2025 SPRING SURVEY

directors of adass
adult social services

Contents

1. Foreword and introduction

This year's survey paints a clear picture of the challenges and opportunities for adult social care. It has been published at yet another crossroads for adult social care. It's now a few weeks after the Government announced the Spending Review which sets out how much money will be available for social care over the next three years, and we are also at the beginning of the Casey Commission into adult social care. The question on all of our lips is now whether we can finally shift the narrative on adult social care? After all, adult social care is about people, it is about all of us.

At its best, adult social care holds people's lives together, enables them to live on their terms, work, volunteer, access education and care for others. However, as stated by the Health and Social Care Committee '*too many people aren't getting the care they need, care workers are undervalued and far too much pressure is placed on unpaid carers*'.[1]

This year's survey is a continuation of the themes from the 2024 report with the financial challenges intensifying, need for care and support increasing, activity shifting to adult social care from the NHS and unpaid carers being left to pick up the slack to the detriment of their own health and wellbeing.

The ability of councils to play a full part in delivering on the Government's three shifts- hospital to community, treatment to prevention and analogue to digital- is being compromised as a result of these challenges. In particular, the ability of councils to play an active role in the Government's recently announced neighbourhood care centres will not be realised if adult social care is not adequately funded and shifts of activity into the community from hospitals come with appropriate resources and support.

Directors of Adult Social Services know where investment would have the biggest impact. Through investing in prevention and early intervention we can maintain and improve people's wellbeing, enable them to remain as independent as possible for as long as possible and in turn reduce or delay the need for more formal care and support services. However, we now find ourselves in a place where council and adult social care budgets are insufficient to fully address all of their legal duties and consequently funding to invest in preventative approaches is at its lowest level since 2021/22.

The next few years look challenging, with little room for councils to invest and significantly improve and reform adult social care. What we can do is continue to work with people with lived experience to hear their views and co-design care and support and make the most of the resources available for social care. There are also some lower cost investments and policy changes that government could make to lay the foundations for more fundamental reform of adult social care that will be recommended through the final Casey Commission report.

[1] Health and Social Care Committee, Adult Social Care Reform: the cost of inaction (May 2025)

We extend our gratitude to ADASS members and their staff for taking the time to collate answers and complete the survey. We'd like to thank policy and communication colleagues in the ADASS national team for working to analyse the results and pull this report together, with support from the research and data team in Partners in Care and Health. We also appreciate the invaluable input and advice from ADASS Trustees and our Resources Co-Leads whose collective experiences inform the messages shared here, both locally and nationally.

Jess McGregor

ADASS President

Sally Burlington

ADASS Chief Executive

2. Key findings

The Government's ambition to shift from hospital to community through new neighbourhood care centres will not be realised if adult social care is not adequately funded. 94% of Directors agreed that NHS pressures are resulting in adult social care taking on responsibilities that were previously arranged or delivered by the NHS—up from 91% last year. Nearly two-thirds of Directors (64%) reported that there has been an increase in social care staff providing clinical oversight to people with primary health needs in the absence of Clinical Healthcare agreements.

Directors of Adult Social Services have little to no additional funding to deliver on the Government's three shifts- hospital to community, treatment to prevention and analogue to digital. As a result of increasing levels and complexity of need, as well as rising costs, Directors of Adult Social Services overspent by £774mn nationally in 2024/25, which is the highest in the past decade since we started measuring financial pressures in this way. Adult social care has now overspent three years in a row.

Spending on prevention – to help people live independent, healthier lives for longer – is at its lowest level since 2021/22. Directors know where investment would have the biggest impact on enabling people to live healthier lives that are both more independent and more connected. However, spending on prevention has fallen to £1.3bn because of financial pressures and the need to prioritise those people with the highest level of need. Consequently 74% of Directors either have partial or no confidence that their budgets are sufficient to meet their legal duties for prevention and wellbeing.

The need to make substantial savings to adult social care budgets will impact the choice and quality of care and support that people can access at a local level. Directors have modelled savings of £932mn for 2025/26 to support their councils to deliver a legally required balanced budget, the highest level since 2016/17.

The needs of people accessing care and support are becoming increasingly complex which requires more intensive support. The average size of care packages for people coming from community-based settings and hospital continues to increase in the majority of councils. In 2024/25, people needed an average of 14 hours and 23 minutes of homecare per week — up from 13 hours and 40 minutes in 2021/22, reflecting a rising trend over time.

More unpaid carers are asking councils for help and they continue to fill the gaps in adult social care support, often to the detriment of their own health and wellbeing. Over three quarters of Directors (76%) have seen an increase in the number of unpaid carers approaching their council for support in the past year. The lack of access to healthcare and health support was rated as a significant factor contributing to carer breakdown (most of the time, some of the time or always) by 91% . Joined-up support for carers at a local level should be part and parcel of the Government's overarching ambitions for preventative health and care services that are personalised, smart and sustainable.

Directors have little confidence that their adult social care budgets are sufficient to fully meet their legal duties to promote the efficient and effective operation of the care market. 85% of Directors have either no or partial confidence that their budgets are sufficient to meet their legal duties for care market sustainability in 2025/26. The funding pressures set out in this report, coupled with council funding pressures in areas such as Special Educational Needs and Disability (SEND) services, means that there is not sufficient funding to raise care provider fees in many council areas to fully meet employer National Insurance and National Living Wage costs.

Directors are least confident that their adult social care budgets will be sufficient to meet their legal duties for Deprivation of Liberty Safeguards (DoLs) in 2025/26 compared to other legal duties. 75% of Directors have either no or partial confidence that their budgets are sufficient to meet the legal procedures for DoLs set out within the Mental Capacity Act 2005. These duties protect the rights of individuals who lack the mental capacity to consent to their care arrangements in hospitals or care homes.

3. Methodology

The ADASS Spring Survey is an annual survey conducted by the Association of Directors of Adult Social Services (ADASS) and is sent to every Director of Adult Social Services (referred to as Directors in this report) in the 153 English councils with social care responsibilities. These Directors are all full members of ADASS.

The survey is conducted around the same period each year to enable comparability. Where possible the core survey questions have remained consistent to track trends over time, specifically focusing on budgets, levels of savings and where they have been made, demographic pressures and Director confidence in delivering on their statutory (legal) duties. Additional questions have been included this year to strengthen our understanding of both financial and wider challenges facing adult social care. Several topical questions are asked in each survey to reflect current issues.

There were 139 completed returns to this survey, a 91% response rate. The survey was distributed via an online link and remained open between 30 April and 6 June 2025. To ensure that results are comparable from year-to-year for the financial data contained within this report, we take the figure from the number of responses that we have received and extrapolate them to represent pressures on 153 councils. Where this is not the case, we have made it explicit in the report.

The survey report is anonymised and aggregated to a national level. No individual council data is shared with third parties unless this was agreed prior to the survey, and we have received consent from each individual council. The data and details in the report remain the property of ADASS.

4. Financial context

The financial situation facing Directors of Adult Social Services and councils continues to be extremely challenging, with little sign of pressures abating. These pressures have direct consequences for the choice and quality of care and support available to people with social care needs, their families and carers.

The recent Spending Review announcement from the Chancellor confirmed that local government will get a multi-year budget settlement for the first time since the pre-Covid period. This approach will provide councils with a sense of stability and certainty to plan over several years, rather than having to wait for a new settlement from Government year on year. However, the additional £4bn that councils will have access to over the three-year period is, at best, likely to only be sufficient to meet existing cost pressures.

Whilst the certainty provided by the Spending Review is helpful, councils will also be subject to some financial turbulence due to Local Government Funding Reform.[2] The reform of council funding will update or introduce new funding formulae, including the Adult Social Care Relative Needs Formula, with the ambition from government to make funding *'fair and better aligned with relative need, cost and resources'*. This will mean that some councils will have access to additional resources, whilst others will have to plan to deliver their legal duties with less funding than at present.

The level of financial challenges facing councils with adult social care responsibilities is demonstrated by a recent Local Government Association (LGA) survey. This found that 87% of council chief finance officers indicated that setting a balanced budget would be very or fairly difficult for 2025/26.[3]

This section of the report looks at the funding available for councils and the pressures on those resources. It covers:

- Council and Adult Social Care Budget, Overspends/Underspends
- Council Tax and Adult Social Care Precept
- Planned Savings

The cost of funding adult social care rises year on year and is impacted, like the wider economy, by inflation and the availability of the workforce. Cost pressures for adult social care have increased further because of the Chancellor's 2024 Autumn Budget announcement which increased Employer National Insurance Contributions (ENICs) for independent care providers. Councils have limited routes by which they can raise income outside of direct funding from central government. These include council tax and adult social care precept flexibilities which can be levied locally to increase council resources. These are local political decisions and must balance the need for additional resources to deliver a legally required balanced budget against the economic circumstances facing local people.

[2] Ministry of Housing, Communities and Local Government, The Fair Funding Review 2.0 (June 2025)
[3] Local Government Association, Local Government Budget Setting Survey, (March 2025)

4.1 Council budgets

Councils have a broad range of responsibilities. These include adult and children's social care, leisure, culture and environment, housing and planning and waste management, economic development and also lesser-known services such as licensing, business support, registrar services and pest control. They also have over 1,300 legal duties placed upon them by government.

Councils are responsible for their own financial management and performance. This includes setting a legally required balanced budget each year. Local councillors need to make choices that balance government policies with local policy ambition, as well as the council's financial position and residents' needs. These responsibilities include a fiduciary duty to council taxpayers which means that the council must manage public funds in a responsible way, maximising their value and use for public benefit whilst ensuring that public money is not put at unnecessary risk.

The expected council total net budget for 2025/26 (excluding schools) is £64bn. Councils have also planned to make £3.1bn of savings in 2025/26 in order to deliver a balanced budget, up from £2.8bn in 2024/25. *(Extrapolated based on 136 responses).*

4.2 Council Tax

Council Tax is the local tax which helps councils pay for the services they provide. Our survey asked how much councils were planning to increase Council Tax for 2025/26 (excluding the Adult Social Care Precept). 84% of councils settled on or about the maximum level of increase which does not require a referendum, this has increased substantially from 71% in 2023/24 but was lower than 93% in 2024/25. Only 1% of councils reported no increase at all. It's important to note that a handful of councils were able to levy above the 3% referendum limit. These councils were given permission to do so by government because of the challenging budgetary circumstances that they are facing.[4]

Since 2016/17, councils with social care responsibilities have been able to increase Council Tax under the adult social care precept flexibility, as well as under the core Council Tax referendum principle.[5] Directors were asked the level at which their council levied the adult social care precept for 2025/26. 99% of councils chose to charge the maximum amount of 2% before a referendum is required, about the same as last year (98%). If fully utilised, the adult social care precept flexibility in 2025/26 will generate £654mn for councils. The adult social care precept flexibility in 2025/26 accounts for £34, or 1.5%, of the average Band D Council Tax bill increase.

[4] The councils were Birmingham City Council, Somerset Council, Trafford Metropolitan Borough Council who have a maximum of 7.5%, Newham London Borough Council and Royal Borough of Windsor and Maidenhead Council who have a maximum of 9% and City of Bradford Metropolitan District Council who have a maximum of 10%.
[5] Ministry of Housing, Communities and Local Government, Council tax levels set by local authorities in England 2025 to 2026, revised (April 2025)

Figure 1 Level of Council Tax increase and percentage of councils applying it *(138 responses)*

Level of council tax increase	Percentage of councils
2.99%	84%
Other	14%
0%	1%

4.3 Adult social care budgets

Each year, Directors of Adult Social Services must make critical decisions about their budgets which attempt to balance the following key pressures:

- The numbers of people who access care and support (and those who don't)
- The levels and types of support available to individuals
- The price that is paid to providers of care and support services
- The choice and quality of provision
- The legal requirement that the council balances its budget.

The amount budgeted by councils for adult social care rose from £20.8bn in 2024/25 (adjusted from ADASS Spring 2024 report based on returns to this survey) to £22.4bn in 2025/26 (see figure 2 below). The proportion of councils' overall budgets being spent on adult social care decreased from 37.8% in 2024/25 to 35.2% in 2025/26.

On average, 66% of the Social Care Grant was allocated to adult social care for 2025/26, an increase from 60% in 2024/25. The proportion of the Social Care Grant allocated to adult social care had remained fairly static for the past couple of years at in and around the 60% mark since its inception.

Figure 2 - Adult Social Care (ASC) net and actual budget and ASC net budget as a % of whole council net budget 2019/20 to 2025/26

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
ASC net budget	£15.1bn	£15.6bn	£16.5bn	£17.7bn	£19.2bn	£20.8bn	£22.4bn
ASC actual	£15.3bn	£15.6bn	£16.4bn	£17.8bn	£19.8bn	£21.5bn	
Under/overspend	**- £197mn**	**+61mn**	**-£103mn**	**+£74mn**	**+£586mn**	**+£774mn**	
ASC net budget as % of whole council net budget	37.4%	37.4%	36.9%	37.2%	36.7%	37.2%	35.2%

4.4 Overspends

Directors of Adult Social Services are caught in a cycle of overspending in one year which then, in part, increases the savings requirement on their service in the following financial year to support the council to deliver on its legal requirement to set a balanced budget year on year.

The level of overspending on adult social care budgets continues to increase. In 2024/25 four-fifths of Directors (80%) indicated that their council overspent their adult social care budgets, with this overspend totalling £774mn nationally (based on 135 responses). This is an estimated 3.46% of ASC budgets. This is the highest overspend figure recorded by an ADASS Survey in the past decade since we started measuring financial pressures in this way. The overspend figure has increased from just under two-thirds of councils (63%) in 2022/23, when the overspends totalled £73.66m, and 72% of councils in 2023/24 with an overspend of £586mn nationally.

Directors indicated that on average 33% of overspends, or approximately £254mn, have been carried forward into 2025/26 budgets and will need to be funded from adult social care budgets or by making additional savings, up from 10.7% in 2024/25 (based on 103 responses).

To address these overspends, councils are required to take mitigating actions to balance their budgets. We asked Directors to what extent different sources of funding were used to address adult social care overspends from 2024/25. Just under seven in ten (69%) of Directors indicated that the most common source of funding to address overspends in adult social care was from under spending in the previous financial year by other council departments (which does not have to be paid back); this has increased from 56% in 2023/24. The second highest ranked funding source was from council reserves which do not have to be paid back, with two-thirds (66%) of respondents indicating that their council utilised this approach. According to the Chartered Institute of Public Finance and Accountancy (CIPFA) "using reserves to balance budgets can be a legitimate short-term financial option". However, they caution that "it is not normally prudent for reserves to be used to finance recurrent expenditure".[6]

A new survey option for addressing overspends, funded out of a corporate contingency built into the council's 2024/25 budget which does not have to be paid back, was highlighted by just over one-third of Directors (35%) as an approach used by their council. It should be noted that some additional options were provided for Directors to select from, this may have consequently impacted on the overall comparability of the results from year to year.

[6] Chartered Institute of Public Finance and Accountancy, Local authority reserves and balances; CIPFA Bulletin 13 (March 2023)

Figure 3 - The extent to which different sources of funding have been used by councils to address their overspends from 2024/25 *(100 responses)*

Response (respondents were able to select more than one)	2017/18	2018/19	2020/21	2021/22	2022/23	2023/24	2024/25
From council reserves (which do not have to be paid back)	1%	4%	34%	37%	72%	95%	**66%**
From under spending in previous financial year by other council departments (which does not have to be paid back)	41%	51%	30%	60%	51%	56%	**69%**
Use of Government Grants e.g. discharge funding (in 2020/21 & 2021/22 this option was Covid-19 funding)	N/A	N/A	75%	46%	16%	23%	**N/A**
Other one-off sources of funding	8%	25%	16%	8%	14%	8%	**10%**
Using a proportion of iBCF allocation	27%	27%	4%	10%	6%	12%	**NA**
By requiring adult social care to pay back by making additional savings in the following financial year	50%	43%	1%	0%	3%	6%	**16%**
Funded out of a corporate contingency built into the council's 2024/25 budget (which does not have to be paid back)							**35%**
Funded from a specific contingency which has to be paid back as part of a deficit recovery plan							**1%**
Included in the 2025/26 budget for adult social care							**11%**
Capital Directive from Government							**11%**
Local arrangement under S75 pooled budget							**4%**

4.5 Financial pressures on budgets

We asked Directors how confident they were their budgets for 2025/26 will enable them to meet the care and support needs (as defined in legislation, e.g. Care Act) of those people who draw on it in their local area for people aged 18-64 and for people aged 65+ (See Figure 4).

The results were broadly similar for both age groups. Less than a quarter of Directors (24%) were fully confident that their budgets will enable them to meet the care and support needs of people aged 65+, whilst 21% indicated that this is the case for people aged 18-64 with care and support needs. For both age groups just over two-thirds of Directors were partially confident, whilst 12% of Directors have no confidence that their budgets will enable their council to meet care and support needs for people aged 18-64 and 9% for those aged 65+.

Figure 4 – Confidence that adult social care budget will enable council to meet the care and support needs (as defined in legislation, e.g. Care Act) of those people who draw on it in your local area for 2025/26. *(135 responses)*

	Fully confident	Partially confident	No confidence	Unable to answer
Older people (people aged 65+)	24%	67%	9%	0%
People aged 18-64 with disabilities or mental health needs	21%	67%	12%	<1%

We asked Directors for the first time the about how concerned they were about the financial pressures on their budget for 2025/26 as a result of a range of factors. Directors are most concerned about increased costs as a result of increased complexity of need for people aged 65+, with 89% of respondents either extremely concerned or quite concerned. This was closely followed by increased costs due to care market pressures with 88%.

For people aged 18-64, Directors are most concerned about the impact on their budgets of the rising cost of support for younger adults as they transition from children's services, with 59% of Directors extremely concerned and 36% quite concerned. This was closely followed by rising costs due to increased complexity of need, with 54% of respondents extremely concerned and 41% quite concerned.

Figure 5- Proportion of Directors concerned about the financial pressures on their budgets for 2025/26 because of a number of factors *(136 responses)*

	Extremely concerned	Quite concerned	A little concerned	Not at all concerned
For older people				
Demographic pressures	26%	49%	26%	0%
Increased costs due to inflationary pressures	43%	42%	15%	0%
Increased costs due to increased complexity of needs	43%	46%	10%	1%
Increased costs due to market pressures	44%	44%	11%	0%
Increased costs due to high level of vacancies in the adult social care workforce	14%	41%	38%	7%
For working age adults				
Demographic pressures	32%	43%	24%	1%
Cost of support for younger adults as they transition from children's services	59%	36%	5%	0%
Increased costs due to inflationary pressures	44%	41%	15%	0%
Increased costs due to increased complexity of needs	54%	41%	4%	1%
Increased costs due to market pressures	49%	42%	9%	1%
Increased costs due to high level of vacancies in the adult social care workforce	16%	41%	36%	7%

4.7 Savings

'In the past, governments have looked for savings and efficiencies to help plug immediate gaps. The scope for those is now extremely limited and the clear reality is that current funding levels are insufficient to tackle the challenges facing the sector, such as inflation, demography, workforce recruitment and retention, the inability to invest in prevention, and provider instability'.[7]

Directors reported that for 2025/26 they have planned to deliver £932mn savings to adult social care budgets, which is an increase from £903mn for 2024/25 (based on 136 responses). This represents 4.2% of ASC net budget. This is the highest level of planned savings since 2016/17 when the figure was £941mn.

74% of Directors reported being only partially confident in delivering their planned savings for 2025/26, whilst 5% of Directors have no confidence. Only 16% of Directors were fully confident that they will be

[7] LGA et al., Joint statement: investing in adult social care for people and communities (May 2025)

able to deliver planned savings in full. The remaining 5% of respondents selected the 'not yet known' option. These figures are similar to those reported in our 2024 survey.

4.8 Confidence in ability to meet statutory duties

Directors were asked about levels of confidence in being able to deliver what they are required to by law, such as the Care Act, for adult social care - their specific 'statutory duties'. These duties include but are not limited to:

- Information and advice
- Prevention and wellbeing
- Assessment (carers and people using services)
- Personal Budgets/services sufficient to meet eligible needs
- Safeguarding
- Deprivation of Liberty Safeguards (DoLs) and the requirements of the Mental Capacity Act
- Market Sustainability (including National Living Wage).

The area where Directors have the least confidence that their adult social care budgets are sufficient to meet their legal duties in 2025/26 relates to Deprivation of Liberty Safeguards (DoLs). One-fifth of Directors (20%) have no confidence, with just over half of Directors (55%) only partially confident. DoLs are a set of legal procedures within the Mental Capacity Act 2005 that protect the rights of individuals who lack the mental capacity to consent to their care arrangements in hospitals or care homes, and whose care involves having someone supporting them all the time and preventing them leaving their placements if they tried to do so.

The 2014 Care Act placed legal duties on councils to promote the efficient and effective operation of the market for adult care and support as a whole. As such, it is extremely concerning that 86% of Directors have either no or partial confidence that their budgets are sufficient to meet their statutory duties for Care Market Sustainability. This breaks down to 15% of Directors who have no confidence, with nearly seven in ten of respondents (71%) having only partial confidence for 2025/26.

The fact that so many Directors have only partial or no confidence that they can meet their statutory obligations around Safeguarding (54%) and Approved Mental Health Professional services (AMHP) (65%) services is particularly worrying, given that these services focus on people's safety and rights. AMHPs decide whether to detain people under the Mental Health Act, and Safeguarding Social Workers investigate and seek to resolve situations that can lead to serious harm happening to adults less able to protect themselves.

Equally, the even lower confidence in meeting statutory responsibilities around assessment and prevention suggests services are not able to intervene early enough to support people to maintain greater levels of independence and as a result increasing the likelihood that they will require more intensive (and expensive) support as a result.

Figure 6 - Directors' confidence in their budgets being sufficient to meet their statutory duties 2025/26 and 2026/27 *(137 responses). 'Unable to answer option' not included in tables below. Where figures do not add up to 100% it should be assumed that this was the answer selected.*

	2025/26			2026/27		
	Full	**Partial**	**No**	**Full**	**Partial**	**No**
Safeguarding	46%	51%	3%	32%	53%	4%
Information and Advice	41%	56%	3%	28%	55%	5%
Approved Mental Health Professional services	35%	60%	5%	23%	59%	8%
Assessment (carers and people using services)	31%	61%	7%	19%	61%	9%
Personal Budgets/services sufficient to meet eligible needs	28%	62%	9%	16%	59%	14%
Prevention and Wellbeing	25%	69%	5%	13%	67%	9%
DoLS/LPS	25%	55%	20%	16%	55%	19%
Market Sustainability (including National Living Wage)	13%	71%	15%	5%	62%	20%

5. Care market sustainability

England has had a marketised care system for several decades. The Care Act 2014 maintained this system, but sought to encourage greater choice, quality and value through placing a duty on councils to 'shape' their local market:

> *'Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to encourage and facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals… Market shaping activity should stimulate a diverse range of appropriate high quality services (both in terms of the types of services and the types of provider organisation), and ensure the market as a whole remains vibrant and sustainable.'*[8]

This section looks at what our survey can tell us about the functioning of that market (or those local and regional markets). It looks at:

- The availability and continuity of services (contract handbacks)
- The price of key services (homecare rates)
- The capacity of those services (homecare hours delivered)

5.1 Contract handbacks

The adult social care market is complex, consisting of a large number of different organisations of various types and sizes – over 18,500[9] - providing services directly to private individuals, as well as services to councils and the NHS. Where provision is commissioned by councils, it may be at scale over long time-frames, or through shorter-term arrangements, called spot-commissioning. This is a growing market - the number of registered homecare services increased by 34% between 2020 and 2024[10] - but one facing challenges and risks.[11] Average operating profit margins among social care providers are modest, and significantly lower than a decade ago.[12] Operating costs are rising above inflation - driven primarily by employment costs - and while council rates are increasing, they are

[8] DHSC, Care and support statutory guidance (February 2025), 4.6
[9] Skills for Care, State of the adult social care sector and workforce in England, 2024 (October 2024)
[10] CQC, The state of health care and adult social care in England, 2023/24 (October 2024)
[11] The National Risk Register records major ASC provider failure at a likelihood of 4 (5-25%) and an impact seriousness of 2 (limited).
[12] Laing Buisson, Adult social care in the UK: scale structure and financial performance of the independent sector (October 2024)

constrained by the budgetary pressures detailed earlier in this report. Academics have described the provider market overall as 'fractured', affected by 'structural faults' and lacking 'transparency'.[13] Every contract handback is important in its own right, affecting the wellbeing and continuity of care experienced by people drawing on care and support, as well as often leading to increased costs for councils.[14] Beyond this, contract handbacks are also a barometer for the health and sustainability of the care market, albeit an inexact one. In the past six months, 56% of Directors reported that providers in their area had closed, ceased trading or handed back council contracts, which is a slight reduction on 2024 and 2023 (both 66%) and on 2022 (64%). ADASS data for handbacks by supported living / extra care providers only extend back to May 2024. They have risen from 15% to 18% in the most recent figures. Taken together, the data suggest some market resilience, despite intense pressures.

In the past six months a total 4,056 people have been directly impacted by provider closures, cessation of trading or contract handbacks, which compares to 5,139 people in the six-month period prior to May 2024.

1,041 people supported by their council have been impacted by homecare contract handbacks in the last six months, which is equivalent to 23 people per council reporting that they have been subject to contract handbacks, and which compares to 34 people per council in our 2024 survey. For residential or nursing care providers, 490 people have been impacted by contract handbacks in the past six months, which is equivalent to 10 people per council area that has been subject to contract handbacks. This compares to 15 people per council reported in 2023, and 38 people in 2023. Supported living / extra care handbacks affected 356 people.

Figure 7 - Councils impacted by provider closures, cessation of trading or contract handbacks *(137 responses)*

Councils impacted by provider closures, cessation of trading or contract handbacks	Jul 2022 - Oct 2022	Nov 2022 - May 2023	Nov 2023 - May 2024	Nov 2024 - May 2025
All Providers	64%	66%	66%	56%
Homecare Providers	31%	36%	39%	37%
Residential / Nursing Care Providers	41%	44%	47%	38%
Supported Living/Extra Care			15%	18%

We asked Directors to identify the top issue contributing to handbacks they experienced locally. Provider closure was the most important, followed by providers deciding against participating in council arrangements.

[13] For example, see National Audit Office, The Adult Social Care Market in England (March 2021) and Nuffield Trust, Fractured and forgotten? The social care provider market in England (April 2021)
[14] University of Birmingham, Improving Outcomes When Care Homes Close (2025)

Figure 8 - Issues that have contributed most to contract handbacks from providers *(63 responses)*

Based on actual contract hand backs and/or care provider feedback, to what extent have the following issues contributed to the handbacks to your council from care providers?	% of councils identifying this issue as the main contributor
Provider closure	41%
Providers decided against participating in council arrangements (e.g. not willing to go on council framework, proposed fee levels, etc.)	17%
Other issue	16%
Change of business model (e.g. shifting focus to self-funder market)	10%
Providers unable to employ workforce to deliver on contract(s)	10%
Licence revocations/failure to renew licences for international recruits	6%

We asked in more detail about the extent to which the issues listed had contributed to local handbacks (to a large extent, to some extent, not at all). 37% of respondents said that a 'Change of business model (e.g. shifting focus to self-funder market)' had impacted on handbacks to a large extent or to some extent; 34% that inability 'to employ workforce to deliver on contract(s)' had impacted to a large extent or to some extent; and 28% that 'Licence revocations/failure to renew licences for international recruits 'had impacted to a large extent or some extent.

Where Directors provided details about 'other issues', some of these related to business viability and the current economic and policy context:

- *Pressures on funders from unfunded employer National Insurance liability*
- *Continual concerns by providers about the pipeline of international recruits [being] closed and the domestic employment market is not available in a high cost area*

Other comments pointed to the type of changes which one might expect would be encountered, but which fall outside of market changes:

- *Provider closer due to personal circumstances*
- *Building refurbishments*
- *The person's needs have changed*

5.2 Hourly rate for homecare

Councils have been paying more for care. National data published in October 2024[15] shows that the cost paid by local authorities for each long-term care package for younger people increased by 10.8% over the previous year, and 14.1% for older people in 2023/24. The growing complexity of care packages is likely to account for much of this increase.

Looking at the hourly rate, local authority rates are rising more modestly. Care providers are likely to require uplifts to fees over 8-10% to fully account for the impact of employer National Insurance changes and National Living Wage increases. However, results from an unpublished ADASS/Partners in Care and Health survey of Directors of Adult Social Services in early 2025 found that the median care provider fee increase will be just over 5% for 2025/26. The inability to fully meet provider costs is in large part a consequence of the funding pressures set out in this report, coupled with council funding pressures in areas such as Special Educational Needs and Disability (SEND) services. In short, the funding made available from councils is not keeping pace with costs and the need of people who draw on care and support.

This data chimes with the data we have collected for homecare from this Spring Survey This shows a national average hourly rate for homecare of £23.85 (based on 137 responses) for 2025/26. This is an increase of 5.2% when compared to the 2024/25 average rate of £22.68, which was a 6.5% increase on the year before.

Caution should be exercised in interpreting a composite national average figure. The real value of commissioned care in any given circumstance may be affected by many factors including contract duration, size, terms of conditions and so on. Nevertheless, £23.85 is decisively below the Homecare Association's Minimum Price for Homecare in England, of £32.14 per hour, effective from April 2025, when the National Living Wage increases, and Autumn Budget measures, notably a sharp increase in Employers' National Insurance Contributions and a reduction in the threshold imposed very substantial new costs on providers (calculated at £2.8bn).[16] The Homecare Association's Minimum Price for Homecare for 2024-25 was £28.53.[17] The full consequences of these cost increases for the sector, alongside local authorities' inability to offset them, are likely to play out over the coming months and years.[18] There will be risks to viability and market sufficiency, but also to quality and longer-term investment.

[15] NHS England, Adult social care activity and finance report, England 2023-24 (October 2024)
[16] Nuffield Trust, 'Will the autumn budget push the adult social care sector beyond breaking point?' (November 2024)
[17] Homecare Association, Minimum price for homecare, England 2025-26 (December 2024); Homecare Association, Minimum price for homecare, England 2024-25 (December 2023)
[18] Care England, Care England and Hft, Sector Pulse Check: adult social care sector annual review; a snapshot of the key financial and workforce challenges in 2024 (2025)

Case Study: MSIF and home care rate uplift, Westminster City Council

Westminster City Council used the Market Sustainability and Improvement Fund to increase the hourly rate of pay for contracted homecare workers. The hourly rate was increased by £1.50 above the London Living Wage, partly to recognise travel time between appointments but also to attract and retain more local people into the sector.

Since the pay increase was introduced, staff turnover has dropped from 30% to 19%, complaints have dropped from 26 to 16, there has been a net increase of 47 staff and providers have delivered extra hours with fewer refusals from care staff to deliver care. Some care workers have highlighted that the pay increase has increased their financial resilience and had a positive impact on their morale and quality of life.

The success of this policy has been recognised in the Council's homecare transformation programme, and a new homecare framework launching across both Boroughs in 2025 will include recognition of this element of pay in the hourly rates to all commissioned homecare providers.

5.3 Homecare hours

Government policy envisages more people receiving treatment, care and support in the community, and less in acute and residential settings. Councils have been practicing this shift to care closer to home for several years.[19] The steady rise of homecare hours accelerated this year, after easing off between 2023 and 2024. Between January-March 2024 and January-March 2025 the number of delivered homecare hours rose by 5.83% to 47,594,699. (For context, the number of people receiving long-term support in the community increased by 3% between April 2024 and March 2025.[20])

This increase in homecare hours delivered will in part be due to a substantial fall in the number of hours that could not delivered due to staff capacity – down by 26.2%. The figure reflects significant easing in recruitment pressures, largely attributable to the increase in international recruitment from 2022 to 2024.[21] Sector vacancy rates fell from a high of 10.7% in 2021/22 to 8.1% in 2023/24. Between January 2025 and March 2025 they have fallen from 6.9% to 6.8% (though care worker vacancies are higher at 8.2%).[22]

The rising number of homecare hours over a sustained period – up 37% between February–April 2021 and January–March 2025 – is of course not simply a result of increased delivery capacity. It is a policy intention that local authorities are delivering on through a variety of intelligent changes to local service

[19] It is important to note that an increase in in the proportion of care provided at home does not imply a sharp fall in the use of residential care for all groups. The 2023-24 Adult Social Care Outcomes Framework (ASCOF) report shows the number of people whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population increased to 15.2 for ages 18-64 and 566 for ages 65 and over in 2023-24, from 14.6 and 560.8 respectively in 2022-23.

[20] DHSC, Adult social care in England: monthly statistics (July 2025)

[21] Government began to restrict this path in March 2024. For a useful timeline see Health Foundation, 'What happened to international recruitment in social care? (March 2025)

[22] Skills for Care, Recruitment and retention tracker (March 2025)

design, based on person-centred principles, promoting quality of life, independence, empowerment, safety, social connectedness and continuity and quality of care.

Figure 9 - Homecare hours delivered and homecare hours unable to be delivered and percentage change 2021 to 2024 * NB during Jan-March 2022, staff absences and vacancies were affected by Covid 19 (Omicron) infections

	1 May – 31 Jul 2021	1 Aug - 31 Oct 2021	1 Jan – 31 Mar 2022*	1 Apr – 30 June 2022	1 Apr – 30 June 2023	1 Jan – 31 Mar 2024	1 Jan – 31 March 2025	Change from Jan - March 2024 to Jan - March 25
Homecare hours delivered	36,028,857	41,395,909	40,288,271	42,110,712	44,987,733	45,165,699	**47,594,699**	**5.4%**
Homecare hours not delivered due to staffing capacity	581,282	1,536,993	2,206,187	1,086,580	342,524	160,875	**118,673**	**-26.2%**

Case Study: Hospital Discharge, Gloucestershire County Council

To increase confidence in Pathway 1 (home with support) and reduce reliance on Pathway 2 (residential care) for hospital discharges, Gloucestershire has piloted an Enhanced P1 model. This approach offers individuals returning home the option of short-term overnight care to support their transition and rebuild confidence in familiar surroundings. The average length of stay for those evaluated was 14 days, with most individuals remaining at home afterward—either independently or with adjusted daytime support. In a few cases, individuals chose residential care from home, allowing for planned, person-centred transitions supported by family and friends. Notably, two individuals passed away at home with support, which, while sad, reflects the dignity of remaining in a familiar environment.

Between October 2024 and May 2nd 2025, the total spend on Enhanced P1 was £83,685.95, compared to an estimated £156,420 had the same cohort accessed Pathway 2. While the financial savings are significant, the greater value lies in the improved outcomes for individuals. People were discharged earlier, decisions about ongoing care were made in familiar settings, and support was tailored to individual needs. This model has demonstrated that with the right support, more people can safely and confidently return home, leading to better experiences and more sustainable care pathways.

6. Understanding people's needs

People's needs are changing. Many of us are living longer, but often with more complex health conditions, and more younger adults need significant care and support. Behind these trends are real lives, families, and communities. To ensure everyone can live well and with dignity, we need to understand the scale of these changes and plan with care and compassion.

This section covers:

- Complexity and acuity of need
- People presenting with social care needs to councils

6.1 Complexity of need

People are living longer, often with complex conditions like dementia, frailty, and multiple long-term illnesses. As a result, more people need adult social care to live well and maintain their independence. We are also seeing informal carers providing more and more hours of care and support. System pressures—such as quicker hospital discharges and restricted eligibility to continuing healthcare (CHC) — are adding to this complexity, often leaving people with poorer health and fewer options for support at home.

For older people, 89% of Directors are concerned about increased costs due to increased complexity of needs, 43% of whom are extremely concerned. For younger adults, this is even higher at 95% and over half (54%) are extremely concerned.

The increasing acuity of need and resultant complexity of care has led to the average size of care packages required increasing in the majority of council areas. Directors report that the average size of care packages for people being discharged from hospital more rapidly has either increased or increased significantly in 63% of council areas over the past 12 months, building on the 76% of councils who said they had increased last year.

In addition, there has been either a significant increase or an increase in the size of care packages for people drawing on funded care and support in community-based settings in 60% of council areas, which compares to 74% reported in our 2024 survey.

Other data confirms this increase in the complexity of care. Homecare hours per week, per person, are increasing over time. In 2021/22 the average number of hours per person was 13 hours and 40 minutes, in 2024/25 it was 14 hours and 23 minutes.

6.2 People in need of care and support

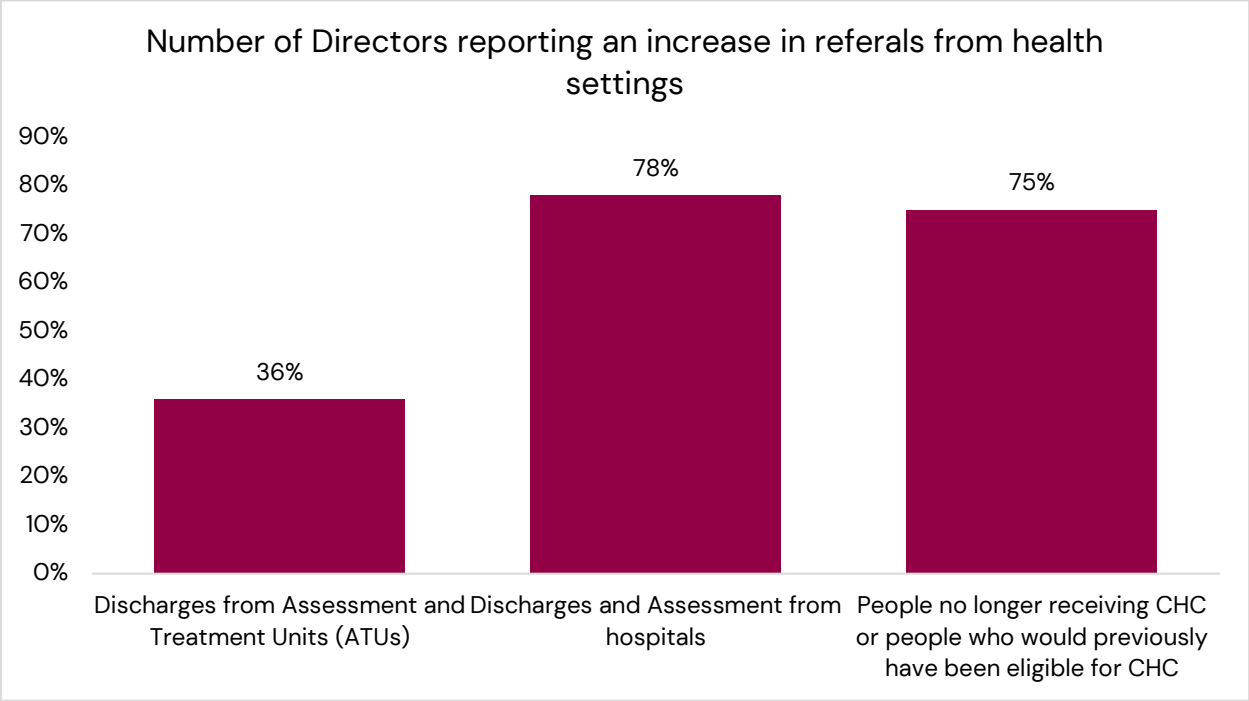
As a population, our health and care needs are growing and becoming more complex. This demographic change has been long-anticipated and we need to adapt the models we use to provide care and support accordingly. The nature of support people draw on — how much, how complex, and for how long — is shaped not just by their needs, but by the timing and context of their first contact with care services. These, in turn, are largely influenced by the workings of the broader system and social environment.

The decisions and pressures facing health partners often determine when and how individuals arrive at the door of adult social care — and with what level of need.

6.2.1 Requests for support from health settings

Although the majority of requests for support (around 80%) continue to originate from the community, a third (36%) of Directors reported an increase in the number of people presenting to social care discharged from an assessment and treatment unit (ATU) and over three quarters (78%) reported an increase in the numbers discharged from hospital. In addition, a similar portion (75%) reported an increase in the number of people no longer eligible for Continuing Healthcare (CHC) who previously would have qualified — suggesting the thresholds and responsibilities between systems continues to shift.

Figure 10 - Directors reporting an increase in the number people presenting to adult social care in the last 12 months (health settings)



These findings raise fundamental questions about the distribution of resources between hospital settings and community-based care — and whether people are receiving the right support, in the right place, at the right time.

6.2.2 Requests for support from community settings

More generally, the total number of requests for social care and support continue to rise, particularly from working-age adults. 2024/25 was the second year when requests for support exceeded 2 million, equivalent to 5,700 requests every day of the year. Amongst working-age adults, this is a 31% increase from 2015/2016 and amongst older adults, the increase is 9%.[23]

Figure 11 - Change in the number of people presenting to adult social care in the last 12 months (community settings)

Answers	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
People being referred from the community (inc. PA breakdown, sickness or unavailability, etc.)	18%	40%	34%	6%	3%
People not being admitted to hospital	23%	27%	37%	6%	7%
Temporary closure of services	2%	10%	83%	2%	3%
Availability of community or voluntary support	6%	16%	74%	1%	2%
Referrals from independent providers concerned about accepting new clients	2%	12%	82%	2%	1%

Consecutive local government finance settlements have made more funding available for social care, but increased costs (in a large part due to the 3% increase in statutory minimum wage from £8.91 in 2021/22 to £12.44 in 2025/26) have largely swallowed up additional funding rather than enabling more people to draw on the care and support they need.[24] As the Institute for Fiscal Studies (IFS) highlighted in their response to the most recent local Government Finance settlement, '*2025–26 will continue the substantial above-inflation increases in funding for English councils, but their costs have also been outpacing inflation.*'[25]

[23] The King's Fund, Social Care 360, (May 2025)

[24] The King's Fund, Social Care 360 (May 2025). Between 2015/16 and 2023/24, the total number of people receiving long-term care actually fell slightly, from 873,000 to 859,000. Older people were particularly affected, with a 4.8% drop in those receiving long-term support, despite population growth. The proportion of over-65s accessing care fell from 6.0% to 5.2% over that period. Although there's been a 5% recovery in the number of people receiving long-term care between 2021/22 and 2023/24, this still does not reflect the level of unmet need. In real terms, since 2015/16 the average weekly fee for working-age adults has increased by 13%, the average weekly fee paid for older people has increased by 33%, and the average hourly rate for home care has increased by 18%.

[25] Institute for Fiscal Studies, Response to the final English local government finance settlement (February 2025)

6.2.3 Growing need for support

Social challenges affect the level and type of need presenting to adult social care. 60% of councils have seen an increase in rough sleeping related referrals and 73% have seen an increase in mental ill health referrals.

Figure 12 - Change in number of people presenting to adult social care in the last 12 months

Answers	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
Rough sleepers	29%	31%	29%	9%	3%
Domestic abuse of people with care and support needs (safeguarding)	33%	22%	29%	8%	9%
Mental ill health	33%	40%	13%	6%	8%

As referenced earlier (Figure 6), in the face of this growing need, it is concerning to see only a third (36%) of Directors are fully confident that their budgets are sufficient to meet their statutory duties relating to Approved Mental Health Professional (AMHP) services.

55% of Directors report increases in the number of domestic safeguarding concerns raised for people with care and support needs. The rate of increase, while substantial, is therefore slowing from a recent high of 67% in 2021/22. It remains concerning that over half (54%) of Directors were less than confident they could meet their statutory duties in relation to safeguarding.

6.3 Co-production

Co-production is vital because it centres on the views of those who actually use care and support, ensuring services reflect real needs rather than assumptions.

In 2024, for the first time we asked councils about their approach to strategic co-production and we asked the same question again this year. Between 2024 and 2025, more councils developed fully resourced co-production plans (up from 20% to 32%), while fewer were still in the planning phase (down from 70% to 51%). However, more councils reported only having pockets of good practice (up from 10% to 16%), suggesting uneven progress.

Figure 13 - Describing the councils' approach to strategic co-production

	2024 (145 responses)	2025 (126 responses)
My council has an agreed and resourced plan to develop and embed co-production in a systematic away across the full range of social care functions/activities	20%	32%
My council is actively working towards creating a systematic and resourced approach to develop and embed co-production across social care.	70%	51%
There are pockets of good practice across social care but we don't yet have a plan for developing a systematic approach to co-production.	10%	16%
This is not a current priority for my council	<1%	<1%

Reflecting on these findings, ADASS Vice President Phil Holmes commented:

"It's great that ADASS have shone a light on co-production in the Spring Survey and good to see the progress that councils have made. Co-production isn't a nice-to-have — it's essential. When we co-design and co-produce with people who draw on care and support we're far more likely to get it right first time for our residents, improving results for them and improving use of resources for our organisations. There is some brilliant practice out there. Focused attention on creating strong local conditions for co-production will pay for itself many times over and ADASS is keen to help councils learn from each other and build on the foundations that are already in place."

Case study: Derbyshire County Council

The team around X have been actively engaged in designing and building a home that is right for them. We have developed a sound understanding of what good looks like and have built a culture that embeds the values of co-production. Starting with a sensory assessment, the floor plans of X's home have been designed by their family, current and future provider, health and social care. Family have shared they have 'felt empowered from the very beginning', that 'every single person is valued' and it's the cumulation 'of so many people adding their bits in that make the whole'. We know that the more engaged people can be with the commissioning process, the higher the satisfaction rates are with the services that are provided.

7. Meeting people's needs

This report gathers extensive information about how councils are resourcing and planning to deliver on their duties to local people in need of care and support. Ultimately, of course, it is the experiences of those people that should form the acid test of how those arrangements are functioning. While our survey of Directors is not designed to explore the experiences of people drawing on care and support directly, in two particular areas it focusses on data close to people's experience of care: waiting times and support for unpaid carers. Both have in recent years been areas of concern. ADASS has previously helped raise concerns about ballooning waiting times, and support for unpaid carers – without whom the formal adult social care sector would simply be overwhelmed – are an ADASS policy priority.[26] In this section we look at:

- Waiting times for assessments, reviews and care and support or direct payments
- Unpaid carers – the number of people requiring support, drivers of need and policy ideas for addressing those needs

7.1 Waiting times

Last year's survey showed that people were having to wait for less time for assessments of their needs, care or direct payments to begin, or for reviews of their care. Waiting times had grown massively in 2021 and 2022 as the sector slowly emerged from COVID and the end of free movement within the EU.[27] Public concern was high, and these concerns were shared by the Government, local authorities and the Care Quality Commission, all of whom have been engaging in focussed work to improve people's experience, better align response times to risk and need, and ensure that data is meaningful, comparable and helpful.[28]

Given the rapid practice and policy development in this area, the 2025 survey takes a more detailed approach than previous years in order to contribute to a more nuanced picture. Some questions break down and specify waiting times differently than in previous surveys, and some question phrasing has changed.

We are also aware that many councils have been reviewing their data and revising their systems, partly in anticipation of CQC assessment, along with utilising resources from the Market Sustainability and Improvement and Accelerating Reform Funds to better manage waiting lists. Some caution should therefore be taken in drawing direct year on year comparisons. Nevertheless, we can see that recent reductions in waiting times have broadly been maintained, and may have accelerated.

[26] See ADASS Supporting Carers Hub.
[27] Health Foundation, 'Social care workforce crisis: how did we get here and where do we go next?' (October 2023)
[28] For an overview of issues and activity relating to waiting times, see Partners in Care and Health, Understanding the management and monitoring of waiting lists in adult social care (2024)

Our findings in 2022 showed that the total number of people awaiting assessment, care or direct payments, or reviews had topped half a million (542,002) was alarming, and framed much subsequent debate. Tracking this headline total has therefore been important. This year, we have broken down some of the categories that feed into this total, and there have been changes to wording to better align with other data returns made by councils. Making reasonable adjustments for these, the total number of people awaiting assessment, care or direct payment, or reviews has dropped from 418,029 on March 2024 to 372,113 on March 2025, which is a fall of 10.9%.

Figure 14 - Number of people waiting for assessment, care or direct payments to start, or reviews. *The data below has been extrapolated to represent 153 councils. *We have changed the way we ask this question to better align with other data returns so caution should be exercised when comparing to previous years.*

Assessment category reported	People on 28 Feb 2022	People on 31 March 22	Number on 30 Apr 2022	Number on 31 Aug 2022	Number on 31 March 2023	Number on 31 August 2023	Number on 31 March 2024	Number on 31 March 2025*	Change % March 24 to March 25
Awaiting assessment, care or direct payments, or reviews	506,131	456,816	542,002	491,663	434,243	470,576	418,029	**372,113**	**-10.9%**
Waiting for a Care Act assessment[29]	245,537	226,032	294,449	245,821	224,978	249,589	227,375	**195,788**	**-13.9%**
Awaiting a financial assessment (new)								**29,134**	
Awaiting assessment for over 6 months	64,772	63,128	73,792	80,967	82,087	84,788	78,641	**56,249**	**-28.5%**
Waiting for a service / support to start [30]	43,503	26,785	37,447	29,571	22,152	20,313	14,832	**13,538**	**-8.7%**
Overdue 12+ Months Care Act reviews [31]	217,090	203,999	210,106	216,271	187,112	200,674	175,822	**162,787**	**-7.4%**

[29] Wording of this question was changed this year. It was previously 'Awaiting assessment'.
[30] Wording of this question was changed this year. It was previously 'Awaiting care and support or direct payments to begin'.
[31] Wording of this question was changed this year. It was previously 'Overdue 12+ months Care Act reviews '.

7.2 Unpaid carers

Unpaid carers are people who provide care, without renumeration, for a friend or family member who due to illness, disability, a mental health problem or an addiction requires support with everyday living. Most of us will be carers at one point in our adult lives.[32] At least 4.7 million of us are currently providing care in England, most for over 19 hours per week, with women more likely than men to be doing so up to the age of 80, and parents being the most likely recipients of care.[33] Unpaid adult carers caring for another adult are entitled to a local authority assessment of their support needs.[34] The CQC's State of Health and Care report in 2024, which drew on nine published local authority assessment reports, stated that unpaid carers were often struggling to access the support they needed, and that this was 'more pronounced in local authority areas where there were more staff vacancies or difficulties with recruitment.'[35]

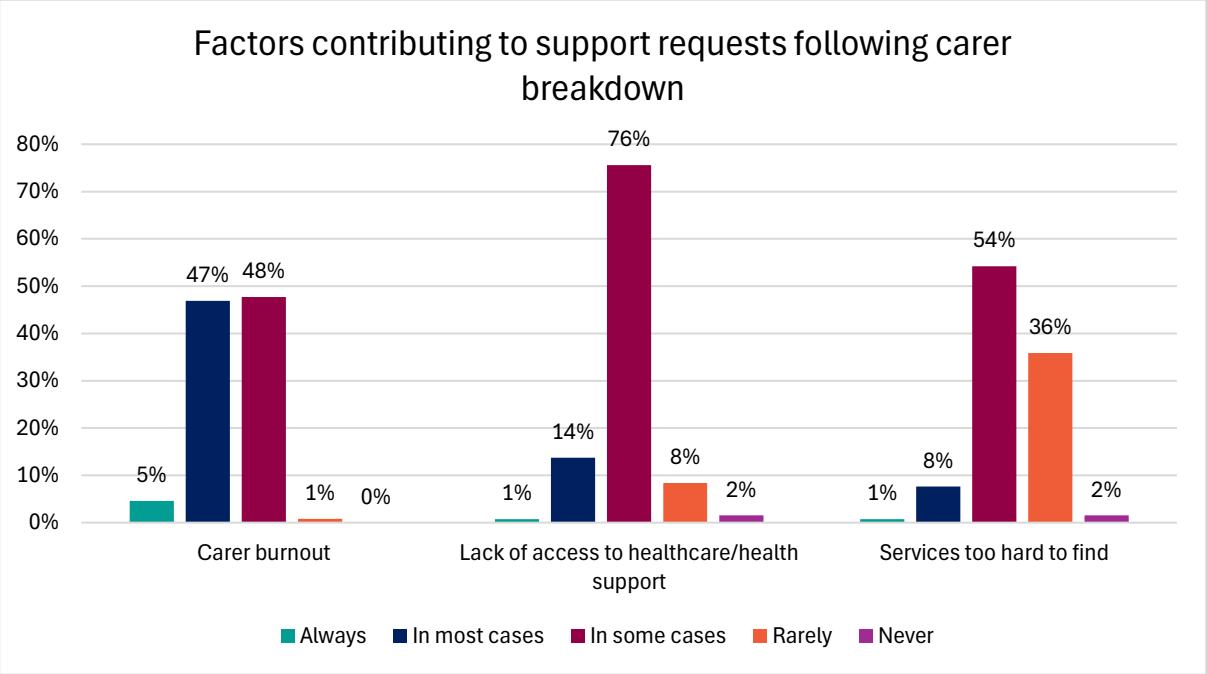
Directors report a substantial increase in the number of unpaid carers requiring support from 2023/24 to 2024/25. 41% saw an increase of more than 10%, 35% saw an increase of less than 10%, while only 11% reported a decrease. The increase specifically in requests following carer breakdown followed a similar trajectory, though slightly less steep: 34% saw an increase of less than 10%, while 20% saw an increase of more than 10%.

Directors were asked specifically what factors might be driving rising numbers of carer breakdown. To what extent were carer burnout, lack of access to health care and health support, or services being too hard to find contributory factors in these breakdowns?

Carer burnout was considered to be the most important factor contributing to carer breakdowns. The next most important contributor was lack of access to healthcare / health support, which was observed to be a contributing factor 'some of the time' by 76% of directors, 'most of the time' by 14% of directors and 'always' by 1%. Services being too hard to find was thought to be less significant; though it was seen as a contributory factor 'some of the time' by 54% of Directors, it was felt to be a factor 'in most cases' by only 8%, and a sizeable 36% saw it as 'rarely' a factor. These findings point to the importance of local services working together to ensure that a range of support and advice is readily accessible, preventing more people from becoming isolated or overwhelmed. Carer breakdown is deeply upsetting and potentially damaging for the person providing care, and the person receiving care. It also accelerates the need for more expensive, public resources.

32 Research by Centre for Care in 2019 calculated that people in the UK have a 65% chance of providing care in their adult life. Cited in Carers UK, 'Facts about carers: updated March 2025'.
33 King's Fund, 'What are unpaid carers, who are they and how often do they provide care?', (September 2024)
34 For an overview of local authority duties and recent and current proposals for reform, see House of Commons Library, Local authority support for unpaid carers in England (June 2025)
35 CQC, The state of health care and adult social care in England, 2023/24 (October 2024)

Figure 15 – To what extent ere the following contributory factors to carer breakdown over the past 12 months? *(131 responses)*



Directors were asked what national policy initiatives could make a positive difference to unpaid carers. 98% thought that paid leave would have a significant positive benefit or some positive benefit. Directors were similarly enthusiastic about the suggestion of a fully funded national carers strategy, or expanded eligibility for Carers' Allowance, with 96% believing that these would make a positive difference. The last national carers strategy was in 2008, and the Carers Action Plan ended in 2020. From April 2025, government has increased the amount that carers can earn and still claim Carers Allowance, raising the threshold from £151 to £196 per week.

Case study: Carer Support, Hartlepool

Carer A supports her mum who has limited mobility due to frailty and age-related degeneration. She provides assistance to her mum to help her maintain her independence within her own home and support her health and wellbeing. No formal package of support is in place, but family are aware should needs change, further support can be provided. Due to her mum living at the opposite end of the town, the need to use public transport was creating financial pressures on A. This is also impacting her mental health and wellbeing. Hartlepool Carers completed a full assessment of need, and the following actions/outcomes were taken:

- *In partnership, grant applications were submitted to Carers Trust to support with travel costs, the grant application was successful, and Alison received £250 within 4 working days.*
- *Referral to Age UK to complete benefits check and maximise benefits for A and her mum.*
- *Alison was provided with Hartlepool Carers support sessions and Community Hub sessions. She now attends 4 sessions per week to help her get a break from her caring role.*
- *Referral was made to Carefree to provide a 2-night break including breakfast at a local hotel for only £25*

8. Preventative approaches to social care

Prevention is a term used in a number of sectors, from health services to children's services, often with slightly different applications but always with the same underlying logic: minimise downstream crises by maximising upstream support. For adult social care, prevention is key to meeting the challenge of redesigning services and support for an aging population. Part of that redesign – which is already underway – is more creative use of data and technology enabled care to anticipate and meet needs. In this section, we look at:

- Spending on prevention, and Directors' confidence in relation to statutory wellbeing duties
- Spending on information and advice
- Policy enablers for improving or accelerating use of technology enabled care

8.1 Spending on prevention

Prevention is one of this government's key ambitions for health and social care. Reducing or delaying the need for services moderates cost pressures and service bottlenecks. Just as crucially, a shift to prevention shifts the focus to wellbeing. It supports more people to live in better health, and with greater independence, for longer. The case for prevention is clear, but the path to preventative services and supports is not straightforward. It is difficult to invest in better long-term outcomes, when short-term savings need to be made and immediate needs for care and support have to be met.

In recent years, around half of Directors have been less than confident that their budgets would be sufficient to meet their statutory prevention and wellbeing duties (51% in were less than confident in 2024/25 at the point of last year's Spring Survey). Confidence has now dropped sharply. 74% of Directors are less than fully confident that their budget in 2025/26 will be sufficient to enable them to meet their wellbeing duties. Their confidence falls even further looking forward to 2026/27, when 76% of Directors are less than fully confident. Within this number, the fall in Directors who are fully confident is particularly steep, from 25% for 2025/26 to 13% for 2026/27. The dilemma was explained by Bristol Council in its recent evidence to the Health and Social Care Committee:

We are having to emphasise … survival within the year…. Beyond that, any investment from the social services perspective in the excellent potential preventative work that can be done through the voluntary and community sector and partnership work with the NHS is diminished. It either stops or really slows down.[36]

Budgetary and service pressures, then, have limited the work that can and should be done. In recent years, Directors have protected their prevention spend at between 7.9% (2022/23) and 7% (2024/25) of their net budget. However, this has now fallen to 6% for 2025/26 - the lowest level ADASS has recorded.

[36] Health and Social Care Committee, Adult social care reform: the cost of inaction (May 2025)

Figure 16 - Spend on wider prevention services that can be accessed by people whose needs do not meet the National Eligibility threshold

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Spend on prevention	£1,201mn	£1,187mn	£1,251mn	£1,163mn	£1,204mn	£1,352mn	£1,549mn	£1,428mn	**£1,267mn**
% spend on prevention as % of ASC net budget	8.3%	8.0%	8.4%	7.4%	7.5%	7.9%	8.2%	7%	**5.6%**
Difference in spend from previous year	N/A	-1.2%	+5.4%	-7%	+3.5%	+12%	+14.6%	-7.7%	**-11.6%**

What does this overall decline in spending as a proportion of the net budget mean for particular services and supports? Prevention is a broad category, and somewhat ambiguous, the Statutory Guidance to the Care Act itself stating that 'there is no single definition for what constitutes preventative activity'.[37] Our survey asked about investment strategies for some preventative services to get a clearer picture of what is being prioritised. We also asked about information and advice and advocacy provision, which are specific local authority duties under the Care Act 2014 and other legislation, but which are often understood as preventative.

The overall picture has some positives but is challenging. In most service areas, the proportion of councils taking a positive investment strategy has dipped - substantially in the case of housing / accommodation models of care and support, falling from 50% to 43%, where we also see an increasing number of councils disinvesting (6% from 3%). The proportion of councils positively investing in digital and tech remains high - 65% - but has fallen from 72% in 2024/25. (Barriers and enablers to digital and technology enabled services are discussed in more detail in the next section of this report.) Four service categories have seen an increase in the proportion of councils pursuing a positive investment strategy for 2025/26: equipment, aids and adaptations (up from 32% in 2024/25 to 33% in 2025/26), the voluntary, faith and community sector (from 15% to 19%), advocacy (from 11% to 16%), and information and advice (from 22% to 30%).

Information and advice illustrate the extent to which, even with positive investment strategies in place, many local authorities are still struggling to meet growing demand. Asked in our 2024 survey about their ability to meet statutory information and advice responsibilities from their 2025/26 budgets, 29% of Directors had been less than confident. Looking at their 2025/26 budgets now, the proportion of less than confident Directors has nearly doubled - 59% in this year's survey.

[37] DHSC, Care and support statutory guidance, 2025 (2025), 2.4

Figure 17 - Investment strategies 2024/25 and 2025/26 *(134 responses)*

	Maintain Existing Levels		*Investment*	
Answers	**2024/25**	**2025/26**	**2024/25**	**2025/26**
Preventative services for people not meeting eligibility threshold	65%	65%	29%	28%
Equipment, aids or adaptations	66%	64%	32%	33%
Crisis resolution/reablement/ rehabilitation to prevent the need for long term support, residential or hospital admission or entry to the criminal justice system	45%	59%	55%	40%
Digital and Technology	28%	32%	72%	65%
Voluntary, Community Faith and Social Enterprise Sector	77%	73%	15%	19%
Housing/Accommodation based models of care and support	48%	51%	50%	43%
Support for carers	57%	57%	42%	39%
Information and Advice	77%	66%	22%	30%
Advocacy services	85%	83%	11%	16%

8.2 The role of technology

Technology Enabled Care (TEC) is the use of technology – such as sensors, speakers, and wearable monitoring devices – to help people live more safely and independently. As technologies develop and link together in new ways, there are opportunities to move beyond using TEC as a simple safety net and introduce personalised solutions that offer genuinely proactive prevention in the community. Technology's transformative potential is enormous. It is a crucial enabling element within all of the Government's three strategic shifts in health and care (from treatment to prevention, from hospital to community, and from analogue to digital).

Directors were asked what they thought would most benefit their areas in terms of support for TEC. Directors ranked the nine options. By far the most popular option – ranked as a top three choice by 89% of respondents – was additional funding and resources to invest in preventative technologies. The next options that were thought likely to be most beneficial were improving digital skills and confidence

among care staff and service users (50%) and improving system interoperability between health and social care (42%).

It is important to note, however, that there were considerable divergences between regions. Skills and confidence were of top three importance to 75% of Directors in one region, but in another region only 31% put it in their top three. Similarly for system interoperability, importance ranged from 55% in one region, to 31% in another. This variation suggests that local authorities and regions are at different stages of maturity and planning, and that beyond a general uplift in funding, national support offers should be diversified and targeted in order to meet diverse needs as well as common goals.

In terms of the targeting of training, the survey asked Directors which types of training they felt would have the most positive impact. Training or Continuing Professional Development (CPD) for practitioners was their priority, with 61% rating it as being beneficial to a large extent, followed by training or CPD for adult social care digital leads (58%), peer learning or communities or practice (53%), or training or CPD for commissioners (50%).

Figure 18 - In the context of implementing Technology Enabled Care (TEC) to support the Government's three shifts in health and care, to what extent do you think the following will have a beneficial impact in your local area? *(133 responses)*

Ranking of the 10 options (1 having the most beneficial impact)	1	2	3	% top 3 ranking
Additional funding and resources to invest in preventative technologies	102	8	6	**89%**
Improving digital skills and confidence among care staff and service users	5	30	29	**50%**
Improving system interoperability between health and social care	3	27	25	**42%**
Improved approaches to identifying and prioritising individuals who would benefit most	3	15	22	**30%**
Improved independent evidence on effectiveness and outcomes of TEC interventions	3	18	16	**28%**
Support to scale-up successful TEC pilots to mainstream care and support	3	19	10	**24%**
Improved guidance on how to launch proactive and preventative services based on best practice	3	7	12	**17%**
Improved procurement and commissioning processes and practices that encourage TEC adoption	4	6	5	**11%**
Improving data security, privacy, and information governance	2	1	5	**6%**
Other (please specify)	3	0	1	**3%**

'Other' types of TEC change that Directors believed would have a beneficial impact included greater alignment with housing, including through the Disabled Facilities Grant, and greater integration with community health services.

Looking forward, we asked Directors about their council's current awareness and confidence in engaging with a range of emerging technologies in adult social care. In only one of these areas (remote monitoring / smart home technologies) did a majority of directors think that their council was both aware and confident (64%). For Artificial Intelligence, only 32% believe their council to be both aware and confident. Given the rapidly evolving nature of these technologies, it is perhaps unsurprising that Directors are cautious in their answers. Nevertheless, there seems little doubt that advanced capabilities in respect of interoperability and data integration, as well as predictive analytics will be critical to realising the government's three shifts, so continued progress will need to be encouraged and supported.

Figure 19 - Councils' current awareness and confidence in engaging with the following emerging technologies in ASC *(135 responses)*

	Aware and confident	Aware but not confident	Limited awareness	Not aware
Remote monitoring / smart home technologies	64%	31%	5%	0%
Artificial Intelligence (e.g. generative tools, decision support)	32%	57%	11%	0%
Interoperability and data integration	26%	59%	14%	2%
Predictive analytics and forecasting tools	19%	55%	25%	1%
Automation (e.g. triage tools, administrative processes)	21%	53%	24%	2%
Robotics (e.g. assistive robotics, robotic companions)	15%	35%	36%	14%
Quantum computing and high-capacity data technologies	1%	11%	47%	40%

Case study: Reablement TEC, Southampton City Council

Alice was referred to the Reablement Team via Connect, with a clear personal goal: to bathe independently twice a week. Initially, a review was planned for two weeks after start date to monitor progress. Alice was supported by a Reablement Assistant, and her case was tracked through the SMART Goals App, a digital tool that allows timely progress tracking and encourages service user-led goals. Early on, the app flagged that Alice's goal had been achieved. A score of 5 (goal met) was recorded, alongside the following update: "Alice is independent with this – she can run her own bath, get in and out, and wash independently."

Outcome: Prompted by the SMART Goals automatic email notification, the case holder brought forward the scheduled review and reviewed Alice the very next day. This timely review enabled a constructive, though difficult, conversation with Alice's husband. The evidence provided by the app supported the Reablement caseholder to progress Alice to independence. Using the app's feedback, the team was able to demonstrate that reablement had worked: Alice had achieved her goal and was confidently managing her personal care. Her length of stay in the service was just 11 days, a fantastic example of early goal achievement leading to efficient discharge and more focused use of resource.

9. NHS interface

In 2025, the picture that emerges is of adult social care increasingly absorbing responsibilities previously delivered by health partners in the NHS—without the associated funding, training, or strategic coordination. From CHC eligibility restrictions to delegated healthcare tasks, adult social care is, to some extent, operating as a pressure release valve for the health system. This means more care that was previously available for free on the NHS can only be accessed through a means tested social care system. A reset is urgently needed—one that recognises and funds adult social care as an equal and essential partner to the NHS in delivering neighbourhood health *and* care.

This section covers:

- The impact of NHS pressures on adult social care
- Delegated healthcare tasks
- Continuing Healthcare and Funded Nursing Care
- The Better Care Fund

9.1 The impact of NHS pressures on adult social care

We support the Government's ambition to deliver health and care in local communities, closer to people's homes. In order to deliver good outcomes for people, this shift into communities must be adequately resourced and planned. Health and social care must work in partnership to address rising demographic pressures and backlogs, but as it stands, the social care system—alongside unpaid carers—is absorbing more and more pressure from under-resourced NHS community services.

When we asked about the impact of NHS pressures, 100% of Directors agreed that increased NHS pressures will result in additional pressures for adult social care in 2025/26. This growing burden reflects a continued shift of responsibilities and risk into the social care system without corresponding funding or planning.

94% of Directors agreed that these NHS pressures are resulting in adult social care taking on responsibilities that were previously arranged or delivered by the NHS—up from 91% last year and 81% in 2023.

9.2 Delegated healthcare tasks

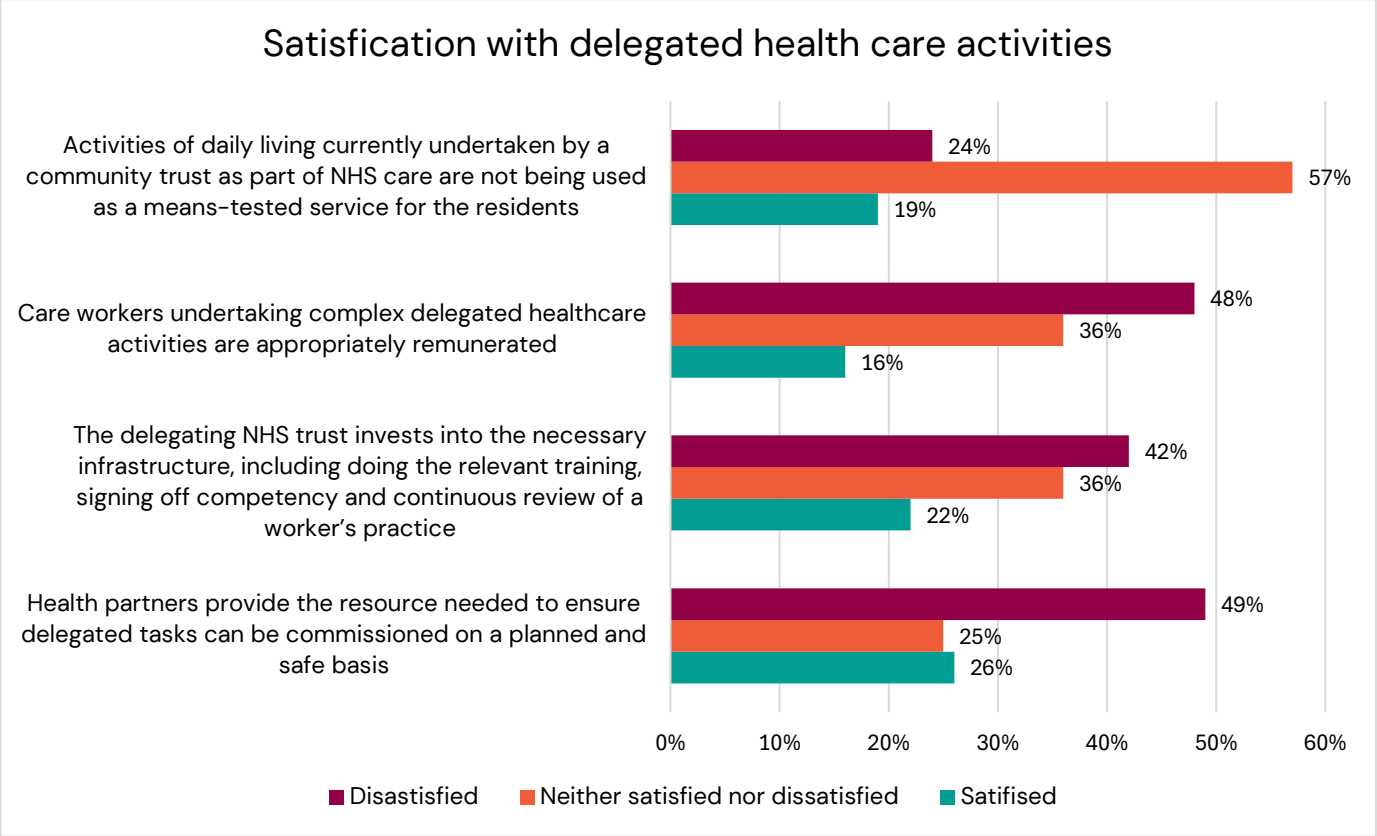
The Government has stated its intention to promote more use of delegation.[38] This year, we asked Directors about delegated healthcare tasks in their areas. 74% of Directors said they have seen an

[38] DHSC Press release, 'Care workers will be better supported to take on further duties to deliver health interventions' (January 2025).

increase in the delegated healthcare tasks being carried out by social care staff, with almost a fifth (18%) seeing a large increase.

Only a quarter (26%) were satisfied that health partners provide the resource needed to ensure delegated tasks can be commissioned on a planned and safe basis and only 16% were fairly satisfied that care workers undertaking delegated healthcare tasks are appropriately remunerated.

Figure 20 - Directors' satisfaction with delegated healthcare tasks *(129 responses)*



With the right planning and agreed arrangements for decision making, training and ongoing support/review, along with any necessary re-charging arrangements, delegated healthcare provides an opportunity to provide more joined up care and support for people and professional development opportunities for care workers.

9.3 Continuing Healthcare (CHC) and Funded Nursing Care (FNC)

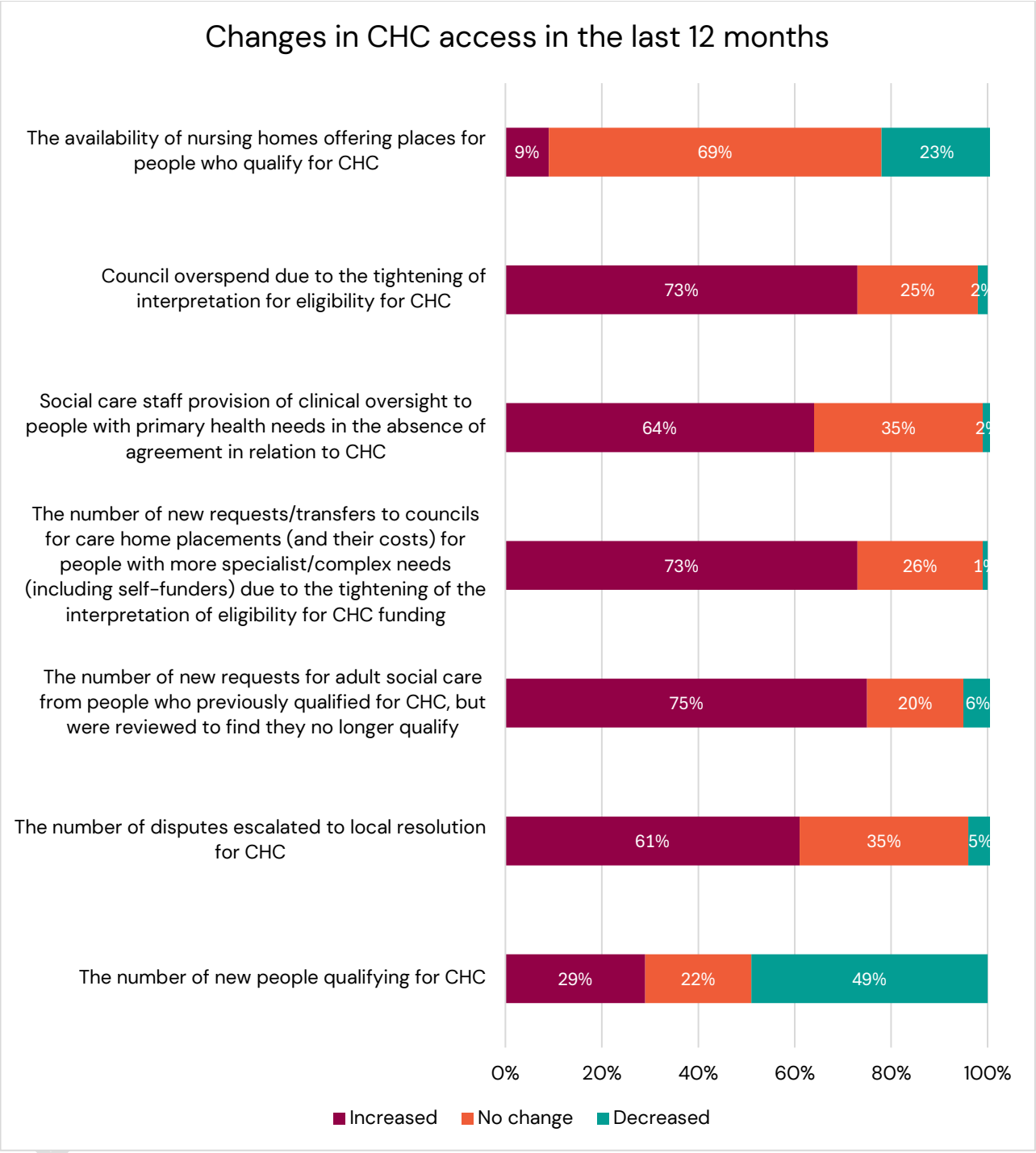
In addition to delegated healthcare tasks, 64% of Directors reported an increase in social care staff providing clinical oversight to people with primary health needs in the absence of CHC agreement. Despite growing dialogue across government and the health and care sectors about CHC challenges, local disputes remain prevalent, with only 5% of Directors reporting a decrease in CHC disputes escalated to local resolution in the last year.

Continuing Healthcare, where the NHS pays for all or some of a person's care needs because they are assessed as falling within the remit of health, has always been a contentious area. If someone is

assessed as ineligible for CHC they will often then be assessed for adult social care, meaning either the council or the individual (if they have savings or income) must pay for the support instead. In the context of ICB restructuring, numerous local health and care partners are seeking joint solutions to the increasingly unsustainable and inadequately resourced shift from free CHC to means-tested social care.

Almost half (49%) of Directors report that fewer new people are qualifying for CHC and almost three quarters say that more people are having their CHC reviewed and found ineligible. It's unsurprising then that as mentioned in Figure 10, 75% of Directors reported an increase in the number people presenting to adult social care who were or would have previously been eligible for CHC.

Figure 21 - Directors reporting on changing access to Continuing Healthcare in the last 12 months *(125 responses)*



These trends are corroborated by NHS data on CHC eligibility, which shows a steady decline in numbers eligible for standard CHC, from 43 per 50k in Q1 2017/18 to 33 per 50k in Q4 2024/25.[39]

[39] NHS England, Continuing Health and NHS funded nursing statistics

For the first time, we asked directly about the impact of tightening CHC eligibility on council budgets. 73% of Directors said council overspends have increased due to a tightening in CHC eligibility interpretation. As these overspends accumulate over time, councils are left with fewer resources, meaning fewer people can access social care — even as need continues to rise.

The inadequacy of NHS-funded nursing care (FNC) payments remains a pressing concern. Only 9% of councils say that FNC funding from the NHS covers the true cost of nurses working in care home settings and only 10% agreed that the FNC rate is sufficient to recruit and retain nurses in social care. This is broadly the same as last year. This continued underfunding leads to financial gaps being absorbed by councils or self-funders and undermines workforce stability in nursing homes.

9.4 The Better Care Fund

The Better Care Fund (and its various iterations as the Improved Better Care Fund and the Better Care Grant) has great potential as a tool for delivering joined-up care around a person's needs before they escalate to crisis. Launched in 2015, the BCF established pooled budgets between the NHS and councils, with the aim of implementing integrated and sustainable care services, bespoke to local needs.[40]

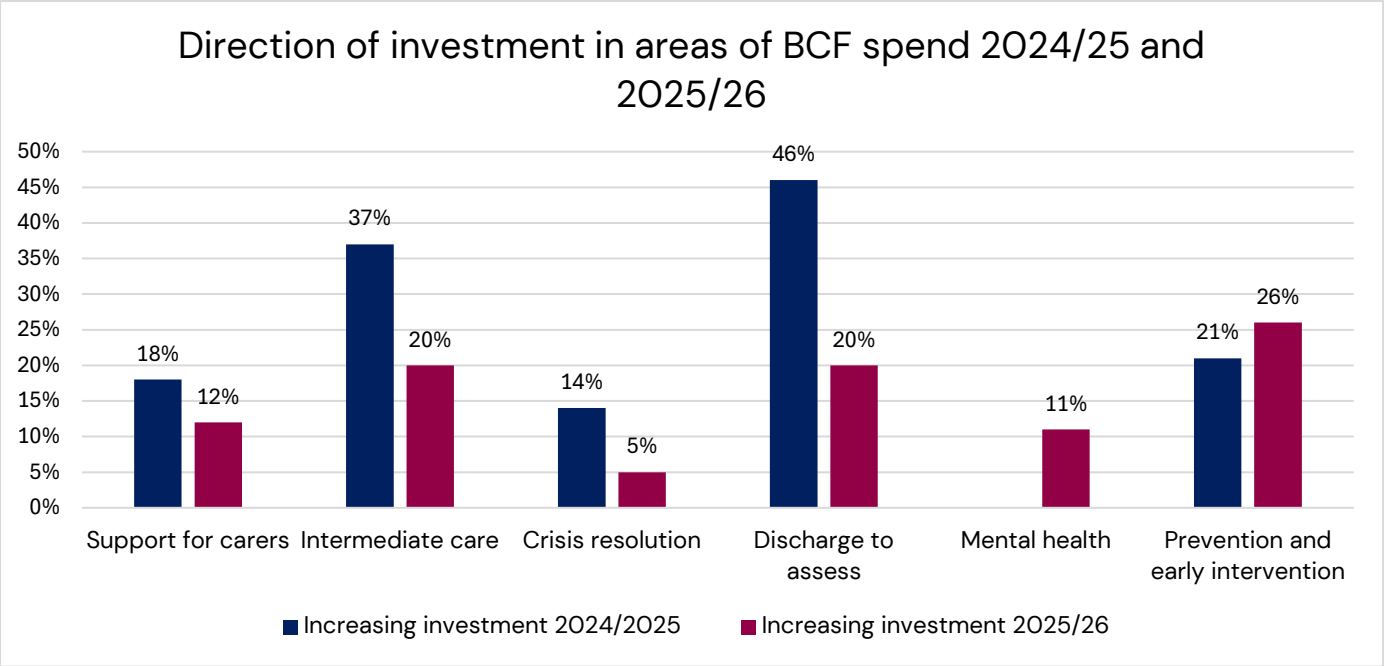
However, we know that the reality of financial pressures makes it challenging to meet this objective. For the first time, we asked Directors about the proportion of their BCF spend spent on core services and discretionary preventative services. 128 councils responded to this question. Directors categorised 80% of their total BCF allocation as core spend, whilst only 16% was spent on discretionary preventative activity. It's clear that regardless of the original policy intent, councils depend on BCF resources to meet their statutory duties under the Care Act.

6% of respondents also answered 'Other', with common areas of spend being housing related services; TEC; supplementing the Disabled Facilities Grant and various staffing costs.

We also asked councils about their direction of travel for the allocation of BCF spend in their local areas. There was a slight increase in the number of councils saying they intended to invest in prevention and early intervention (21% in 2024 to 26% in 2025), and a decrease in the number of councils investing in discharge to assess, which has historically been a national priority area, dominating BCF spend.

[40] NHS England, Better Care Fund

Figure 22 - Investment levels in areas of BCF spend 2024/25 and 2025/26 *(134 responses)*



Case study: Rapid Response Team, Knowsley Council

Our Section 75 Management Group has a good track record of investing and realigning resources, year on year, in services and initiatives that are proven to have a positive impact on preventing, reducing and delaying the need for care and support. This includes preventing unnecessary hospital admission and facilitating timely discharge from hospital.

Our Rapid Response (RR) initiative is one example of innovation and already it is proving to have a really positive impact for partners but also for the people using this service. The RR Team is funded via the Better Care Fund and delivered by the Council.

In the 12 months between April 2024 and March 2025 (including winter 2024/25) the RR Team received 1021 referrals (an average of 20 per week), supported 589 people home from hospital, and supported a further 432 people at home – preventing avoidable hospital admissions. It is estimated that the support provided by the Rapid Response Team in this period avoided £4.080m in system costs.

10. Conclusions and recommendations

'Adult social care is a vital statutory service, a key responsibility for local authorities, and the largest area of local authority expenditure. It is key to the Government's missions to build an NHS fit for the future, to shift care from hospitals to communities, and from treatment to prevention'.[41]

This report and the evidence contained within it show that the Government's narrative on adult social care is not currently matched by the action and investment required to deliver on its ambitions. The recently announced Spending Review included '*an increase of over £4 billion of funding available for adult social care in 2028-29, compared to 2025-26'.*[42] However, this additional funding, whilst welcome, will provide very little funding to allow councils to tackle the challenges facing the sector, such as inflation, demography, workforce recruitment and retention, the inability to invest in prevention, and address provider instability.

In particular, the financial challenges set out in this report and the need for Directors and their staff to prioritise those with the greatest level of need has seen spending on prevention fall to its lowest level since 2021/22. Which means that adult social care's contribution to the shift from treatment to prevention shift will be stifled.

The impact of NHS pressures on adult social care, and consequently on the Government's ambition of to shift from hospital to community will also be compromised if the unmanaged, unplanned and un-resourced shift of NHS activity into adult social care continues. The continued delegation of tasks from the NHS to frontline care staff and of activity as a result of a retraction in the availability of Continuing Healthcare are symptoms of the broader challenges facing the health and social care system.

The ongoing and intensifying impact on unpaid carers' health and wellbeing of selflessly picking up the pieces of a health and social care system that is not realising its full potential is clearly shown in this report. Over three-quarters of Directors have seen an increase in the number of unpaid carers approaching their council for support in the past year. Significantly, the lack of access to healthcare and health support was rated as a significant factor contributing to carer breakdown by 91% of Directors, stating that was the case either some of the time, most of the time of always.

It doesn't have to be this way. As the Health and Social Care Committee has stated *'Adult social care must be seen as an enabler, not only in supporting people to live independent lives, but also in enabling health reform, preventing ill health, higher employment rates and growing the economy'.*[43]

Adult social care stands ready for reform, but the Government needs to create the conditions for success both in terms of delivering on their three shifts and in implementing recommendations from the independent Casey Commission into adult social care.

[41] Ministry of Housing, Communities and Local Government, The Fair Funding Review 2.0 (June 2025)
[42] H M Treasury, Spending Review 2025, (June 2025)
[43] Health and Social Cre Committee, Adult Social Care Reform: the cost of inaction, Health and Social Care Committee (May 2025)

Investable Propositions:

Workforce

- **We need a clear and fully funded workforce plan-** Building on the work already undertaken by the sector in Skills for Care's Workforce Strategy, a plan should be developed and implemented to recruit, train and retain the social care workforce we'll need across England. This will help provide quality care and support for everyone to live the life they want. That will mean more social workers, occupational therapists and other practitioners who support people to stay well at home and in their community.
- **Fair Pay Agreement-** We support government's commitment to increasing the wages of frontline care staff. However, we stress that government must fully fund any Fair Pay Agreement commitments, or risk destabilising councils and care providers to the detriment of the health and wellbeing of those of us who draw on care and support.

Unpaid Carers

- **A new deal for carers-** Joined-up support for carers at a local level should be part and parcel of the Government's overarching ambitions for preventative health and care services that are personalised, smart and sustainable. To deliver this we need a long-term, co-produced, holistic, cross-Government strategy that sets out steps to ensure carers have access to the support they need to care for their relative or friend, and the choices and support to live the life they want to lead. This should include, but not be limited to, paid leave and flexibility at work, financial support when they need it, support for their health and wellbeing and equality in access to opportunities that might otherwise be inaccessible including education and training.

NHS Interface

- **Neighbourhood Health and Care**- It's vital that adult social care leaders, who are well versed in delivering support at the community level, are meaningfully involved in decisions about where and how resources for neighbourhood health and care are allocated and spent to achieve best outcomes for people. Councils are already doing much of this work and drawing on our members' experience will be key to supporting people to remain independent at home for as long as possible, preventing pressure on hospital services and making the neighbourhood health ambition a success. To facilitate this we need a clear emphasis on local decision making and joint working through health and wellbeing boards.
- **Continuing Healthcare-** Any local changes being made to Continuing Healthcare (CHC) delivery need to be done in full consultation with local authority colleagues; changes should not be imposed on local authorities. If local authorities are to take the lead, then that needs to be planned in partnership and fully funded to enable the best possible outcomes to be delivered for local people.

Digitalisation

- **Enhancing Productivity**- Government to consider the use of capital funding to support adult social care to digitise, including solutions such AI. This would increase productivity, deliver efficiencies within commissioned care and most importantly deliver better person-centred outcomes for individuals who draw on services, their carers and families.

ADASS is the Association of Directors of Adult Social Services in England.

We are a membership charity, a leading, independent voice of adult social care.

We promote higher standards of social care services and influence policies and decision-makers to transform the lives of people needing and providing care - so that all of us needing care and support can live the lives they want regardless of age, disability, status, and social background.

The membership is drawn from serving directors of adult social care employed by local authorities and their direct reports. Associate members are past directors and, since 2019, our wider membership includes principal social workers.

Charity reg.

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