



BRIEFING

CARE

The care expectation gap

To close the gap between the support many of us think will be available and the reality of high costs and long waiting lists, care must be more available, efficient and affordable.

Published on: 28 May 2025

Written by: Abby Jitendra, Taha Bokhari

Reading time: 23 minutes

Executive summary

More of us are living longer and so will live with chronic health conditions or the challenges of old age. This means many of us face a future in which we will need care or need to care. Most of us hope that public services – the social care system and social security safety net – will be there for us in these times of need.

But the social care system we have currently is inadequate, with long waiting lists for assessments and support, catastrophic costs for those needing paid care and significant financial and emotional struggles for those undertaking care themselves. Despite commitments from subsequent governments around reform, there are few current concrete plans to improve this system. In the coming years, therefore, it is likely that more people will encounter it at the same time as problems are likely to worsen.

Our research suggests that people are unaware of the challenges of the social care system and thus are likely not preparing for a future in which they may have to meet significant care costs or care themselves.

- We found that 15% of people with no care interaction – not caring or having care needs – believe they will need care in the future. In reality, the NHS estimates that by 80 (around the average UK lifespan), half of us will have a care need.

- Estimates suggest 65% of us will care at some point in our lives, but our research finds that just 32% of people with no care interaction expect to care for someone else in the future.
- People underestimate the role of children and spouses in providing care if they need it. People over 65 who need help are twice as likely to rely on their children for care (28%) than the public predicts (14%), and more likely to rely on spouses for care (40%) than the public predicts (28%).

We found that only 19% of the general public correctly guessed that the cost of professional home care services could cost more than £1,000 per week – most thought the cost was lower, with almost half (47%) thinking costs were between £200 and £600 a week on average. This could be due to the lower public profile social care has in the public imagination, with issues like healthcare access and the cost of living significantly outstripping care in terms of salience.

Telling people about the reality of the care system so they can plan for future care costs is one solution to the challenge of what we call the ‘care expectation gap’. But care costs can be sudden and catastrophic, and issues with the system, like long waiting times or limited support, are difficult to plan for.

Costs are also not meted out equally and so can worsen economic and gender inequalities – for example, we found that people on lower incomes were significantly more likely to say they would not manage (43%) the cost of leaving work to care compared with those on higher incomes (24%).

Solving the ‘care expectation gap’ requires government not to lower people’s expectations of the system but to build a social care system that meets people’s expectations. We asked the public what they would want from this system, and they told us:

- In the adult social care sector, the most popular policies amongst the public were changes to how care would be delivered – technology improvements (94%) and support to have care in the home (93%). Paying workers for travel time (90%) was also popular, as was creating a National Care Service (91%).
- For unpaid carers, the general public was most supportive of policies which would offer free support to unpaid carers to get into work (94%), provide small grants in times of crisis (93%), and changes which would provide higher incomes to carers through benefits or a guaranteed income (91%).
- For adult social care, people were over twice as likely to think government should fund support (63%) rather than people paying themselves (23%). This means that the public’s position on funding for social care is out of step with the reality of support available, with most people unable to access elder care subsidies.

Government should focus attention on reforming the subsidy system and improving the quality and affordability of paid care services, while ensuring that unpaid carers don’t face poverty as a result of taking up caring responsibilities.

1. Introduction

Care is a sleeping giant in British politics – a critical issue that touches millions of lives yet can be ignored by public and political debates. As our population ages and life expectancy increases, more people will inevitably require care or become carers themselves, posing a growing problem that policymakers cannot indefinitely ignore. Without significant reform, this dormant issue could erupt as more voters personally encounter a system ill-equipped to meet their expectations.

The Joseph Rowntree Foundation (JRF) has been analysing public attitudes towards caring and the care system over the last year. Through a comprehensive survey of 5,000 people in England and Wales, with additional boost samples of 1,000 unpaid carers and 1,000 respondents from Scotland, we examined attitudes toward care responsibilities, costs and potential policy solutions. This nationally representative data was complemented by qualitative research involving 600 members of the public and carers, allowing us to develop a nuanced understanding of how people perceive care issues and their personal responsibility within the system.

We will be releasing the findings from this data in 2 briefings – the first looks at the disconnect between the expectations of the public and the experience of people engaging with the care system, while the second looks at the experience of higher- and lower-paid unpaid carers to see the different challenges they face.

To compare expectations with reality, we have used reliable and robust external sources of data that look at relevant experiences of care and caring, prioritising analysis from Understanding Society to capture the dynamic nature of care experience rather than using static data about current experiences. This enables us to better understand, say, the likelihood of a person needing to draw on paid care over a number of years, which a static figure would not capture. There is more detail on our methods in the Methodology section at the end of this report.

A glossary of terms used in this briefing

Term	Definition
Carers	Nationally representative, weighted population of unpaid carers, defined as supporting someone else with an essential component of daily living.
Care receivers	People who currently draw on formal or informal care to meet care needs, defined as requiring support for an essential component of daily living.
People with no care interaction	People with no current care responsibilities, no current care need and with no dependent children. This group includes people with previous care responsibilities or previous care needs.
Non carers	People who are currently not caring for someone with care needs. This term is inclusive of parents, people who previously had care responsibilities and care receivers.

Term	Definition
General population	Weighted, nationally representative population.

2. Care expectations outstrip reality

The reality of care and caring

Social care

More of us are living longer and will need to rely on care services in the future. The Care Policy and Evaluation Centre estimates, based on population trends, that 29% more working-age adults, and 57% more over-65s, will need care in 2038 compared with 2018 (National Audit Office, 2021).

For those who need care, many will draw on paid care services. However, paying for social care services can be extremely expensive, with costs in England and Wales currently averaging £1,000 a week for a residential care home. It would be extremely difficult to pay these costs without substantial savings or assets – this is higher even than the weekly median household income for the UK, which is £621 per week.

However, state support for care costs in England and Wales is severely limited, with a means-tested subsidy applying only to people with fewer than £23,250 in savings or assets. For those needing care in a residential home, the value of any property you own will be counted in this assessment, meaning anyone who owns a home is likely to be excluded from help.

There are also long waiting lists for assessments around eligibility for this support, with 418,029 people waiting for an assessment, care or direct payments to begin or a review of their care plan in March 2024 – this means that many in need on low incomes are not able to claim the support they need (ADASS, 2024).

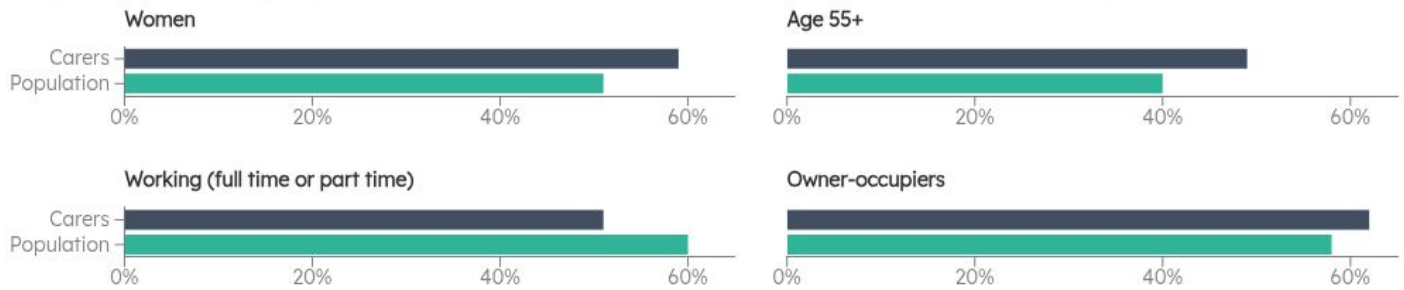
Unpaid care

At JRF, we have estimated that in the next 10 years, population trends could mean at least 900,000 more people will become unpaid carers (Jitendra and Bokhari, 2024). That means many more of us are likely to find ourselves providing unpaid care in the future.

For those who care themselves, managing financially can be difficult. Often unable to work full-time or at all and relying on low levels of income replacement benefits, carers have a higher poverty rate compared to those without caring responsibilities (JRF, 2025). The ‘caring penalty’ faced by carers exiting work means taking up caring responsibilities, willingly or unwillingly, presents a significant financial hit immediately, which persists over a number of years (Jitendra et al., 2023).

Compared with the general population, carers are more likely to be older and female, and less likely to be in work. Due to caring demands and age, 51% of carers in our research are working full- or part-time, while 60% of the wider population are in work. Carers are more likely to be owner-occupiers, likely driven by their age, affording them some economic security – though as carers are also more likely to be older and female, they may have lower pension income or savings as they are more likely to have left work due to caring demands.

Figure 1: Demographics and characteristics of carers and the wider population



Source: JRF poll, carried out by FocalData in 2024

A care-free future?

Given the limited state support available to help people care, and the financial hit posed by leaving work to care, we might hope that people are aware of, and planning for, the future. Instead, we found that the public underestimates the role informal help, particularly from partners and children, will play in meeting future care needs. This suggests that people are likely not planning sufficiently for the economic and emotional cost of leaving work to care, or caring long-term, for parents or spouses.

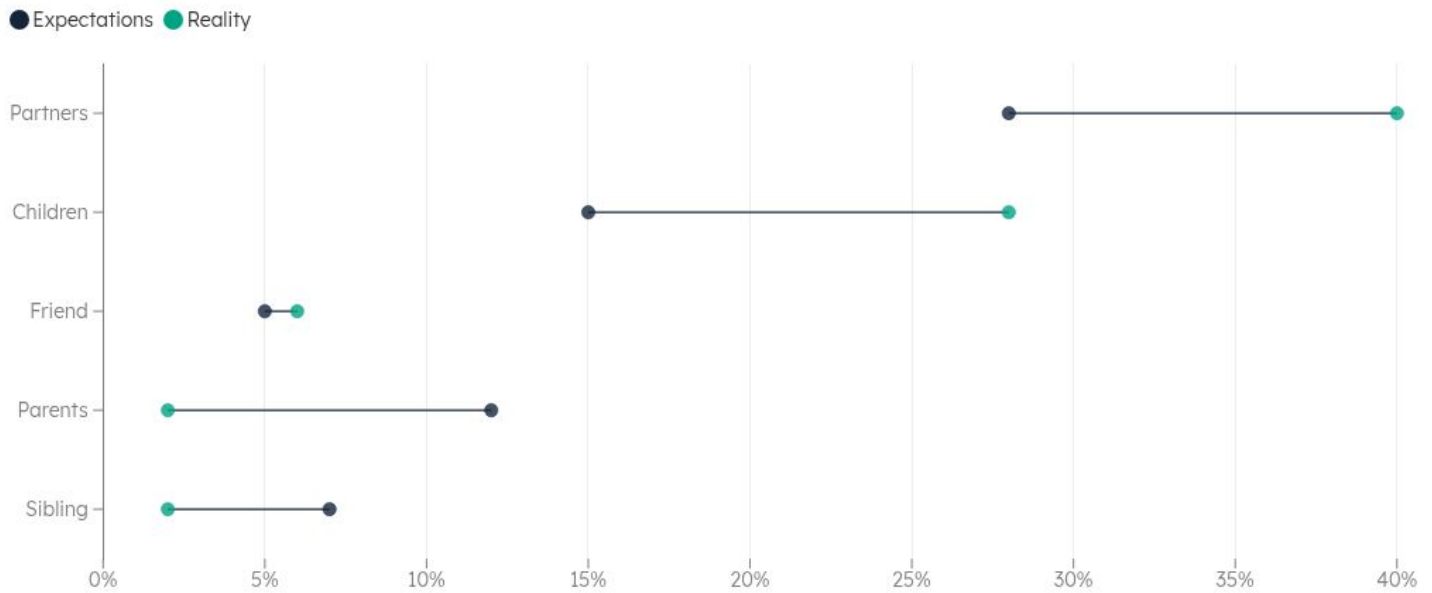
In our research, 15% of people with no care interaction believe they will need care in the future. In reality, the NHS estimates that by 80 (around the average UK lifespan), over half of us (52%) will have a care need (NHS Digital, 2023).

Our research shows that compared to the reality, people with no care interaction underestimate the role of spouses and children when imagining a future where they

need care. Figure 2 shows the comparison between expectations and reality, taken from Understanding Society. People with no care interaction expect to rely on partners (28%), the social or medical care sector (22%), or children (14%) to support any future care needs, although they are not confident about being able to rely on formal services, rating their confidence at 4.6 on a 10-point scale.

This compares to data from Understanding Society, which shows that of over-65s who need help, a majority rely on informal helpers only (56%), with a minority using a combination of informal and formal helpers (13%) or formal helpers only (7%). Of those who need help, many rely on spouses (40%) or children (28%) for support. Other informal helpers, such as friends (6%) and siblings (2%), were less frequently drawn upon. 24% of over-65s needing help do not use either informal or formal helpers to support them – echoing Age UK estimates that 2 million older people are not getting the help they need with basic daily activities (Reeves et al., 2024).

Figure 2: Expectations, compared to the reality, of who will meet care needs



Source: JRF poll, carried out by FocalData in 2024, JRF Analysis of Understanding Society Waves 7, 9, 11 & 13

We also found that people are understating their likelihood of being a carer. 65% of us will care at some point in our lives (Carers UK, 2019), but our research finds that just 32% of people with no care interaction expect to care for someone else in the future.

Many expect government will pay

As we have set out, there is often a financial hit associated with needing care or caring yourself. But we found that there was a large gap between the general population’s expectations of paying for care and the experience of people drawing

on care.

People with no care interaction expect to pay for formal care services through savings (62%), income from benefits and/or pensions (35%), or by selling assets (27%), with 23% expecting government to pay for their social care. This is in contrast with the experience of care receivers – of over-65s who receive care and use formal helpers, 11% received government support to pay for care, 6% have a personal budget and 38% pay for care themselves. The remainder – 50% – receive in-kind support for their activities of daily living from sources such as nurses.¹

People's expectations around relying on caregiving benefits broadly reflected the take-up of carer benefits in our unpaid carer sample. Nearly a quarter (24%) of people who expect to care believe they can rely on caregiving benefits to support them, and in our research, 26% of current carers receive a carer or means-tested benefit.² However, receiving caregiving benefits is not a guarantee of financial security, with carers in our research rating their concerns about care costs highly.³

Care unaware

We find that optimistic opinions about the support government could offer in the event people need help are likely rooted in a lack of awareness about the realities of the system.

People were generally unaware of the high costs of care and believed support was more generous than it is. We found that only 19% of the general public correctly

guessed that the cost of professional home care services could cost more than £1,000 per week – most thought the cost was lower, with almost half (47%) thinking costs were between £200 and £599 a week on average (Berg, 2025). Additionally, only a fifth (21%) of people said that the means test savings and assets threshold for social care support was between £23,250 and £36,246 – in reality, it is £23,250. 28% of people thought the means test fell somewhere above £36,250.

The public were also likely to think support was more holistic than in reality – 37% of people thought social care support to stay in a care home covered daily living expenses and utility bills, while 34% thought it included a weekly personal allowance for small expenses – neither of these is true.

There was also a lack of understanding around the challenges of the social care system, suggesting people thought the system would be more reliable and available than it is. The public most commonly thought that waiting lists for social care assessment were between 100,000 and 199,000 (23%) or between 200,000 and 299,999 (23%) – the reality is that over 400,000 are on such a waiting list.

Does the public care about care?

This could, in part, be driven by the lower salience of care in the public imagination, with other national and personal problems more prominent. For the general public, the cost of essentials and the availability of healthcare remain by far the 2 greatest concerns in their personal lives – when asked to choose 3 key issues of personal concern, 62% of respondents mentioned the cost of essentials, with accessing

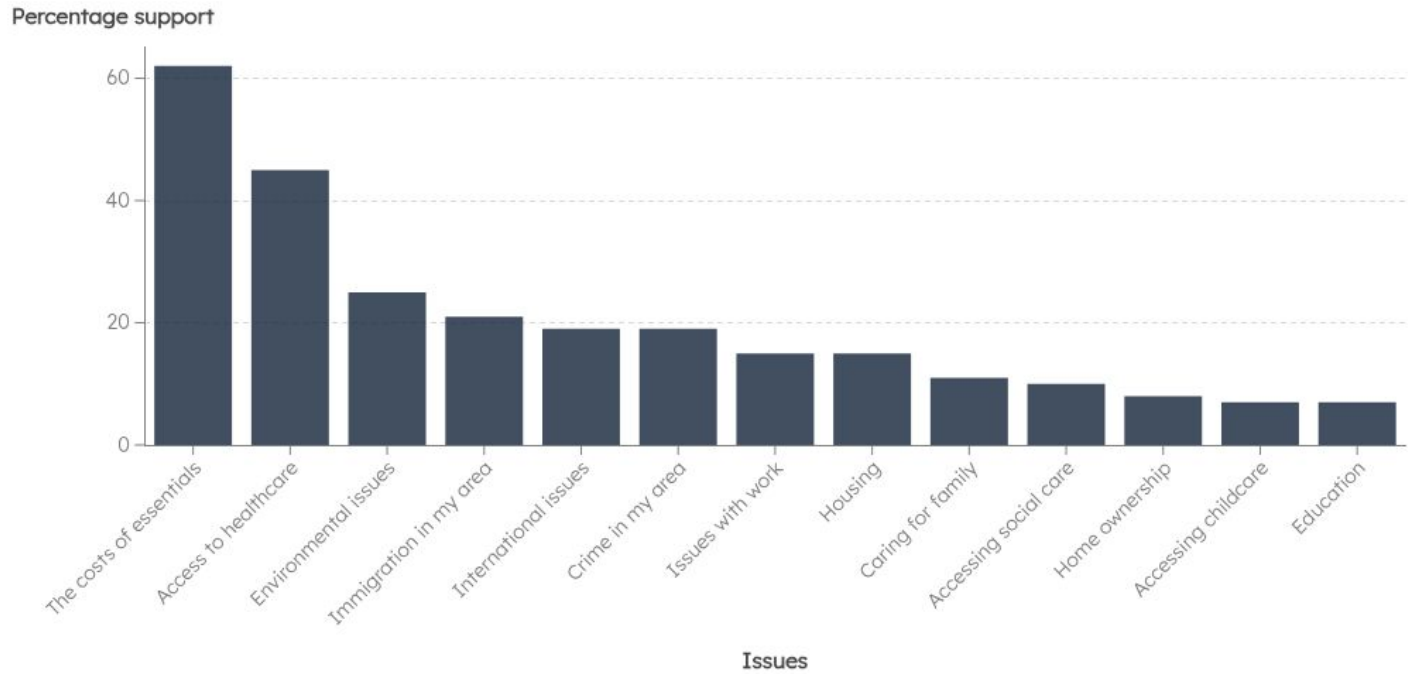
healthcare named by 45% of respondents and immigration by 21%. Care featured less prominently – caring for family was 11% of the public’s top concern, with 10% most concerned about the availability of good-quality adult social care and 7% concerned about accessing childcare.

National concerns were similar, with 26% of the public citing the cost of essentials as their top concern, 21% concerned about accessing healthcare, 17% citing immigration as their top concern and 9% citing the environment. Only 3% placed accessing quality adult social care as their top national concern, and only 1% cited childcare. This means people were more than 3 times as likely to cite adult social care as a personal concern than a national concern.



Figure 3a: Top personal concerns of the people we polled

When presented with a multiple choice question, these are the top personal concerns of the members of the public we polled



Source: JRF poll, carried out by FocalData in 2024

Income and gender influence expectations

Income

People's expectations about caring are also affected by their financial situation and their gender. People from lower-income tertiles are less optimistic about their ability to accommodate care in their lives and are more likely to believe they will rely on state services for any care that they do provide. Of people with no care interaction:

- 25% of people on lower incomes believe they will care for someone in the future, compared to 38% of people on higher incomes
- 26% of people on lower incomes expect to rely on benefits related to caregiving for support, whilst only 17% of people in higher incomes expect the same.

This could reflect their economic experience, for example their experience being eligible for means-tested benefits currently. It could also be due in part to demographics: some of the expectation around caring can be explained by a much higher proportion of single households in the lowest tertile (44%) compared to the highest tertile (8%) combined with what we know about who is cared for (significant others or children, but also parents).

We also asked people how they might manage financially if they became an unpaid carer, where individuals, on average, see a financial hit of £134 per month.⁴

Unsurprisingly, those on lower incomes were less confident of their ability to manage

- with 11% of those on lower incomes and 17% of those on higher incomes stating that they would be able to manage easily. People on lower incomes were significantly more likely to say they could not manage (40%) compared with those on higher incomes (22%).

Gender

Care also has a gender component. Our findings show that women are less optimistic and more realistic about accommodating care in their lives than men – this could be down to enduring gender norms, or the makeup of households themselves.

The expectation of receiving care in the future is similar amongst genders. We asked people with no care interaction whether they expected to receive care, and the same proportion of men and women responded yes (15%).

However, among people with no care interaction, women are more likely to believe they will care in the future (36%) than men (28%). These women are less confident about relying on formal care services than men.⁵ They are also less likely to believe that they will rely on benefits for caregiving (22%) than men (27%). Even women who believe they can rely on benefits to support their caregiving are less confident about the adequacy of that benefit support than the same group of men.⁶

Some of the differences might be explained not only by current gender norms shaping a belief in future circumstances but also by current household composition: more men in our sample (24%) are in single adult-only households than women (20%),

so they may be less likely to imagine a future caregiving scenario.

The gender disparity in care expectations suggests that women expect to carry disproportionate care responsibilities in the future as compared to men, risking the perpetuation of gender inequalities.

Bridging the care expectation gap

People tend to overestimate the generosity of the care system and understate their likelihood of providing care in the future. While this is not a widespread crisis right now, it may become one as more people find themselves in need of care and encounter high costs or long waiting lists for support.

These findings indicate a crucial need for better public understanding of care realities and costs, particularly regarding the limited role of state support and the significant reliance on informal care networks – this will help people plan for the future, where possible.

But it is unlikely that most people will be able to plan for all eventualities, such as leaving work to care, or to build enough savings to cover the massive costs of paid care. Nor should we accept a system which perpetuates outdated gender norms and needlessly and randomly makes people suffer financially. The best solution to these systemic problems is to change the system itself – so decision-makers should be focusing on building a more supportive care system.

We have asked the public what they want from this system – and they told us they wanted a supportive system which valued carers and care workers, and balanced affordability, choice and quality of care.

What kind of care system does the public want?

Gender and care

First, a care settlement which gives people agency and does not entrench gender norms is crucial. Our research finds that views have changed significantly from traditional, gendered beliefs about who should care – we asked people to number, from 1 to a 100, whether people thought women should be the primary caregivers (1) or whether anyone could be a caregiver (100). The mean score was 72, showing how, at least in the minds of the public, care should not be gendered.

Building better care systems

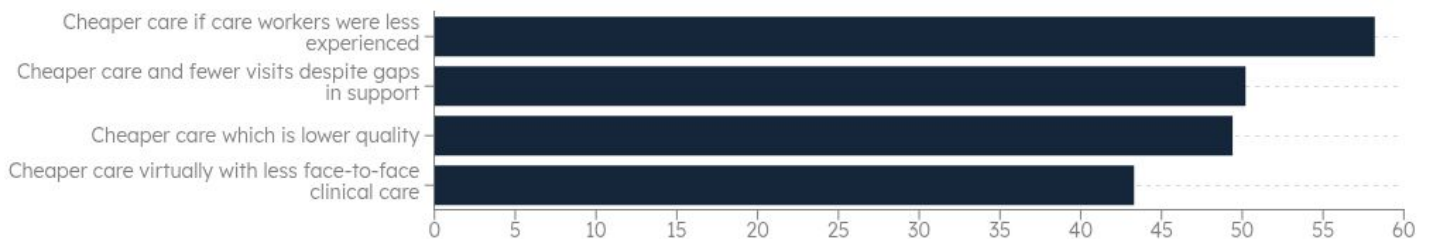
We asked people to tell us whether they supported a range of policy interventions to support carers and those who draw on care. These policy questions were drawn from conversations with sector experts, existing policy reports and government policy, and we attempted to word them as plainly as possible to better understand the actual policy preferences of voters.

In the adult social care sector, the most popular policies amongst the public were changes to how care would be delivered – technology improvements to help people live independently (94%) and support to have care in the home (93%). Paying workers

for travel time (90%) was also popular, as was creating a National Care Service (91%). Expanding fee support was overall slightly less popular (84%), as were curbs on provider profits (85%), but still commanded significant public support.

To better understand the public’s views on the trade-offs between different policies, we asked a series of either/or questions to understand people’s priorities. We asked whether people valued affordability over a number of other characteristics, such as the experience of care workers, fewer visits, lower quality, or fewer face-to-face visits.

Figure 4: Trade-offs people would be prepared to accept for their care delivery
The public’s willingness to support a policy on a 1-100 scale



Source: JRF poll, carried out by FocalData in 2024

On average, the public was equally divided between prioritising cheaper care for less frequent visits, and prioritising care affordability over quality more broadly. There was more support for technology to make care cheaper at the expense of face-to-face interaction, though conversely, less support for choosing less experienced care

workers at a lower cost.

Unpaid carers

Around unpaid carers, the general public was most supportive of policies that would offer free support to unpaid carers looking to get into work (94%), provide small grants in times of crisis (93%) and that would provide higher incomes to carers through a guaranteed income (91%). The public were slightly more supportive of increasing benefits payments for the worst-off carers (91%) rather than all carers (87%), and the Government's recent reforms to Carer's Allowance, which let carers earn more while still working, were also popular (88%).

Who should pay for care?

Reforms to our care systems deliver huge value to families and local communities, but they can incur upfront costs to the Government and could increase taxes – help to meet care costs is likely to be the most expensive, while workforce reforms could also increase costs, depending on how they are structured. We wanted to know how the public wanted government to pay for and fund social care.

When we asked people to tell us whose responsibility it was to pay for care services, there was strong public support for government funding. In line with other research, we found that people thought that government and individuals had a part to play in paying for care (Read et al., 2021). We found that the public was most supportive of government funding for care for disabled people (68%), social care for children (63%)

and elder care (63%). For social care for children, people were more than twice as likely to think government should fund support (63%) rather than people paying themselves (23%). This means that the public's position on funding for social care is out of step with the reality of support available, with most people unable to access elder care subsidies.

Paying for the social care system

When asked how any future adult social care settlement should be paid for, the public was most supportive of a new insurance system, and then somewhat supportive of other options, including a new tax and increases to inheritance tax or National Insurance. People were most supportive of creating a new insurance system (30%), with less popular options being a new tax to fund care (16%), an increase in inheritance tax (12%), an increase in National Insurance (13%) and an increase in income tax (10%). Some members of the public would prefer for people to pay for care themselves (14%).

Finally, we wanted to better understand the public's views of the trade-offs policy-makers would likely be making when making decisions about how to fund adult social care in the future.

We asked the public where they thought responsibility lay for paying for social care, and where they thought it was appropriate for people to use their own assets. We found that the public was more likely to think that adult social care reforms should be funded by the Government rather than people selling assets, and that people were somewhat more likely to think that people should not have to save to pay for their

own elder care. People also told us they were somewhat more supportive of the most generous support going to the poorest.

Figure 5: Public attitudes to how care should be funded in the UK

Members of the public were asked to place themselves on a scale of 0 to 100



Source: JRF poll, carried out by FocalData in 2024

3. Conclusion

We have found that people tend to have a rosier view of the care system than the reality of what people with care needs and carers experience today. Under current plans, there are few concrete commitments to change this system and reforms to the system are long overdue.

The public is clearly keen for change and recognises the need for increased taxation to pay for it. While the issue of care may currently have lower salience than other domestic concerns, this may change as more people encounter the system and its challenges.

Government should bring forward plans to reform the system, focusing its attention on ensuring costs to people drawing on care are affordable and that government support extends to more households than currently receive help. There is also support for making care more efficient through technology, though not at the expense of face-to-face interaction with professionals. Government should also improve the quality of care, which will require a driving up of care worker pay and conditions.

Methodology

These findings come from a research project commissioned by JRF to better understand public attitudes on care, including childcare, adult social care and unpaid care. We conducted, with research agency Focaldata, 3 rounds of research:

1. A nationally representative survey of 5,000 people in England and Wales, with an additional 1,000-person boost for unpaid carers in England and Wales, with an additional 1,000-person boost for Scotland. The 1,000-person boost for unpaid carers was weighted to the representative of the unpaid care population from the Census. This sample also aligns with the Family Resources Survey 2022/23 unpaid carer population for gender, age and caring hours.
2. Qualitative research with 600 members of the public and carers across autumn 2024, asking about their experiences and views of care.
3. A nationally representative survey of 2,000 members of the public, with a boost of voters who switched in the 2024 election.

In this report we focus primarily on the findings from the England and Wales polls for parents, care recipients or the general population. When speaking about carers, we report from our carers sample, which pools responses from carers from our England and Wales survey and the 1,000-person carers boost.

We use Understanding Society data as the comparator to the expectations from our survey. 4 waves of Understanding Society (Waves 7, 9, 11 and 13, covering 2015–23) asked people aged 65+ questions on social care. The initial identifying question asked this age group whether they need help with a list of activities of daily living, after which the group aged 65+ and who need help with any activity of daily living are asked questions on whether the support they receive is from formal or informal sources of help, and in Waves 9, 11 and 13, how any social care is paid for. A full list of formal and informal helpers is available in the Wave 13 main survey questionnaire, pages 320–22.

To analyse how income distribution affects choices made around care, we asked all respondents to input their monthly household take-home income in a free text question. We also asked respondents to input their weekly take-home income into a choice of 11 bands. Using these 2 responses, we cleaned the monthly income free text responses and divided respondents into tertiles.

We used the breaks for our England and Wales survey and applied them to our pooled carers sample. The income breaks for the tertiles were:

- lowest tertile (£0–£1,750)
- medium tertile (£1,751–£3,250)
- highest tertile 3 (£3,251+)
- n=5,022.

Wherever we quote numbers from our own research, we only report numbers with subgroup respondents over 50.

References

ADASS (2024) [2024 spring survey \(https://www.adass.org.uk/documents/adass-spring-survey-2024/\)](https://www.adass.org.uk/documents/adass-spring-survey-2024/)

Berg, Viktor (2025) [How to pay for home care | 2025 \(https://www.homecare.co.uk/advice/paying-for-care-at-home\)](https://www.homecare.co.uk/advice/paying-for-care-at-home)

Carers UK (2019) [Will I care? \(https://www.carersuk.org/reports/will-i-care-the-likelihood-of-being-a-carer-in-adult-life\)](https://www.carersuk.org/reports/will-i-care-the-likelihood-of-being-a-carer-in-adult-life)

Jitendra, A. and Bokhari, T. (2024) [The future of care needs: a whole systems approach \(https://www.jrf.org.uk/care/the-future-of-care-needs-a-whole-systems-approach\)](https://www.jrf.org.uk/care/the-future-of-care-needs-a-whole-systems-approach)

Jitendra, A. Thompson, S. and Woodruff, L. (2023) [The caring penalty \(https://www.jrf.org.uk/care/the-caring-penalty\)](https://www.jrf.org.uk/care/the-caring-penalty)

Joseph Rowntree Foundation (2025) [UK Poverty 2025 \(https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk\)](https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk)

National Audit Office (2021) [The adult social care market in England \(https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf\)](https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf)

NHS England Digital (2023) [Health survey for England, 2021](#)

[https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/social-](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/social-care#:~:text=The%20proportion%20who%20did%20not,those%20aged%2080%20and%20over.)

[care#:~:text=The%20proportion%20who%20did%20not,those%20aged%2080%20and%20over.](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/social-care#:~:text=The%20proportion%20who%20did%20not,those%20aged%2080%20and%20over.))

Read, S. Erens, B. Wittenberg, R. Wistow, G. Dickinson, F. Knapp, M. Cyhlarova, E.

Mays, N. (2021) [Public preferences for paying for social care in later life in England: A latent class analysis](#)

<https://www.sciencedirect.com/science/article/pii/S0277953621001350?via%3Dihub>)

Reeves, C. Islam, A. and Gentry, T. (2024) [The state of health and care of older people](#)

[in England 2024 \(https://www.ageuk.org.uk/siteassets/documents/reports-and-](https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health--wellbeing/state-of-health-and-care/state_of_health_and_social_care_24.pdf)

[publications/reports-and-briefings/health--wellbeing/state-of-health-and-](https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health--wellbeing/state-of-health-and-care/state_of_health_and_social_care_24.pdf)

[care/state_of_health_and_social_care_24.pdf\)](https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health--wellbeing/state-of-health-and-care/state_of_health_and_social_care_24.pdf)

Notes

1. JRF Analysis of Understanding Society Waves 9, 11 and 13. Group receiving government support is over 65s who receive help from formal or informal carers and do not have a personal budget assigned. Personal budget and paying for care privately are not mutually exclusive, so there is some overlap between those groups. Formal helpers and paid care are not synonymous – formal helpers include voluntary charity workers, sheltered housing employees and so on.
2. These benefits were considered to be Carer's Allowance, Pension Credit, Universal Credit and Income Support, which constitute the main carers' benefits people are on and the main means-tested benefits with carers' components.
3. Rated 6.7 out of 10 on a 10-point scale – 1 being not at all concerned and 10 being very concerned.
4. That is, the 'caring penalty'.
5. Women: 4.4 on a 10-point confidence scale; men: 4.9 on a 10-point confidence scale.
6. Women: 4.0 on a 10-point confidence scale; men: 4.8 on a 10-point confidence scale.

How to cite this briefing

If you are using this document in your own writing, our preferred citation is:

Bokhari, T. and Jitendra, A. (2025) The care expectation gap. York: Joseph Rowntree Foundation.