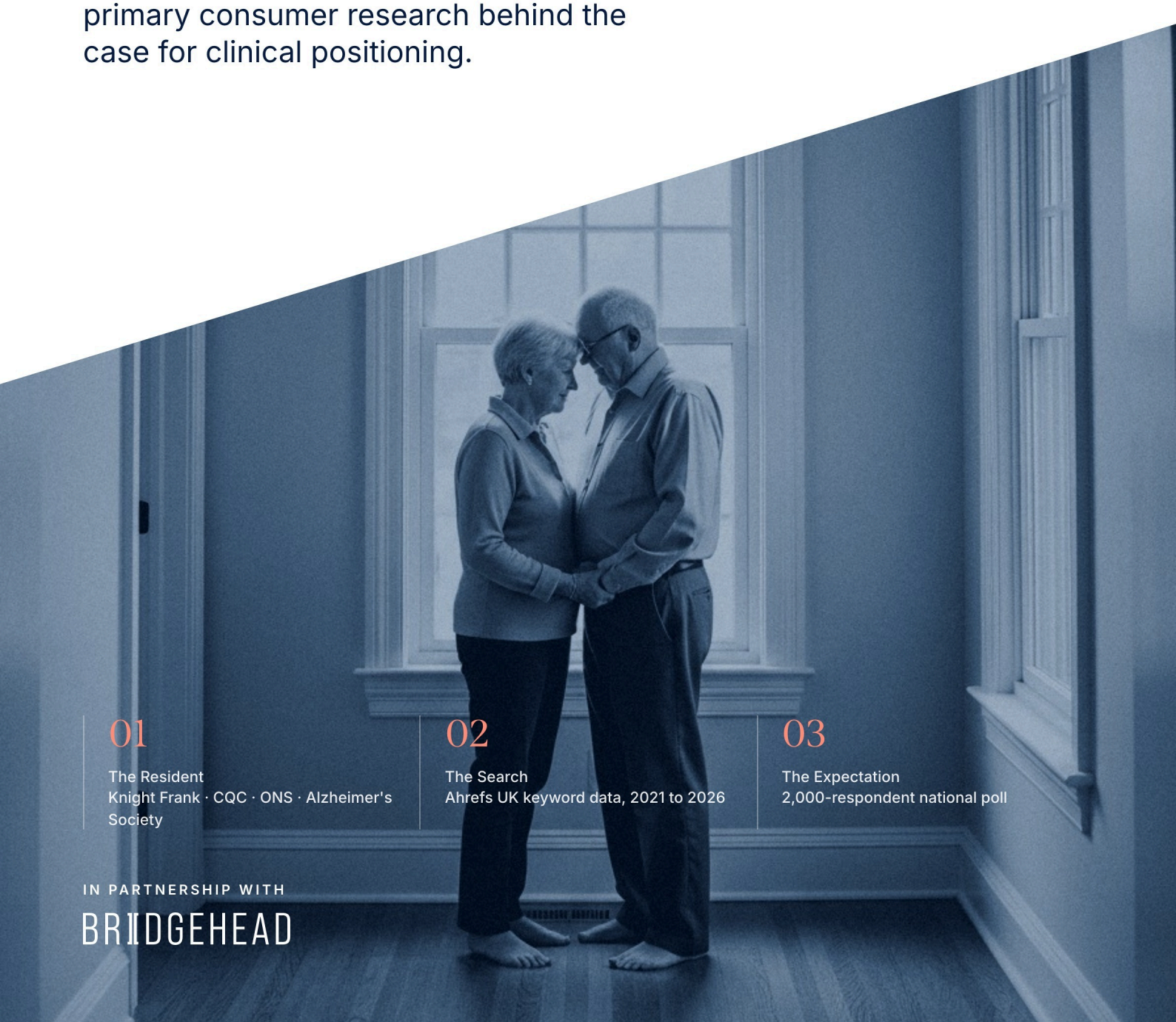
HEADLAND
CARE CONSULTING

THE EVIDENCE BASE · A COMPANION VOLUME

Beyond Lifestyle: The Evidence

The market data, search behaviour and primary consumer research behind the case for clinical positioning.

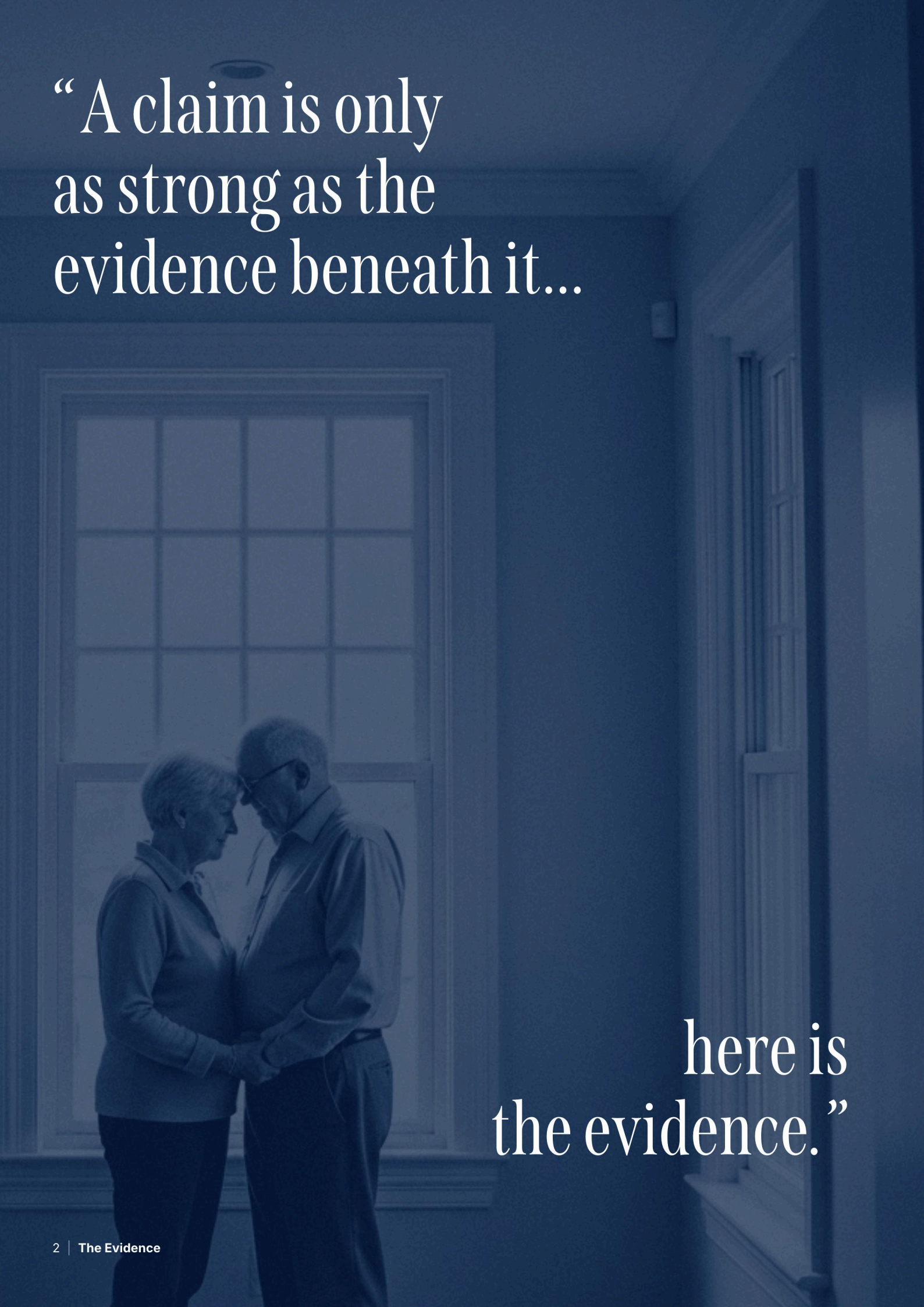


01
The Resident
Knight Frank · CQC · ONS · Alzheimer's Society

02
The Search
Ahrefs UK keyword data, 2021 to 2026

03
The Expectation
2,000-respondent national poll

IN PARTNERSHIP WITH
BRIDGEHEAD


“A claim is only as strong as the evidence beneath it...
here is the evidence.”

HOW TO READ THIS VOLUME

Three chapters, one conclusion

This volume accompanies *Beyond Lifestyle*, the strategic summary. Where the summary makes the argument, this document sets out the evidence behind it, in full, so that the case can be examined rather than simply asserted.

It reads as a story in three chapters, each drawn from an independent source, each gathered a different way, each pointing the same direction.

Chapter One is the resident. Published data from Knight Frank, the Care Quality Commission, the Office for National Statistics and the Alzheimer's Society describes who is entering residential care today, with what conditions, and at what cost. This is the demand the sector is actually serving.

Chapter Two is the family. Anonymised UK search data from Ahrefs shows what families type into Google when they begin looking on that resident's behalf. It is unprompted, unfiltered, and large in volume, a record of private intent at the moment of need.

Chapter Three is the expectation. A nationally representative poll of 2,000 UK adults, commissioned by Bridgehead Communications in 2026, asked families directly what they expect, what reassures them, and what they will no longer accept. This is research no competitor holds.

Read separately, each is suggestive. Read together, they converge on a single, defensible conclusion: the premium care market has moved from lifestyle to clinical credibility, and the providers who recognise it first will define the category.

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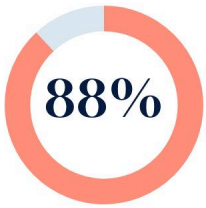
EXECUTIVE SUMMARY

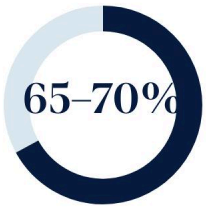
What the evidence shows

Across three independent datasets, the same pattern holds. Demand for premium care is intact, but the basis on which families judge it has shifted decisively toward clinical proof.



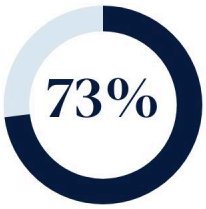
Luxury alone is not enough

Want clear evidence of clinical capability. 95% among Boomers.



Arrive with dementia

Living with dementia on arrival into residential care.



Clinical depth, in advance

Want condition expertise even with no current need.

×2.3

Dementia-care search since 2021

CQC-ratings searches nearly tripled over the same period.

The lifestyle proposition has not been rejected. It has been **demoted**. Families still value environment, hospitality and warmth, but they now treat these as table stakes, not as the deciding factor. The deciding factor is whether a home can demonstrate that it will manage complex, progressing conditions well, the conditions most residents already have when they arrive.

This document presents the evidence chapter by chapter, then shows how the three converge.

CHAPTER ONE · THE RESIDENT

The person arriving at a premium care home today is **older, frailer and clinically complex**

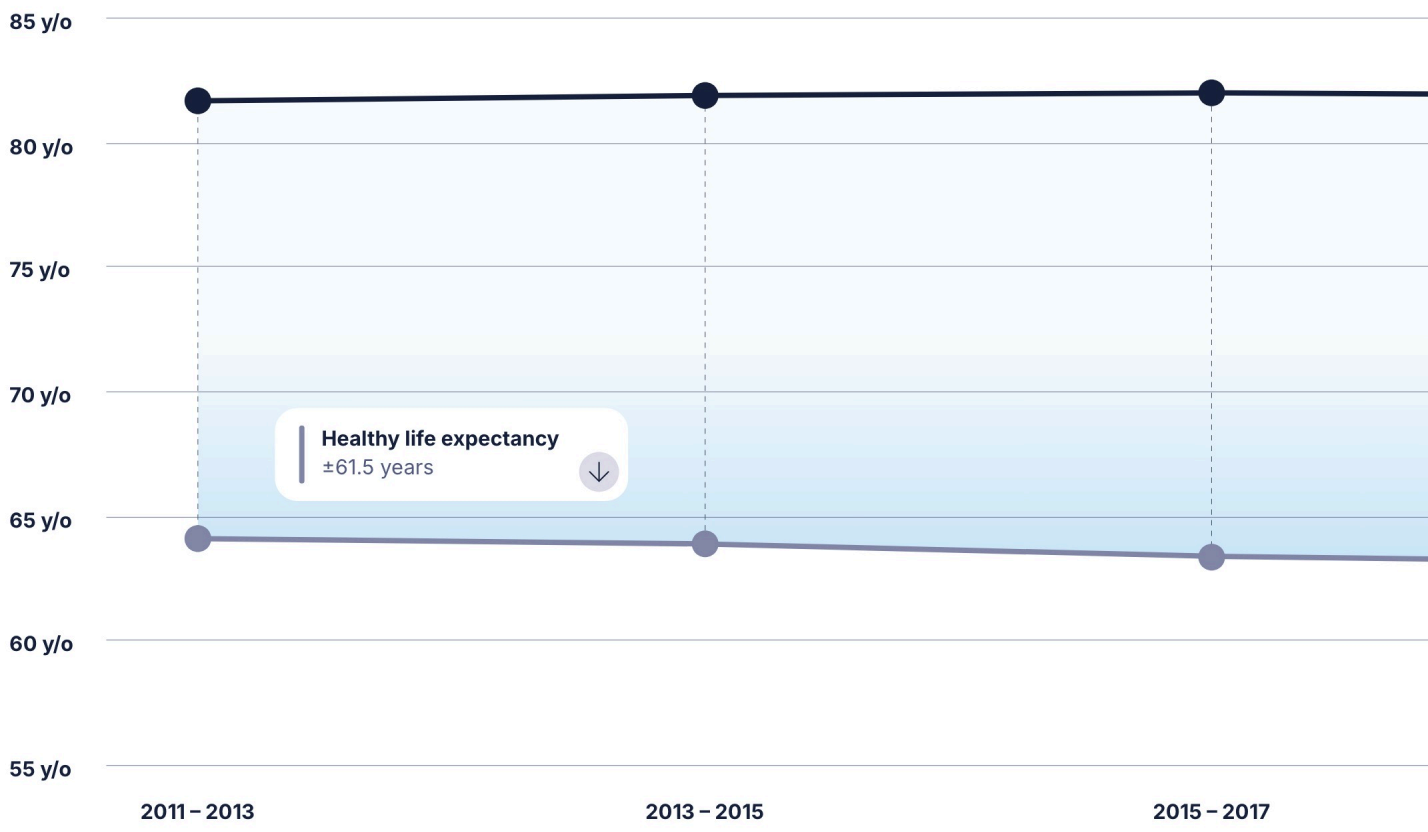
The story begins with who walks through the door. Published market and health data describes the population now entering premium residential care. It is not the lifestyle cohort of a decade ago.

KNIGHT FRANK · CQC · ONS · ALZHEIMER'S SOCIETY

CHAPTER ONE · THE WIDENING HEALTH GAP

More years, but more of them in poor health

Post-pandemic, UK life expectancy has resumed its rise, but healthy life expectancy has declined since the mid-2010s. The gap between the two, years lived in poorer health, is widening. These are the years residential care exists to serve.

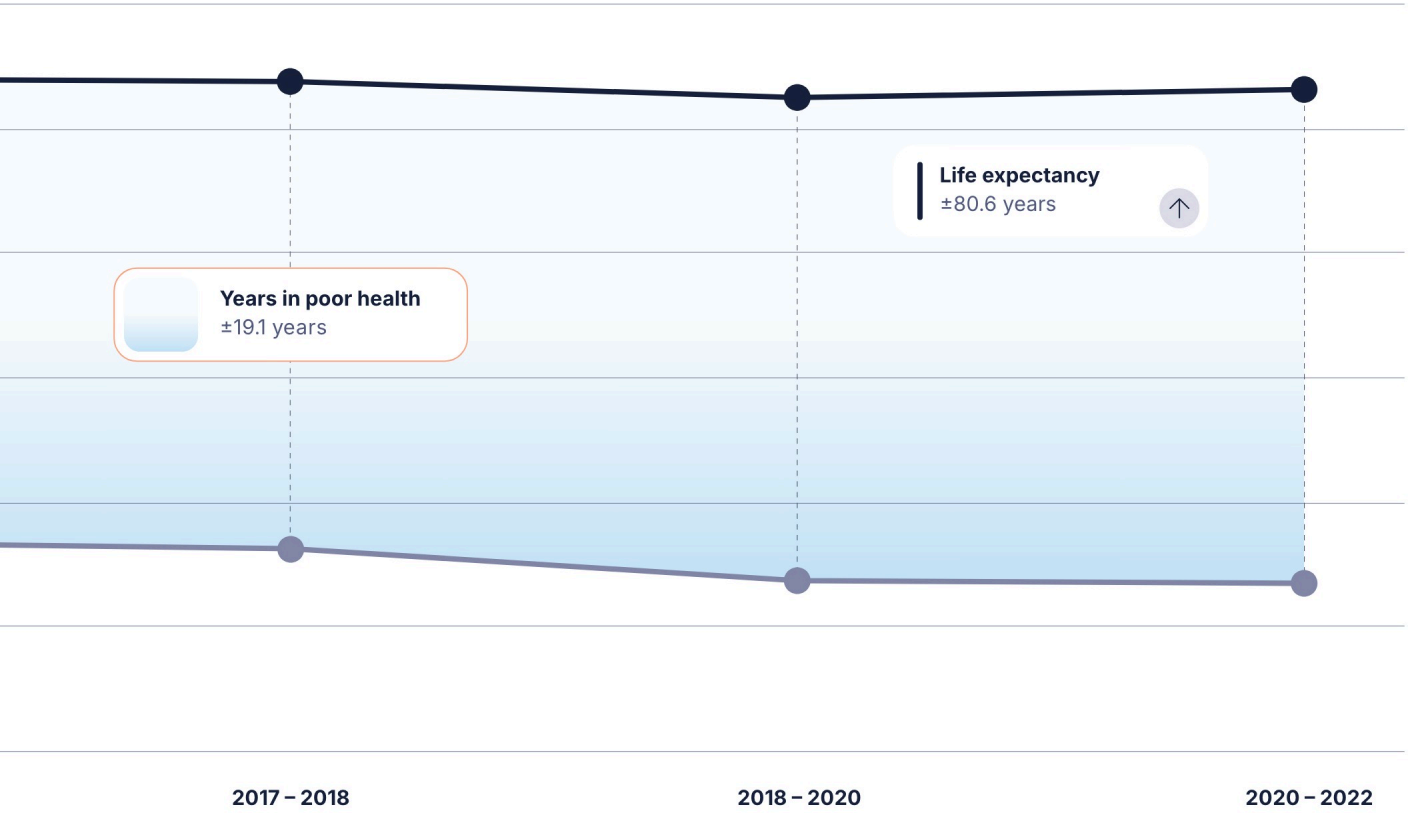


Source: Indicative trajectories based on ONS Health State Life Expectancies, gender-averaged.

The structural implication is direct: residents arrive with longer histories of multi-condition decline, and that gap is growing, not narrowing. Premium care is increasingly the setting in which those years are lived, and the setting in which clinical stability is either supported or lost.

Luxury alone no longer differentiates. The homes that will lead are those that can demonstrate measurable clinical support across the conditions their residents actually live with.

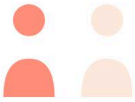
> “We are entering a new phase of care, one defined by the blurring of clinical and care settings.”



The scale of condition burden

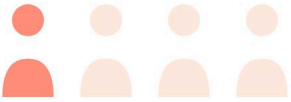
Why residents now arrive with multiple, complex, long-term conditions

CANCER



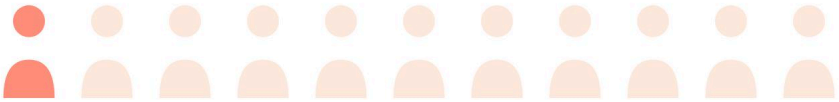
1 in 2 people in the UK will develop cancer in their lifetime

HEART DISEASE



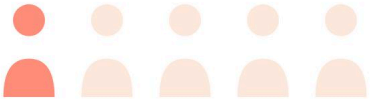
1 in 4 UK deaths are caused by heart and circulatory disease

DEMENTIA



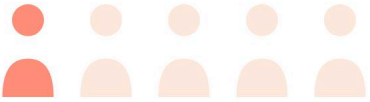
1 in 11 people aged 65 and over are living with dementia, and the majority of new residential care admissions arrive already affected

DIABETES



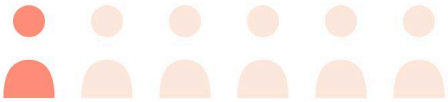
1 in 5 people aged 75 and over in England are living with diabetes

STROKE



1 in 5 men will have a stroke in their lifetime

STROKE (WOMEN)

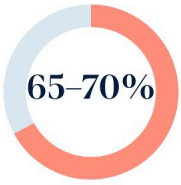


1 in 6 women will have a stroke in their lifetime

Source: Cancer Research UK (2024); Alzheimer's Society (2023); British Heart Foundation (2025); Stroke Association (2024); Diabetes UK / NHS.

Most residents arrive already living with **complex conditions**

The clearest evidence that the market has changed is who walks through the door, and in what condition. Dementia is no longer an exception within residential care. It is the arrival condition.



Arrive already living with dementia

Share entering residential care with dementia on the day they move in.

Dementia is the arrival condition

Between 65% and 70% of people moving into residential care are living with dementia on arrival, not at some later point in their stay, but on the day they move in. The population entering care is, by a clear majority, a population with active, complex needs from day one.

Entry is later, and needs are higher

Home-first policy has extended the period people spend in the community before residential care. By the time they move, the clinical picture is more advanced and the margin for a poor placement is smaller. The home that cannot manage progression is not a viable choice.

Fees are rising, and so is scrutiny

Premium weekly fees now sit around £1,300 and have been rising at roughly 10% year on year. As families carry more cost, they apply more scrutiny, and the question shifts from "is it beautiful?" to "is it worth it, and will it cope?"

~£1.3k

Premium weekly fee

Rising ~10% YoY. Knight Frank, 2025.

88–89%

Premium occupancy

Demand intact. Knight Frank, 2025.

Later

Entry into care

Home-first policy. NHS England, 2024; CQC, 2023.

Longer

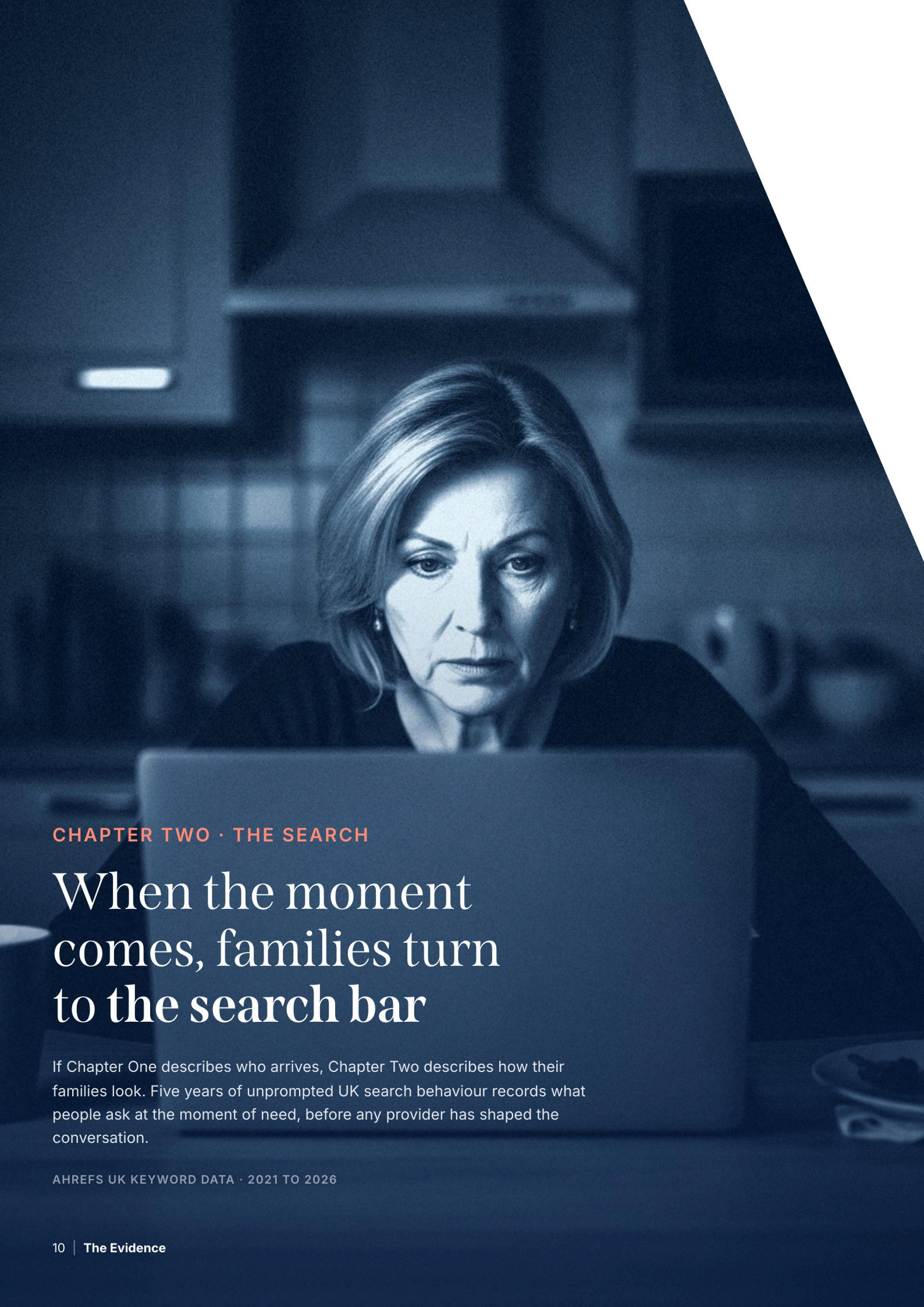
Enquiry to move-in

Decision cycles lengthening. Knight Frank, 2025.

What Chapter One establishes

Demand for premium care is strong and occupancy is high, but the people it serves are clinically complex on arrival and paying more for the privilege. The market structure rewards clinical capability and punishes its absence. This is the demand-side reality the positioning must answer to.

Sources: Care Quality Commission, State of Care; Alzheimer's Society, 2023; Knight Frank UK Healthcare, 2025; NHS England, 2024.



CHAPTER TWO · THE SEARCH

When the moment comes, families turn to **the search bar**

If Chapter One describes who arrives, Chapter Two describes how their families look. Five years of unprompted UK search behaviour records what people ask at the moment of need, before any provider has shaped the conversation.

AHREFS UK KEYWORD DATA · 2021 TO 2026

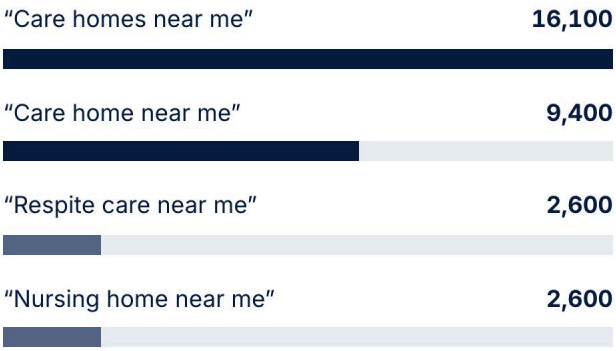
CHAPTER TWO · WHERE DEMAND LIVES

Families search for place and proof

Unprompted search shows how the market actually begins: with a place, then a condition, then proof that a home can cope. Brand and lifestyle terms barely feature at the moment of need.

The demand is local, and it is large

UK monthly search volume, leading location-led queries.



Around 30,000 UK searches a month begin with location, not with any brand, group or lifestyle term. The market does not arrive through the front door of a website. It arrives through a map.

The questions that follow are clinical and regulatory

UK monthly search volume, leading judgement queries.

The single most-searched way of judging a home is the regulator's scorecard, and demand for it has nearly tripled since 2021. The decision-trigger question is clinical: when a condition makes home no longer enough. Even the biggest cost question in the category is a dementia question.

The pattern is condition + town

Beneath the head terms sits a long tail of "dementia care home" joined to a town name, repeated across hundreds of towns at 200 to 250 searches a month each. A home that can prove condition capability is visible exactly where this demand lives. A lifestyle-only home is invisible to it.

Source: Ahrefs UK keyword data, July 2026. Monthly volumes, rounded.

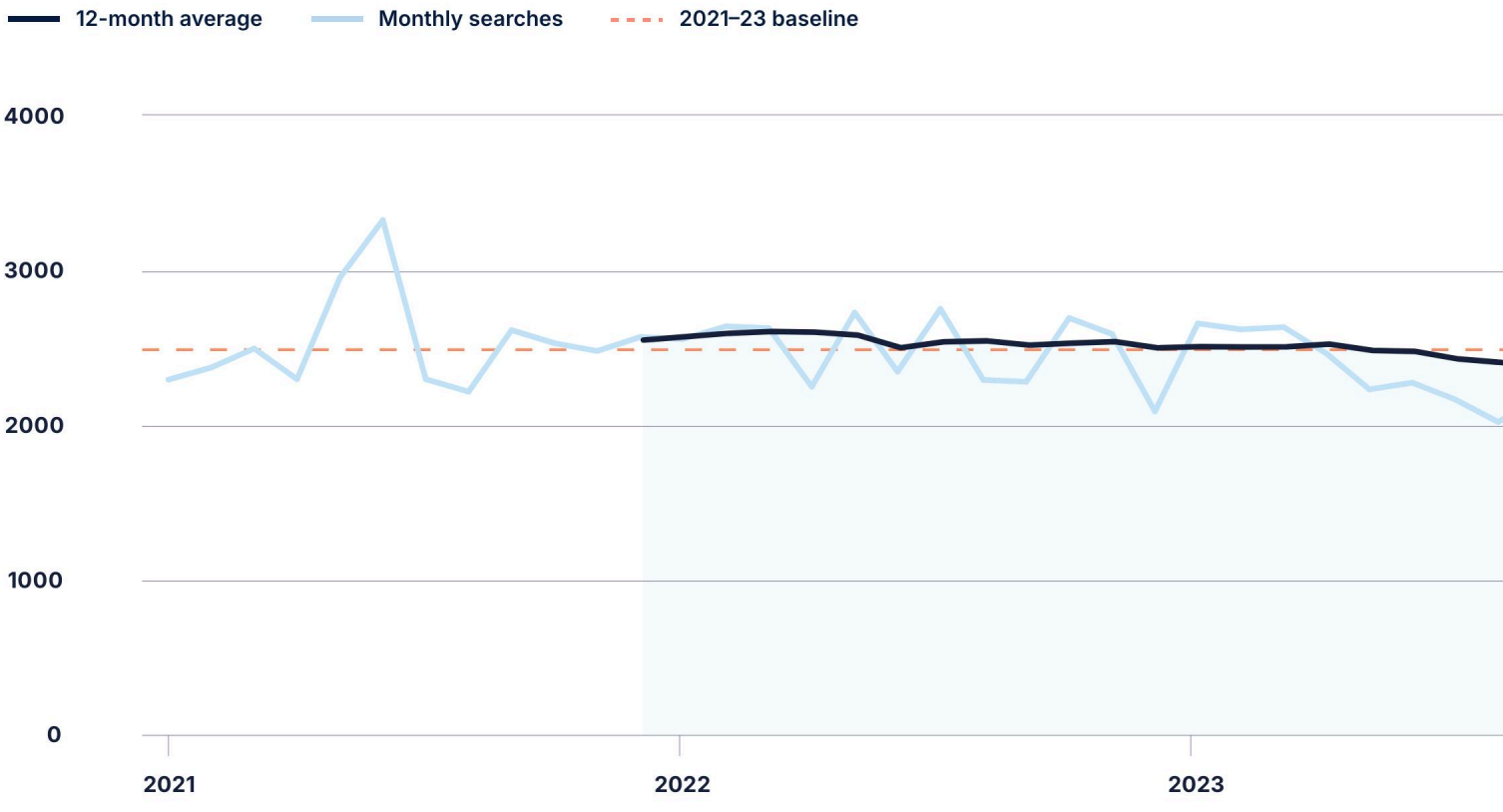
CHAPTER TWO · THE TREND OVER TIME

Condition-led demand is not just large, it is rising

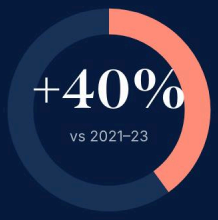
Searches for dementia care held broadly flat for three years, then began climbing sharply. Premium queries are growing too, but from a far smaller base. The fastest-compounding demand in the category is condition-led.

Condition-led dementia demand is rising

UK monthly Google searches for the dementia care cluster, 2021 to 2026



THE ACCELERATION SINCE 2024



~2×

High-intent "near me" demand

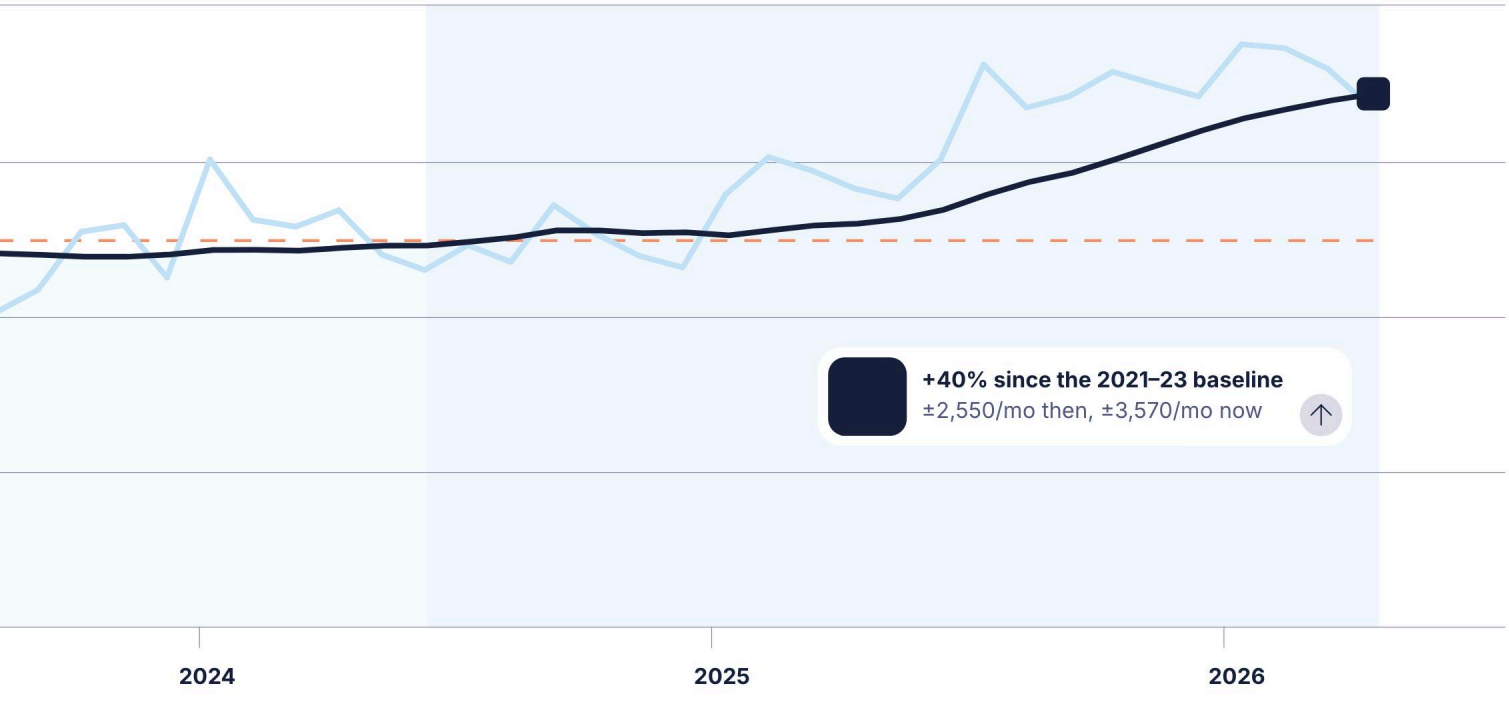
"Dementia care homes near me" up from ±440 to ±1,010 monthly searches since 2021, 12-month averages.

KD 17–22

Low ranking difficulty

Current ranking pages are weak. A clinically credible authority site could capture this demand.

Source: Ahrefs UK keyword data, monthly search volumes, January 2021 to 2026. Rolling 12-month averages; volumes rounded.



CHAPTER TWO · READING THE SIGNAL HONESTLY

What search data can, and cannot, tell us

Search data is powerful precisely because it is unprompted. No one is led to a dementia question or a regulator's scorecard; they arrive there because it is what they need to know. That makes the growth of condition-led and regulatory queries a genuine signal of rising scrutiny.

But search data describes the whole market, not the premium segment alone. A family that ultimately chooses a £1,300-a-week home may still begin with a cost question, and a great many people who search "care home costs" will never enter private care at all.

So search tells us what the public is anxious about and curious about. It cannot, on its own, tell us what the premium buyer will pay for, or accept, or reject.

Why the third chapter matters

Search shows the direction of public concern. To know what the premium buyer specifically expects, we have to ask them. That is what the consumer poll does, and it is where the case becomes decisive.

Cost and clinical conditions are not separate concerns in search; they are the same concern. The largest cost query in the category is a dementia query. When families carry the full cost of care, they raise the standard of proof they demand, and that proof is clinical, not aesthetic.

The poll confirms exactly this, in the words of the buyers themselves.

CHAPTER TWO, EXTENDED · THE AI ANSWER LAYER

When families ask the machines, the answer is clinical

Asked the everyday questions ("how do I choose a care home?", "what makes a good care home?", "how do I choose a dementia care home?"), today's AI assistants and answer engines return a consistent hierarchy. Even for the explicit query "best luxury care home", the guidance redirects to clinical proof.

What the answer layer tells families to check, in order

1	CQC rating & latest inspection report	REGULATORY
2	Staff training, skills & qualifications	CLINICAL
3	Specialist dementia & nursing expertise	CLINICAL
4	Person-centred, regularly updated care plans	CLINICAL
5	Reputation & verified reviews	TRUST
6	Dementia-friendly, safe environment	ENVIRONMENT
7	Cost & funding assessment	COST

Luxury amenities (spa, fine dining, interiors) appear only as secondary "lifestyle" detail, explicitly subordinated to care quality.

The sources it cites

CQC · NHS · Alzheimer's Society · Dementia UK · Age UK · Healthwatch

Regulators, the NHS and clinical charities, not lifestyle media, are the authorities the answer layer draws on.

The answer layer redirects luxury to clinical

"Luxury amenities don't necessarily translate to better care; the quality of care should always be the top priority." Surfaced guidance in response to "best luxury care home UK".

Illustrative. Captured from live UK Google and AI answer surfaces (CQC, NHS, Age UK, Alzheimer's Society, Dementia UK, Healthwatch, Care UK and others), June 2026. Qualitative corroboration of Chapters Two and Three; not a quantified share-of-voice measurement.

CHAPTER THREE · THE EXPECTATION

We asked 2,000 people what they **actually expect**

Market data shows who arrives. Search shows how families look. The final chapter asks them directly: a nationally representative poll of UK adults, commissioned for this work. It is where the case becomes decisive.

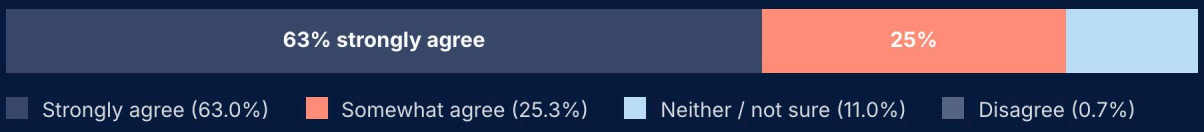
NATIONAL POLL OF 2,000 UK ADULTS · 2026 · REF. RB B 0805 P

THE HEADLINE FINDING

“Luxury facilities alone are not enough. I would want clear evidence of clinical care capability.”

88%

of UK adults agree. Just 0.7% disagree.



95%

of Baby Boomers agree, the generation most likely to be choosing care for a parent or themselves.

97%

of the Silent generation agree, often the residents themselves.

93%

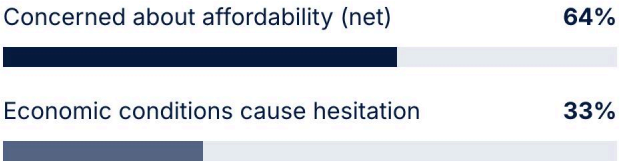
of Generation X agree, the decision-makers of the coming decade.

Q9. "To what extent do you agree or disagree: Luxury facilities alone are not enough. I would want clear evidence of clinical care capability?" Base: all respondents (n=2,000). Survey ref. RB B 0805 P, 2026.

Cost weighs heavily, but health is what **moves families**

Affordability is a real and widespread pressure. But it is not what triggers the decision. The catalyst is clinical, a change in health, not a change in finances.

Affordability concern is widespread



Two thirds of adults are concerned about the affordability of private residential care, and a third say economic conditions have made them more likely to delay or reconsider. Cost is unmistakably present in the decision.

But health is the trigger, not money

Asked what would prompt a decision sooner, families point to health deterioration far more than to affordability. A clinician's recommendation is nearly as powerful a trigger as financial certainty.

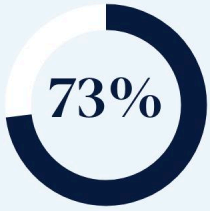
The market is overwhelmingly pre-decision

Only 5% of respondents are actively considering or likely to consider private residential care within three years. The clinical standard families hold is therefore set long before they enter the market, which means a provider's clinical reputation is being judged before the first enquiry is ever made.

Q1, Q2, Q3, Q12. Base: all respondents (n=2,000). Survey ref. RB B 0805 P, 2026.

Families want clinical depth **before they need it**

The expectation of clinical capability is not confined to those with a current diagnosis. Families want it built in from the start, as insurance against a future they can already see coming.



Want condition expertise with no current need

Q6: very or fairly important that a home has expertise across a range of conditions.

Nearly three quarters of families say it matters that a home can manage complex conditions even if their relative does not yet have such needs. This is the acuity-on-arrival reality from Chapter One, anticipated by consumers themselves.

Why it matters in advance

Q7: reasons clinical expertise matters even without current needs (select up to two).

Choose once, choose right

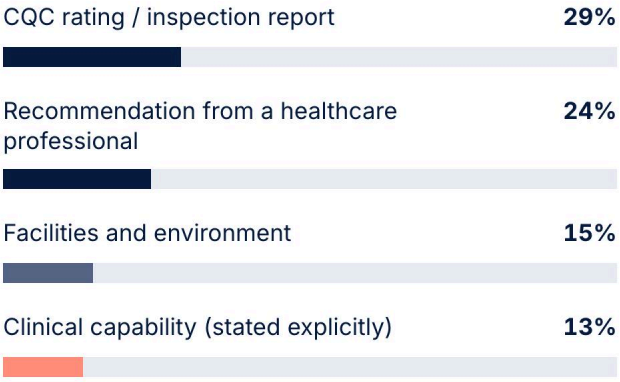
The leading reasons, reassurance and not having to move again, describe a family trying to make a decision that will hold as health declines. Clinical depth is how a home promises permanence.

Q6, Q7. Base: all respondents (n=2,000). Survey ref. RB B 0805 P, 2026.

Facilities rank below clinical and **regulatory proof**

When families weigh what gives them confidence, and what drives the decision, the lifestyle signal is present but subordinate. Proof outranks polish.

What gives the most confidence in a home



Q8. The two leading confidence signals are clinical and regulatory. Facilities rank third. Read together, clinical and regulatory proof far outweigh amenity.

What most influences the decision

Q4, select up to three. The decision is led by the quality of people and the question of value. Facilities rank fifth.

The lifestyle signal has been demoted, not deleted

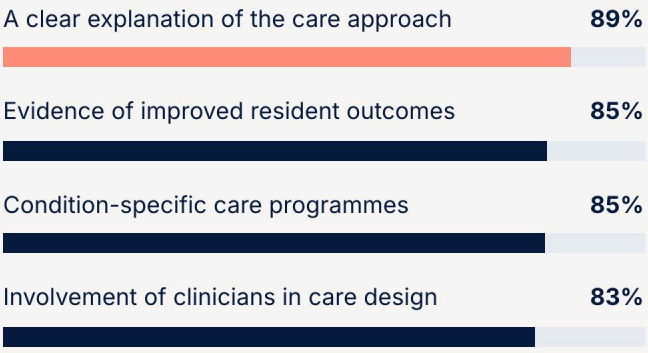
Families have not stopped valuing environment. They have stopped letting it decide. Across both questions, what families look to first is the quality and competence of care, and the independent proof of it.

Q4, Q8. Base: all respondents (n=2,000). Survey ref. RB B 0805 P, 2026.

Families want clinical capability **demonstrated, not implied**

Asked how valuable different kinds of evidence would be, families rate every clinical proof point highly, and rate a clear explanation of the care approach highest of all. None of the leading items is a lifestyle signal.

Evidence rated very or fairly valuable



The hierarchy is instructive. The single most valued form of evidence is the most communicable one: a clear explanation of how the home actually delivers care. Families are not asking for jargon or accreditation alone. They are asking to understand the approach, and to see that it works.

This is a commercial gift as much as a clinical one. The evidence families most want is the evidence a credible provider is best placed to give, in its own words, on its own terms.

Capability is a story that can be told

The most valued proof, a clear explanation of the care approach, is precisely what a clinically serious provider can articulate and a lifestyle-led competitor cannot. The market rewards those who can explain themselves.

Q11. Base: all respondents (n=2,000). Combined very and fairly valuable. Survey ref. RB B 0805 P, 2026.

THE CASE, IN FULL

Three chapters, one conclusion

Each chapter was gathered independently and could stand alone. Their value is that they agree. Who the resident is, how the family searches, and what both now expect all point the same way.

CHAPTER ONE · THE RESIDENT

The buyer is already complex

Most residents arrive with dementia. Fees are high and rising. Demand is strong but scrutiny is intensifying. The market structurally rewards clinical capability.

CHAPTER TWO · THE SEARCH

Unprompted intent is clinical

Families begin with place, then judge on proof: dementia-care searches have doubled since 2021 and CQC-ratings searches have nearly tripled. The pattern is condition plus town.

CHAPTER THREE · THE EXPECTATION

Buyers say it themselves

88% say luxury alone is not enough without clinical evidence. Facilities rank below regulatory and clinical proof. Families want capability demonstrated.

THE CONCLUSION

The premium care market has moved **from lifestyle to clinical credibility.** Demand is intact, but the basis of judgement has changed. The providers who lead with demonstrable clinical capability, and treat lifestyle excellence as its complement, are positioned for the scrutiny that now defines the category.

METHODOLOGY & SOURCES

How this evidence was **gathered**

Chapter One · The Resident (market structure)

Published industry and public-health data. Sources include Knight Frank UK Healthcare (2025) for fees, occupancy and enquiry cycles; the Care Quality Commission State of Care reporting and the Alzheimer's Society (2023) for dementia prevalence on arrival; NHS England (2024) on home-first policy; and the Office for National Statistics for life and healthy-life expectancy. Condition-prevalence figures: Cancer Research UK (2024), British Heart Foundation (2025), Stroke Association (2024), Diabetes UK / NHS.

Chapter Two · The Search (behavioural data)

UK keyword search-volume data from Ahrefs (Keywords Explorer), covering January 2021 to July 2026. Queries were grouped into intent clusters (location-led, condition-led, regulatory and judgement, cost and value). Trend figures compare 12-month rolling averages to remove seasonal noise; growth multiples compare the 2021 average with the latest 12-month average. Volumes are rounded.

Chapter Three · The Expectation (consumer poll)

A nationally representative online survey of 2,000 UK adults, conducted by Bridgehead Communications in 2026 (survey reference RB B 0805 P). Twelve questions covered attitudes to private residential care, decision factors, clinical expectations and evidence preferences. Percentages are rounded; multi-select questions sum to more than 100%. Generational breaks (Silent, Boomer, Generation X) are reported where base sizes allow. The approximate margin of error is ±2.2% at the 95% confidence level.

A note on independence

The three chapters were not designed to agree. They were gathered separately, by different methods, for different purposes. Their convergence is a finding, not a construction.

Full question wording and data tables available on request. Figures throughout are cross-referenced to source and rounded for presentation.

HEADLAND

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A companion volume to *Beyond Lifestyle*, the Headland X Bridgehead strategic summary. Prepared by Headland Care Consulting in partnership with Bridgehead Communications. Survey ref. RB B 0805 P, 2026.

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