PUBLIC PRIORITIES FOR SOCIAL CARE REFORM

What residents in England want – and what they don't

Anthony Kevins (Loughborough University) and Naomi Lightman (Toronto Metropolitan University)

Findings from two 2025 conjoint survey experiments, for policymakers and advocates

Data from ≈ 2,800 respondents in England

THREE STRATEGIC INSIGHTS FROM THIS RESEARCH

① A mandate for bold reform

- **Wealth and income tax** command strong public support as funding mechanisms.
- The public favours **more generous access thresholds** and **lower payment caps**.

② Two clear red lines for most respondents

- Expanding access through **private insurance** is strongly rejected, including on the right.
- Targeting extra support to **those with the least in savings/assets** is also a relatively hard sell.

③ Values drive views, not wallets

- **Material self-interest** has little consistent bearing on how people assess reform proposals.
- **Values-based framing** is more likely to shift opinion than appeals to personal benefit.

A public mandate for social care: individual access and funding (Study 1)

Public support for extended access through taxes on the wealthy

Choosing a **funding mechanism** is the most politically charged dimension of social care reform in Study 1.

Figure 1 shows that respondents rated a **wealth tax and income tax (on higher earners) as the most acceptable options** for funding social care. Council tax was by far the least popular option – with National Insurance and inheritance tax in between. This ranking holds broadly across the ideological spectrum.

The public also has consistent views on **access thresholds and payment caps**: **more generous is more popular**. Support rises as the lower capital limit (the assets threshold for full support) increases, with £20,000 the most supported option shown.

Similarly, higher upper capital limits are preferred and **lower out-of-pocket payment caps attract significantly more support** – with caps above £100,000 notably less popular than those below it.

Together, the individual-level findings demonstrate that the public supports a **substantial expansion of social care coverage, funded through progressive taxation**.

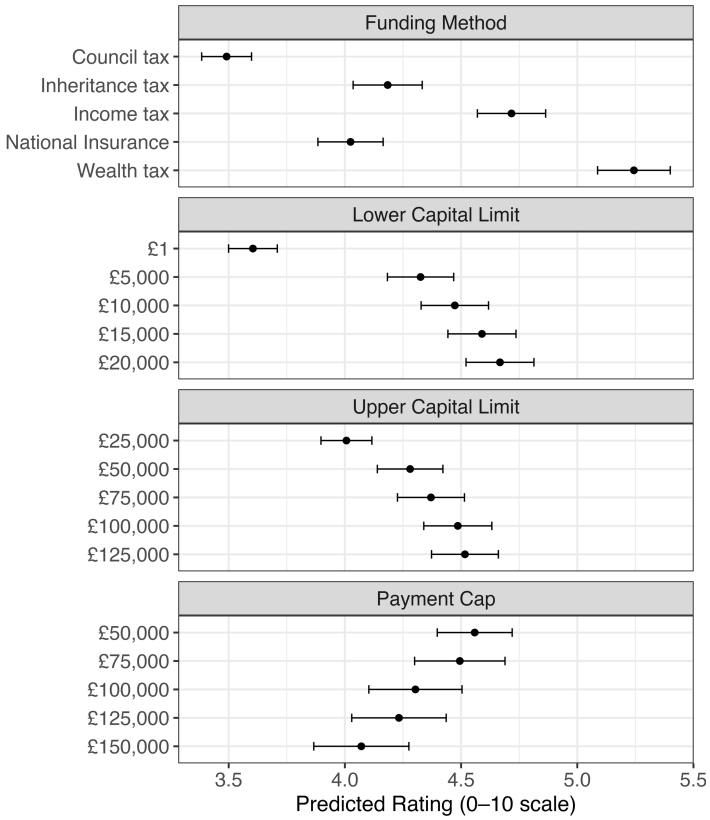

Figure 1: Greater public support for broader coverage paid for by taxes on wealth and income (marginal means, 0–10 scale, n ≈ 1,400)

Research basis: *Two pre-registered conjoint survey experiments fielded via Prolific to nationally representative quota samples of UK adults (n ≈ 1,600 each; August 2025); results above show England-only findings (n ≈ 1,400 each). Respondents were asked to rate pairs of hypothetical but realistic reform packages. Figures show marginal means – i.e., the average support rating associated with each attribute level, averaging across all other attributes. Project funding from a British Academy/Leverhulme Trust Small Research Grant (SRG23\231164). Evidence Brief dated 3 June 2026.*

Goals and values: to what extent do they shape public reactions to social care reform? (Study 2)

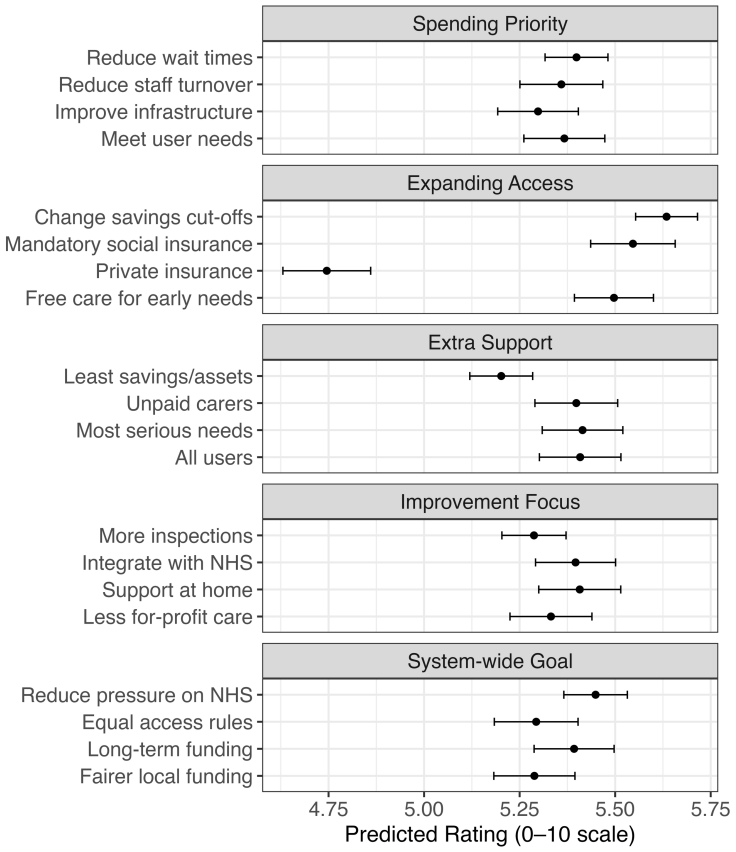

Figure 2: Limited support for private insurance and targeting extra support to those with the least in savings/assets (marginal means, 0–10 scale, n ≈ 1,400)

Private insurance and increased means-testing are unpopular, otherwise we see limited effects

Figure 2 shows ratings for reform packages framed in terms of system-wide goals and values. Responses to most attributes cluster narrowly around the middle of the scale – with results from our second study thus suggesting **broad public openness to a range of system improvements**.

Almost any credible reform agenda or framing will encounter a receptive public, **provided it avoids two specific pitfalls**.

First, the public has a **strong negative reaction** to expanding social care access using **private insurance.** Any reform package that includes expanded private insurance will likely face substantial public opposition across all groups.

Second, the public does not support **targeting extra support to those with the least in savings/assets**. Arguments in support of means-testing targeted support may therefore be harder to sell to the public than arguments for universal provision.

Additionally, we see marginally more support for policies framed as focusing on **"reducing pressure on the NHS"** when compared to those framed as promoting fairer funding and access rules.

The political landscape: where the key divides lie

The above figures highlight the key findings from English residents who participated in our studies. But to what extent do political and demographic factors shape responses?

To answer this question, our analyses also break down our findings by ideology (left/centre/right) and by several measures of material self-interest: household income, home ownership, age, and personal experience of social care.

Full results are available on request via email, but here are some highlights:

Where left and right agree – and disagree

On **individual access and payment (Study 1)**, left and right agree on the best path forward – with left-wing respondents simply more enthusiastic about change. Both groups disfavour council tax and favour wealth tax; both want more generous thresholds and lower caps. There is a **clear consensus.**

On **system-level goals (Study 2)**, the key split is between **left-wing respondents versus everyone else**, with centrists and right-wing respondents broadly less supportive of system-wide reform goals. This suggests progressive parties have a motivated base for ambitious reform, but may have a harder time convincing centrist and right-wing voters.

Notably, there is **no case in Study 2** where right-wing or centrist respondents are *more* supportive of a reform than left-wing respondents – even for attributes that might be expected to appeal to conservative instincts.

Values, not wallets, drive views

None of the self-interest measures – household income, home ownership, age, or personal experience of social care – **show a consistent effect on how people evaluate reform proposals.** In Study 1, this is especially striking: even though the reform options directly affect what people would pay and receive, **material interest does not predict preferences**.

This has a clear implication for campaign design: messaging on social care reform that is based on **individual material gains is unlikely to be effective compared to broader values-based appeals**.

In Study 2, self-interest measures show some – though inconsistent – effects on system-level preferences, particularly around home ownership and age. But **ideology remains the stronger and more consistent predictor throughout**.