



An overview of the UK homecare market

UKHCA Summary

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version

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Introduction

United Kingdom Homecare Association (UKHCA) is the professional association of homecare providers from the independent, voluntary, not-for-profit, and statutory sectors across the UK.

The data contained within this report is aimed at researchers, journalists, management consultants and organisations who are considering investment, or expansion, in the homecare sector.

These figures are a summary and analysis of information collected by this association through various data sources.

Social care is a devolved matter in the United Kingdom, with each administration responsible for its own data collection. Unfortunately, the homecare sector suffers from a lack of routine or consistent data collection across the four UK nations. Nevertheless, this report provides a summary of recent market trends, such as how many people receive domiciliary care, the number of hours of homecare provided and the amount of funding.

In the accompanying graphs, data are compared over a five-year period, unless otherwise stated. Typically, the vertical axis of these graphs does not start from zero – this has been done to highlight the rate of change across the timeframe.

If necessary, the author has made a reasonable estimate where data is not available, with the methodology and calculation being clearly explained.

Disclaimer

Whilst every effort has been made to ensure the accuracy of this document, it is a summary of publicly available information (at the time of publication), rather than a definitive statement of fact. Further, some of the information has been estimated. No responsibility can be accepted for action taken or refrained from solely by reference to the contents of this report. Advice should be taken before action is implemented or refrained from in specific cases.

UK homecare at a glance – 2019-20

The following table provides homecare figures (some of which are estimates) in 2019-20 or 2020 only. If figures for these years were not available, then those for 2018-19 or 2019 only have been used (otherwise 'No recent data' is recorded). Given the inconsistency in how data are collected across the UK, direct comparison between the four nations may not be possible. If necessary, figures have been rounded to one decimal place.

The source of each table entry is given in parentheses, with the following abbreviations used:

- ADSS Cymru: Association of Directors of Social Services Cymru
- PHS: Public Health Scotland
- SSSC: Scottish Social Services Council
- RQIA: Regulation and Quality Improvement Authority
- DoH: Department of Health (Northern Ireland)
- NISCC: Northern Ireland Social Care Council.

| | England | Wales | Scotland | Northern Ireland |
|--|--|---|--------------------------------------|-------------------------------------|
| Number of registered homecare services | 10,200 (Skills for Care) | 526 (StatsWales) | 1,062 (Care Inspectorate) | 302 ¹ (RQIA) |
| Number of adults who used homecare services commissioned by local authorities/Health and Social Care Trusts (HSCTs) | 467,430 (NHS Digital) | 28,596 ² (StatsWales) | 91,810 ^{2 3} (PHS) | 21,491 ⁴ (DoH) |
| Number of adults buying homecare privately | No government data | No government data | No government data | No government data |
| Number of homecare hours commissioned by local authorities/HSCTs | 107 million ^{2 5} (LaingBuisson) | 11.1 million ² (ADSS Cymru) | 35.8 million ^{2 3} (PHS) | 14.5 million (DoH) |
| Gross local authority/HSCT expenditure on domiciliary care | £2.5 billion (NHS Digital) | £326.1 million (StatsWales) | No recent data | No recent data |
| Number of adults receiving a direct payment | 146,390 (NHS Digital) | 6,262 ² (StatsWales) | 9,445 ^{2 3} (PHS) | 21,881 ³ (DoH) |
| Gross local authority/HSCT expenditure on direct payments | £1.8 billion (NHS Digital) | £83.4 million (StatsWales) | No recent data | £42.2 million ³ (DoH) |
| Number of homecare staff providing direct care | 480,000 (Skills for Care) | 22,125 ¹ (Social Care Wales) | 65,642 ^{2 6} (SSSC) | 17,040 ¹ (NISCC) |

¹ Data released in 2021.

² Most recent data is from 2018-19 or 2019 only.

³ As well as adults, also includes figures for those under the age of 18.

⁴ Only the number receiving care in the survey week (September 2020).

⁵ For those aged 65 or over only.

⁶ Combined figures for housing support and care at home.

Overview of the UK homecare sector

By virtue of social care being a devolved issue, the rules and regulations for domiciliary care in England, Wales, Scotland, and Northern Ireland differ.

Nevertheless, the market value of the UK's domiciliary and supported living sector is currently estimated to be £9.5 billion (Laing, 2020) – an amount that is approximately £7.1 billion lower than that for the residential care of older people (Laing, 2021).

However, the figure for homecare and supported living has risen by around 4% from 2016-17 (Laing, 2018), enabling people to live independently in their local community.

Homecare is predominantly commissioned and funded in each UK nation by the following statutory bodies:

- England: local authorities and Clinical Commissioning Groups (CCGs)
- Wales: local authorities and the NHS
- Scotland: local authorities and the NHS
- Northern Ireland: Health and Social Care Trusts (HSCTs).

There is also a blossoming self-funded market (whereby service users privately pay for and arrange their own care), although the size of this varies across the four UK nations.

This market is expected to grow, both in terms of an increasing population of older and disabled people and as a proportion of services delivered. Drivers include greater awareness of homecare as an attractive alternative to residential care and changes in eligibility criteria for state-funded care.

It is regrettable that the self-funded care market receives less focus from government compared to state-funded care (about which data is much more readily available).

Domiciliary care services funded by statutory bodies are mostly delivered by providers that have been commissioned in the private and voluntary sectors, with a smaller quantity delivered by local authorities (in-house) and CCGs (or by HSCTs in Northern Ireland).

The independent sector varies between those providers that deliver both state-funded and self-funded care, and others that specialise in state-funded or self-funded care.

Funding of the domiciliary care sector by the state remains a pressing and urgent issue. A previous report by the Association indicated the worryingly low prices that local authorities and HSTs paid to support the needs of older people in their own homes, as shown below with a weighted average per hour for each UK nation (Angel, 2018).

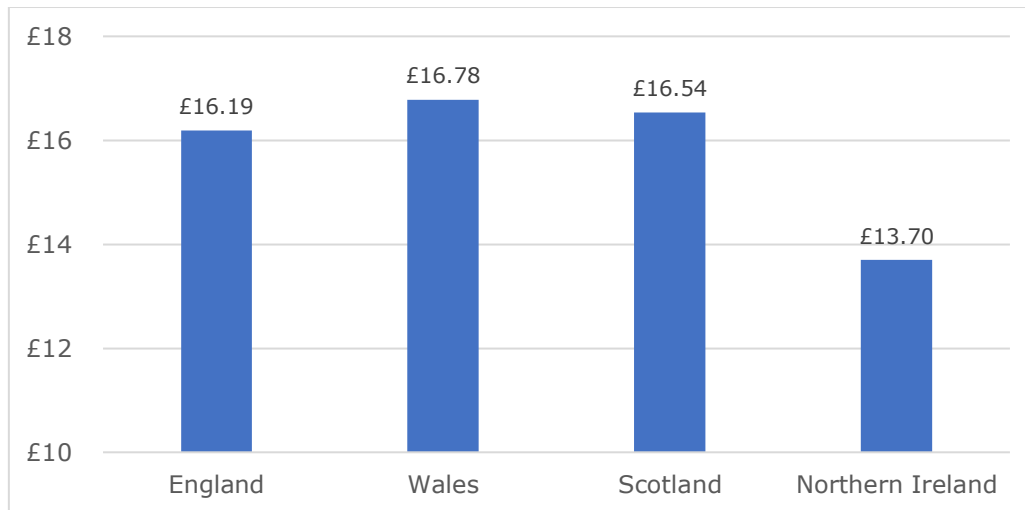


Figure 1. Weighted average price for an hour of homecare for older people in a sample week by UK nation (April 2018)

These rates are clearly lower than the Association's Minimum Price for Homecare, which would ensure domiciliary care providers can meet legal obligations (such as the National Minimum Wage and care quality regulations), operate a sustainable business, and improve pay/conditions for their workforce.

Indeed, at the time of the report's release in 2018-19, the Association's Minimum Price was £18.01 per hour. The price at the time of writing for 2020-21 is £21.43 per hour (Angel, 2020).

Moreover, research such as this serves to increase awareness amongst the public and policymakers of the value of homecare and the need for the sector to be financially stable.

The self-funded market

Overview

Beyond domiciliary care that is funded by the State, the self-funded market refers to individuals who pay for their own care without state assistance.

Unfortunately, data on the self-funded market across the UK is not routinely published by Government departments.

However, some change could be afoot. For instance, the Office for National Statistics has started work to assess the possibility of estimating the number of people who self-fund their social care service.⁷ In addition, a Government white paper from February 2021 mentioned a desire to collect data on self-funders from providers to better understand the care system.⁸

But in the meantime, some information is available from other sources to establish a general sense of the market.

In England, LaingBuisson estimates that around 27% of domiciliary care funding comes from private payers.

A further 3% of homecare revenue is accounted for by direct payments, which is often deemed to be self-funding despite the fact that this money is provided through local authorities. (As made clear later in this document, please note that direct payments do not have to be used to purchase a domiciliary care service).

LaingBuisson's estimated value of privately purchased homecare in England for 2018-19 was almost £1.5 billion – an increase of 6% from 2016-17. In addition, an extra £186 million was spent on direct payments. However, estimates were not made for the other UK nations.

Meanwhile, out of those in receipt of domiciliary, day and other care services, past estimates have shown significant variation between England (ICF Consulting [a], 2018), Wales (ICF Consulting [b], 2018), Scotland (ICF Consulting [c], 2018) and Northern Ireland (ICF Consulting [d], 2018) regarding the proportion of older people who self-fund this care, as shown in the table below. Available data on the number of self-funders may be unreliable and so have not been reproduced in this report.

⁷ <https://blog.ons.gov.uk/2020/12/14/shining-a-light-on-what-we-know-about-adult-social-care/>.

⁸ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.

| UK nation | Percentage of older people in receipt of domiciliary, day and other care who self-fund |
|------------------|--|
| England | 30% |
| Wales | 21% |
| Scotland | 25% |
| Northern Ireland | 7% |

It is also worth bearing in mind that, where ratings data are published on the quality of domiciliary care providers in the UK (in England and Scotland), a breakdown by state-funded and self-funded services is not routinely provided.

Market dynamics and service user expectations

As opposed to services funded and commissioned by the state, private payers are more likely to act like traditional marketplace consumers, choosing services that address their needs and expectations on quality and price (similar to those receiving direct payments).

Consequently, competition is created within the self-funded market. The most successful providers to self-funders are those who best meet these expectations. This includes longer care visits, consistency of care workers and the ability to build relationships over time, highly trained care staff and more specialised services.

Moreover, providers in this market are better placed to meet quality of life needs that go beyond a narrow definition of 'personal care', such as helping clients to remain socially engaged or participating in hobbies. This is because, unlike providers commissioned by the state, there is less reliance on the 'time and task' model (which prioritises the quantity of care time over meeting individual needs).

Other areas of the market

There are a variety of models for delivering homecare, which include, but are not limited to:

- 'Hourly' or 'visiting' homecare
- 'Live-in' homecare
- Extra-care housing
- Supported living.

Supported living is support given to people (for example, younger adults with learning disabilities) in their own homes to help with daily activities, but excluding more intimate needs, such as washing.

Within the registered homecare and supported living sector in England, 19% were supported living services as of December 2019 (amounting to 2,014 such services) (Laing, 2020). Moreover, the gross expenditure by English local authorities in 2019-20 on supported living was just under £2.1 billion – an increase of 15% from the previous year (NHS Digital).

Also known as assisted living or retirement communities, extra-care housing enables individuals (often older people) to live independently in self-contained accommodation, but with staff available to provide care services 24 hours a day.

In December 2019, according to LaingBuisson, there were 544 registered extra-care housing services in England, constituting 5% of the homecare and supported living sector. Indeed, approximately 77,000 people currently live in retirement communities across the UK, with this figure expected to rise to 250,000 by 2030 (Associated Retirement Community Operators, 2021).

Furthermore, NHS Digital figures show that the 2019-20 gross spend by local authorities in England on supported accommodation services was nearly £573 million, having risen by 6% from 2018-19.

England

Regulation

In England, the Care Quality Commission (CQC) independently regulates health and social care services, which includes registering care providers and inspecting services. Domiciliary care providers must register with the CQC to provide the Regulated Activity of 'Personal Care'.

Registered providers in England are required to pay fees annually, including for registration. In the case of domiciliary care providers, the size of the fee will depend on the number of service users supported.

When conducting inspections, the regulator considers five key questions – whether the service is safe, effective, caring, responsive to needs and well-led. Each question gets a rating, as does the service as a whole, on a scale from 'Inadequate' to 'Outstanding'.

In 2020, 87% of domiciliary care providers were rated either 'Good' or 'Outstanding' – marginally higher than the previous year. Furthermore, this current proportion is two percentage points above that for residential homes (Care Quality Commission, 2020).

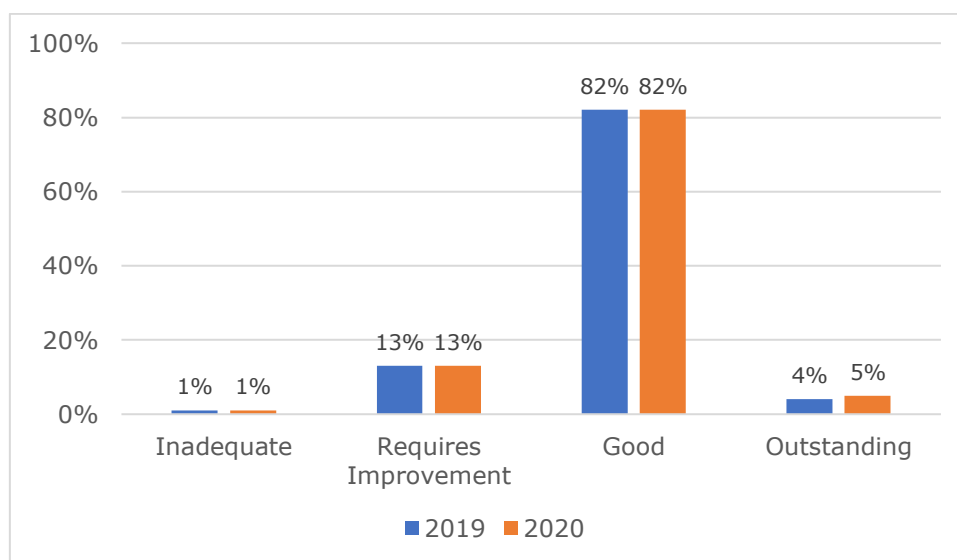


Figure 2. Overall ratings of domiciliary care providers in England

Unlike the other UK nations, there is no register maintained by a governing body in England for social care workers.

Providers

In 2019-20, there were 10,200 homecare services in England registered with CQC (Skills for Care [a], 2020) – an increase of close to 9% from the previous year (Skills for Care, 2019). Note that data for 2015 is not available.

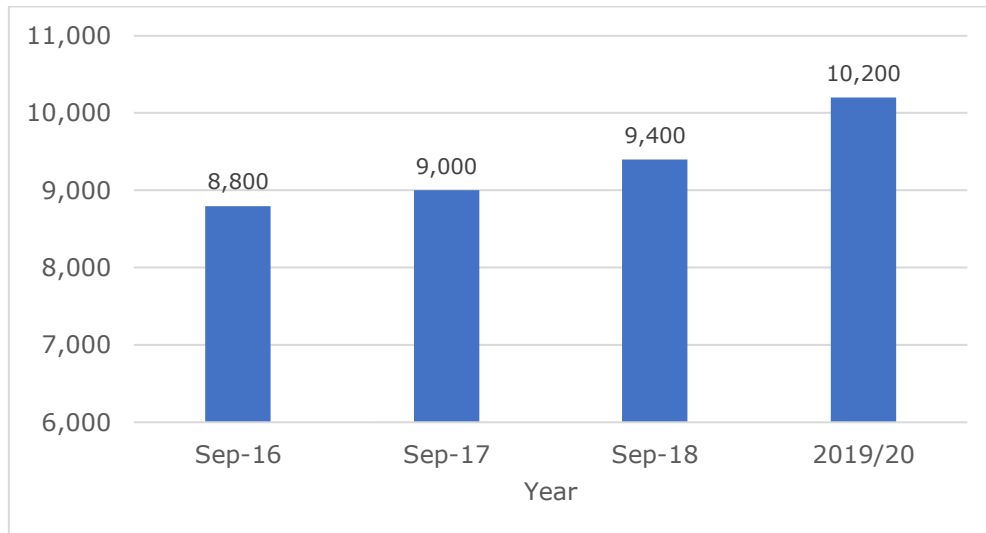


Figure 3. Number of registered domiciliary care services in England

Furthermore, the private and not-for-profit sectors make up more than 97% of the English domiciliary care market (CSI Market Intelligence, 2021).

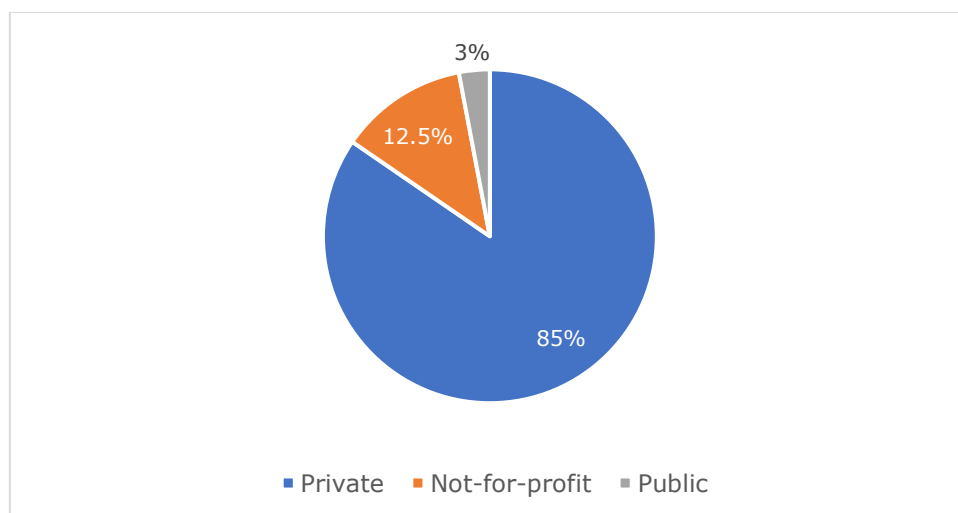


Figure 4. Proportion of homecare services in England by sector

Based on analysis of the CQC register from January 2021 by CSI Market Intelligence, around a third of locations were in the South East or London, with only 3% in the North East.

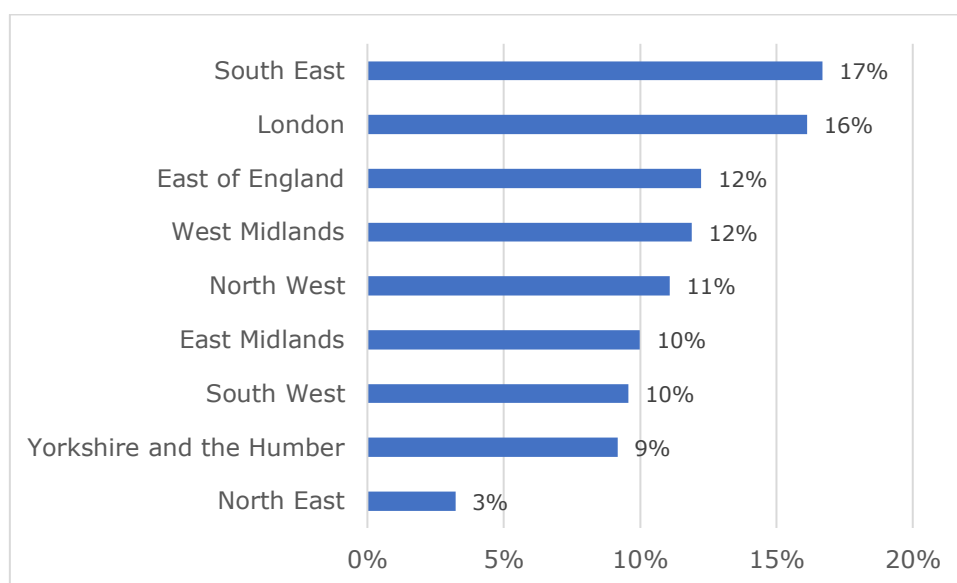


Figure 5. Proportion of homecare locations in England by region

The top 6 providers with the highest number of locations are all in the private sector. Home Instead and Bluebird Care are also franchise operations – indeed, franchising is approximately 5.5% of the homecare market in England.

| Company | Locations |
|------------------------------|-----------|
| Home Instead | 152 |
| Bluebird Care | 149 |
| City & County Healthcare | 131 |
| Midshires Care Ltd | 104 |
| Yourlife Management Services | 91 |
| Caremark | 63 |

Despite the CQC reporting that large domiciliary care providers have been less affected by the COVID-19 pandemic than those in residential care, many still have financial issues. In fact, 34% of such providers in the private sector owe more money over the coming 12 months than they have at present or are

expected to receive, while 32% hold a total debt that is greater than their assets (National Audit Office, 2021).

In 2020, 1,090 homecare locations opened, while 540 closed, with the highest net growth coming in the year's final quarter (CSI Market Intelligence, 2021).

Moreover, a survey of Directors of Adult Social Services found that there was a drop by two-thirds in the number of councils who had seen providers close or cease trading in their area, while the number where providers had handed back contracts had fallen marginally (Association of Directors of Adult Social Services, 2020).

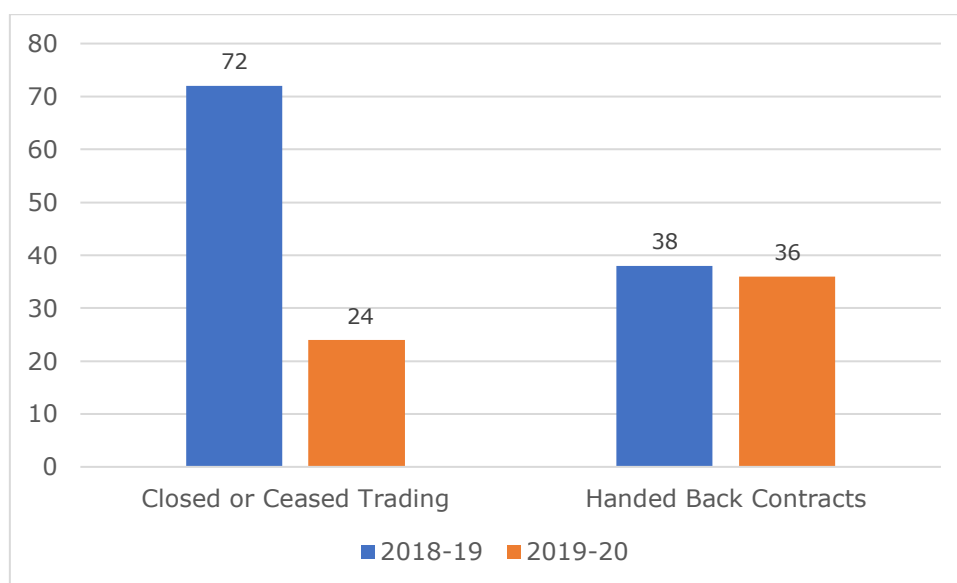


Figure 6. Number of councils in England reporting provider closures or handing back of contracts within the last 6 months

CQC does not routinely publish data on the number of complaints received about services.

However, the Local Government and Social Care Ombudsman (LGSCO) releases annual statistics about the number of complaints and enquiries it has received regarding homecare services.⁹ In 2019-20, there were 293 such incidents, a drop of 13% from the previous year.

⁹ <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>.

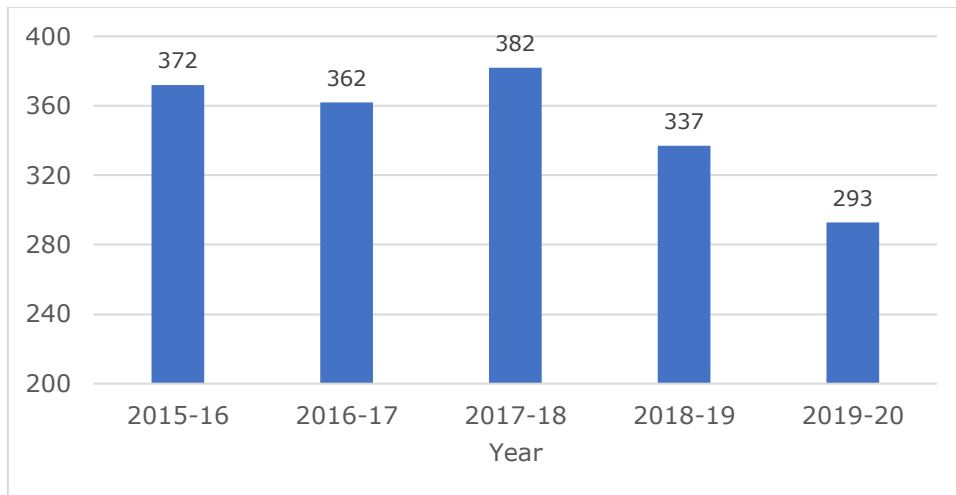


Figure 7. Number of complaints and enquiries received by the LGSCO about homecare services in England

Based on the total contact hours for people aged 65 or over, 98% of homecare funded by local authorities in 2019 was delivered by the independent sector (Laing, 2020).

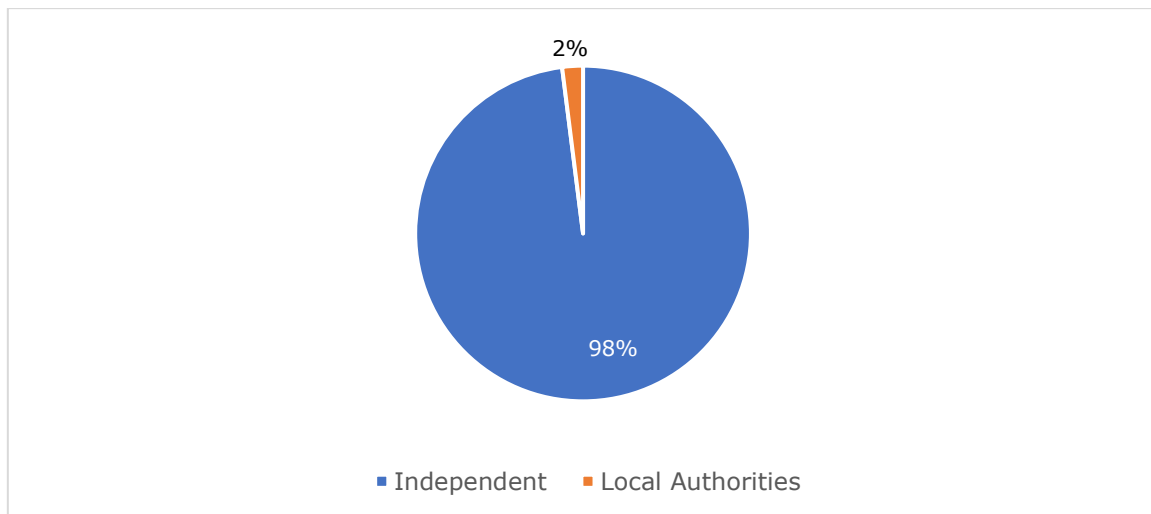


Figure 8. Proportion of hours for homecare funded by local authorities in England for those 65+ by sector (2019)

People who use services

During the course of 2019-20, 467,430 people used homecare services funded by local authorities in England, according to NHS Digital data. This includes those in receipt of a part direct payment, council-managed personal budget, and council-commissioned support only. It consists of individuals who used a service throughout the year, as well as those who stopped using a service during the year. In direct comparison, 181,575 clients were similarly in residential care (with a further 82,465 receiving nursing care).

The most recent domiciliary care figure is 4% lower than 2015-16.

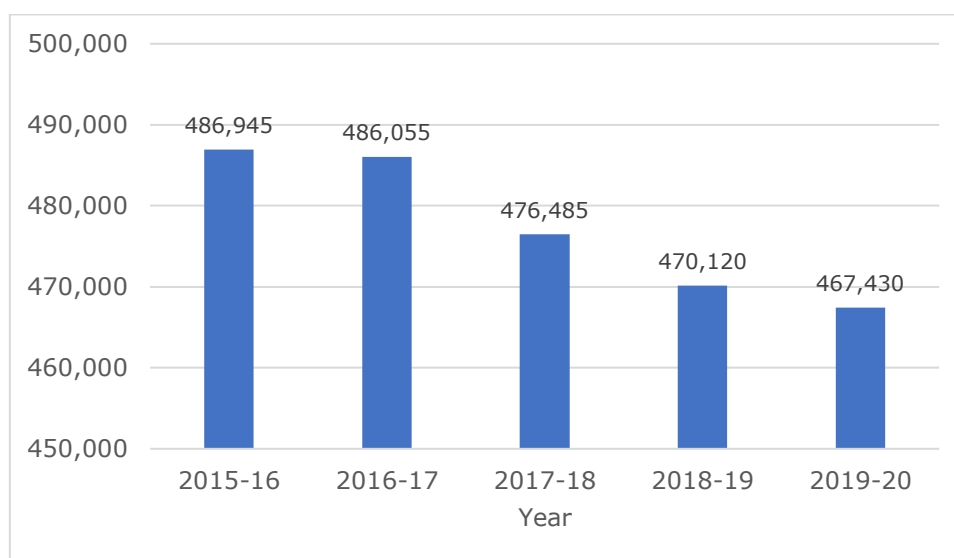


Figure 9. Number of adults receiving domiciliary care commissioned by local authorities in England

63% of people receiving these services were aged 65 or above – an almost identical proportion from 2018-19. However, there is no data available regarding a breakdown of clients by the sector (independent or state) delivering the service.

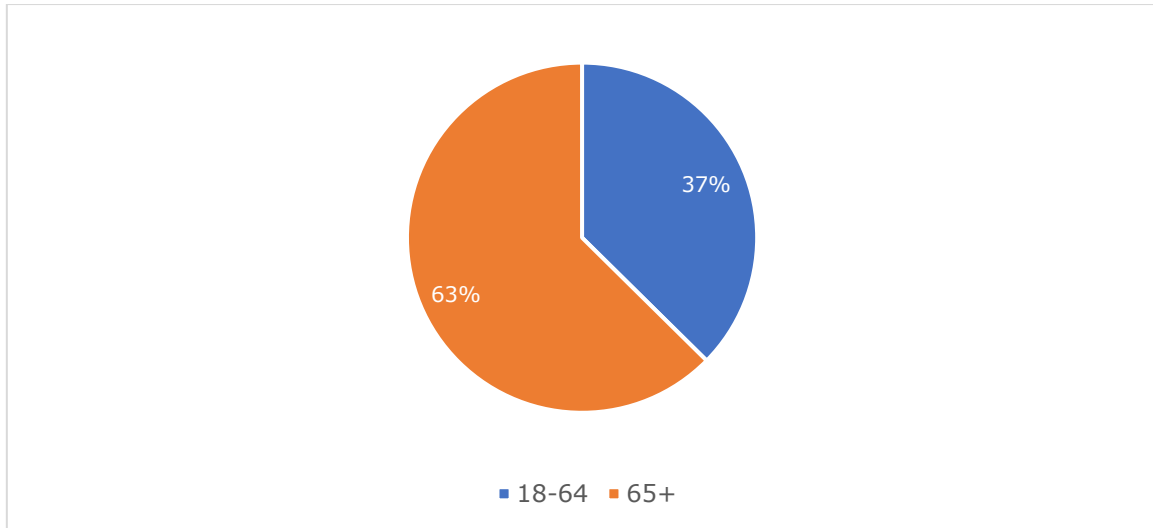


Figure 10. Age of adults receiving domiciliary care commissioned by local authorities in England (2019-20)

Hours of domiciliary care

Within its annual Adult Social Care Activity and Finance dataset for England, NHS Digital does not typically report figures for the number of hours of care.

However, it has been found that, in 2019, there were 107 million hours of domiciliary care funded by local authorities (provided either in-house or by the independent sector) for those aged 65 or over – an increase of 6% from the previous year. Indeed, this is the highest such figure since the equivalent was seen in 2015 (Laing, 2020).

Moreover, this would amount to around 2.05 million hours per week (given approximately 52.14 weeks in a year).

Expenditure

NHS Digital data indicate that close to £2.5 billion was spent by local authorities on homecare in 2019-20 – a figure that has risen by 21% since 2015-16.

Of this number, more than two-thirds (69%) was to provide services for those aged 65 or over – a proportion that is only marginally above that from the previous year.

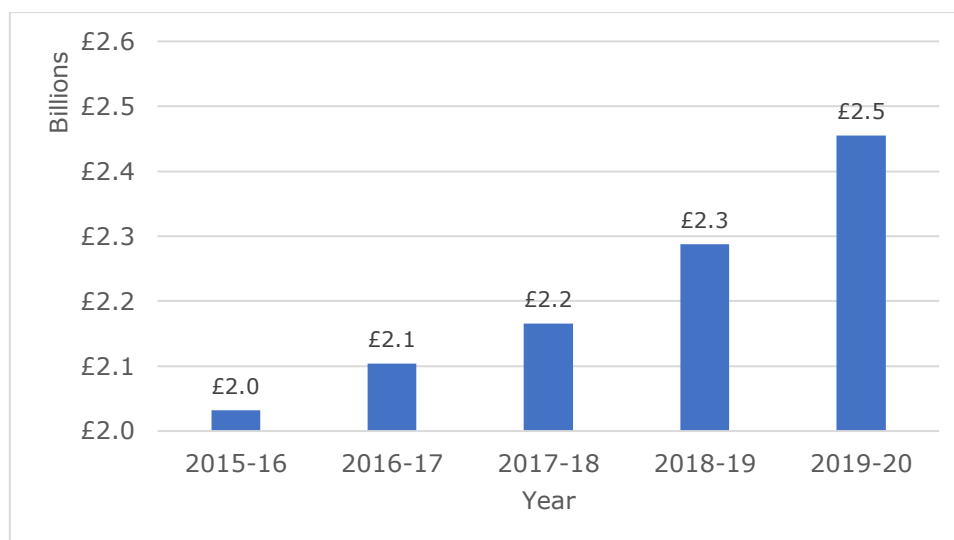


Figure 11. Gross local authority expenditure on domiciliary care in England

With the exception of helping those with a learning disability, current funding for all other support needs is beyond the associated levels of 2015-16. For instance, in the case of physical needs (which constitutes the vast majority of the annual expenditure), there has been an increase of 29%.

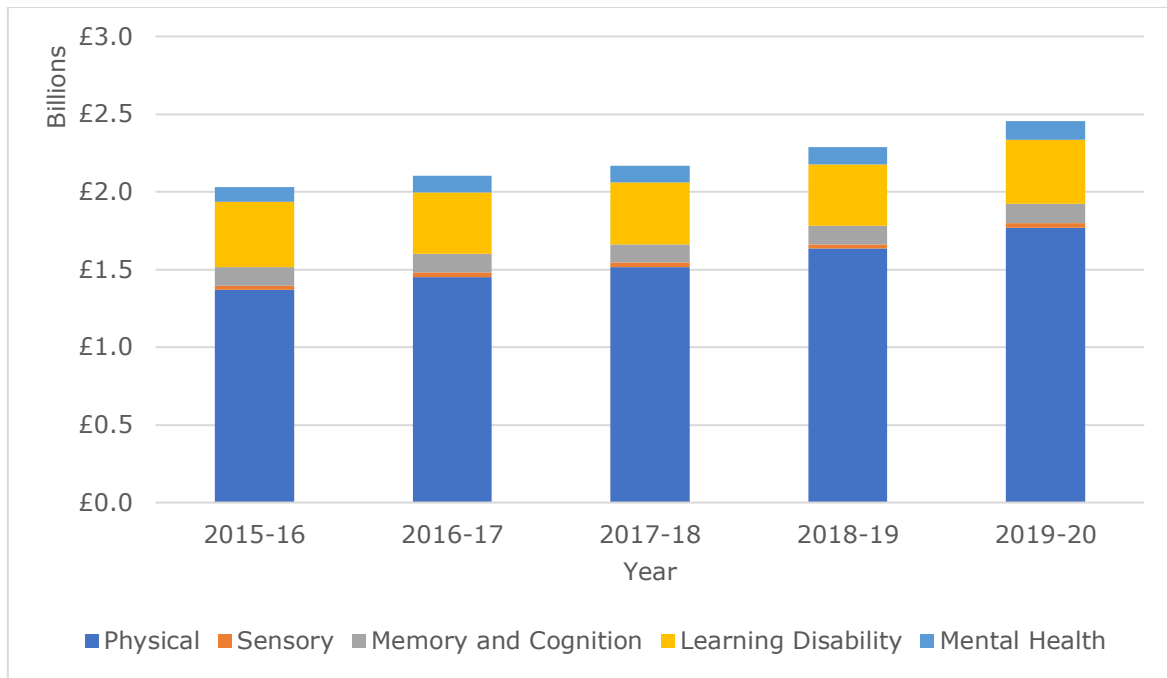


Figure 12. Gross local authority expenditure on domiciliary care in England by support needs

As previously noted in this report, for 2018-19, the expenditure on domiciliary care from private payers was estimated by LaingBuisson to be just under £1.5 billion.

Direct payments

A direct payment is a financial transaction, made by a local authority to an individual with eligible care and support needs. The amount given to the service user will vary depending on assessed care needs. The service user may then use this payment to meet their needs in whatever way they feel is best – thus, it may not necessarily be used to buy a regulated homecare service.

Within the last couple of years, there has been a decrease in the number of adults being given a direct payment by their local authority. For the most recent year, the respective NHS Digital figure is 146,390 clients, but this is 6% below that in 2017-18. This includes those in receipt of a direct payment only and part direct payment (note that the part direct payment has been counted in both this section and that for the number of service users above).

In addition, it is worth noting that nearly two-thirds (65%) of payments were given to those aged between 18 and 64 in 2019-20 – a negligible rise from the previous year.

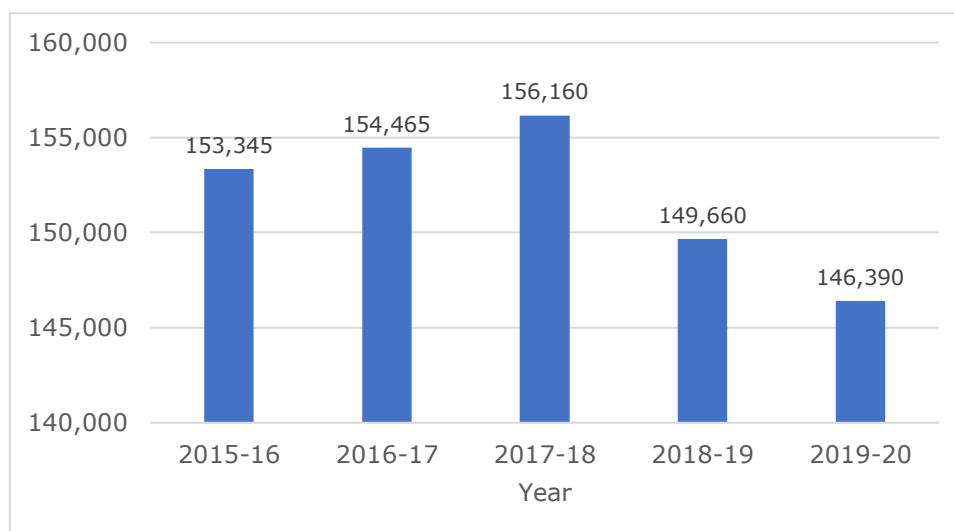


Figure 13. Number of adults receiving a direct payment in England

As a consequence of annual increases, current spend on direct payments by local authorities stands at close to £1.8 billion. But while this is 16% in excess of the level seen in 2015-16, the increase from the previous year was only 1%.

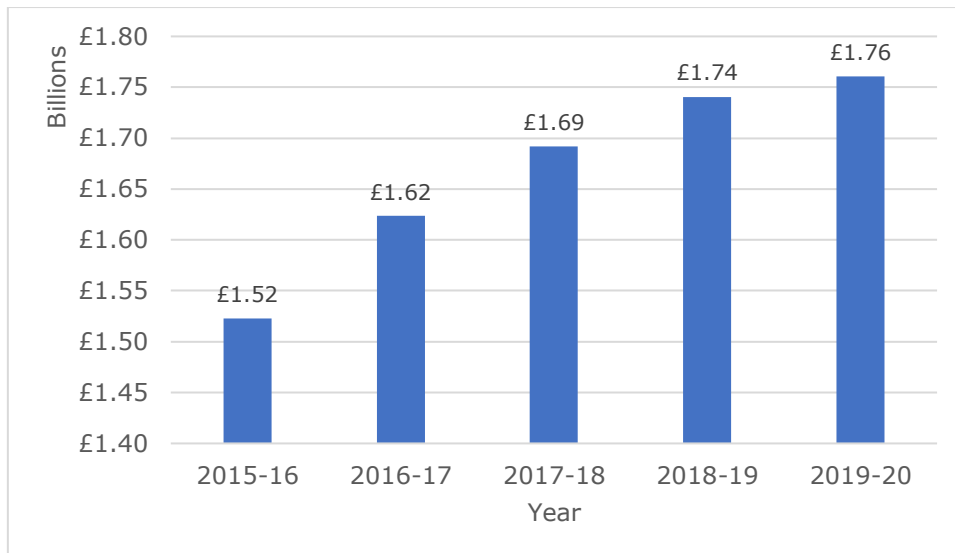


Figure 14. Gross local authority expenditure on direct payments in England

As shown in the following graph, the vast majority of direct payment expenditure is consistently provided to individuals who require either physical or learning disability support. Indeed, for 2019-20, the proportion was 91% – a mere 0.6 percentage points above the respective figure from the previous year.

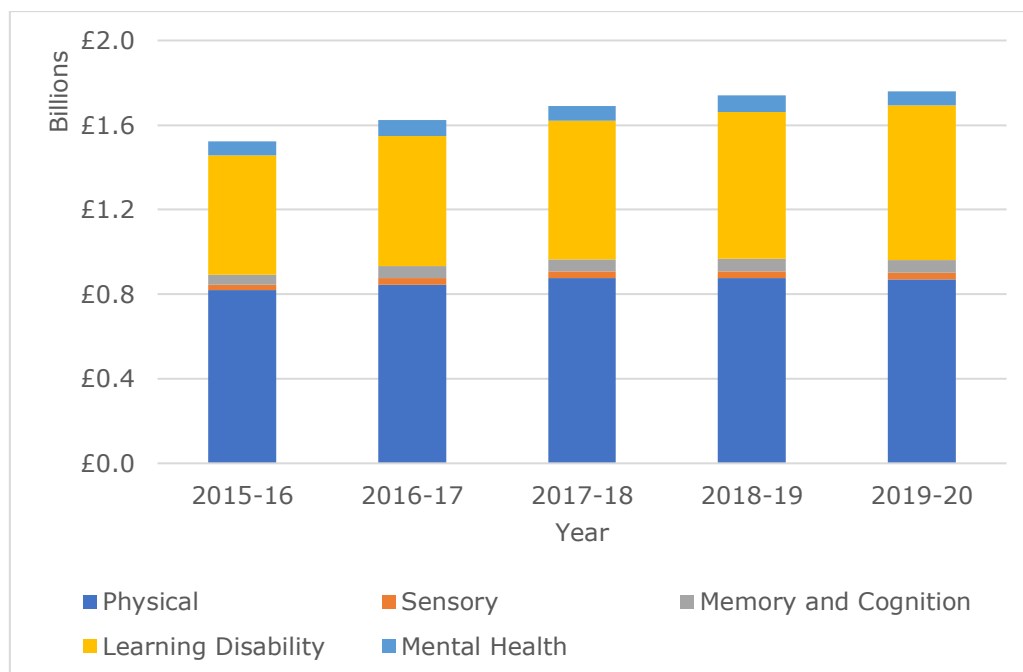


Figure 15. Gross local authority expenditure on direct payments in England by support needs

Workforce

At CQC-registered locations across England, an estimated 560,000 people currently work in domiciliary care. With such locations being able to provide more than one service (and so the individual figures add up to a number higher than the total), this consists of:

- 520,000 jobs in locations which provide 'domiciliary care' services
- 120,000 jobs in locations providing 'supported living' services
- 29,000 jobs in locations providing 'extra care housing' services
- 12,000 jobs in locations operating a nursing agency (Skills for Care [b], 2020).

Furthermore, according to Skills for Care, the total has risen by around 10% since 2015-16.

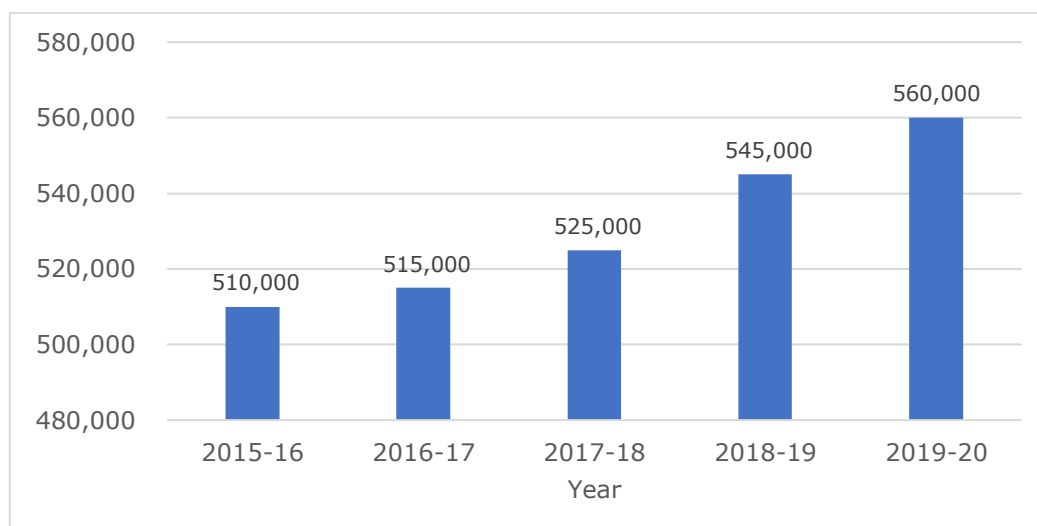


Figure 16. Number of staff employed in domiciliary care in England (all sectors)

97% of the current domiciliary care workforce are employed within the independent sector – an almost identical proportion to 2018-19.

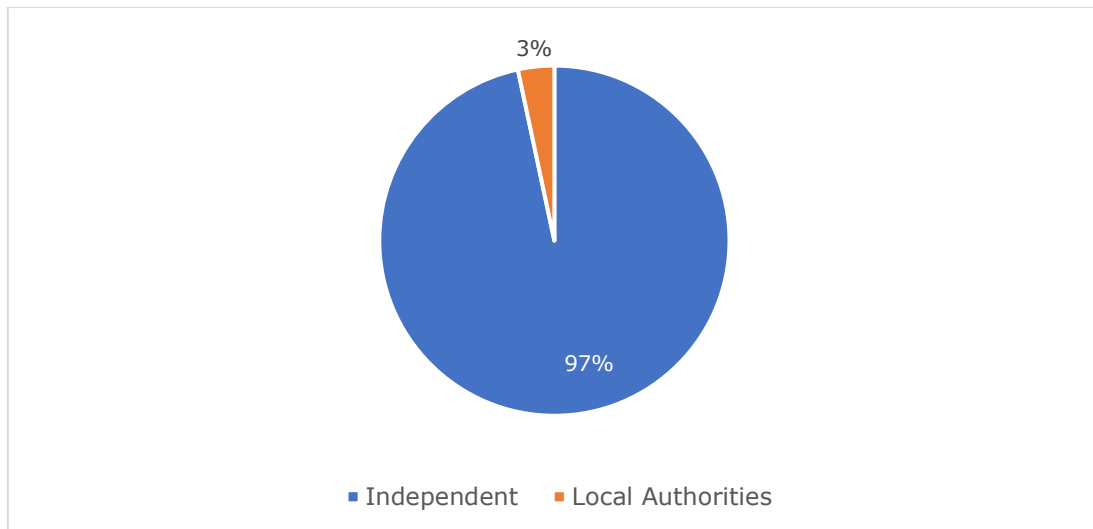


Figure 17. Proportion of staff employed in domiciliary care in England by sector (2019-20)

Moreover, akin to 2018-19, around 86% of staff members are responsible for the direct provision of homecare, amounting to 480,000 roles in total. It is also worth noting that nearly half (48%) of the domiciliary care workforce are on zero-hours contracts. These are contracts of employment with the usual employment rights, such as pensions, holiday pay and sick pay, but without an obligation on the employer or worker to provide or accept work respectively.

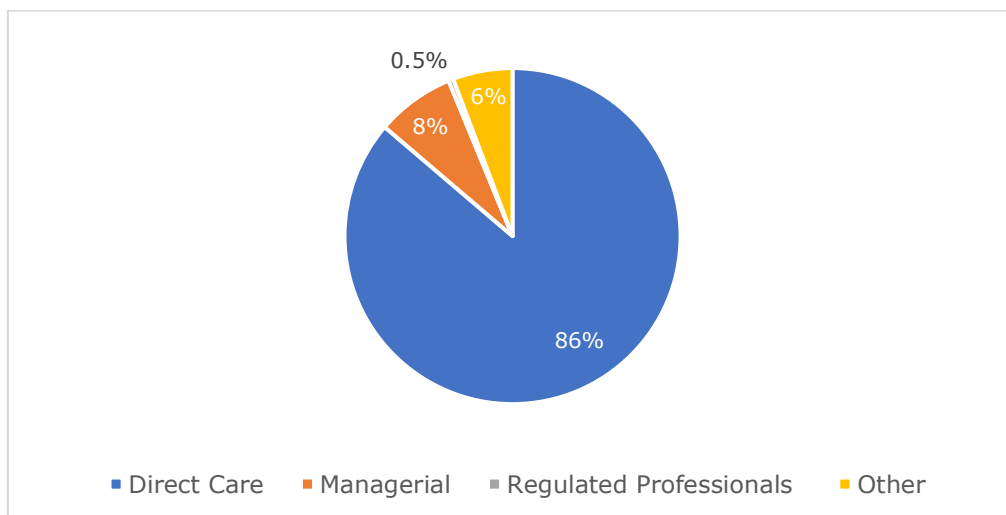


Figure 18. Proportion of staff employed in domiciliary care in England by position (2019-20)

Since 2012-13 in England, the total number of jobs in homecare has risen by a faster rate (by 15%) than those in residential care (by 4%). Including non-CQC regulated services and direct payments, Skills for Care estimates that there are more roles in homecare than other care service groups.

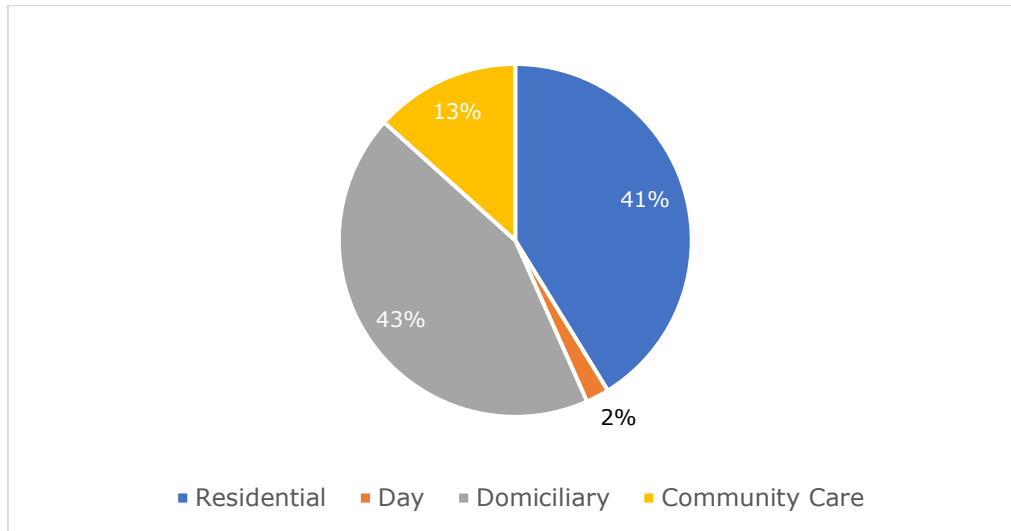


Figure 19. Estimated proportion of adult social care jobs in England by service group (2019-20)

Wales

Regulation

Care Inspectorate Wales (CIW) is the independent regulator of social care providers in Wales, including domiciliary care providers. Its main function is to register and inspect services, so as to enhance their quality and safety. Domiciliary care agencies do not pay a registration fee. Inspections are focussed on four themes – wellbeing of service users, quality of care and support, care setting environment and leadership & management.¹⁰

Under the terms of the Regulation and Inspection of Social Care (Wales) Act 2016, the intention has been for a ratings system to be introduced from 2021 as part of the inspection of regulated providers.¹¹

To this end, in February 2020, CIW started using a 'silent' system of ratings for all residential and domiciliary care services that were being inspected, whereby a provider's rating is available to the regulator but not published online, nor included in the respective inspection report.¹²

Meanwhile, Social Care Wales (SCW) is the social care regulator that is responsible for workforce development of the social care (and early years) sector. All social care workers (including those in domiciliary care) must be registered with the SCW.

¹⁰ <https://careinspectorate.wales/sites/default/files/2021-01/210122-code-of-practice-for-inspection-RISCA-en.pdf> (pg. 11).

¹¹ <https://gov.wales/written-statement-update-implementation-regulation-and-inspection-social-care-wales-act-2016>.

¹² <https://careinspectorate.wales/silent-ratings-care-home-services-and-domiciliary-support-services>.

Providers

There were 526 domiciliary support services regulated by Care Inspectorate Wales in March 2020 (StatsWales [a], 2021). Indeed, as the chart below demonstrates, this figure has risen by a fifth within the last couple of years.

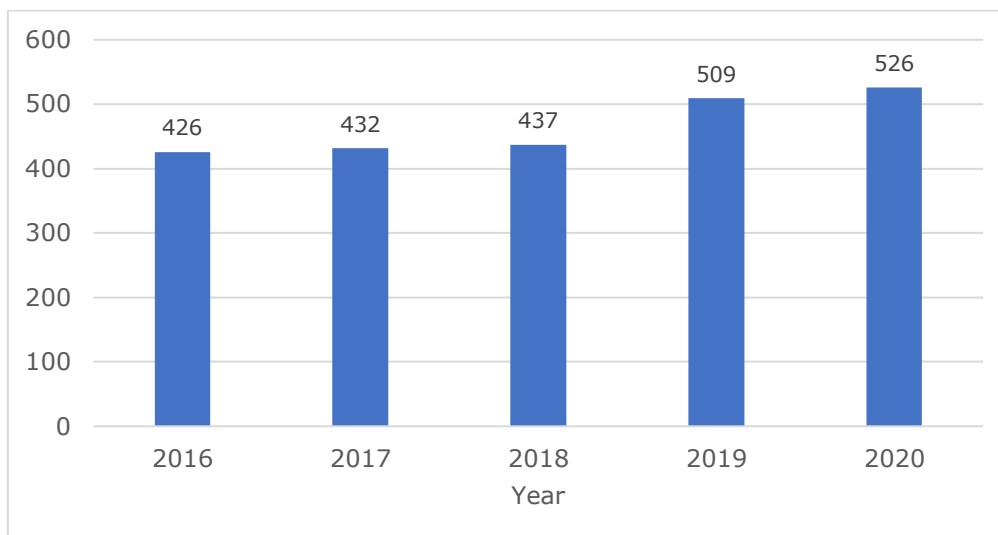


Figure 20. Number of domiciliary support services in Wales (in March of each year)

Furthermore, 65 such services were newly registered in the year up to 1 April 2020 – the highest figure since 2018 when data became available (StatsWales [b], 2021). Data indicates that, in the same time period, 191 services were cancelled (StatsWales [c], 2021). However, there seems to be a disparity in this piece of reporting.

Meanwhile, the number of concerns about services increased by 14% from 2018-19. It should be stressed that this statistic is well below that seen in 2017-18, although the reason for this is unclear (StatsWales [d], 2021). Furthermore, it is unknown how many of these concerns were substantiated. Concerns are often raised by service users, as well as other people, such as their relatives or visitors. Note that data for 2015-16 is not available.

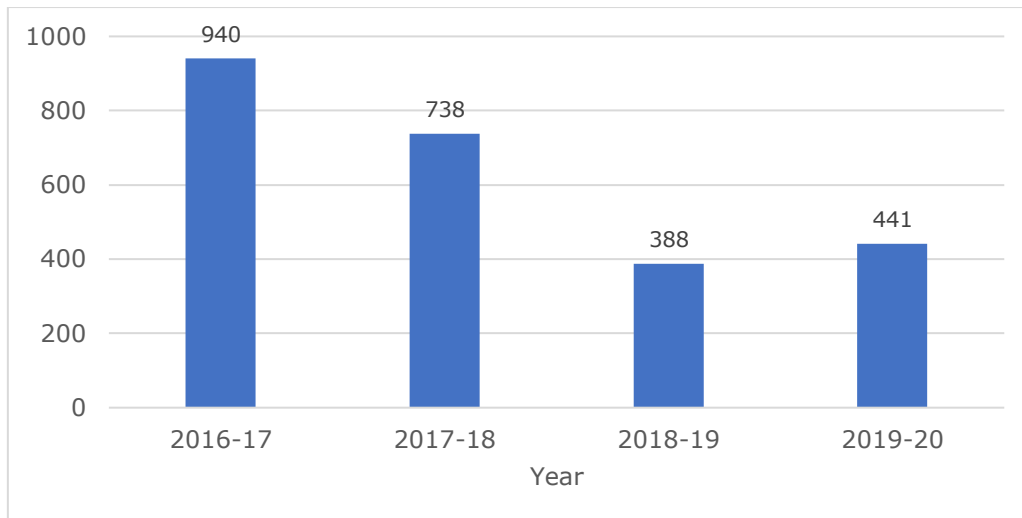


Figure 21. Number of concerns recorded about domiciliary support services in Wales (April - March)

In 2018-19, out of the total number of hours of homecare in Wales commissioned by local authorities, 88% was delivered by the private/third sector, with the remaining 12% by local authority in-house teams (Milsom, 2020). As way of comparison, the respective figure for local authority teams in 2009-10 was 39%.¹³

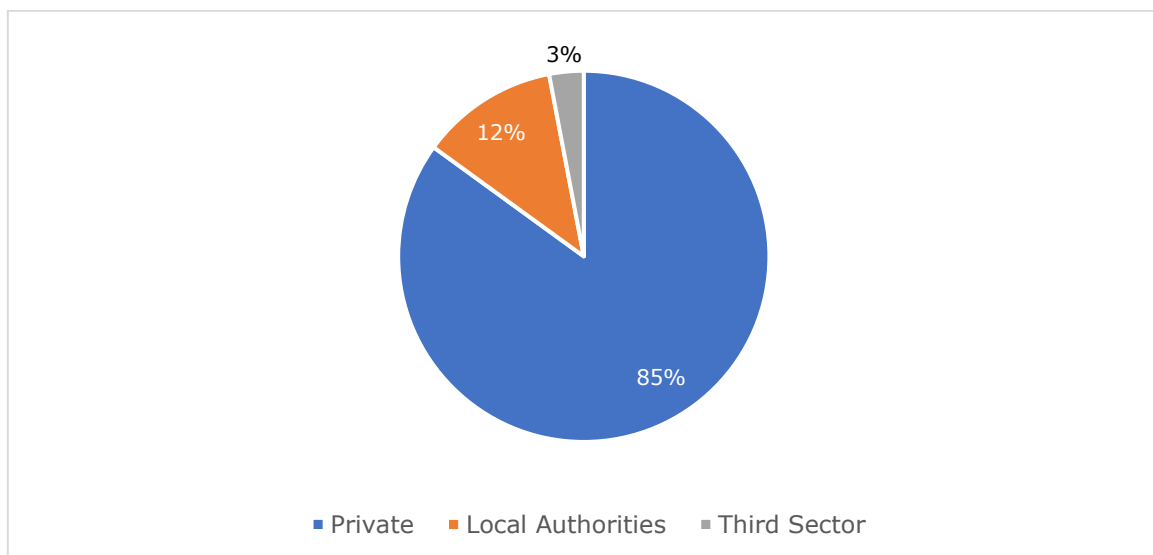


Figure 22. Proportion of hours for domiciliary care commissioned by local authorities in Wales by sector (2018-19)

¹³ StatsWales produced annual figures on homecare provided by the independent sector and local authorities up to 2015-16 but has not done so since.

People who use services

During 2018-19, there were 28,596 adults in Wales using homecare services arranged or provided by local authorities (StatsWales [a], 2019). The corresponding figure for those in adult care homes without nursing was 12,406 (with an additional 5,824 individuals in adult care homes with nursing).

The number receiving homecare has dropped by nearly 12% from 2016-17, but is above the 2015-16 figure (StatsWales, 2016).

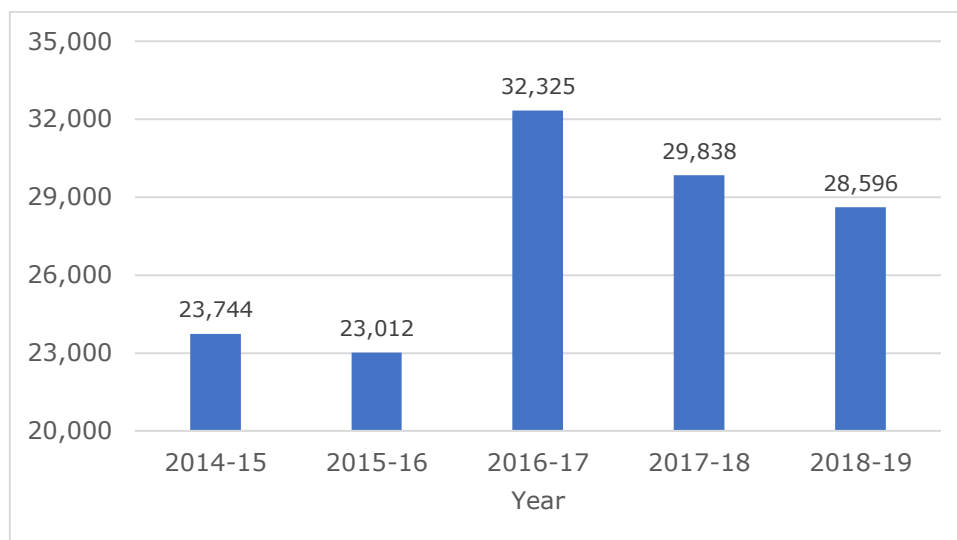


Figure 23. Number of adults receiving domiciliary care commissioned by local authorities in Wales

From the most recent data, 83% of adults receiving such care were aged 65 or over – a figure that has remained constant since 2017-18. A breakdown of service users by the sector (independent or state) delivering the service is not available.

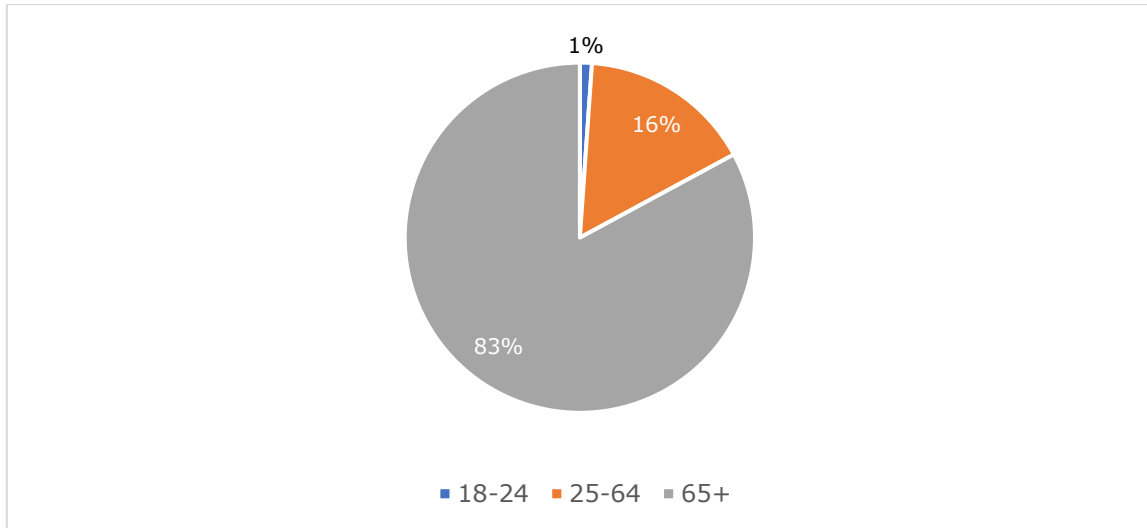


Figure 24. Age of adults receiving domiciliary care commissioned by local authorities in Wales (2018-19)

Hours of domiciliary care

Up to 2015-16, data is available from StatsWales on the number of hours of domiciliary care commissioned by local authorities. However, these statistics are no longer published.

Nevertheless, for 2018-19, the Association of Directors of Social Services Cymru (ADSS Cymru) reported that the yearly figure for Wales amounted to around 11.1 million hours (Milsom, 2020). This is a descent of 11% from the last StatsWales figure in 2015-16 and equates to over 212,800 hours per week (given approximately 52.14 weeks in a year).

Expenditure

By summing respective figures for those aged 65 and over, adults under 65 with a physical disability, adults under 65 with learning disabilities and adults under 65 with mental health needs, the gross expenditure by Welsh local authorities on homecare in 2019-20 was £326.1 million (StatsWales [e], 2021).

The graph below depicts a continuous increase in spend, with the most recent number being 19% beyond that in 2015-16.

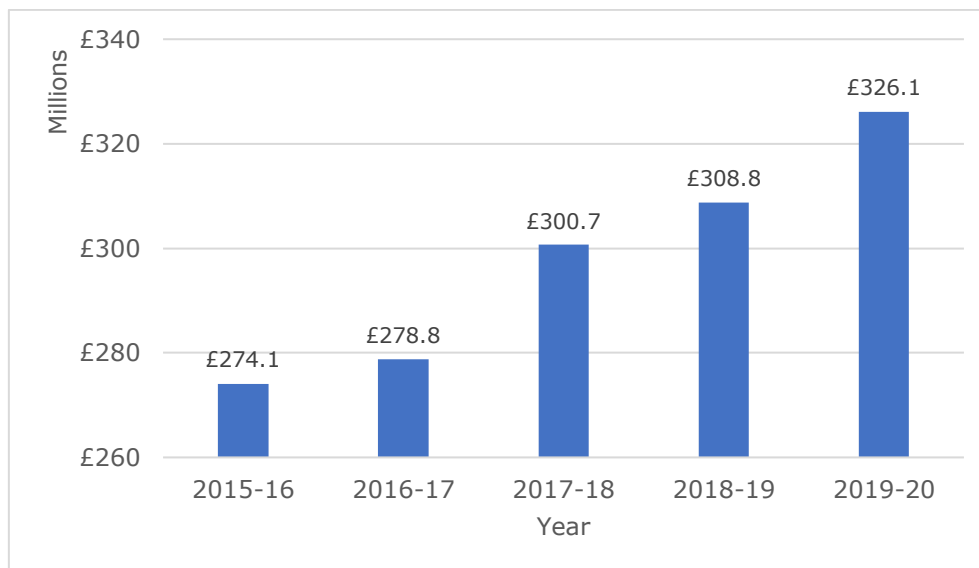


Figure 25. Gross local authority expenditure on domiciliary care in Wales

This is predominantly explained by the funding increase for older people (up by a fifth from 2015-16), which makes up the vast majority (75% in 2019-20) of the overall expenditure.

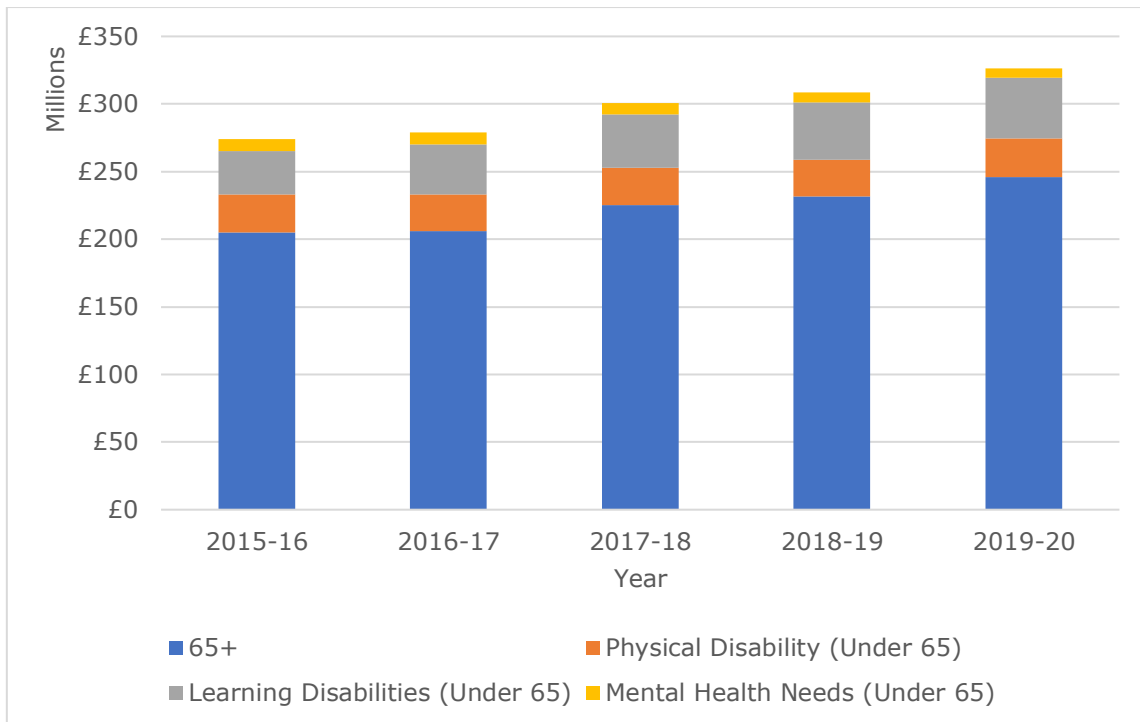


Figure 26. Gross local authority expenditure on domiciliary care in Wales by client group

Moreover, expenditure on domiciliary care by self-funders in Wales was estimated to be around £95.7 million in 2015-16 (ICF Consulting [b], 2018).

Direct payments

A direct payment is a financial transaction, made by a local authority to an individual with eligible care and support needs. The amount given to the service user will vary depending on assessed care needs. The service user may then use this payment to meet their needs in whatever way they feel is best – thus, it may not necessarily be used to buy a regulated homecare service.

In 2018-19, there were 6,262 adults who received a direct payment from their Welsh local authority, according to StatsWales. Of these, 64% were aged 18 and 64 (less than a percentage point above the figure from the previous year).

As the graph below depicts, the overall number has steadily increased since 2016-17. Moreover, the Care and Support (Direct Payments) (Wales) Regulations 2015 elucidated when local authorities could or need to make a direct payment under Part 4 of the Social Services and Well-being Wales Act 2014. Consequently, more people became eligible to receive a direct payment and local authorities were prevented from specifying how a direct payment had to be used.¹⁴ This helps to explain why the current figure is now two-fifths higher than in 2014-15.

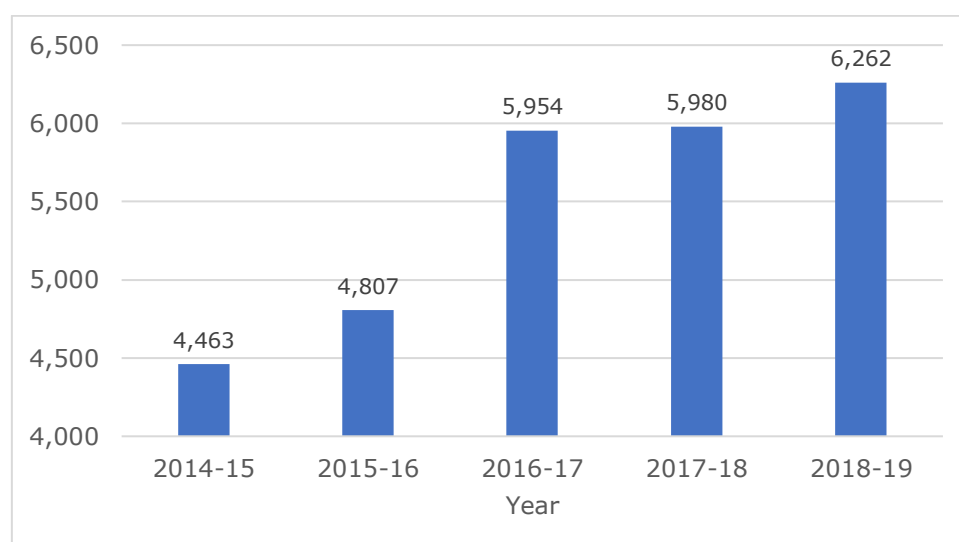


Figure 27. Number of adults receiving a direct payment in Wales

There has been a year-on-year rise in the gross expenditure on direct payments. Indeed, StatsWales figures show that the current spend is now approaching

¹⁴ <http://www.seneddtest.assembly.wales/documents/s45952/> (pgs. 2-4).

£83.4 million – a figure that is 6% higher than the previous year and more than a third (35%) beyond the level in 2015-16.

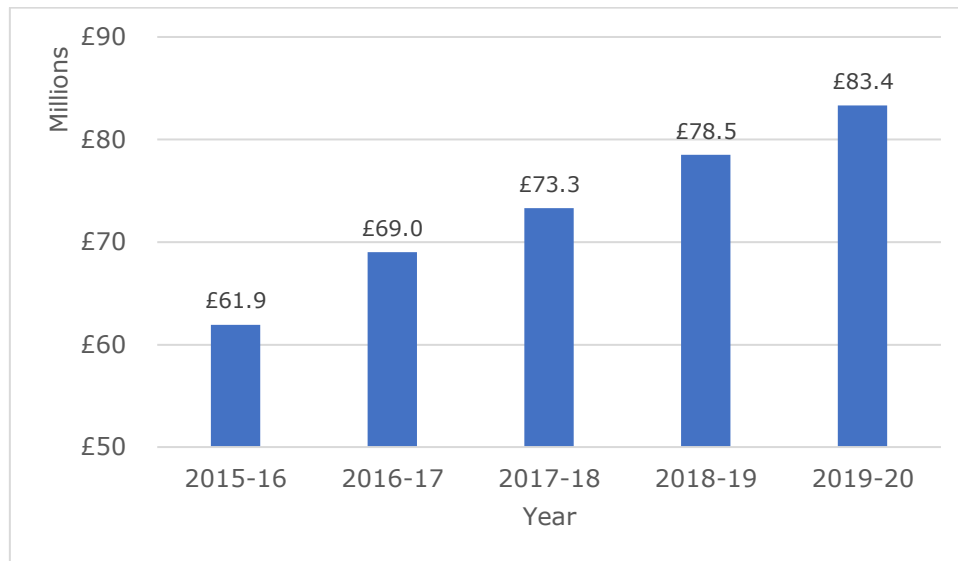


Figure 28. Gross local authority expenditure on direct payments in Wales

Direct payments have mainly been used to support those with either learning disabilities or a physical disability, accounting for more than two-thirds (69%) of the spend in 2019-20.

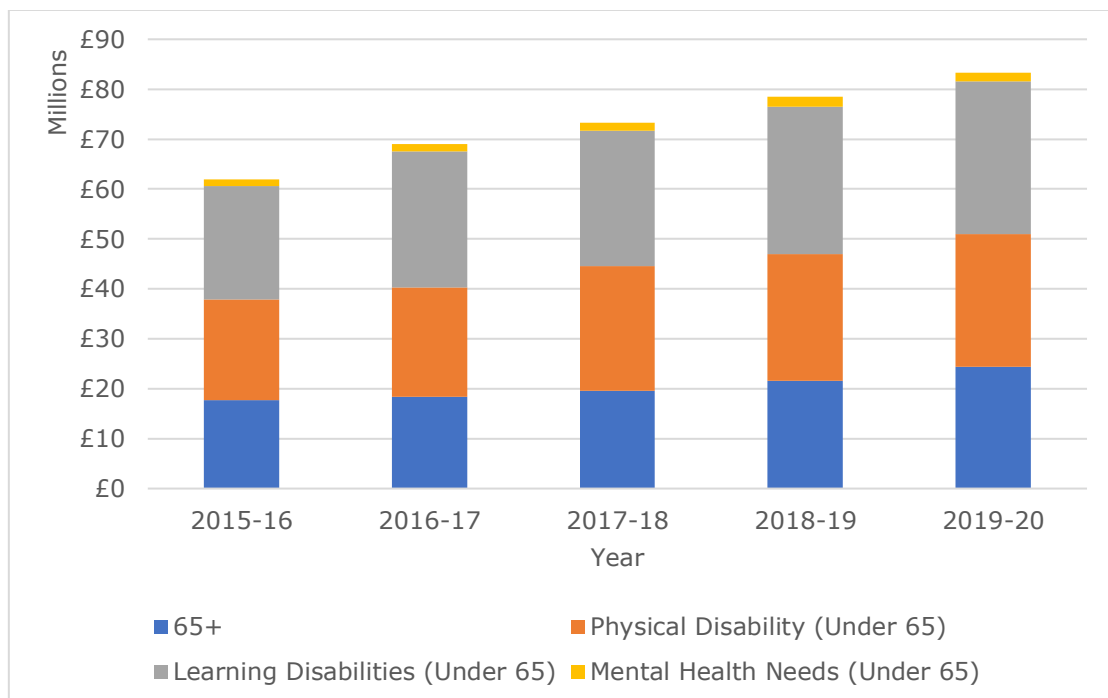


Figure 29. Gross local authority expenditure on direct payments in Wales by client group

Workforce

With homecare providers in Wales now required to employ only workers registered with Social Care Wales (excluding individuals who have recently joined the care sector), Social Care Wales has now begun to publish in-depth data on those providing direct care.¹⁵

As of April 2021, 22,125 domiciliary care workers were registered in Wales, together with a further 978 domiciliary care managers (Social Care Wales, 2021).

According to data on 1 June 2020, nearly four-fifths (79%) of domiciliary care workers were employed in either the private or third sector (Social Care Wales, 2020). The number working for local authorities has been in gradual decline and is now 23% lower than in 2014-15 (StatsWales [b], 2019).

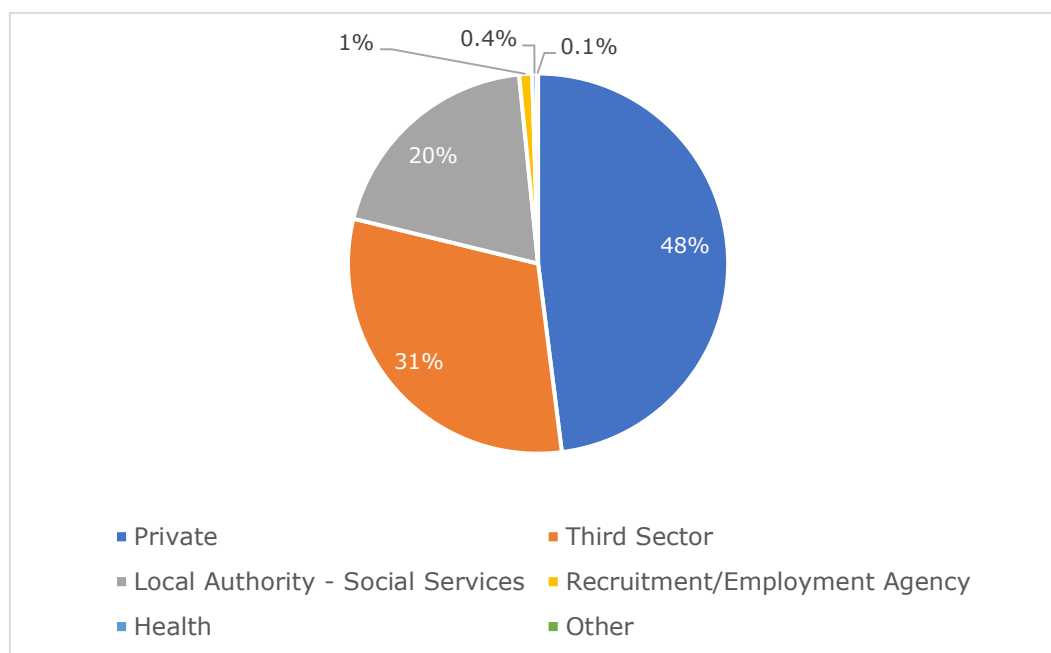


Figure 30. Proportion of domiciliary care workers employed in Wales by sector (2020)

Combining estimated 2019 figures for commissioned providers (Data Cymru [a], 2021) and local authority regulated services (Data Cymru [b], 2021), around 31% of the social care workforce was employed in domiciliary care, compared with 43% in residential care.

¹⁵ <https://socialcare.wales/news-stories/what-can-we-learn-from-our-first-report-on-domiciliary-care-workers-in-wales/>.

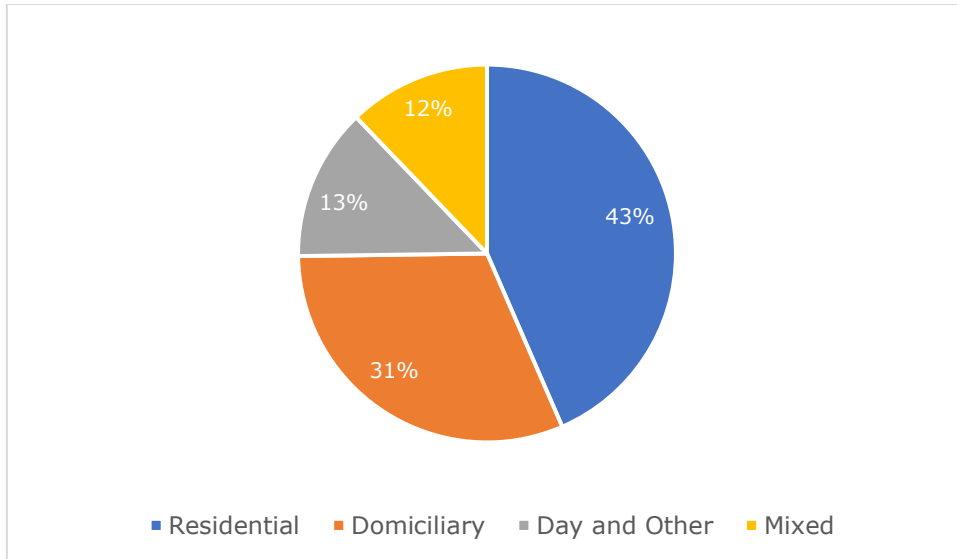


Figure 31. Estimated proportion of social care staff in Wales by service group (2019)

Scotland

Regulation

In Scotland, care at home and housing support services are typically separated. Care at home includes personal care and assistance with daily tasks for people in their own home; housing support is often provided to older people in sheltered housing and includes tasks such as claiming benefits and managing a household budget. The figures in this section relate to care at home, unless otherwise stated.

The Care Inspectorate inspects registered care services in Scotland to ensure that the quality of care is of a high standard. All providers must be registered with the Care Inspectorate by paying a registration fee and annual continuation fee.

When conducting inspections, it assesses providers on five areas of quality – support of people’s wellbeing, the planning of care and support, care setting environment, staffing and management & leadership. Ratings are on a scale from ‘Unsatisfactory’ to ‘Excellent’. But unlike England, Scotland does not produce an overall rating by provider.

Nevertheless, the most recent figures (as of 31 December 2020) show that care at home services were graded highly across all themes, with 95% rated as ‘Good’, ‘Very good’, or ‘Excellent’ on the quality of the environment. In each area, ‘Unsatisfactory’ gradings were negligible (Care Inspectorate).

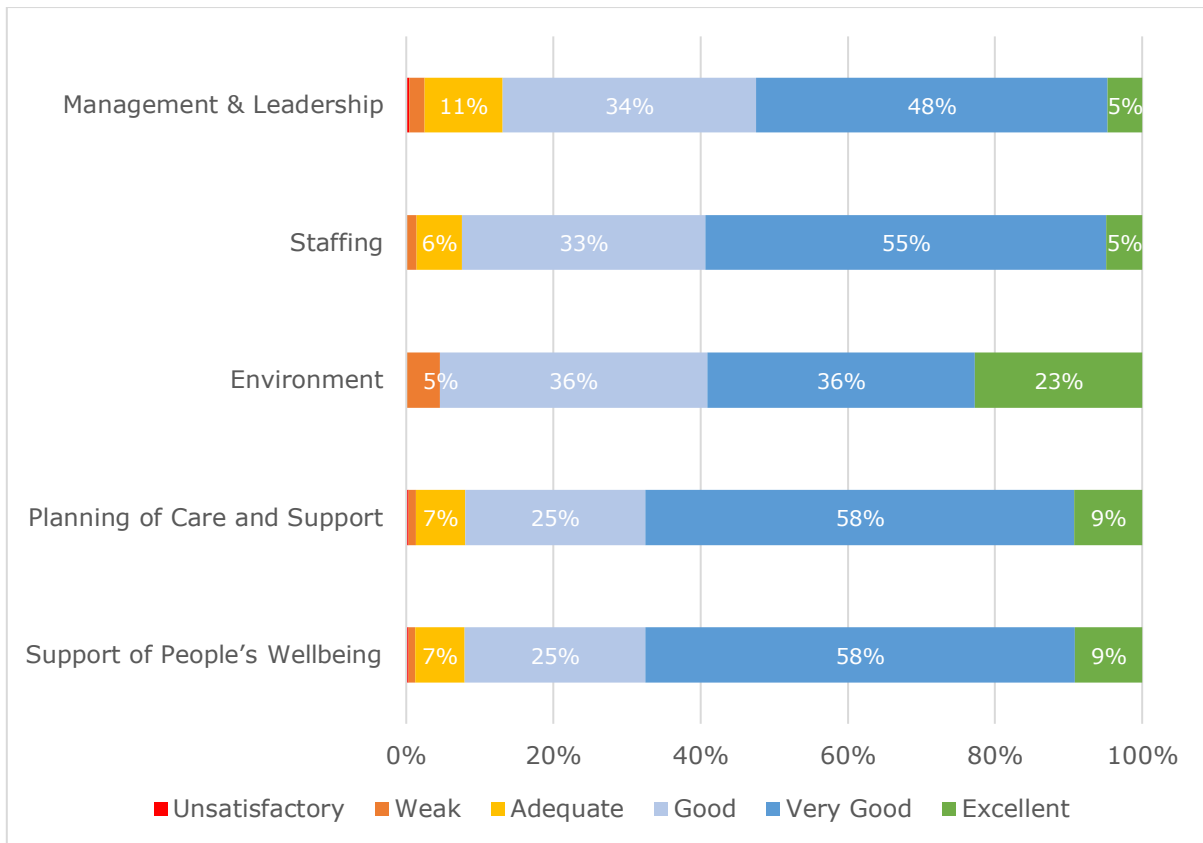


Figure 32. Quality ratings of care at home services in Scotland (end of 2020)

The Scottish Social Services Council (SSSC) acts as the regulator of Scotland’s social service workforce. All care at home support workers must be registered with the SSSC (this became mandatory in September 2020¹⁶).

¹⁶ <https://news.sssc.uk.com/news/mandatory-registration>.

Providers

On 31 December 2020, there were 1,062 care at home support services registered with the Care Inspectorate. This number has grown steadily over the previous four years and is now 6% beyond that recorded in 2017. On the following graph, data for December 2016 is not available.

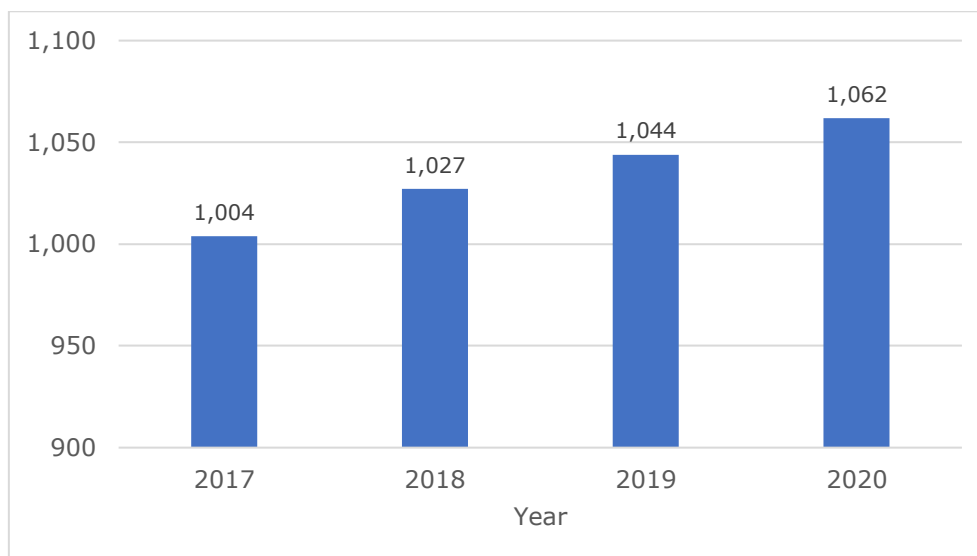


Figure 33. Number of registered care at home support services in Scotland (at the end of each year)

In addition, on 31 March, 88 care at home services had been newly registered in Scotland during the 2019-20 financial year. This statistic has seen only slight fluctuation over the last four years. However, the number of cancelled registrations is now at its peak over this time period.

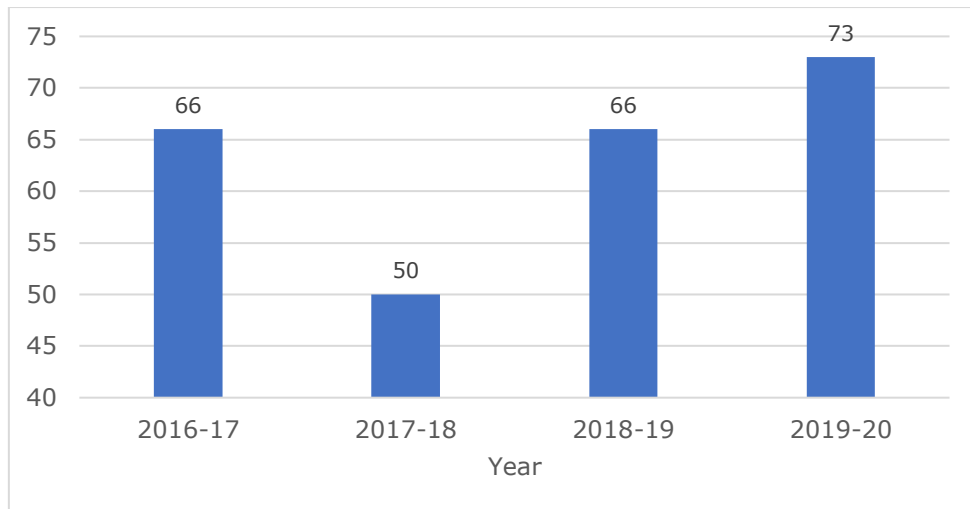


Figure 34. Number of registrations for care at home support services in Scotland that were cancelled (over each financial year)

The number of complaints (which may not have been substantiated) received about care at home services enlarged by 42% from 2018-19, despite the respective figures in previous years only showing minor changes. This could indicate an increased willingness for individuals to raise complaints. In 2019-20, 89% of the complaints were in the private or voluntary/not-for-profit sectors.

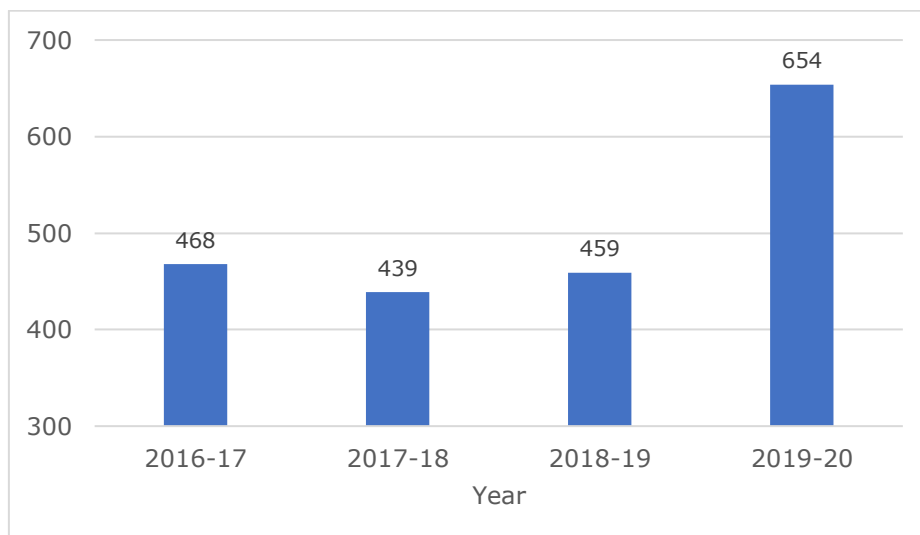


Figure 35. Number of complaints received about care at home support services in Scotland (over each financial year)

On 31 December 2020, 87% of care at home support services were in the private or voluntary/not-for-profit sectors. Note that the Care Inspectorate does

not provide figures based on the number of hours delivered; instead, the percentages in the pie chart below are based on the number of registrations.

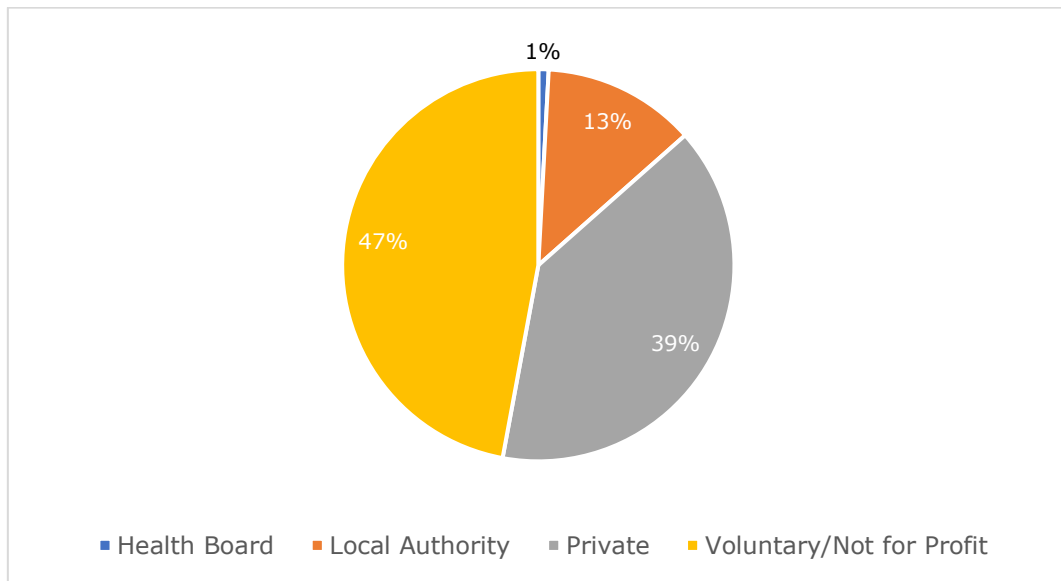


Figure 36. Proportion of care at home support services in Scotland by sector (end of 2020)

People who use services

An estimated 59,885 people were receiving homecare during the census week in March 2019. This amounts to around 91,810 service users (of any age) for part or throughout 2018-19 (Public Health Scotland, 2020). Meanwhile, there were 45,845 individuals who were long stay care home residents during 2018-19, after being given funding support.

As the graph below depicts, the census week figure for homecare has remained very steady over the last few years (Public Health Scotland).

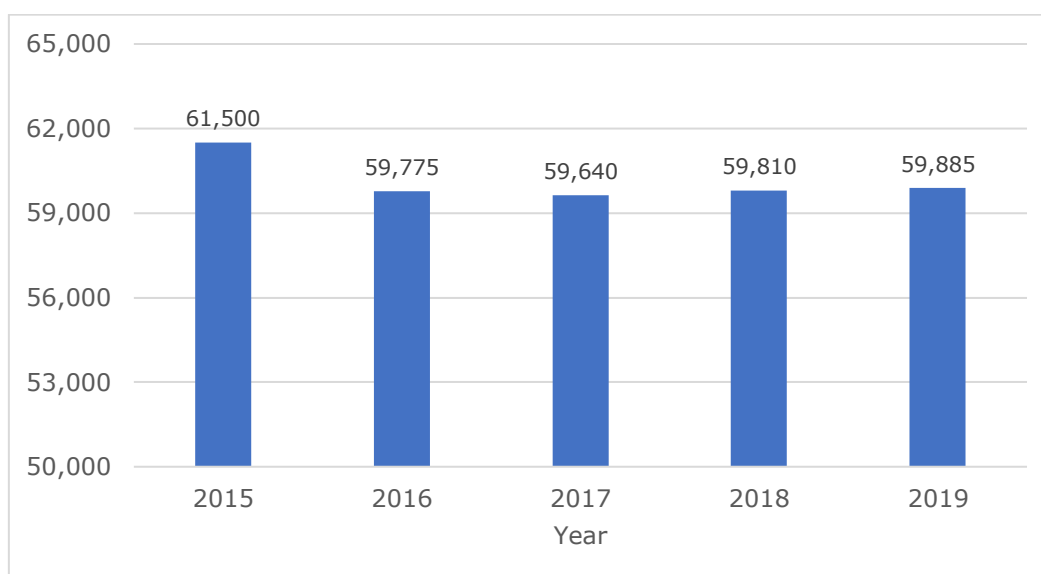


Figure 37. Estimated number of people receiving domiciliary care commissioned by local authorities in Scotland during the census week

A breakdown by age can also be constructed from the published data. To this end, more than four-fifths (81%) of service users were aged 65 or over – the same percentage as the previous year.

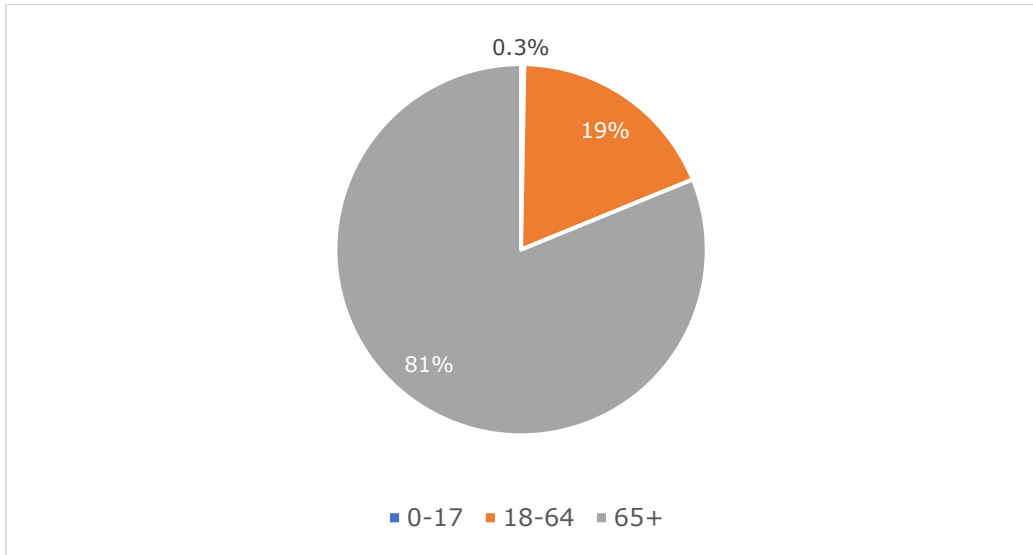


Figure 38. Age of people receiving domiciliary care commissioned by local authorities in Scotland during the census week (2019)

46% of these individuals (all ages) in 2019 received services delivered by the local authority/Health and Social Care Partnership/NHS Board ('Statutory'), with a further 42% delivered by a private provider.

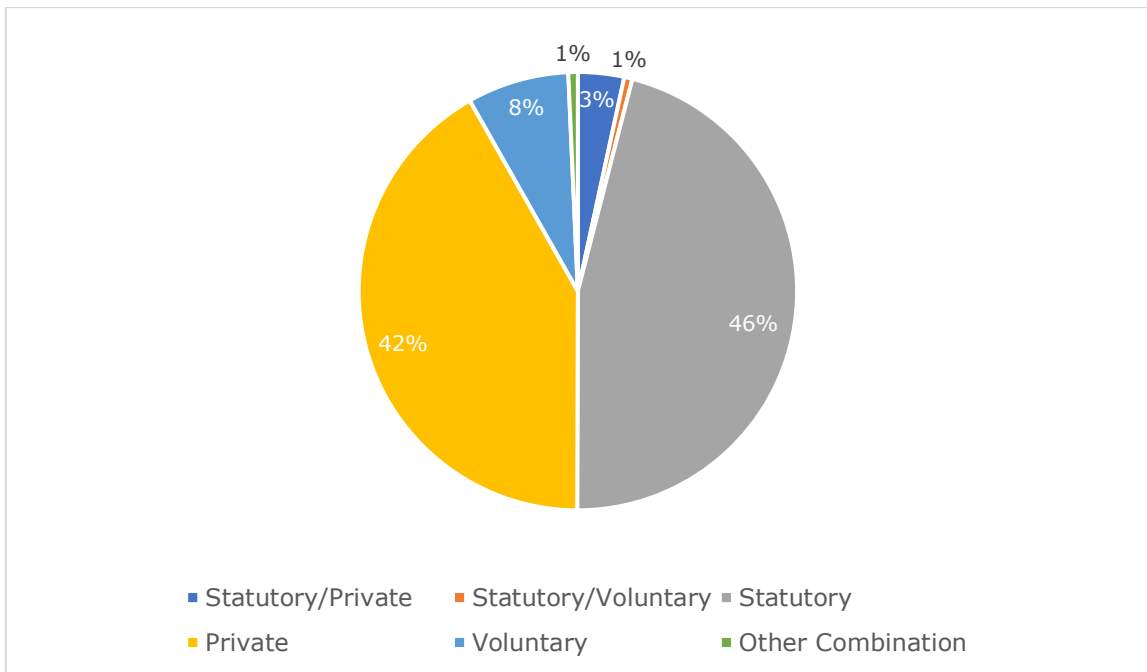


Figure 39. Proportion of people receiving domiciliary care services commissioned by local authorities in Scotland by sector (census week, 2019)

Hours of domiciliary care

In the 2019 census week, an estimated 701,610 hours of domiciliary care commissioned by local authorities was delivered to service users of all ages, according to Public Health Scotland – across 2018-19, the total number was estimated to be 35.8 million hours.

The weekly figure is marginally lower compared with the previous year but is still higher than what was provided in 2015, 2016 and 2017.

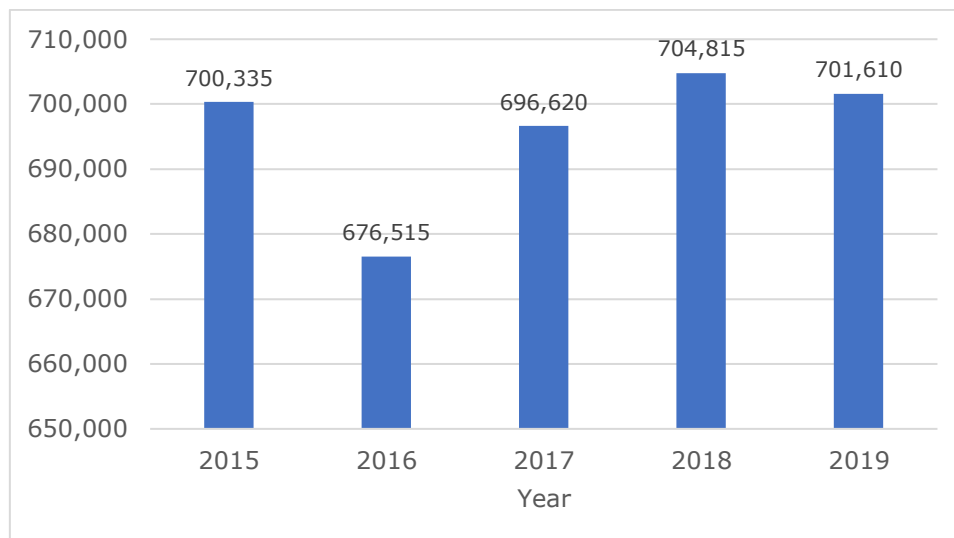


Figure 40. Estimated number of hours of domiciliary care commissioned by local authorities in Scotland during the census week

Expenditure

According to the most recent release of data, the net expenditure on homecare services for all ages by local authorities in 2017-18 was £665.2 million – a drop of 3% from the previous year (Information Services Division, 2019). A figure for NHS expenditure is not available.

Furthermore, self-funder expenditure on domiciliary care in 2015-16 was estimated to be £240.6 million (ICF Consulting [c], 2018).

Direct payments

A direct payment is a financial transaction, made by a local authority to an individual with eligible care and support needs. The amount given to the service user will vary depending on assessed care needs. The service user may then use this payment to meet their needs in whatever way they feel is best – thus, it may not necessarily be used to buy a regulated homecare service.

In Scotland, Public Health Scotland reported that 9,445 clients (including younger people) were in receipt of a direct payment in 2018-19. This number is 4% higher than what was seen in the previous year, but also 46% beyond that for 2014-15 (Scottish Government, 2017).

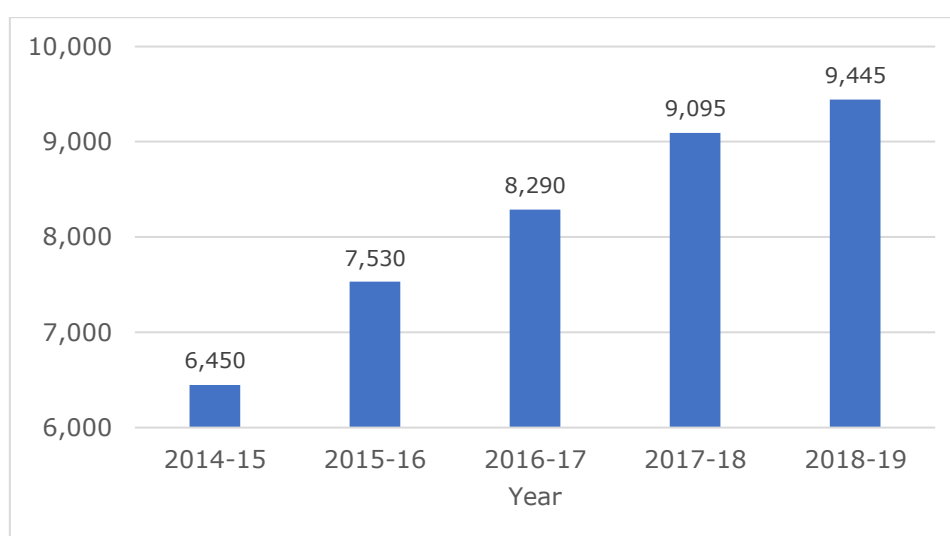


Figure 41. Number of people receiving a direct payment in Scotland

For the most recent year where data is available (2016-17), the expenditure on direct payments was £113.3 million (according to the Social Care Services release for 2017).

Workforce

At the end of 2019, there were 71,350 members of staff employed in housing support and care at home combined (Scottish Social Services Council [a], 2020) – the same figure as the previous year (Scottish Social Services Council, 2019) and 6% beyond the level of 2015.¹⁷

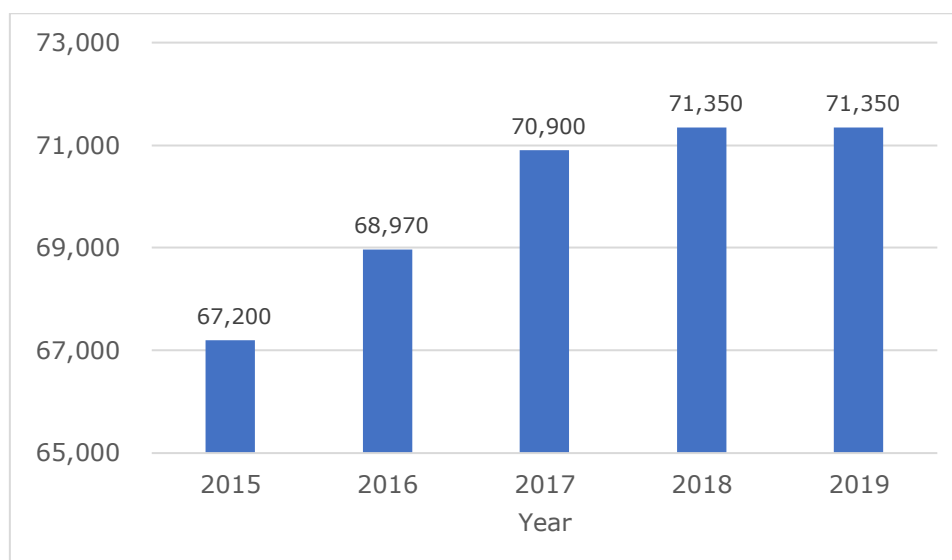


Figure 42. Number of staff employed in housing support and care at home in Scotland (all sectors)

Within housing support and care at home in 2019, approximately 56% of staff worked in both services (Scottish Social Services Council [b], 2020).

¹⁷ Data for previous years is available here: <https://data.sssc.uk.com/data-publications/22-workforce-data-report>.

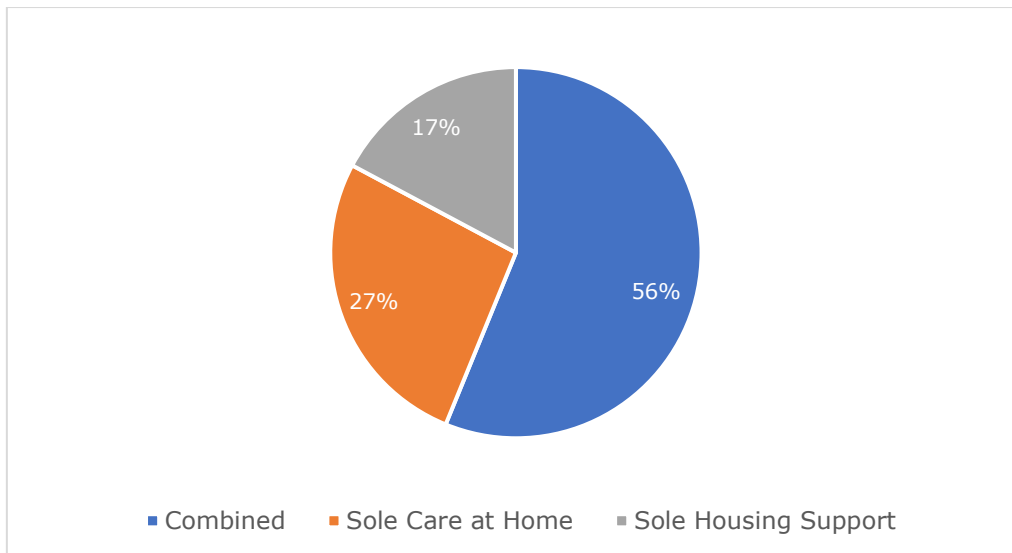


Figure 43. Breakdown of housing support and care at home staff in Scotland by service group (2019)

Nearly identical to 2018, 72% of the combined housing support and care at home workforce are in the non-statutory sector, with most of these being employed by voluntary providers.

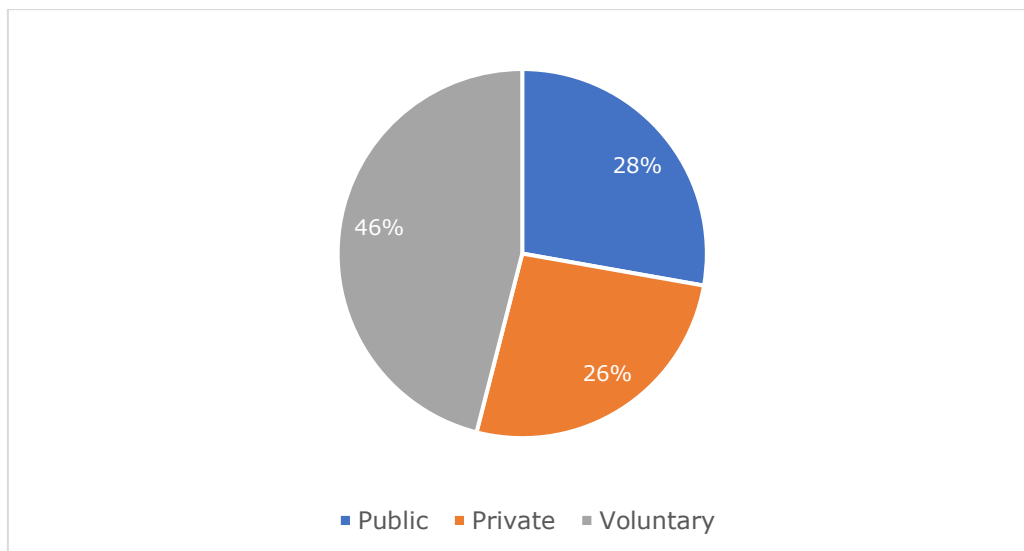


Figure 44. Proportion of staff employed in housing support and care at home in Scotland by sector (2019)

As in 2018, the overwhelming majority (92%) were employed in frontline care jobs, amounting to around 65,642 members of staff. This proportion has climbed by two percentage points since 2016.

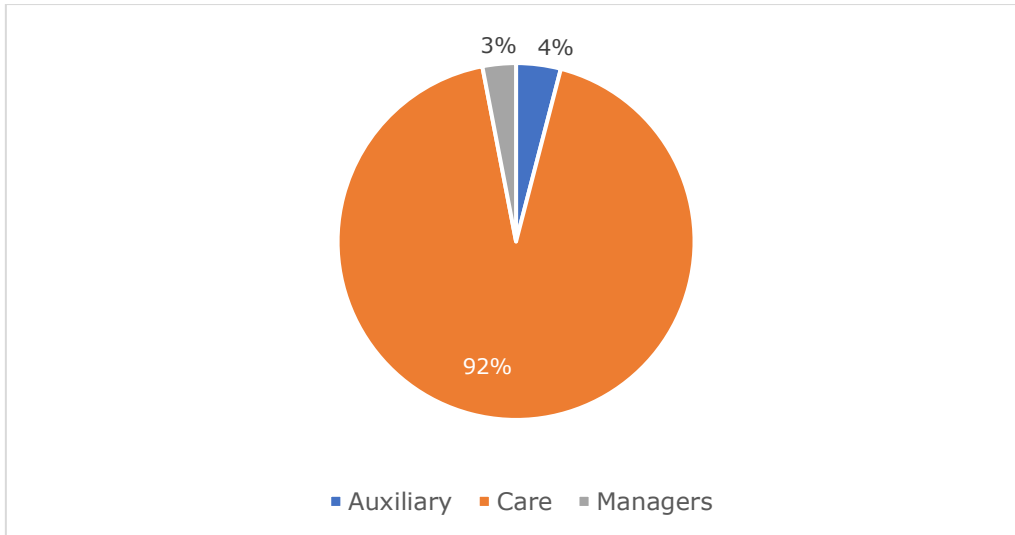


Figure 45. Proportion of staff employed in housing support and care at home in Scotland by position (2019)

Nearly half (49%) of the total number of roles in adults' services were in housing support and care at home (headcount of 71,350), higher than the proportion of 37% relating to adult care homes (headcount of 53,080).

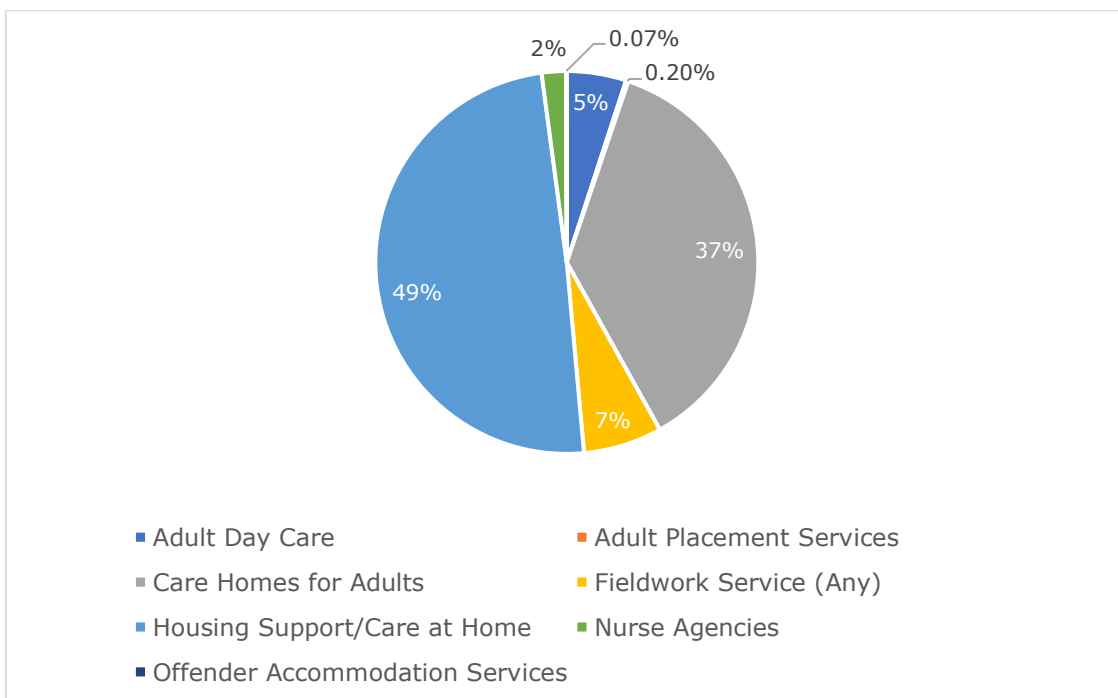


Figure 46. Proportion of adults' services staff in Scotland by service group (2019)

Northern Ireland

Regulation

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) registers and independently regulates health and social care services, while conducting inspections of providers to bring about improvements in quality. Currently, domiciliary care agencies do not pay a registration fee, nor an annual fee to maintain their registration with RQIA.¹⁸

RQIA inspections are guided by four areas – namely, whether the care is safe, effective, compassionate and the service well-led.¹⁹ In their reports, they do not currently use a ratings system.

The Northern Ireland Social Care Council (NISCC) is responsible for regulating standards among the social care workforce. Registration with the NISCC for social care workers (including for those in domiciliary care) is mandatory.

¹⁸ Confirmed via email correspondence with RQIA.

¹⁹ <https://www.rqia.org.uk/RQIA/files/a6/a6377218-7b88-4720-8b55-0b13ede04a4f.pdf> (pg. 1).

Providers

As of 24 February 2021, there were 302 domiciliary care agencies registered with RQIA.²⁰ This contrasts with the corresponding figure in the Association's 2019 version of this report of 295 (from November 2018).

Furthermore, RQIA does not routinely publish data on the annual number of newly registered or cancelled services.

Information on complaint issues (whereby a single complaint communication may contain more than one issue) received by HSCTs is released through Northern Ireland's Department of Health. There were 53 complaint issues regarding domiciliary services in 2019-20 (Information & Analysis Directorate, 2020) – slightly higher than the previous year, but 20% lower than the number in both 2015-16 and 2017-18.²¹

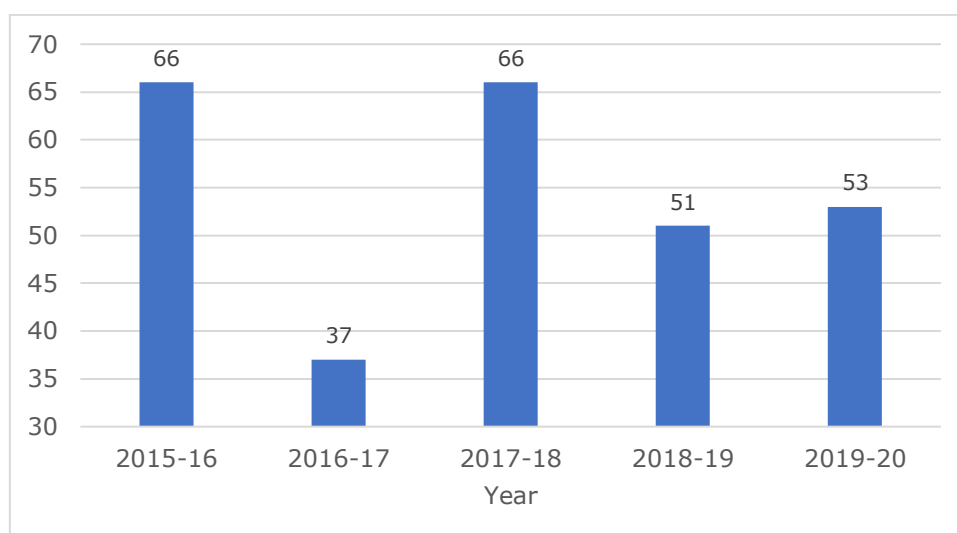


Figure 47. Number of complaint issues received about domiciliary services in Northern Ireland

In 2020, out of the number of contact hours provided, the independent sector delivered an estimated 73% of homecare commissioned by HSCTs – a rise of two points from the previous year (Department of Health [a], 2021).

²⁰ <https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/>.

²¹ Data for previous years is available here: <https://www.health-ni.gov.uk/publications/complaints-received-by-health-and-social-care-hsc-trusts-hsc-board-and-family-practitioner-services-0>.

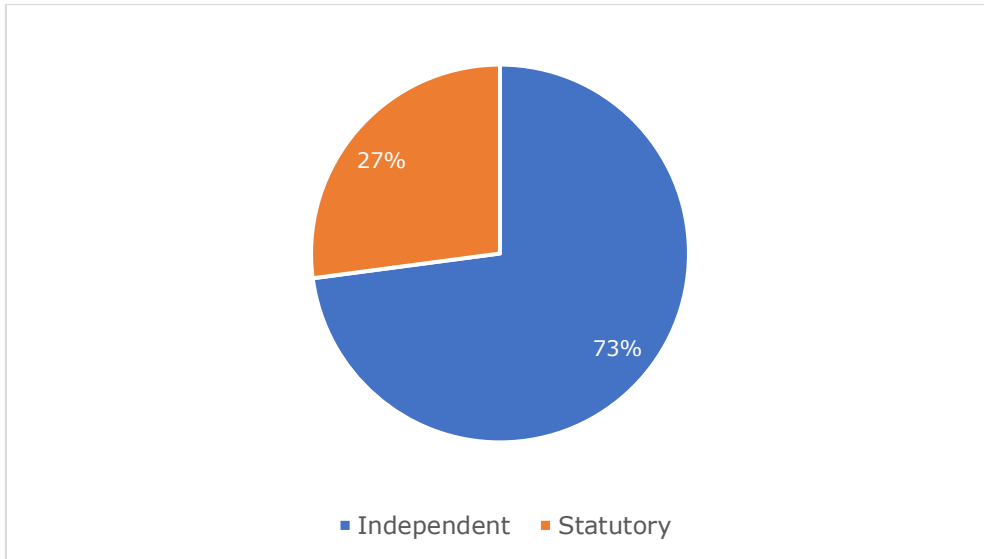


Figure 48. Proportion of hours for domiciliary care commissioned by HSCTs in Northern Ireland by sector (2020)

People who use services

During the survey week in September 2020, 21,491 adults were receiving domiciliary care commissioned by HSCTs (excluding the double counting of those being supported by both statutory and independent sectors). To compare, there were 3,678 residential care packages in effect at the end of the same month (with a further 8,236 nursing care packages) (Department of Health, 2020).

The homecare figure has fallen by 8% from the previous year.²²

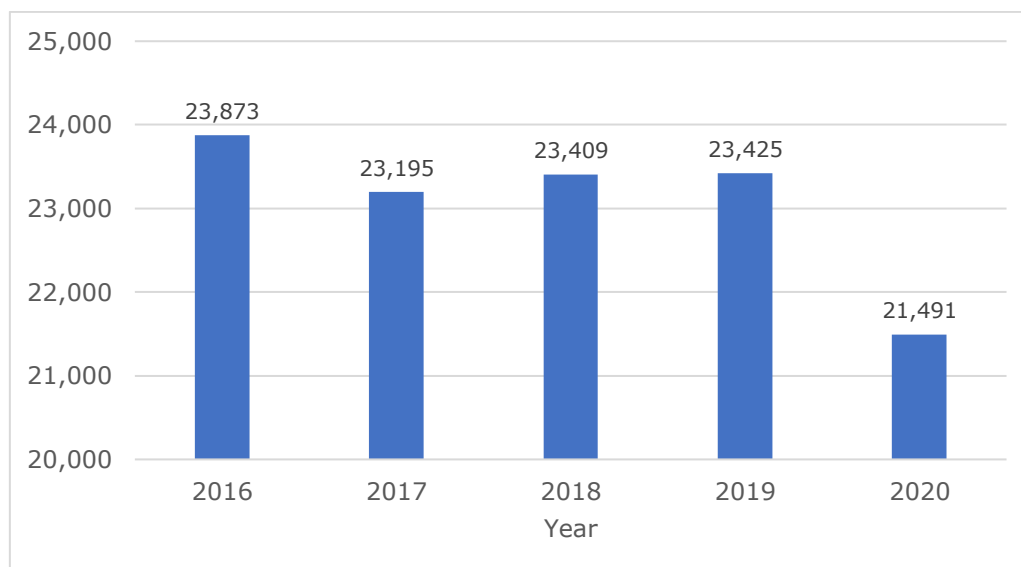


Figure 49. Number of adults receiving domiciliary care commissioned by HSCTs in Northern Ireland during a survey week

Of those receiving homecare in 2020, 84% were aged 65 or over.

²² Data for previous years is available here: <https://www.health-ni.gov.uk/publications/domiciliary-care-services-adults-northern-ireland-2008-2019>.

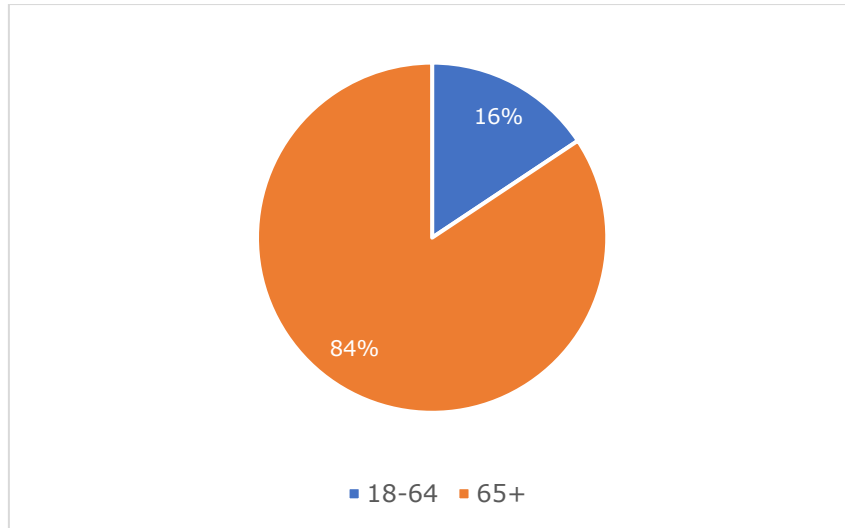


Figure 50. Age of adults receiving domiciliary care commissioned by HSCTs in Northern Ireland (2020)

More than three-fifths of clients (63%) received services in 2020 through the independent sector – a rise of three percentage points from the previous year.

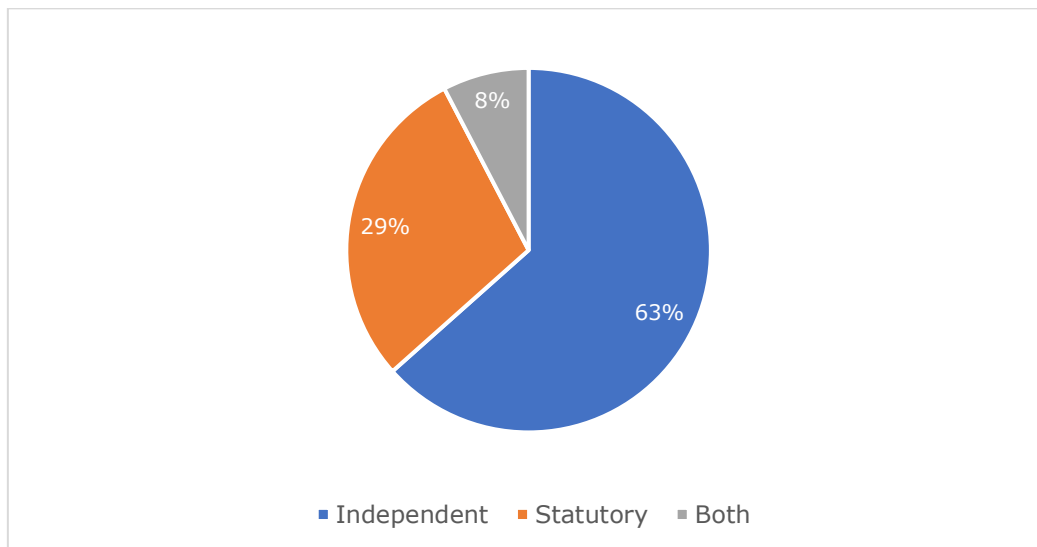


Figure 51. Proportion of adults receiving domiciliary care commissioned by HSCTs in Northern Ireland by sector (2020)

Hours of domiciliary care

In the 2020 survey week, according to Department of Health data, 278,979 hours of domiciliary care were estimated to have been commissioned to clients by HSCTs – equating to around 14.5 million hours during the course of the year (given approximately 52.14 weeks in a year).

This is the highest such weekly figure over the last five years – indeed, it is close to 7% beyond the level seen in 2017.

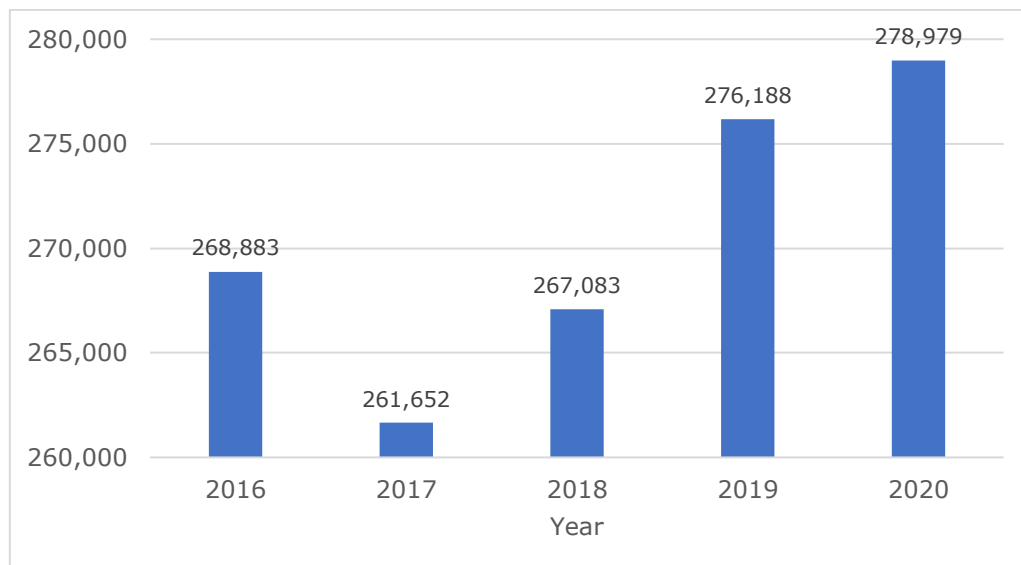


Figure 52. Estimated number of hours of domiciliary care commissioned by HSCTs in Northern Ireland during the survey week

Expenditure

Data of expenditure on domiciliary care by HSCTs is not routinely published by the Department of Health in Northern Ireland.

But in 2015-16, the figure for public sector funding and co-funding was found to be around £176.9 million. For the same year, self-funded expenditure was estimated at £25.8 million (ICF Consulting [d], 2018).

Direct payments

A direct payment is a financial transaction, made by an HSCT to an individual with eligible care and support needs. The amount given to the service user will vary depending on assessed care needs. The service user may then use this payment to meet their needs in whatever way they feel is best – thus, it may not necessarily be used to buy a regulated homecare service.

There were 21,881 people (of all ages) who received a direct payment in 2019-20 (1 April to 31 March) (Department of Health [b], 2021) – a figure that has increased by more than three-quarters from 2015-16.²³

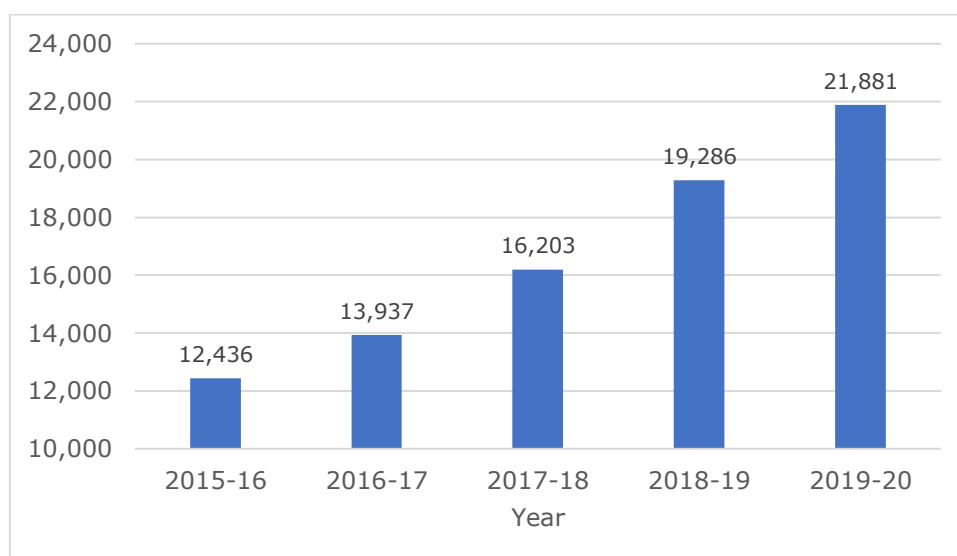


Figure 53. Number of people receiving a direct payment in Northern Ireland (1 April to 31 March)

Moreover, the amount paid by direct payment (to all ages) has more than doubled since 2015-16. The figure currently stands at nearly £42.2 million – itself a growth of 15% from the previous year.

²³ Data for previous years has been taken from two sources:

<https://www.health-ni.gov.uk/publications/quarterly-direct-payments-statistics-september-2018>

<https://web.archive.org/web/20161103195426/https://www.health-ni.gov.uk/publications/quarterly-direct-payments-statistics>.

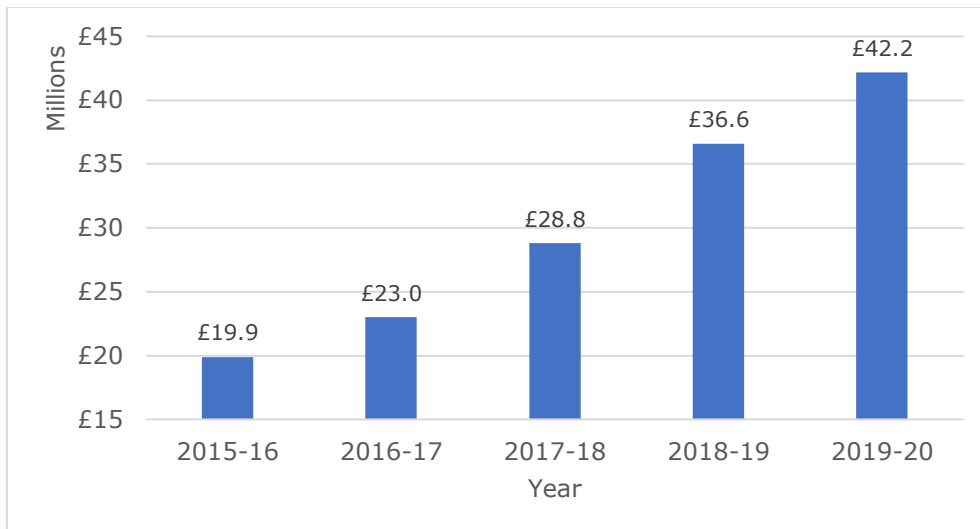


Figure 54. HSCT expenditure on direct payments in Northern Ireland (1 April to 31 March)

In each of the last four years (no data is available for 2015-16), the client group that has received the most significant amount on direct payments is older people, constituting around a third (34%) in 2019-20. In fact, funding for this group has risen twofold since 2016-17. But moreover, the spend on other groups has also increased during this timeframe – for example, by 90% in the case of individuals with a learning disability.

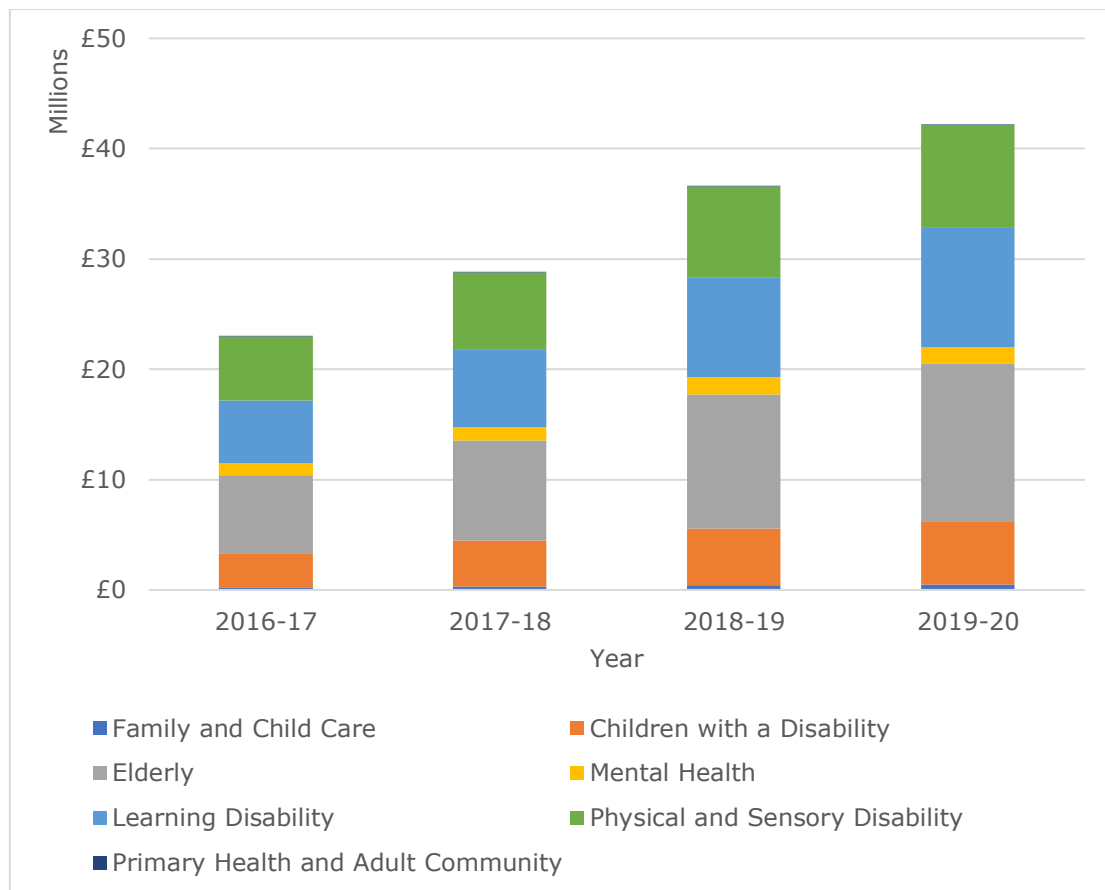


Figure 55. HSCT expenditure on direct payments in Northern Ireland by client group (1 April to 31 March)

Workforce

As of April 2021, 17,040 domiciliary care workers and 539 domiciliary care managers were on the Register. In addition, there were also 2,316 supported living workers as this sits under domiciliary care.²⁴

Data on the number of staff working in residential care is not available.

²⁴ The Department of Health publishes data on Northern Ireland's health and social care workforce size, but this excludes domiciliary care. These figures were provided via email correspondence with the NISCC.

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