



# Homecare Association



## Workforce Survey 2024

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July 2024

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# Workforce Survey 2024

## Executive summary

The Homecare Association regularly surveys its members to explore progress and issues in homecare. In January 2023, a survey highlighted major workforce challenges<sup>1</sup>. Since then, international recruitment has increased, bringing both benefits and problems. The Home Office then changed migration rules, leading to a rapid fall in care visa applications<sup>2</sup>. The aim of this survey was to assess the current situation with the homecare workforce across the UK and the ability of providers to meet needs.

We collected responses through a self-selecting online survey of our members between 13 March and 12 April 2024. We received and accepted responses from 307 homecare providers across the UK. The sample related to services delivering care to around 68,000 clients, employing over 38,000 careworkers. Respondents included small, medium and large providers serving both self-funded clients and state-funded clients.

Our report identifies key issues and actions to ensure quality, sustainable homecare services which meet needs.

## Findings

### Demand and supply of homecare

- 52% of respondents said they can meet current demand for homecare services.
- 48% said they cannot meet demand, with 84% citing recruitment difficulties as the primary reason.

### Staff retention

- 44% of providers experienced a decrease in careworker turnover compared to last year, while 41% reported no change.
- 31% reported more careworkers leaving now compared to before the COVID-19 pandemic, down from 59% in January 2023.

### Pay rates and contracts

- 88% of respondents said they offer pay of £12 per hour or more, with 6% offering £15 per hour or more.

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<sup>1</sup><https://www.homecareassociation.org.uk/resource/capacity-and-workforce-survey-2023.html>

<sup>2</sup><https://www.gov.uk/government/statistics/monthly-entry-clearance-visa-applications/monthly-monitoring-of-entry-clearance-visa-applications>

- 25% of respondents stated that current fee rates are too low to offer competitive pay rates for UK-based workers.
- Self-funded care was associated with higher pay rates than state-funded care.
- 65% of respondents reported offering zero-hour contracts, with 54% offering guaranteed hours contracts. Many will offer both.

## International recruitment

- 49% of respondents said they do not employ workers from overseas.
- 27% reported employing between one and ten international recruits and a similar number (25%) employing 11 or more.
- Major barriers to international recruitment include transport issues (45%), cost of process (29%), and language/cultural concerns (28%).
- 91% of providers report sponsored workers approaching them to ask for extra hours because their original sponsor is not giving them enough.

## Key challenges with retention and recruitment

- Low fee rates from councils/NHS (25%).
- Lack of guaranteed hours/income (20%).
- Unattractive terms and conditions of employment (12%).

## Conclusion

Our research shows the homecare sector in the UK continues to face many challenges. Demand for care remains high and supply is variable. Some places have over-supply and others under-supply of homecare; both cause problems. Recruitment within the UK remains difficult. In the short-term, we thus also need international recruitment to meet needs. Safe and ethical employment of all careworkers, whether from the UK or overseas, is vital.

Failure to ensure enough homecare risks a decline in health and well-being, more hospitalisations and prolonged stays. In the longer term, we need to improve funding, commissioning, regulation and provision of homecare. We welcome Skills for Care's leadership in developing a national workforce strategy, which is scheduled for launch on 18 July 2024<sup>3</sup>.

We recommend the following to ensure quality, sustainable homecare services:

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<sup>3</sup> <https://www.skillsforcare.org.uk/news-and-events/news/skills-for-care-to-develop-workforce-strategy-for-adult-social-care-as-new-report-shows-a-year-of-green-shoots-and-ongoing-challenges>

## Recommendations

### Funding and fair pay

1. The government must provide adequate and ring-fenced funding to local authorities to enable them to pay a fair price for care<sup>4</sup>.
2. The government must mandate public bodies to pay minimum fee rates for homecare to enable employers to offer fair pay and working conditions<sup>5</sup>.

### Transportation support

3. The government must address rising costs of car insurance and mileage.
4. The government must incentivise use of lower emission and electric vehicles in homecare, where careworkers drive 1.5 billion miles per year<sup>6</sup>.

### International recruitment

5. The Home Office must establish an efficient process for obtaining Certificates of Sponsorship. They must reduce delays and improve communication.
6. Migration rules must account for the way the homecare sector operates. Homecare providers cannot recruit enough people in the UK to meet needs and thus also need some international recruits. Guidelines for hiring sponsored workers must be clear and practical.

### Commissioning

7. Councils must improve how they manage demand and supply of homecare, to avoid too many or too few providers. Each provider needs enough hours to be efficient and remain viable.
8. Commissioning approaches must shift away from time and task at low fee rates to focus on outcomes. Payment methods must support greater security of employment for careworkers, such as contracts for shifts.

### Policy

9. The government must recognise that funding, commissioning, regulation and provision of care are interdependent. Policymakers need to focus on improving commissioning and regulation, as well as employment practices.

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<sup>4</sup> <https://www.homecareassociation.org.uk/resource/the-homecare-deficit-2023-pdf.html>

<sup>5</sup> <https://www.homecareassociation.org.uk/resource/homecare-association-publishes-minimum-price-for-homecare-2024-25.html>

<sup>6</sup> <https://www.homecareassociation.org.uk/resource/high-fuel-costs-the-ongoing-impact-on-homecare.html>

To understand these findings, it is important to explain our research methodology and respondent demographics.

## Collection method and response rate

We collected responses through a self-selecting online survey of Homecare Association member organisations. The survey ran between 13 March and 12 April 2024. We received and accepted responses from 307 homecare providers across the United Kingdom. The sample related to services delivering care to around 68,000 clients, employing over 38,000 careworkers.

Respondents included small, medium and large providers serving mainly self-funded clients (40%) or state-funded clients (32%), closely followed by a mixture of both (28%). We have included detailed data on respondents in Appendix 1.

Data labels on the graphs have usually been rounded to the nearest whole number. Where percentages have been, for example, added or subtracted in the text, we have used exact figures; hence, there may be occasional rounding differences from the graph labels.

With this robust sample, we uncovered several key trends in the homecare sector, starting with the current state of demand and supply.

## Findings

### Demand for care

52% of our respondents said they can meet the current demand for care services.

When splitting the data by funding source, we see that 61% in the mainly self-funded sector could meet the demand for care. However, this percentage noticeably dropped where respondents were either reliant on a mixture of funding (45%) or mainly state-funded (48%).

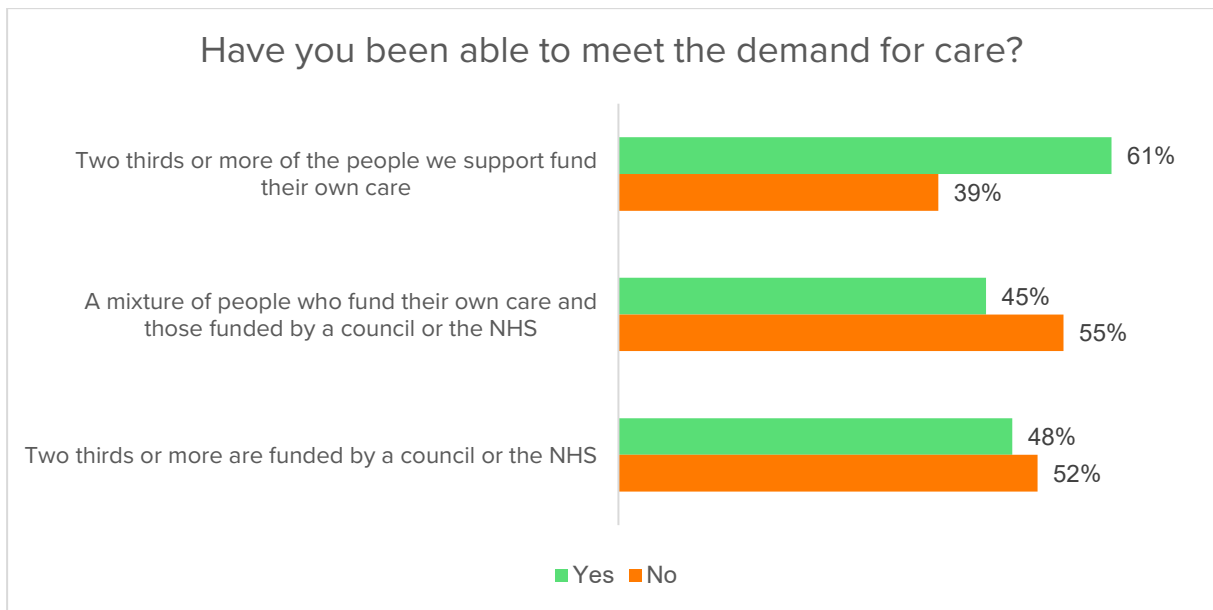


Figure 1: Meeting demand for homecare

Many respondents noted, however, that they were *just* able to meet this demand. Staffing limitations and fluctuation of the market were making it difficult to manage supply and demand.

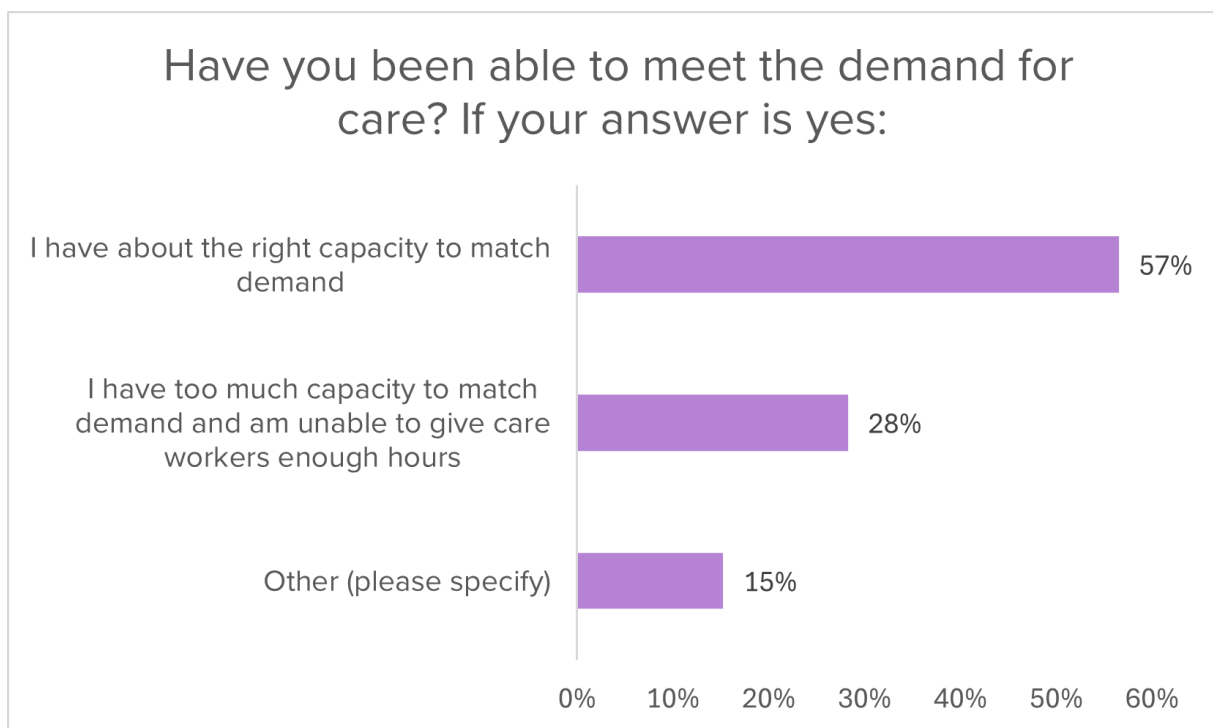


Figure 2: Balancing supply and demand

Others referenced the increased demand for services in their areas:

*“We have a far greater demand on our service than we can meet – we could double in size if we had the staff.”*

*“We refuse work due to a lack of staff.”*

The 48% of respondents who said they could not meet the demand for care reported various barriers:

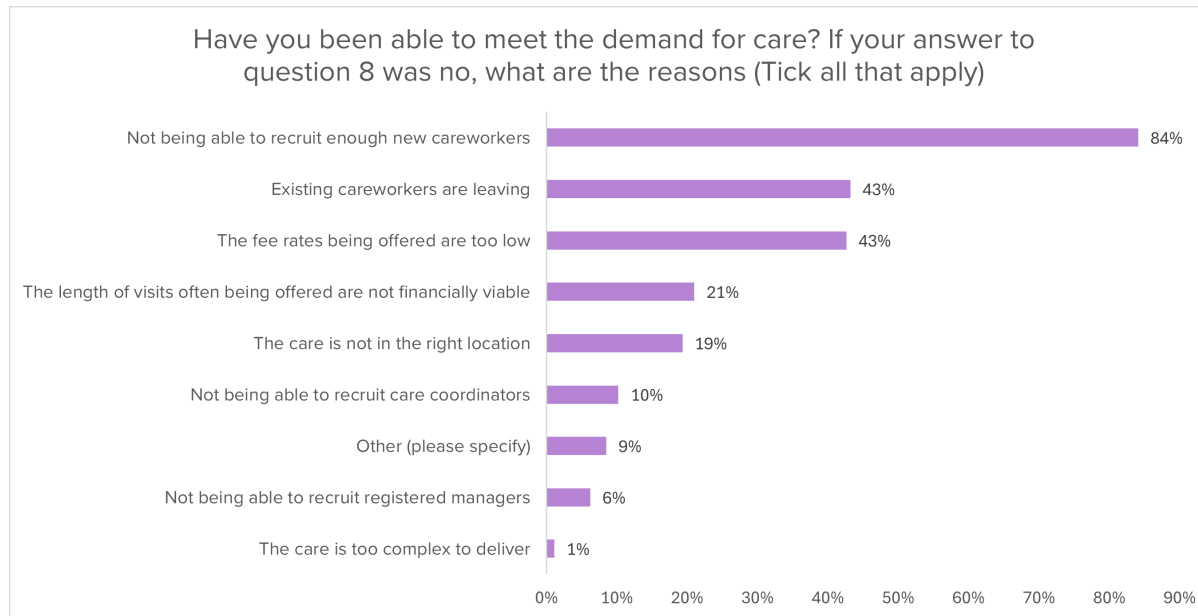


Figure 3: Reasons for being unable to meet demand for homecare

'Not being able to recruit enough new careworkers' was the most common reason amongst our respondents at 84%. Careworkers leaving the sector, closely followed by low fee rates, were the respective second and third options. These are ongoing issues that need to be addressed with an increase in fee rates alongside better working conditions.

9% opted for the 'Other' category. Several comments focused on the issues of employing care workers who can drive and the increase in cost of car insurance. Providers told us how they prefer to hire workers who can drive, but this is becoming more difficult, with one respondent stating:

*"I have had five potential caregivers in the past three months. I had to reject the roles offered due to hikes in the cost of adding business insurance to their current policies. The cost of car insurance for the domiciliary workforce is in danger of becoming prohibitive, especially for younger drivers, making it very difficult to attract younger talent to the homecare sector."*



To meet demand and provide high-quality care, it is important to retain skilled staff. Our survey revealed interesting shifts in retention patterns.

### Staff retention

Relative to a year ago, 44% of the sample claimed that fewer or significantly fewer careworkers were leaving their roles; 41% said leavers were about the same; and only 16% suggested more or many more were departing.

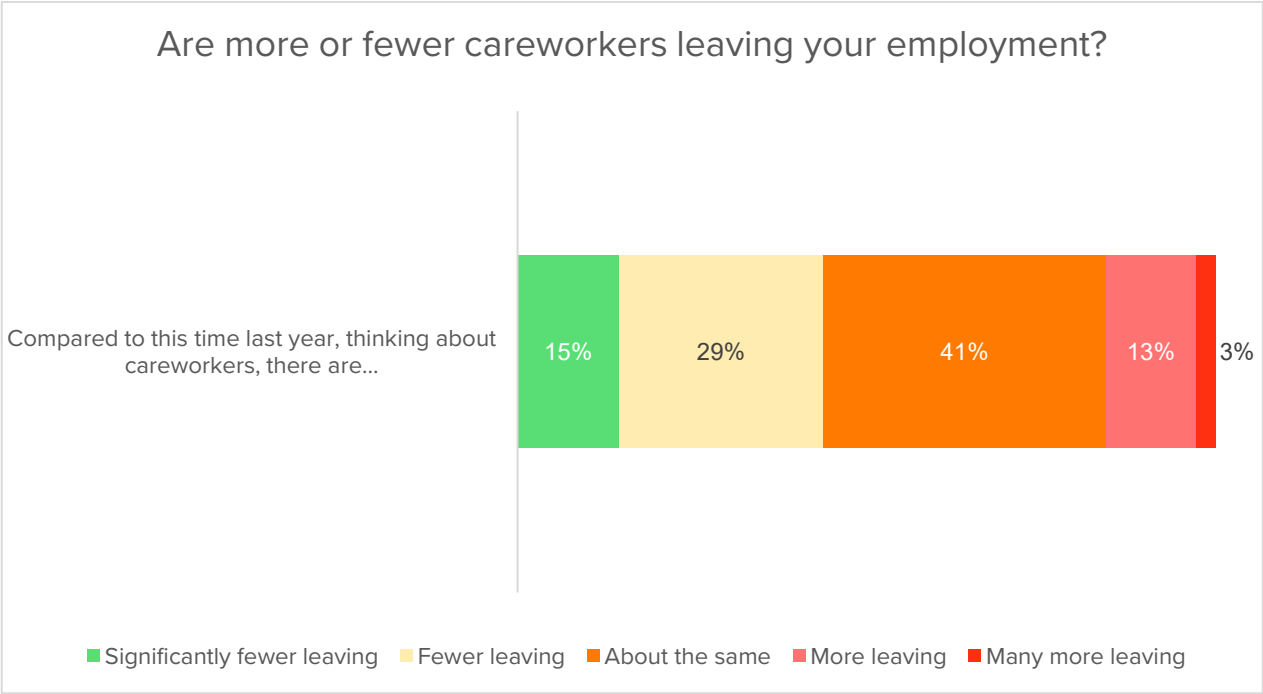


Figure 4: Careworkers leaving their roles

Self-funded homecare providers reported "significantly fewer careworkers leaving" (17%), while council/NHS-funded care providers reported 11%.

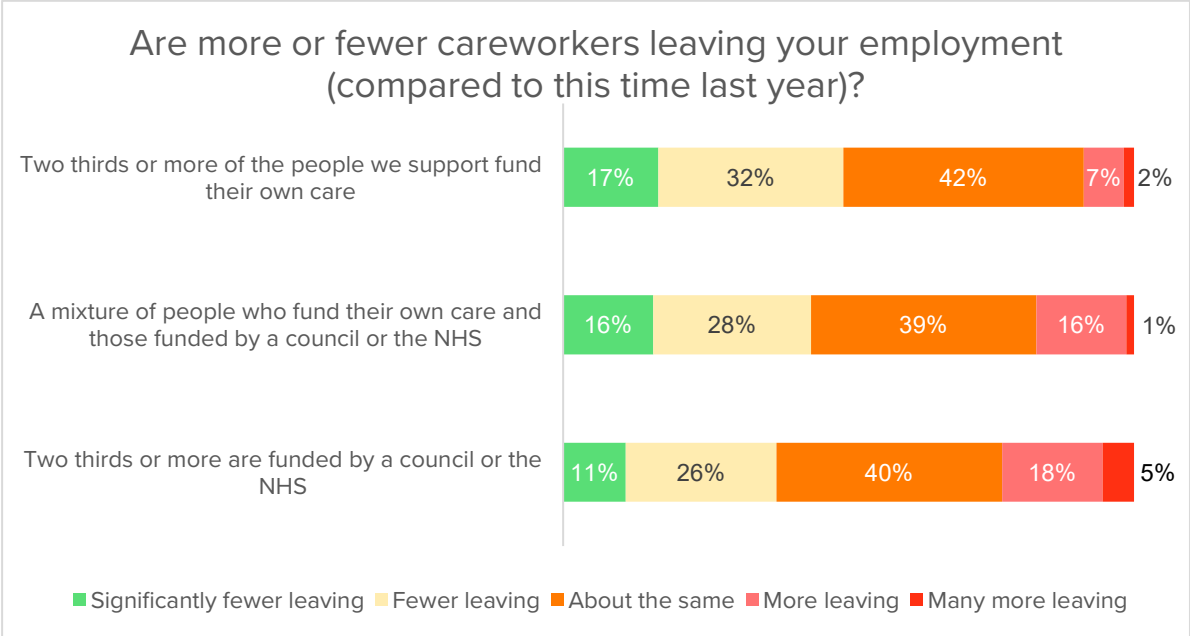


Figure 5: Are more or fewer careworkers leaving in mainly private-pay or state-funded providers

When asked whether higher or lower numbers of careworkers were leaving now compared with before the COVID-19 pandemic, 31% of respondents said more or many more were leaving. In January 2023, 59% of respondents stated that more or many more careworkers were leaving their employment. This finding suggests an improvement in staff retention over the last year. This could be related to an increase in sponsored workers.

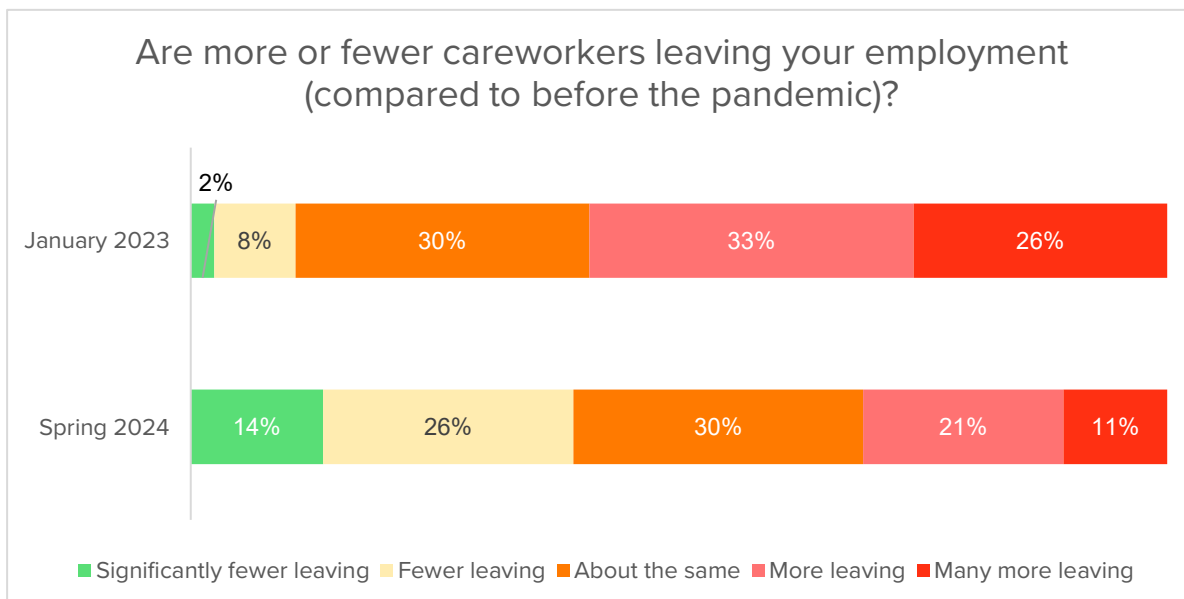


Figure 6: Staff retention in 2024 vs 2023 vs before the COVID-19 pandemic

As mentioned above, 43% of providers said low fee rates were a barrier to meeting the demand for care because fee rates affect pay rates. We therefore asked questions about pay rates being offered.

## Pay rates

Our survey showed:

- 88% of respondents were offering pay of £12 per hour or more.
- 6% were offering £15 per hour or more.
- 12% were offering below £12 per hour, which is closer to the National Minimum Wage (NMW) of £11.44 per hour.

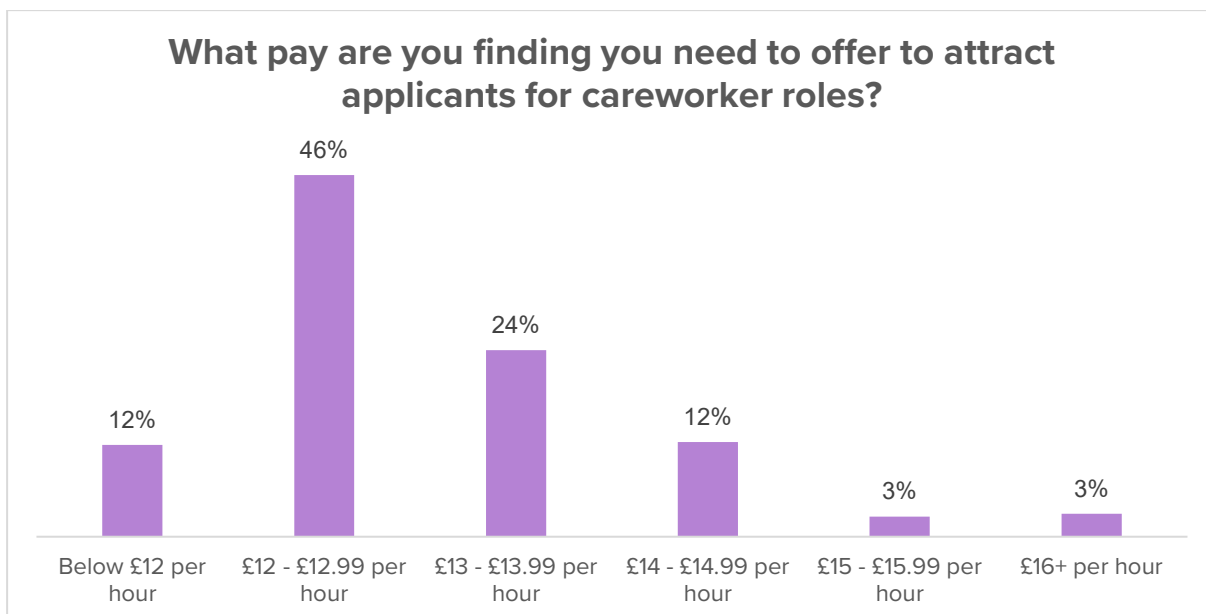


Figure 7: Pay per hour offered to homecare workers

The findings show that funding source affects the pay rates offered to careworkers. Self-funded care was associated with higher pay rates than state-funded care:

- 17% of state-funded providers were offering under £12 per hour; compared with 14% who had mixed funding; and only 6% of private-pay providers.
- 21% of private-pay providers were paying £14 per hour or more; compared with 19% who had mixed funding and only 13% of state-funded providers.

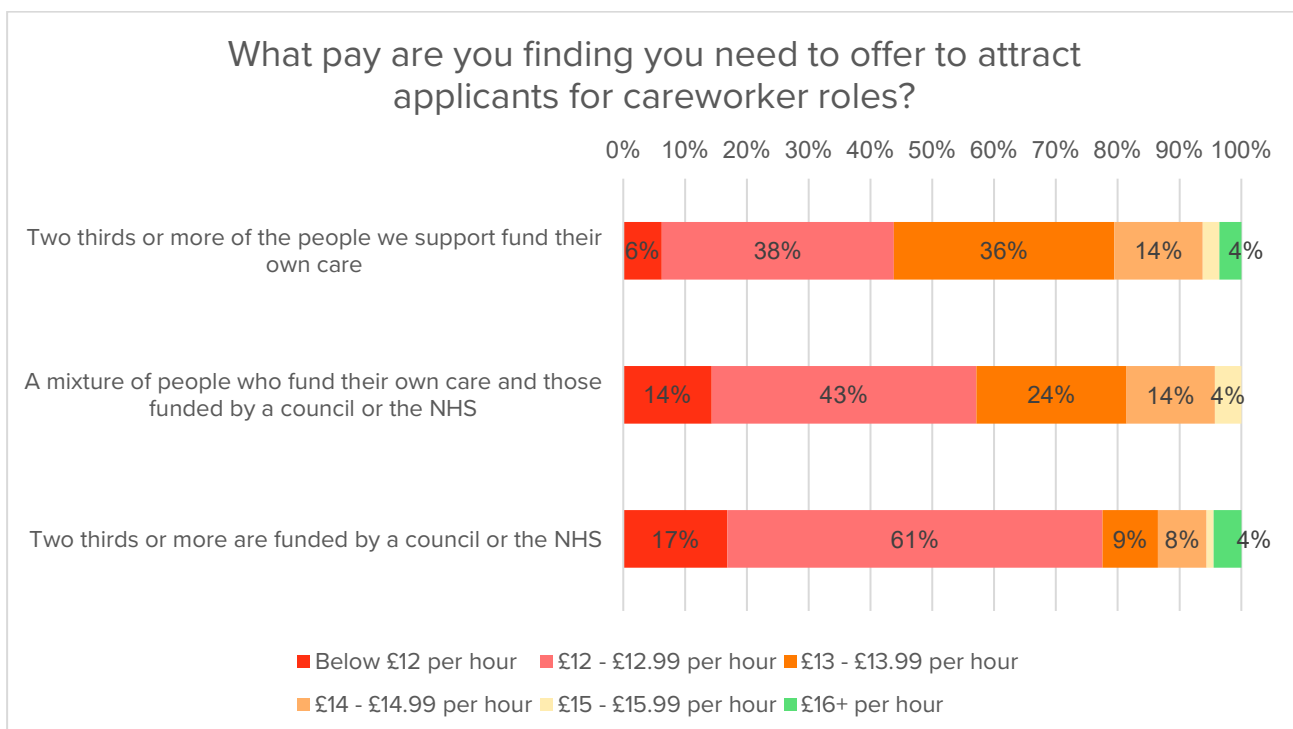


Figure 8: Pay offered by private-pay vs state-funded providers

Beyond pay, national workforce data suggests the nature of employment contracts affects staff retention.

## Employment contracts

We asked providers to indicate the type of employment contracts they offer. Most providers offer zero-hour contracts (65%), followed by guaranteed hours contracts (54%). Many providers will offer both. Respondents said their employees prefer zero-hour contracts because they offer greater flexibility.

*“Not all zero-hour contracts are bad. We continually offer all staff who are on zero-hour contracts the opportunity to change to guaranteed hours, but they always decide to remain on the zero-hour contracts. They never get ‘zero-hours’. They have very regular scheduled patterns of work, but there is flexibility for them and for us and most of our part-time staff prefer that to fit their individual needs.”*

Zero-hour contracts are common in homecare because public bodies purchase homecare on a zero-hours basis. So do self-funders. Zero-hour contracts can be beneficial for staff flexibility, but they can also lead to insecure income. Skills for Care data show that zero-hour contracts are associated with lower staff retention<sup>7</sup>. To address this, some employers offer a proportion of guaranteed hours. Council, NHS or self-funder contracts rarely guarantee the number of homecare hours they will purchase. This means providers cannot guarantee a precise number of hours of employment. A provider may offer a contract for 20 guaranteed hours per week, though a careworker may end up delivering more on a zero-hour basis if work is available. Some providers employ careworkers on contracts for shifts or full-time salaries. The latter options require enough hours and income to reliably cover costs.

For employers to stop or reduce use of zero-hour contracts and improve pay, public bodies need to change how they commission and purchase homecare.

First, and most important, public bodies must offer fee rates which cover costs. Linked to this is ensuring each provider has enough hours to achieve economies of scale. The more hours a provider delivers, the lower the operational costs per hour. Giving each provider adequate hours in a tight geographic area also helps to improve efficiency, contact time, and reduce mileage.

Commissioning for outcomes rather than time and task; paying for shifts; and paying in advance on planned hours helps to ensure careworkers have stable hours and

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<sup>7</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

income. Such approaches make it easier to reduce use of zero-hour contracts. They also make it possible to employ sponsored workers, who require full-time salaries.

The government must recognise that funding, commissioning, regulation and provision of care are interdependent. Focusing solely on providers and banning zero-hour contracts without investing to allow good commissioning and regulation, could have unintended consequences.

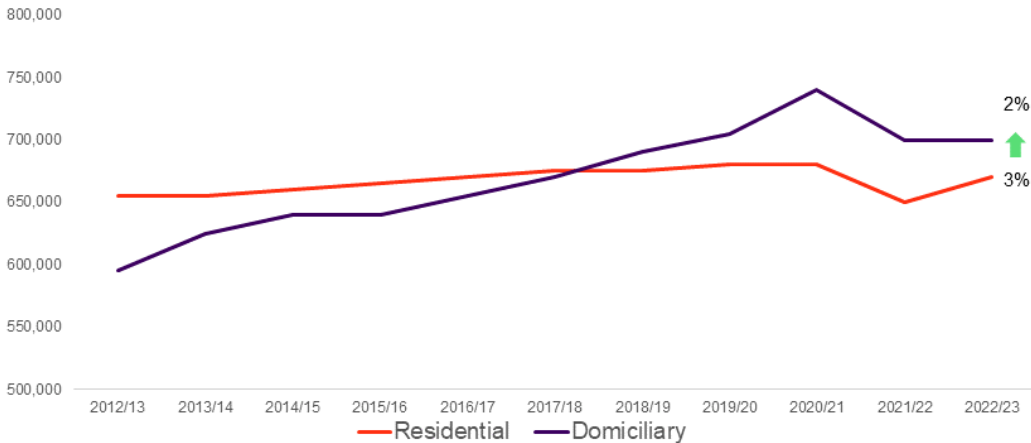
As domestic recruitment challenges persist, some providers have turned to international recruitment. However, this approach comes with its own set of complexities.

## International recruitment

Homecare workforce numbers grew from 2012 to 2021 but plummeted in the wake of the COVID-19 pandemic and Brexit. This was partly because of a relatively small decrease in the number of EU care workers following the end of free movement (a reduction of 5,000 care workers compared to 2021/22 levels), and increased recruitment and retention challenges as the wider job market opened up after the peak of the pandemic.<sup>8</sup>

## Jobs in domiciliary and residential care

Source: Skills for Care 2023



According to Skills for Care data, in 2022/23, the vacancy rate of independent sector domiciliary care services was 12.9%, equivalent to 71,000 vacant posts.<sup>9</sup> The

<sup>8</sup> Skills for Care, 'The state of the adult social care sector and workforce in England' 2023, p. 67, and pp. 76-77

<sup>9</sup> Skills for Care, Workforce intelligence, 'Adult social care recruitment and retention', statistics available at: <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Monthly-tracking/Recruitment-and-retention.aspx>

vacancy rate for these services decreased from a high of 13.2% in 2021/22 to 11.5% by April 2024. However, the rate in April 2024 was significantly higher than the 9.3% vacancy rate recorded during the pandemic in 2020/21, when there was an estimated number of 52,000 domiciliary care vacancies.<sup>10</sup> Average vacancy rate across the UK labour market at the end of 2022-23 was around 3.4%,<sup>11</sup> so the homecare vacancy rate is around four times higher than the national average.

There is, of course, a direct relationship between workforce shortages and recipients of care not receiving the care that they need. The ability of councils to assess need, commission and pay for homecare is not keeping pace with demand. Unmet need is acute. In July 2023, Age UK reported that, in England, 1.6 million people aged 65 and over have some unmet need for care and support.<sup>12</sup> As of 31 August 2023, there were over 470,000 people waiting for assessment, review or start of a care package or direct payment.<sup>13</sup>

Mismatch of supply and demand for home-based and community support and care also contributes to greater burdens on the NHS. Neglecting people in the community risks deterioration in their health, crisis, and greater need for acute care. This adds to demand for ambulances and hospital beds. This can lead to longer waits for ambulances; cancelled clinics; cancelled operations; delayed discharges; and difficulty in reducing waiting lists.

In February 2022, the UK government added care workers to the Shortage Occupation List, making them eligible for the Health and Care Visa<sup>14</sup>. This included several elements to make it easier for international careworkers to work in the UK; for example, prioritised visa processing; relaxed salary requirements; the ability to bring dependants; and a pathway to permanent residency.

Many providers began international recruitment despite initial hesitation because of costs and complexities.

Between April 2023 and December 2023, around 94,000 sponsored workers started working in direct care positions. By December 2023, about 45,000 of them were in CQC-registered domiciliary care services, which is 8 percent of the total 555,000 care workers in CQC-registered agencies.

International recruitment has contributed to an increase in filled posts of 20,000 and a decrease in vacant posts of 13,000 since 2022/23; vacancies reduced from 164,000 in 2021/22, to 152,000 vacancies in 2022/23. However, decreases in the number of

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<sup>10</sup> Skills for Care, Workforce intelligence, 'Adult social care recruitment and retention'.

<sup>11</sup> Skills for Care, 'The state of the adult social care sector and workforce in England' 2023, p. 59.

<sup>12</sup> Age UK, 'The state of health and care of older people in England 2023', July 2023, p. 42, available at: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health-wellbeing/age\\_uk\\_briefing\\_state\\_of\\_health\\_and\\_care\\_of\\_older\\_people\\_july2023.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health-wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf)

<sup>13</sup> Association of Directors of Adult Social Services, 'Autumn survey report 2023: Adult social care budgets and waiting times', November 2023, p. 12, available at: [202310-ADASS-Autumn-Statement-Representation-2023.pdf](https://www.adass.org.uk/wp-content/uploads/2023/10/ADASS-Autumn-Statement-Representation-2023.pdf)

<sup>14</sup> <https://www.homecareassociation.org.uk/resource/careworkers-officially-added-to-the-shortage-occupation-list.html>

British workers (- 30,000) and EU workers (-5,000) over the same period have offset this.<sup>15</sup>

International recruitment has thus helped to fill workforce gaps and meet the growing need for homecare, as the UK workforce has shrunk. Sponsored workers bring valuable skills and experience, with turnover rates of 16.5%, almost half those of UK workers.

Providers must offer full-time contracts to sponsored workers, with a minimum annual salary of £23,200 or £11.90 per hour based on a 37.5 hour week. Compliance with salary thresholds for sponsored workers is a challenge in homecare. This is because of low fees, zero-hour commissioning, and local authority reliance on framework contracts.

In some places, international recruits are not receiving enough hours to meet the full-time requirement. This breach of licence conditions has led to substantial hardship for some sponsored workers. Some breaches have happened because councils have contracted with too many providers; this results in insufficient hours for each provider to offer full-time employment for workers. In other cases, there has been illegal activity resulting in labour abuse and modern slavery<sup>16</sup>. The Homecare Association denounces the exploitation of careworkers and urges authorities to stamp it out.

In December 2023, the Home Secretary James Cleverly MP announced new measures to reduce levels of net migration<sup>17</sup>. The changes included permitting only CQC-registered providers to sponsor workers; banning careworkers from bringing dependants to the UK; removing the 20% salary discount for the Shortage Occupation List and replacing this with a new Immigration Salary List. These new rules came into effect from March 2024<sup>18</sup>.

In the year ending December 2023, the Home Office granted 146,477 Health and Social Care visas, a 91% increase on the number of visas granted the preceding year.<sup>19</sup> In the first quarter of 2024, the number of Health and Social Care visas fell by 75% compared with the same quarter in the previous year.<sup>20</sup>

In May 2024, the government reported a 58% fall in Health and Care dependant application numbers, from 15,100 in April 2023 to 6,400 in April 2024<sup>21</sup>.

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<sup>15</sup> Skills for Care, 'The state of the adult social care sector and workforce in England' 2023, p. 12.

<sup>16</sup> <https://www.unseenuk.org/how-to-tackle-exploitation-of-migrant-care-workers-in-uk/>

<sup>17</sup> <https://www.gov.uk/government/news/home-secretary-unveils-plan-to-cut-net-migration>

<sup>18</sup> <https://www.gov.uk/government/news/new-laws-to-cut-migration-and-tackle-care-worker-visa-abuse>

<sup>19</sup> Home Office, 'Immigration system statistics, year ending December 2023, Why do people come to the UK? To work', published on 29 February 2024, available at:

<https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2023/why-do-people-come-to-the-uk-to-work>

<sup>20</sup> Home Office, 'Immigration system statistics, year ending March 2024, Why do people come to the UK? To work', published on 13 June 2024, available at:

<https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2024/why-do-people-come-to-the-uk-to-work>

<sup>21</sup> <https://www.gov.uk/government/news/migration-numbers-fall-further-as-measures-have-major-impact>



Half (49%) of survey respondents stated they currently do not employ any workers from overseas.

More than a quarter (27%) reported employing between one and ten international recruits and a similar number (25%) employing 11 or more.

Of those employing overseas workers, 95% of recruits were delivering regular visiting domiciliary care.

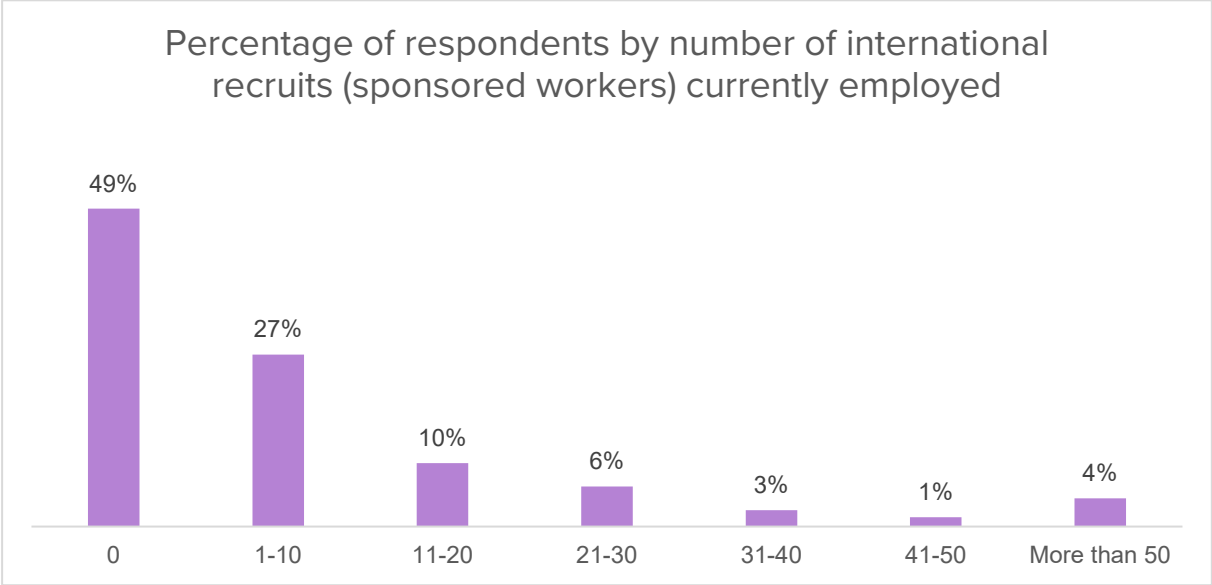


Figure 9: Employment of sponsored workers

We detected an interesting trend when splitting the data by funding source.

66% of providers reliant mainly on self-funders do not employ any international workers – a proportion that is 32 percentage points higher than those whose clients are council or NHS-funded, as shown below:

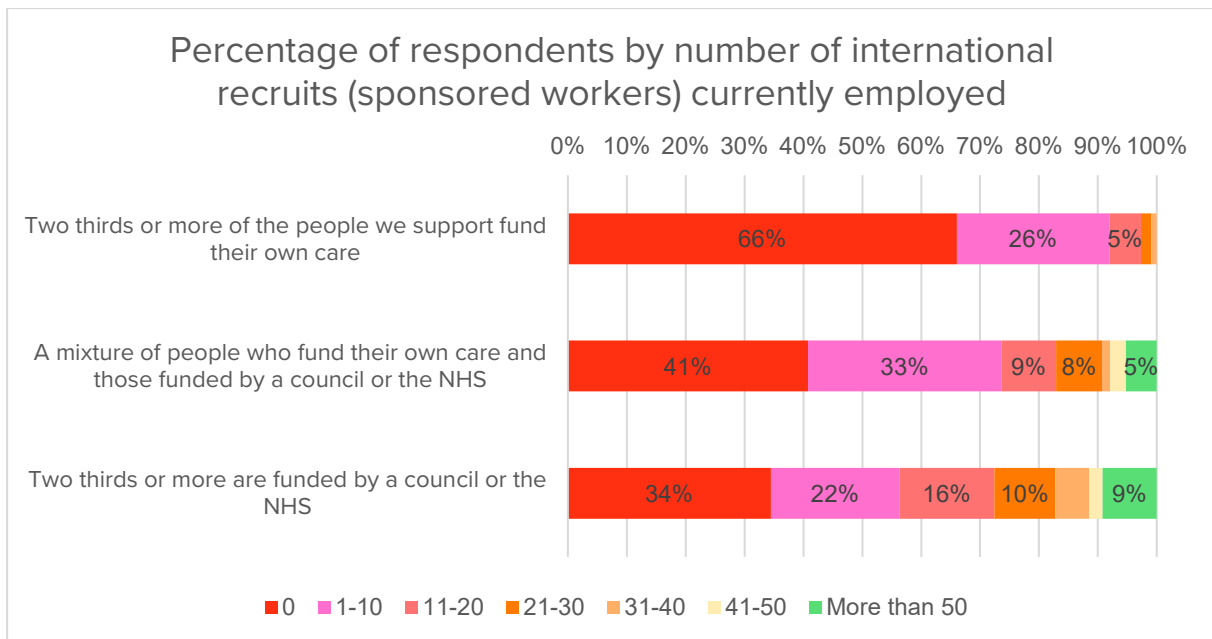


Figure 10: Employment of sponsored workers by state-funded vs self-funded providers

Providers shared their struggles in recruiting international careworkers. Reasons included:

- Recruits not having the transport required to do the job (i.e. car and driving licence) (45%).
- Affordability or issues with cost of process (skills surcharge, sponsorship process etc) (29%).
- Concerns about language skills or knowledge of how services work in the UK (28%).
- UKVI processes are too slow and length of the recruitment process (28%).
- Securing accommodation for new arrivals (25%).
- Meeting UKVI requirements for guaranteed hours (22%).
- Complexity of paperwork and concerns about consequences of errors (21%).

The least common barriers were:

- Lack of career progression opportunities (6%).
- Cannot meet other UKVI requirements (4%).

Interestingly, 20% of respondents indicated "Not applicable", suggesting that a fifth of those surveyed aren't facing barriers to international recruitment.

Which of the following barriers to international recruitment are you facing? (Tick all that apply)

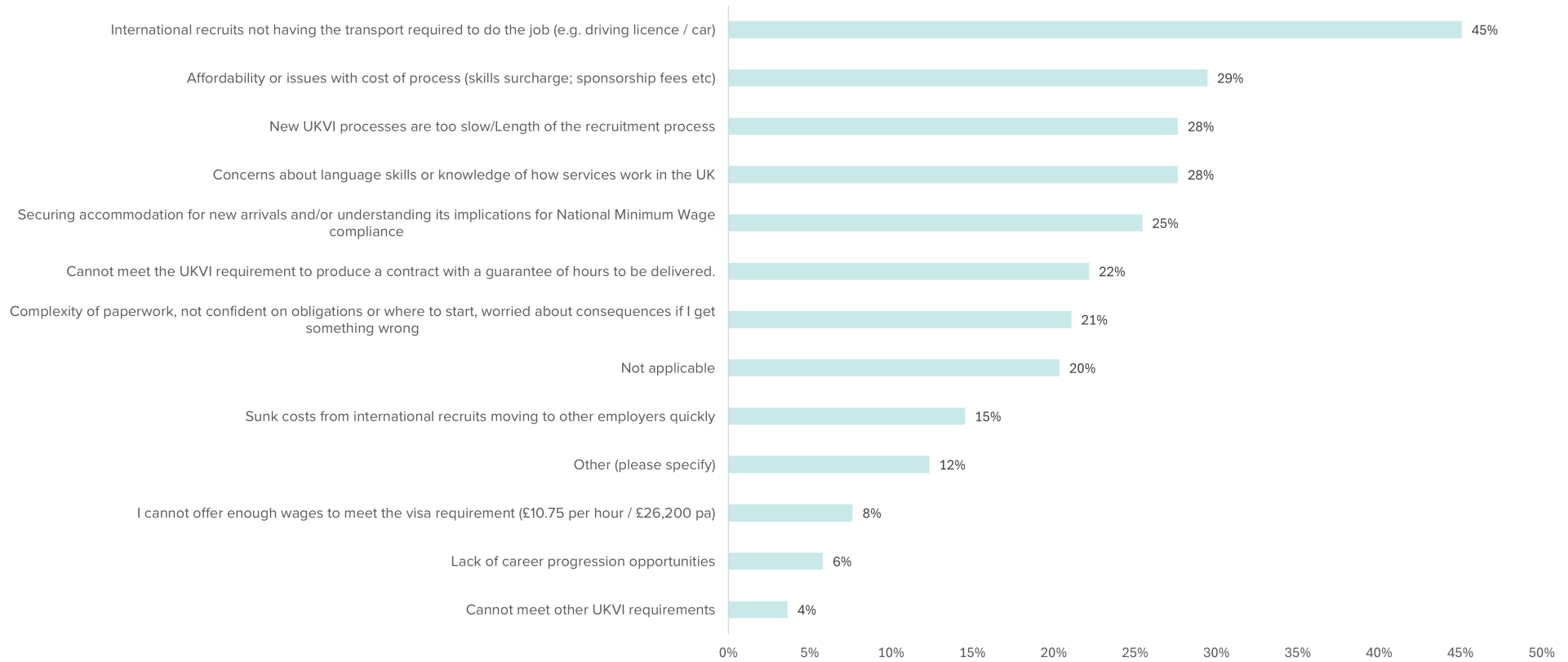


Figure 11: Barriers to international recruitment

Homecare workers together drive an estimated 1.5 billion miles per year<sup>22</sup>. Along with investing in higher wages to cover rising costs of car insurance and mileage, the government must incentivise use of lower emission and electric vehicles.

36% of providers believe the inability of sponsored workers to bring dependants has also affected their ability to recruit, with comments such as:

*“A lot of the applicants are young people looking to create a better life for their family.”*

*“Family life is important. Workers are here doing jobs that are low paid, there are no benefits if they cannot have their families here with them.”*

*“Many workers bring their families to better their lives. Not allowing dependants is not only cruel but a complete injustice to those who want to come and support those who need care.”*

*“A care role is incredibly emotionally draining - expecting people to work in these roles full time without their own support networks is inhumane.”*

*“We feel that people coming to the UK and bringing their family / dependants was beneficial. I personally feel that expecting overseas nationals to come to the UK, and support our economy and social care sector and be denied the right to bring dependants is unfair on the overseas employee.”*

*“Wellbeing is very important for every human being. Being an employer I have learnt that family life impacts heavily on productivity. The Home Office must consider that some of the family members that come bring with them a wealth of skills which our country can benefit from. You cannot have a worker without a family and expect them to be well enough to perform to your expectation.”*

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<sup>22</sup> <https://www.homecareassociation.org.uk/resource/high-fuel-costs-the-ongoing-impact-on-homecare.html>

Providers told us that the costs associated with international recruitment can be significant. These include expenses related to advertising, recruitment agencies, visa applications, and relocation expenses. This financial burden can place further strain on an already under-funded social care sector.

Changes to the immigration rules also saw an increase in the salary threshold for sponsored workers. As mentioned above, this is now £23,200 per annum (previously £20,960 per annum) and £11.90 per hour for a 37.5 hour week<sup>23</sup>.

We asked providers about the maximum salary threshold they could sustain, if it were to be changed. Around a third (32%) suggested a mark around the current level of between £23,000 and £23,999, which was the most popular response. However, 18% thought the existing level was already too high and suggested a figure lower than £23,200 (for example, based on the National Minimum Wage). On the opposite end of the scale, 8% concluded that a threshold of £30,000 or more was sustainable.



Figure 12: Maximum salary providers could sustain

Comments made in answer to this question included:

*“The new... 2024 increase is the limit as it will be no longer [be] sustainable due to LA [local authority] rates.”*

<sup>23</sup><https://www.homecareassociation.org.uk/resource/immigration-salary-threshold-regulations-laid-for-implementation-from-4-april.html>

*“Not much more than already, as everything is already squeezed with very poor rates from [the] local authority and NHS. Our private clients pay more for services to support sustainability – if we had no private work, and relied on [the] local authority and NHS, our company would cease to run.”*

*“Cannot sustain any. It will distort the care market even if we try. Their wages will be far higher than the local employees and, with the low rates commissioners are offering, it is not viable.”*

## Certificates of Sponsorship (CoS)

Delays in approving Certificates of Sponsorship (CoS) are also a barrier to international recruitment.

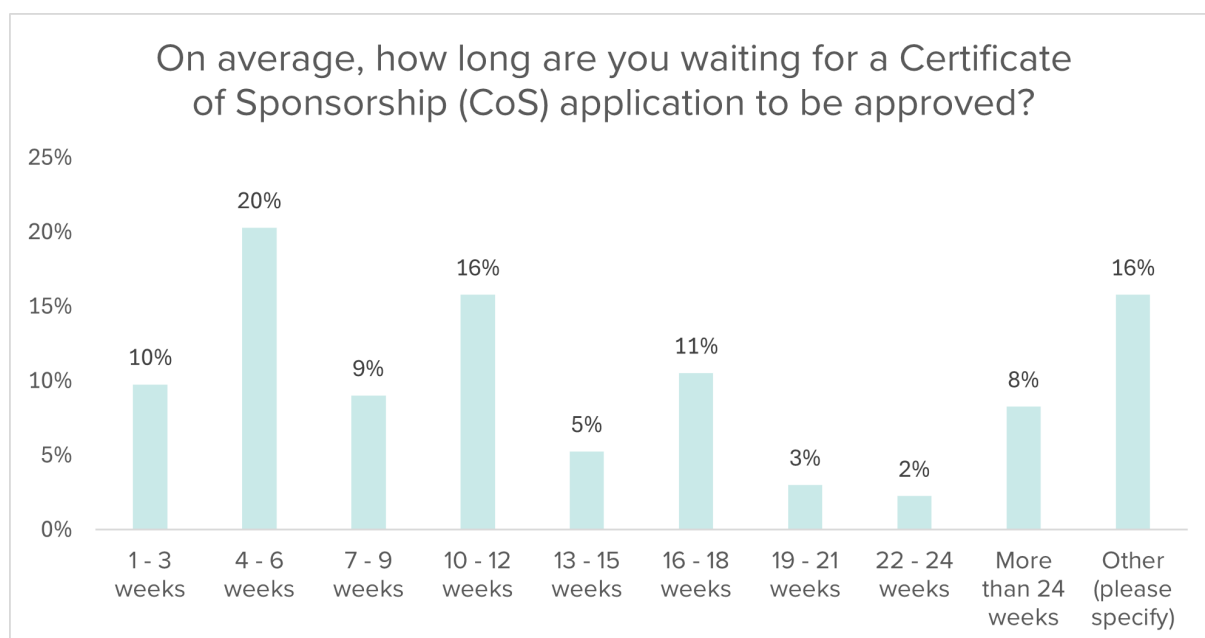


Figure 13: Time to obtain Certificates of Sponsorship

The 16% of providers who selected the ‘Other (please specify)’ option, told us they had CoS applications repeatedly rejected, or had applications that were still ongoing with little or no communication from the Home Office on the source of the delay. Many expressed their concern that they would lose prospective candidates because of these ongoing delays:

*“We applied for more Certificate of Sponsorship (CoS) in early October 2023 last year and we are still waiting for the response. My worry is that I hope I don’t lose the candidates that I selected to recruit.”*

*“The average time is 7-9 weeks but they are not being approved. I have [been] applying since September 2023 to no avail.”*

The challenges of international recruitment extend beyond initial hiring. Fluctuations in hours available have left many sponsored workers seeking additional employment opportunities.

## Supplementary and secondary employment

Skilled Worker visa holders in the UK have two options for additional employment: Supplementary and Secondary. Supplementary Employment allows up to 20 extra hours of work per week in a job, without requiring visa updates or Home Office notification. It must be outside main job hours and can be in any eligible occupation code<sup>24</sup>. The second employer does not need a sponsorship licence. To work over 20 hours in a second job, sponsored workers need a new Certificate of Sponsorship. This requires a visa update and must meet the Skilled Worker route requirements. This results in dual sponsorship. Sponsors must comply with National Minimum Wage Regulations 2015<sup>25</sup> and the Working Time Regulations 1988<sup>26</sup>.

Care providers reported receiving many requests for supplementary employment from sponsored workers. This is because they have insufficient hours or income from their primary employer to meet licence conditions.

91% of respondents said sponsored workers had approached them (often or occasionally) asking for extra work because they weren't getting enough hours from their original sponsor.

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<sup>24</sup> <https://www.gov.uk/government/publications/skilled-worker-visa-eligible-occupations/skilled-worker-visa-eligible-occupations-and-codes>

<sup>25</sup> <https://www.gov.uk/government/publications/enforcing-national-minimum-wage-law/national-minimum-wage-policy-on-enforcement-prosecutions-and-naming-employers-who-break-national-minimum-wage-law>

<sup>26</sup> <https://www.gov.uk/maximum-weekly-working-hours>

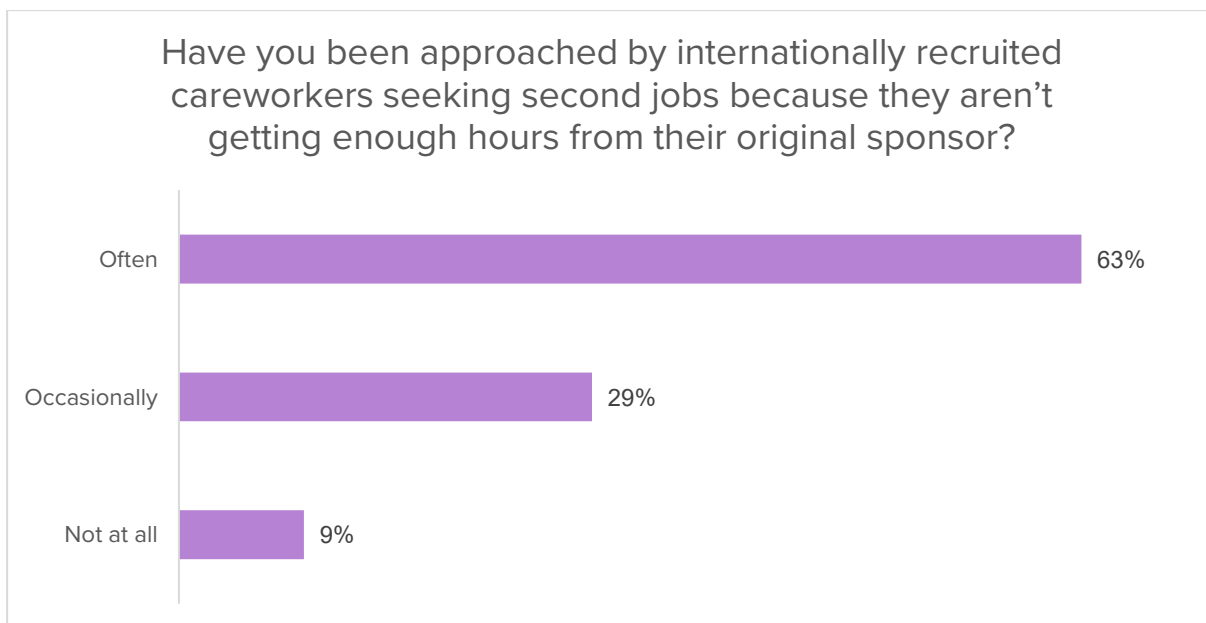


Figure 14: Requests for supplementary employment

Many respondents said councils had asked them to help when the Home Office revoked other providers' sponsorship licences. Comments included:

*"Yes, but I wasn't able to help as my Certificates of Sponsorship have been delayed."*

*"Yes, I have. The care workers had good skills but other sponsors didn't pay the correct amount of money or give them the conditions they promised."*

*"Yes. Most of our sponsored recruits have moved from other agencies who have not been able to fulfil their hours."*

*"A careworker applied to us in this situation. We have a mandatory four-month probationary period before offering sponsorship, so the 60-day rule for him to find another job with sponsorship would not work."*

*"Yes, we have. We employed workers after their employer had their licence revoked. It was a good opportunity to help people who were put in a difficult position through no fault of their own. There has been an increase in applications from people in this situation since January."*

Several providers expressed their willingness to offer additional employment. However, they are concerned about the potential legal consequences. These could cause their sponsorship licence to be revoked, which would negatively affect their



own workforce. Respondents asked for clarification from the Home Office on this matter, particularly as this is becoming more commonplace.

This experience highlights that both under-capacity and over-capacity create risk in homecare.

Under-capacity leads to unmet need. Neglecting people in the community risks deterioration in their health, crisis, and greater need for acute care. This adds to demand for ambulances and hospital beds. This can lead to longer waits for ambulances; cancelled clinics; cancelled operations; delayed discharges; and difficulty in reducing waiting lists.

Risks of over-capacity, spread across a myriad of providers, include higher staff turnover; a race to the bottom on price; poor quality; inefficient delivery; market instability; breach of sponsorship licence requirements; hardship for sponsored workers; and modern slavery.

We need a coordinated approach to commissioning; CQC registration of services; and granting of Skilled Worker Visas in homecare. We also need a coordinated mechanism for supporting sponsored workers who need to find another employer, for whatever reason.

In the longer-term we need a strategy and investment to grow and develop our domestic workforce. We welcome Skills for Care's leadership in developing a national workforce strategy, which is scheduled for launch on 18 July 2024<sup>27</sup>.

## Improving recruitment and retention

New migration rules have made it hard for homecare providers to hire careworkers from other countries. Recruitment within the UK remains challenging.

We asked providers what they believe has the most negative effect on their ability to recruit and retain staff:

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<sup>27</sup> <https://www.skillsforcare.org.uk/news-and-events/news/skills-for-care-to-develop-workforce-strategy-for-adult-social-care-as-new-report-shows-a-year-of-green-shoots-and-ongoing-challenges>

### Which of the following do you think has the greatest negative effect on your ability to recruit or retain homecare workers at the moment?

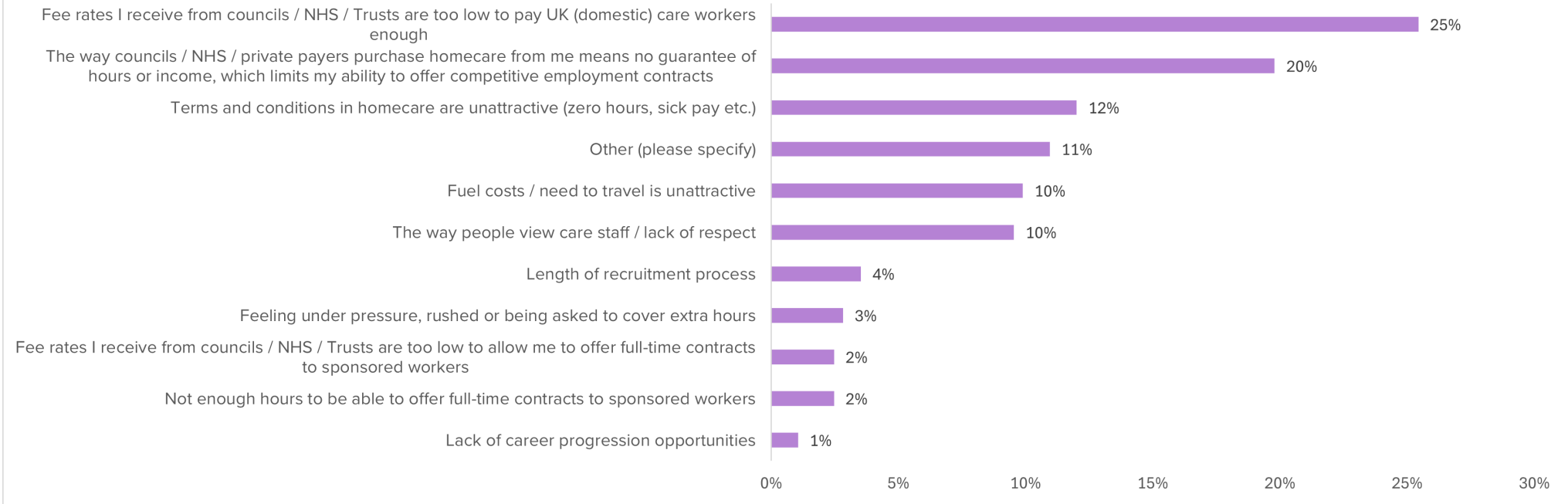


Figure 15: Reasons for recruitment and retention challenges

Findings were:

- Low fee rates from councils/NHS/Trusts: 25% (highest impact).
- Lack of guaranteed hours/income because of purchase methods: 20%.
- Unattractive terms and conditions (zero-hour, sick pay, etc.): 12%.
- Other reasons: 11%.
- Unattractive fuel costs/travel needs: 10%.
- Lack of respect/negative view of care staff: 10%.
- Length of recruitment process: 4%.
- Pressure to cover extra hours: 3%.
- Low fee rates preventing full-time contracts for sponsored workers: 2%.
- Insufficient hours for full-time contracts to sponsored workers: 2%.
- Lack of career progression opportunities: 1% (lowest impact).

The top two issues, accounting for 45% of responses, related to financial concerns - low pay rates and unstable income. Working conditions and public perception stand out as major challenges faced by the homecare sector.

25% of respondents stated that current fee rates are too low to attract and retain UK staff.

This is similar to our last workforce survey conducted in January 2023, where 'pay in homecare is unattractive' was the most popular option<sup>28</sup>.

Comments under the 'Other (please specify)' option were from staff members who felt overworked, disrespected, and that there was little support for care workers.

In contrast, when we asked providers what they thought would be the greatest positive effect on their ability to recruit and retain employees, close to half (47%) selected options based on valuing staff and a positive organisational culture:

The top three factors were:

- Supportive team / positive organisational culture (26%).
- A competitive employment offer (pay, terms and conditions, income security, etc.) (21%).
- Staff being able to work hours around other commitments/lifestyle (19%).

Tied for third place (to the nearest whole number) was "Personal values of staff or sense of vocation" (19%).

Other factors mentioned included job security (4%), training opportunities (2%), potential for career development within the organisation (2%), and a few other items, such as communication and use of technology solutions, each receiving 1% of responses.

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<sup>28</sup> <https://www.homecareassociation.org.uk/resource/capacity-and-workforce-survey-2023.html>

### Which of the following do you think has the greatest positive effect on your ability to recruit or retain homecare workers at the moment?



Figure 16: Factors encouraging careworker retention

Some respondents said that doing all the above would lead to a happier workforce and better meet the demand for care services.

## Conclusion

Our research shows the homecare sector in the UK continues to face many challenges. Demand for care remains high and supply is variable. Some places have over-supply and others under-supply of homecare; both cause problems. Recruitment within the UK remains difficult. In the short-term, we thus also need some international recruitment to meet needs. Safe and ethical employment of all careworkers, whether from the UK or overseas, is vital.

Failure to ensure enough homecare risks a decline in health and well-being, more hospitalisations and prolonged stays. In the longer term, we need to improve funding, commissioning, regulation and provision of homecare. We welcome Skills for Care's leadership in developing a national workforce strategy, which is scheduled for launch on 18 July 2024<sup>29</sup>.

We recommend the following to ensure quality, sustainable homecare services:

## Recommendations

### Funding and fair pay

1. Central government must provide adequate and ring-fenced funding to local authorities to enable them to pay a fair price for care. This would allow employers to pay fair wages and improve other conditions of employment.

The Homecare Association believes care staff should be paid the equivalent to NHS Band 3 healthcare assistants (with 2+ years' experience), £12.45 per hour during 2023. Based on our Local Authority and NHS Freedom of Information Request (FOI) conducted in 2023, care providers told us they would need to pay a wage of at least £12.45 per hour, to retain and recruit more staff. Based on the Homecare Association's costing model, an extra £2.08 billion per year is needed across the UK. Since then, wages have risen and council finances have worsened.

2. The government must mandate public bodies to pay minimum fee rates for homecare to enable employers to offer fair pay and working conditions.

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<sup>29</sup> <https://www.skillsforcare.org.uk/news-and-events/news/skills-for-care-to-develop-workforce-strategy-for-adult-social-care-as-new-report-shows-a-year-of-green-shoots-and-ongoing-challenges>

- In England, we calculate that fee rates for homecare must start at [£28.53 per hour](#)<sup>30</sup>.
- In Scotland, [£29.35 per hour](#)<sup>31</sup>.
- In Wales, [£30.58 per hour](#)<sup>32</sup>.
- In Northern Ireland, [£29.37 per hour](#)<sup>33</sup>.

## Transportation support

3. The government must address rising costs of car insurance and mileage.
4. The government must incentivise use of lower emission and electric vehicles in homecare, where careworkers drive 1.5 billion miles per year.

## International recruitment

5. The Home Office must establish an efficient process for obtaining Certificates of Sponsorship. This would help to reduce delays in recruiting sponsored workers or allowing them to move to other employers.
6. Guidelines for hiring sponsored workers must be clear and practical; they must consider the way the homecare sector operates.

## Commissioning

7. Councils must change how they commission and purchase homecare. First and most important, public bodies must offer fee rates which cover costs. This requires government investment (see recommendation 1).
8. Councils must improve how they manage demand and supply of homecare to avoid too many or too few providers. Each provider needs enough hours to be efficient and remain viable. Unmanaged framework contracts increase risks. Commissioning in geographic zones helps to minimise mileage and reduce travel costs.
9. Commissioning approaches must shift away from time and task at low fee rates to focusing on outcomes.
10. Payment methods must support greater security of employment for careworkers, such as contracts for shifts. Paying in advance on planned hours helps to ensure employers and their careworkers have stable hours and income. Such approaches make it easier to reduce use of zero-hour contracts.

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<sup>30</sup> <https://www.homecareassociation.org.uk/resource/homecare-association-publishes-minimum-price-for-homecare-2024-25.html>

<sup>31</sup> <https://www.homecareassociation.org.uk/resource/homecare-association-minimum-price-for-homecare-2024-25-scotland.html>

<sup>32</sup> <https://www.homecareassociation.org.uk/resource/homecare-association-minimum-price-for-homecare-2024-25-wales.html>

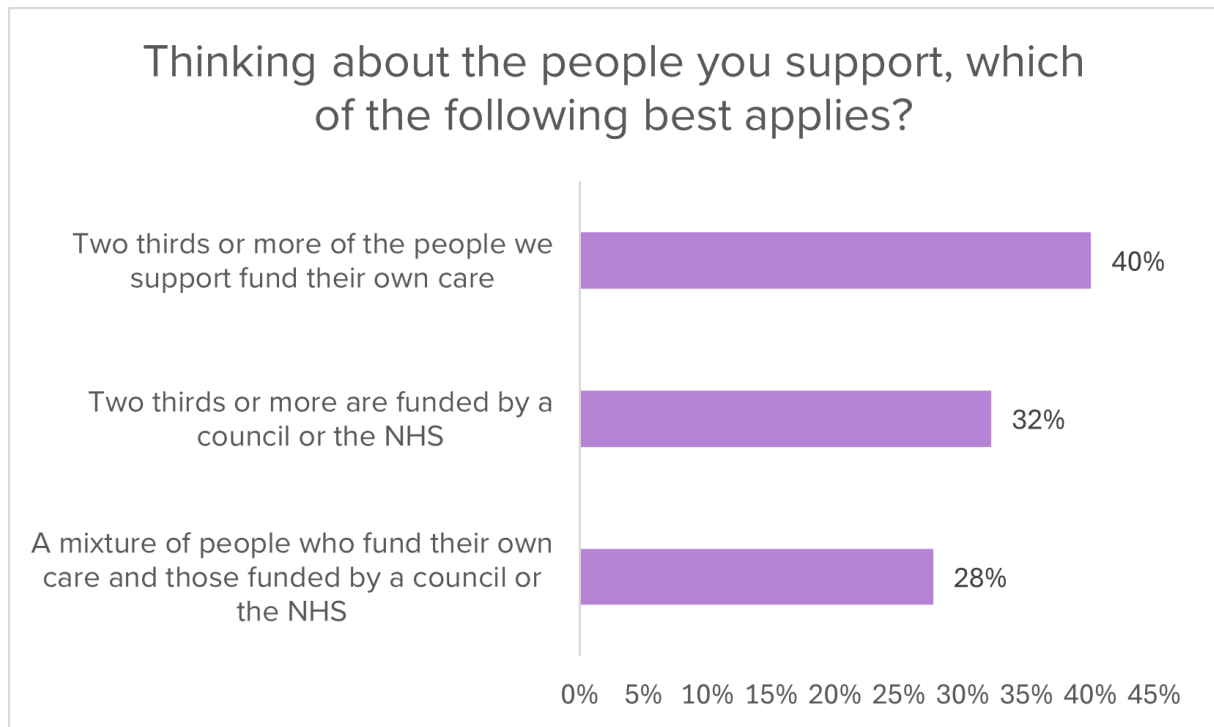
<sup>33</sup> <https://www.homecareassociation.org.uk/resource/homecare-association-minimum-price-for-homecare-2024-25-northern-ireland.html>

They also make it possible to employ sponsored workers, who require full-time salaries.

## Policy

11. The government must recognise that funding, commissioning, regulation and provision of care are interdependent. Policymakers need to focus on improving commissioning and regulation, as well as employment practices.

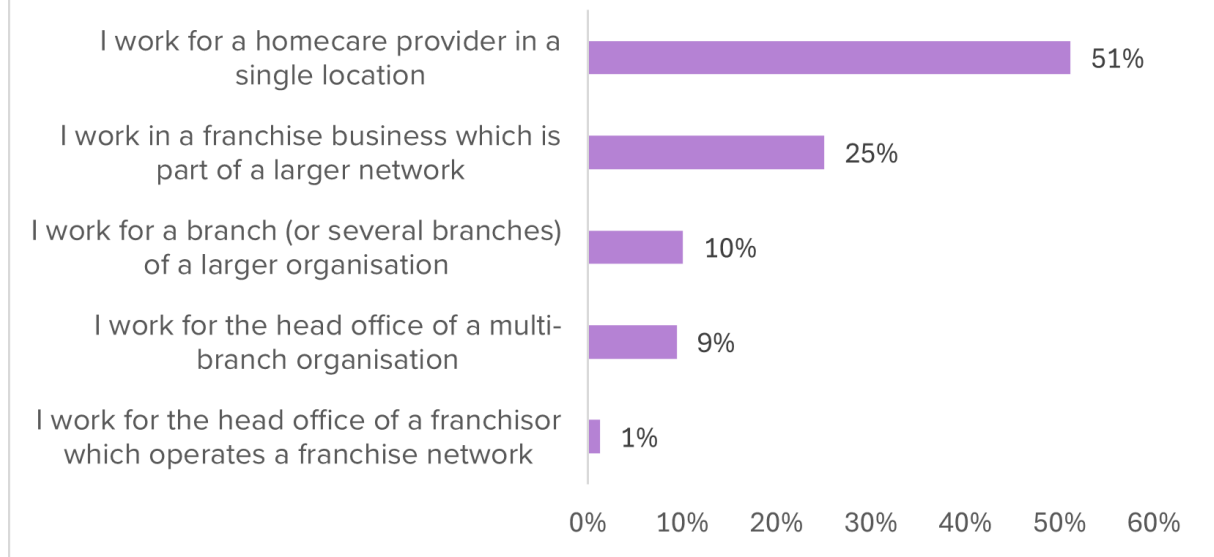
## Appendix 1: Data on respondents



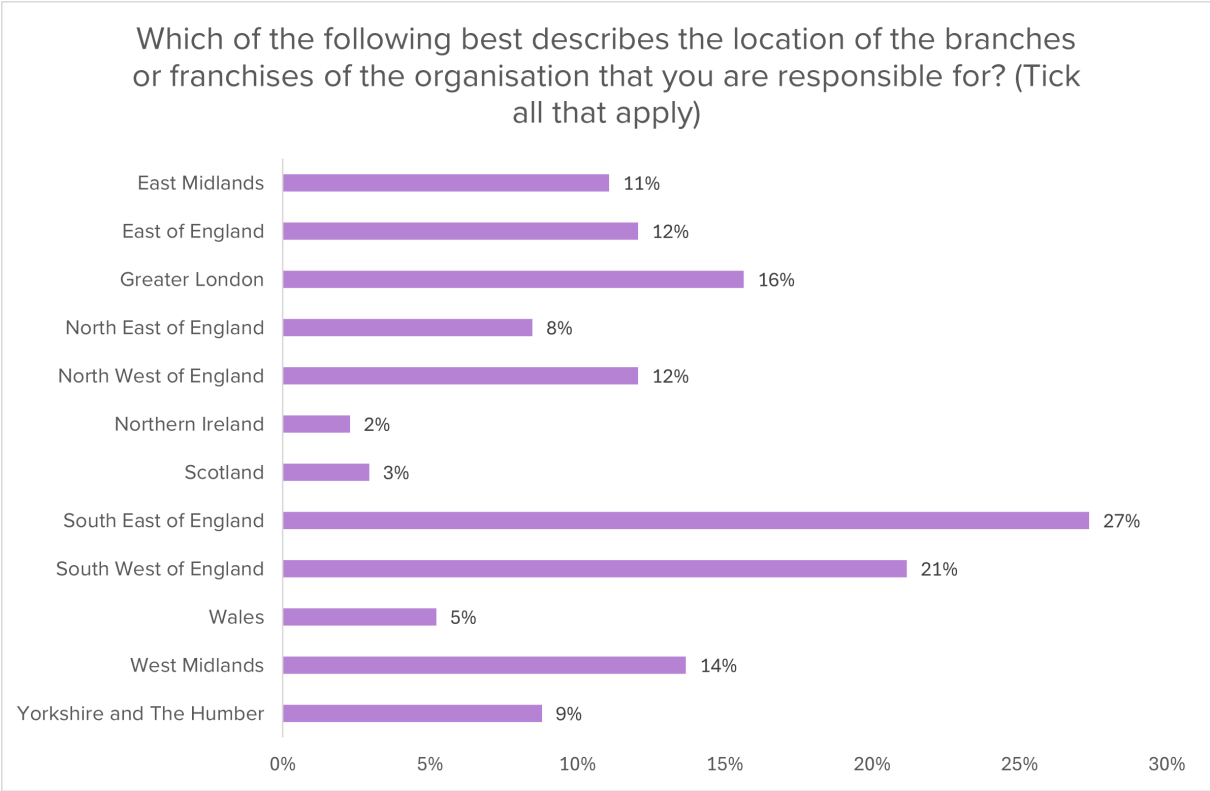
Over half of the respondents (51%) work for a provider operating in a single location, with just over a quarter (25%) working for a provider who is part of a larger organisation. The 3% of respondents who selected 'Other' were mainly owners or Chief Executive Officers of a provider or of a group of franchises.



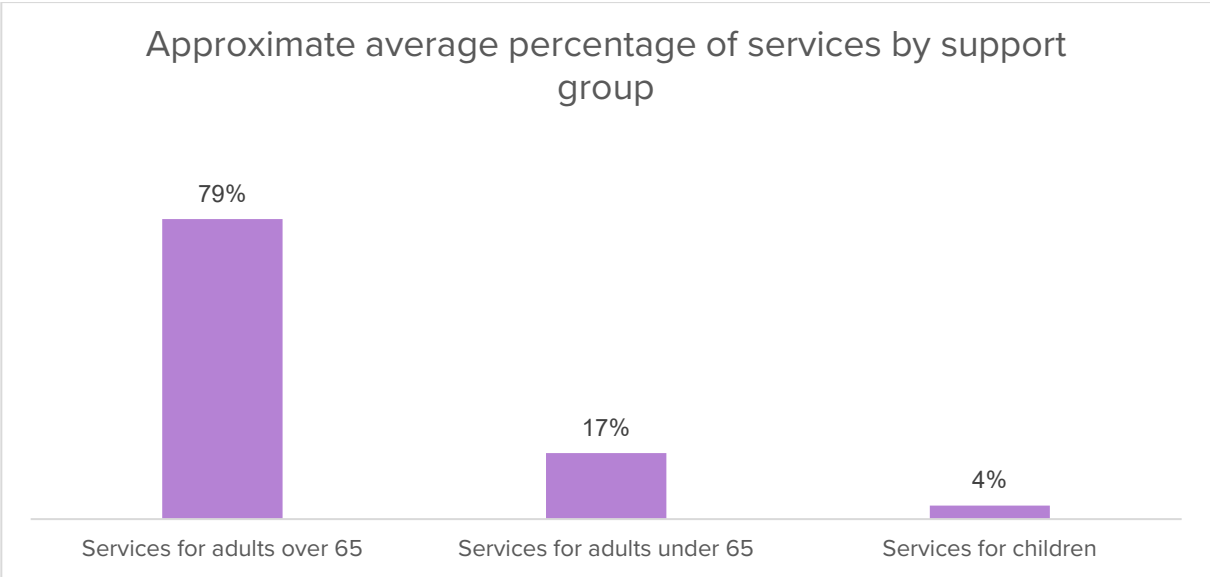
## Which of the following best describes your role in the organisation you work for?



We asked members to state the region in which their organisation operates, with the opportunity to select more than one region, if required. We obtained responses from each of the nine English regions. We also received responses from our members in the devolved nations, including 16 from Wales, 9 from Scotland and 7 from Northern Ireland.

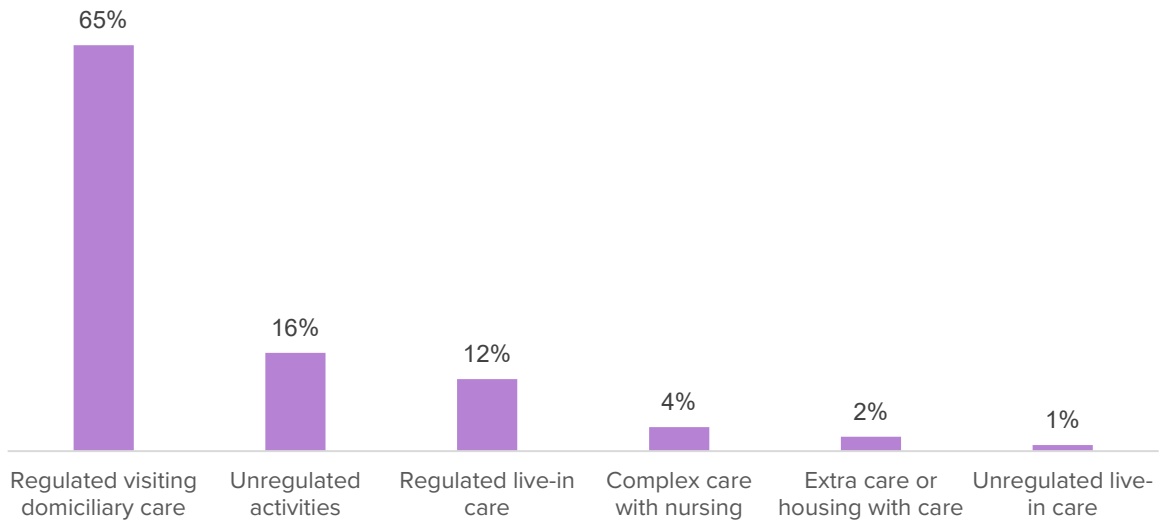


Across our sample (excluding those who answered Not applicable), an approximate average of 96% of work was services for adults, with a smaller proportion for supporting children (4%). Of the 96%, 79% was for adults over 65, 17% for adults under 65.



On average, close to two-thirds (65%) of work is regulated visiting homecare, with an additional 12% of regulated live-in care.

### Approximate average percentage of work by care type





# Shaping homecare together

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Registered in England. Number 03083104

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