

**JUST.**

# CARE REPORT 2024

12th Edition



**Groundhog Day**



“To rip this up is unbelievably disappointing... It’s another example of social care – something that affects people at some of the most difficult points in their lives – being given too little attention, being ignored and being tossed aside.”

**Economist Andrew Dilnot,  
BBC Radio 4’s Today, July 2024**

## GROUNDHOG DAY

Care Report 2024 - 12th Edition

## FOREWORD

**How long do we have to wait for the fog to clear so we can see where we’re heading? I’m not talking about the weather, I am talking about the mists of chaos and confusion that surrounds political plans to address the issue of how best to fund care in later life.**

This is the 12th edition of our in-depth series of reports on later life social care and we’ve titled it Groundhog Day. It’s a tongue in cheek reference to the cute rodent called Punxsutawney Phil who it seems has better odds of predicting the weather in Pennsylvania than we do of any government in the foreseeable future tackling the issue of social care.

For what seems like decades, UK governments have been promising to overhaul the crumbling, under-funded social care system in England. Policy papers have been drawn up, consultations held, rules drafted and implementation dates announced.

Then political will evaporates, the plans are scrapped and we find ourselves back to square one.

Next year we were due to see the start of a new era in care funding that would have seen the introduction of the long-awaited cap on care costs in England and more generous means-test limits.

Within a month of the Labour Party winning the General Election, new Chancellor Rachel Reeves said she would save £1bn by scrapping the reforms saying they were unfunded and that local authorities wouldn’t be ready.<sup>1</sup> The party’s ambition is to create a ‘National Care Service’, but details are scant.

Against this backdrop, I welcome you to the Care Report 2024. This is the 12th edition of our in-depth research series that sheds light on how the over-45s think and feel about adult social care.

Few over-45s understand how the system works and even people who prudently plan for later life with pensions and wills don’t make provisions for care or even talk to family about the possibility.

The majority of those who do have experience of organising care for a family member feel the system is hard to navigate, provides too little support, costs too much and is unfit for purpose.

Each new policy delay only deepens the crisis. The longer we wait, the more vulnerable people and their families will suffer. As things stand, the government has put the issue back into the ‘too difficult to fix’ box and people are on their own.

Change is possible if policymakers seize the initiative. The Liberal Democrats put health and social care at the centre of their election campaign, helping the party to its best election result for 100 years.

Politicians of all parties need to make a genuine commitment to action - not at some unknown future date but now. Until that happens, we remain trapped in our social care doom loop with the same promises recycled and the same problems unresolved.

**Stephen Lowe**  
Group Communications  
Director

Just Group plc



# CARE – THE HERE AND NOW

## Have you ever been involved in organising later life care in a home for an elderly parent, in-law or relative? Does even the thought of it fill your heart with dread?

For more than a decade we have carried out regular surveys of the knowledge and thoughts of the over-45s about adult social care.

One in five (21%) already had experience of finding care for an ageing relative – that’s equivalent to about 6 million people. Arguably, the views of those who have ‘been there, done that’ are the most pertinent for understanding the state of later life care today.

The answers they gave are a damning indictment of eye-watering expense, poor levels of support and high levels of stress.

### To what extent do you agree or disagree with the following statements?

	Agree	Disagree	Neither
It was difficult to find the right information	57%	11%	32%
The care system is very complex, it’s really difficult to find your way through	75%	6%	20%
I was shocked at how expensive care is	83%	6%	11%
I was surprised by how little financial support the State provides and how much we’d have to contribute	66%	13%	20%
The whole process of finding care was very stressful	75%	9%	16%
Later life care provision in the UK is fit for purpose	11%	65%	24%

This is the starting point – nearly two-thirds believe later life care provision is not fit for purpose.

With an ageing population, many more millions of us will be pulled into the care environment, if not to help loved ones then for ourselves. Time is running out to start to turn around a system mired in crisis. Yet long-awaited reforms due to be implemented next year have just been scrapped.

We all aspire to receiving a decent level of care, should we need it, at a reasonable price.

Why isn’t that happening and what can be done to improve the situation?

# GREAT EXPECTATIONS

## Autumn 2025 was earmarked – after multiple delays – to see the introduction of flagship reforms.<sup>2</sup>

The proposals were based on the recommendations in the ‘Fairer care funding’ report produced in 2011 by a commission headed by economist Andrew Dilnot<sup>3</sup> on how to deliver a fair, affordable and sustainable funding system for social care in England.

Aimed at helping those with modest levels of wealth and those needing extended periods of expensive care and who are vulnerable to ‘catastrophic costs’, it had two main principles.

1. More generous means-test limits. Those with assets below £20k would not be expected to tap into those savings or investments to pay for care, while those with £20k-£100k would receive some taxpayer support. Only those with £100k+ would be expected to self-fund.
2. A lifetime cap on care costs – a limit on the amount any individual would pay for personal care, to be set at around £86,000. Beyond this amount, Councils would then pick up the cost of personal care (such as help with dressing, feeding, washing, etc), although they would still be expected to pay their own general living costs and ‘extra’ care options they wanted.

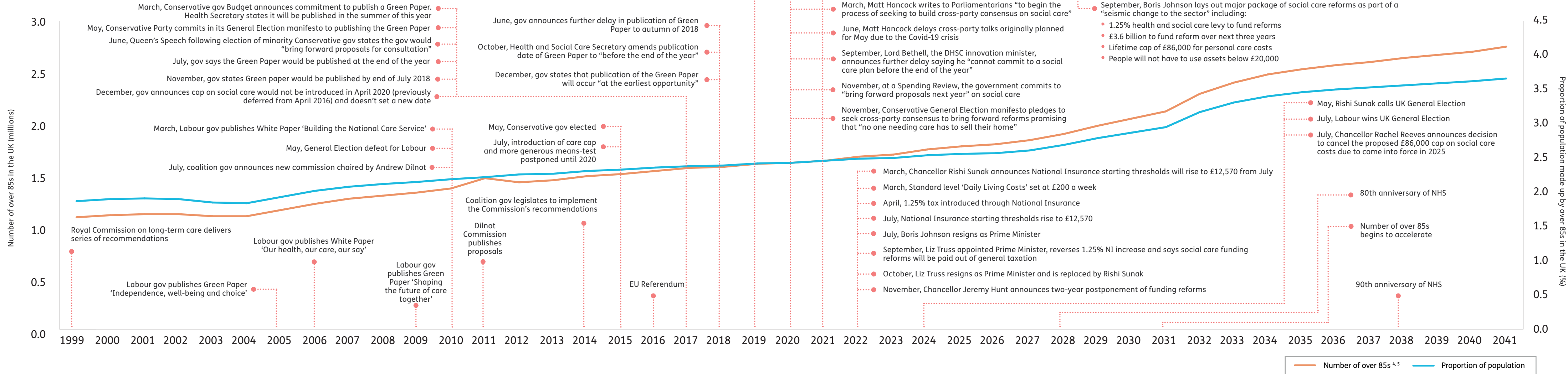
People have consistently registered high levels of interest in the debate about who should pay for long-term care.

But the series of delays and alternative proposals have left the public confused with many suggesting they will delay planning until reforms have been introduced. People also believe that different rules in Scotland, Wales, England and Northern Ireland add to the complexity.

2024	Agree	Disagree	Neither
I am confused by the Government announcements on the funding of residential care	53%	5%	31%
I will delay making financial plans for any residential care I might need until new plans for funding long-term care have been introduced	47%	6%	33%
I think the UK should have one unified approach to care as the different rules across England, Scotland and Wales can make it difficult	74%	4%	18%
I am interested in the debate about who should pay for long-term care	62%	8%	25%



# A TIMELINE OF SOCIAL CARE POLICY






# ELECTION 2024


The three main political parties all recognised the importance of improving social care in their 2024 General Election manifestos.

During the campaign Labour indicated it would proceed with the former government’s proposals for a cap on care costs scheduled to come into force in October 2025. But within a month of coming into power it had scrapped the plans on the basis it would save money.




**Labour**

“[We] will undertake a programme of reform to create a National Care Service, underpinned by national standards, delivering consistency of care across the country”.<sup>6</sup>



**Conservatives**

“We will attract and retain a high-quality care workforce, make reforms to shape the market for older people’s housing and support unpaid carers. We will implement our planned reforms to cap social care costs from October 2025”.<sup>7</sup>

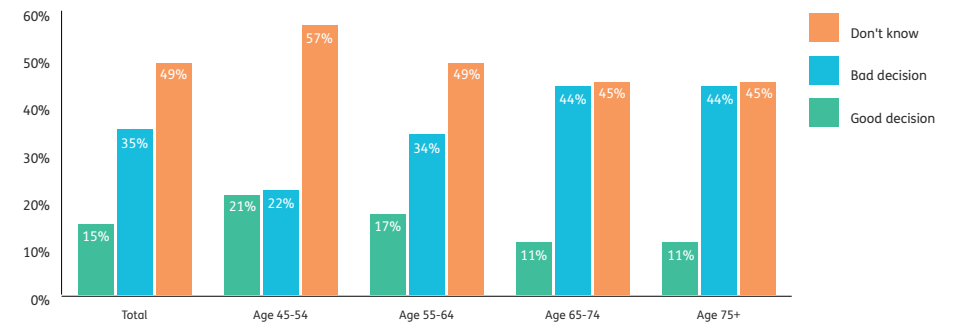


**Liberal Democrats**

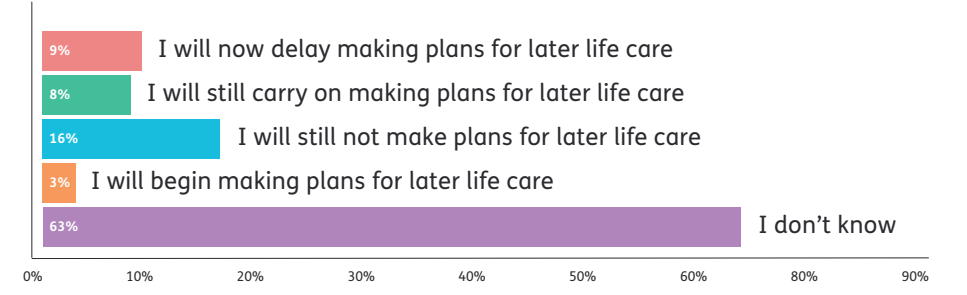
“We will introduce free personal care (based on the Scottish model) so that provision is based on need, not ability to pay.... We will establish a cross-party commission to forge a long-term agreement on sustainable funding for social care”.<sup>8</sup>

More than twice as many over-45s thought scrapping the cap was a bad decision than a good one, with the proportion expressing disapproval rising with age. Even then, around half didn’t know enough to give an opinion. And 63% said they didn’t know how the decision might affect their own plans for later life care.

On 29 July, the Government announced it was scrapping the proposed £86,000 lifetime cap on personal care fees. Rate your support for this decision?



How will the abolition of the care cap affect your plans for later life care?



# PICKING UP THE BILL

There is wide support for the important role the state plays in providing care - seven in 10 (70%) over-45s are in favour of the state providing a ‘safety net’ to support those who cannot afford to pay for care themselves with only 6% disagreeing.

Currently taxpayer support is ‘means-tested’ so that those with assets valued at more than £23,250 are expected to pay their own residential care costs in full (there is some discretion if people receive care in their own home).

The value of a home is disregarded in some circumstances, for example, if a spouse or dependant remains living there. Even pensioners who are state funded are expected to pay most of their pension income towards their own care costs.

Industry figures suggest nearly half (46%) of the 377,000 residents of care and nursing homes are fully self-funded, with another 11% paying some of their own costs. Those funded by the state make up about one-third (35%) of residents with NHS funding accounting for the remaining 8%.<sup>9</sup>

The size of care costs is often misjudged – 60% of over-45s underestimated the cost of a year in a residential home by at least £10,000.

Presented with a series of options about how care should be paid for, most do not agree that the state should fund the full cost.



In the light of Labour’s decision to scrap a plan to cap care costs, it is interesting to note our research found it to be the option with the highest approval rating – more than half (51%) agreed with the idea of the cap although a significant minority (35%) disagreed.

Do you agree or disagree with the following statements about who should be responsible for paying for long-term residential care for the elderly?

Statement	Agree	Disagree
The state should fund the full cost for everyone who needs it	44%	23%
The state and individual should split the cost half and half	20%	28%
The state should not pay for those who could use savings to pay for themselves	32%	30%
The state should pay for care once the person has paid up to a set limit (eg, £86,000)	51%	14%
If someone is unable to pay for care, the state should pay	70%	6%

# SHOW ME THE MONEY

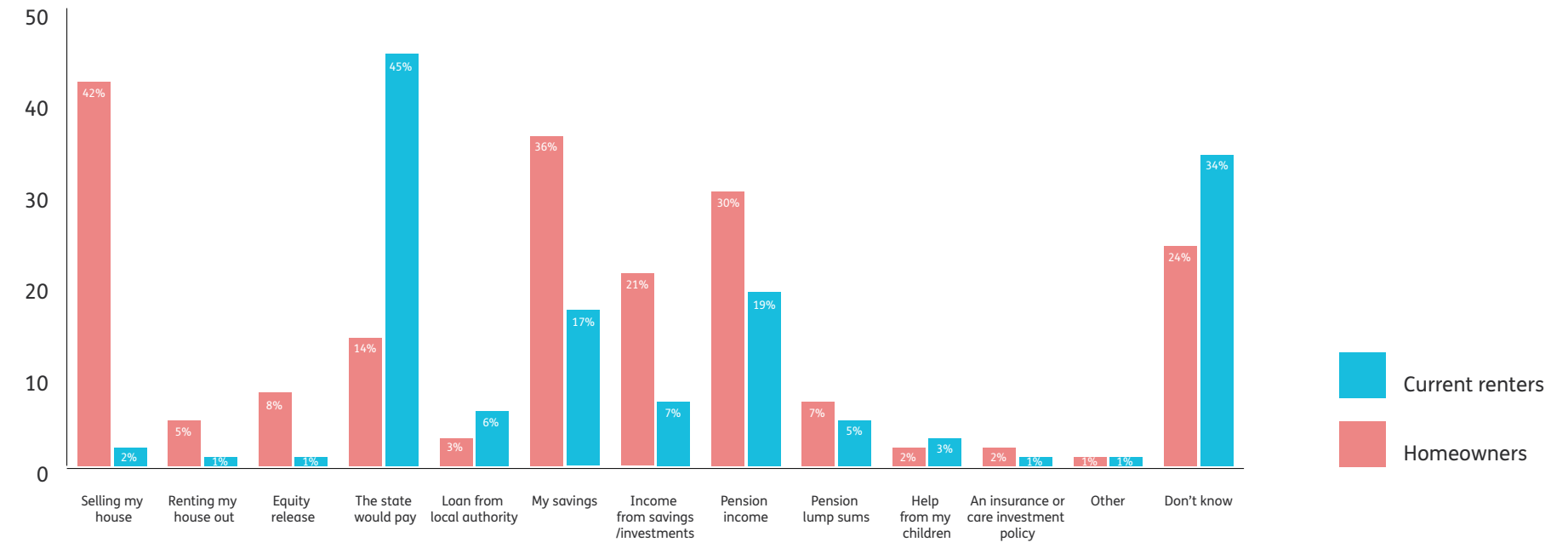
## We've seen that care is expensive, so where are people finding the money?

Among those over-45s who had helped a family member find a place in a residential home, 44% said that the individual receiving care was funding all their own care while a further 35% said their costs were split between self and state. Only 16% said the state was fully funding the care. The three main sources of funds for those

individuals in care were income from savings and investments (56%), pension income (51%) and proceeds from selling their home (39%).

Turning to those yet to need care, what sources might they use? There is an important divide among those who have wealth tied up in their own home and those who live in rented homes. Renters are much more likely to say the state would pay (46%) and to say they don't know (34%).

## If you went into residential care at some point in the future, how do you think you are likely to pay for it?



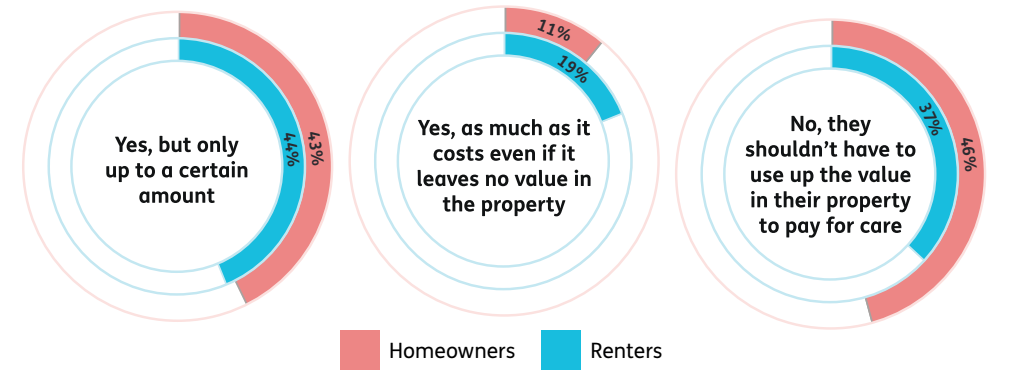
# HOME – THE CARE FUNDING TABOO

The idea that people should sell their homes to pay for care has been political quicksand in recent years. But in the 2024 election manifestos, among the main three parties only the Liberal Democrats addressed the taboo head on, stating: “We will forge a new consensus on funding to ensure that no one has to sell their home to pay for their personal care.”

Among over-45s the number who believe it is true that people can be forced to sell homes to pay for care has consistently outnumbered those who think it is false by four to one over the last five years.

Practically, people do see their homes as a possible source of funding care (see previous page). How do they feel about needing to do that? Well, it's not a straight refusal.

## Do you think it's fair that the value of someone's house is used to pay for their later life care fees?



In reality, retired people have the highest rates of home ownership and the highest amount of property wealth estimated to be approaching three trillion pounds. Even if taxpayer or insurance care funding solutions are eventually developed, it is hard to see how this housing wealth will not be a partial solution to the current shortage of funds in long-term care.



## Deferred Payment Agreement

Those needing to pay for care may in some cases be able to take out an interest-bearing loan from their local council called a Deferred Payment Agreement. Generally, the loan is secured on the home and repayable on the sale of the property either before or after the individual dies. There were 2,370 new DPAs agreed in England in 2022/23 and 6,405 outstanding at the end of the year. DPAs are generally only available to those with assets of less than the means-test threshold of £23,250.<sup>10</sup>

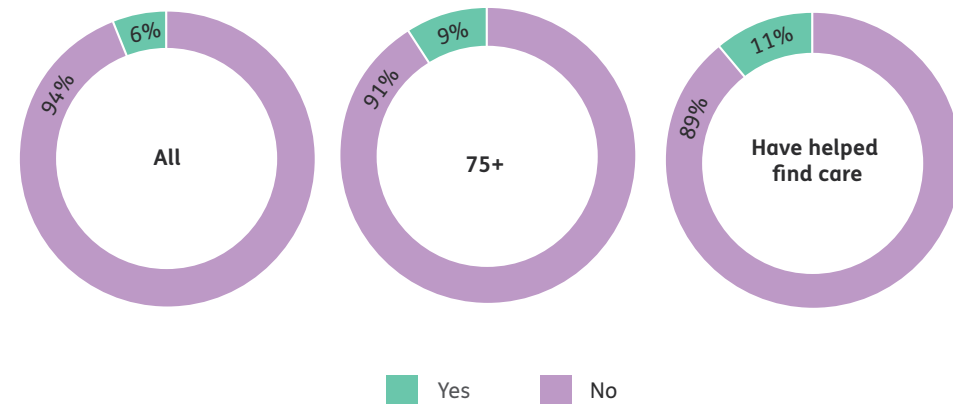
# WHAT'S THE PLAN?

Many working age people take later life planning very seriously – they pay into pensions, buy life insurance, set up wills and powers of attorney.

What's missing? Preparing for the possibility of needing care. It is a tricky problem – many people will never need professional care while for others the costs will be limited. But government estimates suggest one in seven will face care costs above £100,000 with no current way to protect themselves against the risk, undermining their ability to put formal plans into place.

The result is people tend to adopt a 'wait and see' attitude, particularly when it comes to how that care might be financed.

Have you made any specific provision to cover the cost of care for yourself?



The group most likely to say they have discussed care are those who have first-hand experience of finding a care home for family members or relatives. Four in 10 (43%) of this group have discussed care, rising to nearly two-thirds (63%) of those whose experience of finding care included receiving help from a professional financial adviser.

Which of the following best describes the kind of conversations you've had about any future care needs you may have?

	All	Age 75+	Helped find care
I have not thought about care, planned for it or spoken to my family about it	74%	68%	57%
I have spoken to family and friends about what may happen if I need care	16%	20%	27%
I have discussed what sort of care home I might want to stay in	6%	7%	11%
I have spoken to my children about living with them when I need care in later life	4%	5%	5%
Total who have discussed care	26%	32%	43%

# WHAT'S THE PLAN?

Over-45s did not suggest that the potentially high cost of care was one of the main reasons for not thinking about care, planning for it or discussing it with relatives. About one-in-seven (14%) overall said the cost was a factor, a figure that changed little between male and female or over different age ranges.

The most common reason cited by those aged above 55 was that the thought of needing care is seen as too depressing to make plans. How could policymakers encourage people to see care planning in a more positive light? That's likely to be a tough nut to crack.

Nearly one-third (32%) of those aged 45-54 gave their main reason for not planning as believing they are too young to think about care. That figure falls significantly with age reaching 20% for age 55-64, 7% for age 65-74 and just 3% among those aged 75+.

Clearly there comes a point where people recognise it is something they need to address. Targeted interventions in the decade before State Pension Age when most people are making retirement plans could drive more engagement and could prompt people to talk about care with friends and family.



What's the main reason you have not thought about care, planned for it, or spoken to family about it?

	All	Age 75+	Helped find care
The thought of needing care is too depressing to plan	26%	24%	31%
I am too young to think about care	17%	3%	12%
It costs too much to even think about	14%	15%	12%
I'm waiting for the government to clarify the future social care policy	9%	15%	15%
The care system is too confusing	8%	12%	6%
I will not need care	5%	5%	5%
It might cause tension within my family/among friends	2%	2%	3%
Other	5%	7%	7%
Don't know	15%	17%	10%

## CONCLUSION

Reform of social care funding appears to be a political doom loop – the same politicians making the same solemn promises only for us to wake up the next morning back where we started. On Groundhog Day if the groundhog emerges from its burrow and sees its shadow folklore says winter will go on for another six weeks. Should we expect six more weeks of policy winter? Without political action, we could easily face six more years or longer!

The Care Report 2024 shows the scale of the challenge – most people think the care system is confusing and not fit for purpose. People do aspire to a decent standard of care. Yet the fact so few people make formal plans for their own future care means that if and when that day arrives they – and their family – face a steep and expensive learning curve at a time of high emotion.

Reforms such as the cap on care costs – a fixed amount which would have allowed people to start to plan for a known cost and providers to start innovating for funding solutions up to that level – are now gone.

The new Labour government has yet to reveal how it intends to meet its manifesto commitment to create a National Care Service – many are hoping to see more details revealed when Chancellor Rachel Reeves presents her first Budget in the coming weeks.

This is urgent business. Health secretary Wes Streeting has already received an assessment of the state of the NHS by leading academic Lord Darzi. His report revealed 13% of NHS beds are occupied by people waiting for social care support or care in more appropriate settings – people spending time in hospital when “there is no medical reason for them to be there”.<sup>11</sup>

The report said the result of squeezed local government budgets “is that publicly funded social care is provided for fewer and fewer people while the demand for it has risen, largely as the result of an ageing population”.

No-one is expecting a miracle cure. But there is no reason not to put in place a solid foundation on which people can start to plan for their future care needs. Improving social care is not insurmountable, but the longer we leave it the worse the problem becomes.

Our Care Report prefers to conclude on optimistic note but this year it is harder than ever to be positive. The plans we did have were just torn up – what will fill their place?

1. [The Chancellor's \(Rachel Reeves\) statement on public spending inheritance, 29 July 2024](#)
2. [The Chancellor's \(Jeremy Hunt\) Autumn Statement, 17 November 2022](#)
3. [Fairer care funding: the report of the Commission on Funding of Care and Support, Andrew Dilnot](#)
4. [ONS, National population estimates](#)
5. [ONS, National population projections](#)
6. [The Labour Party Manifesto 2024](#)
7. [The Conservative and Unionist Party Manifesto 2024](#)
8. [The Liberal Democrat Manifesto 2024](#)
9. [Laing & Buisson, Care Homes for Older People, UK Market Report, 34th Edition](#)
10. [NHS England, Deferred Payment Agreements, 2022-23](#)
11. [Department of Health & Social Care, Lord Darzi's report on the state of the National Health Service in England.](#)



## RESEARCH FOR THIS REPORT

**This report is the 12th in our series of Care Reports designed to provide a snapshot of what people aged 40 and older in England and Northern Ireland know and think about the later life care system.**

In the course of our research we have conducted consumer polling with around 27,000 people. Unless a footnote references an external source, the data we use in this report is taken from our own online research conducted in 2024. Where we have used our own historical research data from 2012 - 2023 we mark which year's data we reference. Note on the data presented: In some instances, the sum column/row values don't add up to exactly 100% because of rounding.

**We conducted research in 2012-2024 as follows.**

**2024** – online survey among 2,500 adults aged 45 years and older in England and Northern Ireland, conducted 9-16 August 2024 by Opinium.

**2023** – online survey among 2,500 adults aged 45 years and older in England and Northern Ireland, conducted 31 July -9 August 2023 by Opinium.

**2023** – supplementary data: online survey among 1,400 UK homeowners aged 65 years and older, conducted 7-15 August 2023 by Opinium.

**2023** – supplementary data: online survey among 200 IFAs in the UK, conducted 10-15 August 2023 by Opinium.

**2022** – online survey among 1,000 adults aged 45 years and older in England and Northern Ireland, conducted 7-11 July 2022 by Opinium.

**2022** – supplementary data: online survey among 1,087 adults aged 45 years and older in England and Northern Ireland, conducted 8-12 July 2022 by Opinium.

**2022** – supplementary data: online survey among 207 IFAs in the UK conducted 7-13 July 2022 by Opinium.

**2021** – online survey among 1,000 adults aged 45 years and older in England and Northern Ireland, conducted 7-13 April.

**2021** – by Opinium. 2021 – supplementary data: online survey among 1,014 adults aged 45 years and older in the UK, conducted 13-18 May 2021 by Opinium.

**2021** – supplementary data: online survey among 214 IFAs in the UK conducted 14-17 May 2021 by Opinium.

**2020** – online survey among 1,002 adults aged 45 years and older in England and Northern Ireland, conducted 30 January -3 February 2020 by Opinium.

**2020** – Covid-19 supplementary data: online survey among 1,000 adults aged 45 years and older in England and Northern Ireland, conducted 4-7 May 2020 by Opinium.

**2019** – online survey among 1,001 adults aged 45 years and older, conducted 4-11 March 2019 by Opinium.

**2017** – online survey among 1,088 adults aged 45 years and older in England and Northern Ireland, conducted September 2017 by Opinion Matters.

**2016** – online survey among 1,005 adults aged 40 years and older in England and Northern Ireland, conducted April 2016 by Opinion Matters.

**2015** – online survey among 1,592 adults aged 40 years and older in England and Northern Ireland conducted, December 2014 by Opinion Matters.

**2014** – online survey among 1,005 adults aged 40 years and older. 2013 – online survey among 841 adults aged 45 years and older.

**2012** – online survey among 894 adults aged 40 years and older.





## ABOUT JUST

---

Just (Just Group plc) is a FTSE-listed specialist UK financial services company.

A leader in the individual retirement income, care and defined benefit de-risking markets. Just has more than 650,000 customers and has been trusted to manage more than £25 billion of customers' retirement savings and has helped customers release over £6.8 billion from their properties.

Just provides a wide range of products, advice and professional services to individual customers, financial intermediaries, corporate clients and pension scheme trustees.

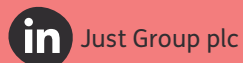
## FURTHER INFORMATION

---

**Stephen Lowe**  
Group Communications Director  
Email: [stephen.lowe@wearejust.co.uk](mailto:stephen.lowe@wearejust.co.uk)  
Tel: 07776 227402

**Ben Stafford**  
Head of Public Affairs  
Email: [ben.stafford@wearejust.co.uk](mailto:ben.stafford@wearejust.co.uk)  
Tel: 07790 015981

[justgroupplc.co.uk](http://justgroupplc.co.uk) | [wearejust.co.uk](http://wearejust.co.uk) | [justadviser.com](http://justadviser.com)



Just is a trading name of Just Retirement Limited ('JRL'), Just Retirement Money Limited ('JRML'), Partnership Life Assurance Company Limited ('PLACL') and Partnership Home Loans Limited ('PHLL') which are subsidiary companies of Just Group plc. JRL is registered in England and Wales, with company number 05017193. JRML is registered in England and Wales, with company number 09415215. PLACL is registered in England and Wales, with company number 05465261. PHLL is registered in England and Wales, with company number 05108846. The registered office for JRL, JRML, PLACL and PHLL is Enterprise House, Bancroft Road, Reigate, Surrey, RH2 7RP. JRL and PLACL are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. JRML and PHLL are authorised and regulated by the Financial Conduct Authority. Calls may be monitored and recorded, and call charges may apply.