directors of adass
adult social services

2026 SPRING SURVEY

July 2026

Contents

1. Foreword and introduction

This year's survey is being published at a time of significant structural change across the public sector and significant economic and political turbulence. However, with change also comes opportunity.

Whilst the results from the survey paint a challenging picture of financial pressures, increasing levels of need and diminishing levels of confidence from Directors in meeting their legal duties to residents, we know that Baroness Casey's Independent Commission on Adult Social Care is working hard to identify what could and should be done differently. After numerous attempts to reform adult social care, we need reforms to stick both as a sector and as a society. We are hopeful that politics will be put aside for the greater good.

It's important that we don't remain in the crouch position and wait for Baroness Casey's reports to save adult social care. We need to crack on, to make sure people experience the best current version of adult social care, wherever they live or work. We know that when adult social care works well in our local places it's because it has a clear mission and policies but ultimately, it's a network of relationships in which every person plays a part. Adult social care at its best nurtures strengths and finds solutions, getting alongside people, learning and growing together.

This survey shines a light on areas where work in the short- to medium-term could make a difference to people's lives, like safeguarding adults and supporting mental health needs. We will endeavour to raise these issues with Government, seek to gain further understanding from Directors, their staff and people with lived experience, and seek to identify and share where approaches are working well to support improvement.

The survey also highlights the interconnectivity between public services such as adult social care, the police and the NHS. In particular, how the financial pressures and changes in support for people with high levels of complex needs and experiencing poor mental health by the NHS are driving up costs and increased need for adult social care. It's clear change is needed to put people back at the centre of the support rather than which organisation pays and is responsible.

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 pulling this report together, with analytical 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-Lead whose collective experiences inform the messages shared here, both locally and nationally.

Phil Holmes
ADASS President

Sally Burlington
ADASS Chief Executive

2. Key findings

The financial pressures facing adult social care are showing no signs of abating. Councils in England overspent on their 2025/26 adult social care budgets by £715mn, the second year in a row this figure has been in and around three-quarters of a billion pounds. These overspends, along with pressures on council budgets have contributed to Directors planning to deliver £909mn in savings to adult social care budgets in 2026/27.

It is concerning that over half of Directors of Adult Social Services have partial or no confidence in meeting their legal duties for safeguarding. Fifty-four per cent of Directors indicated that this is the case for 2026/27. Four-fifths of Directors (80%) reported an increase in the number of local safeguarding concerns in the last 12 months, with 88% also reporting an increase in the complexity of the concerns received. Sixty-four per cent of Directors said they thought poverty contributed to an increase in safeguarding concerns in the past year.

Moves to counter NHS financial pressures are leading to adult social care taking on more responsibility to support people with complex needs. Continuing Healthcare (CHC), the mechanism through which the NHS takes on the costs of a person's care needs because they are primarily related to their health condition, has become increasingly contentious. In part this is a result of more people having their CHC reviewed and being found ineligible. Three-quarters of Directors (75%) reported an increase in the number people presenting to adult social care who were or would have previously been eligible for CHC. Eighty-four per cent of Directors said Integrated Care Board (ICB) disinvestment in CHC was contributing to their risk of overspending by at least some extent. Baroness Casey criticised ICBs for paying private firms "to find ways to cut how they pay out Continuing Healthcare budgets".[1]

There is clear evidence that mental health needs in the population are increasing, with adult social care taking on increased responsibility because of NHS pressures. Eighty-six per cent of Directors reported an increase in mental health needs in their local areas from 2025 to 2026. Just under nine in ten (89%) Directors said that this complexity of need has contributed to an increase in their mental health spending. Local mental health services appear to be less prepared to intervene diagnostically, including where people's circumstances are challenging and may involve homelessness, drug and alcohol abuse or contact with the criminal justice system. Financial pressures on councils have been exacerbated by changes in NHS funding contributions to joint mental health care packages, including S117 aftercare, which has increased spending in over one-third (36%) of council areas.

Nearly half of the people who require a Deprivation of Liberty Safeguard (DoLS) assessment have been waiting for six months or more. Out of the 96,780 who were waiting for a DoLS assessment on 21 March 2026, 45,387 (47%) have been waiting for six months or more.[2] This reflects a longer-term pattern of a system struggling to meet needs. Faced with sustained backlogs, councils have increasingly had to prioritise the highest-risk applications to try to respond to immediate safeguarding concerns. While DoLS reform, taking into account the recent Supreme Court judgement[3] should deliver a timelier and more sustainable process, safeguarding and the equal protection of people's human rights must be at its core.

[1] Baroness Casey's speech to the Nuffield Trust Summit – 5 March 2026

[2] Extrapolated estimate.

[3] DHSC, UK Supreme Court judgement on what constitutes a deprivation of liberty, June 2026. For the ADASS

The number of people aged 18-24 years old that adult social care support is increasing, along with the complexity of their needs and costs of appropriate care. The number of younger adults (18-24 inclusive) who drew on long-term adult social support in the year to March 31st 2026 reached 45,465 – an increase of 7%, on the previous year.[4] There has been a substantial increase in the number of requests for support coming because of mental health needs in the community, with over three quarters (77%) of Directors reporting either an increase or a significant increase.

Over 400,000 people are waiting for an assessment of their needs, for care and support or their direct payment to start, or a review of their care plan. Each person who is waiting could have an unmet, under met or wrongly met need which could impact upon their independence and wellbeing. Ultimately waiting times are driven by insufficient funding, workforce challenges and increasing levels and complexity of social care need.

Local care markets remain fragile, with the full impact of the unfunded Employment Rights Act reforms yet to fully impact care provider finances. Two-thirds of respondents (66%) reported that they had seen local providers either close, cease trading or hand back contracts in the previous six months which has impacted 3,964 people.

The stated Government ambition of shifting from sickness to prevention is at risk of stalling due to adult social care having to prioritise stretched funding on those with the most complex needs. The proportion of Directors who have full confidence in meeting their legal duties for prevention and wellbeing has fallen from 25% in 2025/26 to 20% in 2026/27. Only 5% of adult social care budgets are being spent on preventative services that can be accessed by people whose needs do not meet the National Eligibility threshold which is the lowest proportion since ADASS has been conducting surveys in their current form.

position, see ADASS update note, June 2026.

[4] Improved methodology so data demonstrates a trend rather than direct comparability.

3. Methodology

ADASS Spring Survey is an annual survey conducted by the Association of Directors of Adult Social Services (ADASS) which 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. Directors are all full members of ADASS.

The report is anonymised and extrapolated 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.

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, focusing on budgets, levels of savings and Director confidence in delivering on statutory (legal) duties. Definitions are updated when necessary to keep the survey in line with other data collections and national policy. 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 year's survey to reflect current issues.

There were 136 completed returns to this year's survey - an 89% response rate. The survey was distributed via an online link and remained open between 17 April and 3 June 2026.

New extrapolation methodology

We take a methodological decision on how to account for missing data when councils do not submit a return to generate an England level figure, which we refer to as extrapolation. Historically, the approach to extrapolation has been to calculate the mean value from responding councils and multiply this by the total number of councils with adult social care responsibilities (153). It assumes non-responding councils are identical to the average respondent and does not account for variation in size. To improve the accuracy of our extrapolated data, this year we now adjust by population for questions where this is relevant.

Responses are scaled in line with the relevant population for any given question (all adults, over-65s, adults aged 18-64, and 18-24 year olds) using Office for National Statistics (ONS) mid-year estimates or other relevant demographic data.

This means not all findings this year are directly comparable to previous years. For the core financial questions of the survey, we have retrospectively applied this new methodology to the data from 2025, so the data may be different to those published in last year's report. No years prior to 2025 have been updated. Where previous years have **not** been updated and are therefore not directly comparable to previous years, this is indicted in the report.

If you have any questions about the methodology, please get in touch with charlotte.newman@adass.org.uk.

4. Financial context

The current financial context is summarised succinctly by the King's Fund: 'councils still do not have the resources to meet all the demands on them and their overall financial position is worsening'.[5]

This is evidenced by the number of councils with adult social care responsibilities that applied for Exceptional Financial Support from Government for 2026/27. One in five, or 32 councils with social care responsibilities, were provided with the ability to 'borrow or use receipts from the sale of assets to fund day-to-day (revenue) expenditure'.[6] This funding is intended to support councils to set a legally required balanced budget for 2026/27. Half of councils with adult social care responsibility indicate that they are likely to have to apply for Exceptional Financial Support from Government within the next three year.[7]

In addition to the Exceptional Financial Support for 2026/27, seven councils with adult social care responsibilities were also given the flexibility to raise council tax above the usual threshold of 5% (3% council tax and 2% adult social care precept) without requiring a local referendum. These councils were allowed increases ranging from 1.75% - 4% for 2026/27.[8]

The current financial year is the first since implementation of the Fair Funding Review 2.0 which reformed how funding from central government is allocated between English councils. In short, the purpose of the Fair Funding Review was as follows:

'From 2026–27, there will be a new system for allocating funding between councils, which will take account of new official assessments of councils' spending needs and their relative abilities to raise revenues themselves via council tax'.[9]

These changes will be phased in over three years to ease the transition, particularly for those councils that are seeing reductions in their funding in relative terms.

The multi-year funding settlement for local government, announced in the 2025 Spending Review, provided a level of certainty that councils have not had for a decade. This is something that ADASS and other local government bodies had asked for over several years.

This section covers:

- Council and Adult Social Care Budget
- Overspends/Underspends

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[5] King's Fund, Social Care 360, April 2026

[6] Community Care, One in five councils likely to receive government bailouts to balance books in 2026-27, February 2026

[7] Local Government Association, Emergency government bailouts needed by third of councils over next three years, February 2026

[8] North Somerset, Shropshire and Worcestershire will be able to raise council tax by an additional 4%, Trafford, Warrington and Windsor and Maidenhead by an extra 2.5%, and Bournemouth, Christchurch and Poole (BCP) by an additional 1.75%.

[9] Institute for Fiscal Studies, Fair Funding Review 2.0: the impacts on council funding across England, August 2025

- Planned Savings
- Confidence meeting statutory duties

4.1 Council budgets

Councils have a broad range of responsibilities including adult and children's social care, leisure, culture and environment, housing and planning and waste management, economic development, licensing, business support, registrar services and pest control.[10] Councils provide over 800 services to local communities.[11]

Based on the figures provided to ADASS in response to this survey, the expected council total net budget for 2026/27 (excluding schools) is £67.7bn. Councils have also planned to make £2.8bn of savings in 2026/27 to deliver a balanced budget.[12]

Social Care Precept

ADASS no longer collects this data as the Ministry of Housing, Communities and Local Government (MHCLG) publishes data on Council Tax and the Adult Social Care Precept.

MHCLG data shows that in 2026-27 142 out of 153 councils with adult social care responsibilities utilised the flexibility to its maximum level of 2%. The remaining 11 councils used some of the 2% flexibility. The number of councils fully utilising the precept fell from 147 in 2025/26. This additional flexibility accounts for £35 of the average Band D council tax bill in England in 2026/27 and will generate £688 million for councils to spend on adult social care.[13]

4.2 Adult Social Care Budgets

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 council's requirement to balance its budget.

[10] Local Government Information Unit, Local government facts and figures: England. (Accessed 22 June 2026).
[11] Local Government Association, An introduction to local government. (Accessed 22 June 2026).
[12] These figures have been calculated using the new population weighted extrapolation method.
[13] Ministry of Housing, Communities and Local Government, Council Tax levels set by local authorities in England 2026 to 2027, March 2026.

The Government's Fair Funding Review 2.0 also simplified the way in which councils received funding from Government. Previously, councils with adult social care responsibilities received multiple grants from Government, with a variety of conditions and reporting requirements. For 2026/27 Government have consolidated this funding, including the Market Sustainability and Improvement Fund and Social Care Grant, into each council's main allocation (Revenue Support Grant).[14] Alongside this, the Department of Health and Social Care (DHSC) have published adult social care notional allocations for each council over the next 3 years. These are not formal spend expectations but will instead act as a reference point, intended to support local authorities in budget-setting

The amount budgeted by councils for adult social care rose from £22.6bn in 2025/26 to £25.7bn in 2026/27 (see figure 1 below). The proportion of councils' overall budgets being spent on adult social care rose from 35.5% in 2025/26 to 37.9% in 2026/27.

Figure 1: Adult Social Care (ASC) net and actual budget and ASC net budget as a % of whole council net budget 2019/20 to 2026/27. Note 2024/25, 2025/26 and 2026/27 figures are calculated using the new extrapolation method.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
ASC Net Budget	£15.1bn	£15.6bn	£16.5bn	£17.7bn	£19.2bn	£20.5bn	£22.6bn	£25.7bn
ASC Actual	£15.3bn	£15.6bn	£16.4bn	£17.8bn	£19.8bn	£21.2bn	£23.3bn	N/A
Under/Overspend	**+197mn**	**+61mn**	**-£103mn**	**+£74mn**	**+£586mn**	**+£764mn**	**+£715mn**	**N/A**
ASC net budget as a % of whole council net budget	37.4%	37.40%	36.9%	37.2%	36.7%	35.1%	35.5%	37.9%

4.3 Overspends

The financial pressures facing adult social care and councils are showing no signs of abating. For the past three years councils have overspent on their adult social care budgets by over half a billion pounds, with the past two years being nearer to three-quarters of a billion pounds.

The overspend figure has fallen by 6.4% from £764mn in 2024/25 to £715mn 2025/26. The 2025/26 figure is equivalent to 3.2% of the net adult social care budget in 2025/26. Four-fifths of councils (80%) overspent on their adult social care budgets in 2024/25 and 2025/26.[15]

Councils by law cannot overspend and as such must deliver a balanced budget year on year. Overspends must therefore be funded by a range of actions including by utilising underspends from

[14] Department of Health and Social Care, Adult social care priorities for local authorities: 2026 to 2027, January 2026

[15] We have adjusted the methodology used to analyse the figures for the 2026 survey report and retrospectively adjusted the overspend figure for 2024/25 using the same methodology so that it is directly comparable to the 2025/26 figure.

other council departments, financial reserves or by requiring adult social care to pay back overspends by making additional savings in the next financial year. As such 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.

We asked Directors to what extent different sources of funding were used to address adult social care overspends from 2025/26. Similarly to 2024/25, the most common source of funding to address overspends in adult social care in 2025/26 was from under spending in the previous financial year by other council departments (which does not have to be paid back), with two-thirds (66%) of Directors indicating that this was the case.

The second highest ranked funding source was from council reserves which do not have to be paid back, with just under two-thirds (62%) of respondents indicating that their council utilised this approach.

Figure 2: The extent to which different sources of funding have been used by councils to address their overspends in 2024/25 and 2025/26.

% Reporting financing of overspends to a great extent or to some extent	2024/25	2025/26
Council reserves (which does not have to be paid back)	66%	62%
Underspending in 2025/26 by other council departments (which does not have to be paid back)	69%	66%
Funded out of a corporate contingency built into the council's 2025/26 budget (which does not have to be paid back)	35%	37%
Funded from a specific contingency which has to be paid back as part of a deficit recovery plan	1%	2%
Included/carried forward into 2026/27 budget for adult social care	11%	9%
By requiring adult social care to pay back by making additional savings in 2026/27	16%	14%
Capital Directive from Government	11%	9%
Local arrangement under S75 pooled budget	4%	6%

4.4 Financial pressures on budgets

We asked Directors how confident they were that their budgets for 2026/27 will enable them to meet people's care and support needs in their local area (as defined in legislation, e.g. Care Act). We asked about their confidence in respect to people aged 18-64 and people aged 65+ (See Figure 3).

For people aged 18-64, one-fifth of Directors (20%) were fully confident for 2026/27. This is a marginal drop from 21% in 2025/26. For people aged 65+ this figure remained at 24%.

For people aged 65+, 71% of Directors were partially confident for 2026/27, an increase from 67% in 2025/26. For those aged 18-64 years old this figure increased to 72% for 2026/27 from 67% in 2025/26.

For both age groups, the proportion of Directors who have no confidence that their budgets will enable them to meet the care and support needs of people who draw on it in their local areas has fallen year on year. For people aged 65+ this figure fell from 9% in 2025/26 to 5% in 2026/27. For people aged 18-64 this figure fell from 12% to 9% over the same period.

Figure 3: Levels of confidence that a council's adult social care budget will be sufficient to meet the care and support needs (as defined in legislation, e.g. Care Act) of those people who draw on it for 2025/26.

Age	Fully Confident	Partially Confident	No confidence
18-64	19%	72%	9%
65+	24%	71%	5%

For the second year we asked Directors about how concerned they are about the financial pressures on their budget for 2026/27 because of a range of factors for adults aged 18-64 and 65+ years old.

For those factors that we asked about in 2025/26, there was little change from year to year across both age groups. For people aged 18-64, Directors are most concerned about the budgetary impact of rising costs due to increased complexity of need, with 50% of respondents extremely concerned and 47% quite concerned. This factor has overtaken the rising cost of support for younger adults as they transition from children's services when looking back to 2025/26, with 45% of Directors extremely concerned and 48% quite concerned in 2026/27.

One of the new factors we asked about for 2026/27 was increased costs resulting from shortfalls in NHS funding and/or contributions. For those people who draw on care and support aged 18-64, 47% of Directors are extremely concerned, whilst 44% are quite concerned about the financial pressures on their budgets.

For people aged 65+, the area of most concern because of financial pressures on adult social care budgets is the increased costs resulting from shortfalls in NHS funding and/or contributions. Over nine in ten of Directors (91%) either indicated that they are either quite concerned or extremely concerned.

The second highest area of concern for Directors was increased costs due to increased complexity of needs for people aged 65+, with 87% of respondents either extremely concerned or quite concerned. This was closely followed by increased costs due to care market pressures with 84%.

Figure 4: Comparing 2025 and 2026 Spring Survey results for Directors who were concerned about the financial pressures on their budget for 2026/27 as a result of the following factors.

	2025 Survey	2026 Survey
For people aged 65+		
Demographic pressures	74%	71%
Increased costs due to inflationary pressures	85%	81%
Increased costs due to increased complexity of needs	89%	87%
Increased costs due to market pressures	88%	84%
NEW: Increased costs resulting from shortfalls in NHS funding and/or contributions		91%
NEW: Increased cost due to unfunded increased cost of employment e.g National Living Wage Increases, new conditions resulting from the Employment Rights Act		77%
Increased costs due to high level of vacancies in the adult social care workforce	55%	50%
For people aged 18-64		
Demographic pressures	74%	76%
Cost of support for young adults as they transition from children's services	95%	92%
Increased costs due to inflationary pressures	85%	87%
Increased costs due to increased complexity of needs	95%	97%
Increased costs due to market pressures	90%	92%
NEW: Increased costs resulting from shortfalls in NHS funding and/or contributions		91%
NEW: Increased cost due to unfunded increased cost of employment e.g National Living Wage Increases, new conditions resulting from the Employment Rights Act		78%
Increased costs due to high level of vacancies in the adult social care workforce	57%	53%

4.5 Savings

To support the delivery of a legally required balanced budgets for councils, adult social care, as the largest area of expenditure in most upper-tier councils, must make a significant contribution. Directors reported that for 2026/27 they have planned to deliver £909mn savings to adult social care

budgets, which is a slight decrease from £932mn in 2025/26. This figure represents the equivalent of 3.5% of the net adult social care budget for the current financial year. Only 15% of Directors are fully confident they can deliver planned savings in full, whilst 73% are partially confident. Some 7% of respondents were not at all confident and the remaining 5% stated that it was 'not yet known'.

4.6 Statutory Duties

Directors were asked about levels of confidence in being able to deliver what they are required to by law - 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)
- Approved Mental Health Professional services

Directors' confidence in meeting statutory duties around safeguarding remains the highest of any of the categories listed. The proportion of Directors who are fully confident remained at 46% from 2025/26 to 2026/27, with a marginal uptick in the proportion that were partially confident from 51% in 2025/26 to 52% in 2026/27.

The fact that 67% of Directors have either partial or no confidence in their statutory duties relating to Approved Mental Health Professional AMHP services is worrying. Just over one-third of respondents were fully confident in delivering on their legal duties.

Directors have the least confidence in meeting statutory duties relating to market sustainability, with the proportion of Directors who are fully confident at only 15% in 2026/27. This has increased marginally from 13% in 2025/26. Those who are partially confident increased from 71% to 72% from 2025/26 to 2026/27.

Notably, the proportion of Directors who have full confidence in meeting their prevention and wellbeing statutory duties has fallen from 25% in 2025/26 to 20% in 2026/27. The proportion who have partial confidence has increased from 69% to 74%.

It's important to note that Directors would have answered about their confidence in delivering statutory duties relating to Deprivation of Liberty Safeguards (DoLS) prior to the UK Supreme Court case brought by the Attorney General for Northern Ireland concerning the definition of a deprivation of liberty.[16] The proportion who had no confidence in meeting their statutory duties on DoLS reduced from one-fifth (20%) in 2025/26 to 14% in 2026/27. Just under two-thirds of Directors

[16] DHSC, UK Supreme Court judgement, June 2026, ibid.

(62%) are partially confident for 2026/27, up marginally from 55% in 2025/26. The proportion of Directors fully confident fell from a quarter (25%) in 2025/26 to 22% for this financial year.

10% of Directors are not at all confident that they can meet their statutory duties on assessment (carers and people using services), up from 7% in 2025/26. Fifty-seven per cent of respondents were partially confident in 2026/27, with the remaining 32% of Directors being fully confident.

For statutory duties relating to personal budgets/services sufficient to meet eligible needs, just under a tenth of Directors (9%) have no confidence in 2026/27, the same proportion as 2025/26. Two-thirds of Directors (66%) were partially confident, with the remaining 24% fully confident.

Figure 5: Directors' confidence in their budgets being sufficient to meet their statutory duties 2026/27 and 2027/28.

	Fully confident		Partially confident		Not at all confident		Not sure	
	2026/27	2027/28	2026/27	2027/28	2026/27	2027/28	2026/27	2027/28
Information and Advice	41%	28 %	56%	56%	2%	5%	1%	12%
Prevention and Wellbeing	20%	11%	74%	71%	5%	6%	1%	12%
Assessment (carers and people using services)	32%	22%	57%	56%	10%	12%	1%	10%
Personal Budgets/services sufficient to meet eligible needs	24%	17%	66%	60%	9%	13%	1%	10%
Safeguarding	46%	37%	52%	49%	2%	3%	0%	11%
Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS)	22%	17%	61%	56%	14%	12%	3%	15%

Market Sustainability (including National Living Wage)	15%	6%	72%	60%	12%	19%	1%	15%
Approved Mental Health Professional services	34%	26%	63%	57%	4%	7%	0%	10%

5. Care and Health

The last twelve months have been a time of significant structural and financial change across both health and social care. This has been alongside a longer-term ambition from government to shift care away from hospital settings and closer to where people live.

This section covers:

- The impact of NHS financial pressures on social care and what it means to shift care from hospital community
- Continuing Healthcare (CHC)
- Better Care Fund (BCF)
- Mental health, including S117 aftercare

5.1 Shifting care closer to home

The NHS 10 Year Plan sets out a shift 'from hospital to community', partly through a Neighbourhood Healthcare Service as an alternative to an NHS that has been historically dominated by hospital-based care. There has been a marked increase in the proportion of Directors reporting an increase in people presenting to adult social care who are likely to have come from, or also previously have been supported by, health services. Eighty-six per cent of Directors reported an increase in the number of people with mental ill health presenting to council adult social care, compared to 73% in last year's survey. For the first time, we also asked directly about the impact of the policy and practice shift towards supporting more people closer to home. Almost half (47%) of respondents said that this has increased needs in their area in comparison to previous years.

Figure 6: Directors reporting that needs in their area had increased across the following routes and reasons for support in comparison to previous years in the 2025 Survey and 2026 Survey.

% of respondents reporting that needs in their area had increased in comparison to previous years	2025 Survey	2026 Survey
Mental ill health	73%	86%
Discharges and assessment from hospitals	78%	75%
People no longer receiving Continuing Health Care (CHC) or people who would previously have been eligible for CHC	75%	75%
NEW: People transitioning from Child and Adolescent Mental Health Services (CAMHS)		53%

NEW: Policy and practice shift towards supporting more people close to home		47%
People not being admitted to hospital	51%	44%
Discharges from Assessment and Treatment Units (ATUs)	34%	38%

ADASS supports the ambition of shifting care closer to where people live in a way that promotes choice, control and independence. But it is an ambition that requires a proportionate shift in resources to recognise social care's expanded role. Unnecessary time spent in hospital is not good for the individuals in question. However, resources must follow those individuals as they move on or move back home, especially if they are discharged from hospital earlier than they would have been in the past and with greater levels of need. In her recent speech at the Nuffield Trust annual conference, Baroness Casey, who is leading an independent review of adult social care, referred to the NHS as the 'National Hospital Service'. Many of our members recognised this analogy and how it has played out in real time, with community health services being increasingly squeezed.[17]

Directors continue to report that ASC is stepping in to provide services that previously would have been provided by the NHS. Some 86% of Directors said increased NHS pressures will lead to ASC taking more responsibility for services which previously the NHS would have arranged or delivered, though this is a slightly decrease on the 94% who said this would be the case in last year's survey. Seventy-two per cent% of Directors said increased NHS pressures will lead to ASC staff increasingly undertaking tasks on an unfunded basis that were previously delivered by NHS staff.

5.2 The impact of NHS pressures on adult social care

The NHS 10 Year Plan and the neighbourhood health agenda are key vehicles for realising the Government's ambition for more joined-up, efficient services, closer to where people live. These have been accompanied by radical changes to Integrated Care Boards (ICBs) which have been tasked with cutting their running costs by 50% by then end of 2026.[18] Unsurprisingly, these changes have had a significant impact on adult social care, specifically on services at the interface of health and care. As outlined in Figure 4, over 90% of Directors are concerned by the financial pressures on their budget for 2026/27 because of increased costs resulting from shortfalls in NHS funding and/or contributions.

For the first time, we asked Directors about the direction of travel for ICB spend on these services and to what extent these changes contributed to councils' risk of overspending on their ASC budgets.

[17] Baroness Casey's speech to the Nuffield Trust Summit – 5 March 2026
[18] NHSE, Working together in 2025/26 to lay the foundations for reform, April 2025.

Figure 7: Changes Directors have seen in Integrated Care Board (ICB) spend on services for 2025/2026 compared to 2024/25 that impact on adult social care.

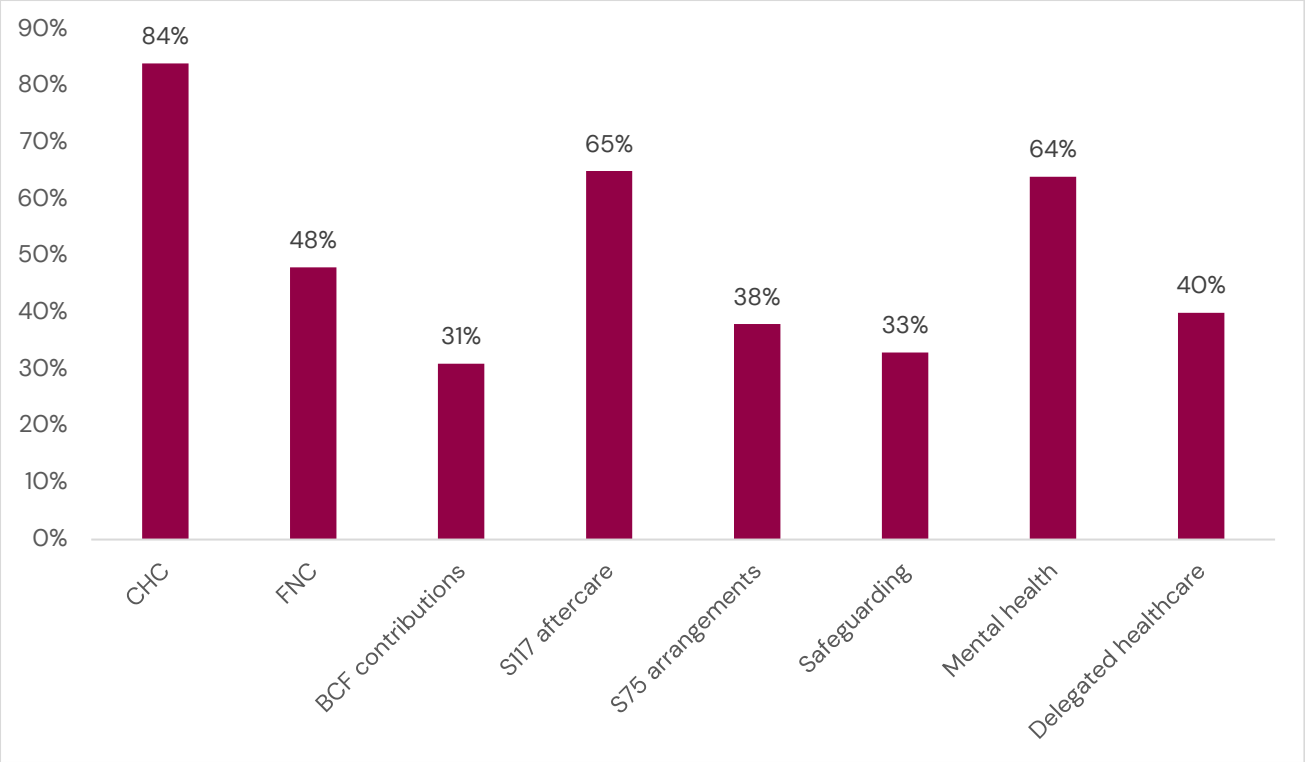
	Disinvestment	Maintaining existing levels of investment	Investment
Continuing healthcare (CHC)	58%	35%	7%
S117 aftercare	25%	61%	14%
Funded nursing care (FNC)	20%	70%	9%
Mental health	18%	74%	8%
Delegated healthcare activities	15%	82%	3%
S75 arrangements	14%	77%	9%
Safeguarding	14%	84%	2%
Service supporting unpaid carers	10%	84%	6%
Better Care Fund contributions	8%	77%	16%

Fifty-eight per cent of Directors said that ICBs were disinvesting, i.e. spent less in 2025/26 in comparison to 2024/25, on Continuing Healthcare (CHC), with 84% saying this was contributing to their risk of overspending by at least some extent. Over a third (34%) said it was largely contributing.

A quarter of councils said that ICBs were disinvesting in S117 aftercare[19] and almost a fifth (18%) said they were disinvesting in mental health spend overall. As will be explored in more detail through this report, there is clear evidence that mental health needs in the population are increasing, therefore this disinvestment trend is concerning, risking leaving an increasing number of people without access to the support they need to live well.

Figure 8: Percentage of Directors that say changes in ICB investment in these services contributes to their risk of overspending on their adult social care budgets by at least some extent.

[19] Mind, What is section 117 aftercare? (Accessed 8 July 2026).



5.3 Continuing healthcare

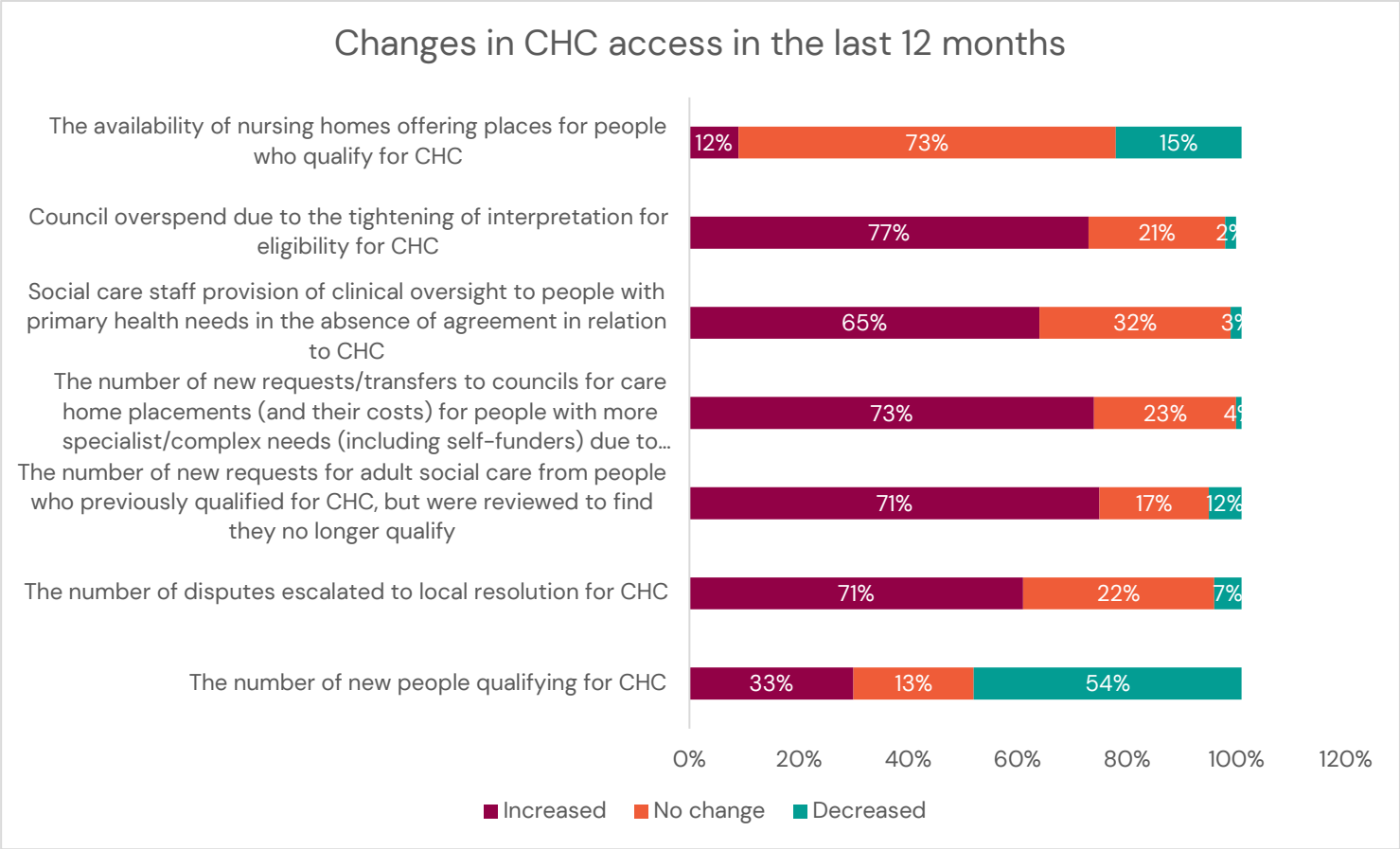
Continuing healthcare (CHC), where the NHS pays for all or some of a person's care needs because they are assessed as primarily related to their health condition, has always been a contentious area. If someone is assessed as ineligible for CHC they will often then be assessed for adult social care, meaning either the council or the individual (if they have savings or income) must pay for the support instead. In her speech at the Nuffield Trust Summit, Baroness Casey criticised ICBs for paying private firms "to find ways to cut how they pay out Continuing Healthcare budgets".[20]

In this year's survey over half (54%) of Directors reported that fewer new people are qualifying for CHC, up from 49% last year. There is also significant regional variation – with some regions as low as 30% and others as high as 71%.

Seventy one per cent of Directors said that more people are having their CHC reviewed and found ineligible. It's unsurprising then that as mentioned in Figure 6, 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.

[20] Baroness Casey's speech to the Nuffield Trust Summit – 5 March 2026

Figure 9: Directors reporting on changing access to Continuing Healthcare in the last 12 months.



These trends are corroborated by NHS data on CHC eligibility, which shows an Assessment Conversation Rate for standard CHC (% newly eligible cases of total cases assessed) falling from 31% in in 2017/18 to 17% in Q4 of 2025/26 and a Referral Conversion Rate (% newly eligible cases of total referrals completed) falling from 25% to 13%.[21]

The system is complex to navigate, with people too often having to re-tell their story and go through multiple assessments that people can find impersonal and demeaning. Families often describe the process as a 'battle'[22] and people experience significant and stressful delays waiting for eligibility decisions. [23] The perspectives of people who need support can too easily be lost in a conversation dominated instead by 'who pays'. Despite growing dialogue across government and the health and care sectors about CHC challenges, the proportion of Directors reporting an increase in the number of disputes escalated to local resolution has gone up from 61% last year, to 71% this year.

We need more integrated leadership at a local level; underpinned by a clearer disputes process that doesn't leave councils and the people they support waiting. We would expect clear

[21] NHS England, Continuing Health and NHS funded nursing statistics. (Accessed 2 July 2026).
[22] Age UK, Continuing to Care? Older people let down by NHS Continuing Healthcare, December 2024.
[23] Carers UK, Carers' experiences of NHS Continuing Healthcare briefing, June 2026.

messaging from NHS England and DHSC that CHC should not be used as a routine savings mechanism by ICBs.

> *'Adult Social Care are formally integrating with Derbyshire Community Health Services under a formal section 75 arrangement from 1st July 2026. This will be the first phase of providing integrated reablement services and will start with bedded enablement in community support beds and community hospitals for Pathway 2 hospital discharge and hospital avoidance from the community. We have established a pooled budget and joint Assistant Director post to oversee the newly integrated services. We had overwhelmingly positive responses from our consultation with the public regarding integrating these services and the potential benefits to our communities. Providing services together, through a lead provider and one team approach, will ensure support is more efficient and effective through reduction of duplication, better use of resources and streamlined services.'* – Derbyshire County Council

5.4 Better Care Fund

The Better Care Fund (and its various iterations as the Improved Better Care Fund and the Better Care Grant) was launched in 2015. It established pooled budgets between the NHS and councils, with the aim of implementing integrated and more innovative care services, bespoke to local needs.[24]

We asked councils about the direction of travel for BCF allocation for 2026/27 in comparison to previous years. Whilst the table below shows an overall national average, there is significant variation between councils at a national and even regional level, demonstrating how councils use their fund flexibly depending on their local context. For example, whilst on average 26% of councils say they are investing in intermediate care in comparison to last year, in one region this is only 11% whilst in another it is 54%. Similarly, in one region, no councils reported in investing in Discharge to Assess from their BCF, whilst in two other regions over a third (36%) said they were investing. This variation will be driven by a host of different factors based on local needs and ICB arrangements and it's important that flexibility is maintained for councils to use the BCF to best meet local needs.

[24] NHS England, Better Care Fund. (Accessed 8 July 2026).

Figure 10: Direction of travel for Better Care Fund (BCF) planned allocation for 2026/27 compared to 2025/26.

	Disinvestment	Maintaining Investment	Investment
Prevention and early intervention	1%	62%	38%
Intermediate care	2%	72%	26%
Crisis resolution	2%	91%	7%
Discharge to assess	2%	77%	21%
Support for carers	2%	81%	17%
Mental health	2%	90%	8%

5.5 Mental health

Growing mental health needs across the population are well documented.[25] Understanding the changing mental health needs in our communities is critical to ensure people can access the care and support they need in a timely way to stay safe and well. Services should be designed and delivered collaboratively, in ways that can operate holistically.

As shown earlier (Figure 6), 86% of Directors reported an increase in mental health needs in comparison to previous years, and 53% reported an increase in people transitioning from Child and Adolescent Mental Health Services (CAMHS). As a proxy for understanding more about these increasing needs, we asked Directors how different factors had impacted on their mental health spend for 2025/26 compared to 2024/25. Significantly, 89% of Directors said that complexity of need had contributed to an increase in their mental health spending, with over a fifth (21%) saying it had contributed to a significant increase. Over a third (36%) of Directors reported that changes in NHS funding contributions to joint mental health care packages had increased their council's spending. Feedback from Directors suggested that it is not only financial decisions by NHS partners around joint funding that are placing new levels of stress on council services. Where local mental health services are intervening later or less often to diagnose needs, councils are having to step in and support people whose needs have become more acute, and who may be in situations that carry significant safeguarding risks.

[25] Centre for Mental Health, The Big Mental Health Report 2025, October 2025. NHSE, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2023/4, November 2025.

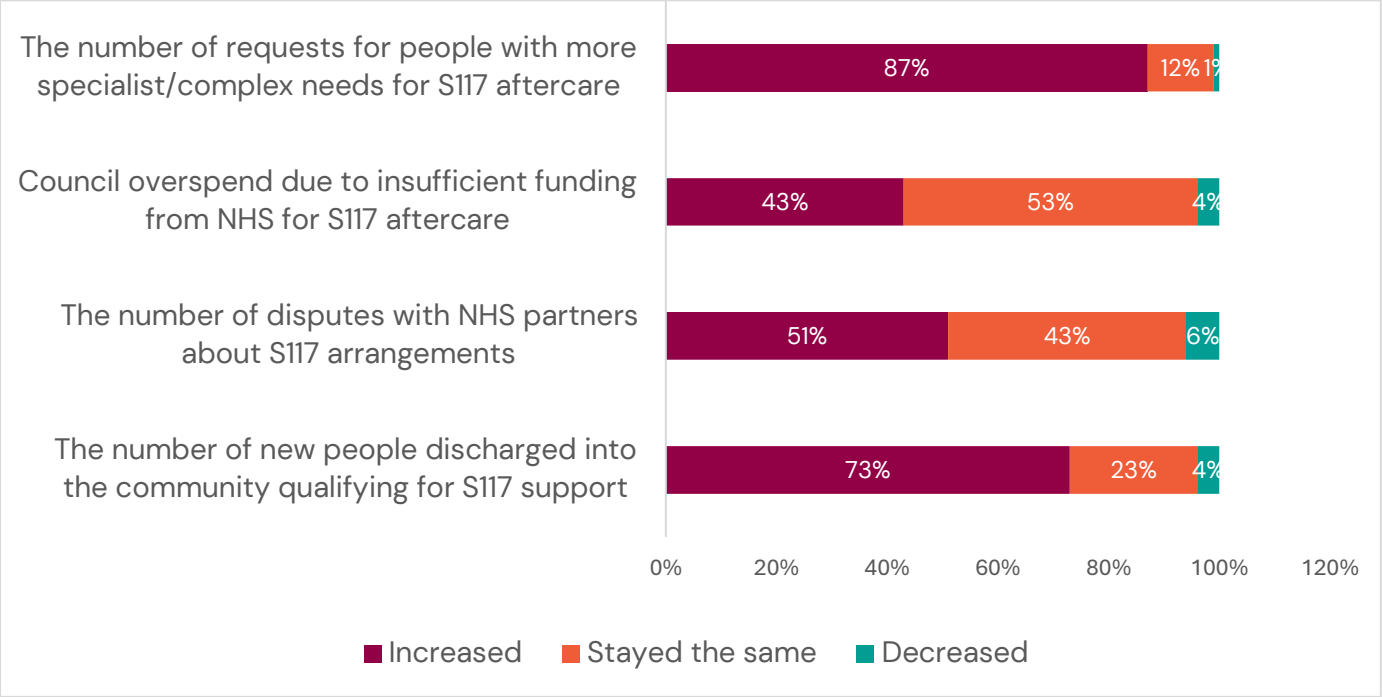
Figure 11: The impact of the following factors on councils' mental health spend for 2025/26 compared to 2024/25.

	Significant increase	Increase	Stayed the same	Decrease	Significant decrease
Complexity of need	21%	68%	10%	1%	0%
Number of people needing mental health support	19%	68%	11%	2%	0%
Changes in NHS funding contributions to joint mental health care packages	6%	30%	50%	13%	1%
Young people transferred from children's services with S117 mental health needs	10%	48%	43%	0%	0%

5.6 Community mental health including S117 aftercare

Section 117 (S117) of the Mental Health Act places a duty on health and social care to jointly fund support to people who have previously been detained in hospital on a S3 or equivalent forensic order. The purpose of the duty is to ensure aftercare is available to support them to stay well in the community and help prevent readmission to hospital. Listening to concerns from our members, in this year's survey we asked Directors about changes to S117 arrangements in their area in the last 12 months. Seventy-three per cent reported an increase in the number of people discharged into the community qualifying for S117 aftercare and 87% reported an increase in the complexity of needs under S117 arrangements. And 58% reported an increase in their mental health spending on young people transitioning to adult services with a S117 mental health need.

Figure 12: Directors reporting on changing access to S117 in the last 12 months.



Furthermore, as highlighted in Figure 7, councils are increasingly reporting that their NHS partners are reducing their contributions to S117 aftercare, at times without even attempting to reach a joint decision with their council partners. Forty-three per cent of councils say their overspend has increased due to insufficient funding from the NHS for S117 aftercare. Given these factors, it is unsurprising that Directors reported a 14% increase in S117 spending in 2025/26 in comparison to the previous year.

Insufficiently resourced mental health services can threaten people's safety. Over a third of Directors (34%) reported an increase in the number of Safeguarding Adult Reviews (SARs) related primarily to Mental Health in the past 12 months.

Our evidence shows that without clear guidelines and investments that keep pace with needs, government's ambitions around mental health[26] will not be realised in practice.

[26] Government to transform mental health care with new strategy, May 2026.

6. Safeguarding

Adult social care is, at its heart, about people. It is the invisible safety net that many individuals rely on — often unexpectedly — to keep themselves and their loved ones safe, supported, and able to live the lives they choose, in the places they call home. When life becomes unpredictable, whether through illness, ageing, disability, or a sudden crisis, people want to know that someone will be there to walk alongside them and understand. That someone is often a social worker.

Councils play a vital role in safeguarding individuals from abuse and neglect, and their work is underpinned by social work values — values of dignity, social justice, and human rights — which shape the way councils operate and remain central to their safeguarding responsibilities.

Today, an increasing number of people are facing situations characterised by uncertainty, poverty, transition, and social vulnerability, often interwoven with complex health and social needs. This is against the backdrop of major structural change across the organisations accountable for safeguarding: councils, ICBS, the Police and Children's services are all undergoing major reforms and reorganisations as are the equivalent regulators of these services.

This section of the report covers the changing safeguarding landscape and what this should mean for adult social care reform.

6.1 Safeguarding needs

Safeguarding is the process by which people with care and support needs are kept safe from abuse and neglect. It requires proactive and collaborative partnership working to support people when they need it.[27]

Social challenges and policy changes outside of adult social care affect the level and type of need presenting to adult social care. Respectively, 57% and 61% of Directors reported an increase in the number of people needing safeguarding who are street homeless or in temporary housing.

Figure 13: Directors reporting changes in need in the last 12 months.

In the 12 months to 31st March 2026, compared to the previous 12 months (2024/25), what has been the change in the following:	Increase	No change	Decrease
Risks in the community relating to mental health and safeguarding as a result of the introduction of Right Care, Right Person (RCRP)	38%	62%	0%
The number of people who are street homeless who need safeguarding in your area	57%	41%	1%

[27] The Nuffield Trust, Cause for alarm: what can safeguarding data tell us about the challenges facing health and care services? April 2026.

The number of people in temporary housing who need safeguarding in your area	61%	37%	2%

Right Care, Right Person (RCRP) is a policy initiative introduced in 2023 with an aim to ensure that police are not responding to mental health incidents in place of more appropriate professionals from health and care services.[28] Whilst ADASS supports the principle behind this initiative, implementation has been inconsistent across the country and in practice has left some social workers and other professionals without the right support from their police colleagues to safely intervene to support an individual at risk.

At a national level, 38% of Directors reported an increase in the risks in the community in the last 12 months as a result of introduction of RCRP. However, there is significant regional variation. Whilst in six of the nine ADASS regions, no councils reported a 'significant increase' in risk, in one region almost a fifth (17%) did.

Partnership working, especially at a time of reorganisation across organisations, is critical and ADASS supports the new National Safeguarding Board's efforts to engender this collaboration.

'An adult was identified as being at significant risk of harm due to cuckooing and exploitation within their home. The individual's property had effectively been taken over, exposing them to ongoing intimidation, substance misuse activity, and serious self-neglect… Through a coordinated safeguarding response, adult social care worked closely with the Community Safety Unit, housing services, mental health services, drug and alcohol services, and the police to share intelligence, assess cumulative risk, and implement timely protective interventions to disrupt exploitation and safeguard the individual.' – survey respondent

6.2 Increase in safeguarding concerns

DHSC publishes annual data on the number and nature of safeguarding concerns and enquiries. In this context, a 'concern' is when a sign of suspected abuse or neglect is reported to, or identified by, the council. Earlier this year, the Nuffield Trust published an analysis of national safeguarding data collections that highlighted a 76% increase in safeguarding concerns from 2016/17 to 2024/25.[29]

We asked Directors about changes they'd seen in safeguarding concerns in the last 12 months Four fifths (80%) reported an increase in the number of concerns, with almost a third (32%) reporting a significant increase. Four fifths (80%) also reported an increase in the complexity of the concerns.

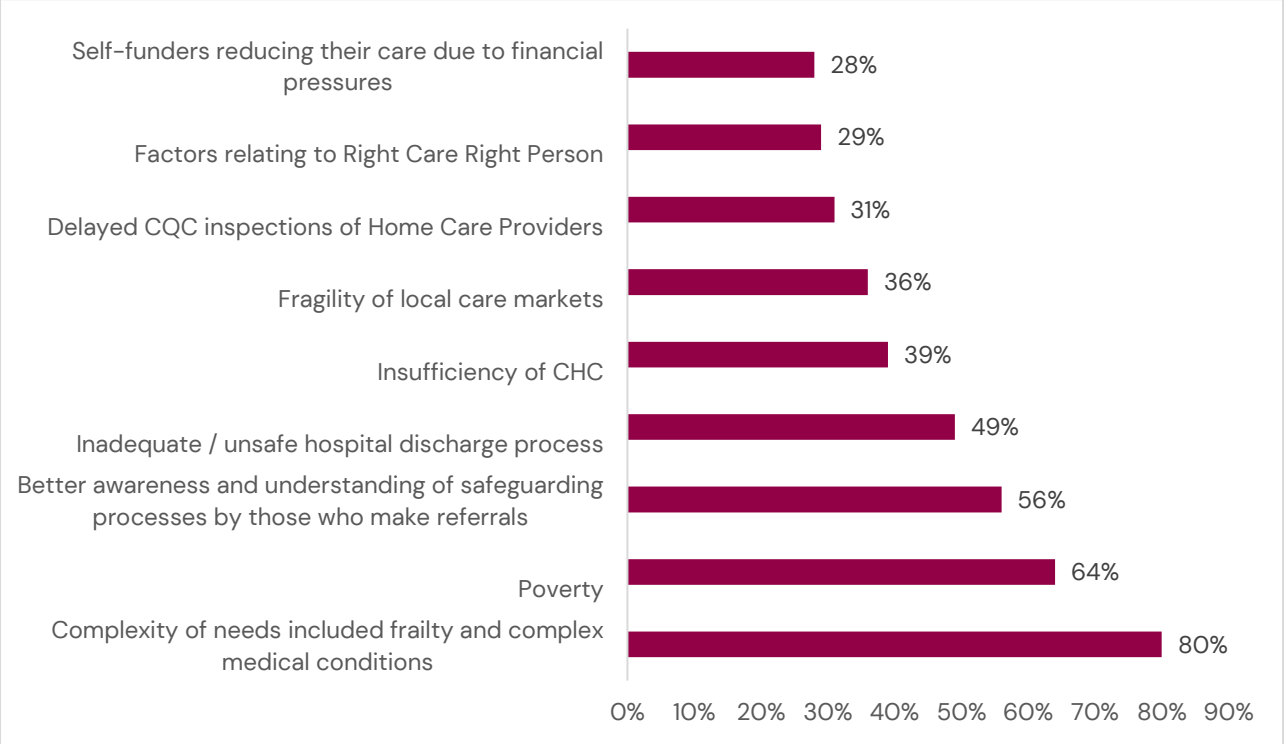
[28] Home Office and DHSC, National Partnership Agreement: Right Care, Right Person, July 2023.
[29] The Nuffield Trust, Cause for alarm: what can safeguarding data tell us about the challenges facing health and care services? April 2026.

Figure 14: Directors reporting changes in need in the last 12 months in relation to safeguarding concerns

Changes in safeguarding concerns	Significant increase	Increase	No change	Decrease	Significant Decrease
The number of concerns received	32%	48%	9%	7%	4%
The complexity of concerns received	27%	61%	13%	0%	0%
The acuity of concerns received	18%	49%	32%	1%	0%

ADASS is working with Nuffield Trust and other partners to improve our understanding of key safeguarding issues and what policy and practice intervention is needed to support people to stay safe and well. As part of this work, this year we asked Directors for their views on why safeguarding concerns are increasing. As referenced throughout this report, complexity of needs featured prominently, with 80% of Directors reporting that they thought this had led to an increase in safeguarding concerns in the last 12 months. Almost two thirds (64%) also said they thought poverty contributed to the increase. As referenced earlier in the report, tightening of CHC eligibility is also having dramatic consequences for individuals and 39% of Directors said they thought this contributed to an increase in safeguarding concerns.

Figure 15: Percentage of Directors reporting the following factors have increased safeguarding concerns



This evidence reinforces the importance already placed on Safeguarding by the independent review into adult social care led by Baroness Lousie Casey and the work of the new National Safeguarding Board.

Through our commissioned Advice, Information and Guidance (AIG) service, we are supporting people to remain independent at home by addressing financial hardship, access to benefits and wider social determinants of health. For example, an older couple struggling to live independently were supported to access higher rate Attendance Allowance, increasing their income significantly per week. This enabled them to put the right support in place and continue living safely together at home. Across the wider offer, thousands of residents are accessing advice linked to health, housing, benefits and debt, helping to stabilise their circumstances before needs escalate.

This demonstrates how social care can be transformative beyond traditional service provision, addressing underlying financial and social pressures that directly impact wellbeing and independence. – survey respondent

7. Care market sustainability

Councils commission most adult social care. They do so from a complex care market made up of over 19,000 of organisations of various types and sizes.[30] The provider market examined here refers to domiciliary care, residential and nursing care, and supported living or extra care. It is also useful to remember that some provision is still provided in-house by local authorities, though this varies greatly from place to place, and primarily affects reablement services.[31] Only about 8% of adult social care staff work directly for councils.[32]

This section covers:

- The availability and continuity of services in the last six months
- Longer term market sustainability for different types of services
- Self-funder market
- The price of key services (homecare rates)

7.1 Providers: closure, cessation of trading and contract hand-backs

The number of care providers known by Directors to have either closed, ceased trading or handed back contracts provides us with barometer with which to assess care market pressures. ADASS has been tracking this number for several years. The national figures show a marginal rise in volatility after a short period of improvement.

In Spring 2023 and Spring 2024, two thirds (66%) of respondents reported that they had seen local providers either close, cease trading or hand back contracts in the previous six months. By Spring 2025 that had dropped to 56%. The latest survey Spring Survey sees the proportion back up to 66%.

Figure 16: Councils impacted by provider closures, cessation of trading or contract handbacks.

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	April 2025 – October 2025	Nov 2025 – May 2026
All providers	64%	66%	66%	56%	61%	66%
	31%	36%	39%	37%	57%	44%

[30] Skills for Care, The state of the adult social care sector and workforce in England 2025, October 2025.
[31] Fraser, C. et al, Health Foundation Briefing: the challenges and potential of intermediate care, Health Foundation, March 2024.
[32] LGA, Introduction to adult social care: briefing pack for chief executives, February 2026.

Homecare providers						
Residential / nursing care providers	41%	44%	47%	38%	67%	37%
Supported living / extra care providers			15%	18%	33%	33%

Over the past six months (Spring 2026) a total of 3,964 people had been directly impacted by provider closures, cessation of trading or contract handbacks, which compares to 4,056 in the six-month period prior to May 2025. It is positive to see that fewer people have been affected than in the previous survey period, though each of those numbers is a person for whom the change can be deeply stressful. Managing transitions is also challenging and resource-intensive for councils.

A national overview of business continuity is helpful but should be treated with caution. A low level of closures and handbacks within a council area tells us something, but by no means everything about the sustainability and quality of particular local market. As one Director noted in additional comments:

> *'We have not had any contract handbacks or closures in the last 6 months but have seen a lot of change of ownership for care homes and significant quality and safety concerns linked to lack of investment and financial constraints.'*

Crucially, care markets vary hugely from place to place and region to region. Councils' commissioning practices are important in shaping their market's character and resilience, but underlying constraints and challenges relate to the hard realities of demography and geography. A care market in an affluent metropolitan area functions differently from a market in a rural county, something amply borne out by the survey findings. Ninety per cent of respondents in a rural region with a comparatively thin market had experienced failures, ceased trading or contract handbacks, whereas this was the experience of only 44% of Directors in the London region, where the market is comparatively dense. Any set of policies from central government aimed at supporting councils in their commissioning duties should be designed with these differences in mind.

What is causing the handbacks, the ceasing of trading and the closures? Workforce problems are important in some areas but are not now the key issue for most Directors. Five per cent said that inability to recruit had a large influence on closures, ceasing to trade and handbacks, 43% said it had some influence, and 52% said it has no influence. Revoking of licenses to employ international staff was a large factor for 9% of respondents, was seen as having some influence by 35% of respondents and was not an issue for 56% of respondents. These figures suggest that for most places, but by no means all places, workforce challenges are not taking providers out of the market. They are in line with national data showing that recruitment challenges for most roles and regions have eased, though vacancy rates continue to be higher than for adjacent sectors. In 2025/26, the vacancy rate in adult

social care was 6.2%, compared to 2.2% in the general economy, and 2.7% in accommodation and food services, and 1.8% in retail.[33]

A more important driver of market exit is providers' unwillingness to participate in council arrangements, such as proposed fee levels. Sixteen per cent of respondents said that this had a large influence on closures and withdrawals, 41% said it had some influence, and 43% said it had no influence. Fees from councils and costs of employment come through elsewhere in the survey as pressures on providers. There was evidence both that local authorities were engaging on these issues, and that councils could offer only partial relief. As outlined in Figure 4, over three quarters (78%) of respondents were concerned or very concerned about the financial pressures on their budget for 2026/27 as a result of increased costs due to unfunded increased employment costs, and 89% of respondents had worked with local care providers to understand the additional costs that they could face with the introduction of the Employment Rights Act 2025 (ERA). But asked to what extent they would be able to fund those additional provider costs, 4% indicated that they would be able to do so to a large extent, and 34% to some extent, while a clear majority – 54% - indicated that they would not be able to fund them at all. Twelve percent of respondents were unsure.

Where respondents were invited to expand further on factors that were affecting handbacks or closures, several councils emphasised the importance of ongoing engagement with providers to understand future costs, particularly those likely to follow from implementation of the ERA 2025, and in the longer term from the introduction of the Fair Pay Agreement (due 2028). They said:

> *'As the ERA has only recently been introduced providers have not yet been able to assess full impact. We conducted a survey in 2025 of anticipated impact which varied significantly. Most concern expressed about changes to sick pay and anecdotally this is being seen to have impacted.'*

> *'We are awaiting the results of the consultation regarding the Fair Pay agreement and the setting-up of the Adult Social Care Negotiating Body before we can properly assess the impacts on the market.'*

One respondent noted the need to plan regionally and alongside NHS colleagues to understand and, where possible, meet costs. They said:

> *'The Council is also working with neighbouring local authorities and the ICB when looking at local care market and cost impacts linked to NLW, NI etc. to provide a more rounded view of local market impacts especially as providers deliver across the local areas LA boundaries.'*

While the adult social care market overall appears to be comparatively stable by recent standards, medium and long-term risks are accumulating and falling unevenly across different types of provision. The survey asked Directors about their confidence to meet different types of need in the current year, and in the next three years. Concerns were greatest, and confidence was falling most sharply in relation to services for adults aged 18-64. Only a third (35%) of respondents were fully confident that they could meet the residential care needs of this group of people in the current year, and this

[33] Skills for Care, The size and structure of the adult social care sector and workforce in England: workforce supply and demand trends, June 2026

slipped to 27% over the coming three years. Nursing care confidence drops from 38% to 25%. Full confidence in community-based provision falls from 55% to 39%.

For services for people aged over 65, levels of confidence are greater for almost all kinds of care in the current year, and also in the next three years in comparison to adults aged 18-64. Nevertheless, the areas of greatest concern are similar – residential and nursing services. For this year, 63% of respondents are fully confident that they can meet the residential care needs of this population; it falls to 45% over the three-year period. Forty-seven per cent are currently confident that the nursing care needs of their local population of residents over the age of 65 can be met; it falls to 28% over the three-year period.

7.2 The self-funder market

The circumstances of people who pay for their own care are often invisible in official statistics.[34] Recent work by ONS suggests that in over 65s, around 28% of people drawing on community services are self-funders. [35] The 'self-funder market' overlaps substantially with the publicly commissioned market; and even where the markets are distinct or specialised, pressures and decisions in one area often have substantial cross-market impacts. One consequence of successive governments' decision not to update the capital thresholds which determine eligibility for public care, and instead hold them at levels established in 2010/11, is that more people are becoming self-funders. The King's Fund has calculated that if the £23, 250 upper threshold had increased in line with inflation, in 2024/25 it would have been £10,404 higher at £33,654[36]. LaingBuisson's report into *Care homes for older people in the UK* (April 2026) states that the private pay segment is now valued at £14.1 billion. It accounts for 55% of total independent market value, and is driving 'the increasing influence of larger operators within a more consolidated landscape'.[37]

Providers are able to charge higher rates from self-funders than from council commissioners. In 2017, a Competition and Markets Authority inquiry found that large providers were charging an average of 41% more to self-funders than public commissioners.[38] The Spring Survey therefore looked at whether providers were choosing to focus on self-funders, with the effect of narrowing the availability of care for public commissioning. A shift was most evident in residential and nursing care for people aged 65 and over. Half of respondents said that their council was seeing the availability of care packages for people over the age of 65's residential care being reduced in favour of self-funders by providers to some extent, while 7% said that this was to a large extent. In nursing care for people over the age of 65, 54% reported a detrimental impact on public capacity because a shift to self-funders in nursing care, with 46% saying that this had happened to some extent, and 8% saying that this had happened to a large extent.

[34] Henwood, M. et al. Self-funders: still by-standers in the English social care market, Social Policy and Society, December 2020.
[35] ONS, Estimating the size of the self-funding population in the community, England: 2022 to 2023, July 2023.
[36] King's Fund, Social Care 360: access, April 2026.
[37] LaingBuisson, Care homes for older people in the UK, UK market report, 36th Edition, April 2026.
[38] IFS, Bancalari, A. and Zeranko, B., Adult social care in England: what next?, October 2024.

As so often with market data, results are diverse from place to place and region to region. In some places, the reduction in public capacity as a result of providers switching to self-funders is having a significant impact. Looking at people over the age of 65's nursing care, almost a quarter (24%) of respondents in one region thought that a switch to self-funders was narrowing the availability of care packages to a large extent, while 47% thought that it was having some impact. This re-focussing of parts of the market towards self-funders is contributing to Directors' ebbing confidence in their ability to commission sufficient residential and nursing care locally, as discussed Chapter 1. Additional commentary from Directors provided as part of the survey process tends to confirm that shifts in the self-funder market are emerging in some parts of the country, which are re-shaping that provision and potentially limiting choice and levering costs in the future:

> *'[we are] experiencing market sustainability challenges linked to changes in the self-funder market - particularly within areas of the market that are heavily reliant of self-funders, such as people over the age of 65s residential care, where self-funders typically account for a third of residents. Whilst overall occupancy remains relatively stable … we are seeing reductions in self-funder demand within small/local/independent provision and increased growth in larger group providers within the sector. This is directly impacting the financial viability of small providers that have heavily relied on cross-subsidy from higher self-funder fee rates, and is subsequently impacting market sustainability as a whole.'* – Survey respondent

Overall, these pressures are making it increasingly difficult for councils to secure public provision and for self-funders to access and afford care for as long as they need it. Outdated thresholds and sharp price rises mean that more self-funders are running through their savings and assets and having to draw on public support. Situations where the council has to step in because of depleted funds can be distressing and disruptive for people drawing on care and their loved ones, as well as expensive for the council. In this year's survey, 63% of Directors reported an increase in the number of people presenting or being referred to council social care due to depleted funds and estimate there has been a 10% increase compared to last year in the number of homecare placements the council has taken on from people who were previously funding their own care.

7.3 The cost of care

Providers and provider representative bodies have consistently criticised councils for setting rates which they regard as unfair and uneconomic. The Homecare Association recommended a minimum price of £32.14 per hour for the financial year 2025 to 2026, and now recommends a rate of £34.42 per hour for 2026/27.

Spring Survey 2025 found that councils' average composite hourly rate for homecare in 2025/26 was £23.85. This year's survey finds that the rate in 2026/27 has risen to £25.05 - a 5% increase.[39] As in

[39] For official data on unit costs, including the average cost of homecare provided by local authorities, see DHSC, Adult social care finance report, England, April 2024 – March 2025, November 2025. Note the England averages for home care have been population-weighted in the DHSC data, by multiplying the local authority rate by the local authority population and dividing the sum by the England

previous years, regions diverge, and some councils appear as outliers, but variation is generally modest. There is some association between regions experiencing greater levels of market instability and regions which have chosen to pay above the average rate. Four of the five regions experiencing higher levels of closures, ceased trading or handbacks are also paying higher than average rates.

In reality, commissioning is complex, and it would be unwise to base an understanding of provider income or relationships between councils and their market purely on composite average rates. Block contracts, volume guarantees, additional payments and other variables can make a substantial difference to the amount ultimately paid to a provider. Providers may also 'subsidise' council income with higher charges to self-funders or NHS contracts.

population.

8. Understanding people's needs

Policy makers have for many years been well aware that demographic change – primarily an aging society – is driving up the number of people with social care needs. In more recent years it has become equally obvious that the complexity of those needs has also been increasing, partly because of the increasing prevalence of and seriousness of impairments and conditions in later and longer lives, but also because paths into and between services have changed.

This section covers

- Complexity of needs
- Reasons for support
- Preparing for adulthood
- Unpaid carers

8.1 Complexity

Findings from this year's survey confirm the established trend towards greater complexity, though the rate of increase shows signs of moderating slightly in some settings.

Given that 'complexity' has no fixed definition, there are challenges to measuring its incidence and changes over time. Double-handed care is a useful indicator. If a care package requires the simultaneous presence of two care workers – so-called double-handed care – it is reasonable to assume that the care is more complex. This year's survey asked about homecare provided during the twelve months to 31st March 2026. Of the 85,778 people aged 18-64 who accessed homecare during this period, 13,813 received double-handed care. Of the 299,192 people over the age of 65 who accessed homecare during this period, 60,813 received double-handed care. In other words, by this measure, at least 16.1% of people aged 18-64 had complex care needs, and 20.3% of people over the age of 65 had complex care needs.

Homecare hours per person give a further insight into the complexity of people's care needs – complex needs generally take longer to meet than simple ones. Average homecare hours per person per week in 2021/22 were 13 hours and 40 minutes, and by 2024/25 had risen to 14 hours and 23 minutes.[40] This year, questions about homecare hours were broken down by age: people over the age of 65 accessed an average of 14 hours per person per week; people aged 18-64 accessed an average of 19 hours per person per week.

[40] ADASS, 2025 Spring Survey, 2025

Figure 17: Homecare in the 12 months to 31st March 2026.

In your local area in the 12 months to 31st March:	2024-25		2025-26	
	18 – 64 yrs	65+ yrs	18 – 64 yrs	65+ yrs
How many people accessed homecare?	80,065	308,503	85,778	299,192
How many of these people required support from two or more care staff (double handed care)?	12,424	59,912	13,813	60,813
What is the percentage of people who were accessing homecare who were accessing double handed care?	15.1%	13.6%	16.1%	20.3%
What is the average number of homecare hours accessed per person per week over the year?	14 hrs 23 mins		18 hrs 57 mins	14hrs 3 mins

The vast majority of adult social care referrals come from community-based settings (79%), followed by referrals from hospitals (17%).[41] In 2024, three quarters (76%) of Directors said that the average size of care package of people being discharged had either increased or increased significantly. In 2025, that proportion had fallen back to 63%.[42] The proportion this year is 60%. (12% thought that the size of packages from hospital discharge had decreased in size or significantly decreased.)

Looking at referrals from community-based settings, three quarters (74%) of Directors in 2024 reported an increase or significant increase in the size of people's care packages. In 2025 that proportion had fallen back to 60%. The proportion this year is 65%.

In summary, adult social care is continuing to become more complex and resource intensive. The pace of increase is now more rapid outside of hospital settings, so is affecting a greater proportion of the people that local authorities support.

[41] DHSC, Adult social care activity report 2024 to 2025: commentary, June 2026. The proportions relate to referrals, not to subsequent actions. 71% of all referrals resulted in no further action by the local authority.

[42] ADASS, 2025, ibid

Figure 18: Changes in the size of care packages from the following settings over the last 12 months

Setting	Significant increase	Increase	Stayed the same	Decrease	Significant decrease
Hospital	8%	52%	29%	10%	2%
Community based setting	7%	58%	23%	9%	2%

The financial implications of increased complexity are profound. Section 4 looks at complexity alongside other cost pressures. In the case of people over the age of 65's services, Directors were more concerned about the financial impact of complexity than the impact inflationary pressures, market pressures, increased employment costs, and costs related to high levels of vacancies. In the case of people aged 18-64, where levels of concern are generally higher, some other pressures are more pressing. But asked to rank areas of concern, increased costs due to complexity of needs emerge as the most important overall concern, based on the number of times it appears in Directors' top three concerns. This stays true for both people aged 18-64 and people over the age of 65's support.

8.2 Why people need care and support, and how they reach councils

When looking at changes to the different routes and reasons which bring people to adult social services for support, we are looking at the consequences of institutional changes in public services, housing and welfare – for better or for worse - as well as broader cultural and socio-economic developments. Councils are seeing more people who are street homeless with care and support needs, more people requiring safeguarding services in cases of domestic abuse, and more people with mental ill health (see Chapter 5). It is important to recognise that councils are reporting here on primary support reason (PSR). In reality, people may have one, some, or many other relevant needs which the council will – within its powers and resources – take into account.

Last year, 60% of respondents reported an increase in street homeless referrals. This year, the number has risen to 66%. Metropolitan District councils are the most likely to report a rise (74%), followed by Unitary Authorities (68%), London Boroughs (59%) and Counties (50%). Other data indicates that care and support needs within this group are rising particularly sharply or being picked up more frequently. The ADASS survey's on-year rise of 10% in people presenting as needing support or being referred is sharper than the rise in street homelessness as reported in MHCLG's autumn snapshot survey of street homelessness found an increase of 3% across England, with that increase being seen in over half (51%) of local authorities, while in 10% numbers had stayed the same, and in 40% numbers had fallen. The ADASS survey found a larger number of areas saying there had been an increase – 10%. Just under a third (32%) saw no change, while only 3% of respondents saw any decrease in their local area.

Last year, 55% of respondents reported an increase in the number of people presenting as needing support or being referred in relation to domestic abuse (safeguarding). This year the number has risen to 65%. For a broader discussion of trends relating to safeguarding, see Chapter 6.

There have been significant upticks in referral increases as a result of changes in service availability, which may relate to the issues of market fragility or cost sensitivity discussed in Chapter 7. The percentage of Directors seeing a rise in the number of people referred to them because of temporary closure of services has risen from 12% in 2024-25 to 16% in 2025-26. For referrals from independent providers concerned about accepting new clients, the figure has risen from 14% to 22%.

Figure 19: Directors reporting on changes in needs in their area across the following routes and reasons for ASC support in the last 12 months.

Routes into ASC	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
People who are street homeless with care and support needs	27%	39%	32%	2%	1%
Domestic abuse of people with care and support needs (safeguarding)	30%	35%	27%	2%	7%
Mental ill health	41%	46%	7%	5%	2%
People being referred from the community (inc. PA breakdown, sickness or unavailability, etc.)	16%	34%	42%	9%	0%
People not being admitted to hospital	17%	29%	43%	7%	4%
Temporary closure of services	5%	11%	80%	4%	1%
Availability of community or voluntary support	6%	17%	69%	7%	1%
Referrals from independent providers concerned about accepting new clients	4%	18%	78%	1%	0%

8.3 Preparing for adulthood

The transition from childhood to adulthood is a critical period for all young people, but for those with special educational needs and disabilities (SEND), a Learning Disability or mental health needs, it can present additional challenges. In part, this is a result of the differences in legal duties relating to children's and adult social care.

This group of young adults and their families have often experienced a 'cliff edge' of care. Systems, guidance and cultures in children and adult social care have too often fallen short of individuals'

needs. Until recently, councils have had little support in tackling issues strategically, or in recognising that young adults moving from Education, Health and Care Plan (ECHP)/Children's Services are one of their biggest cost and need drivers. It has been predicted that that by 2030, there will have been a 25% increase in the number of 18-24 year olds being supported, and a 40% increase in the costs of their support, without significant changes to support and commissioning practices.[43]

ADASS has been engaging on this issue in order to improve understanding, policy and practice.[44] As part of this commitment, this year's survey revised the wording of some questions in order to improve the quality of data. Some councils have also been reviewing how they manage data in this area. As a result, the on-year changes reported below should be treated with some caution.

The number of younger adults (18-24 inclusive) who were drawing on long-term adult social support in the year to March 31st 2026 reached 45,465 – an increase of 7%, on the previous year, and the same rate of increase. Looking at where were young people being referred from, can tell us more about how needs are changing or how systems of support are operating. The most substantial increase has been in the number of requests for support coming as a result of mental health needs in the community. Over three quarters (77%) of respondents reported either an increase or a significant increase – which is in line with Director's overall reporting of mental health as a driver of referrals. Fifty-seven per cent have seen an increase in the referral of young people with mental health needs being discharged from hospital to be supported in the community.

Just under three quarters (73%) of Directors report an increase or significant increase in direct transitions from children's to adult services. These are planned transitions. Concerningly, the number of young people who leave council care, but who subsequently come to adult services for support, is also rising. These are not planned transitions,57% of Directors say that an increasing or significantly increasing number of young people are returning with care and support needs. Some Directors indicate that the needs of this group of young adults can be difficult to meet within existing budgets and duties. Many of these young people have a range of needs, some of which fall outside of adult social care's legal duties, such as the Care Act. Many are experiencing multiple disadvantage factors including homelessness, mental ill health, substance misuse, domestic abuse and interactions with the criminal justice system. If councils do not take on this responsibility, then these young people may end up in crisis. Survey respondents said:

> *'We are receiving increased numbers of referrals related to Transitional Safeguarding where there are no Care Act eligible needs. The team is not funded or resourced to meet this need.'*
>
> *'There is a gap for young people who do not meet Care Act Eligibility but are at high risk of exploitation or other transitional safeguarding concerns.'*
>
> *'The cost of social care transitions continues to be an escalating concern. This is particularly in relation to young people in the care system who have experienced trauma alongside other challenges such as significant self-harm.'*

[43] Newton and CCN, The forgotten story of social care: the case for improving outcomes for working age and lifelong disabled adults, 2025

[44] ADASS, ADASS policy statement: preparing for adulthood, October 2025

Figure 20: Directors reporting on changes in needs in their area in the last 12 months across the following routes and reasons for adults aged 18-24 requesting ASC support.

Routes into adult social care for younger adults aged 18-24	Significantly increased	Increased	Stayed the same	Decreased	Significantly decreased
Mental health needs in the community	18%	59%	18%	3%	2%
Direct transition from children's to adult services	10%	63%	23%	4%	0%
Care leavers aged 18–24 with a history of being looked after by the council who, after leaving children's services, subsequently present to adult social care with care and support needs.	6%	51%	37%	5%	2%
Mental health needs discharged from hospital to be supported in the community	9%	48%	41%	2%	0%
Previously been supported by the NHS	10%	41%	45%	4%	0%
Substance misuse services	9%	34%	55%	2%	0%

It was noted in Chapter 7 that Directors' concerns about the sufficiency of the provider market relate mainly to provision for people aged 18-64. There appear to be particular issues about choice and value in relation to specialist services for young adults. For the second year, there has been a substantial increase in the number of young adults with long-term support packages of over £7,000 per week. This group – albeit small in number – increased by 30% between 2024 and 2025, and has increased by 49% between 2025 and 2026. There has been a similarly sharp rise in the number with support packages of between £3,000 and £4,999 per week – from 11.8% to 23.8%. Both of these now represent a slightly larger proportion of the total number of young people drawing on support. In 2025, people in the highest cost care were 1.2% of the total, while in 2026 it was 2.8%. People with long-term support costing between £3,000 to £4,999 per week were 4.8% of the total in 2025, and were 5.5% in 2026.

Figure 21: Number of adults aged 18-24 (inclusive) that your council provided long-term support to in the following cost brackets (price per week). Note that new extrapolation methodology outlined in Chapter 3 means that 2026 data is not directly comparable to previous years.

Cost of package per week	2024	2025	% increase 2024/25	2026* new methodology
Less than £999 per week	23,318	24,184	3.7%	26,197

Between £1,000 and £2,999 per week	6,061	6,382	5.2%	6,806
Between £3,000 and £4,999 per week	1,452	1,624	11.8%	2,012
Between £5,000 and £6,999 per week	752	784	4.2%	715
Over £7,000 per week	547	712	30.1%	1,064

Directors are reasonably confident that they are making progress with children to adult transitions planning. Priority 2 of the Government's Adult Social Care priorities for local authorities states that local authorities should *'co-ordinate early transition planning for young people from the age of 14 onwards, where they are likely to have eligible care and support needs upon reaching adulthood. This should involve a transitions assessment and engagement with relevant agencies across health, social care and education*. Asked to what extent they thought they were meeting this priority, 13% of Directors who responded believed that they were meeting it in fully, 32% that they were meeting it to a large extent, 54% to some extent, and only 1% thought that the priority was not being met.

8.4 Unpaid carers

For most of us, care and support needs are met at least in part by family, partners or friends - unpaid carers; and around one in four of us are likely to take on caring responsibilities at some point in our lives. Women are by some margin the most likely to be full-time carers (35hrs per week and over).[45] [46]

The number of unpaid carers who receive support from councils has been falling in most years from the mid 2010s until recently.[47] Only an estimated 5% to 10% of unpaid carers access any support at all from their council.

What do we know about the trends in council support, what councils see as precipitating the need for additional support, and what factors may be getting in the way of help and support? Nearly three quarters (73%) of Directors who responded had seen an increase in the number of unpaid carers requiring support over the course of 2025/26. This level of increase is slightly below that seen in 2024/25 (76%) though of course builds on those numbers. Requests for support following carer breakdown continued to rise at virtually the same rate as during 2025/26 as in 2024/25. 56% experienced an increase this year, compared to 54% in 2024/5.

Figure 22: Directors reporting on change in carers needs over the last 12 months.

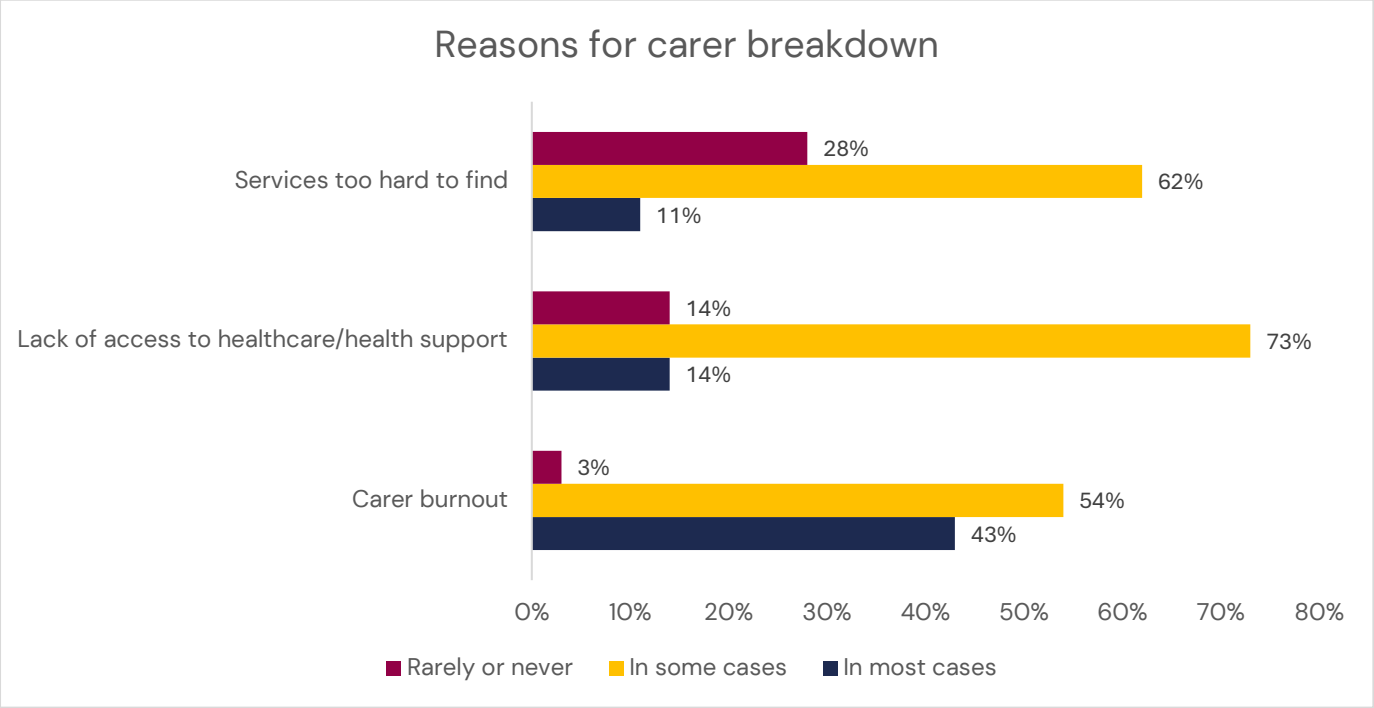
Unpaid carers	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%

[45] Fernando, A. et al. Unpaid care: the realities of care in the UK, The Health Foundation, February 2026
[46] Dame Baroness Casey to Carers UK conference, 14 May 2026
[47] King's Fund, Social Care 360: workforce and carers, April 2026

Changes in unpaid carers requiring support during 2025/26	40%	33%	17%	5%	5%
Requests following carer breakdown	18%	38%	37%	3%	4%

To get underneath these figures to the factors contributing to support requests following carer breakdown, the survey asked Directors about whether a range of factors contributed always, in most cases, in some cases, rarely or never. Those factors are carer burnout, lack of access to healthcare / health support, and services too hard to find. This year's findings are very similar to those from 2024/25, from year to year, though Directors reported that finding services was becoming more problematic. In 2024/25 38% had seen this as rarely or never a contributing factor to support requests. This year it had fallen to 28%, and the number who saw it as a factor in most cases had risen from 8% to 11%.

Figure 23: Directors reporting on the extent to which the following factors contributed to support requests following carer breakdown over the past 12 months.



Directors were asked for any observations relating to their carer data. Some noted that awareness and prevention efforts had successfully brought more people forward to ask for support. Several respondents mentioned what that the cost of living and poor housing were driving stress and breakdown. More generally, as people live longer, so complexity builds and pressures increase. Survey respondents said:

> *'Carer burnout remains the main driver for increased demand, linked to prolonged and increasingly complex caring roles. Many carers are supporting individuals with higher needs while managing their own health conditions, reducing resilience.'*

'We are seeing an increase in the duration and complexity of care as those drawing on care and support are living for longer with complex health, resulting in significance of exhaustion and burnout, which is most prevalent for carers who are supporting someone living with dementia or experiencing poor mental health.'

9. Meeting people's needs

The survey provides insights into how councils are planning, prioritising and allocating resources to meet their responsibilities towards people who draw on care and support. It also provides some insights into how and when people are accessing care and support. This section covers:

- Waiting times
- Prevention and early intervention

9.1 Waiting Times

In recent years, many councils have focussed on triage and prioritisation, so that even where people are waiting for care and support (an assessment or the commencement of a service), they can be said to be 'waiting well' - safely and in an informed way. While national statistics about waiting times can tell us only a limited amount about the experiences of the people involved, they are important indicators of how well or otherwise the system is working and they highlight the distress, worry and worse of tens of thousands of people experiencing a system under pressure.

The tables below present data from April 2022 to March 2026. Over that period of time, many local authorities have made changes to the way they gather the relevant statistics and manage their waiting processes. ADASS has also made minor changes to the wording of some of the questions asked in order to align with other data collections. Not all councils break down data into the requested assessment types, so instead report a total. As explained in the methodology, this year's survey extrapolates national totals through population weighting, whereas previous extrapolations were arrived at by averaging the responses and multiplying by the total number of councils in England. The differences resulting from changing to population weighting are not profound.

It is concerning that waiting times in almost all categories have risen again after the significant improvements seen last year. There has been a particularly sharp rise in the number of people waiting for a service or support to start, having been assessed, from 13,538 in March 2025 to 17,731 in March 2026, which is the highest level since August 2023. The number of people overdue their Care Act review (due within 12 months) has increased at a sharper rate than people awaiting assessments overall, going from 162,787 to 185,460, which is the highest since August 2023.

Looking in more detail at waiting times for different kinds of assessment reveals where pressures are most acute, and where progress has been maintained. The number of people waiting for an Occupational Health assessment has fallen from 53,827 in March 2025 to 52,547 in March of this year. There has also been a slight fall in the number of people waiting for a Deprivation of Liberty Safeguards (DoLS) assessment, from 97,804 to 96,780. However, the number of people awaiting their DoLS assessment for six months or more actually rose from 40,417 to 45,387. The proportion of people waiting for an assessment who are waiting for six months, or more is far greater for DoLS than for other types of assessment – 46.9% compared to 11.3% for a Care Act assessment, and 15.1% for an occupational therapy assessment.

Figure 24: Number of people waiting as at the 31st March 2026. Note that new extrapolation methodology outlined in Chapter 3 means that 2026 data is not directly comparable to previous years.

Assessment category reported	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	Number on 31 March 2026
Awaiting assessment, care or direct payments, or reviews	542,002	491,663	434,243	470,576	418,029	372,113	**408,985**
On a waiting list for an assessment	294,449	245,821	224,978	249,589	227,375	195,788	**199,789**
Awaiting a financial assessment						29,134	**24,693**
Awaiting assessment for over 6 months	73,792	80,967	82,087	84,788	78,641	56,249	**58,921**
Waiting for a service / support to start [48]	37,447	29,571	22,152	20,313	14,832	13,538	**17,731**
Overdue 12+ Months Care Act reviews [49]	210,106	216,271	187,112	200,674	175,822	162,787	**185,460**

Figure 25: Breakdown of number of people waiting for assessment. Note that new extrapolation methodology outlined in Chapter 3 means that 2026 data is not directly comparable to previous years.

Assessment category reported	Number on 31 March 2025	Number on 31 March 2026
Waiting for a Care Act assessment	40,164	**41,769**
Of those on a waiting list for a Care Act assessment, how many have been on a waiting list **for six months or more?**	4,865	**4,732**

[48] In full (2026): 'As at 31st March 2026, how many people in your area had had an assessment and were waiting for care and support or for a direct payment to be made?' Wording of this question was changed this year. It was previously 'Awaiting care and support or direct payments to begin'.
[49] In full (2026): 'As at 31st March 2026, how many people supported by adult social care were recorded as being overdue for a review of their care plans (over 12 months as stipulated in the Care Act)?'

Waiting for a carer assessment, including young carers and parent carers	7,656	**8,693**
Of those on a waiting list for a carer assessment, including young carers and parent carers, how many have been on a waiting list for **six months or more?**	685	**825**
Waiting for a Deprivation of Liberty Safeguards (DoLS) assessment	97,804	**96,780**
Of those on a waiting list for a DoLS assessment, how many have been on a waiting list for **six months or more?**	40,417	**45,387**
Waiting for an Occupational Therapy (OT) assessment	53,827	**52,547**
Of those on a waiting list for an OT assessment, how many have been on a waiting list for **six months or more?**	9,405	**7,977**

9.2 Prevention and early intervention

In July 2025, the NHS 10 Year Plan committed to prevention. It was to be a decisive shift, facilitated by changes to screening and public health, but also to changes in the ways that people were supported to access joined up services closer to home. The role of adult social care in prevention and wellbeing is long-standing, and statutory. For the 10 Year Plan's ambition to become a reality, the health and care system as a whole would need to change, drawing on local experience of working with people and communities. But in 2025, Directors were not confident that their budgets would enable them to meet their existing prevention and wellbeing duties, still less any new ambitions. Asked about their confidence in the coming year (2026/27), three quarters (76%) were less than fully confident. This year's survey sees confidence ebbing even further. The proportion of Directors who are less than fully confident in meeting their statutory prevention and wellbeing duties in 2026/27 is 79%.

Last year, spending by councils on prevention services that can be accessed by people whose needs do not meet the national eligibility threshold fell in cash terms and as a proportion of their adult social care budgets. This year, the cash figure rises slightly (1.5%). However, the percentage of adult social care budgets being spent on prevention (5%) is now at its lowest since ADASS has been conducting surveys in their current form.

Within this difficult environment, which areas of preventative spend are under most pressure or are being prioritised? Last year, the proportion of councils who planned to maintain a positive investment in digital technology and in housing and accommodation based models of care and support had fallen. This year, a rising proportion of councils are planning positive investment in digital and tech, and the proportion of councils positively investing in accommodation based support has been maintained. For the second year running, the proportion of councils positively investing in crisis resolution and in unpaid carers has fallen. In the case of unpaid carers, the fall is particularly sharp (from 39% of councils having a positive investment strategy to only 10% looking to spend more in this area in 2026/27).

Several Directors who provided commentary with their answers stressed the importance of whole-council approaches to prevention, and described new strategic commitments. They also noted that corporate approaches make it difficult or impossible to respond accurately to the kinds of questions

on ASC prevention spending asked in the ADASS survey. Other Directors flagged the importance of working across health, housing and the voluntary and community sector in order to support the wellbeing of adults throughout the life course.

Figure 26: Spend on wider prevention services that can be accessed by people whose needs do not meet the National Eligibility threshold

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Spend on prevention	£1,251mn	£1,163mn	£1,204mn	£1,352mn	£1,549mn	£1,428mn	£1,267mn	**£1,287mn**
Difference in spend from previous year	+5.4%	-7%	+3.5%	+12%	+14.6%	-7.7%	-11.6%	**1.5%**
% spend on prevention as % of ASC net budget	8.4%	7.4%	7.5%	7.9%	8.2%	7%	5.4%	**5%**

Figure 27: Thinking about the following areas of prevention, compared to previous years, what is the direction of travel for your council's investment in 2026/27

	Maintain Existing Levels		Investment	
Answers	**2025/26**	**2026/27**	**2025/26**	**2026/27**
Preventative services for people not meeting eligibility threshold	65%	63%	28%	36%
Equipment, aids or adaptations	64%	50%	33%	49%
Crisis resolution/ reablement/ rehabilitation to prevent the need for long term support, residential or hospital admission or entry to the criminal justice system	59%	62%	40%	37%
Digital and Technology	32%	30%	65%	69%
Voluntary, Community Faith and Social Enterprise Sector	73%	68%	19%	26%
Housing/Accommodation based models of care and support	51%	55%	43%	43%
Support for carers	57%	90%	39%	35%
Information and Advice	77%	73%	30%	27%
Advocacy services	85%	79%	16%	19%
(NEW) Progression to adulthood		66%		33%

Note: Very few councils plan to disinvest. 5% of councils have spending plans that reduce spending on the Voluntary, Community, Faith and the Social Enterprise sector. In all other categories, only between 0% and 2% of councils plan to disinvest.

Conclusion

This report presents evidence to highlight why reform is needed to support adult social care to deliver on its full potential. Good social care helps people stay connected and independent. When it's underfunded, people often only get help in a crisis, which harms wellbeing.

As Baroness Casey stated in a speech earlier this year '*Councils have been hollowed out by years of austerity and funding cuts, forcing them to gatekeep and often do the bare minimum*'. [50] Sadly, the impact of this is still being felt in adult social care, with this report highlighting the impacts of increasing financial strain on councils, coupled with increasing levels and complexity of need.

As ADASS has stated in the past, doing nothing is not an option, as the impact on peoples' lives, opportunities and aspirations of continuing along the same road we are on comes at a cost on a human and financial level. There are increasing concerns about the ability of adult social care to meet its legal duties, with concerns highlighted on safeguarding adults.

Directors have also highlighted that they are seeing increases in requests for support from people with mental health needs, for people aged 18-24 and for people with high levels of complex need who previously would have been supported by the NHS. The reduction in the number of people who can access Continuing Healthcare is not a sign of a person-centred approach, instead it is a consequence of fragmentation and financial strain. Ultimately, we must remember that there is a person, a family, a carer at the heart of every number in this report. The focus of reform must seek to shift the narrative back to what's best for people and away from organisational boundaries and disputes.

This is why after waiting for meaningful and comprehensive reform of adult social care for over two decades, we are now at a point where the recommendations from Baroness Casey's Independent Commission on Adult Social Care need to be taken seriously regardless of which political party is in Government.

Recommendations

Continuing Healthcare:

- Government should work with NHS and adult social care partners to establish a more consistent and accountable implementation of a rights-based national framework for Continuing Healthcare (CHC) that ensures eligibility is determined by legal entitlement and assessed need rather than financial pressures and introduces clearer expectations for dispute resolution and escalation.

Preparation for Adulthood:

- Aligning and updating guidance: A cross-government approach to align statutory guidance and policy across DHSC, DFE and MHCLG is essential. The Care Act Statutory Guidance needs

[50] Baroness Casey's speech to the Nuffield Trust Summit – 5 March 2026.

to be updated to ensure it supports identification and early work with those in the 14–25 age group who are at risk of not making successful progression to adulthood.
- Government to work with key stakeholders and people with lived experience to coproduce a national set of standards that outlines clear roles and responsibilities across education, health and social care regarding transitions to adulthood.
- Coordinated data systems: Government to work with the sector to develop data to be collected and stored in ways that better allow forward planning and anticipation of future need across children's and adult social care.

Safeguarding:

- The recently established National Adult Safeguarding Board consider the issues raised by Directors of Adult Social Services including, but not limited to the increase in the number of Safeguarding Adult Reviews (SARs) related primarily to Mental Health in the past 12 month, the increase in the number of requests for support for people aged 18-24 because of mental health needs in the community and the impact of poverty on an increase in safeguarding concerns in the past year.

Multiple Disadvantage:

- As part of the Independent Commission on Adult Social Care, Baroness Casey should examine the impact of changes in support and provision by public sector bodies, including the Police and NHS, for people who are experiencing multiple disadvantage factors including homelessness, mental ill health, substance misuse, domestic abuse and interactions with the criminal justice system. As this report shows, adult social care is having to increasingly step in to support individuals whose range of needs stretch beyond its legal duties, such as the Care Act.

directors of adass
adult social services

About ADASS

We are a membership organisation for those working in adult social care.

As a charity we work with professionals, other organisations and people with lived experience to influence decision makers, policy and legislation – from the local to regional and national level.

We raise awareness of the benefits social care can bring to individuals and communities, and aim to ensure all of us who need care and support can live the lives we want regardless of age, ability and background.

Our 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.

Contact us

For **technical enquiries**, please contact: team@adass.org.uk
For **media enquiries,** please contact: media.adass@adass.org.uk