



## Developing Social Care Policy: the public voice



by Ann Marie Gray, Lizanne Dowds and Paula Devine



### Introduction

Whereas the debate on the future of social care in Britain has included several initiatives for public engagement and there is a significant body of research on public opinion, much less is known about how people in Northern Ireland envision their future social care provision. The research reported here provides timely information on people's perception of aspects of the current system and their views on future policy. The setting up of the Commission on the future funding of care and support in 2010 headed by Andrew Dilnot was just the latest in a series of attempts to address the long term problems in social care (Commission on the Future Funding of Care and

Support, 2011). The Commission's 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'. However, if the Coalition government accepts the recommendations of the Commission for England, this will also undoubtedly impact on the devolved areas of the UK. Using data from the 2010 **Northern Ireland Life and Times (NILT) Survey**, this Research Update explores what kind of care people in Northern Ireland actually want and how they feel about their own future social care provision.

### Who should pay?

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.

A survey of public views carried out in Britain (IPPR and PWC, 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. The picture is similar in Northern Ireland when NILT respondents were asked to say how fair or unfair they found each of a number of different funding options (see Table 1). Only a fifth of respondents felt that the current system was fair (option E). The preferred option, which was identified by three quarters of respondents, was for care that is free at the point of delivery and funded by a special tax or insurance. However, a significant proportion (40%) supported means testing, with all care free for those who cannot afford to pay. Respondents on relatively high annual

Table 1: Fair ways of paying for social care by income

	% saying that this is a fair or very fair option				
	<£16,639	£16,640- £31,199	£31,200- £46,700	>£46,700	All
A 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
B 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
C 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
D 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
E The system at the moment - 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	20	23	18	18	20

household incomes were less likely to endorse care funded by a special tax or insurance and more likely to opt for a basic level of care funded by the government with the individual paying the rest. They were also slightly less in favour of the means-tested option as defined in the scenarios, probably due to the fact that under these situations, they could end up footing the whole bill.

The Dilnot Commission has proposed a model whereby the amount that any person would have to pay would be capped, and it suggested a cap of £35,000.

The 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 pick up the cost. It also recommends that the means-tested threshold 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. These NILT findings suggest there would be some support for this model.

## Are we prepared?

The NILT findings also highlight one of the challenges facing government – that

despite increased policy rhetoric (over many years) about the need for younger people to begin to make provision for old age, most NILT respondents under 35 years have not thought about how they might fund future social care (see Table 2). While older people are more likely to have thought about it, relatively few have done anything about it: less than one 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, who are almost twice as likely as young people to have thought 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. In some ways though, it is unrealistic 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. However, lack of knowledge about social care and the costs associated with it may also deter people from making provision. People may also 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.

## Residential versus domiciliary care

Northern Ireland is out of line with other parts of the UK insofar as many more older people receive social care in an institutional setting rather than within their own homes. In fact, 60 per cent of

Table 2: Preparations for meeting financial aspects of care needs by age

	%						
	18-24	25-34	35-44	45-54	55-64	65+	All
I've thought about it but haven't done anything specific	20	20	31	31	28	32	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
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
I expect my family to help fund any such care	2	2	1	0	3	3	2
I haven't really thought about it	69	61	45	42	45	40	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

Table 3: Views on moving into residential care by age

	%						
	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

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 this research. Clearly, 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. Further, when people were asked to consider both the positive and negative aspects of a move into residential care, by far the greatest fear among older people is the thought of having to leave their home (see Table 3). Additionally, about a third of over 65s are worried about ill treatment in care homes, although it should be noted that a significant proportion of older respondents could also see a positive side to such a move. The fear that having to sell their home means they will have nothing left to give to their family is not quite as primary among older respondents as might have been thought, with just over a quarter voicing that particular concern.

On the issue of whether services should be provided by organisations other than the statutory sector, a significant minority of NILT respondents (37%) were opposed to care being provided by private companies - a view more marked among older people, where 51 per cent were against this. Many respondents neither opposed nor supported this (31%), perhaps reflecting a lack of knowledge on this issue. There was more, though not overwhelming, support for charitable organisations providing services (72%).

## Conclusion

This research provides important baseline data on public opinion on this issue in Northern Ireland. Adult social

care has been a neglected area of policy and research, with debates tending to be dominated by hospital services. However, the unsustainability of, and dissatisfaction with, the current system and the likelihood of fundamental reform in England is likely to change that. Decisions need to be informed by a wide range of views. It is clear from this survey that there is fairly strong support for a universal model of social care provision, particularly one paid for by a specific social insurance or tax. This is also the case in Britain and perhaps reflects people's familiarity with the NHS. This option however, was ruled out by the Dilnot Commission on grounds of affordability. Our survey

did find some evidence of support for a model of funding similar to that proposed by Dilnot – whereby the state should pay for a basic level of care with the remainder being means tested. In terms of the type of social care preferred, most people would like to be able to have their care needs met at home and think that there should be a greater emphasis on domiciliary care. Also in line with opinion in Britain is the distrust of the private sector in the delivery of care. Finally, a finding of particular interest is that 81 per cent of NILT respondents felt that social care systems should be the same across the UK.

In September 2010, ARK convened a roundtable on social care provision. There was a strong consensus about the need to develop a vision for social care and a set of core principles and values which would under-pin provision (Gray and Horgan, 2010). The current policy focus on this issue provides an opportunity to do this, and to look at problems not comprehensively dealt with by the Dilnot Commission such as the quality of social care provision, the training and sustainability of the social care workforce and the range of issue regarding unpaid care. This needs to be informed by a body of research on adult social care examining these issues and developing public engagement.

## Key points

- Only 20% of respondents feel that the current system of funding social care is fair.
- 76% of respondents supported care which is free at the point of delivery and funded by a special tax or insurance.
- A significant proportion of respondents expressed support for care to be means-tested so that those who cannot afford to pay anything get free personal care, and those who can afford to pay do pay.
- 84% of people have not made any provision for their future care.
- 72% of respondents feel that spending on domiciliary care services rather than residential care should be a priority.
- With regard to residential care, for older people the greatest fear is leaving their own home. One third of over 65s would be worried about their treatment in care homes.
- There is very strong support for the system of social care being the same across the UK (81% of respondents).

## References

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The **Northern Ireland Life and Times survey** is carried out annually and documents public opinion on a wide range of social issues. In 2010, 1205 adults were interviewed in their own homes. Fieldwork was carried out by Central Survey Unit.

The survey is a joint project of the two Northern Ireland universities and aims to provide an independent source of information on what the public thinks about the social issues of the day. Check the web site for more information on the survey findings ([www.ark.ac.uk/nilt](http://www.ark.ac.uk/nilt)) or call the survey director on 028 9097 3034 with any queries.

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