

Fixing adult social care - a plain-English summary

What is going wrong, what we propose, what it would honestly cost, and the two choices we are putting to you.

Discussion draft · version 1.0 · June 2026. This is the short, public version of the White Paper. It is a proposal for discussion, not a finished policy. We set out the options and the evidence; how good a service the country wants, and who should pay for it, are decisions for the public and Parliament - not for us to make for you. It is meant to help the independent Casey Commission and the public, not to get ahead of them.

The problem, in one paragraph

Social care - the help people need with everyday life when age, illness or disability makes it hard - is failing on five linked fronts at once. There are not enough care workers, and they are underpaid; the companies and charities that provide care are financially fragile; a few unlucky people face ruinous bills and can lose almost everything, because no insurance market exists to cover the risk; people get stuck in hospital because there is no care waiting for them at home; and hundreds of thousands wait for the care they need. Governments have promised to fix this for twenty-five years and never have, because each time they tried to settle the hardest question - who pays for the worst cases - behind closed doors, and lost the argument.

What we propose

A reform that treats the whole system at once, because fixing one part without the others has failed every time before. There are two kinds of decision in it, and we keep them strictly apart.

The things the evidence can settle, we recommend. These are about *delivering* care, and there is good evidence for what works:

- **The workforce** - a real pay rise, proper training and career paths, better-designed jobs, and a homegrown way to recruit and train new carers (to replace the overseas route the government closed in 2025). A small pay rise alone keeps the carers we have but does not bring new ones in - you need all four together.
- **Care providers** - fund councils to pay the true cost of care, and end the unfairness whereby people who pay for their own care are charged about 40% more to subsidise everyone else. Give someone the power to step in when a big care company is about to collapse - which today nobody has.
- **The hospital link** - invest in getting people out of hospital and back home safely, but honestly: we will not pretend this "saves the NHS money", because the evidence for that is weak.
- **Waiting and quality** - clear the waiting lists and reach the people going without - but only as fast as we have the staff and providers to do it properly.

The one thing that is genuinely a choice about fairness, we put to you, not to ourselves. That is *who pays* for the most expensive cases. We set out six honest, costed options and recommend none of them (see below).

The golden rule running through all of it: build the capacity before you promise the care. Scotland gave people the right to free personal care without first building the staff and care homes to deliver it - and people ended up stuck in hospital waiting for care that did not exist. We will not repeat that. A set of sensible first steps that are needed whatever the country decides - fixing pay, funding providers fairly, letting people keep more of their savings - can start straight away.

Two people it is for

Margaret, 84, with dementia, in her own home. She needs more help each month. Today her family pays privately and is charged far more than the council would pay for the same care, and they watch her savings drain away with no limit and no idea where it ends. Under the reform, there are enough trained carers to look after her, the unfair private mark-up is gone, and the country has decided - openly - whether there should be a limit on how much anyone like Margaret can ever lose.

Daniel, 34, a care worker. He is good at his job and loves it, but he is paid barely above the supermarket down the road, there is no real career ladder, and half his team has left in the past year. Under the reform he is paid a proper wage, can train and progress, and works in a job designed to be worth staying in - and new recruits come in through a national jobs-and-training service instead of from overseas.

The honest numbers

We will not pretend this is free, and we will not claim it "pays for itself" - because it doesn't.

- Good-quality care for everyone who needs it costs roughly **£38 billion a year** in total - shared between the state and individuals depending on which funding option the country picks. Today the state covers about £27 billion of that.
- The biggest single cost is fixing the workforce, and *how far* to go is one of your choices: roughly **£1.5 billion** just to slow the decline (which does *not* fix the shortage), about **£6 billion** to actually fix it, or about **£8.7 billion** to fix it faster.
- Good social care does ease the pressure on the NHS and on councils - but we will never dress those hoped-for savings up as if they pay the bill. The cost is real and ongoing.

The two questions we are putting to you

The numbers tell you the price. What they cannot tell you is what is fair - and there are two fairness questions only the public should answer:

1. When someone faces ruinous care costs, who should carry them - that person and their family, or all of us together through taxes - and how fairly should the burden be shared?

2. How good a service should we build, and how fast - and how much are we willing to pay for it?

We have set out six costed options for the first and an honest three-rung ladder for the second, each with its real-world track record and its honest catch, in the companion [Public Choices](#) guide. We recommend

none of them. Our job is to give you the true costs and consequences and put the choice where it belongs - with you.

Why we build the capacity before we promise the care

The most important lesson from every past attempt - here and abroad - is that a right to care is worthless without the staff and providers to deliver it. So the reform is sequenced: fix the workforce and the provider market *first*, prove the capacity is really there, and only then widen who is entitled to what. The sensible first steps cost money but are needed under every option, so they can begin now - and they leave the system better whatever the country eventually decides.

The full case, with every figure graded for how strong the evidence is and sourced, is in the [White Paper](#), the [Public Choices](#) guide, the [Delivery Design](#) and the [Evidence Annex](#). The figures here have been checked against their original published sources (June 2026); where a figure has been corrected or carries a caveat, that is recorded in the evidence annex. This proposal was developed under The Pragma Method, an approach for turning long-unsolved problems into implementation-ready policy on graded evidence and across the political spectrum.