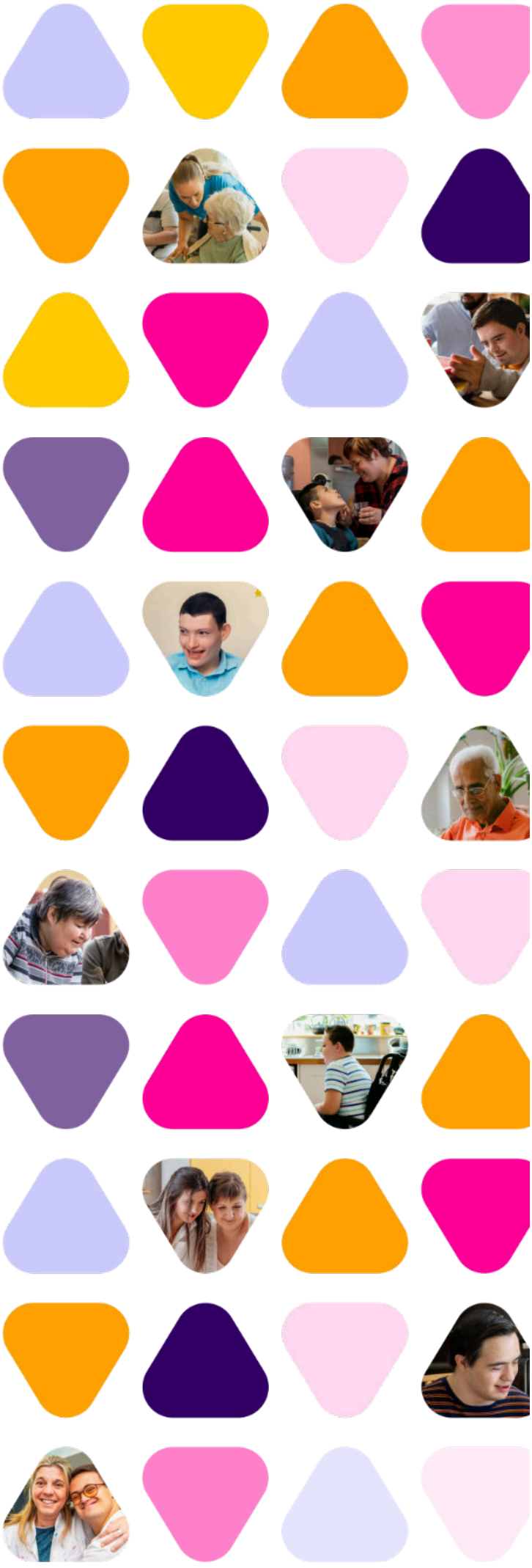
How families find and choose care

A care provider's guide to how families navigate care choices – and how providers can build trust from the first interaction to the final decision



Log my Care

CARE ENGLAND
Representing independent care providers

Only 3% of families found arranging care straightforward.

For almost all families, the process is complex, pressured and uncertain.

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Foreword

Professor Martin Green OBE
Chief Executive, Care England

Choosing care for a loved one is one of the most important and often difficult decisions families will ever make. It is a moment shaped not only by practical considerations, but by emotion, uncertainty and a deep sense of responsibility.

This report provides an important and timely insight into how families navigate that decision. It challenges many of the assumptions that underpin how we think the care system works and instead shows how it is experienced in reality. Families are not entering the system as informed consumers with time to compare options. They are often making decisions under pressure, with limited knowledge, and trying to find reassurance in a system that can feel complex and unfamiliar.

What emerges clearly from this research is that trust sits at the heart of decision-making. Families rely on signals they feel they can understand and believe in - reputation, recommendation and clarity of communication, often more than formal sources of information. This does not diminish the importance of regulation or inspection, but it does highlight that the way information is presented and accessed must align with how people make decisions in practice.

The findings also reinforce that adult social care is not a single, uniform market. Experiences differ significantly depending on how care is funded and accessed, who it is intended for and where it is provided, with some families navigating a more consumer-style journey and others moving through structured pathways. Recognising this distinction is essential if we are to design a system that works effectively for everyone.

For care providers, policymakers and regulators, this report presents a clear opportunity. By better understanding how families search for and choose care, we can improve how information is shared, how trust is built, and how confidence is established from the very beginning of the care journey.

At Care England, we are committed to ensuring that the voices and experiences of those who draw on care and support, and their families, shape how the sector develops. This report is an important contribution to that work, and I hope it will help inform practical improvements across the system.

Professor Martin Green OBE
Chief Executive, Care England

Executive summary

Choosing care is rarely straightforward. For most families, it begins at a point of increasing need, often under time pressure and with limited prior knowledge of how the care system operates.

This research, based on insights from 1,000 people who have recently arranged care, highlights a consistent reality: the early stages of the care journey are complex, uncertain and emotionally demanding. Only 3 per cent of families describe the process as straightforward. Most begin without clarity about the type of care required, and many feel overwhelmed, anxious or unsure where to start.

In this context, decision-making is not driven by structured comparison or formal evaluation. Instead, families rely on signals they feel they can trust in shaping both shortlisting and final choice. While directories and online search help families identify options, formal regulatory information, including CQC inspection reports is used less frequently and rarely act as a primary decision driver.

The research also reveals important variation within the system. For self-funded care, often associated with older people's services and home care, families behave more like consumers: actively searching, comparing and relying on reputation to guide decisions. In contrast, publicly funded pathways, more commonly linked to working-age adults and complex needs, are shaped by structured routes, professional referrals and limited choice. Rather than a single market, families experience two distinct entry points into care.

Across both, a consistent theme emerges. Visibility alone does not convert into trust. Being easy to find may secure initial attention, but it is clarity, credibility and reassurance that ultimately influence decision-making. Families are seeking confidence at a point of uncertainty, and they prioritise information that feels understandable, relevant and grounded in real experience.

Care providers are being judged even before first contact. For providers, this creates a clear and immediate opportunity. Trust is being formed early, shaping enquiry, conversion and longer-term relationships. Strengthening how services communicate credibility, reduce uncertainty and support families at the point of entry is therefore not simply a matter of experience, but a lever for commercial performance and operational stability. Providers of home care particularly need to focus on making care visible before it begins, using technology to help reduce uncertainty early and make care feel trustworthy.

More broadly, the findings raise important questions for policymakers and system leaders. If families are not using formal information in the way intended, there is a need to reconsider how quality, safety and choice are communicated, and whether current approaches align with how decisions are made in practice.

Improving the start of the care journey is not peripheral. It is foundational to building confidence in care, strengthening relationships, and supporting better outcomes across the system.

What this report shows

This report provides a clear and evidence-based insight into how families actually search for and choose care. It moves beyond assumptions about how the system is designed to work and instead focuses on how it is experienced in practice.

The findings show that most families begin the care journey with limited knowledge and under time pressure. A consistent theme throughout the research is the central role of trust. Families do not typically rely on formal frameworks or structured comparisons when making decisions. Instead, they prioritise signals they feel they can trust and understand, including reputation, personal recommendation and accessible information. These signals help families make sense of the system and reduce uncertainty at a critical point in the decision-making process.

The report also highlights that visibility and trust are not the same. While many families use directories and online search to identify options, this visibility does not automatically translate into confidence. It is the perceived credibility of a provider, rather than how easily they can be found, that ultimately shapes decisions.

Importantly, the findings demonstrate that adult social care does not operate as a single, unified market. Experiences differ depending on how care is funded and accessed. For some families, particularly those who are self-funding (more typical of home care), the process more closely resembles a consumer-style journey, with active comparison and evaluation of options. For others, especially those navigating publicly funded pathways, decisions are shaped by structured routes, eligibility criteria and professional guidance.

Taken together, these insights highlight a gap between how the care system is structured and how families experience it. Improving alignment between these two perspectives will be critical to reducing uncertainty, strengthening trust and supporting families to make informed decisions at the earliest stage of the care journey.

Why this research, why now?

The first report in this research series explored the experience of families once care is in place, examining how communication, transparency and visibility shape confidence in care. It showed that reassurance, consistency and everyday visibility are central to how families experience care over time.

This second report steps back to an earlier stage in the journey: how families first enter the care system and how they choose care. Drawing on survey responses from 1,000 people who have recently arranged care for working age adult family members or older relatives, it examines what triggers the search, how confident families feel, where they look for information, and what ultimately shapes their decisions.

Together, the two reports provide a connected view of the family experience — from first search through to ongoing care relationships.

Understanding this earlier stage is critical. Decisions made under pressure, with incomplete information, can shape expectations, trust and relationships long after care begins. Where families enter the system feeling uncertain, overwhelmed or unsupported, that uncertainty does not disappear. It carries forward, and can influence expectations, trust and relationships with providers.

For providers, this stage of the journey is often the least visible but one of the most commercially and operationally important. It is where reputation is formed, where expectations are set, and where future relationships begin. By understanding how families search, what they prioritise, and where uncertainty arises, providers can identify where they are losing trust before care even starts.

This insight creates a practical opportunity: to reduce friction in the enquiry process, strengthen first impressions, and build confidence earlier. In a system under sustained pressure, small improvements at this stage can have a disproportionate impact on occupancy, enquiry conversion, and the long-term resilience of the service.

Introduction

For those entering the care system for the first time, the process of identifying, comparing and selecting providers can feel unfamiliar, pressured and complex.

Most families begin the search with limited prior knowledge of how the sector operates, what services exist, or where to start. The process is often triggered when a loved one's needs increase and existing support arrangements are no longer sufficient, meaning decisions are made under time pressure rather than through careful planning.

In this context, families are not typically navigating care choices through formal frameworks or structured comparison. Instead, they rely on signals they feel they can trust — such as reputation, personal recommendation and perceived credibility — using these as practical ways to make sense of an unfamiliar system. This more intuitive, experience-led approach to decision-making sits alongside, and at times in place of, formal sources of information.

This report also contextualises the fact that social care is frequently described as a “market”. However, the way families actually behave within that market remains relatively under-examined. This report provides a clearer picture of how families experience the early stages of the care journey, and whether the information available aligns with how decisions are made in practice.

Methodology & scope

This research is based on a nationally representative survey of 1,000 families who support or organise care for a loved one. The research captures experiences across a range of care needs, including learning disabilities, mental health needs, older people’s care, and other complex or long-term conditions. This breadth ensures the findings reflect how families experience, assess and build confidence in care across different life stages and care settings, rather than within a single sub-sector.

Fieldwork was conducted by Sapio Research, using a structured online survey to ensure consistency, reliability and robust analysis across demographic and care-need segments. The questionnaire explored decision-making, communication preferences, use of digital tools, trust, and confidence in care providers, alongside perceptions of how technology supports or hinders involvement.

It is important to note the scope of the findings. While many respondents play an active role in supporting care, not all are full-time carers, and many are family members who choose, oversee or stay connected to care delivered by residential or community-based providers. The insights therefore reflect the perspectives of families involved in care relationships and decision-making, rather than exclusively those delivering day-to-day care. This distinction is intentional, as confidence in care is shaped not only by hands-on caregiving but by visibility, communication and trust over time.

Who we spoke to

Who

1,000 Families supporting or organising care

Care types represented

- Learning disability
- Mental health
- Complex / long-term needs
- Elderly relatives

Method

- Nationally representative online survey
- Conducted by Sapio Research

Scope note

Respondents include families involved in care decisions, not only full-time carers

The starting point

Why families begin searching for care

The decision to seek care is rarely planned far in advance. The search appears to begin either with a loved one's sudden decline, more so with a family member who is an older person, or with a working age adult family member, perhaps with learning disabilities, when their needs increase beyond what can reasonably be managed at home. In many cases, this shift happens quickly, under stress, leaving little time for preparation or understanding of the options available.

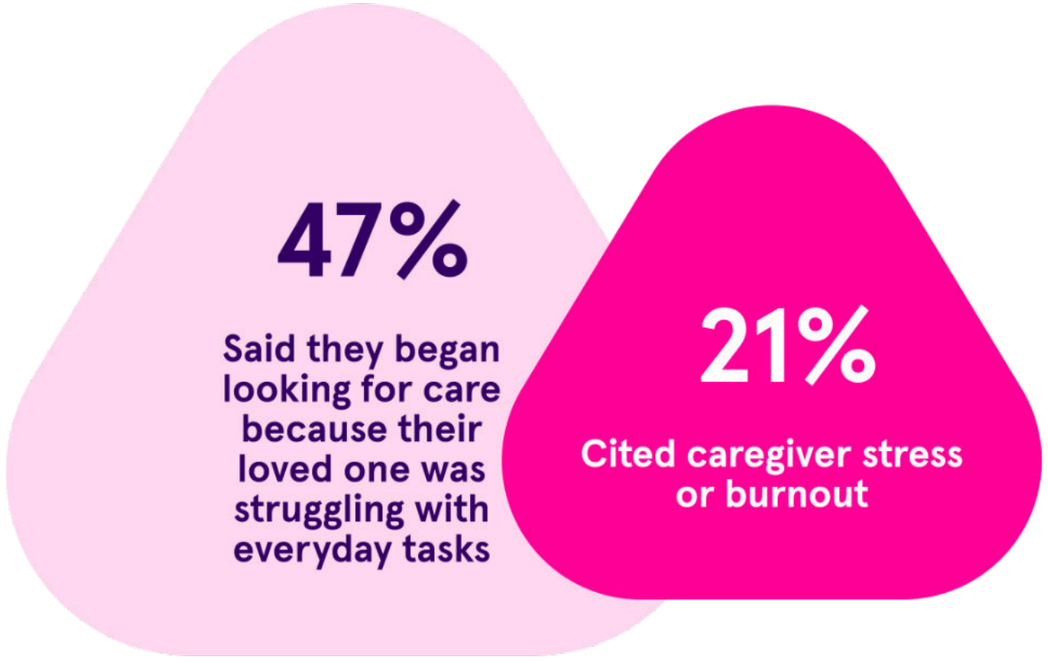
Across respondents, nearly half (47 per cent) said they began looking for care because their loved one was struggling managing daily activities, and for those caring for a relative with a physical disability this rose to 57 per cent. Only a fifth (21 per cent) cited caregiver stress or burnout, and a fifth (20 per cent) said a change in the caregiver's circumstances triggered the search.

This pattern suggests that care decisions are primarily driven by increasing need rather than caregiver fatigue alone. The moment of decision is therefore often reactive rather than planned, shaped by immediate pressures rather than long-term consideration.

For many families, this means the search begins during a period of change or even crisis. The urgency of the situation can make the process particularly difficult, especially where there is limited understanding of how the care system works, what types of care are available or what is suitable, or even how to access them. Decisions are often made alongside other competing demands, including work, family responsibilities and emotional strain.

This context is important. It helps explain why families may prioritise speed, familiarity or perceived trustworthiness when identifying options, rather than undertaking a structured or comprehensive evaluation of providers.

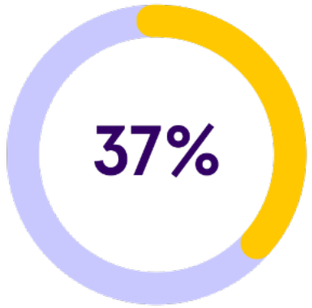
Care providers and system partners are therefore well placed to play a more active role at this early stage. Offering clearer information, accessible guidance and early reassurance can help families navigate the process with greater confidence, reducing uncertainty at the point where it is most acute.



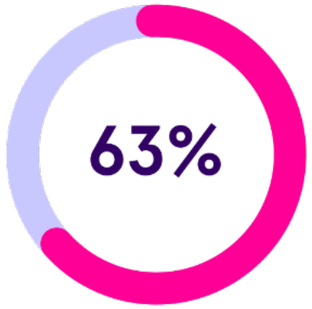
Families at the starting point: Uncertainty shapes decisions

Families often enter the care market unsure about what type of support is needed. For many, this is their first direct experience of navigating the care system, with limited prior understanding of the options available or how needs translate into specific types of care. Highlighting this the data revealed that only 37 per cent of respondents stated that they were very confident about the type of care required, meaning that 63 per cent were not making decisions with full confidence.

This uncertainty is reflected emotionally. While 39 per cent of families reported feeling hopeful, a larger proportion (61 per cent) described feeling overwhelmed, anxious, frustrated or stressed during the process. These negative emotions reveal the weight of responsibility families carry when arranging care, often alongside their own wider personal, financial and practical pressures. These findings suggest that there is a need for more information and communication from care providers in this early stage of the care journey funnel.



Very confident about care type



Lacked full confidence

The process itself is perceived as difficult by the majority, with 97 per cent of respondents saying that they found the process of arranging care difficult. Many families struggle not just with the practicalities of finding care, but with the complexity of making the “right” decision. Around 40 per cent said they found it difficult to identify a provider they trust, while 38 per cent struggled to find a service that meets their loved one’s needs. For 31 per cent, the emotional strain of the process itself was a significant challenge, and 30 per cent reported not knowing where to start.

Alongside this, three in ten (31 per cent) said they found it difficult to understand how care is paid for, pointing to a broader issue around the accessibility and transparency of information within the care market.

Taken together, these findings highlight that the early stage of the care journey is both emotionally and practically demanding. For many families, the difficulty is not simply locating providers, but determining which providers are trustworthy and appropriate for their loved one’s needs – whether this be for older relatives or working age adults.

This uncertainty is an important starting point for understanding how care decisions unfold. When families are unsure about what type of care is required, they are less likely to rely on formal evaluation frameworks and more likely to seek signals they feel they can trust, including reputation, recommendation and perceived credibility.

The most common difficulties included

How families search

Why families begin searching for care

For home care providers, the findings in this report will feel familiar. Families they speak to are unlikely to have approached them to discuss longer term home care needs, and may still be in the early planning or research stage. More often, they arrive at the point of enquiry during a period of change or crisis, with limited understanding of what support is available or how to access it.

This has important implications for how home care is positioned and delivered. Unlike residential care, where the environment itself provides a visible signal of quality, home care is largely invisible at the point of decision. Families cannot easily see what good looks like. As a result, trust must be built earlier, and often more deliberately, through communication, responsiveness and the way services present themselves from the first interaction.

The research highlights that families are not primarily guided by formal frameworks or inspection reports. Instead, they rely on signals that feel immediate and credible such as recommendation, reputation and clarity. For home care providers, this places greater emphasis on how services are explained, how enquiries are handled, and how quickly reassurance can be provided.

There is also a broader operational implication. When families enter care feeling uncertain, that uncertainty often carries forward into the ongoing relationship, increasing the need for reassurance, contact and follow-up. In home care, where relationships are built over time and across multiple visits, this can translate into additional pressure on already stretched teams.

Supporting families earlier in the journey, through clearer information, accessible guidance and more consistent communication, is therefore not simply a marketing consideration. It is a practical way to reduce friction, strengthen trust and create more stable, sustainable care relationships over time.

Once care is then in place, robust innovative digital platforms that enable families' to be updated daily, prioritising communication and transparency, provide the solution to families' feeling left in the dark, worried and more likely to either raise complaints, or move provider.

Where families look for care

One of the most revealing aspects of this report concerns where families go when they begin researching care options. Families rely on a mix of formal directories, online search and personal recommendation when identifying potential providers.

Over half (55 per cent) of families searching for care for an older relative or working age adults use NHS or local authority directories as a starting point, suggesting that these are still viewed as credible, up to date and impartial sources of information. While not far behind, 40 per cent use online search and 38 per cent rely on word-of-mouth recommendations. Other sources, including social media, charity organisations and advertisements, play a smaller role.

A really important and perhaps surprising finding of the report, reveals that only 19

per cent of respondents for all types of care said they use inspection reports such as CQC reports when researching providers. This is slightly higher with those searching specifically for support for a family member with a learning disability with 24 per cent referencing inspection reports.

These findings challenge a common assumption that inspection reports are the primary route through which families assess quality. Instead, families appear to prioritise sources that are accessible, quick to interpret and grounded in channels of direct personal recommendation.

Overall the findings suggest that a combination of approaches is preferred. Directories can offer a clear and practical starting point, particularly for families entering the system for the first time. Search engines and personal recommendations then help families identify, compare and sense-check options more quickly. All of this suggesting that information that is easy to access and easy to understand can sometimes carry more weight than information that is more detailed but harder to navigate.

Personal recommendations play a particularly important role. When families are making emotionally significant decisions, the views of friends, family members or trusted professionals can carry considerable weight. These recommendations are perhaps perceived as more credible because they are grounded in lived personal experience rather than formal assessment.

What shapes decisions

Once families have identified a shortlist of potential providers, the decision-making process changes. The question is no longer where to look, but what matters most when choosing between options.

When asked which factors were most important in choosing a provider, respondents highlighted several priorities. Reputation (30 per cent) and safety and safeguarding (29 per cent) ranked highest, ahead of cost (25 per cent). Staff experience (24 per cent) and location (24 per cent) were also important.

This suggests that families are focused on the quality of care their loved one will receive day to day, rather than solely on formal indicators of compliance or performance.

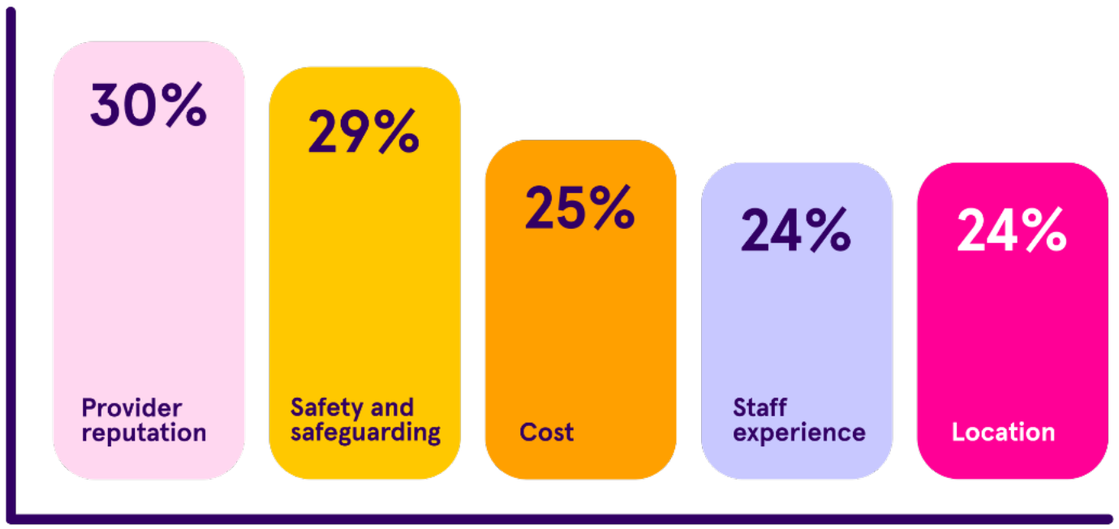
Inspection reports again appeared much lower down the list, with only around 11 per cent of respondents saying inspector reviews such as CQC reports were among the most important factors when making their final decision. This is an even lower number than the 19 per cent who rely on the inspection reports for their initial research. This does not mean formal regulatory information is irrelevant, but it does suggest it may function more as a baseline reassurance than a primary driver in many cases.

Instead, families appear to rely more heavily on signals that convey trust and familiarity. Reputation, whether shaped by personal recommendations, community perception or online reviews, emerges as particularly influential. These signals are often easier to interpret and feel more directly connected to lived experience.

For many families, the challenge is not simply identifying available providers but feeling confident in who they can trust. In this context, decisions are shaped less by formal comparison and more by a sense of credibility, reassurance and confidence in the provider relationship.

In home care, where families cannot 'see' the service in advance, trust signals become even more critical

What ultimately influences family decisions



Lottie: A perspective on home care

Hannah Karim
Lead Care Expert, Lottie

When families come to us at Lottie, they are rarely in a calm, considered headspace. They are typically in the thick of one of the most emotionally demanding periods of their lives; a parent's health has changed, a crisis has emerged, or a situation they had been quietly managing at home has finally reached a tipping point. The search for home care begins not with careful planning, but with urgency.

What families describe to us time and time again is a feeling of being completely overwhelmed. They don't know where to start, they're unsure what good care actually looks like, and they're often navigating funding options, care costs and juggling family dynamics, for the very first time.

What I've seen make the biggest difference is when providers meet families with warmth and transparency from the very first interaction. Not a sales call but a conversation. Families want to feel heard, not processed. They want honest information about what care will cost, what it will look like day-to-day, and crucially, what options they have when funding feels impossibly complex.

The providers who stand out are those who understand that earning a family's trust in those early moments is everything. It's not about having the fanciest brochure but it's about making someone feel that their loved one will be safe, cared for, and truly seen. That reassurance, delivered early and delivered well, is what drives the best outcomes for everyone.

Hannah Karim
Lead Care Expert, Lottie

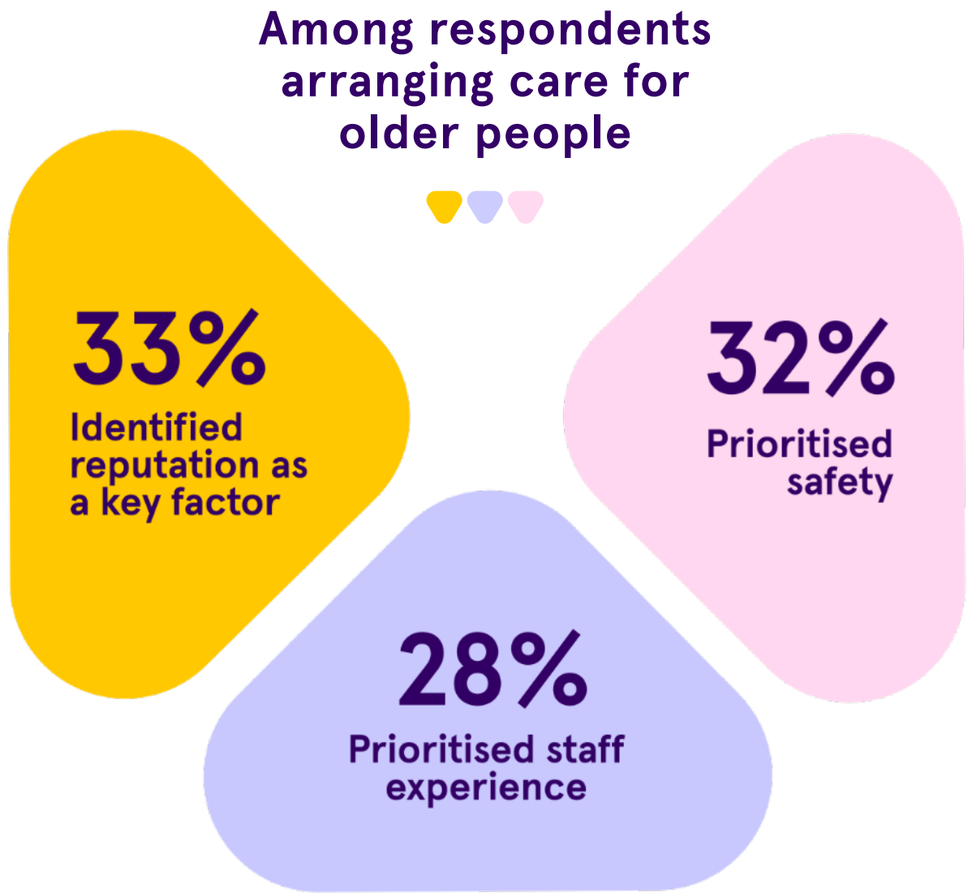
Variations within the market

Learning disability vs. older people’s care: Search variations

The data in this report applies to respondents arranging care for a range of needs, including physical disability, chronic illness and mental health conditions and frailty. What is apparent, however, is the patterns associated with searching and sourcing older people’s care show somewhat stronger consumer-style behaviour. This reflects a more recognisable “consumer journey”, where families actively compare options, gather opinions and seek reassurance through multiple sources before making a decision.

Reflected here with the data revealing that respondents arranging care for an older relative were more likely to use online search (45 per cent) and word-of-mouth recommendations (44 per cent) during their research. This compares to 39 per cent of those searching for a relative with a learning disability using online search, and only 36 per cent word-of-mouth recommendations, perhaps reflecting the more nuanced search parameters for this group.

There is also a slight discrepancy between those arranging care for older relatives



and those for learning disabilities, in their key priority when choosing a care provider. Among those arranging care for older people, 33 per cent identified reputation as a key factor compared with 25 per cent for learning disability. 28 per cent prioritised staff experience when searching for care for older relatives compared with 24 per cent for learning disability. These priorities suggest that families seeking care for older relatives are focused marginally more on the perceived credibility of the provider and the safety in the day-to-day care their loved one will receive.

This reinforces a consistent theme across the research. Even in the part of the sector that most closely resembles a traditional market, families tend to rely more on trust, familiarity and accessible information than on formal regulatory frameworks when making decisions.

Respondents who were privately or self-funding showed very different behaviours from those relying on local authority or NHS funding

Funding shapes behaviour

One of the most striking findings in the dataset emerges when responses are examined through the lens of funding. The research suggests that families' behaviour differs significantly depending on how care is funded.

Respondents who were privately or self-funding showed very different behaviours from those relying on local authority or NHS funding.

Self-funded care

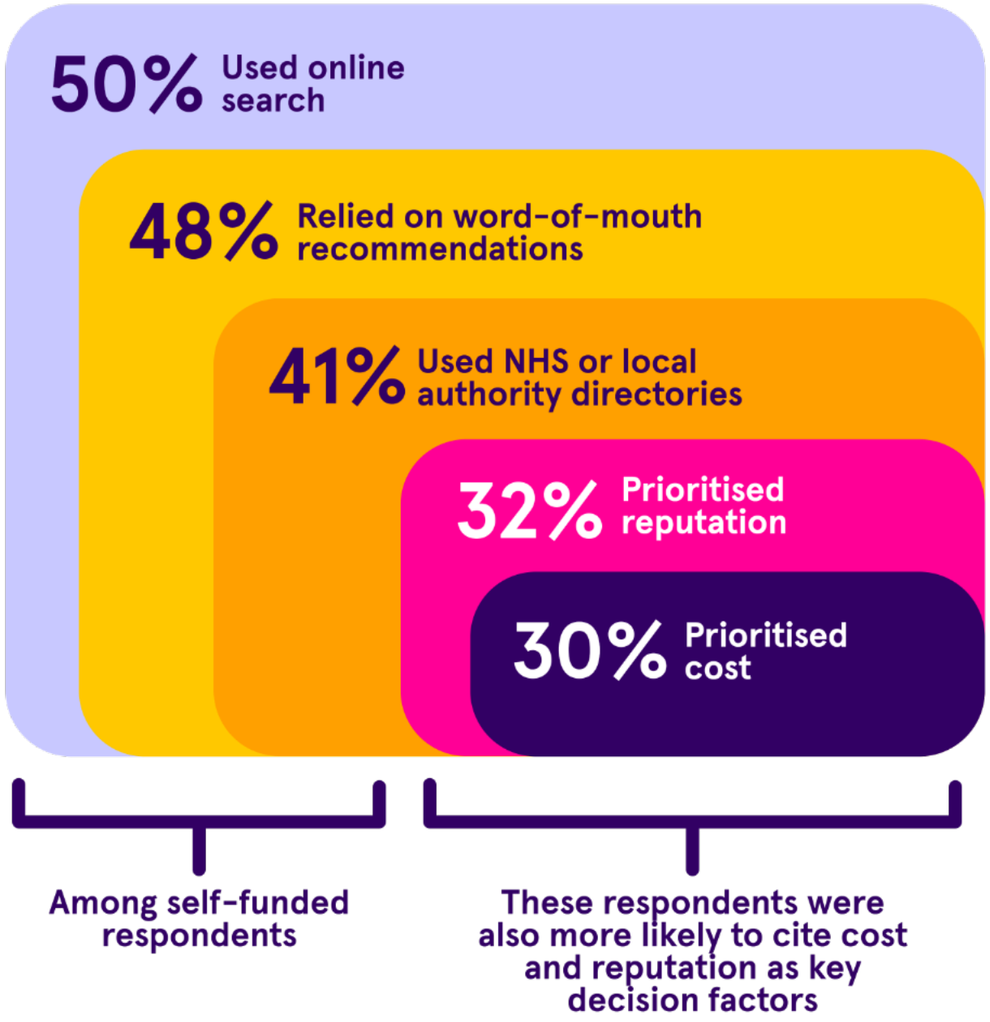
Families who were privately funding care displayed behaviours more typical of consumer markets. Among self-funded respondents, 50 per cent used online search, 48 per cent relied on word-of-mouth recommendations and 41 per cent used NHS or local authority directories. These respondents were also more likely to cite cost (30 per cent) and reputation (32 per cent) as key decision factors.

Local authority funded care

Families whose relatives received local authority funding showed a different pattern. More than half (56 per cent) relied on NHS or local authority directories, 33 per cent used online search and 30 per cent relied on word of mouth.

NHS Continuing Healthcare

Among respondents whose relatives received NHS Continuing Healthcare, reliance on formal pathways was even more pronounced. Approximately 65 per cent used NHS or local authority directories, while fewer relied on search engines or informal recommendations.



Two different care markets

Taken together, these findings suggest that adult social care does not operate as a single unified market. Instead, the research points to two distinct pathways.

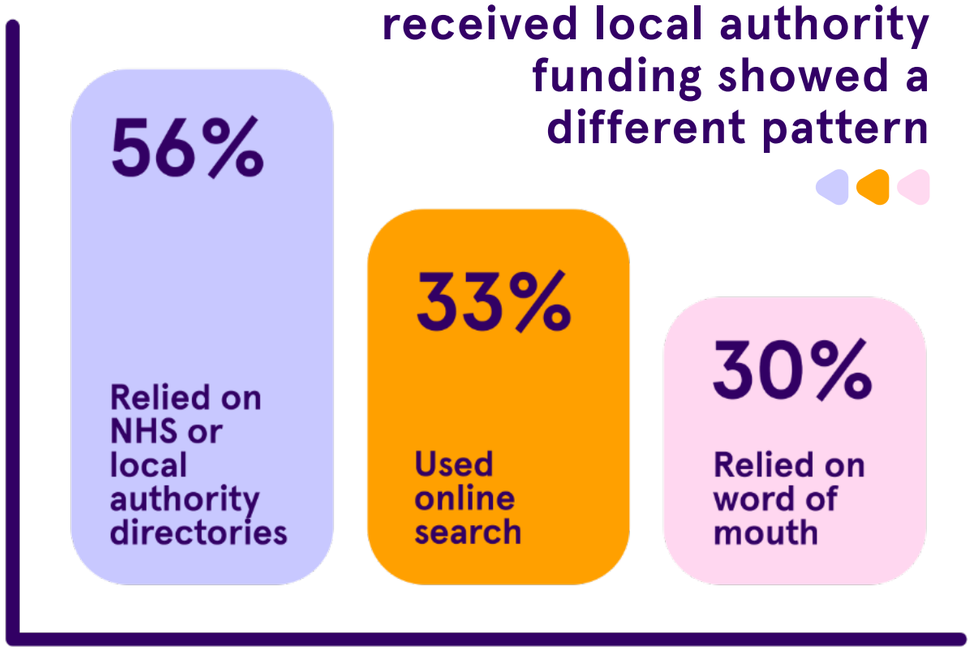
The first is a consumer-style market, primarily associated with self-funded care, where families behave more like consumers in other service markets. In many cases, this reflects older people's care, where families are navigating options independently, comparing providers and placing greater weight on reputation, visibility and perceived value.

The second is a pathway-driven system, more commonly associated with publicly funded care, including many working-age adults with learning disabilities, mental health needs or complex conditions. In these contexts, families are more likely to be guided through structured referral routes, with decisions shaped by professionals, eligibility criteria and available provision rather than open market choice.

This distinction has important implications for the sector. It suggests that "the care market" is experienced very differently depending on who is accessing it and who is funding it. For some families, the challenge is navigating choice and evaluating trust. For others, it is understanding and moving through systems that may feel opaque, constrained or difficult to influence.

For providers, this highlights the need to tailor how information is presented and how services engage with families. A strong online presence, clear messaging and visible reputation may be critical in self-funded contexts, where families are actively comparing options. In pathway-driven settings, however, relationships with commissioners, clarity of information within directories, and the ability to communicate trust and quality through professional channels may be equally, if not more, important.

More broadly, the findings point to a need for greater alignment between how the system is structured and how families experience it. Supporting families effectively requires recognising these different entry points into care, and ensuring that information, communication and support are designed to meet families where they are, rather than assuming a single, uniform journey.



Visibility versus trust

Visibility does not equal trust

Sector perspectives

My home life England

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The research raises broader questions about how care providers reach families who are actively searching for services, and how those families interpret the information they find.

While many providers invest significant resources in marketing and online presence, the findings suggest that visibility alone does not necessarily translate into trust. Being easy to find is important, but it is not sufficient on its own to influence decision-making. Further to this, care providers need to ensure that visibility continues into the care experience itself to build and sustain trust.

Families appear to place greater weight on sources they perceive as credible, familiar or grounded in real experience. Directories, personal recommendations and reputation signals often carry more influence than formal inspection reports or promotional material. These sources tend to feel more accessible and easier to interpret, particularly for families navigating the system for the first time.

This distinction highlights an important dynamic. Visibility helps families identify options, but trust determines which options they feel confident pursuing. Where information feels distant, overly complex or disconnected from lived experience, it is less likely to influence decisions, even if it is accurate.

Understanding this gap between visibility and trust may help explain why some information channels play a larger role in family decision-making than others, and why simply increasing exposure does not always lead to increased confidence.

This report offers an important insight into how care is chosen in England. It highlights how decisions of care are made when families first encounter the care system. What emerges is a picture of a care market shaped less by CQC reports and more by judgements that relate to feelings about care and care providers. These are based on trust, familiarity and accessibility, which become particularly important when decisions about care are made at times of deep emotional strain and time pressures.

The survey indicates that increasing need, rather than caregiver burnout alone, is the primary trigger for care-seeking. These two factors are deeply intertwined. The strain of caregiving remains a significant underlying force shaping both the timing and nature of decisions, particularly in the context of home care, where support is often introduced incrementally and is negotiated over time. Making the decision to move into a care home may follow a more evident crisis or visible breaking point, but the decision to seek home care is often a more hesitant adjustment, sometimes linked to a reluctance to accept change and mixed feelings.

My own research (Morgan Brett, 2023) highlighted the emotional complexity adult-children face when negotiating relationships with their ageing parents, including how decisions about care are made. The caregiving relationship is a deeply emotional and sensitive topic, shaped not only by present need and practicalities but also by memory, identity and changing family dynamics. Decisions such as arranging home care, choosing a care provider, or moving into residential care are rarely experienced as purely

practical decisions. They are connected with childhood memories, sentimentality, and a profound sense of loss, alongside complex feelings that can include guilt, shame, anger, ambivalence, and, even relief.

The report recognises the importance of building trust and paying attention to how information is reaching families. This resonates with what home care leaders told My Home life about what works well in the role, including when growing their business and building relationships with clients and their families. In our 2025 report, they highlighted the value in building a local reputation, including by word of mouth, and having a nuanced approach to promoting the service locally, including on social media. This was key to both attracting new clients but also staff. Managers were keenly aware that good reputations were hard to build but could be easily lost, so supporting capable and professionally confident care staff was key. Part of this included staff having a good understanding of the local health and care system and wider community so they could work effectively together and help people and their families navigate it.

In relation to families seeking home care support, as with other care-seekers, challenges included knowing where to start, understanding costs, managing emotional stress, and identifying providers they could trust. Few families feel well prepared or well informed when starting this search. In the context of home care, families are not only choosing a service but inviting carers —perhaps that they have never met— into the usually private spaces within their homes. This introduction of formal care into the home can feel like a significant transformation, especially if accompanied by assistive equipment that can alter the shape and atmosphere of the home. Unlike when selecting a care home and you can visit that home, in home care it's harder to identify indicators of quality. It is not surprising then, that decisions are much more likely to be based on personal recommendations than by CQC reports – a personal recommendation from a family who has been through something similar is more reassuring.

This report highlights that approaches to seeking care are influenced by how that care is being funded, with funding structures actively shaping how families experience and navigate decision-making across both residential and home-based care. An area for further consideration in terms of supporting families to make these complex decisions is the diversity in care-seeking families, as well as people who must navigate the care system that do not have family to support them.

My Home Life's research on Thriving in Residential Care (Morgan Brett et al, 2024) found that older people from South Asian backgrounds are more likely to be cared for at home by family and so may not seek care until later in the dementia pathway, often in crisis (Hailstone et al., 2017). Families from minority ethnic groups are more likely to seek support from informal or community networks rather than specialist services, reflecting barriers such as stigma, language barriers, and experiences of discrimination (Mukadam et al., 2020). These findings suggest that actions that providers can take to build both trust and visibility needs to take into account local diversity and those groups and networks outside of formal or specialist services.

Some older people in LGBTQI+ communities can experience additional challenges and considerations when seeking care and may feel that they have to suppress aspects of their identity to fit into a care setting or fear misunderstanding, judgment, or lack of cultural competence from care providers. This can lead to a reluctance to seek help, highlighting the importance of care systems that are actively and openly inclusive, affirming, and responsive to the diverse needs of all individuals (Morgan Brett et al. ND).

Families are not only choosing a service but inviting carers —perhaps that they have never met— into the usually private spaces within their homes. This introduction of formal care into the home can feel like a significant transformation

Fundamentally, this report highlights that families are being asked to make some of the most consequential and emotional decisions of their lives at precisely the moment they feel least equipped to do so, and this needs to be reflected in how information is communicated to them. Currently, the system feels designed around an assumption that care is chosen in a rational, informed, and deliberate way, whereas every day, decisions are being made under conditions of uncertainty, emotional strain, fatigue, and, often, grief.

As a result of these findings there is an opportunity here to design information, and guidance for care-seeking families, which speaks to their lived experience, integrating emotional, relational, and practical dimensions of care decision-making. Bridging this gap between the formal structures of policy and regulation and the realities of how care is chosen, both within the home and beyond it, remains one of the central challenges facing the care sector today.

Case study

PROACTIVE DEVELOPMENT

A provider built on independence, choice and meaningful relationships

Proactive Development supports over 56 adults with learning disabilities and complex needs across supported living and residential services, with a team of more than 240 employees. Their model is grounded in a clear philosophy: care should enable independence, not limit it, and support should be shaped around the individual, not the system.

This person-led ethos extends beyond day-to-day support, also defining how Proactive Development works with families. Families are treated as a core part of delivering great care and are seen as partners in understanding each individual – contributing insight, context and continuity that cannot be replicated elsewhere.

In a sector where families often enter the care journey feeling uncertain and under pressure, this approach creates something distinct. Proactive Development are committed to being a source of reassurance for families, at a point where reassurance is in short supply. This aligns closely with the findings of this report, where trust, clarity and lived experience consistently outweigh formal indicators when families make decisions about care.

Family relationships are a core part of delivering great care

Building trust from the very first interaction

For Proactive Development, trust is established early, often from the very first conversation. Their approach at the start of the journey is intentionally human. Rather than moving quickly into assessments or processes, they focus first on understanding.

Conversations with families are shaped around really listening to the unique needs of the family and their expectations for their loved one's care. Time is taken to understand the individual, their history, their preferences and the dynamics of the family supporting them.

This early stage is handled with a level of openness that families rarely expect. The Proactive Development team are clear about what they can offer, how support will look in practice, and how they will work collaboratively over time. There is no attempt to simplify the reality of care or over-promise outcomes. Instead, they focus on being transparent and realistic, helping families feel informed rather than overwhelmed.

Importantly, they also bring families into the process from the outset. Proactive Development recognise that families hold deep, often lifelong knowledge about the individual. This shared understanding becomes the foundation for building a care plan that feels both credible and personal.

In a system where many families begin the process without clarity or confidence, this approach directly addresses the gap identified in the research: families are not looking for perfect information, but for signals they can trust. Early conversations that feel honest, human and grounded in real understanding become one of the strongest of those signals.

How technology supports early reassurance

For Proactive Development, technology plays a deliberate and practical role in how trust is built, not just maintained. Their use of Log my Care is positioned as a tool that helps families understand and feel confident in care from the very beginning.

During early conversations with families, Proactive Development actively introduces the platform as part of how they deliver support. Rather than describing care in abstract terms, they are able to show how it will work in practice. Families are walked through how daily notes are recorded, how updates are shared, and how they themselves can stay connected to their loved one's care.

This has a noticeable impact on how those early interactions are received. Families, who often arrive feeling uncertain or overwhelmed, are given something tangible. They can see how care will be documented, how communication will happen, and how they will remain involved. It moves the conversation from "trust us" to "this is how you'll see it for yourself."

Crucially, this visibility helps bridge one of the biggest challenges in supported living: the fact that care cannot be easily observed in advance. By demonstrating how care is captured and shared in real time, Proactive Development reduces the unknowns that families are typically trying to navigate.

Feedback from families reflects this. The ability to access updates, understand routines, and see evidence of day-to-day support provides a sense of reassurance that is difficult to achieve through conversation alone. It also sets clear expectations early, helping families feel more confident in their decision before care even begins.

For Proactive Development, technology provides a useful extension of the relationship. Used in this way, it strengthens transparency, reinforces communication, and provides families with ongoing visibility — all of which contribute to building trust from the very first interaction.

What good looks like: trust that drives growth

One of the clearest indicators that Proactive Development's approach works is how they grow. A significant proportion of new enquiries come through word-of-mouth referrals, with families recommending the service to others navigating similarly complex decisions. In a system where very few families find arranging care straightforward, this kind of organic recommendation carries real weight.

This is not driven by marketing, but by experience. It reflects whether families felt supported, listened to and genuinely reassured during one of the most challenging periods of their lives. For Proactive Development, these referrals are clear evidence of trust. Families are not only confident in the support being delivered, but they are also willing to place their own reputation behind it.

This points to a broader model for the sector where trust is built through consistent, human moments: listening well, communicating clearly, involving families meaningfully, and making care visible from the outset.

Providers who design their approach around these principles move beyond simply being visible. They become credible. And in a landscape where families are not just choosing services but relationships they can rely on, that credibility becomes one of the most powerful drivers of both confidence and long-term growth.

Closing thoughts

Vishal Shah

Founder & CEO, Banyan Care, Board Trustee for Care England and Log my Care, Chair of Championing Social Care

What the data is really telling us about how families choose care

There is a moment that most care providers, across every setting and specialism, will recognise. A family reaches out, sometimes following a sudden decline, sometimes after months of quiet struggle, and they are not sure what they need, not sure what exists, and not sure who they can trust. They just know that something has to change, and that the decision they are about to make carries significant weight.

This report puts numbers to that moment, drawing on the experiences of 1,000 families across the full breadth of adult social care, from older people's services and home care to learning disability support, mental health provision and complex long-term conditions. The picture that emerges is one the whole sector needs to sit with seriously.

The search happens before you know about it

One of the most operationally significant findings in this research is also the most easily overlooked. By the time a family contacts a care provider, whether they are exploring a residential placement, a supported living arrangement, or care delivered in someone's own home, they have already formed a view. Reputation, word-of-mouth and directory presence have already done their work, or failed to. Only 19 per cent of families used inspection reports when researching providers, while 38 per cent relied on personal recommendations and 55 per cent turned first to NHS or local authority directories.

For providers across every part of the sector, this finding reframes where trust is actually built. It is not primarily in formal quality indicators, though these remain important. It is in the accumulated impression a provider leaves in the minds of families, professionals and communities over time. In home care, where the work happens inside someone's private world rather than within a visible registered setting, that impression is particularly hard to establish through conventional means and particularly powerful when it is established well. A strong local reputation, consistent word-of-mouth and a clear, credible presence in the directories families turn to first are not peripheral concerns. For many home care providers, they are the primary route through which families find them at all.

Reputation cannot be constructed after the fact. It accumulates, or erodes, through the daily work of every care worker, every family conversation, and every moment of reassurance or its absence.

Uncertainty as the entry condition, not the exception

The research is striking on this point, and consistent across care types. Nearly two-thirds entered the process without full clarity. And the consequences of that uncertainty are visible throughout the data.

The data spans the full range of care needs represented in the research. Whether a family is arranging support for a parent, a young adult with a learning disability transitioning from family care, or someone with complex mental health needs requiring community-based provision, the experience of uncertainty at the point of entry is a shared one. The triggers differ; 47 per cent began searching because their loved one was struggling with daily tasks, 21 per cent because of caregiver stress, and 20 per cent because of a change in the caregiver's own circumstances, but the underlying condition is the same. Families arrive reactive, under pressure, and largely unprepared for the landscape they are entering.

For home care providers, this uncertainty has a specific dimension. The range of what home care can offer, from a few hours of personal care each week through to intensive live-in support, is not always well understood by most families approaching the sector for the first time. Many do not know that care at home is an option at all until relatively late in their search. Where providers invest in clear, accessible information that explains what home care actually involves, who it suits, and how it can be introduced and scaled over time, they are not simply competing for enquiries, they are genuinely helping families make better decisions at a point when better decisions matter enormously.

The funding divide and what it means in practice

The report identifies two distinct pathways through the care system: a consumer-style market, largely associated with self-funded care, and a pathway-driven system, associated with publicly funded provision. Most providers operate across both — and the data suggests they require meaningfully different approaches.

Self-funded families showed strong reliance on online search at 50 per cent and word of mouth at 48 per cent. They prioritised reputation at 32 percent and cost at 30 percent, behaving like consumers in other service markets comparing options, gathering informal intelligence, and making active choices. This pattern is particularly pronounced in older people's care, where 45 per cent used online search and 44 per cent relied on word of mouth, and where home care is often the first and preferred option families consider before residential care becomes necessary. For this group, a provider's digital presence, review visibility and responsiveness to initial contact are likely to be decisive. Being

easy to find is not sufficient. Being easy to trust, quickly, is what moves an enquiry toward a care relationship.

Families navigating publicly funded pathways showed a markedly different pattern. Fifty-six per cent relied on NHS or local authority directories, while only 33 per cent used online search and 30 per cent turned to word of mouth. For providers operating within NHS Continuing Healthcare—where reliance on directories has risen to around 65%—or those working through local authority commissioning to support people with learning disabilities, mental health needs, or complex conditions, strong relationships with commissioners and clear, well-structured formal communication channels are just as important as any consumer-facing presence. Across the sector, providers need to be visible and credible in both spaces simultaneously.

The first contact is already part of the care

Perhaps the most useful reframe this report offers is a deceptively simple one. The trust that sustains a care relationship does not begin when care starts. It begins when a family first encounters a provider, through a search result, a recommendation, a phone call handled well or poorly, a website that either explains clearly or obscures behind process.

The first report in this series showed that confidence, once care is in place, is built or lost in everyday moments of communication and visibility. This report shows that the same is true before care begins. The emotional context matters: while 39 per cent of families described feeling hopeful during the search process, 61 per cent described feeling overwhelmed, anxious, frustrated or stressed. Families navigating care under those conditions, whether they are arranging residential care, supported living, or support delivered in someone's own home, are not conducting structured evaluations. They are looking for signals they can trust.

For home care providers in particular, where there is no building to visit, no communal space to observe, and no immediate physical presence that conveys scale or stability, those early signals matter enormously. The first telephone conversation, the clarity of the initial assessment process, the ease with which a family can understand what is being offered and what it will cost; these are the moments in which a home care provider either establishes or loses the credibility that the data shows families are actively seeking.

For care leaders across every part of the sector reflecting on these findings, the honest question is not whether the early stage of the care journey matters. It clearly does. The question is whether current approaches, how providers present themselves, how they respond to initial enquiries, how accessible and clear their information actually is, are designed with that reality in mind.

The families in this research were not asking for perfection. They were asking for clarity, credibility and the early sense that they had found somewhere they could trust. That is a standard the sector is well placed to meet, and this report makes a compelling case for why doing so should be treated as a strategic priority, not an operational afterthought, and place where the entire sector should come together to Champion Social Care.

Sam Hussain

CEO & Co-founder
Log my Care

Trust begins before care starts

At Log my Care, much of our work has focused on how families experience care once it is in place. What this research makes clear is that confidence does not begin at that point. It begins much earlier, often before a provider has even been contacted.

Families enter the care system at a moment of uncertainty. They are navigating unfamiliar language, unclear pathways and decisions that carry significant emotional weight. In that context, they are not evaluating providers through formal frameworks or structured comparisons. They are looking for signals they can trust.

What stands out in the findings is that trust is not built through a single source of information. It is formed through a combination of reputation, accessibility, recommendation and clarity. Where information feels difficult to interpret, fragmented or disconnected from real experience, families naturally look elsewhere for reassurance.

For providers, this has important implications. The first interaction a family has with a service — whether through a website, a directory listing or an initial conversation — is not simply an introduction. It is a trust-building moment. It shapes how a provider is understood, and whether a relationship feels credible from the outset.

Increasingly, that credibility is shaped by how clearly providers can demonstrate what care actually looks like day to day. Not just what is promised, but what is delivered. Providers who are able to show how they communicate, how they involve families, and how they maintain visibility over care are often better positioned to build trust early.

This is where technology, when used well, can play an important role. Not as a replacement for human interaction, but as a way of making care more visible, more understandable and easier to trust. Our clients consistently highlight to us, that technology helps make care visible, and that visibility is what builds trust. A dedicated system like our Family App gives them visibility on their loved one's care in real time. This enables them to feel more confident in the care their loved one is receiving.

Trust is not built through a single source of information. It is formed through a combination of reputation, accessibility, recommendation and clarity

Through Log my Care, providers can bring together a rich, real-time picture of the care they deliver — from daily notes and health observations through to care plans, activities and outcomes. That same information can be shared appropriately with families, helping them feel informed, involved and reassured from the very beginning of the relationship.

We have seen in practice how this kind of transparency can change the dynamic. When families are able to see care as it happens, understand routines, and access meaningful updates without needing to ask, it builds confidence not just after care begins, but during the decision-making process itself. It becomes part of how providers demonstrate credibility before a service even starts.

Features such as shared care updates, documentation and even visibility of visit schedules give families a clearer sense of how care is delivered in practice. For providers, this can also reduce the need for reactive communication, allowing teams to focus more on delivering care while keeping families closely connected.

There is also a broader signal at play. Providers who invest in intuitive, modern systems often communicate something important to families: that they are organised, transparent and forward-thinking in how they deliver care. In a market where families are often unsure how to differentiate between services, these signals can carry significant weight.

There is a clear connection between the start of the journey and what follows. When families enter care feeling informed and reassured, relationships tend to be more stable, with fewer misunderstandings and less need for reassurance later. When they enter feeling uncertain, that uncertainty can carry forward into how care is experienced, questioned and interpreted over time.

Ultimately, this research reinforces a simple but important idea. Confidence in care does not begin when care starts. It begins when families first start looking, and how that moment is handled can shape everything that follows.

Call to action

The findings point to a clear and shared responsibility across Government, regulatory bodies, Local Authorities, the NHS and Care Providers. The system should better align how care is presented, accessed and explained and the reality of how families actually make decisions about care in practice.

1. Make the start of the care journey easier to navigate

Government, Local Authorities and the NHS should strengthen early-stage navigation and guidance

Families are entering the system with limited knowledge, high uncertainty, and frequently under time pressure. Many do not understand what type of care is needed, how to access it, or even how it is funded. Clear, accessible and consistent information should be available at the point where families first engage with care. Navigation support should be treated as core infrastructure, not an optional add-on. This should include:

- Simple, joined-up explanations of care pathways
- Clear guidance on funding routes and eligibility
- Early-stage advice that helps families understand options before decisions become urgent

Reducing confusion at this stage will improve decision-making, reduce stress and create more stable foundations for care relationships.

2. Build trust, not just visibility

Care providers should prioritise trust as a primary conversion and relationship driver

The research is clear, families are not choosing providers based on visibility alone. They are choosing based on trust.

Care providers should move beyond focusing on marketing presence and instead focus on demonstrating credibility, transparency and reassurance from the first interaction. This should include:

- Clear, accessible communication for prospective families
- Authentic testimonials and lived experiences
- Visibility of staff expertise, care culture and day-to-day practice
- Simple explanations of safety, quality and what good care looks like

Care providers should also recognise their role earlier in the journey. Where families are unsure what type of care is needed, providers should actively support understanding of care pathways and options.

3. Ensure quality information is useable and relevant

The CQC and regulatory bodies should reconsider how quality information is surfaced and communicated

Inspection reports such as CQC remain central to the regulatory system, but they are not currently being used by families in the way intended. Quality information should be:

- Easier to access at the point of decision making
- Simpler to interpret, particularly for first-time users
- Framed around the questions families are actually asking (safety, day-to-day care, staff, trust)

This may require rethinking format, language and distribution channels, including how information is integrated into directories, platforms and search journeys. The goal should not be more information, but more usable information.

4. Recognise that the care market is not one single market

Commissioners, Local Authorities and Care Providers should design information and access routes that reflect different pathways into care

Families do not experience a single, unified market. Self-funded care (often older people's care, and increasingly in home care), operates more like a consumer market, where reputation, visibility and comparison drive decisions. Publicly funded care (often working age adults with complex needs) follows more structured, pathway-driven routes.

A single approach to communication, navigation and information will not meet both needs effectively. Directories and official platforms should:

- Be easy to navigate and regularly maintained
- Provide meaningful, comparable information about providers
- Support both choice and understanding, depending on the pathway

Recognising these differences will improve how families access care and how care providers are represented within the system.

Final reflection:

Families are making high-stakes decisions under pressure and with incomplete information. The system should respond by making trust easier to establish, information easier to use, and pathways easier to navigate.

This requires coordinated action across care providers, regulators and system partners.

Improving the start of the care journey is not a peripheral issue. It is fundamental to building confidence in care, supporting better decisions and strengthening the resilience of the sector as a whole.

Conclusion

The process of choosing care is rarely straightforward.

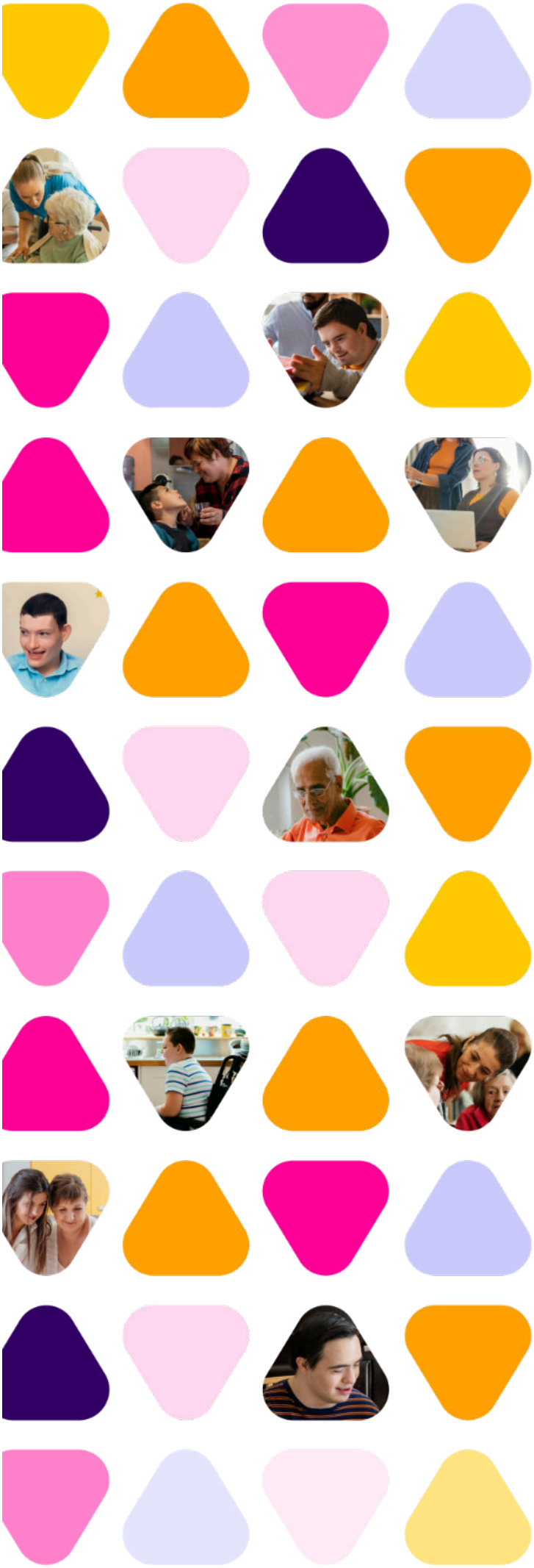
Families often begin the search under heightened emotional pressure and with limited information, navigating unfamiliar systems at a time when decisions carry significant personal and practical consequences. In this context, decision-making is shaped as much by uncertainty as by available choice.

As families move through the process, they rely heavily on signals they perceive as trustworthy, including reputation, recommendations and accessible directories. These sources help bridge gaps in understanding and provide reassurance where formal information may feel distant or difficult to interpret.

Formal regulatory information remains important, but it is not always the primary driver of decision-making. Instead, families prioritise clarity, familiarity and confidence in the provider relationship, often forming judgements based on what feels credible and understandable in the moment.

Understanding how families choose care is therefore essential if information, regulation and support systems are to align more closely with real-world behaviour. As demand for care continues to grow, improving the transparency, accessibility and usability of information will be critical in helping families make informed and confident decisions.

In this context, supporting families at the point they first enter the system is not a peripheral concern. It is a foundational part of building confidence in care from the very beginning of the journey.



Log my Care is built for providers who want to stay one step ahead. We give you a connected system that keeps pace with the needs of today's care environment - so you have greater visibility across your day-to-day operations and can deliver more proactive, person-led care for the people you support.

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CARE ENGLAND
Representing independent care providers