**We know that older people who fund their own care can have a very different experience than people who receive publicly-funded support – what’s it like to be a self-funder, and what could we do differently?**

Although the way care is funded [differs across the four nations](https://www.nuffieldtrust.org.uk/news-item/offer-and-eligibility-who-can-access-state-funded-adult-care-and-what-are-people-entitled-to-1#_How_much_care) – a significant number of people with care and support needs pay for their own care.

This is because, in an under-funded and very pressured system, publicly-funded care increasingly tends to focus on people with **very significant needs** and with **low incomes/savings**. If we are not careful, the result is that almost anyone else is left to make their own arrangements as best they can, in a system few people understand and most people aren’t ready for.

According to [Simon Bottery](https://www.which.co.uk/news/article/mind-the-dementia-care-gap-atmbA3R6ZikM) of the King’s Fund:

A person in a blue top and shorts holding a pole

AI-generated content may be incorrect.

*“I often talk about the fact that you’ve got to be a pole vaulter to get over the barrier in terms of needs, and you’ve got to be a limbo dancer to get under the assets barrier.”*

According to the [Nuffield Trust](https://www.nuffieldtrust.org.uk/news-item/how-much-social-care-does-each-country-fund-draft#:~:text=There%20is%20wide%20variation%20in,%C2%A3550%20in%20Northern%20Ireland.):

*“There is no source that can estimate with certainty the number of individuals who self-fund across the UK, and their experiences with social care services are not reported in a similar way to those who can access state-funded care… This could be because of the different ways self-funders access and use care, as well as the complexity of defining self-funding across the varying social care settings.*

*The true number of self-funded recipients of domiciliary and care home support remains unknown across all four countries. However, data from 2018 estimates that England have the highest proportion of self-funders receiving residential, nursing, and domiciliary care, and Northern Ireland the lowest.”*

Irrespective of the overall numbers, people from across the social care system told us that the needs of people who fund their own care are really important, and often overlooked. This **Ask IMPACT** guide therefore focuses on people’s experience of funding their own care, and on any indications of approaches, ideas or resources that might help improve the situation in future.

The focus is on **older people** (as their experiences of funding their own care were being widely discussed in policy and practice when this question was raised with us) – but the general themes might well apply to anyone seeking to access publicly-funded care and support.

The guide covers:

* The expectations self-funders have of receiving care, and the realities of arranging care.
* What self-funders and their families know about the care system, the skills they draw on and the support they might need.
* (Some) things that might help.

**Expectations and the realities of arranging care**

Focusing on England, [Henwood *et al*](https://www.cambridge.org/core/journals/social-policy-and-society/article/selffunders-still-bystanders-in-the-english-social-care-market/D220BE172CFE378F3B07B339B7AB1F59) describe self-funders as *“by-standers in the English social care market… left to find their way around the care system largely unaided.”*

They continue:

*“A two-tier system of care exists between publicly and privately-funded people, with the latter largely left to find their own way and pay higher fees for the same care. Although people with greater private purchasing power may have more choices and higher quality services available to them (at a price), we argue that they are also relatively disadvantaged and unsupported in the system, lacking the leverage available to local authority commissioners, or the knowledge of how to navigate the market.”*

[Tanner *et al*](https://journals.sagepub.com/doi/10.1177/0261018317724344) quote an earlier study (2008) by Hudson and Henwood:

*“People who fund their own care and support might be thought to have the greatest choice and control of all – they can use their money as they please. In practice, the study found that self-funding people on the contrary were often the most disadvantaged and isolated in the whole system.”*

People who draw on care and support who commented on this guide suggested two particularly powerful metaphors to describe the situation:

*“Self-funders are not choosing a different route through the system, they’re often being left at the side of the road with a map they didn’t ask for and no one to call for directions.”*

*“Being a self-funder in today’s system is like trying to board a train that doesn’t stop for you, and still being charged first-class fare.”*

While a number of previous policies have attempted to improve support for self-funders, the evidence suggests that:

* Some people still expect social care to be funded in the **same way as the NHS** and – often finding out after a crisis – can be profoundly shocked that it isn’t free at the point of delivery (and by the very high cost of some services if funding your own care).
* This can feel like a **betrayal** of what some people thought the welfare state was there to provide on their behalf.
* Knowing whether you have to fund your own care can be difficult (not least because the rules can be incredibly complex). In recent years, there have been a number of positive developments, where people might receive free intermediate care or reablement support for a short period of time. However, it can be confusing if you then need **ongoing support** and have to fund this yourself.

* When it comes to accessing care more generally, lots of people have **low expectations**, with little sense that care can cover more than just ‘the basics’ (effectively the bare minimum needed to eat, wash and dress) or that people ought to be able to influence what support they receive/how they receive it.
* Although choice exists in theory, it can be **heavily constrained** in practice (for example, by care services not being available, either at all or at the times or in the places that it’s needed).
* As soon as some local authorities find out that the person has a certain amount of savings/assets, there can be a sense that **‘they just don’t want to know’** (for example, just providing a list of care providers and asking the person to get back in touch when their situation and finances change).
* It can be incredibly confusing and stressful if someone starts funding their own care, without knowing when or how to seek from the Council when their money starts to run out (sometimes known as **‘capital depletion’**). There can be uncertainty about whether they will be eligible for publicly-funded support and about what will happen if they are receiving a service that is more than the local authority would usually pay.

Ultimately, people who fund their own care often pay much more than their local Council would for the same care, helping to **cross-subsidise** lower Council rates. For some people, the costs they pay can come to many thousands, sometimes hundreds of thousands, of pounds, and can be **catastrophic** for the individual and their family.

**Knowledge, skills and support**

Funding your own care can be complicated, and very few of us probably have the **skills** or the **experience** to do this well (especially in a crisis or when feeling emotionally and physically low).

Key themes from the evidence include:

* While lots of people draw on **personal, life and work-related skills**, being a self-funder is time-consuming, stressful and difficult.
* Although it sounds obvious, we all come from different backgrounds and have different personal and emotional resources to draw upon – so support is best when it’s **tailored** to the needs and circumstances of the individual.
* It can be particularly difficult for people to plan ahead to meet **future needs**, especially in situations where they are **living with dementia** or with a condition which might change over time.
* Although lots of policy talks about the importance of advice and information, people often find sources of help accidentally or in an ad hoc way, by **‘stumbling across’** something helpful. This is often via recommendations by someone they know and **trust** (whether a friend, family member or local voluntary organisation). Having wide **social networks** can be an advantage – but not everyone has these. Some sources of information depend on people being able to use the **internet**, and again this isn’t true of all of us.
* For older people in particular, the main (and often unseen) responsibilities for finding and arranging care can fall to **family or close friends**. This involves **practical tasks** which can be really onerous, as well as prompting significant **emotions** as people’s relationships change.

**(Some) things that might help**

Unfortunately, a lot of the current literature focuses on how difficult things are, and perhaps isn’t always as good as it might be at coming up with solutions and suggesting things that might help (other than a strong sense that things wouldn’t be like this in an ideal world).

As IMPACT was conducting this review, however, it noticed some ideas and resources that might be helpful:

1. Although some of the decisions people are asked to make have significant financial implications, relatively few people seem to access **independent financial advice** (nor is trust in financial advisers particularly high). However, such services do exist (albeit sometimes with a cost), and it feels as if there could be a much more significant role for such advice.

Linked to this – people paying for their own care in a care home contribute until their assets reach a certain level. Rather than just keeping savings in a standard account, is there scope for independent advice (from a trusted, professional source) to get a better return on savings, so that people’s resources last longer (and indeed delaying the point at which the state might become responsible for contributing to the cost of their care)? If so, this would feel a potential **‘win-win’ situation**. This might involve us thinking more creatively, outside the confines of traditional social care – in this case, around financial advice and products.

1. A number of research studies have produced **practical materials** to provide **accessible information** and support for self-funders. For example:

* The [Care Confidence](https://www.careconfidence.org.uk/) website was created by university researchers with help from members of the public and professionals. It is designed to help people feel better prepared to make decisions about paying for social care, whether for themselves or someone else.
* The [Social Care Talk website](https://socialcaretalk.org/introduction/paying-for-social-care-older-people/) has a section on ‘paying for care’, which draws on research about people’s experiences of these issues to help set out what it is like to be an older person or relative paying for care, people talking about their own experiences and issues such as getting the right care, money matters, assessments and eligibility, legal matters, family, and information and support.
* Another study looked at what happens when people’s money reduces and they move out of self-funded care, with an [information booklet](https://www.birmingham.ac.uk/documents/college-mds/applied-health/health-economics/capital-deletion/self-funded-care-research-uob-resource-digital.pdf) for people in this situation.

1. It is important for people to be aware of their **legal right to a social care assessment**, even if they have financial resources to fund their own care: assessment should be seen as a service of value in its own right (e.g. to explore options, not just as a gateway to services) and some local authorities say (at least in principle) that they want to reach people earlier in order to provide information and support around the potential choices available.

Indeed, [a BASW position statement](https://basw.co.uk/sites/default/files/2025-05/No%20Older%20Person.pdf) argues that no older person should have to give up their home because of social care needs without having access to the support of an experienced Named Social Worker, to ensure that the person can access the advice and support they need before having to make such life-changing decisions.

1. Lots of **specialist voluntary organisations** provide practical advice and guidance (including around legal and financial matters) via helplines and information sheets etc. Members of IMPACT include organisations like [Age UK](https://www.ageuk.org.uk/information-advice/) and [Carers UK](https://www.carersuk.org/help-and-advice/).