optimum Care



Scotland
Carolanne Mainland
Director, Highland Home Carers



Peter Randall
Corporate Services Director



Yvonne Apsitis
Ambassador (Wales)



Wales
Nancy Cross
Director, Gofal Ystwyth Care



Dr. Jane Townson
Chief Executive



Lynda Gardner
Ambassador (England)

Board members who stepped down during 2020–21: The Homecare Association would like to thank the following people for their time on the Homecare Association Board:

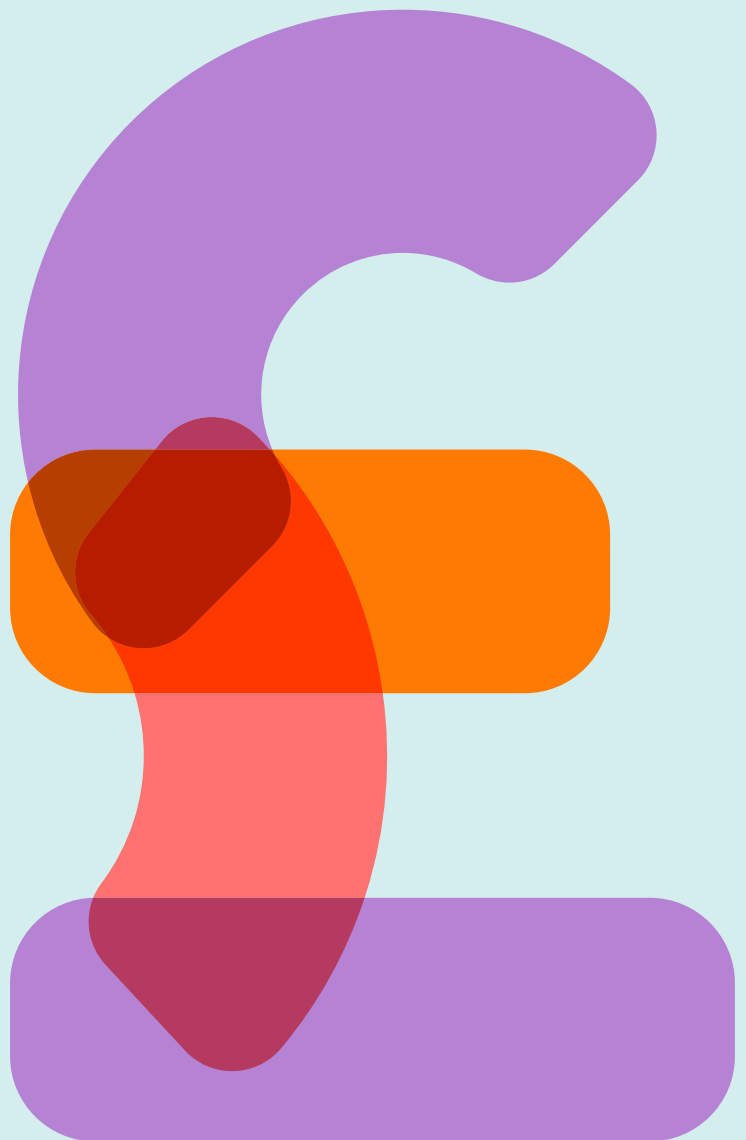
- Former Band 1 representative and Honorary Secretary: David Chalk, Managing Director, Windrush Care
- Former Band 1 representative: Lynn James, Director, Carebridge Staffing
- Former Band 2 representative and Vice Chair: Roger Booker
- Former Scotland representative: Gavin Stedman-Bryce, Director, Beyond Homecare



Financial statements

Extracts from the unaudited accounts of United Kingdom Homecare Association Ltd for the year ended 31 March 2021.

(The registered name for the Homecare Association for the financial year ended 31 March 2021)



Company information

Directors

P. J. Adams
L. G. Campbell
N. Cross (Appointed 14 October 2020)
M. C. Jones
D. Kent
S. L. Leskinen-Keel
C. Mainland (Appointed 14 October 2020)
L. C. Megarity
M. Ménguez (Appointed 14 October 2020)
P. Munyeza (Appointed 14 October 2020)
N. N. Mujuru-Mvere
M. Ross (Appointed 14 October 2020)
M. A. Smith
J. K. Townson Philpott
K. Williams (Appointed 7 July 2021)
M. Wurr

Secretary

J. K. Townson Philpott

Company number

03083104

Registered office

Sutton Business Centre
Restmor Way
Wallington
Sutton
United Kingdom
SM6 7AH

Accountants

Verallo (formerly Taylorcocks Thames Valley LLP)
Century House
Wargrave Road
Henley-on-Thames
Oxfordshire
RG9 2LT

Balance sheet

United Kingdom Homecare Association Limited
Company limited by guarantee

As at 31 March 2021

	Notes	2021 £	£	2020 £	£
Fixed assets					
Tangible assest	5		15,173		22,617
Current assets					
Stocks		12,772		3,700	
Debtors	7	65,836		97,212	
Cash at bank in hand		592,586		497,703	
		<u>671,194</u>		<u>598,615</u>	
Creditors					
Amounts failing due within one year	8	(381,169)		(348,640)	
Net current assets			290,025		249,975
Total current less current liabilities			<u>305,198</u>		<u>272,592</u>
Reserves					
Income and expenditure account			305,198		272,592

Balance sheet

continued

As at 31 March 2021

The directors of the company have elected not to include a copy of the income and expenditure account within the financial statements.

For the financial year ended 31 March 2021 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared and delivered 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 8 July 2021 and are signed on its behalf by:

M. A Smith

Director

Company Registration No. 03083104

The notes on pages 49–57 form part of these financial statements.

Notes to the financial statements

For the year ended 31 March 2021

1 **Accounting policies**

Company information

United Kingdom Homecare Association Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is Sutton Business Centre, Restmor Way, Wallington, Sutton, United Kingdom, SM6 7AH.

1.1 **Accounting convention**

These financial statements have been prepared in accordance with FRS 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland” (“FRS 102”) and the requirements of the Companies Act 2006 as applicable to companies subject to the small companies regime. The disclosure requirements of section 1A of FRS 102 have been applied other than where additional disclosure is required to show a true and fair view.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

The company has taken advantage of the exemption under section 399 of the Companies Act 2006 not to prepare consolidated accounts, on the basis that the group of which this is the parent qualifies as a small group. The financial statements present information about the company as an individual entity and not about its group .

1.2 **Income and expenditure**

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 non-returnable and recognised at the date of joining or the date when renewal is due. 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.

Notes to the financial statements *continued*

For the year ended 31 March 2021

1.3 **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 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

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.

1.4 **Stocks**

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

1.5 **Cash at bank and in hand**

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.6 **Financial instruments**

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Classification of financial liabilities

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities

Basic financial liabilities, including creditors are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Changes in the fair value of derivatives that are designated and qualify as fair value hedges are recognised in profit or loss immediately, together with any changes in the fair value of the hedged asset or liability that are attributable to the hedged risk.

Notes to the financial statements *continued*

For the year ended 31 March 2021

- 1.7 **Taxation**
- The tax currently payable is based on taxable profit for the year. Taxable profit differs from net profit as reported in the profit and loss account because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.
- 1.8 **Employee benefits**
- The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.
- The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.
- Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.
- 1.9 **Retirement benefits**
- Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.
- 1.10 **Leases**
- Rentals payable under operating leases, including any lease incentives received, are charged to profit or loss on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the lease s asset are consumed.
- 1.11 **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.

2 **Employees**

The average monthly number of persons (including directors) employed by the company during the year was:

	2021 Number	2020 Number
Total	20	20

3 **Directors' remuneration and dividends**

	2021 £	2020 £
Remuneration paid to directors	180,053	178,230

4 **Other operating incomes**

	At 31 March 2020 £	Received £	Expended £	Surplus recognised on completed projects £	At 31 March 2021 £
Skills for Care	(25,630)	(215,225)	210,025	25,390	(5,440)

Included in the income and expenditure account are grants received of £215,225 (2020 – £226,319). The company received £26,548 (2020 – £22,854) for the administrative works carried out on the completed projects.

At the 31 March 2021 the company had expended all grant monies, with the exception of £5,440, which remains in other creditors and has been restricted for the ongoing Skills for Care expenditure.

Notes to the financial statements

continued

For the year ended 31 March 2021

5	Tangible fixed assets	Plant and machinery £	Fixtures, fittings & equipment £	Total £
	Cost			
	At 1 April 2020	82,765	30,718	113,483
	Additions	2,815	–	2,815
	Disposals	(5,393)	(16,372)	(21,765)
	At 31 March 2021	<u>80,187</u>	<u>14,346</u>	<u>94,533</u>
	Depreciation and impairment			
	At 1 April 2020	63,084	27,782	90,866
	Depreciation charged in the year	9,520	739	10,259
	Eliminated in respect of disposals	(5,393)	(16,372)	(21,765)
	At 31 March 2021	<u>67,211</u>	<u>12,149</u>	<u>79,360</u>
	Carrying amount			
	At 31 March 2021	<u>12,976</u>	<u>2,197</u>	<u>15,173</u>
	At 31 March 2020	<u>19,681</u>	<u>2,936</u>	<u>22,617</u>

6

Investments

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

7

Debtors

	2021	2020
	£	£
Amounts falling due within one year:		
Trade debtors	41,096	73,135
Corporation tax recoverable	961	–
Other debtors	12,584	12,584
Prepayments and accrued income	11,195	11,493
	<u>65,836</u>	<u>97,212</u>
	<u>65,836</u>	<u>97,212</u>

Notes to the financial statements *continued*

For the year ended 31 March 2021

8	Creditors: amounts falling due within one year	2021	2020
		£	£
	Trade creditors	53,351	38,245
	Corporation tax	–	1,010
	Other taxation and social security	61,566	61,531
	Other creditors	160,290	216,023
	Accruals and deferred income	105,962	31,831
		<u>381,169</u>	<u>348,640</u>
		<u> </u>	<u> </u>

9 **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.

10

Operating lease commitments

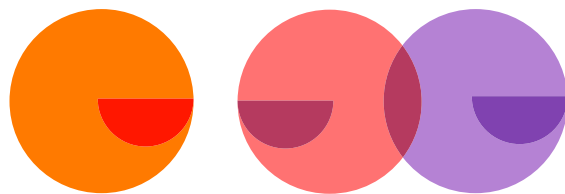
Lessee

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, as follows:

	2021 £	2020 £
	146,455	219,129
	<u> </u>	<u> </u>

References

1. Homecare helps almost a million older and disabled people each year to live safely and well at home. (Source: homecare.co.uk, <https://www.homecare.co.uk/advice/home-care-facts-and-stats-number-of-providers-service-users-workforce>)
2. UK population growth – aged 75+. (Source: Office for National Statistics, National Population Projections: 2018-based Statistical Bulletin. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea11principalprojectionuksummary>)
3. 1.6 million people projected to be living with dementia by 2040. (Source: Alzheimer’s Society, <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>)
4. More than 9 out of 10 (92%) people aged 65 years and above agreed that: “People would prefer to be supported at home, rather than in a care home” (Source: YouGov on behalf of UKHCA, https://www.ukhca.co.uk/mediastatement_information.aspx?releaseID=236253)
5. NHS England, Delayed transfers of care data. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/areas/delayedtransfers-of-care/delayed-transfers-of-caredata-2019-20>
6. Over 800,000 people are employed in homecare across the UK (Sources: Skills for Care, Social Care Wales, Scottish Social Services Council Northern Ireland Social Care Council)
7. 1.5 Million visits to people in their own homes every day across the UK. (Source: Homecare Association estimate based on composite sources).



For More information:

If you have particular needs which make it difficult for you to read this document, please contact 020 8661 8188 or enquiries@homecareassociation.org.uk and we will try to find a more suitable format for you.

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www.homecareassociation.org.uk