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Attitudes to Social Care for Older People in Northern Ireland

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Acknowledgement

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Introduction

The scale of social care provision has grown substantially in recent years and the key expectation is that in future more adults will need care and support. This mainly reflects demographic change, particularly rising average life expectancy. The absolute numbers of older people are increasing and their proportion of the population is also rising. The numbers of old people aged over 85 will almost double between 2010 and 2026 (House of Commons Health Committee, 2010, para. 1.7). There is evidence of increasing numbers of older people with dementia. A further uncertainty exists about the number and role of carers as family break-up, population movement and other social trends may affect provision by carers. So, on all reasonable assumptions the adult social care system will face considerable increased pressures in the following decades.

It is therefore perhaps surprising that while there has been so much focus on health care structures and funding, on what people want from the NHS and their expectations of future health care, relatively little attention has been paid to what people expect from social care provision. This is in part due to what Means and Smith (1994) refer to as the 'history of neglect' of social care and the fact that throughout the history of the welfare state social care has not attracted a high political profile. Issues such as means tested charges for residential care and the sale of homes to meet the cost of care have generated considerable debate but there has been much less discussion about what kind of care system people want for the future, how this should be funded and what principles should underpin policy. Social Care policy has achieved something of a higher profile in Britain with the publication of two significant reports – the Dilnot Commission report on the future funding of care and support for adults published in 2011 (Commission on the Future Funding of Care and Support, 2011) and the report by the Law Commission setting out its recommendations on the reform of social care law (Law Commission, 2011).

In order to answer some of the questions about what the public think about future social care provision the Northern Ireland Life and Times survey (NILT) introduced a module on social care in the 2010 survey, the results of which are reported here.

The Northern Ireland Life and Times (NILT) Survey is a nationally-representative social attitudes survey including adults aged 18 years or over and 1204 individuals were interviewed in the 2010 survey. More technical details of the survey methodology are given in the technical notes (see Devine, 2011). People living in institutions (though not in private households in such institutions) were excluded from the survey. The survey consisted of a main questionnaire that was undertaken using Computer Assisted Personal Interviewing (CAPI), as well as Computer Assisted Self Interviewing (CASI). The datasets and associated documentation can be obtained from www.ark.ac.uk/nilt .

Most adult social care provision is provided not in residential settings or by paid carers in the community but by informal unpaid carers and this will continue to be an important source of care. In the survey we looked at the extent of informal caring, at who was caring, at types of care provided and at the impact of caring.

Existing level of informal care of older people in Northern Ireland

Around fifteen per cent of adults in Northern Ireland are providing some kind of informal care to older people[1]; older people being defined as aged 70 or above. The proportion of the population who care for older people has varied little since 1994 when first estimated on the Northern Ireland Social Attitudes Survey.

Table 1: Who is providing the informal care of older people?

	1994 %	2006 %	2010 %
Carer of an older person	15	12	15

In the vast majority of cases the older person being cared for is a family member. Less than 10% are friends or neighbours and the majority are parents or parents in law. This pattern is largely the same as was the case in 1994 however 2006 estimates found rather more than usual respondents caring for an older spouse or partner.

Table 2: Who is being cared for?

	1994 %	2006 %	2010 %
Parents/parents in law	53	62	56
Friend/neighbour	11	3	8
Spouse/partner	5	14	5
Another relative	31	22	30

Between 1994 and 2010 the proportion of people who were providing informal care for 30 hours a week or more increased from 10% to nearly 20%. While the figure for 2006 is rather higher it is likely that this was affected by the large number of carers of partners/spouses picked up in the sample for that year. The fact that nearly a fifth of those caring for older relatives spend 30 hours a week or more on that care has implications for the formal social care planning.

Both men and women are carers but women tend to spend more time in this role. The majority of men spend less than 10 hours a week caring but women are more likely than men to spend upwards of 30 hours a week on informal care. Just over a fifth of women in 2010 spent 30 hours or more a week caring for an older person although again this was a slight reduction on the 2006 figure.

[1] Some people are caring for more than one person and the older person who is receiving care is counted only if they are the main person being cared for. So the figure of 15% is a slight underestimate of the total percentage of older people who are receiving informal care.

Table 3: Hours per week spent caring

	1994	2006	2010
Under 10 hours	62	46	61
10-29 hours	27	29	20
30 hours or more	10	25	18

Table 4: Hours per week spent caring (men and women)

	1994		2006		2010	
	Men %	Women %	Men %	Women %	Men %	Women %
Under 10 hours	74	51	67	36	68	55
10-29 hours	20	33	17	33	17	23
30 hours or more	6	15	15	29	14	22

The regularity of care as opposed to the volume has changed little between 1993 and 2010 though again figures for 2006 indicated much more regular care was required (again probably a reflection of the demands of caring for an older spouse/partner). So although the number of hours spent caring has increased slightly between 1994 and 2010, there is no significant increase in the number of days in which care is provided. In previous years women tended to be the more regular carers and certainly men are more likely than women only to be involved 1 or 2 days a week, but by 2010 men were slightly more likely than women to be providing care at the most frequent level of 5 to 7 days a week.

Table 5: Days per week spent caring

	1994	2006	2010
1-2 days	35	29	40
3-4 days	27	20	23
5-7 days	38	50	36

Table 6: Days per week spent caring (men and women)

	1994		2006		2010	
	Men %	Women %	Men %	Women %	Men %	Women %
1-2 days	38	33	43	24	44	36
3-4 days	30	24	16	21	14	30
5-7 days	32	43	41	53	39	34

Types of care given and the impact of caring

The extent to which informal carers are providing help with personal care is clearly of interest for planning future domiciliary and residential care needs. While care such as providing companionship, taking people out and practical help with shopping and housework are the most common types of care provided it is notable that about a third of carers are helping with personal care such as washing, dressing, eating and using the toilet. Again, this has remained fairly constant over the time period monitored. Probably slightly less help with paperwork and financial matters is now being provided, but slightly more physical help such as getting in and out of a bed or chair.

Table 7: Types of care given

	1994	2006	2010
Personal care eg washing, dressing, eating, toilet	30	30	32
Physical help eg helping in/ out of bed/chair	24	22	29
Helping up/down stairs	-	10	18
Paperwork/financial matters	44	52	37
Practical help eg shopping and housework	71	78	73
Other practical help eg gardening and decorating	42	43	36
Companionship	64	60	68
Take him/her out	52	56	61
Give medicine	15	38	27
Supervision	19	28	25

Helping up/down stairs included in ‘Physical help’ in 1994

While in 1994 it would have been mainly women carers who provided personal care and physical help, the picture in 2010 indicates that men and women are equally likely to be providing help with washing and dressing etc and men are more likely to be providing physical help with getting in and out of bed up and down stairs etc.

Table 8: Types of care given (men and women)

	1994		2006		2010	
	Men %	Women %	Men %	Women %	Men %	Women %
Personal care eg washing, dressing, eating, toilet	16	41	11	38	30	34
Physical help eg helping in/out of bed/chair	6	37	11	26	36	25
Helping up/down stairs			7	12	22	14
Paperwork/financial matters	33	52	52	52	38	37
Practical help eg shopping and housework	56	82	73	81	61	81
Other practical help eg gardening and decorating	54	33	55	38	31	40
Companionship	62	66	57	61	64	71
Take him/her out	44	58	59	55	56	64
Give medicine	4	23	16	47	25	29
Supervision	4	30	7	36	29	23

Physical help combined stairs with getting in and out of bed etc in 1994

In the 2010 survey, carers of older people were asked how they felt about their caring responsibilities. While the vast majority of carers said that most of the time they felt happy to be able to help someone, there were also indications of feeling under pressure and occasionally resentment of the caring role. Sixty per cent of women carers and 51% of men said that they felt under pressure either most or some of the time. Feelings of resentment were more infrequent but nonetheless about a third of women carers and just over a fifth of men said that they felt resentment sometimes or even 'most of the time.

Table 9: The impact of caring

	2010	
	Men	Women
% 'Most of the time' feels...		
Happy to be able to help someone	80	79
a sense of 'giving something back'	59	66
% 'Most of the time' or 'sometimes' feels		
Under pressure	51	60
Resentment	22	32

What all this adds up to in terms of the demand for formal social care is complex. The proportion of people who provide informal care to older relatives and friends has been fairly stable over time at about 15% of the population. Patterns have changed slightly with perhaps less intensive care being provided by women than was the case in the past. Clearly many people want to care for their older relatives and are happy to be able to help someone. On the other hand many carers feel under pressure at least some of the time and a significant minority resent their caring responsibilities – at least from time to time. As yet it is unclear how much demand for formal social care would increase if a new system were introduced which was perceived to be largely fair and affordable. However the figures cited here give some sense of the potential demand from informal carers currently providing unpaid care to older relatives and friends.

Attitudes to funding and provision of social care

The current structure of adult social care stems from the system introduced in 1948. Unlike healthcare, social care is means tested and there are different rules governing residential and domiciliary care. In Britain adult social care services are the responsibility of local government; in Northern Ireland an integrated structure of health and social care has been in place since 1973 and currently five integrated Health and Social Care Trusts have responsibility for hospital and community and social services. The funding of social care has not kept pace with health care funding, nor has it increased in line with demographic changes resulting in greater demand for services. What is also clear is that over the years there has been a shifting of responsibility (and cost) between health care, social security and social care with substantive aspects of long term care now categorised as social care rather than health care provision. This is linked to attempts to curtail the cost of health care. There has also been a significant shift towards individuals contributing towards their own care on the basis of a means test with successive governments suggesting that people needed to be encouraged to make provision for the cost of their long term care. So, has this been the case?

Actions people have taken towards funding their future social care

Table 10 highlights the nature of the problem facing the government. Young people under age 34 mostly have not thought about how they might fund future social care and older people are more likely to have thought about it but relatively few have done anything. Less than a fifth say that they are saving money or otherwise making provisions which could help fund this. Perhaps unsurprisingly the group that are most likely to have thought about this issue are the carers of older people themselves who are almost twice as likely as young people to have thought about it.

Table 10: Preparations for the need for care by age group

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All	Carers
I've thought about it but haven't done anything specific	20	20	31	31	28	32	28	28
I am saving money which I could use for these kinds of needs in the future (eg insurance, savings or a pension etc)	6	11	12	17	14	14	13	13
I am buying/have bought a property and would be willing to use its value to pay for care needs in the future	0	2	5	4	5	2	3	3
I expect my family to help fund any such care	2	2	1	0	3	3	2	2
I haven't really thought about it	69	61	45	42	45	40	49	49
I don't think there is anything I can do to plan for this now/I can't afford to make any such plans	5	5	5	7	5	8	6	6

Thirty eight percent of carers of older people have thought about how they might fund social care for themselves but again few have actually done anything about it. One interesting question is whether the respondents who believe in the principle that the individual has a responsibility to pay some of the social care costs are also the people who are actually making some kind of preparation themselves. Certainly they are about twice as likely to have done so, but still only around a fifth of that group have actually made some preparation. Realistically though it is hard to know what would be a sensible preparation to make or perhaps even to expect people to regard preparations for social care as a high priority. If someone is indeed able to make some provision for old age then this is realistically more likely to be related to a pension. Lack of knowledge about social care and the costs associated with it may also deter people from making provision. Understandably they may be confused about the boundaries between free health care, and social care which is subject to means testing. This is perhaps even more likely to be the case in Northern Ireland where health services and social services are structurally integrated.

Who should pay for Social Care?

The Kings Fund (2011) has estimated that in England 1 in 10 people aged over 65 face costs of more than £100,000 for their future social care, and the means-tested nature of social care provision is widely perceived as unfair and discriminatory. In England, Wales and Northern Ireland, nursing care is free but personal care is means tested. The extremely popular decision to introduce both free nursing and personal care was taken in Scotland in 2002. While the Northern Ireland Assembly voted in favour of free nursing and personal care in 2007, this was later rejected by the DHSSPS Minister in 2009 on grounds of cost. A survey of public views carried out in Britain (Institute for Public Policy Research and PricewaterhouseCoopers, 2009) found that the existing means-tested system in England and Wales was supported by only a fifth of respondents. Free personal care based on need was the preferred option of 52% of respondents, although a significant proportion was in favour of a mix of individual and state funding. There was also little support for the current system among the Northern Ireland public.

Respondents were questioned about who they thought should be funding social care and the 'fairness' or otherwise of various systems. Initially they were asked about two scenarios where social care was required; the first in relation to an individual who was quite 'well-off' and the second where the individual was not well-off. Even in the case of someone who is quite well-off there is a clear reluctance to support a scheme where only the person themselves should foot the bill. Overall, opinion is divided fairly evenly between those who believe that the government should pay and those who believe that it should be the person in need of care in combination with the government. Where the person is not well off there is a greater feeling that the government should pay. Older respondents (aged over 65) are particularly likely to think that it should be the government who pays. However even in the case of people who are not well-off a third of people feel that the person themselves should be contributing something. Public opinion does not support a system where the person in need of care pays everything and there is a widespread willingness that the person and the government should between them fund the care needs.

Table 11. Paying for social care by age group

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Supposing an older person who is quite well-off needs so much help with daily living that they are advised to move to a residential or nursing home. Who should pay for this?							
The person	11	15	7	13	13	15	12
Person & government	47	50	48	49	46	35	46
The government	41	32	44	39	41	50	41
Don't know	2	3	1	0	0	0	1
Supposing an older person who is not well-off but could sell their home if they had to needs nursing home care. Who should pay for the nursing home care?							
The person	4	8	4	7	7	5	6
Person & government	27	42	36	39	35	28	35
The government	68	47	59	54	58	67	58
Don't know	2	3	1	0	1	0	1

Carers are a little bit more likely to feel that the government should pay with 47% expressing this view in relation to a person who is well off, and 62% in relation to someone who is not well off. Higher earners are a little less likely to feel that the government should foot the bill and more likely to feel that it should be a combination of government and the person in need of care.

Table 12. Paying for social care by income level

Income level	<£16,639	<£31,199	<£46,700	>£46,700	All
Supposing an older person who is quite well-off needs so much help with daily living that they are advised to move to a residential or nursing home. Who should pay for this?					
The person	14	12	12	11	12
Person & government	43	47	50	55	46
The government	42	41	38	34	41
Don't know	2	<1	0	0	1
Supposing an older person who is not well-off but could sell their home if they had to needs nursing home care. Who should pay for the nursing home care?					
The person	7	4	10	4	6
Person & government	31	37	35	47	35
The government	61	59	53	49	58
Don't know	2	<1	0	0	1

Looking at the results by educational level (Table 13 below) those with fewer qualifications are much more likely to believe that the government should pay for care while more highly qualified respondents eg graduates are more likely to feel that the person should make a contribution.

Table 13. Paying for social care by highest educational qualification

	Degree	HIgher ed	A level	GCSE A-C	GCSE D-G	None
Supposing an older person who is quite well-off needs so much help with daily living that they are advised to move to a residential or nursing home. Who should pay for this?						
The person	15	11	11	10	17	12
Person & government	51	52	51	56	33	33
The government	34	37	36	34	48	53
Don't know						
Supposing an older person who is not well-off but could sell their home if they had to needs nursing home care. Who should pay for the nursing home care?						
The person	11	9	2	5	7	4
Person & government	46	37	38	39	26	25
The government	43	54	58	57	66	69
Don't know						

There are no differences between the views of carers of older people and everyone else here, but people who are on relatively high incomes also tend to have different views than others earning less as shown in Table 14. High earners are less in favour of the means-tested option as defined here - presumably because they would end up footing the whole bill. They may see the option of a basic level of care contributed by government as at least giving them something. The Dilnot proposals of a cap on what an individual would have to contribute (discussed later) would give these people a much better deal. However the differences are not massive. Clearly higher earners and those with higher educational qualifications are well correlated here.

Table 14. Fair ways of paying for social care by income level

Income level	<£16,639	<£31,199	<£46,700	>£46,700	All
% saying that this is a fair/very fair option					
Everybody has to pay for their own personal care even if that means selling their home or taking out an insurance policy for care expenses.	11	11	18	14	12
Everybody gets a basic level of care from the government but has to pay the rest themselves even if it means selling their home or taking out an insurance policy for care expenses.	21	22	27	35	23
Care is means-tested so that those who cannot afford to pay anything get free personal care and those who can afford to pay do pay.	45	43	38	36	40
The government provides totally free personal care for everybody by having a special tax like national insurance that you pay over your lifetime until you need care.	74	79	81	68	76
The system at the moment is that care for older people is means-tested so that you have to pay for personal care if assets like your house or savings exceed about £22,500. How fair is this system?	20	23	18	18	20

Unsurprisingly given the previous results, graduates are also more likely to be in favour of a basic level of care provided by the government. However they are significantly more likely to agree in principle that everybody should have to pay for their own personal care even if that means selling a home or taking out an insurance policy (22% versus 10% overall).

Table 15: Fair ways of paying for social care by highest educational qualification

Education level	Degree	Higher ed	A level	GCSE A-C	GCSE D-G	None
% saying that this is a fair/very fair option						
Everybody has to pay for their own personal care even if that means selling their home or taking out an insurance policy for care expenses.	22	16	6	9	16	10
Everybody gets a basic level of care from the government but has to pay the rest themselves even if it means selling their home or taking out an insurance policy for care expenses.	40	28	15	21	26	15
Care is means-tested so that those who cannot afford to pay anything get free personal care and those who can afford to pay do pay.	45	47	39	42	41	34
The government provides totally free personal care for everybody by having a special tax like national insurance that you pay over your lifetime until you need care.	71	75	77	76	85	76
The system at the moment is that care for older people is means-tested so that you have to pay for personal care if assets like your house or savings exceed about £22,500. How fair is this system?	32	20	16	18	21	16

The pros and cons of residential care

Many more older people receive social care in an institutional setting in Northern Ireland rather than within their own homes than elsewhere in the UK. In fact, 60 per cent of expenditure on older people's care is on residential and nursing home care rather than domiciliary care (Northern Ireland Audit Office, 2010). The case for shifting the balance between residential and domiciliary care, and avoiding premature entry into care homes, is reinforced by these NILT findings. There is a strong preference among respondents for government to prioritise spending on home care services as opposed to residential care, with 72 per cent of people taking this view and with strong consensus across the age groups.

While respondents to the survey have mixed views on the ways in which social care in general should be funded there is of course no universal sense that social care in and of itself is a good thing. Respondents were asked to consider the prospect of social care for themselves in the future and identify what they thought would be the benefits and/or the negative aspects of moving into residential care. For older people, by far the greatest fear is having to leave their own homes. About a third was also worried about ill-treatment in homes though a third also see the positive side that there will always be somebody there if they need help. However the fear that they will have to sell their homes and have nothing to leave their families is not quite as primary as one might think. Young people are much likely to think of the positive things that it is reassuring to have people around and it lessens the burden on families. However they also recognise that there would be a fear of having to leave their own homes. Table 16 shows attitudes to going into residential care across age groups.

Table 16 . Pros and cons of residential care by age group

Some older people worry about a time when they may have to move into a nursing home while others see it as a relief. Here are some of the things that people have said about moving into residential care. Thinking into the future, which of these, if any, do you think that you might feel if you were facing that situation

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
It will be reassuring that there will always be somebody there if I need help	50	46	42	44	39	33	42
I hate the thought of having to leave my own home	52	49	59	64	65	69	60
It will be a relief for my family not having to look after me all the time	50	45	42	40	33	24	38
If I have to pay for a nursing home I will have nothing left to leave to my family	36	38	48	41	35	27	38
It will be nice to have company and never to be lonely	33	37	32	29	29	24	31
I'm worried about losing contact with my friends	19	20	25	27	22	20	22
I hear stories about people being treated badly in these homes and it frightens me	32	42	46	38	33	34	38

The views of carers of older people are very interesting here as it is almost certainly a real possibility that the older people they care for will be facing just such a decision in the short to medium term and they are perhaps more likely to have thought through the issues from their own perspective.

They are more worried than the average person about the possibility of being treated badly in a residential home. Equally they are more conscious of the reassurance of having someone around to help. The latter may well reflect the anxiety that many carers feel about the possibility of falls or other emergencies that face older frail people living alone. However they are also more likely to see a benefit in not being lonely. They are also more conscious than the sample overall that paying for a nursing home may mean that they have nothing left as an inheritance.

Table 17: Pros and cons of residential care (Carers)

	Carers of older people	All
It will be reassuring that there will always be somebody there if I need help	52	42
I hate the thought of having to leave my own home	66	60
It will be a relief for my family not having to look after me all the time	42	38
If I have to pay for a nursing home I will have nothing left to leave to my family	45	38
It will be nice to have company and never to be lonely	38	31
I'm worried about losing contact with my friends	25	22
I hear stories about people being treated badly in these homes and it frightens me	47	38

Experiences of and attitudes towards domiciliary care

Twenty two respondents were receiving domiciliary care at the time they took part in the survey and 20 were very or fairly satisfied with that care. Three felt that they had not been treated with enough dignity or respect and 1 felt that they had been treated badly. Twenty per cent of respondents (238 cases) had family or friends receiving this kind of care. Of these, 17% felt that they had not been treated with enough dignity or respect and 9% felt that they had been treated badly. The word cloud below shows a visual representation of the comments made by respondents who felt that family or friends had been treated badly. Clearly the major complaint was that there was not enough time allocated to provide a good service of care and insufficient respect shown.

For the sample as a whole, by and large people felt that it would be quite difficult to get personal care services in the home. However younger people were clearly more optimistic than older people about how available such services would be (33% felt it would be easy compared with 16% of those aged 65+ and 48% felt it would be difficult compared with 72% of the over 65s) .

Table 18: Perceived ease of access to domiciliary personal care by age group

How easy or difficult do you think it is for people to get personal care services in their own homes?

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Very easy	2	2	2	2	1	3	2
Quite easy	31	23	13	17	13	13	17
Neither easy nor difficult	19	16	12	17	14	12	15
Quite difficult	37	45	52	50	47	49	47
Very difficult	11	14	21	15	24	23	18
Don't know	2	1	0	1	0	1	<1

Opinion was divided over whether it was preferable to receive informal care from family and friends or from care assistants coming to the home, though most would prefer help from family or friends. Very small numbers of people thought that a nursing home would be the best option. For the over 65s, 49% would prefer family or friends, 40% care assistants and 8% would opt for a nursing home.

Table 19: Preferred type of care by age group

Suppose that in years to come as you get older, you yourself begin to need increasing amounts of help with personal care such as washing or dressing. What kind of help would you ideally prefer?

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Help from my own children	22	30	25	26	24	26	26
Help from other family members or friends	29	23	28	24	18	23	24
Care assistants coming to my home	38	32	34	43	47	40	39
Nursing home	7	13	12	6	8	8	9

In terms of whether family or friends would wish to take on this kind of informal care, respondents who gave this option were asked just that question. Given the results in the first section of this report and the pressure that carers feel under it is noteworthy that 91% of the over 65s thought that family/friends would want to provide this kind of help. Though perhaps this not a dissonance between what respondents versus carers want but rather what carers are actually able to cope with no matter how much they want to care for someone themselves.

Table 20: Do you think that your family or friends will also want to care for you themselves? (of those who would prefer informal care)

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Yes	81	87	78	81	80	91	83
No	19	6	19	14	16	8	13
Don't know	0	6	3	5	5	1	4

The vast majority of people would like to see family or friends reimbursed for their caring role, though 1 in 5 still think that not appropriate.

Table 21: Paying for informal care by age group

Do you think that your family or friends should be paid by the government for providing this kind of care?

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Yes	80	85	79	80	82	78	81
No	19	13	19	19	14	21	18
Don't know	2	2	2	1	4	1	2

Given that Northern Ireland has the highest proportion of older people in residential versus domiciliary care in the UK it is notable that public demand is for the reverse. Although it obviously largely depends on the level of care required in some cases, most respondents had little hesitation in opting for home care services.

Table 22: Domiciliary versus residential care by age group

Now that there are more older people in the population, more money will have to be spent on help with personal care. If the government has a limited amount of money to spend on this, do you think that they should be investing now in more residential care facilities or investing more in home care services?

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Residential care	21	18	17	10	15	15	16
Home care services	61	66	71	78	71	78	72
It depends	14	15	10	10	14	7	12
Don't know	4	1	1	1	1	1	1

The structures within which social care should be administered

Clearly respondents feel that there is little benefit in having different person care systems across the constituent parts of the UK. Eighty one per cent felt that the systems should be the same across the UK.

Table 23: Should care systems be the same across the UK (by age group)

The way that personal care is paid for is different in each part of the UK. For example, in Scotland care is largely free, but that is not the case in the other parts of the UK. Do you think that all parts of the UK should have the same system, or do you think it is alright that different regions of the UK have different systems?

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Should be same across UK	80	75	77	86	84	85	81
Alright for it to be different	19	23	20	14	15	12	17
Don't know	2	2	2	0	2	3	2

The community care policies implemented in the UK in the early 1990s introduced the concept of a market in social care and encouraged the private and voluntary sectors to be major providers of social care services. This mix of providers has been much less evident in Northern Ireland than in England. As shown in Table 24, overall a significant minority (37%) of the sample were opposed to personal care being provided by private companies and this feeling was much more marked among older respondents where a slim majority were opposed to business involvement in what they saw as a government responsibility. Younger people were much less resistant to this (only 20% opposed though a significant numbers at on the fence here presumably not feeling that they knew much about the issue)

Table 24: Support for private companies or business providing personal care (by age group)

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Strongly support	1	2	3	3	3	4	3
Support	31	40	31	24	18	22	28
Neither support nor oppose	45	32	34	30	32	21	31
Oppose	15	19	22	32	28	34	26
Strongly oppose	5	5	8	10	17	17	11
Don't know	3	2	3	1	1	1	2

Table 25: Support for charities or other 'not for profit' organisations providing personal care (by age group)

Age of respondent	18-24	25-34	35-44	45-54	55-64	65+	All
Strongly support	23	18	17	8	9	14	14
Support	52	64	59	65	52	55	58
Neither support nor oppose	16	11	16	13	22	15	15
Oppose	5	3	5	9	14	12	8
Strongly oppose	0	1	1	5	1	3	2
Don't know	3	3	2	1	2	2	2

Interestingly there is not overwhelming support for charitable organisations providing such care, though respondents were generally much more in favour of this than they were private companies in the same role. Overall 72% of respondents were in support with 10% opposed. The question did not state that church organisations would fall into this category and in Northern Ireland support might have been stronger had this been stated overtly.

Discussion

The existing level of informal care of older people in Northern Ireland provides some warning signs of the size of the issue in terms of future social care needs. Around 15% of adults in Northern Ireland are providing some kind of informal care to older people. Between 1994 and 2010 the proportion of people who were providing informal care for 30 hours a week or more increased from 10% to nearly 20%. The fact that nearly a fifth of those caring for older relatives spend 30 hours a week or more on that care has implications for formal social care planning. While care such as providing companionship, taking people out and practical help with shopping and housework are the most common types of care provided it is notable that about a third of carers are helping with personal care such as washing, dressing, eating and using the toilet. While the vast majority of carers said that most of the time they felt happy to be able to help someone, there were also indications of feeling under pressure and occasionally resentment of the caring role. Sixty per cent of women carers and 51% of men said that they felt under pressure either most or some of the time. Feelings of resentment were more infrequent but nonetheless about a third of women carers and just over a fifth of men said that they felt resentment sometimes or even 'most of the time'.

The picture of the volume, type and increase in the hours provided in unpaid caring stands starkly against the fact that very few respondents had given any thought to how they might fund social care at some future point in their lives. Young people under age 34 mostly have not thought about how they might fund future social care and older people are more likely to have thought about it but relatively few have done anything. Less than a fifth say that they are saving money or otherwise making provisions which could help fund this. A major challenge for government is that social care policy and provision is poorly understood by the public and is widely perceived as inadequate and unfair with growing levels of unmet need and considerable variation with regard to assessment of need and eligibility for services.
Levels of unmet have been growing as a result of inadequate investment in social care services over a number of decades and more recently as a result of cuts in local authority budgets in Britain and health and social care funding in Northern Ireland. The outcome of this is that often only those with high level needs are qualifying for care - services are resource led rather than needs led.

The unsustainability of, and dissatisfaction with, the current system is widely acknowledged. Although the need to reform the social care system has been recognised by successive Westminster governments there has been little progress despite a number of attempts. The Royal Commission established by the Labour government to review long term care which reported in 1999 (Department of Health, 1999) failed to reach consensus but the majority of members concluded that 'Long term care [nursing and personal care] should continue to be funded from general taxation' on the grounds that this is redistributive . However, there was a lack of consensus among commission members with a minority failing to support the recommendation for free personal care at the point of delivery arguing that it would transfer wealth to the better off members in society (para 3 and 4). As noted above, all regions of the UK apart from Scotland concluded that only nursing care should be free to everyone.

A further attempt at reform was made by the Labour government with the publication of a White Paper (HM Government 2010) setting out proposals for what it called a comprehensive 'National Care Service' with a strong element of universality. However, the impending general election meant these proposals were not progressed.

Future Policy Direction in England and likely impact on Northern Ireland

Devolution has given Northern Ireland the right to determine social care policy. However, autonomy in this area has to be looked at in the context of a UK wide tax and benefit system. Although responsibility for social security policy was devolved to the Northern Ireland Assembly (whereas in Scotland and Wales this is a Reserved Matter), in practice the principle of parity with regard to social security benefits has been tightly maintained (Birrell, 2009).

In July 2010, the Coalition government set up the Dilnot Commission (Commission on Long term Care and Support 2011) on future funding of care and support which reported in July 2011. Its remit was to 'make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England, both in the home and other settings'. Just prior to the publication of the Dilnot Commission report the Law Commission set out its recommendations on the reform of social care law (Law commission, 2011). It recommended a single clear statute and Code of Practice providing greater clarity and transparency about legal rights to care and support services. It advocated clear rules governing when local authorities must provide services and the inclusion of a well-being principle in legislation with the statute setting out a list of outcomes to which the well being principle must be directed – such as health and emotional wellbeing and protection from harm. Other proposals include placing a statutory duty on local authorities and the NHS to work together, giving carers new legal rights to services and having a national single assessment and eligibility framework.

The Dilnot Commission Recommendations

The Dilnot recommendations focus on limiting the cost of care to individuals, having a nationally set, clearer and more objective eligibility framework, increasing the integration between social care services and other services and enhancing the preventative aspect of social care. With regard to funding the Commission recommended a capped cost model whereby the amount any individual would have to pay would be capped at a particular level (it suggests £35,000-£50,000). Ability to pay up to this level would be means tested but once the cost of a person's care reaches the cap then the State would pay. It also recommends that the asset above which people in residential care have to pay for the full cost of care should increase from the current level of £23,250 to £100,000. Everyone in residential care would be expected to make a contribution to general living costs of between £7-10,000 per year – again means-tested support would be available. Currently people can be made to contribute all of their income apart from £22.60 per week.

The cap on the contribution which an individual would have to make would make a significant difference to those of modest means who are currently liable for the full cost of care. It is also likely to be very popular with the mid range age group (eg NILTs angry 44-55 year olds who feel squeezed financially and worry about the disappearance of their inheritance). Having a fixed cost will remove some of the uncertainty and may enable people to plan better for their long term care. The Commission hopes that the setting of a cap would result in the financial services sector opening up a market in social care insurance. The Dilnot proposals would be largely in line with the public opinion but of course the devil is in the detail.

A full statutory social insurance scheme, which would provide everyone with full protection from care costs, was rejected by the Commission on cost grounds. It also argued that countries that have introduced full insurance schemes have had to rationalise services in response to fiscal pressures – although there is no guarantee that this would not happen in the UK under the shared responsibility scheme which the Commission proposes. Taking into account that the current system is underfunded, that we already have tight rationing of services and that there is a considerable unmet need, a considerable increase in public funding to social care services will be required even before the new proposals are introduced. If not, these longstanding problems will continue under the new system. Would the public respond better to a statutory social insurance system? The NILT results suggest so - as do opinion surveys in Britain.

Whether funded or not, the prospect of residential social care was regarded with mixed feelings by respondents. Among older people by far the greatest fear expressed was that of having to leave their own homes (69%). While a third worried about ill-treatment in such homes, a third also agreed that it would be

reassuring to have somebody there if they needed help.

Given that Northern Ireland has the highest proportion of older people in residential versus domiciliary care in the UK it is notable that public demand is for the reverse. Although it obviously depends largely on the level of care required in some cases, most respondents had little hesitation in opting for home care services. However, for the sample as a whole, by and large people felt that it would be quite difficult to get personal care services in the home. What Dilnot does not address in any substantive way is some of these other social care problems -particularly the quality of social care provision, the training and sustainability of the social care workforce, the cost of rolling out the personalisation agenda and the myriad of issues relating to unpaid care work. Age UK has estimated that home and residential care for older people is £3 billion short of the total needed to bring it up even to minimum official standards.

The Coalition Government had indicated that consideration would be given to the Dilnot proposals. A White Paper, 'Caring for Our Future' (DoH, 2012a) was published in July 2012. Using the language of transformation it set out a vision for a reformed care and support system based on a few well used phrases relating to health and wellbeing, choice and control and dignity but contained no proposals on funding reform. A Care and Support Bill (DoH, 2012b) published just before the White Paper created a number of clear duties on local authorities setting out new entitlements and processes. Major provisions included a single clear duty on local authorities to carry out assessments using a new national threshold for eligibility. The Bill also creates a legal entitlement to a personal budget.

Future Policy in Northern Ireland

With regard to social care Northern Ireland still operates under the vision and principles set out in People First (DHSSPS, 1990) which include enabling individuals to remain in their own home or in homely settings in the community. In terms of the policy agenda NI is a considerable way behind other parts of the UK. The personalisation agenda, essentially increasing the take up of Direct Payments and allowing, people (including those who do want to have responsibility for their budget) to have more control and say over their own care (Social Care Institute for Excellence, 2010) – has not got off the ground in Northern Ireland. A review of health and social services in Northern Ireland 'Transforming Your Care (DHSSPS, 2012) while accepting the necessity to move towards more primary and community health care had much more to say about secondary care than about how social care would be developed.

In an oral statement to the Northern Ireland Assembly on 3 July 2012 the DHSSPS Minister, Edwin Poots provided an update on progress made with regard to the Transforming Your Care agenda. He outlined a process of population based planning which he argued was the basis of enabling a shift from secondary care to primary and community care. He also referred to plans to reduce the number of people in residential care and to the development of self directed individual budgets. However, as yet there is little additional detail on these proposals.

The decision of the Coalition government at Westminster not to bring forward proposals for the funding of social care means that some issues are being addressed while leaving the fundamental core of many of the problems with adult social care untouched. In the long term this is not a sustainable position. While it is likely that Northern Ireland would have to follow any future substantive changes to funding arrangments on the basis of parity, there also needs to be a much broader debates here about what people expect and want from social care. It is also now broadly accepted that successful social care goes well beyond social care policy but involves a whole range of services – not just health but housing, transport, public health, education and social security.

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