WHITE PAPER

The Current State of Live-In Care in the UK

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This white paper provides a comprehensive, independently researched review of the current state of live-in care in the United Kingdom. It examines the structural demand drivers, the economic and practical case for live-in care, the regulatory environment, workforce considerations, and the trends shaping the sector. All data and references are provided.

Key findings at a glance

- The UK domiciliary care market is valued at £6.7 billion (IBISWorld, 2025), growing at 6.8% CAGR
- Two million people aged 65+ are currently not receiving the care they need (Parliament, May 2025)
- Live-in care costs £1,200–£1,500 per week compared with £1,300–£2,500 for residential care homes
- People aged 85+ will more than double by 2065, reaching 6.3 million (Centre for Ageing Better, 2025)
- 48% of home care providers cannot currently meet demand; 84% cite recruitment as the primary barrier
- The Working Time Regulations 1998 apply in full to live-in care workers, including rest period entitlements

1. Introduction

Live-in care — the arrangement by which a professional care worker resides in the home of the person they support, providing dedicated, continuous assistance — represents one of the most significant and fastest-growing segments of the UK private care market. It is a model that has existed for decades in various informal forms, but has in recent years been formalised, professionalised, and increasingly chosen as a deliberate and preferred alternative to residential care home placement.

This white paper examines the current state of live-in care in the United Kingdom. It draws on published research, government data, sector statistics, and regulatory guidance to provide a complete and fact-based picture of the landscape for families considering live-in care, for care professionals working or considering working in the sector, and for commissioners, policymakers, and those with a wider interest in adult social care.

The paper is structured as follows: Section 2 examines the demographic and demand context; Section 3 analyses the economic case; Section 4 explores the regulatory framework; Section 5 considers the workforce dimension; Section 6 addresses safeguarding and quality; Section 7 looks at funding routes; and Section 8 considers the future outlook.

2. The Demand Context: Why Live-In Care is Growing

2.1 An Ageing Population

The UK is experiencing a profound and accelerating demographic shift. According to the Centre for Ageing Better's State of Ageing 2025 report, the number of people aged 65 to 79 is projected to increase by 17% by 2045 and by

41% by 2065, rising from 8.1 million to 11.2 million [1]. Most significantly, the population aged 80 and over is expected to more than double by 2065, growing from 3.1 million in 2025 to 6.3 million — an increase of 107% [1].

The Office for National Statistics (ONS) projects that the over-65 share of the UK population will rise from 19% today to 27% within 50 years [2]. By 2043, the number of people in this age group will exceed three million for the 85-and-over cohort alone [2]. The Department of Health and Social Care (DHSC) estimates that 57% more adults aged 65 and over will need home care in 2038 compared with 2018, driven by this demographic trajectory and increasing life expectancy [3].

Research published in The Lancet Public Health found that the number of people aged over 65 needing care could reach 2.8 million in England and Wales — representing a 25% increase over a decade — with dementia identified as the single fastest-growing cause, projected to increase by 49% between 2015 and 2025 [4]. The Alzheimer's Society estimates that by 2040 the number of people living with dementia in the UK could reach 1.6 million [5].

2.2 Unmet Need and System Strain

The UK adult social care system is struggling to keep pace with rising demand. The UK Parliament's Adult Social Care Reform report, published in May 2025, found that two million people aged 65 and over are currently not getting the care they need because of staff shortages and high demand [6]. This represents a significant and growing cohort of individuals who require support but cannot access it through existing statutory channels.

IBISWorld's 2025 industry analysis reports that the domiciliary care market has grown at a compound annual rate of 6.8% over the five years to 2025, reaching an estimated value of £6.7 billion [7]. LaingBuisson, the specialist health and social care market analysts, estimate the broader homecare and supported living market at £12.4 billion when including supported living provision [8]. Despite this growth, the Homecare Association reports that 48% of home care providers cannot currently meet the demand for their services [3].

The Institute for Government's Adult Social Care Performance Tracker 2025 documents how access to publicly funded care has declined to near historic lows despite rising demand, with the proportion of older adults accessing long-term care falling significantly since 2003 as local authorities have been forced to ration care due to restricted budgets [9]. In August 2024, approximately 400,000 people were awaiting assessment, review, or the start of a care service [3].

2.3 The Preference for Home

A consistent body of research demonstrates that the overwhelming majority of older adults prefer to remain in their own home rather than move into residential care. Live-in care directly enables this. The post-Covid period has further reinforced this preference, with heightened awareness of the risks associated with shared residential settings and a strong cultural shift towards home-based solutions [7].

Approximately 820,000 people in the UK receive domiciliary care, with approximately 23.5% funding their care privately [3]. As local authority budgets tighten and access to publicly funded care becomes more restricted, the private self-funding proportion is expected to continue to grow — directly expanding the market for live-in care arranged through private means.

PolicyBee's 2025 domiciliary care statistics report notes that live-in care is increasingly sought after, with an estimated 10,000 people currently receiving it [3]. The Homecare Association has highlighted long-term support living and live-in care as areas of growth for 2024 and beyond [3].

3. The Economic Case for Live-In Care

3.1 Cost Comparison: Live-In Care Versus Residential Care Homes

For families considering full-time care for a loved one, the economic comparison between live-in care and residential care homes is often decisive. In 2025–26, live-in care typically costs between £1,200 and £1,500 per week for a single person when arranged through a managed agency [10]. Highly specialist or complex packages may cost more, reaching £1,600–£1,800 per week [11].

By comparison, residential care home fees in England average between £1,076 and £1,710 per week, with nursing homes often costing more — from £1,000 to £1,600 per week or above, and specialist dementia care pushing costs to £80,000 or more annually in some cases [12]. Care homes in London and the South East regularly command fees at or above the top of these ranges.

Care option	Typical weekly cost	Annual cost (approx.)	Key characteristic
Live-in care (managed agency)	£1,200–£1,500	£62,400–£78,000	One-to-one dedicated care; individual retains home and routines
Live-in care (introductory platform)	£650–£950 (worker rate)	£33,800–£49,400	Family employs worker directly; platform fee additional; significant cost saving
Residential care home	£1,076–£1,710	£55,952–£88,920	Shared staffing; accommodation costs included; individual leaves home
Nursing home	£1,000–£1,600+	£52,000–£83,200+	Registered nursing on site; higher cost; appropriate for complex medical needs
Live-in care for couples	Small additional fee above single rate	Often less than two residential placements	Significant value for couples; one carer for two people at same address

Sources: Sylvian Care (2025) [10]; Hometouch (2026) [11]; Unique Senior Care (2025) [12]; Elder (2025) [13].

3.2 The Introductory Model and the Agency Cost Premium

A significant proportion of live-in care in the UK is arranged through managed agencies, which employ or directly supply the care worker and take responsibility for all aspects of the arrangement. These agencies typically charge margins of 30–50% on top of the care worker's rate [7].

An alternative model — the introductory platform — connects families directly with self-employed care workers without an ongoing management role. Under this arrangement, families pay the care worker directly, and the platform charges a service fee rather than a percentage of hours. Elder, one of the largest UK live-in care platforms, publishes starting rates from £1,150 per week, citing cost savings of up to £500 per week compared with traditional agencies [13]. Where this model is lawfully operated — with the family taking full responsibility for directing and managing the care — it can represent a material financial saving for self-funding families.

3.3 The Value of One-to-One Care

The economic comparison between live-in care and residential care homes cannot be made on cost alone. In a residential care home, staffing is shared across multiple residents, and the level of individual attention varies significantly. Live-in care, by definition, provides dedicated one-to-one support — the care worker's attention is focused entirely on one individual (or, in the case of couples, two people living at the same address).

Research consistently links continuity of care to better outcomes for people with dementia and other long-term conditions. Remaining in a familiar environment, with familiar routines and possessions, is associated with reduced anxiety and confusion, lower fall risk, and better overall quality of life — factors that carry economic value beyond the headline weekly fee.

4. The Regulatory Framework

4.1 The Care Quality Commission and Introductory Agencies

The Care Quality Commission (CQC) is the independent regulator of health and social care in England, operating under the Health and Social Care Act 2008. CQC registration is legally required for any organisation that carries out 'regulated activity' as defined in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which includes the provision of personal care to individuals in their own homes [14].

However, the Regulations include an explicit exemption for introductory agencies. The exemption applies where a business introduces care workers to individuals and has 'no ongoing role in the direction or control' of the care provided. CQC's own published guidance — Personal care: ongoing role, introductory agencies and individual care workers — confirms that an introductory agency that charges a one-off introduction fee, helps care seekers clarify their requirements, and introduces replacement workers at the care seeker's request, is not required to register [14].

This distinction is fundamental: families using an introductory platform take on the responsibility of managing the care worker directly, which is what activates the exemption. If an agency crosses into managing or directing the care being delivered, it must register with the CQC regardless of how it describes itself.

4.2 The Working Time Regulations 1998

Live-in care workers are entitled to the full protections of the Working Time Regulations 1998 (WTR 1998, SI 1998 No.1833), which implement the principles of the EU Working Time Directive into UK domestic law and remain in force following Brexit [15].

The WTR 1998 provide live-in care workers with the following statutory minimum entitlements [15][16]:

- A minimum rest period of 11 consecutive hours in every 24-hour period
- An uninterrupted weekly rest period of not less than 24 hours in every seven-day period (or 48 hours in every 14-day period)
- A minimum rest break of 20 minutes where daily working time exceeds six hours
- A maximum average working week of 48 hours (averaged over a 17-week reference period), unless the worker has voluntarily opted out in writing
- 28 days of paid annual leave per year (pro-rata for fixed-term arrangements)

Important — on-call overnight duties: The legal classification of overnight on-call time as 'working time' in a live-in care context is complex and fact-specific. A care worker who is required to remain in the property and respond to needs during the night is likely to be considered to be working during that period, which must be reflected in the agreed rate and rest arrangements. Both care seekers and workers are advised to seek independent legal advice where overnight duties are a regular feature of the arrangement.

4.3 Employment Status Considerations

The employment status of live-in care workers is a matter of significant legal importance and complexity. Where a care worker is self-employed and introduced to a family through an introductory platform, they are typically treated as an independent contractor. However, HMRC applies a substance-over-form test: a worker who works exclusively for one household, on a continuous basis, with no ability to send a substitute, and where the household controls when and how care is delivered, may be considered an employee in law — regardless of what the contract states [14].

This has implications for the family as a domestic employer, including obligations in respect of National Minimum Wage, employer National Insurance contributions, holiday pay, and written employment terms. Both parties are strongly encouraged to seek independent legal or HR advice before entering into any live-in care arrangement, particularly for long-term placements.

5. The Live-In Care Workforce

5.1 Size and Composition

The adult social care workforce in England comprises approximately 1.71 million filled posts as of 2024–25, representing a 3.4% increase from the prior year — the highest growth on record (Skills for Care, 2025) [17]. The wider domiciliary care workforce, including workers in live-in and visiting care roles, numbers approximately 690,000 [3].

Skills for Care estimates that the workforce will need to grow by 470,000 posts between 2024–25 and 2040 to meet the needs of an ageing population — a 26.9% increase, or approximately 1.6% annually [9]. Vacancy rates in homecare stand at over 10%, more than double the rate in care homes, indicating persistent and acute recruitment challenges [6].

5.2 Recruitment and Retention Challenges

The sector faces structural recruitment difficulties. 84% of home care providers cite recruitment as the primary reason they cannot meet current demand [3]. Contributing factors include pay levels at or close to the National Living Wage, high physical and emotional demands, variable scheduling, and limited career progression. Turnover in domiciliary care, while improving (falling from 31.1% in 2022 to 25.3% in 2024), remains high relative to the wider economy [3].

International recruitment has provided some relief — 50,000 international arrivals supported adult social care in 2024–25 alone — but new restrictions on overseas worker visas, including the cessation of new care worker visa applications, pose a significant risk to this supply [6]. The CQC's State of Care 2024–25 report notes that the

sector's reliance on overseas workers means that these restrictions could return staffing pressures to their post-pandemic peak [6].

5.3 Vetting and Quality Standards

Workers providing live-in care are trusted with an exceptional level of access to a vulnerable person's home and daily life. The vetting standard for live-in workers must therefore be meaningfully higher than for those providing occasional visiting care. Industry best practice — and the standard applied by responsible platform operators — includes enhanced DBS checks (adult workforce), right to work verification, professional references (minimum two from regulated organisations), evidence of care qualifications, personal liability insurance, and a health declaration.

For placements involving dementia, palliative care, or other specialist needs, additional training evidence should be required and matched to the specific care seeker's requirements.

6. Safeguarding and Quality of Care

6.1 The Safeguarding Imperative

Safeguarding — protecting vulnerable adults from abuse, neglect, and exploitation — is a non-negotiable requirement in all live-in care arrangements. Relevant legislation includes the Care Act 2014, which imposes a duty on local authorities to make enquiries where an adult with care and support needs is at risk of abuse or neglect, and the Safeguarding Vulnerable Groups Act 2006, which defines 'regulated activity' and establishes the barring regime underpinned by enhanced DBS checks.

Whilst introductory platforms are not registered care providers, they have a clear moral responsibility — and a significant commercial interest — in ensuring that safeguarding is embedded in every aspect of their service. Any platform facilitating arrangements involving vulnerable adults should maintain a published Safeguarding Policy, a clear escalation process for concerns, and a referral pathway to local authority adult safeguarding teams.

6.2 Accommodation Standards

The accommodation provided to a live-in care worker is not merely a practical arrangement — it is a critical component of the quality and sustainability of the care. A care worker who is uncomfortable, lacks privacy, or feels their basic needs are not met will not be able to deliver their best care and is more likely to terminate the arrangement early.

Minimum accommodation standards expected by the sector include: a private bedroom (not shared), access to a bathroom (ideally private, or with agreed shared access), adequate heating, lighting, and furnishings, access to kitchen facilities and meals or a meal allowance, and internet access [7].

7. Funding Live-In Care

Families funding live-in care should be aware of the range of financial support mechanisms available in the UK [10][11][13]:

- Local Authority funding: Where savings and assets fall below £23,250 (England), individuals may qualify for financial support from their local authority following a care needs assessment and means test. Importantly, the value of the individual's home is usually not included in the means test if care is received at home (rather than in a residential setting).
- NHS Continuing Healthcare (CHC): Where an individual's care needs are primarily health-related and meet the threshold for CHC eligibility, the NHS may fund the full cost of care — including live-in care — in the home. An assessment by a multidisciplinary team is required.
- Attendance Allowance: A non-means-tested benefit paying up to £108.55 per week (2025–26) for those over State Pension age with significant care needs. Can be claimed alongside other funding sources.
- Personal Independence Payment (PIP): Available for those of working age with long-term health conditions or disabilities. The daily living component contributes towards care costs.
- Direct Payments: Local authorities may provide funding directly to an individual or their family to arrange their own care, including engaging a care worker through an introductory platform. The introductory model is compatible with direct payments where the individual takes full responsibility for managing the care worker.

- Deferred Payment Schemes and Equity Release: For homeowners with limited liquid assets, deferred payment schemes (offered by local authorities) and equity release products may provide access to funds without requiring the immediate sale of the property.

8. The Future Outlook

The live-in care market is at an inflection point. Several converging forces are creating conditions for sustained and significant growth.

- Demographic momentum: The doubling of the over-85 population by 2065 is a structural certainty, not a projection. The demand this creates for full-time care support is immutable.
- Digitalisation of care: The emergence of regulated introductory platforms is making live-in care easier to find, arrange, and manage — particularly for families who live at a distance from elderly relatives.
- Financial accessibility: The cost advantage of the introductory platform model over traditional managed agencies is driving adoption among self-funding families who are cost-conscious but unwilling to compromise on quality.
- Policy pressure: As local authority budgets remain constrained and access to publicly funded care continues to fall short of need, the private self-funding segment will expand — increasing the commercial opportunity for quality private care operators.
- Workforce formalisation: The professionalisation of the live-in care workforce — through enhanced vetting, qualifications, and formal contractual arrangements — is building public confidence in the model and reducing the perceived risk gap versus residential care.

The challenge for the sector is to ensure that this growth is matched by genuine quality, adequate regulation of those who need to be regulated, and robust safeguarding for the individuals receiving care. The opportunity for platform operators who get this right — providing a trusted, transparent, and affordable route to quality live-in care — is substantial.

9. Conclusion

Live-in care in the UK is no longer a niche or exceptional arrangement. It is becoming a mainstream choice for families navigating the needs of elderly relatives who wish to remain at home, and for older adults who want to preserve their independence, their routines, and their dignity. The economic case is increasingly compelling; the regulatory framework, whilst complex, is navigable; and the workforce, despite its challenges, contains dedicated and skilled professionals capable of providing outstanding care.

The sector requires continued investment in workforce development, quality standards, and consumer education. Families should be fully informed of their options, their rights, and their responsibilities when entering into a live-in care arrangement. The growing market of private-pay live-in care is an opportunity for responsible operators — those who prioritise safety, transparency, and genuine value — to make a material difference to the lives of older people across the UK.

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