DEMOS

‘I’M BEYOND STRESSED’

TRENDS IN ONLINE CONVERSATIONS ABOUT POVERTY AND SOCIAL CARE

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ABOUT THIS REPORT

This report is the eighth instalment of a research project that provides insights into the experiences of people living in financial hardship through an analysis of discussions in online support spaces. It is the first installment of a series of three waves of research throughout 2026, with each wave deep diving into a different policy area. Its analysis is based on an innovative combination of computational, quantitative, and fine-grained qualitative data analysis.

The deep dive focus for this wave is social care. This topic was chosen to shine a spotlight on the challenges faced by care recipients and providers, building on previous research by Demos and JRF.

The report contributes to Demos' work on **Public Service Reform**: by forefronting the lived experiences of those who rely on public services, we aim to enable more relational public services that can empower communities, support the vulnerable, and prevent problems. It adds to a growing evidence base on how the relationship between citizens and the British state is breaking down. In doing so, it strengthens Demos' urgent call for a New Deal between state and citizen that is built on trust and respect.[1] The wider Social Listening project also informs our work on the Citizen Economy and Everyday Democracy.

The Social Listening project contributes to JRF's Insight Infrastructure programme, which uses data-driven research to improve knowledge and understanding of people and communities experiencing hardship, poverty and related issues.

JRF
JOSEPH ROWNTREE FOUNDATION

insight infrastructure

1 See Curtis (2026). 'The New Deal: How to repair the broken relationship between state and citizen.' Demos. https://demos.co.uk/research/the-new-deal-how-to-repair-the-broken-relationship-between-state-and-citizen/

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Jamie Hancock and Tyreese Calnan
July 2026

ABOUT GPAG

JRF's **Grassroots Poverty Action Group (GPAG)** has been running since 2020 and is made up of 14 people with direct experience of poverty from across the UK. The group is diverse and many members are actively involved in other forms of anti-poverty work, in their local communities or nationally. We are fortunate to have been able to work with such a dedicated group of people who are keen to support this project. They share their time and expertise generously to bring fresh perspectives to different elements of JRF's work including research projects, policy development, public engagement, and campaigning. GPAG are the Advisory Board for this project.

EXECUTIVE SUMMARY

This report uses an analysis of nearly 60,000 posts from online support spaces (dated September-December 2025) to track the issues that concern people facing financial hardship. It combines a broad overview of topics of discussion with a deep dive into social care, based on an analysis of over 2000 relevant posts from people seeking advice and assistance. It finds that people in these communities are experiencing a deterioration in their relationship with the state organisations responsible for offering social care support, at a point where they are most in need of fair treatment and respect.

Our deep dive reveals fractures in how people seeking support perceive the 'social contract' for social care: the bundle of expectations, norms, and values that citizens hold about how the state should treat them, what it owes them, and what they owe in return.[2] We provide evidence suggesting that some marginalised people's experience of interactions with services meant to provide support do not live up to this expected relationship. Social care can be life-changing and empowering. But some who need support to access it find alienating bureaucracy and mutual distrust where they expect support and compassion. Interactions over social care support are said to cause deep distress rather than relief. These accounts cut across multiple aspects of the social care system: access to local council-funded care services, NHS Continuing Healthcare support, welfare payments for unpaid carers, and support for disabled children. The emotional fallout chips away at their trust in the state's ability to act on promises of reform and deliver meaningful change that empowers people to live their lives to the fullest. These experiences provide an acute case study of a broader and longer-term deterioration in the state/citizen relationship.[3]

The emotional fallout **chips away at their trust in the state's ability to act on promises of reform and deliver meaningful change** that empowers people to live their lives to the fullest.

2 See Burnyeat & Johansson (2026). 'An anthropology of the social contract: The political power of an idea.' in Critique of Anthropology. https://doi.org/10.1177/0308275X221120168

3 See Curtis (2026). 'The New Deal: How to repair the broken relationship between state and citizen.' Demos. https://demos.co.uk/research/the-new-deal-how-to-repair-the-broken-relationship-between-state-and-citizen/

The report highlights five key themes:

1 **The expectation gap:** There is a gulf between what people expect social care provision to be versus the financial support and cost of services that are actually available. When people start to need social care services, they soon learn their assumptions of the social contract on social care support—what they expect to be entitled to—are incorrect. It leaves them feeling angry and disillusioned with the state.

2 **The fight for support:** People describe the difficulty of accessing local government social care services, state funding, and welfare support for unpaid carers. This experience leaves them with a feeling that they are being deliberately denied care and support to which they are entitled or that their claim is being treated as a disingenuous one. The sense that the state distrusts them is pervasive and corrosive to that relationship.

3 **The system is rigid and oppressive:** The existing rules on financial support for social and care-related welfare are perceived as extremely complex, confusing, and inflexible. The systems that govern state financial support for care and welfare for unpaid carers are said to fail to reflect the realities of people's lives – leaving citizens to pay the price.

4 **Knock-on burdens:** Gaps and problems in how social care support is allocated leave both carers and care recipients bearing significant burdens. These affect their lives, their ability to participate in their communities, and their trust in the state as a source of support in their most vulnerable moments. Where social care can support people to contribute to society, these cases show how current systems can have the opposite effect.

5 **Life-changing potential:** People online say social care is life-changing when it is available – but the financial and administrative barriers in the way are immense for those on low incomes. This shows that state-supported social care can work in a way that is empowering and uplifts communities. But the way it is being delivered undermines its potential and jeopardises people's faith in the system.

Together these findings show how people in difficult financial situations who need support for care have experienced a breakdown in their relationship with the state at a national and local level. This comes as a result of a long history of overstretched services and limited funding. While these results are based on the experiences of a specific subset of people seeking support, who tend to focus on cases where systems fail rather than success stories, the accounts we highlight chime with years of evidence on the challenges faced by the social care system.

These experiences must be understood against a backdrop of rising overall distrust in government,[4] a decline in belief that public services will respond to complaints,[5] and falling faith in their ability to deliver on promises to implement improvements.[6] As several waves of this research project have shown, adversarial experiences of the UK state's support structures are far too common. Social care is a prism that shines a focused light on what ordinary people expect of the state and where the reality of state support falls short of these beliefs. Fundamental reforms are needed that go far beyond fixes to respond to the scandals of the day to deliver changes that meet communities' needs and enable people to live their lives to the fullest.[7]

The results show another concerning contextual trend: conversations about the cost of living have re-emerged as a prominent theme for the first time since 2024. Discussions focused on the cost of living made up 2.9% of the data and often intersected with other issues, such as unemployment. This compounds with long-term pressures on the welfare system and a challenging employment market that we have explored in previous waves.

The report identifies five existing policy proposals that could be effective at tackling the specific issues our research has flagged.[8] These include: reforming the social care means-testing system, establishing a Fair Pay Agreement for the care sector, and reforming NHS Continuing Healthcare assessments to improve clarity and access for people with complex conditions. We also advocate for a comprehensive review of Carer's Allowance and improvements to how care-related welfare systems interact and use data.

Ultimately, the report advocates for a fundamental rethink of principles on which the system of support for social care works: to build a social care system and a welfare state that treats people with the respect and dignity they deserve, embedding an assumption of good faith at every level of operations.[9] Confronting these systemic challenges will not be easy. There is a wealth of evidence to show where the flaws in funding and provision for social care lie, but addressing them demands bold political decisions that truly reflect what people expect of care. A better social care system is possible – one where citizens are empowered and support receives the investment it deserves.

4 Office for Statistics Regulation (2026). 'Trust and official statistics: Levels of Public Trust.' https://osr.statisticsauthority.gov.uk/publication/trust-and-official-statistics/pages/2/; NatCen (2024). 'Trust and confidence in Britain's system of government at record low.' https://natcen.ac.uk/news/trust-and-confidence-britains-system-government-record-low

5 Duffy, Skinner & Travers (2025). 'Democratic disconnect? Feelings of powerlessness among the British public.' King's College London. https://www.kcl.ac.uk/policy-institute/assets/democratic-disconnect-feelings-of-powerlessness.pdf

6 OECD (2024). 'OECD Survey on Drivers of Trust in Public Institutions 2024 Results - Country Notes: United Kingdom.' https://www.oecd.org/en/publications/oecd-survey-on-drivers-of-trust-in-public-institutions-2024-results-country-notes_a8004759-en/united-kingdom_cec47bf8-en.html#section-d1e118

7 See Curtis (2025).'Upgrading Democracy: A new deal to repair the broken relationship between citizen and state.' Demos. https://demos.co.uk/research/upgrading-democracy-a-new-deal-to-repair-the-broken-relationship-between-citizen-and-state/

8 While the Joseph Rowntree Foundation funds this research, the policy recommendations set out in this report are Demos'.

9 See Webb (2026).'The Respect Story: A political narrative for public service reform.' Demos. https://demos.co.uk/research/the-respect-story-a-political-narrative-for-public-service-reform/

INTRODUCTION

The gap between how people seeking government support for social care expect to relate to the state—the social care contract—and the reality of how they experience it has grown into a gulf. By using social media listening to explore conversations in online support spaces, this report conducts a deep dive into people's lived experiences of social care, alongside a broader analysis of emerging topics of conversation. We find a deep-seated atmosphere of distrust and anger amongst these communities about the state of social care support for both carers and care recipients.

Unlike the NHS—which is universally free at the point of need and funded through general taxation—social care for adults is largely means-tested, privately funded and delivered by private companies. Most will need care at some point. When that time comes, the starting assumption is that they fund it themselves until their assets are spent. Only then will the state step in.

Our findings build on JRF's previous research on the 'social care expectation gap' which found that people underestimate their future care needs, the true cost of social care, and how much they will need to pay themselves.[10] This report provides a case study of how this expectation gap may feed a broader breakdown of the social contract when it comes to social care, through the eyes of people seeking support. The challenge is multi-faceted: online conversations indicate both a widening gulf between support seekers' expectations of the state versus the support it delivers, and a breakdown in people's ability to contribute to wider society due to the financial, social and wellbeing costs of care. People seeking advice repeatedly emphasise that care is life changing if you can access it – but the barriers for accessing it on low incomes are immense. Meanwhile, online communities pay close attention to scandals that affect carers and care recipients, such as the Carer's Allowance overpayments scandal, and interpret these as symptomatic of a broader failure to treat people well. In this expectation gap, distrust, disappointment, and despair bloom: we find a deep deterioration in trust in the state's ability to support them when they are at their most vulnerable.

This does not have to be the case. Throughout the report, we highlight existing policy proposals which could help to address the issues raised in online support spaces. To adopt them will require strong political will and a commitment to ensuring the social care system lives up to people's expectations.[11]

We show how concerns about social care intersect with wider financial anxieties in online support spaces. Echoing previous waves of this research, welfare administration, employment instability, and health conditions remain major concerns. Overall, the most prominent topics of conversation across the data were Welfare (34%), Personal finances (15%), and Politics and policy changes (8%).[12]

10 Jitendra & Bokhari (2025). The care expectation gap. Joseph Rowntree Foundation. https://www.jrf.org.uk/care/the-care-expectation-gap
11 While the Joseph Rowntree Foundation funds this research, the policy recommendations set out in this report are Demos'.
12 Rounded to whole numbers.

Discussions about care are deeply intertwined with the re-emergence of concerns over the rising cost of living. The analysis highlights how such fears about the rising cost of essential items, escalating utility bills, and inflation pre-dated the February 2026 outbreak of war in Iran. Conversations focused solely on the cost of living made up 2.9% of the overall dataset and were much more prominent than in our reporting from 2025.

1.1 WHY CARE?

Social care exists to support people who have a disability or health condition. By providing support with aspects of daily living, from cleaning and self-care to preparing food, care can significantly improve a person's quality of life and enable them to be a part of society to their fullest extent. A person may need social care at any point in their life, from childhood to old age. Carers can be professionals (known as 'care workers') or unpaid. The latter are often close relatives. Social care is an integral service that supports communities and allows people to do what matters most to them.

1.1.1 Social care support faces systematic challenges

Accessing social care can be genuinely life changing. However, the provision of state support for social care faces systematic challenges with funding and equitable access. Local councils bear primary responsibility for ensuring individuals have access to appropriate social care support. Councils have a statutory duty to provide at least a minimum standard of such care services. In practice, this support is often delivered by private providers that local councils fund.

In England, the cost of care has risen steadily over time as the population has aged, eating more into local councils' budgets with each passing year.[13] At present, social care is not funded directly at a national level. Instead the social care spending is drawn directly from local councils' budgets, which are based on their council tax receipts, business rates, and national government grants. These revenue sources are heavily dependent on the wealth of the local population and therefore produce counterintuitive results: deprived areas—which tend to have the highest care needs—have lower tax receipts and so the least capacity to meet them. Meanwhile, as the population has aged, more people have care needs. Local authorities are now facing a widespread funding crisis—with some even going bankrupt[14]—that threatens the essential services that millions depend on. This situation means that local authorities and care services must use fewer resources to meet a growing need, leading to overstretched support.

1.1.2 The cost of care is primarily carried by ordinary citizens

In this constrained funding context, a workforce of an estimated 5.8 million unpaid carers provide care worth approximately £184 billion, or the equivalent to a second NHS.[15] Financial support for unpaid carers comes primarily through the welfare system. In England, a range of benefits such as Carer's Allowance and the Universal Credit Carer Element are intended to offer financial relief and allow unpaid carers to provide care full-time. However, these too are intensely means tested. Carers Allowance pays at a rate of £86.45 a week for those providing 35+ hours of care – less than the minimum wage. 62% of unpaid carers live in poverty.[16] It provides an

13 The King's Fund (2025). 'Key facts and figures about adult social care.' https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care

14 Local Governent Association (2025). 'Save local services: Council pressures explained.' https://www.local.gov.uk/about/campaigns/save-local-services/save-local-services-council-pressures-explained; Sandford (2024). 'Why are local authorities going 'bankrupt'?' House of Commons Library. https://commonslibrary.parliament.uk/why-are-local-authorities-going-bankrupt/

15 Carers UK. (2024, November 21). Valuing carers. Carers UK. https://www.carersuk.org/reports/valuing-carers/

16 Wyjadlowska, J. (2024). Poverty and financial hardship of unpaid carers in the UK A WPI Economics Report for Carers UK. https://www.carersuk.org/media/dnxerxqv/poverty_financial_hardship_uk_web.pdf

estimated £4.1 billion (2024-2025)[17] in compensation for the unpaid labour of carers, which has been valued at £152 billion.[18] In other words, for every £37 of care provided, the state compensates £1.

Meanwhile, the bureaucratic systems surrounding social care funding and financial support for unpaid carers have been rocked by scandal. As our results highlight, care-related welfare now forms a labyrinthine system that people can struggle to navigate. This has been shown starkly by the 2025 Carer's Allowance overpayments scandal: systemic failures in the Department for Work and Pensions (DWP)'s handling of records resulted in carers being overpaid £251 million. The DWP began charging interest on the overpayments and used legal mechanisms to claw the money back. This meant the DWP sometimes sought to retrieve money from people who had already spent it or who could not afford the interest, pushing them to the edge of poverty. In July 2025, Liz Sayce's Independent Review into the scandal placed the blame squarely on the DWP.[19]

1.1.3 A history of abandoned reforms

There have been many proposals to reform the social care funding system over the years. While some reforms have been implemented and progress has been made in redesigning the overall system through measures such as the Care Act, the fundamental problem of funding has not been resolved. As a result, councils are forced to make limited budgets go further, leading them to implement increasingly restrictive requirements and cutoffs.

In 1999, the Royal Commission on Long Term Care recommended that the costs of personal care be met by the state with only living and housing costs remaining as means-tested.[20] The Blair government dismissed the Commission's central recommendations, though Scotland subsequently made personal care free in 2002.[21] In 2006, the Wanless Review proposed a partnership model where the responsibility for care costs would be shared between individuals and the state.[22] Labour did not implement the policy and the Coalition government abandoned it on taking power in 2010. Following this, the 2011 Dilnot Commission called for a lifetime cap on personal care costs of £25,000 to £50,000, alongside an increase in the means-test threshold from £23,250 to £100,000.[23] The recommendations were legislated in the Care Act 2014, then delayed by successive governments until it was ultimately scrapped by the Treasury in 2024.[24]

1.1.4 A window of opportunity in 2026

The most recent development came in 2025 with the publication of The Sayce Review (see above). In November—during this report's data period—the government accepted 38 of the 40 recommendations and committed to reduce, cancel or refund debts dating back to April 2015.[25]

17 Davies, M. (2024). Questions for DWP | Carer's Allowance. Parliament.uk. https://questions-statements.parliament.uk/written-questions/detail/2024-04-12/21152

18 Carers UK. (2025). A fresh approach to supporting unpaid carers: Our vision for delivering NHS 10 year health plan in England. https://www.carersuk.org/media/stxp5zaf/cuk-nhs-10-year-plan-vision-report.pdf

19 Butler, P., and Halliday, J. (2025, November 25). Ministers urged to apologise after review finds systemic failures led to carer's allowance crisis. The Guardian; The Guardian. https://www.theguardian.com/society/2025/nov/25/failures-tory-ministers-welfare-officials-carers-allowance-crisis-review-finds

20 The Health Foundation. (1999). "With respect to old age: long-term care - rights and responsibilities." Policy Navigator. https://navigator.health.org.uk/theme/respect-old-age-long-term-care-rights-and-responsibilities

21 Christie, B. (2002, June 29). BMJ News Roundup. Nih.gov. https://pmc.ncbi.nlm.nih.gov/articles/PMC1172214/pdf/1542.pdf

22 Wanless, D. (2006). Securing Good Care for Older People: TAKING A LONG-TERM VIEW. https://assets.kingsfund.org.uk/f/256914/x/9ee6ac3417/securing_good_care_older_people_summary_march_2006.pdf

23 The Kings Fund. (2011). Briefing from the king's fund on the dilnot commission report on social care. https://assets.kingsfund.org.uk/f/256914/x/1af839e519/briefing_dilnot_commission_2011.pdf

24 Holt, A., and Whannel, K. (2024, July 30). Ditching of social care plan is a tragedy - Dilnot. BBC News. https://www.bbc.co.uk/news/articles/c3g9m7p199no#comments

25 White, D. (2025, November 26). Government errors blamed for the scandal of carer overpayments. Disabilityrightsuk.org. https://www.disabilityrightsuk.org/news/government-errors-blamed-scandal-carer-overpayments

There are renewed efforts to tackle the challenges facing the social care support system at the time of writing. Two ongoing government-backed reviews present a window of opportunity to push for lasting reforms. First, the Casey Commission is underway. Led by Baroness Casey, the review will look at how current resources can be better utilised and will consider options for long-term transformation, including whether to establish a National Care Service as an equivalent to the NHS.[26] The Timms Review, led by Disabilities Minister Sir Stephen Timms, is examining the PIP assessment framework and is due to report in late 2026.

Meanwhile, the government's Fair Funding Review set out changes to the Local Government Finance Settlement starting in the year 2026-27.[27] It is intended to address the broader funding challenges that local councils in England face and provides additional national available funding for adult social care.[28] The new Settlement came into effect after this study's research period. All three reviews could significantly change the landscape for social care. Throughout our findings, we highlight policy proposals that could feed into these reviews to achieve meaningful change.

1.2 METHODOLOGY

This project uses a social media listening methodology to shed light on the experiences of people facing financial hardship. By taking a snapshot of posts on selected online support spaces, we document the voices of people who are seeking advice, sharing their experiences, and offering support to others. These conversations offer a unique window into how the economy and welfare systems are experienced today: rather than setting questions to members of the public, we go into spaces where we can be a 'fly on the wall' for organic discussions about the issues and challenges that people face. Our high-level quantitative analysis provides a running summary of what people facing financial hardship talk about, while our deep dives into specific issues bring out rich qualitative insights into their lived experiences.

For this wave, we analysed nearly 60,000 online posts using a combination of quantitative, computational and qualitative methods. The combination of the size of the sample we analyse and the communities we listen to—i.e. people unlikely to be represented on standard quantitative panels—means we are able to unearth new and emerging issues before they become more widely talked about.

This wave is the first of three waves for 2026. It introduces two methodological innovations:

- Large-scale thematic analysis using a bespoke textual classification model: this will allow us to make comparisons between each wave.
- Emerging narrative analysis: using keyphrase expansion, we have tracked the emergence of new narratives and themes that were not prevalent in previous waves.

Each wave of 2026 will focus on a different deep dive topic which we select based on a combination of salience in the data, opportunities for change, and the broader policy context. This wave's deep dive focuses on social care. More details on our methodology are available in the Appendix.

26 Department of Health and Social Care. (2025, May). Independent commission into adult social care: Terms of reference. GOV.UK. https://www.gov.uk/government/publications/independent-commission-into-adult-social-care-terms-of-reference/independent-commission-into-adult-social-care-terms-of-reference

27 Ministry of Housing, Communities & Local Government (2025). The Fair Funding Review 2.0. https://www.gov.uk/government/consultations/the-fair-funding-review-20/the-fair-funding-review-20

28 Ministry of Housing, Communities & Local Government (2026). 'Final Local Government Finance Settlement: England, 2026-2027 to 2028-2029.' https://www.gov.uk/government/collections/final-local-government-finance-settlement-england-2026-2027-to-2028-2029

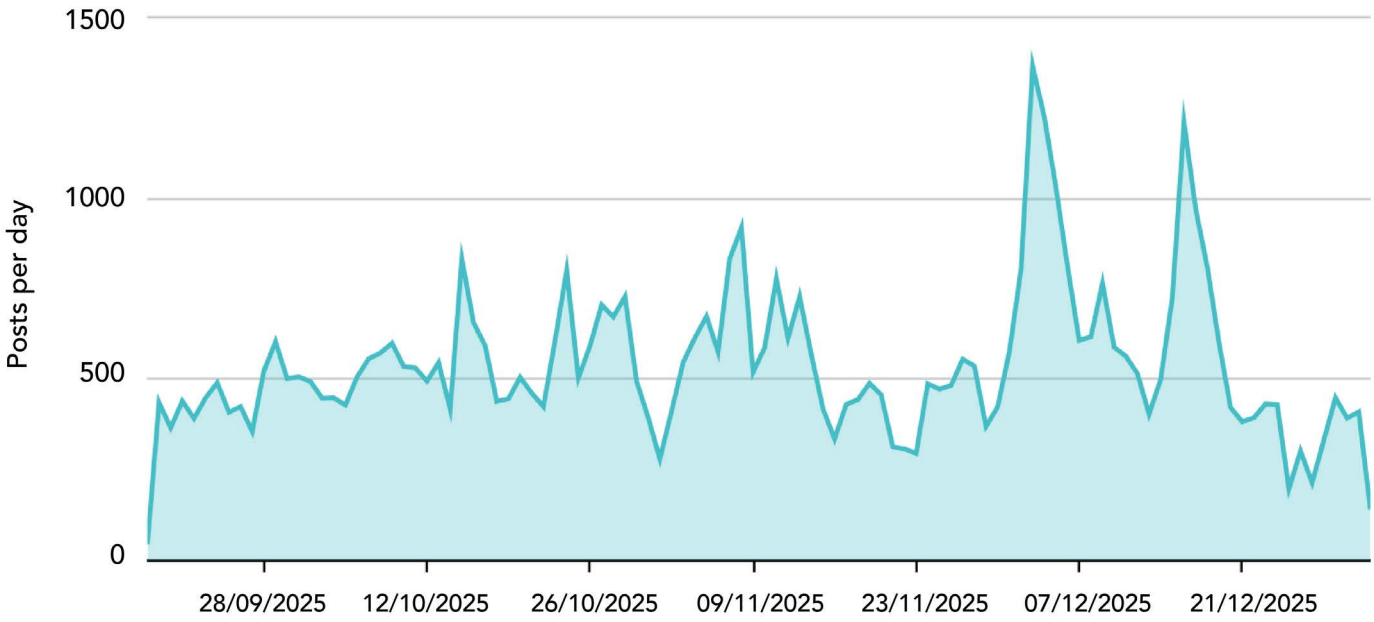
1.2.1 Data collection

Wave 1 2026 covers a three-month period from September 19th – December 31st 2025.

We gathered data from 57,180 posts across four online spaces where people seek advice on financial hardship, agreed with JRF. We refer to these using the pseudonyms GeneralDiscussion, VideoDiscussion, FinancialHelp and DisabilityHelp to help protect the anonymity of those posting on these forums:

FORUM	DESCRIPTION	SUBFORUMS	NUMBER OF POSTS
FinancialHelp	A forum focused on providing financial advice and support	8 subforums relating to personal finances, saving money, benefits, debt, bankruptcy, job seeking, and the intersection of finances and disability.	8446 posts
DisabilityHelp	A forum dedicated to supporting people with disabilities	11 subforums relating to living with disabilities, education, care, work for disabled people, disability benefits, finances for disabled people, and housing for disabled people.	9580 posts
GeneralDiscussion	A general forum with subforums on a wide range of topics	4 subforums relating to claiming benefits, interacting with government systems, personal finances, and the UK job market.	15001 posts
VideoDiscussion	A video-based social media site where users can discuss issues in a comment section	8 channels focusing on issues such as the cost of living, how to access welfare, and interacting with government systems	24153 posts

CHART 1
FREQUENCY OF POSTS OVER TIME



1.2.2 Quantitative and computational analysis

The quantitative analysis combined Named Entity Recognition (NER), Keyword Expansion, and thematic classification using a bespoke large-language model (LLM)-based textual classifier. We performed these analyses using Method52, a platform for social media monitoring and analysis co-developed by CASM Tech and the University of Sussex. Testing shows our classifier has an overall accuracy of 85% when labelling main themes and 73.5% when labelling subthemes compared to a human reviewer.[29] We provide a more detailed evaluation of the classifier's performance in the Appendix.

1.2.3 Qualitative deep dive

This wave centres on deep dive analysis of posts that discuss social care. In consultation with JRF, we selected this area of focus based on its significance for people on low incomes, its policy salience in the context of reviews such as the Casey Commission, and both JRF and Demos' previous work on this area.

We identified posts for analysis from our larger dataset using keyword matching. This step found just over two thousand posts that were relevant to care (2,008 posts; 3.5% of the overall dataset). The corpus covers two themes that were treated separately in the quantitative theme classification: experiences of social care (0.5% of the dataset) and care-related welfare (which is combined with disability benefits in the classifier; 7.4%).

We then conducted a close qualitative analysis of samples of the posts we had identified. This allowed us to identify common trends and explore key issues that emerged. In this report, we have included quotes that illustrate the challenges people face and concerns they hold.

29 For these purposes, 'accuracy' is the measure of the percentage the model got right, based on empirical testing.

1.2.4 Anonymity

Where we have included quotes from the forums in order to elevate people's lived experiences, we have been careful to ensure that we preserve their privacy by changing the wording and syntax, in a process known as 'bowdlerisation'. This method ensures that the meaning of the post has been preserved but prevents the author and original post from being identified via text matching.

1.2.5 Research scope

This data is not a representative sample and centres the voices of the users of online advice spaces. While we do not gather demographic data, it is likely that the data sources used mean that the voices highlighted in this research will tend to be people who are digitally literate, able to access the internet, and motivated to find advice online. This profile is likely to be weighted towards people who are younger, speak English as their first language, and have good internet access.[30] Because the data consists of posts to online support spaces, the results are likely to focus on cases where systems fail and issues arise rather than success stories.

We do not make statistically generalisable claims about UK internet conversations as a whole or the overall views of the UK public. We have refrained from making quantitative claims based on our qualitative analysis. Where we speak about the prevalence of conversations about a topic in our qualitative analysis—using language like 'many' or 'some'—this is in reference to the posts we analysed from our dataset. These statements should not be understood as representative claims about the UK public as a whole or about all the people affected by a given issue. Instead, they indicate the prominence of these conversations in the data we analysed.

1.2.6 Policy selection

We conducted a desk-based review of existing social care policies and proposals for reform alongside our primary data analysis. This review identified key policies that have been advocated for by civil society organisations, advocacy groups, think tanks, and government commissions. We have selected and highlighted the five policy proposals that would best tackle the issues we identified in our analysis of the data. While the Joseph Rowntree Foundation funds this research, these policy recommendations are Demos'.

30 See Ofcom (2025). 'Exploring how people in the UK are affected by 'digital disadvantage'' https://www.ofcom.org.uk/internet-based-services/technology/exploring-how-people-in-the-uk-are-affected-by-digital-disadvantage

RESEARCH FINDINGS
A DEEP DIVE INTO SOCIAL CARE

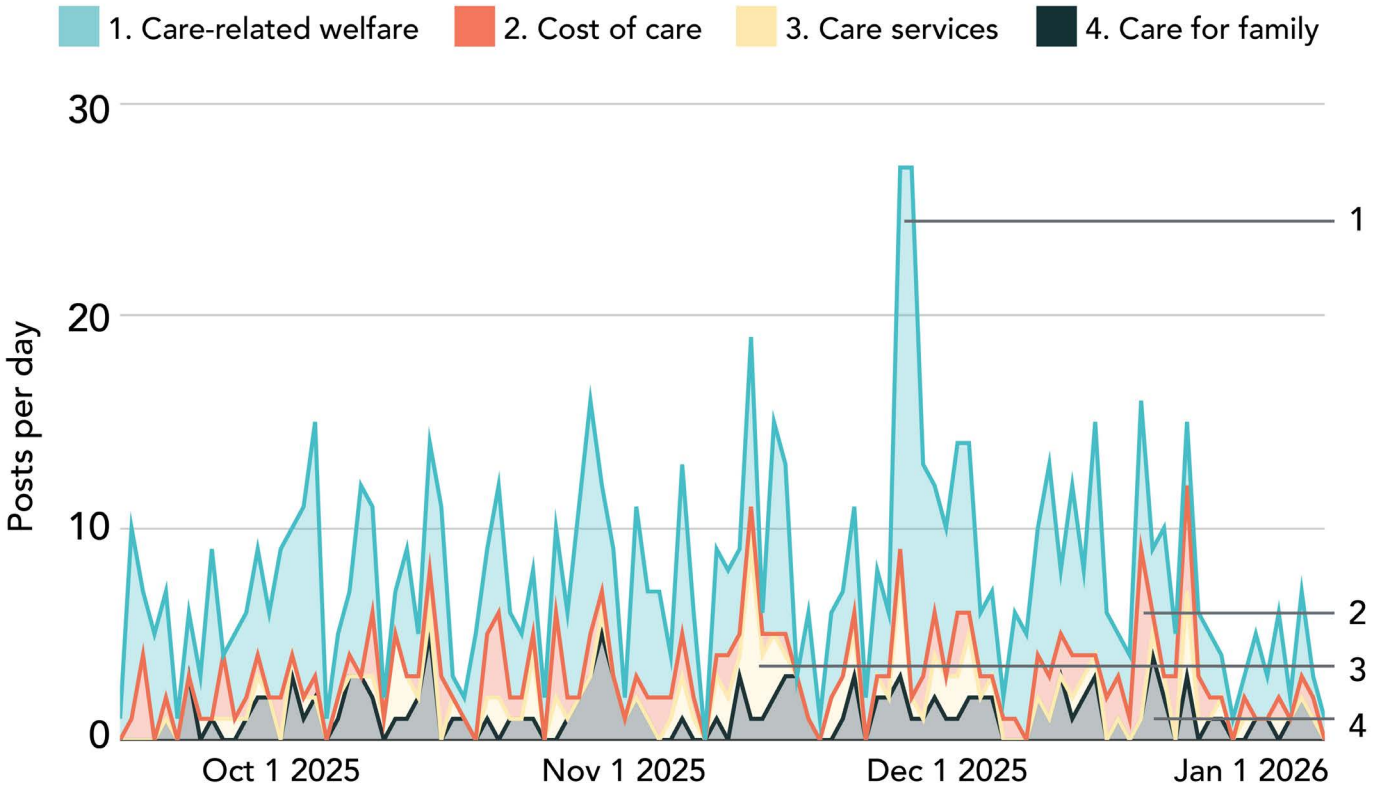
This wave's deep dive focuses on adult social care, care for disabled children and care for children with special needs. We identify five key themes across conversations on care:

1. There is a gulf between expectations and the reality of social care support
2. People describe distrust and having to fight to access state support
3. People say the system for financial support is rigid and oppressive
4. The current system places a burden on both care recipients and caregivers
5. Social care can feel life changing for those who access it

People in online support spaces are extremely concerned with scandals in the care support system and perceive these as a deeper sign of a governmental failure to treat carers and care-recipients well. For example, there was a clear spike in the volume of conversations about care-related welfare in late November 2025.[31] This spike coincided with the government's announcement it was accepting the recommendations of the Sayce Review into the Carer's Allowance overpayments scandal. When we analysed these posts, we found that users were primarily reacting to the news rather than discussing their own lived experiences of overpayments. In these conversations, people expressed deep sadness about the scandal, a lack of surprise that it had happened, and cynicism that the government's response would change how unpaid carers are treated. The overall tone echoed the overall finding of this report: there was a breakdown in people's trust in the government when it came to care.

31 This analysis tracked the number of posts using care-related keywords.

CHART 2
FREQUENCY OF CARE-RELATED POSTS OVER TIME, BROKEN DOWN BY THEME



2.1 THERE IS A GULF BETWEEN EXPECTATIONS AND THE REALITY OF SOCIAL CARE SUPPORT

Online conversations highlighted a growing gulf between what people expected from the state—a safety to catch you if you fall—and what they received. This expectation gap does not show a failure of social care itself: instead, it indicates that people's expectations are at odds with the true cost of care and how support for access to social care is constrained.

This had three components:

1. Shock at the cost of care
2. Distress at the lack of state funding to support people facing these costs.
3. Dismay at the reality of overstretched care services.

Each of these expectation gaps was said to undermine people's relationships with government services—especially at a local level—and private care providers. People described discovering the care their family member needs comes with a hefty bill. This often happened during an emotionally distressing crisis, such as the deterioration of a loved one's wellbeing. The financial reality of social care emerged suddenly and without warning.

There was then a 'double disappointment' for some who interacted with care services themselves: they discovered high fees, overstretched carers, and complex hurdles for accessing systems.

Residential care homes can cost £800-£1,200 per week on average, rising to £1,000-£1,600 for nursing homes.[32] Such high fees left people appalled and in shock. Home care, assumed to be the cheaper alternative, carries its own substantial costs. The Homecare Association found that the minimum price of Homecare in England is £34.42 per hour for 2026/27—though many agencies pay much below this recommendation—and with many people requiring multiple visits a day this rate can quickly become unaffordable. Therefore, our results echo polling from JRF in 2025, which found that people severely underestimate the true cost of care: almost half of respondents (47%) believed costs fell between £200-£600 a week.[33,34] The shock was compounded when people discovered the limited and patchwork nature of state funding.

> *"I am stunned at the cost of care homes. I'm embarrassed to admit that I never looked into it before. It's appalling that anyone is meant to pay that sort of bill?! Or that it is that expensive!"*

This resonates with previous research: the Care and Support Alliance found that 58% of requests for care support between 2022-23 resulted in no care being provided at all. The result is that roughly 6 in 10 are essentially left to fund care themselves, forcing families to navigate enormous financial blockades. There is also a significant difference between the number of people eligible for funding under NHS Continuing Healthcare (CHC) and those who are eligible for support under the means-tested social care funding system. Local councils are themselves constrained in their range of options. The combination of limited funding, statutory duties for service delivery, and rising need for care mean that they are forced to make fewer resources go further. People online made it clear: in this environment, it is easy to fall between the cracks.

> *"Whenever my son stops to buy a drink with his careworker he gets his own drink, but our council thinks the careworker should either pay for their own drink or sit with a cup of water. Is this really standard behaviour from councils?"*

Even for the people who did receive support, there was still confusion about what local councils provided and what they did not. For many who receive care, care workers are an integral part of their daily lives: staff accompany them on errands, help them with daily tasks and support them in socialising. These services can be essential and life-changing. But the boundary between what care provision covered and what it did not was said to be unclear, leaving care recipients to discover the limit in awkward, often impersonal, encounters.

Across all of these conversations there is a common thread: people expect more from local and national government. Instead, what they describe are high costs, confusing rules and what they see as the undervaluation of their labour.

> *"Between 2019-2021 I was receiving £65 per week in Carers Allowance right before my mother passed away. I cared for her all day, every day. It doesn't even come to 50p an hour!"*

32 Acheson, M. (2026, January 19). How much does a care home cost in the UK? Elder.org; Elder. https://www.elder.org/articles/paying-for-care/how-much-does-a-care-home-cost/
33 Jitendra & Bokhari (2025). The care expectation gap. Joseph Rowntree Foundation. https://www.jrf.org.uk/care/the-care-expectation-gap
34 Jitendra & Bokhari (2025). The care expectation gap. Joseph Rowntree Foundation. https://www.jrf.org.uk/care/the-care-expectation-gap

POLICY RECOMMENDATION 1
REFORM THE SOCIAL CARE MEANS TESTING SYSTEM

The current means-test threshold for accessing state funded social care sits at £23,250 in assets and has been frozen since 2010. In real terms, this is a sustained cut: as asset values have risen, more people have been pushed into self-funding over time. Unlike Scotland and Wales, which already uprate their thresholds in line with inflation, England has kept theirs frozen. England should uprate the threshold in-line with inflation without delay to prevent a further stealth-cut.

The question of how social care is funded, who takes on the cost, and what a sustainable model looks like is the work of the upcoming Casey Commission. Its Phase 2 report is expected in 2028.

2.2 PEOPLE DESCRIBE HAVING TO FIGHT TO ACCESS STATE SUPPORT

After the initial shock of finding out the reality of interacting with the care system, people's stories indicated that the next step was having to fight to access state support they believed they were eligible for. We identified a trend where people described the experience of accessing financial support and local government-funded services to be adversarial, involving drawn-out battles with their local authorities. For these people the system let them down, and then felt actively resistant. People's descriptions of interacting with the DWP to access care-related welfare payments were strikingly similar.

These experiences were united by a sense that the assessment process had been designed around the needs of local and national government, not the needs of the person requiring care. During the assessments, the burden of proof was said to lie with the claimant. This was described as a source of intense administrative work for care recipients, care-givers and supportive family members: they had to evidence their needs in exhaustive detail, multiple times, with the default position at every stage appearing to be denial.

2.2.1 Access to state-supported adult social care can be adversarial

The language people used to describe their interactions with local authorities, NHS bodies and the DWP was deeply negative. They said that the fight for care started with an adult social assessment process that felt as if it was designed to work against claimants. Care needs assessments 4—the formal process that local authorities carry out to determine to what extent someone is eligible for adult care support—were said to be a repeated source of stress, frustration and distrust.

"I've been attempting to get my elderly mum into a care home for the last 18 months. However adult social care thinks she can be supported in her house. She's been in hospital for days at a time, had a couple falls, had to have an ambulance, left the cooker on and has been scammed… I've requested a CHC assessment, but they say she doesn't meet the criteria! She has numerous health problems… I have contacted the MP. This is a horrible way to treat someone at 90!"

"I won my case against the DWP after they eroded my Transitional Protection Payment because I am a carer. £189 deducted… They refused my mandatory reconsideration until I got my MP involved. In the end I was right… And the policy has been found to breach human rights."

NHS CHC assessments were a particular source of distress. CHC is not means-tested, making it a crucial route to support families who would otherwise incur terrible costs. But eligibility is complicated: whether a need is covered depends on whether it is classed as a 'health need' or a 'social care need'. Only the former are covered by the NHS. Yet people found this distinction difficult to understand and said it was applied inconsistently. Rates of successful CHC applications vary from 7.3% in some areas to 42.5% in others – a difference that cannot be explained by demographic differences alone.[35] As one person described it, this can appear as a "postcode lottery". For those who fall on the wrong side of an administrative boundary, the assessment process feels like a gatekeeping exercise.

"I'm a nurse and was only able to secure CHC for just one person out of all my patients… Many met the criteria but were not awarded. It is a postcode lottery. I've worked with patients who have dementia, Parkinson's, and other life changing conditions that left them bed bound. Most should have gotten CHC but were refused."

35 Hutchings, R., Davies, M., and Curry, N. (2024). Falling through the gaps? A closer look at NHS Continuing Healthcare. Nuffield Trust. https://www.nuffieldtrust.org.uk/resource/falling-through-the-gaps-a-closer-look-at-nhs-continuing-healthcare

If securing CHC fails, families can turn to their local authorities for support. However, unlike CHC, local authority support is means-tested. This has created a huge financial cliff edge: some people with extensive care needs get their care free of charge and others face catastrophic costs that can deplete them of their income, savings and assets. The impact of this funding gap adds to the stress that needing care already brings.

> *"As the population ages and Council Tax rises and rises to catch up with costs, it'll be up to the local authorities to fund social care. It's so hard to get CHC for at-home care unless you are on oxygen or something. If you have enough money in your pocket to pay for care – good luck. An agency is about £50 an hour."*

Alongside a care needs assessment, a financial assessment is also conducted. These are conducted by either the DWP, NHS ICBs or local authorities depending on what is being applied for. In support spaces, these were sometimes seen as intrusive. Some posts discussed uncertainty about why the information was needed, and resented having to disclose personal financial information in order to access support.

2.2.2 Social care support for children involves numerous hurdles

> *"After my nephew refused to go back to college, we looked up if he could do home schooling. But we were told by the Child Benefit people that he must have an ECHP, which he doesn't have. He had a Special Educational Needs Coordinator throughout school. I have no idea why he doesn't have an EHCP."*

Conversations about Education, Health and Care Plans (EHCPs) for children featured similar criticisms as for adult social care. People online often framed an EHCP as a gateway to accessing other support such as the Disabled Living Allowance (DLA). An EHCP assessment produces evidence of a child's individual needs. While it is separate from a DLA assessment, an EHCP assessment was said to offer material that was extremely helpful in future welfare and support applications People online described this as a chain of hoops to jump through for disabled children and children with special educational needs: from an EHCP to DLA, then Carers Allowance, Universal Credit Carers Element, and then Universal Credit Disabled Child Element.

But schools were described as hesitant to initiate applications – or outright refusing them. This was said to bar families from accessing much needed long-term support, leaving parents with no choice but to push for the assessments themselves.

> *"Recently my child was diagnosed with ADHD… she's definitely going to have a hard time moving from primary to secondary school without support. The primary school refused to support her EHCP because they think she's doing fine. She comes home and crashes after masking at school all day. There's a massive gap between real world support and legal entitlement."*

If an EHCP was not granted, the effects were said to cascade through the complex bureaucracy of social care support claims, making it harder to access help in the future. For children with significant care needs, getting onto the chain of support claims was seen as critical at the point of transition into adulthood. These concerns are borne out in existing research: the Resolution Foundation found that 16% of people on DLA were not awarded PIP, and 25% of young people lose disability support precisely at the point an EHCP would have been most useful.[36]

> *"I've sent evidence for a PIP application on behalf of my son. It includes an EHCP, a letter from the GP with his diagnosis etc. I am aware all the documents are from the school support, but it does mention that he struggles to get to school by himself in the EHCP."*

The government's 2026 Schools White Paper proposes addressing part of this dynamic: alongside reserving EHCPs for children with the most complex needs. In its stead Individual Support Plans intend to give those with SEND a route to support without the same bureaucracy as a EHCP assessment. This will make accessing support easier for families.[37]

2.3 PEOPLE SAY GOVERNMENT RULES ARE EXTREMELY COMPLEX, CONFUSING, AND INFLEXIBLE

We identified recurring complaints about how systems for accessing government-funded care and financial support were incredibly complex, hard to understand, and were not flexible enough to reflect people's lived realities. These problems were said to apply across care funding, the processes for accessing local governments' care services, and for care-related welfare. Taken together, people described having to keep track of a vast array of interacting variables and factors: from the criteria used by local councils, to NHS Continuing Healthcare eligibility rules, to the DWP's rules on income and care hours for Carer's Allowance. They complained about a general lack of clear guidance—especially from local and national government—which had led them to turn to online communities for advice. Our analysis of the organisations people mentioned (see the Appendix) shows that people frequently spoke about using services such as Citizens Advice for precisely these reasons.

We have broken this overarching topic down into two areas:

- Social care funding and service provision
- Care-related welfare.

2.3.1 People said the rules were prescriptive, inflexible and unrealistic

The rules governing care funding were said to be highly prescriptive, with little space to allow for the system to respond to people's lived realities. For example, people complained that there was an oversight in CHC rules when it came to dementia. People in online spaces described how dementia patients' needs were frequently classed as 'social'. Therefore, they said, many patients with dementia could not qualify for CHC. Echoing this, research from Dementia UK found that 24% of respondents whose friends or family had tried to access it for a dementia patient felt that it was not fit for purpose.[38]

36 Murphy, L. (2024). 'Growing pressures: Exploring trends in children's disability benefits.' The Resolution Foundation. https://www.resolutionfoundation.org/publications/growing-pressures/
37 Long, R., Bridges, E., & Roberts, N. (2026). The Schools White Paper 2026: Special Educational Needs and Disability (SEND) Reform.
38 Dementia UK. (n.d.). Fix the funding: Make care fairer for people with dementia. Dementia UK. https://www.dementiauk.org/get-involved/campaigns/fix-the-funding/

"I'm a nurse in a care home. The care home manager was so shocked that I managed to get CHC for someone with dementia. It was only for one person, but it made a huge difference."

"CHC is difficult enough to get for any condition and dementia would be even worse. It's considered a social care need rather than a health need. Your mum can walk and needs help with personal care, but that's not a 'medical' need for the NHS."

POLICY RECOMMENDATION 2

REFORM NHS CONTINUING HEALTHCARE TO IMPROVE CLARITY AND ACCESS FOR PEOPLE WITH COMPLEX NEEDS

NHS CHC funding should be reformed to ensure it is more easily understood, more accessible for those it is meant to support, and better at recognising the health needs of those with complex conditions. As advocated for by Dementia UK,[39] dementia specialists should be mandated to take part in all relevant CHC assessments. They are currently not required, meaning assessors routinely misunderstand the cognitive and behavioural complexity of the condition. Second, the NHS should introduce national standards on how assessments are conducted across NHS areas, putting an end to postcode lotteries. Lastly, there should be a messaging push to increase public awareness on CHC.

39 Dementia UK. (n.d.). Fix the funding: Make care fairer for people with dementia. Dementia UK. https://www.dementiauk.org/get-involved/campaigns/fix-the-funding/

2.3.2 Rules on care-related welfare are said to be unrealistically complex and inflexible

The rules on care-related welfare payments were a prominent subject of conversation. These tended to focus on their complexity and confusion about how to navigate them. Overall, people tended to argue that the system had too many rules to understand and was not built in a way that reflected how unpaid carers or care recipients actually lived. Key issues included:

- Questions about how Carer's Allowance is deducted from other welfare payments, such as Universal Credit.
- Confusion about how claiming Carer's Allowance may prevent access to other benefits, such as the Severe Disability Premium.
- Concerns about navigating Universal Credit while paying for or providing care.

> *"The weekly limit and lack of flexibility for Carer's Allowance needs to be changed. My wife claims CA and works for a school. She earns nothing for over 3 months a year. But CA doesn't let her work more during the week to balance that out. We really struggle in the summer holidays."*

To be eligible for Carer's Allowance (CA), a person must spend at least 35 hours a week as an unpaid carer. The person cared for must receive one of a selection of benefits (such as Personal Independence Payments). CA amounts to £86.45 per week—though it was £83.30 at the time of our data collection and was increased by £3.15 per week in April 2026—and is not means tested.

The low rate of CA payments was a prominent complaint amongst people online. These conversations echoed points made by advocates for carers who have pointed out that, over time, the hourly value of CA compared to the Minimum Wage has reduced from 32% in 1999 to 19% in 2025.[40]

CA has several restrictions that were common sources of ire in support spaces. Recipients can work but must earn £204 or less per week (after tax, National Insurance and some expenses). Carers who are full-time students cannot claim it. Only one person can claim CA per person cared for, meaning that two parents who care for a disabled child cannot both make a CA claim. Moreover, if a person claims both CA and UC, CA is deducted pound-for-pound from their UC claim.[41] Claimants are also not allowed to receive the full amount of both CA and the State Pension at the same time: if the state pension is £86.45 a week or more, they will not get a CA payment. Meanwhile, if the person cared for claims Severe Disability Premium, DWP policy states that they will "usually stop" receiving this benefit.[42]

> *"The DWP's admin problems just got me sanctioned. I applied for Carer's Allowance. They rejected me but didn't close the claim. So then Universal Credit said I owed them over £5000 for not disclosing that I get CA – that I was rejected for. None of these teams talk to each other. Now I'm chasing up UC to fix it. The system is totally useless."*

40 Centre for Care (2025). 'Reform of Carer's Allowance: A Case for Change.' https://centreforcare.ac.uk/wp-content/uploads/2025/11/Case-for-change-carers-allowance-with-endorsements-FINAL-reduced-for-web.pdf
41 HM Government (2026). 'Carer's Allowance: Effect on other benefits.' https://www.gov.uk/carers-allowance/effect-on-other-benefits
42 HM Government (2026). 'Carer's Allowance: Effect on other benefits.' https://www.gov.uk/carers-allowance/effect-on-other-benefits

Carer's Element (CE) is a separate welfare payment from CA and is a component of Universal Credit. CE is a monthly payment—unlike CA—and at a rate of £209.34 per month. It shares the same criteria as CA, except unlike CA there is no earnings threshold. This means that there is nothing to prevent a person from working if they receive CE. CE is not automatically applied if a person receives CA, but a person can apply for both if they are eligible. Unlike Carer's Allowance, the UC Carer's Element is means tested as it is part of UC.

There are also other welfare payments and benefits that carers may access depending on their circumstances and where in the UK they live. These include: Carer's Credit (a National Insurance credit) and the Carer Premium. In Scotland, Carer's Allowance has been replaced by the Scottish Carer Support Payment and is boosted by two extra payments – the Scottish Carer Supplement and Carer Additional Person Payment. Overall, the existence of these various payments was said to have created a vast and opaque system that time-poor carers struggled to understand.

As a result, the complexity of the system of welfare payment was a clear source of confusion and frustration. People said they felt the system was full of trip hazards that could leave them worse off. This was also said to place a high administrative burden on claimants who had to grasp the interactions between several different bureaucratic processes and payments. Where payment deductions were concerned, people said it felt like the government was trying to give with one hand and take with another. The overall perception appeared to be that the government was trying all it could to avoid paying out support to unpaid carers.

> *"There's so much bad information out there about how Carer's Allowance and Carer's Element work. People seem to mix them up a lot. I'm a full time carer for my wife, who's on PIP. I should be entitled to both CA and CE. I've claimed CE for a year and just claimed for CA. But the system seems pointlessly complicated. They're giving in one hand and taking with the other. It's all about as transparent as a puddle."*

> *"Before my Dad died, Mum cared for him and got Carer's Allowance. Now two years after he passed away, I learn she's still been getting it for him even though we used the official method where you use one code to tell all the relevant services about a death. Clearly that didn't reach the CA team. She owes about £8000."*

Beyond CA, people described problems with the way that the DWP's systems would treat carers. They shared an impression that the government's welfare systems—especially Universal Credit—were not designed with carers in mind. The ways that systems were set up, such as the UC requirements for jobseeking, were said to be a poor match for carers' needs. Some described specific failures of communication and coordination within the DWP, such as situations where information about a person's death was not circulated when it should have been. Others pointed to gaps in guidance around how the system would treat spending on care: would the use of assets to pay for your care or the care of a loved one be treated as 'deprivation of capital' for UC purposes, for example? These issues reinforced the sense that the welfare system was not user friendly, was not designed with carers in mind, and assumed claimants acted in bad faith.

"We're worried the DWP will flag us for depreciation of assets because we're paying for my Dad's care cash in hand. We've got no way to prove to Universal Credit what the payments were spent on. What's the risk that they flag us?"

"I'm beyond stressed. I was my Mum's carer until she passed away a month ago. I've started claiming Universal Credit since then and have been expecting a final Carer's Allowance payment, as they pay for 8 weeks after someone passes. But the payment never came. So I called the CA team and learned that someone made a mistake and closed my case entirely when they should have flagged it for review."

POLICY RECOMMENDATION 3

REFORM HOW CARE-RELATED WELFARE SYSTEMS INTERACT AND USE DATA

As highlighted by the Sayce Review into the overpayments scandal, the DWP's internal processes appear to be disconnected and fragmented, leading to missing records and miscommunication between teams working on different benefits.

The DWP should review how it can improve the interconnections between its systems and how these can responsibly share data to (a) reduce the administrative burden on claimants; (b) improve communications.

As Policy in Practice has suggested, this could include using the same real-time earnings data for Carer's Allowance eligibility calculations as used by Universal Credit.[43]

43 Walker (2024). 'Carer's Allowance: We can, and should, care more about carers.' Policy in Practice. https://policyinpractice.co.uk/blog/carers-allowance-we-can-and-should-care-more-about-carers/

2.4 THE CURRENT SYSTEM IMPACTS BOTH CARE RECIPIENTS AND CAREGIVERS

Overall, the stories that people shared highlighted the weight that the current way that state-supported social care is funded and run places on both those giving and receiving care. People described the arrangements for providing care services, funding, and other support as limiting their ability to contribute economically or socially. The burdens that people faced were simultaneously financial, social, and physical – as people's incomes were restricted, their social lives were curtailed, and their health was impacted. For carers, in particular, the current system was said to contribute to burnout, mental distress, and physical health problems. Below, we break these themes down between:

- Care recipients and their families
- Unpaid carers
- Professional care workers

2.4.1 Care recipients and their families say they make significant sacrifices

Care recipients and those supporting them—usually their close relatives—tended to talk about the challenges they faced when paying for care. This was especially true for those who were not eligible for full state funding as they had over £23,250 in savings and other eligible capital. These people described having to sell homes and other assets to pay for care. In some cases, this could trigger very difficult situations within families. The high cost of care was said to create a significant financial burden, resulting in resentment – especially when people felt that social care should receive greater state support, similar to healthcare.

"I've got power of attorney for my Grandma as she's in a home with dementia. I've got to sell some of her shares to pay for the care home's fees. There'll be capital gains tax to pay but I've got no clue when she bought the shares."

"My Mum's in a care home with dementia, and my sister and I are in charge of paying for her care. Except my sister's in a huge amount of debt and I've just found out she's taken £40,000 from the account we use to pay for the care home. We're going to run out of money."

"We now have to pay council tax thanks to the City Council changing the rules on what is "disabled" and therefore who gets full council tax relief... I'm outraged. Unless you live alone and need a wheelchair, or you live alone with a spare room for a live-in carer, you have to pay. Shameful."

2.4.2 Unpaid carers say they are under-supported and exhausted

Unpaid carers described themselves as facing many challenges, from the financial sacrifices they made due to the time they dedicated to caring to the emotional challenges of providing care. Some said they had difficulties finding work due to their commitments. Others complained about the low amounts they received with Carer's Allowance and the impacts of the 35 hour limit on working that was in place at the time of data collection. Overall, unpaid carers highlighted the complexities that they faced when balancing their care responsibilities with other parts of their lives.

"I'm an unpaid carer and I can't even get a part time job at Tesco's because of the Carer's Allowance rules. What a joke."

"I care for one of my parents who has dementia. I'm looking for a new job but am limited as I can't afford to work more than 2 days a week in the office."

"I'm my Mum's carer. I care for her all the time, but I'm depressed… I feel heavy all the time. Someone needs to change my batteries."

Unpaid care was said to be exhausting, leading to burnout and exhaustion. Some spoke about respite services that are available for unpaid carers—such as 'carers' breaks'—and the steps they took to decompress.

"I haven't looked at respite services for carers before but that sounds brilliant. I've let almost all my hobbies go because I need to always be there to care for my parents."

"I've found out I'm being laid off soon. I'm an unpaid carer for my wife, who is terminally ill, and I've been working full time as well. It's so hard to not have the weight of this all feel overwhelming. We get 4 hours of care a day thanks to CHC and my wife gets PIP. But I'm feeling so much stress and anxiety. I've been burned out and depressed. It feels like I've got too many plates spinning and I can't let one fall down but I can't keep them up."

Others highlighted the precariousness that unpaid carers felt, as they and their loved ones depended on the vicissitudes of the welfare system and social care funding.

POLICY RECOMMENDATION 4

CONDUCT A COMPREHENSIVE REVIEW OF CARER'S ALLOWANCE WHICH COVERS PAYMENTS, PARITY WITH SCOTLAND, AND ELIGIBILITY CLIFF EDGES

As Carers UK have advocated,[44] the DWP should conduct a comprehensive review of Carer's Allowance to ensure it is fit for purpose. This review should address the issues raised in this report, including:

1. ***Increasing the rate of Carer's Allowance:*** the DWP should consider an overall increase in payments to close the gap with the minimum wage
2. ***Catching up with Scotland:*** the DWP should consider implementing the additional top ups that are in place in Scotland, such as a bonus when a person cares for multiple people.
3. ***Taper eligibility to avoid a cliff-edge:*** the DWP is currently reviewing ways to taper Carer's Allowance's 'cliff edge' eligibility rules regarding earnings. As recommended in the Sayce Review, the DWP should consider implementing short-term mitigations while it develops its long-term solutions.
4. ***Apply increases to Carer's Allowance to other care-related benefits:*** as Carers UK have advocated, any increases in rates and reforms to eligibility for Carer's Allowance should also be applied to the UC Carer's Element and the Carer' Premium.

44 Carers UK (2025). 'Written evidence submitted by Carers UK [CSR0001].' Submission to the Health and Social Care Committee. UK Parliament. https://committees.parliament.uk/writtenevidence/164235/html/

2.4.3 Professional care workers say they are underpaid and burned out

Professional carers emphasised their long hours, intense workloads, and low pay. Some said these working conditions meant they were looking to leave the sector. Professional carers described their work as having significant negative mental health impacts, including depression, anxiety, and burnout. Other issues raised included antisocial hours, a lack of career progression, and a sense that the sector relies on workers' desperation rather than their vocation.

The UK Government has previously recognised these problems, writing that "prevailing low pay and relatively poor terms and conditions in the sector result in distributional and equity issues for workers in the sector. This has knock-on effects on living standards, health, and wellbeing."[45]

"I work Mondays to Thursdays as a carer in people's homes, then Fridays to Saturdays in hospitality. I'm so burned out. The pay in care is pitiful. I only get fifteen hours of paid work a week. I should quit care work but I just can't. I think I need to apply for benefits."

"I've always worked in care and it makes me so depressed. I feel like I can't leave – I can't even get a job in a shop. I've got zero social life. I want a life. I feel like I'm stuck forever."

"My wife's a carer and has been told she's working six days back to back over Christmas."

"I've been working in care for years. I was made redundant and haven't been able to find a new job. I need to leave the sector: it's a trap and the pay is terrible."

45 Department for Business and Trade (2025). 'Fair pay agreement process in adult social care - consultation document.' https://www.gov.uk/government/consultations/fair-pay-agreement-process-in-adult-social-care/fair-pay-agreement-process-in-adult-social-care-consultation-document; Department for Business and Trade (2024). 'Final Stage Impact Assessment: Establish a Fair Pay Agreements process in the Adult Social Care sector.' https://assets.publishing.service.gov.uk/media/671259d59cd657734653d7e5/impact-assessment-establish-a-fair-pay-agreements-process-in-the-adult-social-care-sector.pdf

POLICY RECOMMENDATION 5

ENSURE THE FAIR PAY AGREEMENT FOR CARE WORKERS ARRIVES IN A TIMELY MANNER

The government has announced that it is establishing a Fair Pay Agreement (FPA) for the social care sector.[46] Using powers in the Employment Rights Act 2025, this will be a binding agreement negotiated between social care employers and worker representatives that would set a minimum pay threshold and establish other workplace standards. The government completed a consultation on an FPA for adult social care in January 2026.[47]

Such an agreement is needed urgently. The government must ensure this Agreement is delivered in a timely manner to address the severity of the situation. Besides pay, the government should explore setting minimum standards to protect against overworking and provide support for burnout.

2.5 SOCIAL CARE CAN FEEL LIFE CHANGING – IF YOU CAN ACCESS SUPPORT

Conversations about social care made one thing overwhelmingly clear: people feel extremely grateful to their carers and to care services more generally. People who received care spoke extremely highly of their carers. They provided powerful stories of how the support they received could change their lives. Care workers and other professionals in the social care system were said to go out of their way to provide support where they could.

"I've finally been classed as a vulnerable person and gotten a social worker. And today I was told I'm getting more PIP as well. I really needed this. Recently my symptoms have been giving me a bad time to the point that I was suicidal and ready to die. I've got surgery tomorrow. After the news today, I feel like I've gotten a new chance to have a life. I'm so grateful."

"I'm helping my Dad make a PIP claim and we're getting evidence together. It's actually going brilliantly. The council social care team have been incredibly helpful and wrote a letter that proves I'm a carer and what I do. My GP has also written a letter. I feel like we're finally getting somewhere."

46 Department for Business and Trade (2024). 'Final Stage Impact Assessment: Establish a Fair Pay Agreements process in the Adult Social Care sector.' https://assets.publishing.service.gov.uk/media/671259d59cd657734653d7e5/impact-assessment-establish-a-fair-pay-agreements-process-in-the-adult-social-care-sector.pdf

47 Department for Business and Trade (2025). 'Fair pay agreement process in adult social care - consultation document.' https://www.gov.uk/government/consultations/fair-pay-agreement-process-in-adult-social-care/fair-pay-agreement-process-in-adult-social-care-consultation-document

People were especially grateful as they said they believed professional care workers were paid far less than they should be, while unpaid carers received too little support. They acknowledged how care workers could face immense difficulties as they juggled limited resources to provide high quality care. As we discuss in 4.6, low pay and overstretched services were said to place a heavy burden on both caregivers and care recipients – with significant knock-on effects on their lives and ability to participate in society.

"Dad has some carers who come in for a few hours daily. They're both amazing and give so much, given what they're paid. I'm so grateful."

"I had a support, time and recovery worker last year. They helped me cook and took me to the shops. They helped out so much."

Others spoke of their gratitude for family members who provided unpaid care, sometimes around the clock.

"My son cares for me by doing housework, cooking and cleaning, helping me move and other things. He's at college three days a week but other than that he cares for me full time. I'm very grateful for the help he gives."

"I recently got approved for UC Carers Element. The chance to be her full time carer was life changing for both of us."

EMERGING TRENDS
COST OF LIVING FEARS ARE RE-EMERGING

To complement our deep dive and larger analysis, we used keyword analysis to find clusters of conversations that were new compared to previous waves. This identified that the cost of living has re-emerged as a key concern online.

We pinpointed four overlapping issues: the cost of bills; inflation; government heating support payments such as Winter Fuel Allowance; and the cost of essential items. Taken together, these show that the cost of living is re-emerging as a source of anxiety in online support spaces. Conversations focused solely on the cost of living made up 2.9% of the overall dataset. The last time this theme was prominent was in Wave 4 of 2024, when it was the fifth largest theme identified.[48] Cost of living conversations reduced in their volume during the early-to-middle months of 2025—dropping out of the top 10 themes by Wave 1 of 2025[49]—but returned to become the seventh largest theme in this Wave.

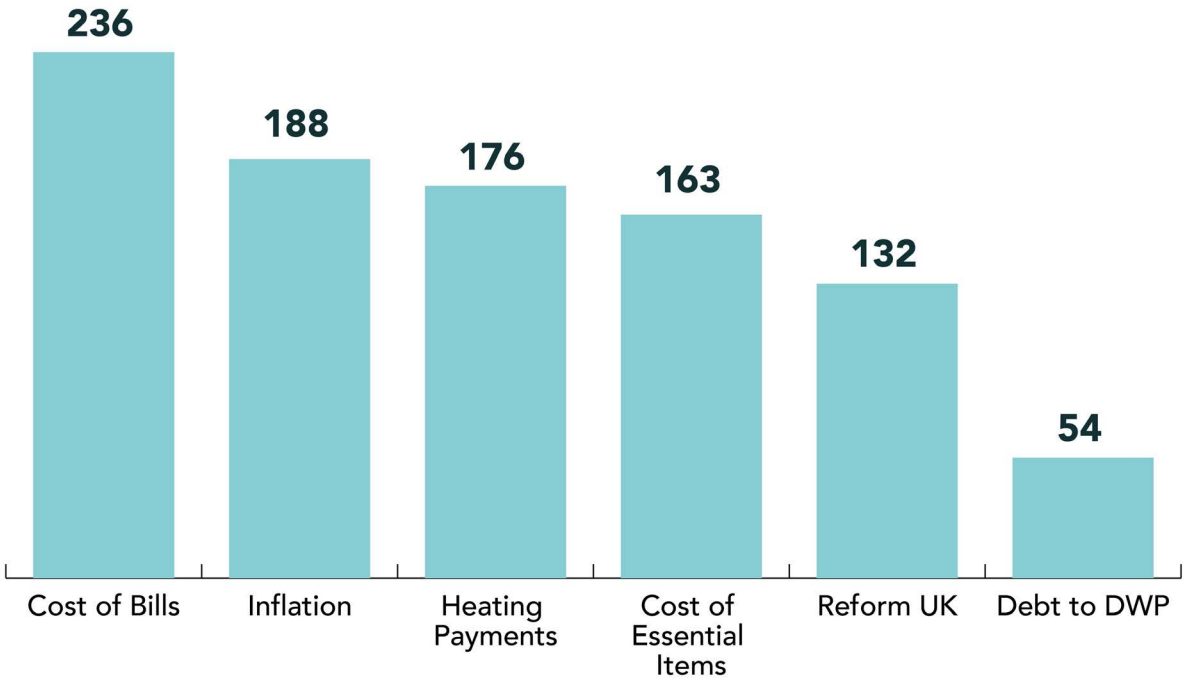
This finding is especially concerning as the data is from 2025 and therefore pre-dates the start of the Iran war in February 2026, which has had a significant negative impact on inflation and the cost of energy.[50] Our analysis shows that people were afraid about affordability well before the war broke out.

48 Note: Wave 4 of 2024 used a different mix of forums and a different data classification classification method. This means these rankings cannot be treated as like-for-like.

49 Hancock & Huband-Thompson (2025). ''I feel let down': An online forum listening exercise revealing how people are talking about financial hardship.' Demos. https://demos.co.uk/research/i-feel-let-down-an-online-forum-listening-exercise-revealing-how-people-are-talking-about-financial-hardship/

50 Bruce & Schomberg (2026). 'UK inflation dips in only temporary relief from Iran war impact.' Reuters. https://www.reuters.com/world/uk/uk-inflation-slows-28-april-2026-05-20/; Ambrose (2026). 'Energy bills will rise by £209 a year to £1,850 from July, forecaster says.' The Guardian. https://www.theguardian.com/money/2026/may/19/energy-bills-rise-july-gas-electricity-prices-cap-great-britain-iran-war

CHART 3
EMERGING THEMES



Other emerging topics of conversation included discussions about the political rise of Reform UK, with both negative and positive views expressed. The majority of people in these conversations were concerned about the potential impact of the party's policies on disabled people or people receiving welfare, on one hand. Some raised anxieties about the potential that politicians would return to austerity policies and an agenda of rolling back the state, as pursued by successive governments from 2010 to 2024, which users of advice spaces believed would impact them negatively. Meanwhile, a minority of commenters expressed support for Reform and its aims.

We also identified a small but distinctive cluster of conversations about experiences of being in debt to the DWP, with some discussing the impact—often firsthand—of the recent Carer's Allowance scandal.

OVERARCHING THEMES
SUPPORT SEEKING IN DIFFICULT TIMES

The data suggests that people are turning to online spaces for support and advice in challenging financial and economic circumstances, amidst a period of prolonged political turmoil. Welfare, personal finances, and political news were the three largest subjects of discussion across the dataset.[51] Continuing on from our findings in Wave 3 of 2025, employment continues to be a smaller but still notable theme—with unemployment as its largest subtheme—while the cost of living has (re)emerged as a focus of conversation.

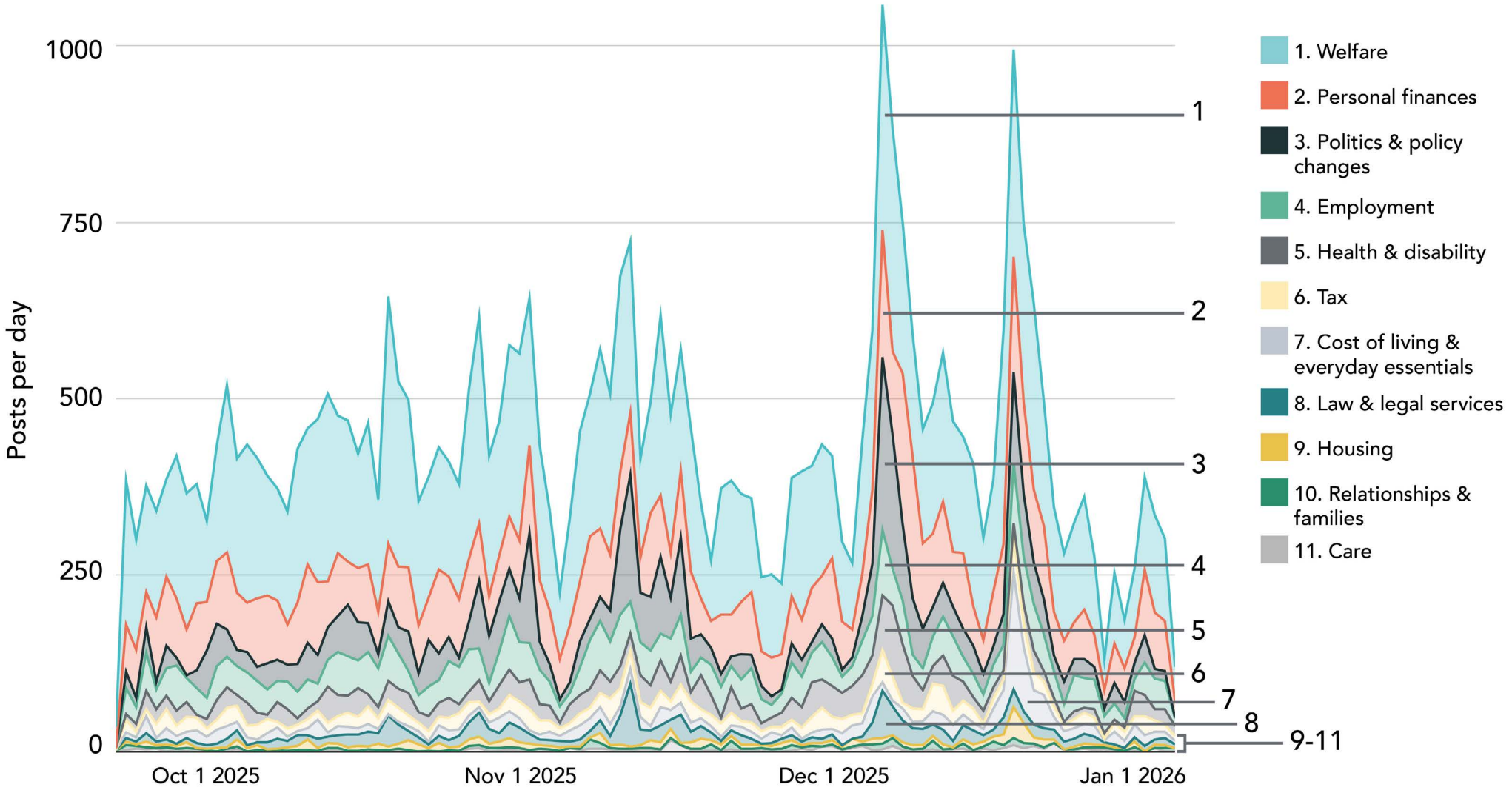
4.1 WELFARE, PERSONAL FINANCES, AND POLITICS WERE THE LARGEST THEMES

Conversations about Welfare—from requests for advice on Universal Credit to complaints about interactions with the DWP—made up over one third of the dataset. Meanwhile, Personal Finances has grown in prominence compared to previous waves – with the largest proportion of conversations focused on debt. While we identified Debt and Credit as a relatively small but emerging topic of conversation in Wave 3 of 2025, it now makes up half of Personal Finances conversations and 8% of the overall data. Conversations on political news made up over 8% of the data, and ranged from discussions of the November budget announcements to general expressions of distrust in politicians. See the Appendix for a detailed breakdown of all the figures for themes and subthemes.

MAIN THEME	DOMAINS	COUNT	% OF DATASET
Welfare	Financial, social	19121	33.70%
Personal Finances	Financial	8650	15.25%
Politics and Policy Changes	Social, financial	4806	8.47%
Employment	Financial	4508	7.95%
Health and Disability	Personal, Financial	2755	4.86%

51 These themes were identified using our according to our bespoke classifier. See the Appendix for a detailed write-up of this methodology.

CHART 4
MENTIONS OF MAIN THEMES OVER TIME



4.2 UNIVERSAL CREDIT, POLITICS, AND DEBT WERE KEY ISSUES

Looking at the specific topics that people discussed within our broader Main Themes, a familiar set of issues emerges: Universal Credit leads (12.37% of the dataset), followed by politics and policy (8.47%), and Debt and Credit (8.05%). Complaints about interactions with the DWP and welfare-related errors continue to be a common talking point in online communities and formed 7.94% of posts. A further 3.3% of posts talked about lodging complaints and making appeals against the DWP. Taken together, these statistics provide quantitative evidence of the depth of frustration and distrust that people seeking advice feel about the welfare system. Meanwhile, echoing our findings in Wave 3 of 2025, a notable proportion of posts focused on Finding and Changing Jobs (3.61%). Many of these spoke about long-term unemployment. 0.6% of posts described redundancies.

SUBTHEME	MAIN THEME	COUNT	% OF DATASET
Universal Credit	Welfare	7018	12.37%
Politics, policy news and discussion	Politics and policy changes	4806	8.47%
Debt and credit	Personal finances	4565	8.05%
DWP communications, interactions, delays and errors	Welfare	4506	7.94%
Disability, care and related benefits	Welfare	4174	7.36%
Savings and pensions	Politics and policy changes	2109	3.72%
Finding and changing jobs	Employment	2047	3.61%

CONCLUSION

As concerns rise once more about the cost of living, and new scandals emerge about the welfare system, our deep dive into social care provides a case study of the eroding relationship between the state and citizens in search of support. Social care is a prism that shines a focused light on what ordinary people expect of the state and where the reality of state support falls short of these beliefs. The deterioration of the social contract when it comes to care is multi-faceted: it manifests as a breakdown in people's trust in the state to deliver funded support and meaningful reforms, as well as a breakdown in people's ability to contribute to wider society due to the many costs of care. Social care can be life-changing for those who can access it, but there are many barriers in the way which must be addressed.

In the absence of universal state provision for care, people are turning online for advice on how to navigate the system. This experience is described as a fight for support, waged with bureaucratic systems that treat people with suspicion and assume ill intentions. In such an adversarial environment, it appears that trust between people and government has fractured, fuelling cynicism and a sense of hopelessness. At the sharp end of the care system, both carers and care recipients describe significant, negative knock-on effects on their social lives, educational opportunities, finances, health, and—fundamentally—their ability to participate in their own communities.

A new deal is urgently needed to address these compounding challenges. The situation that the social care support system faces is a complex problem decades in the making. There will not be simple solutions. This report has flagged several policy proposals that could help to ease the burden on carers and care recipients, as well as to make the systems they interact with feel less adversarial. But beyond these, we call on the government to undertake a fundamental rethink about the principles on which this system works: to build a social care system and a welfare state that treats people with the respect and dignity they deserve, embedding an assumption of good faith at every level of operations. Confronting these systemic challenges will not be easy. **But by listening to the lived experiences of the people who face the greatest hardship, positive change is possible.**

Social care is a prism that shines a focused light on what ordinary people expect of the state and where the **reality of state support falls short of these beliefs.**

A new deal is urgently needed to address these compounding challenges.

APPENDIX

A. ADDITIONAL DATA

Full breakdown of themes

MAIN THEME	SUBTHEME	COUNT	% OF DATASET
Welfare		**19121**	**33.7%**
	Universal Credit	7018	12.4%
	DWP communications, interactions, delays and errors	4506	7.9%
	Disability, care and related benefits	4174	7.4%
	Welfare complaints and appeals procedures	1900	3.3%
	Tax and pension benefits	442	0.8%
	Employment benefits	284	0.5%
	Housing benefits	273	0.5%
	Child-related benefits	180	0.3%
Personal finances		**8650**	**15.3%**
	Debt and credit	4565	8.0%
	Savings and pensions	2109	3.7%
	Banking	1503	2.6%
	Budgeting, costs and financial hardship on a low income	1147	2.0%
	Shared finances	297	0.5%
	Managing children's finances	140	0.2%
	Lending money	36	0.1%
Politics and policy changes	Politics, policy news and discussion	**4806**	**8.5%**
Employment		**4508**	**8.0%**
	Finding and changing jobs	2047	3.6%
	Employment disputes, workplace policies and processes	757	1.3%

MAIN THEME	SUBTHEME	COUNT	% OF DATASET
	Pay	654	1.2%
	Losing jobs	331	0.6%
	Education, training and skills for work	244	0.4%
	Health at work	232	0.4%
	Workplace performance	106	0.2%
	AI and work	87	0.2%
	Unions	50	0.1%
Health and disability		**2755**	**4.9%**
	Mental health and neurodiversity	981	1.7%
	Physical health and chronic conditions	665	1.2%
	Support issues and accessibility barriers	557	1.0%
	Experiences of healthcare and public health	552	1.0%
Tax	Discussing, calculating, and reporting taxes	**1901**	**3.4%**
Cost of living and everyday essentials		**1658**	**2.9%**
	Bills	371	0.7%
	Cost of Living and heating payments	344	0.6%
	Insurance	79	0.1%
	Inflation	61	0.1%
Law and legal services		**1510**	**2.7%**
	Using and accessing legal services	758	1.3%
	Questions about the law	752	1.3%
Housing		**708**	**1.3%**
	House prices and housing market	267	0.5%
	Renting	200	0.4%
	Social housing	146	0.3%
	Housing instability and homelessness	95	0.2%
Relationships and families		**316**	**0.6%**
	Children and parenting	160	0.3%
	Issues relating to other relatives and wider family	115	0.2%
	Separation and divorce	41	0.1%

MAIN THEME	SUBTHEME	COUNT	% OF DATASET
Care		**267**	**0.5%**
	Life as a carer	100	0.2%
	Organising care	89	0.2%
	Cost of care	78	0.1%
Other	Other	**10534**	**18.6%**

Location analysis

We used keyword analysis to identify which regions of the UK were mentioned most in the data. This was achieved by tracking mentions of countries, regions and key population centres.

REGION	COUNT	%
England (combined)	2320	4.06%
London	1248	2.18%
Scotland	756	1.32%
North West England	308	0.54%
Wales	173	0.30%
South East England	159	0.28%
South West England	131	0.23%
Northern Ireland	85	0.15%
English Midlands	64	0.11%
North East England	51	0.09%

FIGURE 1
WORDCLOUD OF THE MOST COMMONLY DISCUSSED WELFARE PAYMENTS

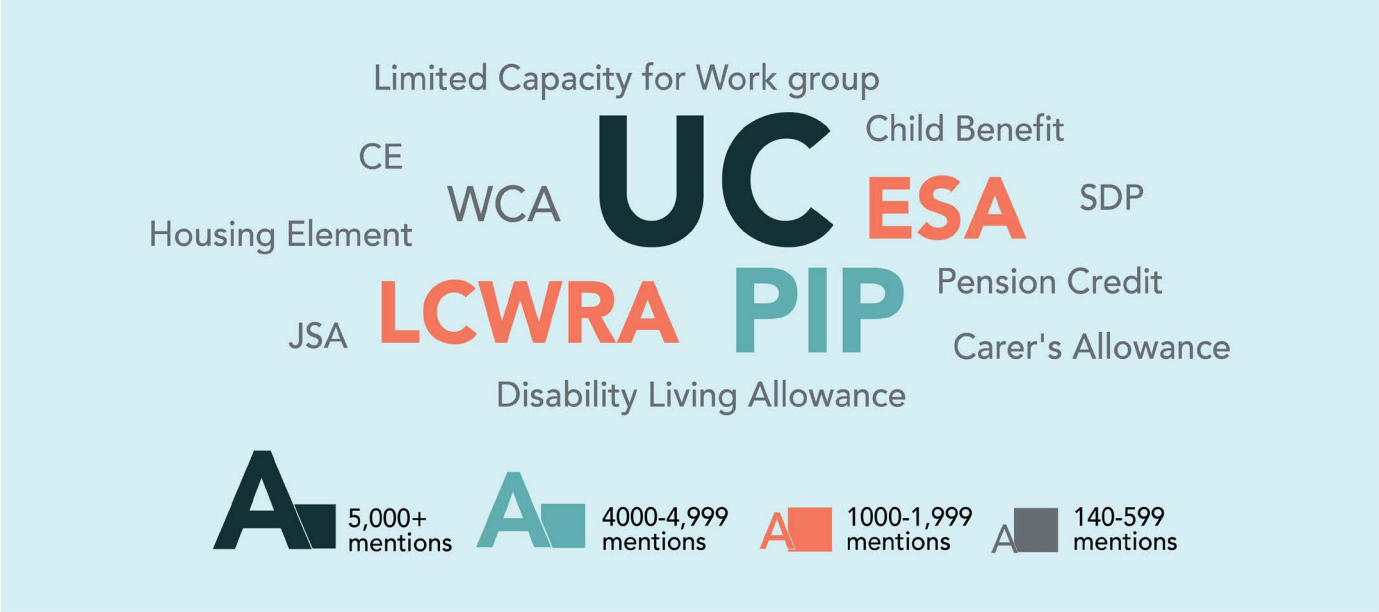


FIGURE 2
WORDCLOUD OF THE MOST COMMONLY DISCUSSED PUBLIC FIGURES

FIGURE 3
WORDCLOUD OF THE MOST COMMONLY DISCUSSED ORGANISATIONS

B. DETAILED METHODOLOGY

This wave followed an updated methodology that built on previous waves: it combined the qualitative deep dive methodology used in wave 3 of 2025 with an updated quantitative analysis methodology that used a custom-built text classifier and keyphrase expansion.

Quantitative methodology

Our computational text analysis proceeded through 3 stages: (1) Named Entity Recognition, (2) Link analysis, (3) Keyword Analysis and Keyphrase Expansion, (4) thematic classification and (5) data visualisation.

Named Entity Recognition (NER)

As in previous waves, we have used the technique Named Entity Recognition to extract names of individuals and organisations from our dataset. NER is a form of Natural Language Processing (NLP) wherein we use a pre-trained algorithm to identify particular entity types within a dataset. In our case, a model trained to identify people, organisations and place names was used. For example, NER seeks to isolate proper nouns from within sentence structures, as these are likely to be of interest.

We then used the names identified to perform a keyword-based analysis of mentions of prominent public figures, organisations, and regions in the UK.

Keyword Expansion

We used keyword expansion to identify emerging themes that would otherwise be missed by our LLM-based text classifier and qualitative deep dive. The results are available in Section 3.

The aim of keyword expansion is to iteratively build a list of related keywords that are directly generated from the target corpus. This iterative process achieves two goals:

1. To build a larger domain specific keyword list from a small set of relevant 'seed' words or phrases.
2. To create a high precision keyword classifier using the created keyword list, that generates a larger dataset as the number of relevant keywords increases.

The methodology follows an iterative five-step process:

1. Creating a 'seed' list: starting with a list of known keywords that are relevant to the domain of interest contained in the target corpus
2. Dataset filtering: using the seed list to filter the entire corpus, producing a subcorpus of just posts with matching keywords.
3. NLP based keyword extraction: using NLP techniques to identify additional keywords for potential use in the next round. The keywords selected are the most frequent and surprising. This used two automated, unsupervised keyword extraction methods:
    a. Surprising Phrase Detection: breaks down texts in a dataset into phrases and compares these with a reference dataset in order to identify which phrases are more unusual.[52]

52 Robertson (2019). Characterising semantically coherent classes of text through feature discovery. Doctoral thesis, University of Sussex. https://sussex.figshare.com/articles/thesis/Characterising_semantically_coherent_classes_of_text_through_feature_discovery/23470460; Robertson. 'Surprisingly Frequent Phrase Detection'. GitHub. https://github.com/andehr/sfpd?tab=readme-ov-file

b. Yet Another Keyword Extractor (YAKE): uses text statistical features to select the most important keywords from a document.[53]

4. Keyword selection: an analyst picks the desired keywords identified and adds them to the original list.
5. Iteration: Steps 2 to 4 are repeated until a satisfactory set of thematically-grouped keywords are developed. These are used to identify relevant posts and topics of discussion.

The keyphrase expansion stage went through three iterations for this wave.

Classifier

We built and used a custom LLM-based textual classifier model to categorise the posts into main themes and subthemes. This used CASM's category mapping technology, CatMap.

CatMap methodology

CatMap enables researchers to iteratively build, evaluate and apply a Large Language Model (LLM)-based classifier to a dataset of text documents. It works by taking a thematic schema developed by researchers and passing all the data through an LLM classifier.The LLM classifier is prompted to label each document with its appropriate single main category and a single subcategory. The researchers then assess the performance of the classification against a manually labelled sample of data. Performance is improved by refining the thematic schema and prompts.

The process follows a five-step process:

1. Initial mapping: the researchers define an initial set of main categories and their subcategories. The LLM uses these to apply these categories to a sample of the data.
2. Human labelling: two analysts label a representative subsample of the data by applying an appropriate main theme and subtheme. The analysts review one another's labels to ensure inter-coder reliability.
3. Evaluation: The model's performance is evaluated by comparing its labels to the gold-standard human labels. This produces a set of performance metrics per main theme and subtheme (see below). The evaluation identifies which categories 'confuse' the LLM and leads to mislabelling.
4. Schema Adaptation: the researchers update the thematic map and prompts in ways designed to mitigate the errors and confusion identified.
5. Iteration: steps 2-4 are repeated until the model achieves a satisfactory level of performance compared to human analysts.

Please refer to this summary for a detailed breakdown of the CatMap methodology.

53 Campos R., Mangaravite V., Pasquali A., Jorge A.M., Nunes C., and Jatowt A. (2018). YAKE! Collection-independent Automatic Keyword Extractor. In: Pasi G., Piwowarski B., Azzopardi L., Hanbury A. (eds). Advances in Information Retrieval. ECIR 2018 (Grenoble, France. March 26 – 29). Lecture Notes in Computer Science, vol 10772, pp. 806 - 810. https://link.springer.com/chapter/10.1007/978-3-319-76941-7_80

Classifier performance

We evaluated the classifier's performance when compared to labels applied to the data by two human researchers. This generated the following performance metrics:

- Accuracy: what percentage of labels the model applied were 'correct' based on those applied by the human analysts. For example, if you were to classify 100 forum posts and 92 are correctly labelled, you have 92% accuracy.
- Precision: a percentage calculated by dividing the number of times each classification label was applied correctly compared to all the times it was applied. Higher precision means you can trust a positive prediction.
- Recall: a percentage calculated by dividing the number of times a label was applied correctly by the number of times it should have applied it. Higher recall means fewer true positives for a given category went undetected.
- F1-Score: a metric that generates a single value that balances both precision and recall. It is only high when both precision and recall are high.

Tuning a model to catch more true positives (higher recall) usually means more false positives (lower precision), and vice versa.

Our final evaluation showed that the model performs well overall. It is more performant when labelling main themes than subthemes. This is to be expected: there are 10 main themes versus 47 subthemes.

	ACCURACY	PRECISION	RECALL	F1-SCORE
Main themes	85%	79.7%	82%	77%
Subthemes	73%	75.3%	75.2%	73.2%

Qualitative deep dive methodology

In consultation with JRF, we selected one thematic area—social care—for a qualitative deep dive. This was selected because it was salient in the dataset, had come up in previous waves, had policy significance given recent scandals and ongoing reviews, and based on JRF and Demos' prior work on this area.

The deep dive analysis consisted of two stages:

1. Identifying posts talking about social care
2. Qualitatively analysing random samples from these posts

For stage (1), we used keyword matching to find relevant posts. We devised the keywords based on a combination of: Surprising Phrase Detection applied to the whole dataset, key words identified in prior waves of the project, and our own background knowledge.

For stage (2), we took random samples of the posts we identified using keyword matching. Two researchers then analysed around 250 posts each using qualitative thematic coding, which involved them applying labels from an iterative list of themes, which we developed for this deep dive and expanded with additional codes where necessary. The result was an analysis of the significant areas of discussion within each of the sub themes, which showed where particular areas of discussion overlapped.

As part of Demos's ongoing efforts to facilitate greater diversity, inclusion, equity and justice (DIEJ) in all areas of our work, we assess and publish our approach to meeting our goals in each of our publications as part of our methodology.

Our commitment to DIEJ is at the heart of our strategy, and our charitable purpose. Our ambition, in an age of division, is to be "radically inclusive", seeking out the voices that are otherwise left behind. We embedded DIEJ considerations into this work by:

- Taking an approach to data collection and analysis that sensitively captures the experiences and challenges of those experiencing financial hardship and other forms of disadvantage and marginalisation.
- Ensuring our research was informed by conversations with Grassroots Poverty Action Group (GPAG), a group of people with direct experience of poverty across the UK.

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DEMOS

Demos is a champion of people, ideas and democracy. We bring people together. We bridge divides. We listen and we understand. We are practical about the problems we face, but endlessly optimistic and ambitious about our capacity, together, to overcome them.

At a crossroads in Britain's history, we need ideas for renewal, reconnection and the restoration of hope. Challenges from populism to climate change remain unsolved, and a technological revolution dawns, but the centre of politics has been intellectually paralysed. Demos will change that. We can counter the impossible promises of the political extremes, and challenge despair – by bringing to life an aspirational narrative about the future of Britain that is rooted in the hopes and ambitions of people from across our country.

Demos is an independent, educational charity, registered in England and Wales. (Charity Registration no. 1042046)

Find out more at **www.demos.co.uk**

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