



Bold thinking for better health

'Not my priority'

How the public sees social care
(and what can be done about it)

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March 2026

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Summary

This report tries to answer the questions: what does the public in England think about adult social care – and what does that mean for the chances of reforming it?

It has four main findings.

1. Many people do not understand the basics of social care, who provides it, how it is funded and what it does.
2. Social care is far down the list of policy priorities for the public, though it rises when people are prompted about it.
3. Public satisfaction with social care is very low and people are pessimistic about it getting better.
4. People want the state to cover most of the cost of social care but there is less agreement on the details.

These findings have implications for and pose challenges to reform.

- Lack of understanding is hard to tackle because it is driven by several factors, including the broad nature of social care, its complicated funding system, the unclear boundary between the NHS and social care, the reality that few people draw on social care at any one time, and that social care is something that people just do not want to think about.
- The outcomes, choice and control approach of the Care Act has passed people by. Expectations are around protecting ‘vulnerable’ people rather than improving freedom and choice.
- Third parties – the media, families, friends – are a key driver behind public views on satisfaction with social care.
- National political activity, rather than social care sector campaigning, drives public prioritisation of social care as an issue...
- ...but that is usually focused on the most difficult and contentious subject: how social care should be funded.

Over decades now, there have been initiatives around starting national conversations or big public debates on social care, and yet the data presented in this report shows that none of these have had the intended impact. To help break this cycle we suggest the following.

- Explore what motivates the section of the public who regard it as a priority when prompted – what is different about them? What drives their views?
- Work out how to reach people who influence attitudes to social care – those who have a stake in the system such as people who draw on services, their friends and families, and the workforce, as well as the media and politicians.



- Consider how best to use the relationship between social care and the NHS, given the evidence that social care is prioritised more when it is seen as being instrumental in improving issues that the public do prioritise, most notably the NHS.
- Accept that the public is in a different place from the social care sector and this should influence language and messaging.
- Identify the social care 'tangibles' – for example, more staff and more people receiving publicly funded services - that resonate with the public and which matter most to them.
- Because there is little to suggest that social care can be a vote winner, and a lot to suggest it can be a vote loser, seek to build political consensus.
- Don't start by talking about how social care is funded: it is the most contentious and confusing subject for the public and the most dangerous one for politicians.
- Find the answers to questions that are unexplored, such as what sort of social care people most value, if more money were spent, what would people like it spent on?
- Who do people trust the most on social care – government, councils, providers, charities, people who use services? Use all of this to present a more consistent and credible case for reform. Test the approach with the public and then track attitudes over time.



Introduction

Without adult social care support, a full life would be impossible for many people. It helps people carry out basic tasks such as washing, dressing and eating but also, for some people, allows them to go out in their communities, meet friends and families, or go to work.

Social care is a large and diverse – many would say fragmented – sector. It includes care homes but also community-based support such as home care and day centres. It involves support for older people with dementia but also younger people with learning disabilities. There are nearly 20,000 services, ranging from some that are run by one person to others that employ thousands; some are run by the private sector, and others by the public and voluntary sectors.

A critical distinction between the NHS and social care is who pays for the care that people need. Unlike the NHS, adult social care is not free at the point of use but is strictly means tested. As a result, some people will receive publicly funded support but others must pay for their care themselves or rely on family and friends.

This lack of access to support – along with other problems of quality, workforce, integration, local variation and market instability (Bottery 2025) – has led to wide acknowledgement, by all shades of political opinion, that reform is essential.

Yet it has not happened.

If we count major reports, commissions and legislative proposals, there have been at least 20 significant reviews and reform efforts since 1948, with concentrated activity since the late 1990s (Sutherland, Wanless, Dilnot, Barker, multiple Green Papers, and recent White Papers). Some measures were even enacted but none of them have resulted in lasting change. The system remains the same. The latest attempt to instigate change is the Casey Commission, which is due to report in two parts – one in 2026 and the second by the end of 2027. Yet for those working in the sector and advocating for reform, it can often feel like ‘groundhog day’ (Fox 2025). Why is this?

In this report we explore why public opinion and attitudes towards social care are a key barrier to change. Why is it that social care rarely figures as a key issue during elections, and why is it all too easy for politicians to duck reform and yet not be penalised at the ballot box? How can it be that satisfaction with social care is lower than any NHS service and yet there is little-to-no clamour for change from the electorate?

We show that many people do not understand what social care is, and who provides it, much less how it is currently funded. We show that although there is widespread dissatisfaction with what is currently in place, this fails to translate into what people think are the key issues facing the country. We demonstrate how people underestimate the extent to which they or their family will need social care. We ask why some polls show it to be a salient issue for the electorate, whereas in others it barely registers. In short, we show how any politician focused purely on getting elected would look at this data and realise it is not currently an issue that will win them votes.



The report also explores some of the methodological challenges about asking the public about social care – for example, how do you interpret the results of a poll where people are not always clear on what they are being asked about? What do these challenges tell us about how to improve awareness and understanding of adult social care?

Real challenges, but potential to engage with people more

By pulling together different strands of evidence, answers to some of these questions start to emerge. They suggest that although there are real challenges (and still some large evidence gaps), there is the potential to engage more people, more deeply, on social care as an issue, and that greater understanding could lead to greater impetus for reform. The report discusses how that understanding can be increased and the potential to hasten that process.

This report may not be an easy read for people in the social care sector who believe that reform is inevitable or just around the corner. When previewing some of the data in this report to social care audiences, it has been clear that – understandably – the sector tends to overestimate the extent of public prioritisation of social care as an issue and therefore the political appetite for change.

One reason for this is ‘availability bias’¹ – a cognitive tendency to make a decision based on an example, information, or recent experience that is readily ‘available’ to you, even though it may not be the best example to inform your decision. In other words, information that is more easily brought to mind (ie, more available) is assumed to reflect more frequent and/or more probable events.

Because social care matters enormously to people who work in the sector or draw on care, it is frequently at the top of their minds (‘available’ to them), and they are often with others who reflect similar views. The tendency therefore is to think it is equally important to others too, in this case the wider public. However, this report shows that is not the case.

The twin sister of availability bias is confirmation bias – the tendency to look for evidence that confirms our existing beliefs rather than evidence that challenges them. Again, it is understandable that people in the sector focus more on the limited evidence that the public cares deeply about social care than on the much wider indications that it does not.

This research aims to present the evidence as objectively as possible, free of these biases. We hope that in reflecting the reality of current public understanding, it provides some basis for a serious discussion about how best to bring about the change in social care that so many people – not least those who draw on social care support – agree is needed.

1 Tversky A and Kahneman D. (1973). ‘Availability: a heuristic for judging frequency and probability’. *Cognitive Psychology* 5, pp 207-32. In *Thinking, fast and slow* (2011), Daniel Kahneman says: ‘The confidence that individuals have in their beliefs depends mostly on the quality of the story they can tell about what they see, even if they see little. We often fail to allow for the possibility that evidence that should be critical to our judgement is missing – what we see is all there is.’ D Kahneman (2011). *Thinking, fast and slow*. New York: Farrar, Straus and Giroux.



Approach

In this report, we explore research data originally commissioned and produced by a wide range of organisations to understand the question: what does the public in England think about adult social care? We also carried out a literature review and spoke to organisations that have carried out research on this topic.

We draw together findings under four themes.

1. Understanding of social care
2. Social care as a priority for the public
3. Satisfaction with social care
4. Public views on how social care should be funded

One of the key findings under the first theme is that the public has limited understanding of what social care is, how it operates and how it is funded. Research findings therefore have to be tempered by the acknowledgement that often, the public is uncertain what it is they have been asked about.

To quote *A fork in the road: next steps on social care funding*, a 2018 report published by The King's Fund and the Health Foundation::

... when reviewing quantitative survey questions asking about social care, we should take into account the lack of understanding in this area. Quantitative views held about the current system need to be interpreted through our qualitative understanding of public attitudes.

(Bottery *et al* 2018)

We explore some of the methodological challenges that come with trying to understand public opinion on social care, and explore why different methods and questions can often come up with seemingly contradictory answers.

There are a few concepts we use in the report that describe research effects that are worth noting here as they have particular relevance to survey and polling work on social care.

- **Prompted questions** are those where respondents are given specific options, examples or cues to help guide their answers.
- **Unprompted or open-ended questions** ask respondents to answer in their own words, without being given a list of options or examples to choose from.
- **Priming** is when earlier questions or information in a survey influence how people respond to subsequent questions – often without them realising it.
- **How the question is worded** has particular relevance when it comes to social care and can change the findings. Some questions use the term 'social care' while others refer to 'care for older and disabled people'. We note the differences where relevant.



Key finding 1

Many people do not understand the basics of social care: who provides it, how it is funded and what it does

Main points

- Around a third of the public think, wrongly, that social care is provided by the NHS and/or free.
- People see social care as mainly about older people and about protecting ‘vulnerable’ people rather than about promoting independence, choice and control.

Polling consistently shows lack of public understanding of social care, what it is and how it is funded. For example, Ipsos UK research for the Health Foundation in May 2025 found that 31% of people believe the NHS provides the majority of social care services for older people, and 33% believe that social care services are generally free at the point of need (Benniche *et al* 2025).

Neither of these statements is correct. In fact, most care services are provided by independent organisations (often from the private sector) and commissioned by local authorities. Social care is means-tested, unlike the NHS, which means that many people have to pay for it themselves.

These figures have not changed significantly since May 2022, and earlier polling suggests this is a longstanding issue. Research for the Local Government Association by Britain Thinks in 2018 found that 44% of people thought that social care is provided by the NHS and 28% thought it is free at the point of access (LGA 2018).

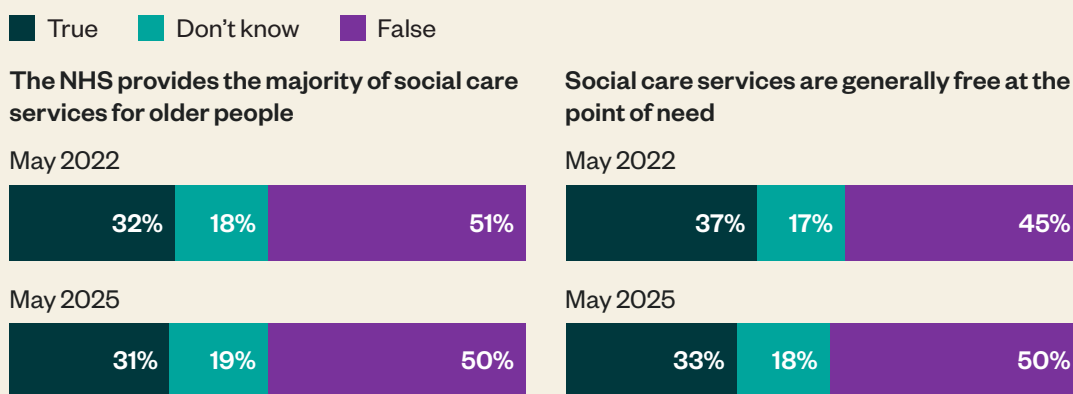
Even more pertinently, 48% said they had little to no understanding of what the term ‘social care’ means, compared to just 13% who said they did, while 5% had never heard of the term ‘social care’ at all. Similarly, Healthwatch qualitative research in 2018 found that ‘many participants were quick to admit that they are in the dark over how social care is, or can be funded’ (Gleed and Easdown 2018). Research for the Joseph Rowntree Foundation in 2025 found that ‘people were generally unaware of the high costs of care and believed support was more generous than it is’ (Jitendra and Bokhari 2025).



There are differences in public understanding depending on characteristics such as age. In the Ipsos/Health Foundation polling in May 2025, 52% of 16–24-year-olds wrongly believed the NHS provided the majority of social care services for older people, compared with 23% of those aged 75 and over (Ipsos 2025b). The same patterns were found when asked whether social care services were free at the point of need: 44% of 16–24-year-olds believed this to be the case, compared with 25% of those aged over 75 (see Figure 1).

Figure 1 People in England continue to have misconceptions about who provides social care and whether care services are free at the point of need

Question asked: ‘Can you please select whether each of the below statements is true or false?’



Source: Ipsos for the Health Foundation (Ipsos 2025b) Conducted May 2025. Base: 1,804 (May 2025) and 1,622 (May 2022) respondents in England. Note: People selecting ‘true’ incorrectly believe that the statement is accurate.



This lack of awareness and understanding means that when people do come into direct contact with social care, it can be an unwelcome surprise. An Opinium survey of people in the UK who had helped find care for loved ones found that 83% were shocked by how expensive care was, and 65% were surprised by how little financial support was provided by the state and how much they themselves would have to contribute (see Table 1). Only 12% thought that later life care was fit for purpose (Just Group 2025).

It is noticeable, however, that the disillusionment that so many people experience has not – as we will see in the next section – created a large groundswell of support for reform.

Yet the lack of awareness of social care is not simply about how it is funded and provided. More fundamentally, people do not really understand how the modern social care system in England operates. Since the 2014 Care Act, the care system has operated to legislation that tailors support not simply to meeting people’s immediate and basic needs – for example, going to the toilet or getting dressed – but instead aims to help them achieve the outcomes they wish in their lives. The focus is on helping people live ‘gloriously ordinary lives’ – to be as independent as possible and to be engaged with their communities (for example, being able to meet with friends or visit a library, not just get dressed or keep themselves clean). This is one of the most progressive systems in the world in its attempt to focus on people’s wider independence and wellbeing, and enable them to have choice and control over their lives.



Table 1 People who have helped find care for loved ones were shocked by how expensive care was

To what extent do you agree with the following statements?	Agree	Disagree	Neither
It was difficult to find the right information	54%	13%	32%
The care system is very complex, it's really difficult to find your way through	76%	3%	21%
I was shocked at how expensive care is	85%	5%	10%
I was surprised by how little financial support the state provides and how much we'd have to contribute	67%	13%	20%
The whole process of finding care was very stressful	73%	7%	19%
Later life care provision in the UK is fit for purpose	10%	63%	27%

Source: Just Group 2025. Conducted August–September 2025 by Opinium. Online survey among 2,500 adults aged 45 years and older in England and Northern Ireland. Base: 20% of respondents saying they had helped find care.



However, the public’s current expectations of care appear to be based more on treating people with compassion and protecting the ‘vulnerable’ than on allowing them to live independent lives. In research by Survation for Social Care Future, the three words most associated with social care were ‘compassion’ (52%), vulnerability (50%) and safety (42%). ‘Community’ was associated with social care by 35%, ‘independence’ by 19%, and ‘freedom’ and ‘choice’ by just 8% (Survation 2021). In this view, the need to provide publicly funded support is intended to ensure that people are treated with compassion rather than a desire to ensure they can be independent.

The media also associates social care with ‘vulnerability’ and with older people. In tabloid newspapers in particular, older people are much more likely to be mentioned in press stories about social care than working-age adults. Although there is some basis for the focus on older people – twice as many older people receive publicly funded care as working-age adults – the amount of public money spent is roughly equal.

However, it is not just the media that focuses on older people. When looking at the language used by national government, news and social media, advertising, ageing-focused charities, and health and social care organisations in relation to the topics of age, ageing and demographic change, one study found that ‘care’ and ‘support’ were the two words most likely to appear in discourse about ageing (CASS 2020).



Key finding 2

Social care is far down the list of policy priorities for the public

Main points

- Unprompted, the public does not put social care in its list of top issues facing the country. The proportion of people saying it is a top issue has never exceeded 20% and is typically between 1 and 10%.
- A higher proportion – up to around 30% – prioritise social care in prompted polling (ie, where social care is given as one option in a list).
- The public prioritises social care more when it is linked to the NHS.
- Prioritisation peaks when national government makes social care an issue, but these occasions have not been politically successful.
- Since the Covid-19 pandemic, the percentage of the public prioritising social care has fallen sharply as people worry about the economy, the cost of living, the NHS and now immigration.

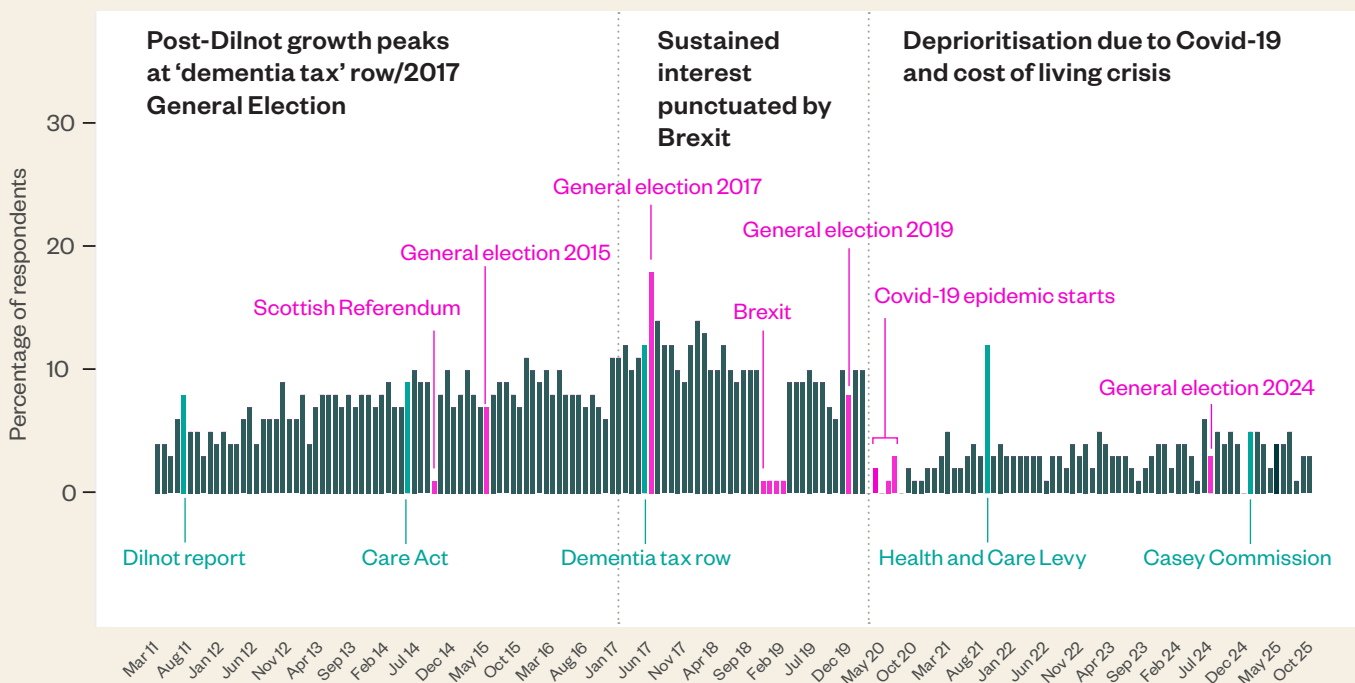
When the public is given a blank sheet of paper and asked unprompted questions about what are the most important issues facing the country, they rarely choose social care. When people were asked this question in October 2025 by Ipsos, 'Ageing society/social care for the elderly' was the 20th-listed priority. Only 30 people out of 1,002 cited it as an issue at all, and of those, only 2 cited it as the most important issue. Issues such as the NHS, cost of living and immigration were the top issues that people chose (Ipsos 2025a).

It is tempting to believe that this is a one-off or at least a recent trend, but in fact, social care rarely gets into double figures in such polls. Figure 2 tracks the importance of social care as an issue over the past 15 years. There have been small, occasional peaks, but they are more like the Chilterns than the Alps.



Figure 2 The number of people (unprompted) saying social care is a top issue rarely exceeds 10%

Percentage of respondents saying ‘ageing population/social care for the elderly’ when asked to identify the most important issues facing the country



Source: The King’s Fund analysis of Ipsos Issues Index polling conducted 2011–25 (Ipsos 2025a). Base c1,000 British adults, 18+



Those peaks tend to coincide with when the government proposes to change how social care is funded and organised, generating media coverage. There appears to be a small increase in interest at the time of the Dilnot report in 2011, which falls back again and then gradually increases over time until spiking significantly in the 2017 general election campaign. This is the ‘dementia tax’ row,² when the then Prime Minister, Theresa May, produced proposals for social care reform that – despite being arguably more progressive than the system they were intended to replace – were roundly attacked and may have contributed to the sharp fall in Conservative support during the campaign (Inman 2017).

The fact that most of the public did not understand the current system – and some thought social care was free of charge – meant that any solution proposed was not seen as an improvement. It was proposing a solution to a problem that most people did not even know existed.

2 The Conservative Party manifesto proposed that people needing social care would pay for it until their assets fell to £100,000, including the value of their house. This was a significant increase from the previous threshold of £23,250 and would have meant more people receiving state support. However, the manifesto contained no commitment to a cap on total costs (it was added a few days after the manifesto launched) and the ‘small print’ in the proposals meant some people would have been more at risk of paying for care in their own home. Critics argued the proposals would disproportionately affect those with dementia or long-term conditions, and the term ‘dementia tax’ was coined by opponents.



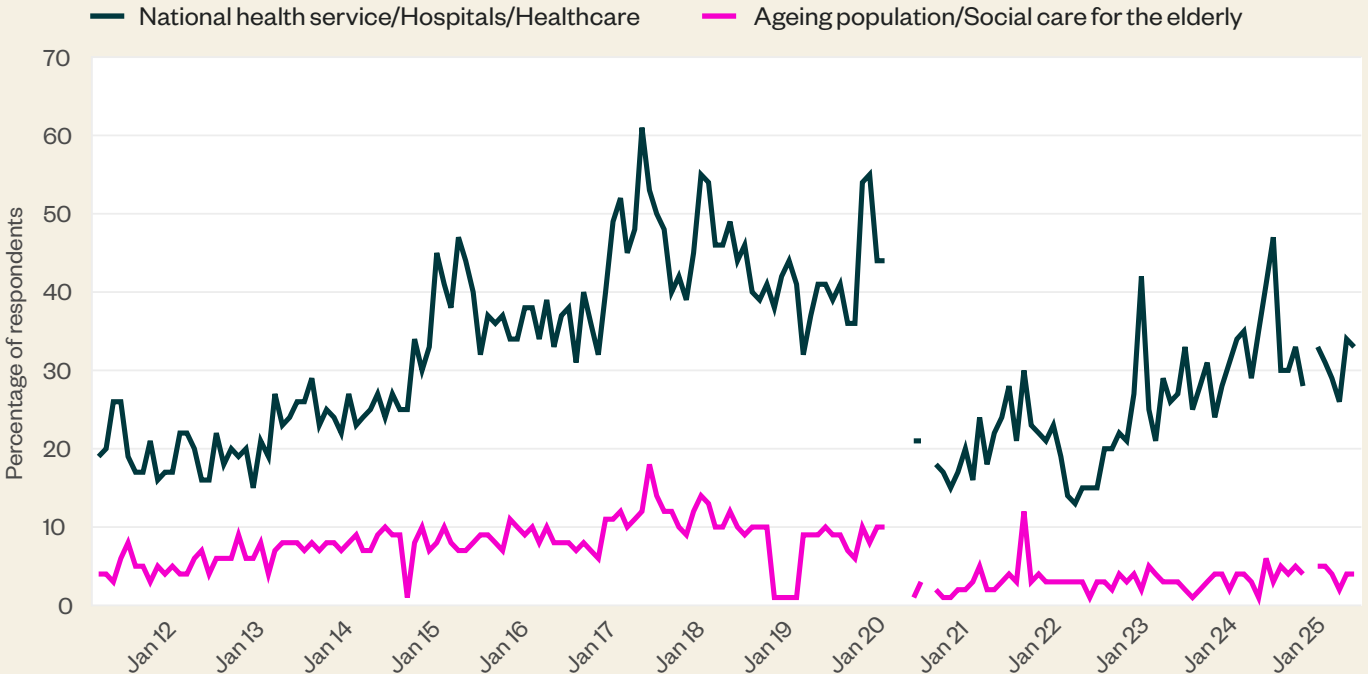
The dementia tax controversy – and the even more infamous ‘death tax’ row³ of 2010 that preceded it – has served as a salutary lesson for politicians thinking about whether to campaign on social care.

After the 2017 general election, the polls show that interest in social care was sustained for a couple of years albeit still at relatively low levels, with the percentage of people saying it was an issue hovering at around 10%, and interrupted only when public focus turned to Brexit, instigated by intense parliamentary activity to pass the ‘Brexit Bill’ in 2018–19. In the 2019 general election, social care was included in the party manifestos but the phrase ‘social care’ was not mentioned in the speeches made by the main party leaders launching either the campaigns or the manifestos, reflecting an accurate reading of the issue from public opinion polling (CASS 2020).

Then came Covid-19. Despite the intense spotlight shone on social care at the time, and the terrible toll that the pandemic had on older people in care homes, public prioritisation of social care in fact fell sharply. The most credible explanation for this is that people were reflecting the issues that had become most important to them personally during, and in the aftermath of, Covid-19 – the impact of the pandemic itself and, subsequently, rises in the cost of living and concerns around immigration. Figure 3 shows, a consistently higher-scoring issue was the NHS.

Figure 3 The NHS consistently scores higher than social care as a top issue for the public

Percentage of respondents saying this is one of the most important issues facing the country



Source: The King’s Fund analysis of Ipsos Issues Index polling conducted 2011–25. Base c1,000 British adults, 18+



3 In 2010, cross-party talks to reach a consensus on approaches to funding social care reform were shattered when the Conservative Party publicly accused the Labour government of planning a 10% compulsory levy at death on people’s estates to pay for a more comprehensive social care system. It commissioned posters with the headline ‘RIP Off’ across England.



There was one small blip during this sharp fall in public prioritisation of social care. This happened in 2021, when the then prime minister, Boris Johnson, promised to ‘fix’ social care and announced the Health and Social Care Levy, with plans to introduce a cap on lifetime social care costs. The levy was intended to come in from 2023 but was abandoned by his successor, Liz Truss.

By the 2024 general election, the percentage of people citing social care as one of the most important issues facing the country had settled down to around 5% or lower. This lack of prioritisation helps explain why neither main party made it a key feature of their election manifesto or campaign at that time. The current Secretary of State for Health and Social Care, Wes Streeting, explained that he did not outline detailed plans for social care in the run up to the 2024 election because on past experience, as he put it, ‘general election campaigns are where plans for social care go to die’ (Streeting 2025). Although this may have been frustrating for those in the sector keen to see change, the reason he gave made sense. There were few votes to be won by mentioning it and many potentially to be lost (based on previous experiences, most notably Theresa May’s) if they proposed reforms.

The Liberal Democrats did make a point of talking about adult social care in the election campaign, and their leader, Ed Davey, made a moving film about the realities of being an unpaid carer for his son. However, research from YouGov shows that this did not land with the electorate. Whereas 37% of voters said they had heard most about the news story of Ed Davey doing publicity stunts during the campaign (he famously paddle-boarded in Lake Windermere to draw attention to pollution), just 1% said they had heard most about his care for his disabled son (YouGov 2024).

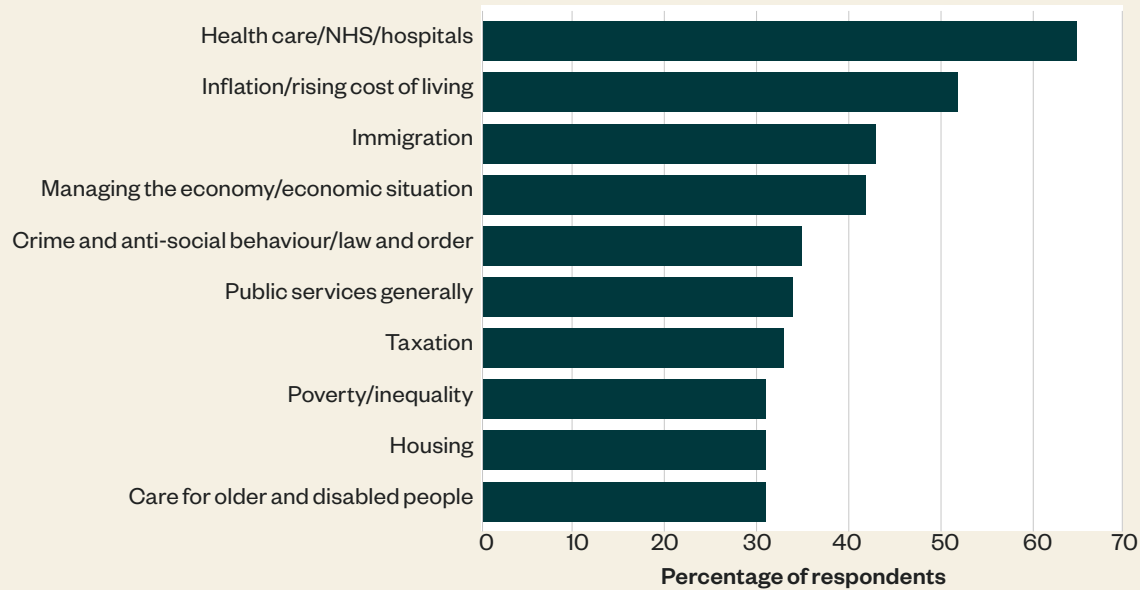
Just before the 2024 election, Ipsos asked people which issues were important for them in helping them decide which party to vote for. This time, respondents were prompted – that is, they were given a list to choose from and ‘social care’ was not on that list as a term; instead, ‘Care for older and disabled people’ was the prompt (Ipsos 2024). As Figure 4 shows, overall, ‘care for older and disabled people’ was the 10th-rated issue, with 31% (26% of men and 35% of women) saying it would be very important for them. Labour voters saw it as slightly more important (37%) than Conservative (33%) or Liberal Democrat (34%) voters. So, prompting does seem to raise social care up the agenda – not top of mind for people, but when reminded, it does become more salient. Equally, this could be down to the different terminology used, and so more work needs to be done to explore further which one of these changes might be having most impact. However, despite this, social care was still some way behind the top issues: health care and the NHS (65%), followed by inflation/cost of living (52%), immigration (43%) and managing the economy (42%).



Figure 4 Care for older and disabled people was the 10th-rated issue just before the 2024 general election

Question asked: ‘Looking ahead to the General Election, which, if any, issues do you think will be very important to you in helping you decide which party to vote for?’

Top ten issues



Source: Ipsos (2024). Conducted June 2024. Base: 1,059 online British adults aged 18+.



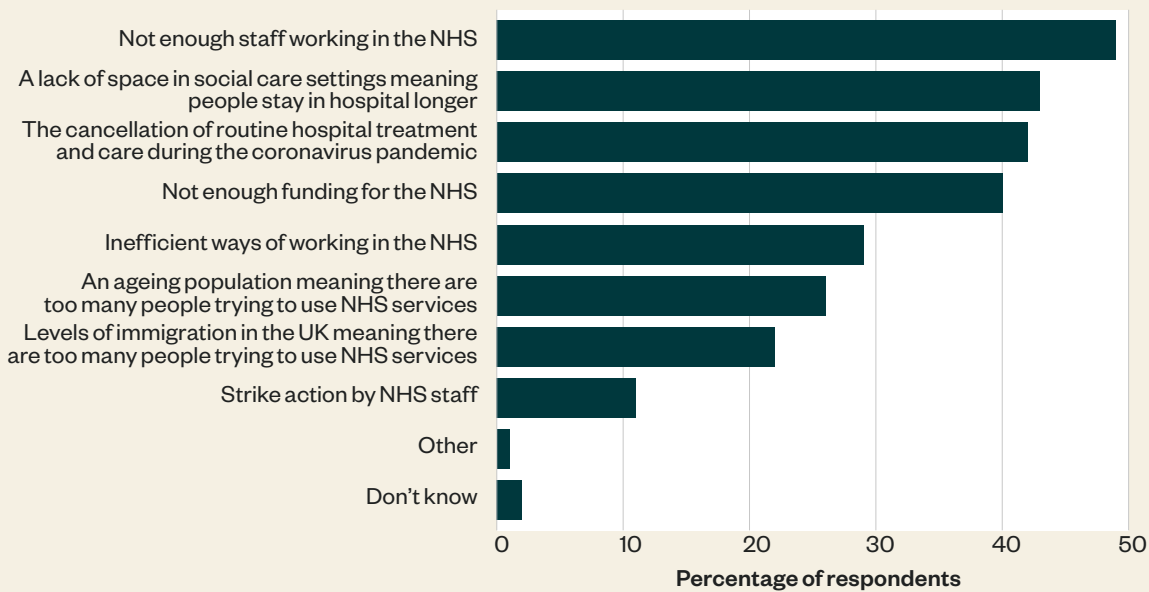
The salience of social care increased again when it was presented as something that affects an issue people prioritise more strongly – the NHS. In a 2023 Ipsos poll for the NHS Confederation, people were asked about why there was a backlog of patients waiting for routine NHS hospital services, and presented with a list of possible reasons to choose from (see Figure 5) (NHS Confederation 2023). Whereas 49% thought that was due to a lack of staff in the NHS, 43% (the second highest number) thought it was because of a lack of space in social care settings, meaning people stay in hospital for longer. However, it is important to note that this was a prompted question; although many people chose it above the other options, it is very unlikely people would have reached for this option had they not been presented with it.



Similarly, a subsequent question in the same survey asked what actions would most help the NHS address the challenges it faces. The highest priority was given to ‘increasing social care capacity so that people who need social care can leave hospital when they are ready’.

Figure 5 The elective care backlog is primarily attributed to a lack of resource and capacity in the NHS and social care, as well as the pandemic and lack of funding

Question asked: ‘Which, if any, of the following, do you think are most responsible for the elective care backlog? Please select the two to three that you think are most responsible.’



Source: NHS Confederation (2023) conducted online by Ipsos March/April 2023. Base: 1,555 participants 16+ in England, Wales and Northern Ireland.





Key finding 3

Public satisfaction with social care is very low and expectation of improvement is limited

Main points

- Public satisfaction with social care is at 13% and dissatisfaction is nearly 50%.
- People who say they have had contact with social care are more dissatisfied than those who have not.
- However, surveys of people actually using publicly funded social care put satisfaction higher (around 66%).

Even though many people know relatively little about social care and do not prioritise it as a policy issue, they are still prepared to say they are unhappy with it.

Satisfaction with social care provided by local authorities has declined sharply since 2019, when 29% of respondents said they were satisfied, as shown in Figure 6. In the 2024 British Social Attitudes survey, only 13% of respondents said they were 'very' or 'quite' satisfied (and of those, only 2% said they were 'very' satisfied) (Taylor *et al* 2025). More than half (53%) said they were 'very' or 'quite' dissatisfied. These are the worst figures recorded since versions of this question were first asked in 2005. Voters across all parties were united in this; there were no significant differences in dissatisfaction between the average and those of Labour, Conservative, Liberal Democrat and Reform supporters.

There were also no significant differences by sex or age. People in the highest income quartiles were more likely to be dissatisfied than those in the lower quartiles. Satisfaction with social care was lower than satisfaction with the NHS overall (21%) and with any of the individual NHS services asked about. The closest to it was accident and emergency (A&E) services (19% satisfaction).

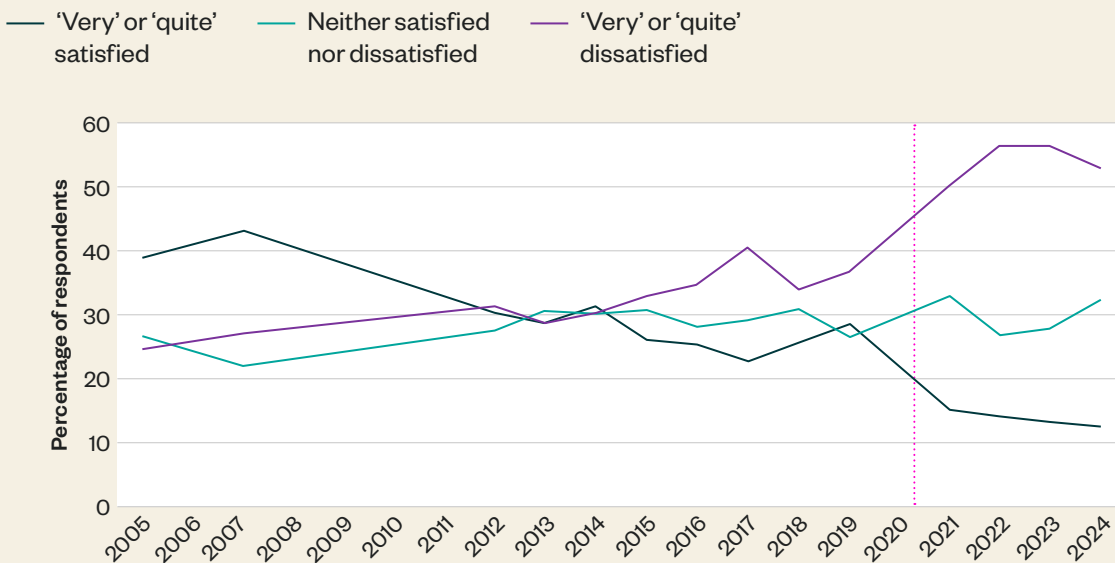
According to data from the previous year's survey (2023), dissatisfaction among people who had had contact with social care services was higher (64%) than those who had not had contact (49%) (Jefferies *et al* 2024).

This level of dissatisfaction among people who had had contact was the highest of the health and care services asked about – general practice, dentistry, A&E, inpatient services and outpatient services.



Figure 6 Satisfaction with social care has declined over time

Question asked: (until 2021) ‘How satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?’; (from 2021) ‘From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?’



Source: The King’s Fund and Nuffield Trust analysis of NatGen’s BSA survey data (Taylor *et al* 2025). 2024 sample size = 2,945. This question was not asked in 2020; ‘don’t know’ and ‘refusal’ responses are not shown, in 2024 these response categories were selected by 2.0% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.



The 2023 survey also asked why people were dissatisfied with social care (see Figure 7). It found that the main reasons cited were the pay, working conditions and training of social care staff (57%), people not receiving all the social care they need (56%), lack of support for unpaid carers (49%), social care not being affordable (38%), and health and care services not working well together (34%). These findings were fairly consistent with findings in 2021 and 2022.

Care quality appears less of a concern, with only 17% saying people are not treated with dignity and respect by staff. These findings are also reflected in YouGov tracking polls, which show in October 2025 that more people said the service in most care homes for the elderly was good (41%) rather than bad (36%) (YouGov undated b). These figures have not changed significantly since 2019, though, perhaps surprisingly, during Covid-19 the percentage of people saying services were ‘fairly good’ increased to 48% and the percentage saying services were ‘fairly bad’ fell to 23%.



Figure 7 Staff pay and unmet need for social care are the main reasons for dissatisfaction

Question asked: 'You said you are dissatisfied with social care. Why do you say that? You can choose up to three options.'



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data (Jefferies *et al*/2024). 2023 sample size = 661, 2022 sample size = 616, 2021 sample size = 547.



People are not optimistic that the situation is going to get any better in the near future. Research for the Health Foundation by Ipsos found that the public is very pessimistic about the future standard of social care (Ipsos 2025c). In May 2025, 45% said they expected the general standard of social care to get worse in the next 12 months, whereas only 8% expected it to get better (see Figure 8). A third (33%) thought it would stay the same.

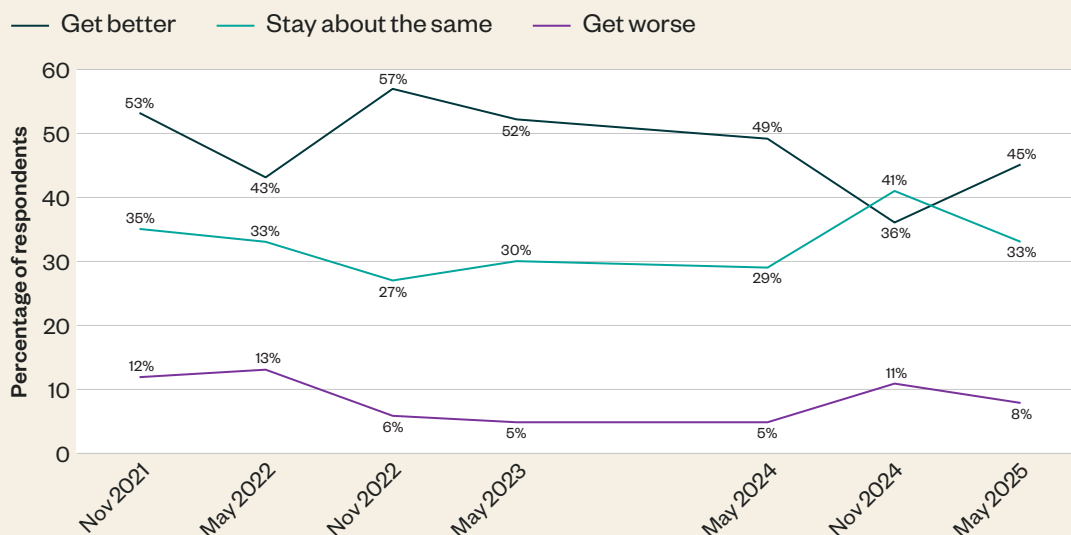
The same survey showed that only 8% of people thought that the Labour government had the right policies for social care, with 51% disagreeing. People aged 55 and over, and those with family and friends using social care in the previous 12 months, were even more likely to disagree with government policy.

It should be noted that it is not just social care that the public feels pessimistic about. Most people (83%) felt that the standard of NHS care had stayed the same or worsened in the past year, and 41% anticipated a further decline in the next 12 months. Similarly, 53% disagreed that the government had the right policies in place for the NHS, compared with 16% who agreed.



Figure 8 The public is more pessimistic about the future general standard of social care provided in the next 12 months than they were in November 2024

Question asked: 'Do you think the general standard of social care over the next 12 months will...?'



Source: Ipsos for the Health Foundation (Ipsos 2025c). Bases: The Health Foundation COVID-19 survey, May 2020: 1,983* done via telephone | KP survey, Nov 2021: 2,102 | May 2022: 2,068 | Nov 2022: 2,063 | May 2023: 2,450 | May 2024 n=2,136 | Nov 2024 n=2,198 | May 2025 n =2,286 8th–14th May 2025



The polls and surveys cited above are asked to the general public; they are not user experience surveys and instead reflect general public perceptions rather than direct experience (although a sub-sample of users and carers will be reflected). The Adult Social Care survey takes as its sample users of publicly funded services. It aims to understand the experiences and perceptions of adults who receive long-term social care and support services. The results are very different from the ones cited above. In 2023/24, 65% of people using services said they were 'extremely' or 'very' satisfied and a further 23% said they were 'quite' satisfied (NHS England 2024).

This pattern, where users of services express higher levels of satisfaction than wider public perceptions, is not unusual; the same pattern is also seen in relation to the NHS. Patient experience surveys in the NHS (for example, the GP Patient Survey) report higher levels of satisfaction than surveys such as British Social Attitudes, which does not ask about specific episodes of care but rather where people think services are at overall. This is because people are taking into account not just direct experience but what they have heard through the media, through friends and those working in the service, and based on their political affiliation. It is an important distinction to bear in mind when drawing conclusions from these types of surveys and polls.

It is also worth noting that people who care for individuals who use social care have a lower opinion of services. In 2023/24, only 36.7% of carers reported that they were 'extremely satisfied' or 'very satisfied' with the services and support received by themselves and the people they care for, down from 39% in 2016/17 (NHS England 2024).



Key finding 4

People want the state to cover most of the cost of social care but there is less agreement on the details

Main points

- On a continuum from the individual paying everything to the state paying everything, people prefer greater state responsibility.
- People say they support national taxation as a way of paying for social care, though the strength of that support is unclear.
- Using housing assets to pay for individual care costs is a red flag for many people.

Though many people are unclear about how social care is currently funded, there is fairly consistent evidence about the principles of how they want it to be funded.

Once people understand the current system, they want to change it, particularly when they consider it in light of a growing demand from an ageing population. As one participant told researchers: 'It's obviously crap... it's not working, and they're having to change it. For me, personally, I don't think you can continue with this. That gap's going to get bigger and bigger.'

People say they want a more generous social care system, with the state taking greater collective responsibility for people's care and the individual contributing some of the costs if they can afford to. These broad principles are consistently evident whether or not people are asked the question in quantitative polling, where they do not have the opportunity to understand more about current funding models, or in qualitative 'deliberative' events, where people get the chance to discuss issues over a longer period.

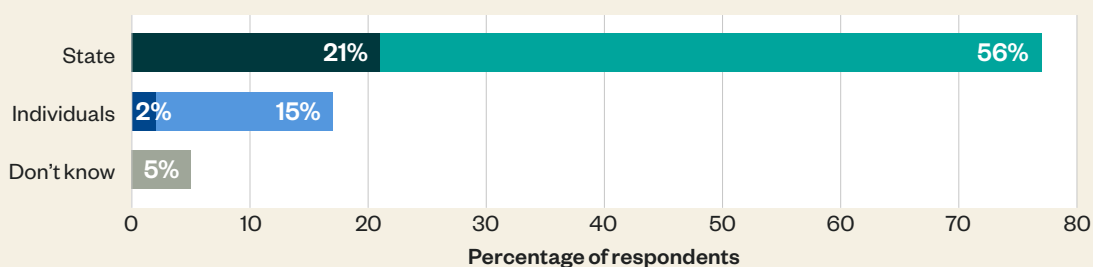


In Health Foundation polling in May 2025, the most popular view (held by 56% of respondents) was that some care should be available to everyone, regardless of what they can afford, but people who can afford it should also pay towards their care (Ipsos 2025). A minority (21%) believed that the state should pay for all care, while 15% believed the individual should pay for all the care they need, but the state should pay for those who could not afford it. Only 2% believed the individual should pay for all the care they need; 5% said they did not know (see Figure 9).

Figure 9 The public in England prefers a more generous system of publicly funded care and support

Question asked: ‘When it comes to paying for social care services, which of the following statements comes closest to your view?’

- The state should be responsible for paying for all the care individuals need
- The state should be responsible for paying for some care for everyone who needs it regardless of what they can afford, but people who can afford it should also pay towards their care
- Individuals should be responsible for paying for all the care they need
- Individuals should be responsible for paying for all the care they need, but the state should pay for those who can’t afford it



Source: Ipsos for the Health Foundation (Ipsos 2025). Conducted May 2025. Base: 1,804 respondents in England.

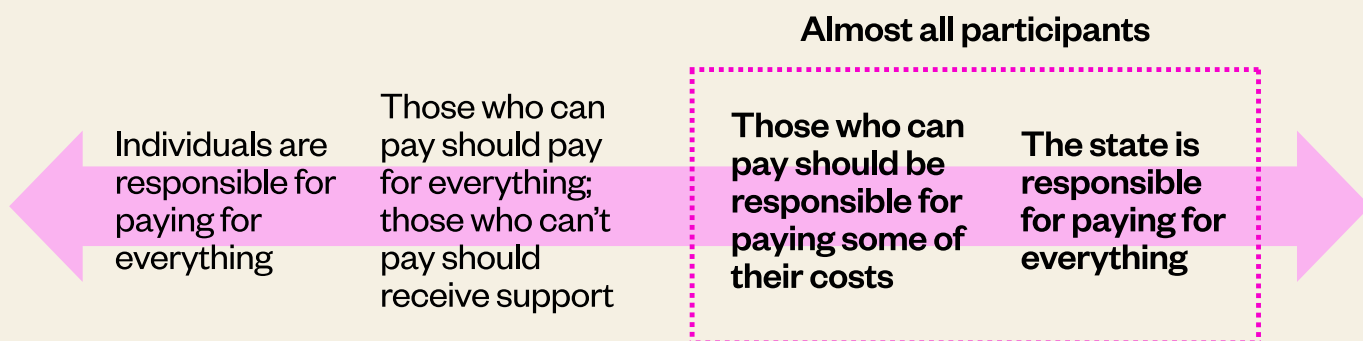


YouGov has found some support since 2019 for taxation as a source of additional funds for social care, although this has slipped over time. Asked whether the government should increase income tax to fund the cost of elderly care, in October 2025 29% of people said there should be a ‘moderate increase’, 12% supported a significant increase, and a further 16% a small increase. However, 14% thought there should be no increase, and 30% did not know. In 2019, support for taxation had been higher and fewer people said they did not know.



Despite this support in polls, there is reason to be cautious about whether it would translate into people being genuinely willing to pay more taxes. It is worth noting that in 2011, an Ipsos MORI review of the evidence concluded that: ‘While there is some support for a more universal approach to funding, it is not clear whether the public would be prepared to accept the greater individual contributions this is likely to entail’ (Ipsos MORI 2011).

Figure 10 Views on the balance of responsibility for paying for social care



Source: Ipsos MORI 2018



There is consistent evidence that using the value of people’s homes to pay for their care is controversial. For example, in deliberative work for the Health Foundation and The King’s Fund in 2019, we were told: ‘Just forget about touching people’s houses. That should be a principle. Just get rid of that rule. You work for that. It’s for the generation to come. It’s yours. You can find other ways of raising money and leave people’s houses out of it’ (Ipsos 2018).

Supporting that, Just Group research in 2024 found that 46% of homeowners thought that people should not have to use up the value of their homes to pay for care and, perhaps more surprisingly, 37% of renters agreed with them (Just Group 2024). Only 11% of homeowners and 19% of renters thought that the value of someone’s home should be used to pay for their care even if it left no value in the property (this is very close to the current system, in which the equity in someone’s home has to be spent down to pay for care costs until they have just £23,250 remaining).

However, the findings are not entirely clear-cut: 44% of renters (and 43% of homeowners) were willing to see some housing value used ‘but only up to a certain point’.



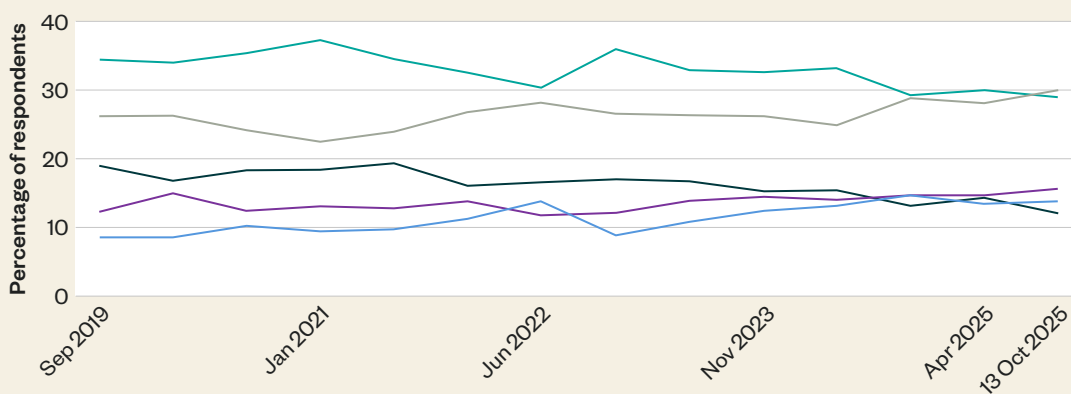
YouGov has carried out regular research since 2019 comparing attitudes to taxation and house values as a source of care funding.⁴ Taxation remains the preferred option, though the gap has narrowed over time (YouGov undated a). In 2019, 49% of respondents favoured increases in taxation and only 21% opted for raising taxes less and requiring people to sell their homes (see Figure 11). Just under a third (30%) did not know. By October 2025, 38% of people wanted to raise taxes more and not require people to have to sell their homes, whereas 27% would raise taxes less and require people to sell their homes. Just over a third (36%) did not know.

There may be age-based differences in attitudes to taxation. One study found that younger, ‘Gen Z’ voters wanted the government to be responsible for all social care costs, whereas older voters wanted more of a split of responsibility. However, the younger voters were more likely to oppose tax rises to pay for this (White and Pinto 2024).

Figure 11 Support for taxation as a source of additional funds for social care has fallen over time

Question asked: ‘Should the government increase income tax to fund the cost of elderly care?’

- A significant increase in income tax, so that social care is available, free, to everyone who needs it.
- A moderate increase in income tax so that subsidised social care is available to most people who need it, subject to a means test
- A small increase in income tax so that subsidised social care is available only to the least well off.
- No increase in income tax, so that individuals and families take responsibility for providing, or paying for, social care.
- Don’t know



Source: YouGov (undated a). Conducted 2019–25. Base: 1,637–1,814 GB adults per wave.



4 The full question is: ‘Currently the government will pay for long-term care for people who are the least well-off, but anyone with savings (more than £23,250) has to pay for some or all of the cost of their care. This will sometimes include having to sell their home. If the government applies a means test for subsidising social care, which of these options would you prefer?’



These and other findings suggest that the public is divided and sometimes confused about details, or even holds contradictory views. For example, YouGov has consistently found⁵ that around two-thirds of people support the idea that older people's social care should be funded by a voluntary insurance scheme, in which people would voluntarily purchase insurance that would pay for long term care should they need it later in life (YouGov undated c). However, although many countries operate compulsory long-term care insurance schemes, a voluntary approach places responsibility on the individual rather than the state and has very limited uptake in any country.

It may also be hard for the public to understand more complicated concepts such as a 'cap' on lifetime care costs. The 'cap' approach was first recommended by the 2011 Commission on the Funding of Care and Support, led by Sir Andrew Dilnot, and essentially places a 'ceiling' on the amount an individual is required to pay towards their care costs over their lifetime (Foster 2024). However, not all individual spending counts towards the cap, and people are still expected to make a contribution to the cost of their care even after they have reached the cap. In 2024, the Just Group asked people whether they supported the then government's decision to scrap a proposed lifetime cap on personal care fees. It found that 35% thought this was a bad decision, 15% thought it was a good decision, but 49% said they did not know (Just Group 2024).

5 Below are some policies that people have suggested to address the issue of funding long-term care. In each case, please say whether you would support or oppose the idea? The government backing a voluntary insurance scheme, so that people under the age of 65 could purchase insurance that would pay for long-term care should they need it later in life.'



Implications

Why public attitudes to social care present challenges to reform

The state of public understanding of social care, and the reasons for that, have profound implications for any attempts to reform social care. These implications help explain why reform has been so difficult to achieve, but also suggest the most likely routes to achieving change.

We outline the key implications of this below.

Lack of understanding is hard to tackle because it is driven by several factors. The key factors are:

- the broad and sometimes intangible nature of care and support people need, which encompasses many different things
- a complicated funding system that is unlike that of other state-provided services, particularly the NHS
- an unclear boundary between the NHS and social care
- the reality that few people draw on social care at any one time
- the fact that social care is something people just do not want to think about.

It may seem surprising that so many people misunderstand a system that they or a close relative may come to rely on, particularly as the basics of the system have not changed since it was created in 1948. However, on one level, the public's lack of clarity on the differences between NHS and social care services is entirely understandable given the overlap that exists between the two in areas such as community care nursing and short rehabilitation/reablement services. In all of these areas, it may not be obvious who is providing people's care, whether an NHS or a social care organisation. There may also be added confusion between other public sector provision, such as children's social care and housing, and adult social care.

The uncertainty about what counts as health and what counts as social care may also help explain why many people do not understand the differences in how these two services are funded. By the time many people need social care, they will have spent many years accessing and using NHS services. It would not be surprising if they then also expected social care to be free. And if some health and social care activities look similar (for example, community care and homecare), why should some be free at the point of use while others require payment? Why does the NHS fund some social care (for those qualifying for NHS continuing healthcare) and not others? Compounding this is the sheer complexity of the social care funding system itself, which can provide up to six weeks of free care – for



example, after a hospital stay – but then requires a complex means test to establish how much a person will then have to contribute to the ongoing cost.

A further reason is that relatively few people will draw on social care at any one time, particularly in comparison to usage of the NHS (such as hospitals and GP services). Only around 2% of people are using publicly funded care services in any one year. This varies very significantly with advanced age: only around 4% of 75–84-year-olds are using public care, but for those aged 85 and over, that rises sharply to around 12% (The King's Fund 2025). However, there are relatively few people aged over 85 in the population.

These figures in turn may also help explain why the public's understanding of care is focused mainly on older people, even though half the spending is in fact on working-age adults.

However, in practice, usage of social care is in fact higher because some people have to fund their own care, even if they are the minority (only a third of care home residents and a quarter of formal homecare users are self-funding). Additionally, low usage of publicly funded care is partly a result of the needs and means test restrictions on access to it: many more people will need some degree of support but not be entitled to it. Age UK estimates that more than 2 million older people have some degree of unmet need (Age UK 2024). Knowledge should therefore be wider, particularly as there are 4.7 million unpaid carers in England (ONS 2023) and around 1.5 million care workers (Skills for Care 2025). In addition, the number of people using care is not the only way of understanding how many people it affects. Most people will have family or friends who need social care at some point in their lives, and many of these people will be providing unpaid care, so the figures for those who are affected by it or have experience of it will be far greater.

Lack of knowledge of the social care system cannot simply be about lack of usage then. Research for Healthwatch concluded that 'Ultimately, one of the main reasons why many have not put thought into planning for their social care needs is that they just don't want to think about it!' (Gleed and Easdown 2018). One participant in Leeds told researchers: 'People have a funeral plan, but they don't have any sort of care plan. We don't think it will happen to us.'

This also feeds through into lack of preparation for care costs. Ipsos polling for the Health Foundation in 2022 found that while 30% of people said they had started preparing for future care costs, 41% were not preparing financially at all (Ipsos 2022).

Research from the Joseph Rowntree Foundation (JRF) in May 2025 shows that people routinely underestimate the odds of them needing care and support in the future. Their work showed that only 15% of people with no care interaction – not caring or having care needs – believed they will need care in the future (Jitendra and Bokhari 2025). In reality, the Health Survey for England estimates that by age 80 (around the average UK lifespan), half of the population has a care need (NHS England 2021). Similarly, the Department of Health and Social Care (DHSC) estimates that 1 in 7 people aged 65 will require care costing £100,000 or more in their lifetime (DHSC 2023).

JRF also found that only 32% of people with no care interaction expect to care for someone else in the future. If people tend to underestimate the odds of them needing social care, it is unsurprising that it does not rank more highly as a key issue for people.



The outcomes, choices and control approach of the Care Act has passed people by

As we have seen, the public's current expectations of care appear to be based on treating people with compassion and protecting the 'vulnerable' (Survation 2021). Concepts of freedom and choice, which are much lower down the list of public priorities, are abstract concepts that are more difficult to communicate. The contrast here is with the NHS, where messaging is around reduced waiting lists, easier access to primary care and more staff – clear, tangible messages that people understand.

Third parties – the media, family and friends – are driving public views on satisfaction with social care

Despite the low numbers of people actually accessing social care services at any given time, the public does have a view about how well they think social care is doing. This level of satisfaction is now at its lowest since records began, and indeed is lower than for any NHS service covered by the British Social Attitudes survey.

These low satisfaction levels are likely to reflect information from a range of third party sources – friends and family, colleagues and the media – as well as levels of support for the government. Much of the national media coverage of social care has suggested a sector in crisis – not least during the Covid-19 pandemic – so it would be understandable if the public's views were influenced by this. Whatever the source, the public does recognise the problems in adult social care, with well-publicised problems around care workers, lack of access and affordability being listed. It is noticeable that the public recognises the challenges faced by the social care workforce and does not tend to see poor-quality care by staff – even though this does regularly feature in media coverage, particularly in care homes – as a main reason for dissatisfaction with social care. This suggests that the 1.5 million care workers in England are important as ambassadors for reform of care.

One apparently paradoxical aspect here is that satisfaction among people who are actually using publicly funded services is much higher than satisfaction with social care among the public as a whole. There are a range of explanations for this, including potential problems with how data from users is collected, but this is an area worth further exploration.

The history of social care reform may have led to people being fatalistic about change – and the sector may have contributed

In addition to having low satisfaction with social care, the public is fatalistic about change. Most believe that the state of social care will get worse, or at best stay the same; few expect it to improve. One reason for this may be that there have been repeated attempts over the past 15 years to reform access to, and funding of, social care, but none have happened. Efforts to reform the sector have often become negative media stories, as in 2010 with the 'death tax' row during the election campaign, and in 2017, with the 'dementia tax' argument. If the public sees social care as an unsolvable problem – not an unreasonable conclusion given the history of the past decade or so – it is not surprising that people are fatalistic about change. However, given that there is also pessimism about the likelihood of improvement in the NHS, it may be that this sense of scepticism may extend further than just social care.



The social care sector may even contribute to this fatalism by often stating that the sector is ‘in crisis’, ‘on the edge’, ‘at the brink’ or ‘near to collapse’. Crisis messaging may have been effective at particular moments in the recent history of care – the funding low of 2014/15, the Covid-19 pandemic, and the staffing crisis of 2021 – used continually over a long period of time, this type of messaging does also present a damaging image of the sector for the public.

National political activity, rather than social care sector campaigning, drives public prioritisation of social care...

Low usage of services, confusion with the NHS, unwillingness to focus on a difficult subject, and fatalism – all of these help to explain why, despite low satisfaction levels, social care is not a top-of-mind priority for the public. Unprompted prioritisation has been consistently far lower than, for example, the NHS.

When care is a public priority, it is typically at a time of intense national political activity and, often, controversy. As we have seen, prioritisation of social care does fluctuate over time but relatively little, and it peaked as far back as 2017 when, briefly, 1 in 5 people regarded it as a political priority. Other peaks also appear related to Boris Johnson’s proposed Health and Social Care Levy in 2021. The public was split in its views on the policy, with a YouGov poll a week after its announcement finding that 48% opposed it and 41% supported it.

This connection between higher public interest in social care and political controversy is one that politicians are only too well aware of, leading them to be highly cautious about taking on reform as an issue.

By contrast, there is little, if anything, to suggest that campaigns by the social care sector or pressure groups affect social care prioritisation. For example, the emergence of Providers Unite – which describes itself as a grassroots campaign uniting adult care service providers across the country to advocate for meaningful change – does not appear to have affected the degree to which the public prioritises adult social care. This has important lessons for the campaign for change in the sector, which we discuss below.

...but national political activity is usually focused on the most difficult and contentious subject – how social care should be funded

Another problem for social care reform is that political debate has tended to focus on its most contentious aspect: how best to fund increasing care costs of the population (this was the case with the dementia tax in 2017, the death tax in 2010, and the Health and Social Care Levy in 2021). Not only is the reality of paying more for care unwelcome, we have seen there is also limited public agreement about how this should best be brought about. There is a broad, consistent finding that people think the government should take more responsibility than the individual for the funding of adult social care. This indicates support for the principle of ‘pooling risk’: creating a system whereby individuals pay relatively small amounts into a central fund, which covers them if they develop care needs that require public support. However, the precise mechanism for funding this central fund is more contentious. There appears to be broad support in principle for using a national tax such as income tax, but using housing wealth (often an older person’s single largest asset) to pay for care is a major taboo for many people.



Breaking the logjam

What can be done to win support for social care reform?

The research findings we have outlined here do suggest some approaches for social care campaigners to consider. This is by no means an exhaustive list but rather offers a number of starting points for discussion and action.

Clarify what motivates the ‘warm’ audience for social care

There is a significant percentage of the public – up to around 30% – who do not see social care as a ‘top-of-mind’ priority but do recognise it as a priority once they are prompted. It would make sense to do more work with this audience to understand what is different about them compared with those who do not think it is a priority.

Reach people who influence attitudes to social care

Because few people have direct experience of using social care, attitudes about it appear to be driven by third parties – people who have a stake in the system, such as people who draw on services, their friends and families, and the workforce, as well as the media and politicians (discussed below). Around 15% of people say they have had contact with social care in the previous year. Social care could consider how it reaches out to these people. Particular focus should be given to the 1.5 million people who work in adult social care. There are also potential lessons from social care providers who have decades of experience of marketing their services to people who pay for their own care.

Make use of the relationship between social care and the NHS

Though it will be unpopular in parts of the social care sector, the most obvious way to win public support is to work out how best to link social care to the NHS in messaging. There is evidence that social care is prioritised more when it is seen as being instrumental in improving issues that the public cares about most, particularly the NHS.

Accept that the public is in a different place from the social care sector

Campaigners need to recognise that the public’s views are rooted in a pre-Care Act understanding of social care. This has important implications for language and messaging, which should recognise where people are rather than where the sector might wish they were. Ultimately, if the public is to support increased funding through (for example) additional taxation, work may be needed to explain and build support for the Care Act principles underpinning social care, and what that means for the types of support that



people may use. This might involve discussing the types of lives people want to live (or want their loved ones to live) if they develop a disability or as they age. However, this will be difficult to achieve, particularly in the short term.

Identify the social care ‘tangibles’ that resonate with the public

A more immediately profitable approach would be to clearly and consistently communicate the tangible factors that will be improved by more money – for example, more people receiving publicly funded services, more staff, better pay, improved training, and (as with the NHS) shorter waiting times. These are more likely to resonate than focusing on abstract concepts such as choice, which may be harder for people to visualise. Work is also needed to understand which of these matter most to the public, and this understanding should influence what any additional funding goes towards. In particular, there needs to be some thought given to setting out the ‘tangible’ aspects of social care reform – how many more people will receive support, and how many more staff might be employed.

Seek to build political consensus

There is a need to accept that governments have no strong political motives for tackling fundamental reform of social care; if anything, the opposite is true. Previous attempts to reform social care may have increased public prioritisation but have tended to end in political damage. There is little to suggest that social care can be a vote-winner and a lot to suggest it can be a vote-loser.

This suggests that attempts to achieve cross-party dialogue may be necessary for any government to take on social care reform. This in turn makes the work of the Casey Commission to build political support even more important. The Health and Social Care Secretary, Wes Streeting, said upon the Commission’s formation that he had invited opposition parties to be involved in it ‘to build a cross-party consensus to ensure the National Care Service survives governments of different shades, just as our NHS has for the past 76 years’. However, to date, there has been only one cross-party meeting hosted by the Commission. Campaigners may need to think how they can help expedite this process.

Political consensus and public consensus will likely go hand-in-hand, so it will be important to understand not just what politicians of different parties say, but what voters for different parties want from social care reform. For example, to what extent is it possible to reconcile the instincts of voters intending to support very different parties (Conservative, Green, Labour, Liberal Democrat and Reform)? There is evidence from other countries that it is possible to win wide public support for reforming social care. In Japan, for example, engagement and consultations with the public (and with interest groups) took place over three years before a new, universal system of social care was finally introduced.

Don’t start by talking about the money

The issue of how to raise money for social care reform is a contentious and confusing one for the public and therefore the most dangerous one for politicians. Although ultimately it cannot be avoided, it makes sense to try to resolve this towards the end of a process of reform rather than at the start, to avoid it derailing the whole project.



Find out what we still need to know

There are a large number of issues about public opinion and reform for which the evidence is patchy, inconsistent or even non-existent. Campaigners also need to think about how they can begin to answer some of these questions, as the basis for reform activity.

- What sorts of social care support do people most value? What services might they themselves consider? If more money was spent, what would people like it spent on?
- What drives the difference in satisfaction between people who use services, those who say they have 'had contact', and those who have no experience of social care?
- What is the impact of using social care support on attitudes to it?
- To what extent does media and public pressure affect government decisions to tackle social care as an issue?
- Who do people trust the most on social care – government, councils, providers, charities, people who use services?
- How much appetite is there really for an increase in taxation (of any form) to pay for more/better social care?
- To what extent are people willing to use housing value to fund care costs?
- What arguments for more/better/different social care are most supported by people who do and do not prioritise it already?

And finally, crucially...

Present a more consistent and credible case for reforming social care

Over the years, two alternative, contrasting approaches to promoting reform have emerged in the social care sector:

1. **'Fix'**: this approach highlights the crisis in social care and its importance to keeping vulnerable people safe.
2. **'Flourish'**: this approach aims to win over the public to investment in a wider model of social care that focuses on people's wellbeing and potential.

The analysis of research in this report suggests that neither of these two main current approaches to social care campaigning will bring about reform by themselves. Calls to 'fix the social care crisis' do not appear to impact public prioritisation, even if they may achieve short-term funding gains, and they will struggle to break through 'social care fatigue' among the public. However, there is also no evidence that the public prioritises social care sufficiently to pay attention for long enough to take on board messages about it being key to people's wellbeing, or that they will respond better to abstract concepts like 'choice' than to more tangible messages like 'more people receiving services'.

For social care reform to have the best chance of success, the hugely diverse and fragmented social care sector will need to evolve towards a more evidence-based strategy that draws on but supersedes both of these approaches.



Conclusion

We have shown that people do not understand what social care is or who provides it, much less how it is currently funded. People also routinely underestimate the extent to which they will need it in the future. Those that do use social care often find it complex and difficult to navigate, and are shocked by how expensive it is. The public very rarely cites social care as a key issue facing the country, and when it does feature, it is not because there is a clamour for change – it is more likely to be a negative reaction to a proposed change or set of reforms, particularly when housing wealth is talked about as a way of paying for care.

Over decades now, there have been initiatives around starting national conversations or big public debates on social care, and yet the data presented in this report shows that none of these have had the intended impact.

Any future initiatives to change this situation therefore need to be based on what we know, not what we think ought to happen; on where the public is, rather than where we would like it to be.

This will involve difficult conversations, not least within the social care sector itself.

Yet, after decades of failure, it is an essential prerequisite for successfully reforming adult social care.

The King's Fund, public opinion and social care

We see public opinion as the essential bedrock of social care reform and we will continue to work in this area. As part of our wider strategic commitment to help reshape social care, we will:

- bring together like-minded partners to identify and explore the gaps in our understanding of public attitudes to social care, and to carry out additional research that fills in these gaps
- explore how best to use our emerging understanding of public attitudes to develop messaging on social care that makes the most effective case for reform
- continue to publish analysis and commentary that explores public opinion on social care and the reasons for it. As a first step, we will include a measure of public attitudes to social care in our annual Social Care 360 analysis of the key indicators in social care.



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Acknowledgements

With grateful thanks to Megan Price, Helen Joubert, Danielle Jefferies and Katie Purbrick-Thompson at The King's Fund, and to Anna Quigley and Margaret Blake at Ipsos.

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