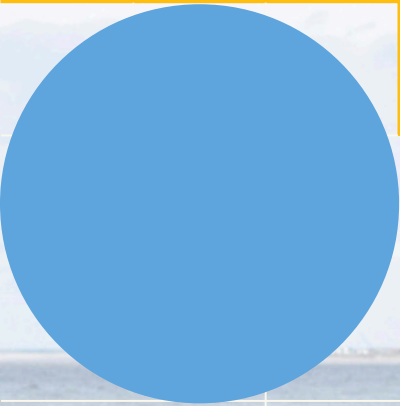


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Understanding and addressing
extraction in the North West
care system



About CLES

Founded in 1986, the Centre for Local Economies is an independent economics think tank and charity. We work collaboratively across the UK and Ireland to develop solutions that ensure economies are rooted in the places people call home.

At CLES, we partner as equals with all levels of government, local institutions and communities – challenging outdated methods and tackling local issues with practical, long-term solutions.

About this report

Funded by the North West Regional Leaders Board, the report analyses financial extraction within the North West England care system, revealing significant public funds diverted away from frontline services toward profits, dividends, and debt servicing. It highlights the impact on workforce pay and conditions and calls for national reforms to reduce extraction and improve care quality and sustainability.

The report was presented at a parliamentary reception in April 2026 where council leaders from across the North West shared their insights and support for the recommendations. There was recognition of the importance of this work and an appetite to take this forward with ministers.

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Summary of our analysis and recommendations

Care is not a marginal service used by a small part of society. At some point in our lives, many of us – or those closest to us – will rely on care and support. How public money flows through the care system is therefore not simply a technical or financial issue, but a question of dignity, trust and social responsibility.

Care is the largest area of expenditure for councils across the North West of England, with around £5.9bn spent with third party providers over the past three years. Yet a significant share of this public investment does not reach the people and places it is intended to support. Instead, it is diverted through financial structures that prioritise extraction over reinvestment in care, the workforce and local communities.

It does not have to be this way.

This report examines how financial extraction is shaping publicly funded care across the North West. It covers both adult social care and children's services. While these parts of the system operate under different commissioning, regulatory and market conditions, both are increasingly shaped by similar patterns of extraction.

Building on CLES's previous analysis,¹ this report was commissioned by the North West Regional Leaders Board to examine how these dynamics are playing out across the region and what they mean for policy reform.

Analysis of financial flows within the North West care system shows that substantial value is absorbed through profit, dividends, debt servicing and related transactions rather than improving care. Firms delivering publicly funded care services generated around £356m in profit from care-related spend over the three years to 2023/24, illustrating the scale of extraction from council-funded provision.

The scale of extraction is particularly striking when compared with the pressures facing the workforce. For instance, it would cost about £146m each year to pay all full-time adult social care workers in the North West the Real Living Wage. This is slightly more than the £119m in annual profits made through the provision of publicly funded care services. Not all of this profit would be available for redistribution, and some level of return is consistent with sustainable provision. However, the scale and form of extraction – including dividends, interest payments and other financial flows – means that a significant share of public funding is not reinvested in care.

This demonstrates that the challenges facing the sector are not only about funding levels, but about how public funding flows through the system. Local authorities can take steps to reduce extraction – and many are already beginning to reshape care markets through ethical commissioning, workforce and provider development approaches² – but **systemic change cannot be achieved by councils alone. Without national reform, the care market will continue to incentivise extraction over reinvestment.**

¹ L Millthorne et al. (2025). Ending extraction in the UK care system. CLES. [Read](#).

² Ibid.

Additional investment in care will be required to meet rising demand and improve workforce conditions.³ However, the scale of that investment is shaped by how effectively existing funding is used. Reducing extraction would ensure that a greater proportion of both current and future funding is retained within services – lowering the overall cost of improving pay, strengthening provision and delivering better outcomes.

This report therefore calls on government to:

1. Set limits on excessive profit and financial extraction in publicly funded care.
2. Enable commissioning for public value, not just competition.
3. Establish fair pay and secure conditions across the care workforce.
4. Grow non-extractive and community-rooted care provision.
5. Align regulation and commissioning with reinvestment, transparency and quality.
6. Embed a 'reduce extraction' test across all care reform.

This report advances these aims and is structured in four parts.

First, it sets out the broader context that has enabled extractive models to flourish within the care system. Second, it presents the results of our spending analysis across all 24 North West councils responsible for commissioning care services.

Third, it sets out the national reforms required to reduce extraction and support the development of a more resilient, generative care system. Finally, the conclusion draws these strands together, setting out why reducing extraction is central to delivering a care system that is sustainable, equitable and capable of meeting future demand.

Taken together, these sections outline a pragmatic, evidence-based pathway towards a care system in which public funding serves the public interest – ensuring care is stable, high-quality and rooted in the communities it supports.

³ UK Parliament (2025). Adult Social Care Reform: the cost of inaction. Second Report of Session 2024–25. [Read](#).

1. The mechanism and impact of extraction in the care system

Care as a foundational sector in local economies

Public spending on care is not only a question of how services are delivered — it is also a question of how economic value flows through places. Care is a major foundational sector within local economies — supporting employment, enabling labour market participation and shaping demand for goods, services and local infrastructure. When public funding circulates within local economies it can support good jobs, strengthen communities and improve long-term economic resilience. When it is extracted through financialised ownership structures, those wider economic benefits are lost.

While adult social care and children's services differ in how they are funded, regulated and delivered, both are shaped by financialised ownership models.

The mechanisms of extraction described below operate across both parts of the care system, though their scale and form can vary.

Across the UK, the care market has become increasingly shaped by financialised business models designed to maximise returns rather than reinvest in care. As a result, significant amounts of public spending on care are diverted away from frontline services and local economies through mechanisms of financial extraction.

- Of the 20 largest providers in the children's homes and fostering sector, 50 per cent have a private equity or sovereign wealth fund owner.⁴
- Of the five largest providers in homecare, four were either owned by private equity firms, US hedge funds or by billionaires based abroad.⁵
- Of the largest care home providers in the UK that are owned or backed by private equity firms, 80 per cent had owners in tax havens.⁶

Financial mechanisms of extraction in the care market

Extraction occurs through several interconnected mechanisms:⁷

- **Leveraged debt.** Large providers often operate through complex holding-company structures. Debt used to acquire care companies is pushed down onto operating subsidiaries, meaning day-to-day care income is diverted to service loans rather than support frontline delivery.

⁴ A Rome (2023). Profit making and Risk in Independent Children's Social Care Placement Providers. Revolution Consulting. [Read](#).

⁵ T Bourgeron et al (2021). They don't care - how financial investors extract profits from care homes: A Study on Private Equity Investments in Care Homes in France, Germany and the UK. [Read](#).

⁶ V Kotecha (2019). Plugging the leaks in the UK care home industry – Strategies for resolving the financial crisis in the residential and nursing home sector. Centre for Health and the Public Interest. [Read](#).

⁷ The analysis presented here is taken from our previous study looking at extraction in three strategic authority areas. This involved a comprehensive literature review to understand the mechanisms of extraction. For further information and detail see: L Millthorne et al. (2025). Ending extraction in the UK care system. CLES. [Read](#).

- **Dividend extraction.** Some providers distribute substantial portions of revenue as dividends or shareholder returns. These payouts frequently exceed levels compatible with building a stable workforce or maintaining high-quality care environments.
- **Related-party transactions.** Operating companies often pay rent, management fees or consultancy charges to other companies within the same ownership chain. These payments can be inflated, opaque and unconnected to improving care.
- **Low levels of reinvestment.** Once debt servicing, dividends and internal charges have been absorbed, there is limited scope for reinvesting in staff, training, facilities or innovation.

These models may be commercially rational, but they can become incompatible with the aims of publicly funded care where extraction takes precedence over reinvestment. A degree of profit is consistent with sustainable service provision. However, where profit is combined with high levels of dividend extraction, debt servicing and related-party charges, it can significantly reduce the share of public funding that is reinvested in care.

Impacts of extraction

Extraction also has material consequences for residents, workers and the wider regional economy.⁸

- **Workforce impacts.** Extractive providers typically offer lower pay, weaker conditions and limited career progression. High turnover and reliance on agency staff destabilise care relationships and reduce quality. Stable, trusted relationships are central to good care, meaning workforce insecurity has direct consequences for dignity, continuity and outcomes. The workforce – predominantly women and often from minority backgrounds – bears the brunt of cost-minimising business strategies.
- **Service quality and reliability.** Financial fragility increases the risk of sudden provider failure, placement disruptions and poor-quality environments. Councils must manage the fallout, despite having no visibility of providers' internal finances.
- **Local economic impacts.** Care is a foundational economic sector within local economies. When profits, property returns and internal fees flow out of the region, the value generated through public spending leaks out rather than circulating locally. This reduces the potential for good employment, weakens local supply chains and limits the wider benefits that care spending could generate.

⁸ Again, for further information and evidence on the impact of extraction within the care system, see: L Millthorne et al. (2025). Ending extraction in the UK care system. CLES. [Read](#).

2. Evidence of extraction in the North West care system

This section presents new analysis of financial flows within the North West care sector.⁹ We examine the scale and distribution of value generated through publicly funded care by analysing the accounts and ownership structures of firms delivering services commissioned by the 24 councils who deliver care across the region.

Across the three financial years up to 2023/24, around £5.9bn in public funding was received by these firms for care-related services. The analysis traces how this funding flows through company structures – including profits, dividends, interest payments and remuneration – to assess the extent to which public spending is retained within care services, reinvested in the workforce, or diverted through financial mechanisms.

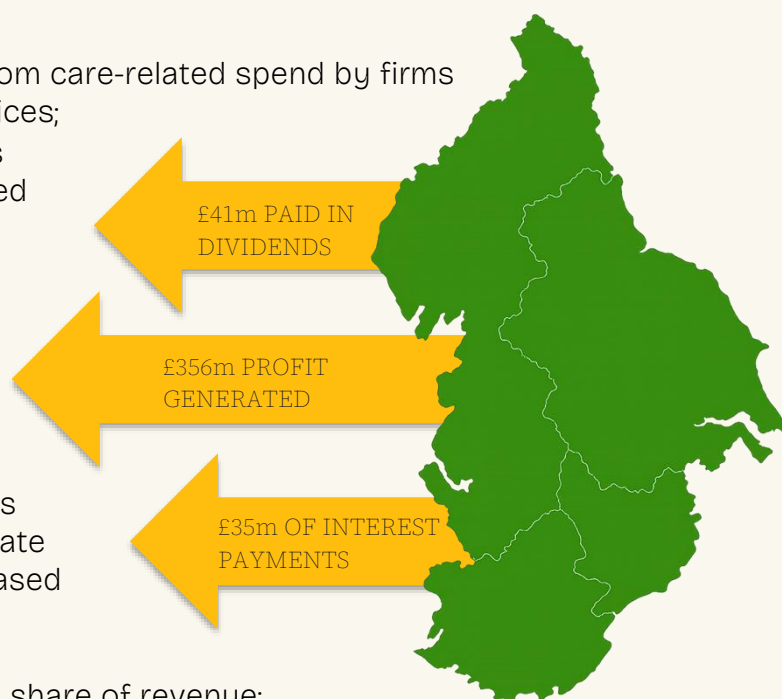
Evidence of extraction

The analysis shows that significant sums generated through public spending on care are absorbed through profit, dividends and interest payments. Across the three-year period examined:

- **£356m in profits** were generated from care-related spend by firms delivering publicly funded care services;
- **£139m (39 per cent)** of these profits were generated by companies owned by private equity firms or parent companies based in tax havens.

In addition:

- **£41m** was paid out in dividends from care-related spend;
- **£13m (31 per cent)** of these dividends flowed to companies owned by private equity firms or parent companies based in tax havens.



Debt servicing also absorbed a substantial share of revenue:

- **£35m** was paid in interest payments from care-related spend;
- **£21m (60 per cent)** of these payments were made by companies owned by private equity firms or parent companies based in tax havens.

These figures show that a significant share of public spending on care is diverted through financial structures rather than being reinvested in services. The distribution of this value is also highly uneven within firms. Senior pay typically ranged from 10–15 times average

⁹ See appendix for details of our methodology.

worker wages, but in several cases exceeded 100 times, with some directors receiving over £2m annually.

This underlines a wider structural imbalance: significant financial value is being generated within publicly funded care, yet relatively modest shifts in how resources are distributed could materially improve workforce pay and conditions.

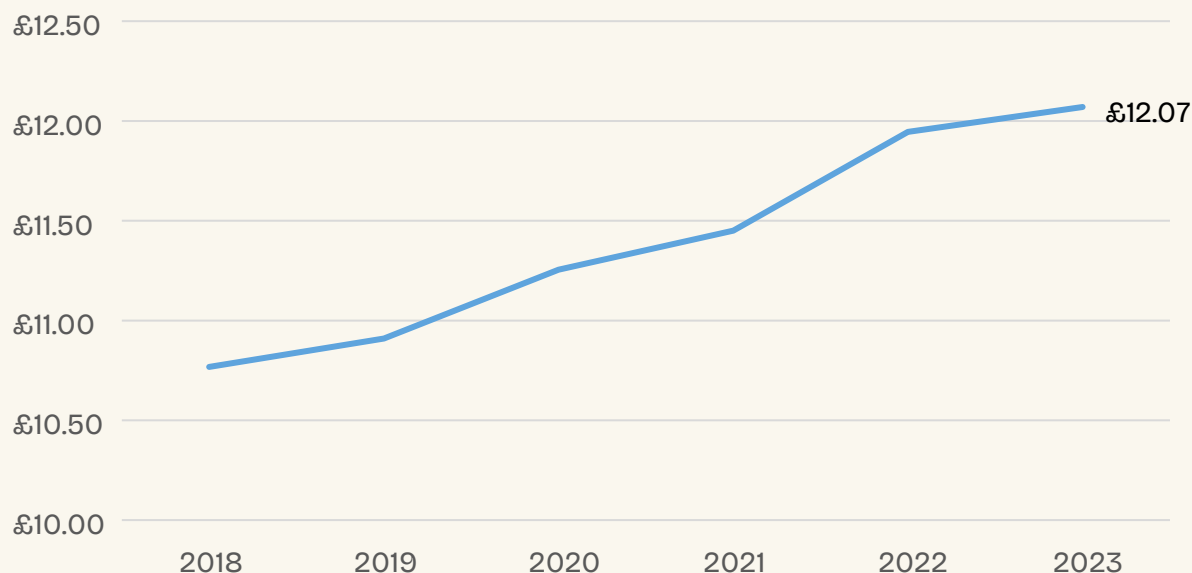
While the financial analysis above covers both adult social care and children's services, the workforce data below relates primarily to adult social care, where consistent regional pay data is available.

Implications for the care workforce

The distribution of value within the care system has direct consequences for the workforce. While significant financial surpluses are generated within publicly funded provision – and, in some cases, concentrated at the top of organisational structures – pay and conditions for frontline care workers remain extremely constrained.

For example, since 2018, median real-terms wages for care workers in the North West have increased by just £1.30 per hour (see figure one).

Figure one: median real-term wages for North West care workers



Source: ONS ASHE data, adjusted for inflation¹⁰

In all but two local authority areas, the average hourly pay rate for direct adult social care workers employed by independent providers falls below the Real Living Wage (£12.60 per hour).¹¹

¹⁰Office for National Statistics (2025). Employee earnings in the UK: 2025. [Read](#).

¹¹ Source: [Skills for care 2024/2025](#).

Across the region:

- 78 per cent of independent care workers are women.
- 32 per cent are from global majority backgrounds.

These workforce characteristics mean the consequences of extraction are disproportionately borne by women and minority communities.

The scale of extraction identified in this analysis is particularly striking when compared with pressures facing the workforce. Raising all full-time adult social care workers employed by independent providers in the North West to the Real Living Wage would cost approximately £146m per year.¹² By comparison, firms delivering publicly funded care services generated around £356m in profits over the three-year period analysed – equivalent to approximately £119m per year.

While some level of profit is a normal feature of service provision, the scale and form of extraction limit the share of public funding available for pay, conditions and service stability. This shows that workplace pressures cannot be understood solely through funding levels, but also how value is distributed within the care system.

Summary

This analysis reveals an imbalance at the heart of the care system. While large volumes of public funding flow into care each year, a significant share is diverted through profit, dividends and debt servicing rather than being reinvested in services or the workforce.

The comparison with pay is particularly striking. The cost of raising all adult social care workers employed by independent providers in the North West to the Real Living Wage is of a similar order of magnitude to the profits generated by firms delivering publicly funded care.

Without changes to how the market operates, additional investment is likely to follow the same patterns. Improving pay, service quality and long-term sustainability therefore require not only more funding but ensuring that a far greater share of public spending is retained within care itself.

Taken together, this evidence shows that the challenges facing the care system are fundamentally distributional: not simply how much funding flows into care, but how it is allocated, retained and extracted – with direct consequences for workforce pay, service quality and long-term sustainability.

¹² Ibid.

3. What is needed from national government

The evidence in Section 2 shows that the challenges facing the care system are not only about funding levels, but about how public funding is distributed and extracted within the market. Across the North West, local authorities and partners are already taking practical steps to reshape care markets – from ethical commissioning approaches such as Wigan’s [ethical care framework](#), to the development of not-for-profit provision such as [JUNO](#) in Liverpool City Region, alongside wider workforce, market sustainability and Regional Care Co-operative initiatives.¹³

These approaches demonstrate what is possible within the current system and provide a strong foundation for reform. However, their impact remains constrained by the wider policy and market context. Without changes to national frameworks, local innovation alone will not be sufficient to shift the overall direction of the market or address the scale of extraction identified in this report. For a fuller account of the actions local authorities can take now, see our companion report *Ending extraction in the UK care system*.¹⁴

Scaling these approaches will require national action. While additional investment will be needed to meet rising demand, improve outcomes and support better pay, its effectiveness depends on how resources flow through the system. At present, a significant share of care spending is diverted through extraction. Reducing this leakage is essential to ensuring that both existing and future funding delivers improved services and outcomes.

The following recommendations set out what is needed from national government. They build on emerging policy directions across care, health and labour markets, but provide a more coherent approach to addressing the underlying issue of extraction.

1. Set limits on excessive profit and financial extraction in publicly funded care

Recent legislation provides an important foundation for regulating financial extraction within publicly funded care. In Wales, the Health and Social Care (Wales) Act 2025 is phasing out for-profit provision in children’s residential and foster care.¹⁵ In England, the Children’s Wellbeing and Schools Act 2026 gives ministers powers to cap profits in children’s homes and fostering services, including provisions to address disguised profit arrangements.¹⁶ However, these powers do not automatically impose profit caps and require further regulations to be implemented.

Government should make effective use of these powers in England and develop comparable protections across other parts of the care system vulnerable to extraction, including adult social care and SEND. This should include:

¹³ Department for Education (2025). Evaluation of Regional Care Cooperatives (RCCs) Phase 1 report. [Read](#).

¹⁴ L Millthorne et al. (2025). Ending extraction in the UK care system. CLES. [Read](#).

¹⁵ Welsh Government (2026). *The Health and Social Care (Wales) Act 2025: Coming into force, implementation progress and next steps*. [Read](#)

¹⁶ UK Parliament (2026). *Children’s Wellbeing and Schools Act 2026, section 17*. [Read](#).

- powers to limit excessive profit and financial extraction, including disguised profit through related-party charges, inflated rents and excessive interest payments;
- statutory requirements for greater financial transparency and accountability, preventing publicly funded services from being used as vehicles for financial engineering; and,
- effective monitoring and enforcement mechanisms to ensure compliance while protecting the stability and quality of care provision.

These measures would help reshape the market so that public money is directed towards care, rather than excessive extraction, placing quality, stability and reinvestment at the heart of provision.

Lessons from Wales underline both the case for action and the importance of a carefully managed approach.¹⁷ While intervention is justified in response to financialisation and the diversion of public funding, Senedd scrutiny and consultation responses have highlighted risks associated with prohibiting profit-making, including potential impacts on market capacity, provider exit and the stability of provision.

Our recommendation therefore focuses on limiting excessive and extractive practices, rather than prohibiting profit-making altogether, recognising that some providers deliver high-quality care with modest returns while ensuring that public funding is directed towards care, workforce and long-term sustainability.

2. Enable commissioning for public value, not just competition alone

Government should amend the Procurement Act so councils can award contracts for services to vulnerable people outside standard competitive tendering where this delivers greater public value. This would allow:

- long-term public-VCSE partnerships (e.g., with not-for-profit providers like JUNO in Liverpool City Region);
- commissioning models that prioritise continuity, workforce conditions and local reinvestment; and,
- reduced reliance on high-extracting corporate providers competing on price rather than quality.

This reform is essential to create the stability and predictability needed for non-extractive providers to grow.

3. Establish fair pay and secure conditions across the care workforce

¹⁷ Welsh Parliament Health and Social Care Committee (2024). Health and Social Care (Wales) Bill: Stage 1 report. [Read](#).

The Employment Rights Act 2025 provides a statutory framework for improving pay and conditions in adult social care through a forthcoming Fair Pay Agreement.¹⁸ The Fair Work Agency began operating in April 2026, while regulations to establish an Adult Social Care Negotiating Body in England are expected in October 2026. Negotiations are scheduled to begin in 2027, with the first agreement expected to take effect in April 2028. Once ratified, agreements will establish legally enforceable standards for pay and terms and conditions, with scope to address wider employment matters, including training and career progression.

Government should build on this foundation by extending Fair Pay Agreements across the wider care economy, ensuring all publicly funded care services are covered. This would help ensure that public investment translates into improved pay, retention, progression and job quality, rather than being diverted through value extraction.

Extending the model would:

- tackle chronic low pay and insecure work that drive high turnover and undermine care quality;
- establish a consistent national floor for job quality, reducing unsustainable pressure on local authority budgets; and
- reinforce local commissioning approaches that already seek to embed fair work and social value.

Without national intervention on pay and conditions, local authorities alone cannot address workforce instability or deliver a sustainable care system.

4. Grow non-extractive and community-rooted care provision

Government should build on the progress already underway through Regional Care Co-operatives (RCCs) being piloted in Greater Manchester and the South East – which are beginning to reshape commissioning, sufficiency planning and market oversight in children’s residential care¹⁹ – by expanding the development-pilot model across the broader care system.

This means co-funding new pilots (DHSC and DfE together) that support the growth of co-operatives, employee-owned organisations, CICs and other social-economy providers in:

- adult social care (including homecare and supported living);
- children and young people’s residential and supported accommodation; and
- SEND residential and therapeutic services.

These pilots should provide business support, access to finance, commissioning guidance and capacity-building – enabling both the transition of existing provision into non-extractive ownership and the creation of new community-rooted providers.

¹⁸ Department for Business and Trade (2026). Plan to Make Work Pay and Employment Rights Act: timeline update. [Read](#); and, Department of Health and Social Care (2026). *Fair pay agreement process in adult social care: government response*. [Read](#).

¹⁹ Department for Education (2025). Evaluation of Regional Care Cooperatives (RCCs) Phase 1 report. [Read](#).

By using the RCC approach – pooled expertise, shared forecasting and joint provider development – this reform would strengthen sufficiency, moderate costs, and build the non-extractive infrastructure the system currently lacks.

5. Align regulation and commissioning with reinvestment, transparency and quality

Government should ensure that regulatory and commissioning frameworks fully enable councils to prioritise:

- reinvestment in quality and workforce;
- transparent ownership models;
- inclusive, community-rooted provision; and
- longer-term contracting linked to sufficiency.

This means embedding public value, not just price, in statutory guidance, ensuring regulators consider financial resilience, the minimisation of profit extraction, governance and reinvestment alongside service quality.

Strengthening these frameworks will level the playing field for not-for-profit, co-operative and employee-owned providers, enabling them to compete fairly and expand in a market currently tilted towards financial extraction.

6. Embed a ‘reduce extraction’ test across all care reform

Future legislation, strategy and major policy reforms across care should be explicitly assessed for their likely impact on extraction. As this research shows, the crisis in care is not only a crisis of funding, capacity and workforce pressure. It is also a crisis of political economy. Too much public money is being diverted away from care through profit extraction and other financial mechanisms, rather than being retained within services, invested in the workforce, or used to improve outcomes for children, families and communities.

This means reform cannot be judged solely on whether it simplifies processes, expands provision or improves oversight. It must also be judged on whether it changes the underlying conditions that allow extraction to flourish. System reform without market reform risks leaving the core problem intact.

This is directly relevant to current reform agendas. In SEND, recent government proposals have focused on bureaucracy, inconsistency and insufficient capacity.²⁰ But these problems cannot be separated from the way parts of the care and support economy are structured. Reform that addresses process without addressing extraction will remain incomplete.

²⁰ Department for Education (2026). Every child achieving and thriving. [Read](#).

The same principle should apply to major reviews of the care system, including the Casey review.²¹ Extraction, ownership structures and value leakage should be treated as central issues, not peripheral ones. Without that, reform risks addressing the symptoms of crisis while leaving one of its underlying drivers untouched.

Government should therefore adopt a clear principle: major reforms in care should be tested against whether they reduce extraction, strengthen reinvestment in care, improve workforce conditions and support models of provision that keep value within services and communities.

Together, these reforms provide a practical route to reducing extraction and strengthening care provision. The following conclusion sets out the wider implications of this approach.

²¹ Department of Health and Social Care (2025). Independent commission into adult social care: terms of reference. [Read](#).

Conclusion: reforming care to deliver public value

The evidence set out in this report shows that the challenges facing the care system are not only the result of rising demand or insufficient funding. They are also shaped by how public money flows through the system. Significant sums are currently diverted through profit extraction and financial structures that do not improve care.

This has direct consequences for workers, for the quality and stability of provision, and for the wider economies of places like the North West. Adult social care and children's services are not peripheral sectors within the economy. They are forms of social infrastructure that underpin health, labour market participation and community resilience. It also means that additional investment alone will not be sufficient to deliver meaningful reform. Without changes to the structure of the care market, additional funding risks reinforcing the same patterns of leakage identified in this analysis.

The central insight of this report is that reforming how care markets operate can shift this dynamic. By reducing extraction, strengthening commissioning and supporting non-extractive models of provision, government can ensure that a far greater share of public funding is retained within care services.

This would not remove the need for additional investment. But it would ensure that new and existing funding is used more effectively – supporting better pay, more stable services and stronger local economies. In doing so, it would reduce the overall cost to government of delivering a care system that is sustainable, high-quality and rooted in the public interest.

The way care is funded and organised matters because care is something that touches all of our lives – directly or indirectly. The choice facing government is therefore not simply whether to invest more in care, but how that investment is structured. Reform that addresses both funding and extraction offers the most credible route to a system that delivers dignity for those who rely on care, fairness for the workforce, and genuine value for the public.

Ensuring public funding is used transparently, fairly and sustainably is therefore central not only to service reform, but to public trust itself.

A care system funded by the public should demonstrably serve the public interest – retaining value within services, strengthening communities and delivering the outcomes that people depend on.

Appendix – details of our methodology

The analysis presented in Section 2 of this report draws on multiple data sources, estimation methods grounded in standard financial analysis, and input from care commissioning experts.

We analysed contracts data for the 24 local authorities in the North West responsible for commissioning care services. This was obtained from the external procurement and spend data provider, Tussell. Care-related contracts were identified using a combination of Common Procurement Vocabulary (CPV) codes (primarily 853: Social work and related services) and a set of 185 care-related search terms. These terms covered both adult and children's social care, including domiciliary care, residential care, placements, disability and specialist support, carers and community support, and care-related transport. Search terms were developed and validated in consultation with care commissioning experts.

Suppliers identified through this process were cross-referenced with providers registered with the Care Quality Commission (CQC) as active in the North West.²² The resulting supplier list was further validated against provider datasets held by commissioners in the region.

We then obtained invoiced spend data from Tussell for all 24 North West local authorities against this supplier list. Suppliers were classified as primarily care-focused where their Standard Industrial Classification (SIC) code related to care, or where they were registered with the CQC. For suppliers not primarily care-focused, spend was capped at the value of identified care-related contracts to avoid over-attribution.²³

Financial data for these suppliers was collected from Data Gardener and The Data City, with usable data available for approximately 2,300 organisations. Profit attributable to care in the North West was estimated by applying each company's overall profit margin (profit as a share of turnover) to the value of local authority spend received in the region.²⁴ For private companies where profit data was unavailable (for example where accounts are consolidated at group level), average profitability estimates were applied based on comparable organisations.²⁵

Reported 'profit' for organisations with not-for-profit structures (including charities, community interest companies, and companies limited by guarantee) was excluded from the analysis.

Dividend and interest payments attributable to care-related activity were estimated by applying each company's reported dividend and interest ratios (as a share of turnover) to the value of local authority spend. Missing values were not imputed for dividends or

²² Care Quality Commission (2026). Using CQC data. [Read](#).

²³ Spend data does not contain accompanying information about its purpose, so care related spend was identified in this way.

²⁴ EBITDA was chosen as the measure of profitability because it is blind to whether companies are debt or equity financed.

²⁵ Similar companies were identified based on their sector – whether primarily care-focused companies or not – and their size – micro, small, medium or large.

interest due to variation in company structures, meaning these estimates are likely to understate total extraction.

Information on ultimate parent company ownership and location was used to identify providers owned by private equity firms and/or with parent entities based in tax havens.²⁶

²⁶ Tax havens include Jersey, Luxembourg, Singapore, Cayman Islands, Guernsey, Virgin Islands, Switzerland, Ireland, Channel Islands, Isle Of Man, Gibraltar, Malta. See <https://cthi.taxjustice.net/> for full list. Private equity owned providers were identified by the presence of terms like "bidco", "midco" or "topco" in the ultimate parent company name.

