

Public opinion research on social care funding

**A literature review on behalf of the
Commission on the Funding of Care
and Support**

February 2011

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Summary

As part of its brief to make recommendations on how to achieve an affordable and sustainable funding system for care and support, Commission on the Funding of Care and Support asked Ipsos MORI to conduct a thorough review of public opinion research concerning the future funding and management of social care in England. The review was designed to identify and critically assess sources of evidence and information on public opinion on social care funding, highlight key messages, and identify any gaps in the knowledge base.

This report presents the findings from that review.

Protection against the future cost of care and support

A substantial minority of people are concerned in general terms about paying for their care in old age, but few studies have explored specific concerns related to social care funding.

In terms of the balance of responsibility for funding between individuals, their families and the state, there is a perception gap between expectations and reality. Many studies have found that public demands on government are high, with a majority of people believing that responsibility for funding social care should rest with the state. However, international comparisons suggest that Britons are more willing to share responsibility and contribute to their care costs than citizens of other countries.

Despite this, there appears to be a tension when it comes to people's views of individual responsibility. While research shows that most people think it is their responsibility to plan for retirement financially, this does not necessarily include planning to pay for social care.

The evidence also points to resistance to greater compulsory responsibilities being placed on families, even though there is broad support for family involvement where possible.

Understanding how the care and support system works and planning accordingly

General awareness of how care and support services are funded – and how much they cost – is very low. This means that people often have no plans to save for future care needs, and there is very little research exploring the influences that shape people's behaviour around planning for care they may require in the future.

Low levels of awareness and planning could, at least in part, be symptoms of the lack of information people have about social care in general. There is a clear information gap – people do not feel well informed about social care funding and discussion about this topic appears to be outside most people's terms of reference.

When asked, people tend to favour a mechanism for pre-funded care costs, such as an insurance scheme, although in practice few actually expect to join one.

Understanding the role of the wider system of public support

The public often struggles to distinguish between social care services and health services provided by the NHS. This can lead to confusion about which services are currently free at the point of need and which are not.

When informed about current arrangements for funding social care, people often conclude that they are unfair. However, public views about 'fairness' in the delivery of public services are complex, with different people attaching different meanings to this concept. These views therefore need to be unpicked carefully. In this case there appears to be a conflict between two long-term, underlying social values: the need for equality and collective responsibility and the importance of individual rewards and responsibilities.

Views on the use of public, private and voluntary resources

While there is some support for a more universal approach to funding, it is not clear whether the public would be prepared to accept the greater individual contributions this is likely to entail. The public remains to be convinced that the requirement to increase resources will necessitate tax rises, arguing that giving greater priority to care funding relative to other public expenditure should be enough.

Furthermore, while the public think caring for older people is a priority, little research has been done about whether resources should be increased in order to improve quality.

Currently available products to increase individual contributions – insurance and equity release – are used by only a small minority to fund care costs. There is also some reluctance to involve the private sector in managing and delivering caring public services.

However, views about the optimal mix of public, private and voluntary resources in social care funding have not been examined in any detail.

Identifying gaps

Below are five areas in which little or no significant research has been conducted and in which there are significant gaps in the existing knowledge base. For more detail, please see page 36 of this report.

1. Public attitudes towards funding options – While much research has explored who people believe should be responsible for funding social care now and in the future, little research has been conducted into people's views of specific funding options. Specifically, there has been very little research into views on the role of the private and voluntary sectors.

2. What influences people to plan for social care funding – Many people have no plans to fund their future care needs, but there is a lack of research into what influences and shapes people's behaviour around planning for future care.

3. The impact of information on people's perceptions – There is a low level of awareness about social care generally, and discussion about the future funding of long-term care is outside most people's normal terms of reference. However, little research has been conducted into the potential impact that giving people more information would have on their plans for the future

4. Representative and robust research into the views of those with specific needs – Research covering the views of those with specific needs tends to be conducted by charities or special interest groups for the purpose of advocacy and campaigning and the work is often unrepresentative. There is a lack of robust research among these groups.

5. How perceptions vary across different demographic groups – Most of the research into public opinion on social care funding focuses on overall perceptions and ignores how views differ by demographic group or region.

Introduction

Introduction

This report presents the findings from a review of public opinion research concerning the future funding and management of social care in England. The review was designed to establish in what areas public perceptions have been measured and to identify any gaps in the understanding of public attitudes. Published research and material relevant to this subject from reports and consultations are covered in this review.

This research was undertaken by Ipsos MORI on behalf of the Commission on the Funding of Care and Support.

Background

The demographic profile of Britain is changing as people are living longer and healthier lives. An ageing population is causing a rise in the number of people with care and support needs, which in turn places pressure on both services and financial support.

According to the Office for National Statistics (ONS), there were 3.23 people of working age for every person of State Pensionable Age (SPA) in 2008. Although this 'old age support ratio' is projected to rise to 3.25 in 2018, it will then decline to 2.78 by 2033. The population is projected to become older gradually, with the average (median) age rising from 39.3 years in 2008 to 40.0 years in 2018 and 42.2 years by 2033. As the population ages, the number of older people will increase the fastest. In 2008, there were 1.3 million people in the UK aged 85 and over; this number is projected to increase to 1.8 million by 2018 and to 3.3 million by 2033, more than doubling over twenty-five years.¹

This will inevitably have a great deal of impact on the cost of delivering social care. Indeed, research published by the Joseph Rowntree Foundation suggests that by 2050 the costs of long-term care will need to increase four-fold just to keep pace with the ageing population.² When the previous government looked into the issue, prior to the 2010 election, it said that people aged over 65 will need care and support costing £30,000 during their lifetimes with 5% having needs costing £100,000 or more (excluding the cost of accommodation).

There is now general consensus that the current system is unsustainable. For over 15 years politicians and interested stakeholders have advocated the need to reform the way we pay for long-term care of older people, and a number of reports have set out potential solutions to the problem, but no agreement has yet been reached.

In 1997 the Labour manifesto committed to a Royal Commission on the issue of reform to the way we pay for long-term care. The resulting 1999 Royal Commission on Long Term Care for the Elderly³ recommended that the state pay for all long-term personal care. However, the idea was rejected by the UK government and in England and Wales state-funded personal care remained means-tested (although a policy of free personal care was then adopted by the devolved administration in Scotland and introduced in 2002).

¹ ONS National population projections, 2008-based (October 2009)

<http://www.statistics.gov.uk/pdfdir/pproj1009.pdf>

² Collins S (2007) How can funding of long-term care adapt for an ageing population? Practical examples and costed solutions York: Joseph Rowntree Foundation

³ Royal Commission on Long Term, With respect to old age: long term care - rights and responsibilities (March 1999)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008520

In 2006 the King's Fund-commissioned Wanless Report⁴ went further, setting out six funding options for social care. These ranged from improved means-testing to free personal care, but favoured a 'partnership model' guaranteeing a basic minimum level of care for all, an end to means-testing and the facility for people to finance more sophisticated care packages with matched funding up to an agreed amount.

Three years later, the Labour government launched the *Shaping the Future of Care Together* Green Paper.⁵ The green paper highlighted the challenges faced by the current social care system and outlined the need for radical reform. The paper also set out a number of questions which formed the basis of a wide-ranging consultation on people's views of the Green Paper known as the 'Big Care Debate'. This consultation helped to inform the 2010 Care and Support White Paper published by the Labour government which pledged to back a National Care Service free at the point of need.

In July 2010 following a commitment in the coalition agreement, *Our Programme for Government*, the new coalition government set up the Commission on Funding of Care and Support as an independent body 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.'

The Commission plans to look at funding from a broad perspective and consider how any future system will operate in the context of the wider public support system, including the benefits, housing and health care systems. The Commission is required to report on its findings to government by the end of July 2011.

Aims and objectives

As part of its brief to make recommendations on how to achieve an affordable and sustainable funding system for care and support the Commission has asked Ipsos MORI to conduct a thorough review of public opinion research to date, to establish where there is existing evidence and where there are gaps in the knowledge base.

The overarching objective of this review is:

'To carry out an independent review of the research evidence in order to give the Commission and stakeholders confidence in the review of public opinion and to identify any gaps in our understanding of public attitudes.'

In order to achieve this, the review aimed to:

- identify sources of evidence and information on public opinions on social care funding;
- consolidate the findings of that evidence;
- critically assess the existing evidence both in terms of quality and applicability;
- highlight any key messages or findings that will be relevant to the work of the Commission;

⁴ Wanless, Derek, et al. King's Fund and London School of Economics. Personal Social Services Research Unit *Securing good care for older people*. (London: King's Fund, 2006)

⁵ Department of Health, *Shaping the future of care together* (London : Stationery Office, 2009) http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_102338

- identify any gaps – especially any groups that have not been engaged with or key questions that have not been asked; and,
- suggest how these gaps could be overcome.

Methodology

In light of this policy background, in December 2010 and January 2011 Ipsos MORI conducted a review of publications ranging from public opinion polls and reports by think tanks, NGOs and research organisations to academic journals and grey literature (including agency and government sources, but not strategy or policy documents) covering public attitudes towards the future of social care, with particular reference to the dynamics of funding. This work is intended to establish where existing research has been conducted and to identify any gaps.

In most cases, documents were identified through online searches using search engines and through access to electronic databases, notably Social Care online, Athens and JSTOR. Search terms and inclusion criteria were agreed in the mutual Methodological Assessment Framework, which is attached to this report in the Appendix. Additionally, a few key documents were forwarded by the Commission.

The variety of terms around funding options for social care is considerable and therefore the search required a strategic approach. The search strategy for the current review was designed to cover research literature, opinion polls, user experience reports, academic articles and commentaries on people's views of the future funding options for social care. In light of the rapidly changing policy environment, priority was given to reports and articles published since 2005, broadly since the Wanless Review.⁶

The search retrieved a large number of publications (72) which were then investigated to see if they covered public opinion research on social care funding. Reports were critically appraised against set parameters for inclusion. This inclusion criteria required that publications included public attitudes and behaviour, that they were published since 2005, and that the findings are applicable to at least one of the Commission's four direction of reform priorities.

Many were much wider in scope in that public attitudes were only a marginal consideration, they mentioned funding options only tangentially, or covered the views of service providers and stakeholders rather than the general public. Others were detailed reviews related to identifying future needs and costs or the implementation of policy.

As expected, the investigations of public attitudes to the implications of specific funding options in relation to social care in these studies are thin. However, a number of reports were directly relevant and form the basis of this review. For each of these sources, a customised evaluation template was then completed. This included publication details, a summary of key findings and quotations, a note on relevance to this literature review, and a quality assessment. More details on these scales can be found in the attached Methodological Assessment Framework.

While this review focuses on social care, much of the public opinion research touches upon health care and public service reform more widely, and more general views have been included in the report where relevant.

⁶ Wanless, Derek, et al. King's Fund and London School of Economics. Personal Social Services Research Unit *Securing good care for older people*. (London: King's Fund, 2006)

Interpreting the research

The quality and robustness of the public opinion research retrieved in this search is highly variable. It ranges from nationally representative quantitative studies and large-scale deliberative events to un-representative self-selecting surveys and consultations.

All have been included in this review to illustrate the full breadth of research, but have been selected to provide an insight into a particular issue or topic. Care must be taken when interpreting some of the findings presented in this review and some publications should not be seen as representing public opinion, rather a specific group or interested party. This is noted throughout the review.

Structure of the report

The report begins with an executive summary that precedes this introduction and summarises the key findings and implications of the review. The main body of the report is divided into five chapters. The first four reflect the Commission's direction of reform priorities as outlined in its call for evidence on the future funding of care and support (December 2010)⁷:

- People should have the opportunity to be protected against the future cost of care and support;
- People need to understand how the care and support system works and be encouraged to plan accordingly;
- People need to be clear about the role of the wider system of public support (including the NHS and social security);
- Increased resources – public, private and voluntary – will need to be dedicated to care and support in the future.

The final chapter draws together the findings of the review and discusses gaps in the existing research.

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⁷ <http://www.dilnotcommission.dh.gov.uk/files/2010/12/1.1-Call-for-Evidence-FINAL-pdf.pdf>

1. Protection against the
future cost of care and
support

1. Protection against the future cost of care and support

Key findings

- A substantial minority of people are concerned about issues related to paying for care in old age, but few studies have explored concerns specific to social care funding.
- There is a perception gap between expectations and reality in who the public thinks should shoulder the responsibility for funding social care.
- People have high expectations of government and many studies have found that people think that responsibility for funding social care should rest with the state.
- But, international comparisons also show that Britons are more willing to share responsibility and contribute to their care costs than citizens of other countries. However, little research has been conducted into what exactly the public think the balance should be.
- Evidence suggests there is resistance to greater or compulsory responsibilities being placed on families, but there is broad support for family involvement where possible.
- Research points to potential tension over people's views of individual responsibility. While research shows that most people think it is their own responsibility to plan for retirement financially, this does not necessarily include social care.

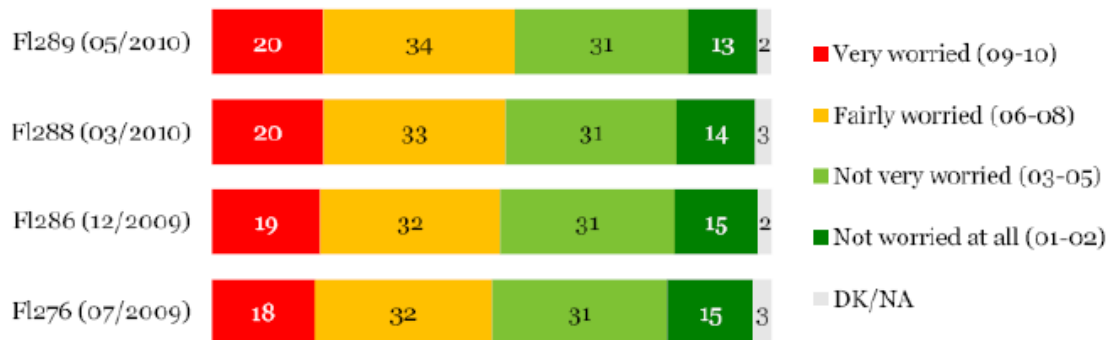
This chapter explores public opinion research covering Commission on Funding of Care and Support's first direction of reform objective: 'People should have the opportunity to be protected against the future cost of care and support'.

1.1 Concern about costs

A substantial minority of people worry about issues related to care in old age, and research suggests that people are becoming increasingly worried about being able to live in dignity in their old age. A recent Flash Eurobarometer survey found 54% of EU citizens to be worried that their income in old age would be insufficient for them to live a decent life, a rise of four percentage points between July 2009 and March 2010. However, people in the UK were slightly less concerned than the EU average (47% compared to 54%).⁸

⁸ European Commission (2010) Flash Eurobarometer 289 *Monitoring the social impact of the crisis: public perceptions in the European Union Wave 4* Brussels, European Commission

Respondents' level of concern about whether their income in old age would be sufficient to enable them to live in dignity



Q6. How worried are you, if at all, that your income in old age will not be adequate enough to enable you to live in dignity. Please express your opinion on a scale of 1 to 10, where 1 means 'Not worried at all' and 10 means 'Very worried'.
Base: all respondents, % EU27

Source: Flash Eurobarometer 289

Concerns range from having to sell their home to pay for social care in old age (25% worried about this), having to spend their children's inheritance to pay for care in their old age (28%) and being a burden when they get older (38%).⁹

Few studies have explored people's specific concern about the costs of social care in much depth. One of the few that does touch on this area was conducted solely among Londoners (and is therefore not nationally representative, but may give an indication of general opinion). It found the capital's population was split, with a slight majority saying that they were not concerned about the costs of social care. Just over half of Londoners (53%) said they were not at all concerned about who is going to look after them if they need care or assistance in the future, compared to 43% who were concerned (11% to a great extent and 32% to some extent). Women were more concerned than men, and BME respondents were slightly less concerned overall compared with white respondents.¹⁰

However, generally speaking, concern about the future is an issue of low salience among the general public. The Ipsos MORI Issues Index shows that concern about pensions, for instance, is consistently cited by around one in ten of the public as one of the most important issues facing Britain today, far below more 'immediate' issues like the economy, immigration the NHS and unemployment, suggesting that work needs to be done to convince people of the need to plan for the future.

1.2 Responsibility

A central question in planning any new approach to social care and support is how the balance of responsibility for providing and funding care should be split between the state, families and individuals. A societal agreement will be needed about the sharing of responsibilities now and in the future over the funding and provision of support for older people.

⁹ GfK NOP (2008) 'Two thirds of people won't put money aside for social care in older age'

¹⁰ CELLO mruk Social & Market Research (2009) 'Cost and Provision Adult Social Care Survey' Prepared for London Councils

Evidence suggests, however, that there is a perception gap between expectation and reality in who the public thinks should shoulder responsibility for funding and providing care and support, with generally high expectations of the state.

1.2.1 State responsibility

Research indicates that people believe the state should have some responsibility for funding social care.

A 2007 survey by YouGov, for instance, found that 58% thought that the state should have the most responsibility to assist with the cost of social care, with 38% saying they expect to rely on the NHS for financial support. (Although it should be noted that 44% said they expect to rely on their own personal savings.)¹¹

This is reinforced by a survey by ComRes from 2009 which found that 96% of people thought that the NHS should take at least some responsibility for looking after them in old age (52% thought the NHS should take a 'great extent' of responsibility).¹² More recently, Counsel and Care found that a third of people said that central government should be responsible for care funding and raise the money through taxation (33%) and one in five thought that local authorities will meet all their care costs (19%).¹³

A survey of Londoners informed respondents that the cost of social care in the UK can be between £500 and £1,000 a week and asked them to indicate who should be responsible for paying this cost.¹⁴ A quarter thought the NHS should meet the cost of future care (23%), while 27% said local authorities should be responsible and 50% nominated another part of the government. Only a fifth thought the person in need of care should meet the cost themselves, and a quarter that the costs should be met by families.¹⁵

While differences in question wording and methodology mean that these surveys are not directly comparable, and it is not possible to establish any trend in public opinion over time, they do demonstrate the high expectations people have of the role of the state in funding social care in the UK.

This also seems to be true globally, although comparison between countries suggests that Britons may be more willing to contribute to their care costs than people in many parts of the world. An international survey covering 12 countries found that a majority – two thirds – felt the state should pay for the care of older people (although this was split between those who think the state should fund care for those with low incomes and those who think the state should fund care for everyone). However, the study also found that those in the UK believed more than any other country that the responsibility of care should be shared between themselves, their families and the state (27% said that no single person or group should be responsible for the funding of care, compared with 12% internationally).¹⁶

This was also the conclusion reached by the large-scale but un-representative engagement by Caring Choices which found that only 20% of all participants thought that personal care should be *fully* funded by the state; most people in these events supported the idea of

¹¹ Caring Choices (2007) 'New survey reveals gap between expectations and reality in long-term care Funding' YouGov Plc. Survey for Caring Choices coalition

¹² ComRes (2009) Social Care Survey, Prepared for the Local Government Association

¹³ Counsel and Care (2010) 'Exclusive Research Reveals Widespread Confusion over Care for Older People'

¹⁴ The question was multi-code, so respondents could give more than one answer.

¹⁵ CELLO mruk Social & Market Research (2009) 'Cost and Provision Adult Social Care Survey' Prepared for London Councils

¹⁶ José-Luis Fernandez and Julien Forder (2010) 'Bupa Health Pulse Survey 2010 Ageing Societies: Challenges and opportunities'

sharing the costs between the state and individuals or families. However, there was great regional variation with 29 per cent of people surveyed in Manchester but only 6 per cent in Taunton favouring free personal care.¹⁷

A 2006 poll by Ipsos MORI on behalf of the LGA¹⁸ adds further weight to the idea that many are prepared to contribute towards their care. While a third of people (32%) expected to receive free home care from their local authority (this includes help with shopping, cleaning and getting dressed), half expected to make a contribution towards home care themselves (49%), although the size of this contribution is not specified and just one in ten expected to pay for *all* home care (10%).

Further, four out of five adults of all ages expected to receive help from their council if they had basic care needs when they reach old age.¹⁹

However, little research has been conducted looking into what in particular people expect the state to do for them. What research there is suggests that people expect support for basic needs such as food, shelter and medical care and the choice to be able to stay in their own home. A large majority of the public said that, should they become disabled or develop a long-term health condition, they would like social services or public agencies to provide support for them to stay in their own home (90%), provide basic needs such as food, shelter and medical care (88%) and give them the choice not to live in a residential care home (87%).²⁰

When asked whether more money should be spent on care and assistance for older people in their own homes, 78% supported the idea, with one in nine opposed (11%). However, this does not take into account where this money would come from.²¹

Much of the work on responsibility is quantitative, looking at what people think rather than *why* they think what they do. However, deliberative groups run by the Joseph Rowntree Foundation did look into the matter in a little more detail. They concluded that that older people in particular were most attached to the idea that the welfare state offers 'cradle to grave' protection, but that most people – irrespective of age, location, whether people were disabled or carers – acknowledged that the current system is not sustainable in the long term, and that, in future, individuals will have to contribute in some way to the costs of their long-term care, although that the state has some role to play.²²

1.2.2 Family responsibility

While many people say they are prepared to share responsibility, the role of families is a divisive one, and people are not convinced that familial contributions should be mandatory.

A 2009 report by ippr and PwC²³ based on a survey of 1,993 people²⁴ found significant resistance to the family role being relied on too extensively or made compulsory. Half (52%) felt they should not have to pay for relatives' care and just four per cent believe that individuals should be *compelled* to pay for their parents' care.

¹⁷ Caring Choices (2008) *'The Future of Care Funding Time for a Change'*

¹⁸ Ipsos MORI (2006) *LGA Local Government Delivery Index Survey December 2006*

¹⁹ Local Government Association (2006) *'Elderly care poll is wake up call for public'*

²⁰ Ipsos MORI (2006) *The General Public's High Expectations of Adult Social Care*

²¹ Ipsos MORI (2006) *LGA Local Government Delivery Index Survey December 2006*

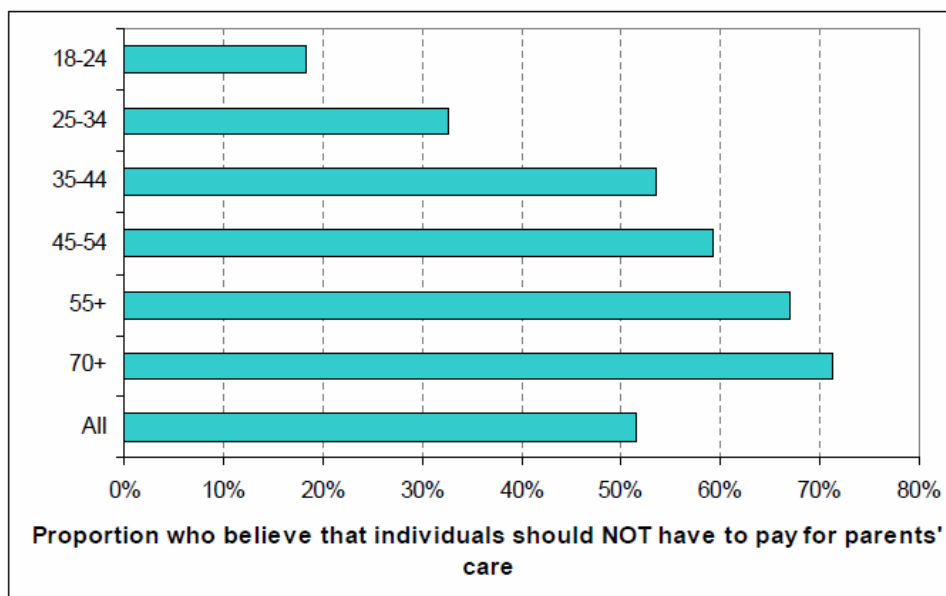
²² Joseph Rowntree Foundation (2006) *Testing consumer views on paying for long-term care* York: Joseph Rowntree Foundation

²³ ippr and PricewaterhouseCoopers (2009) *'Expectations & aspirations: Public attitudes towards social care'*

²⁴ Questions were posed to a representative sample of 1,993 adults across Great Britain, through YouGov's online omnibus survey conducted between the 3rd and 6th of April 2009.

This is supported by the qualitative findings from the previous government's 2009 engagement, in which most felt that it is not appropriate to *demand* that families take responsibility for the care of relatives, but it is desirable that families should provide care and support where possible.²⁵

However, although little research has been conducted in the area, evidence suggests that views about the preferred role of family vary considerably according to demographics. For instance, the ippr/PwC report identifies a 'generation divide' whereby the resistance to having to pay for parents' care costs strengthens as people get older. As the following chart shows, those aged 55 and over were significantly more likely to believe that individuals should not have to pay for their parents' care (67%).



Source: ippr/PwC

This is in line with research among Londoners which shows that younger respondents (aged 18-34) were more likely to think the family should be responsible for meeting the cost of care; on the other hand, those from the ABC1 social grades were more likely to indicate that the person themselves should be responsible than those from the C2DE social grades (24% compared with 14%).²⁶

Research also suggests that there are important variations in preferences for care and expectations of family in terms of ethnicity. Those from Black and Minority Ethnic backgrounds were generally more willing to contribute to care costs for relatives²⁷ but more research is needed in this area.

1.2.3 Individual responsibility

²⁵ HM Government (2009) *The case for change: why England needs a new care and support system – engagement findings*

²⁶ CELLO mruk Social & Market Research (2009) *Cost and Provision Adult Social Care Survey*
Prepared for London Councils

²⁷ ippr and PricewaterhouseCoopers (2009) *Expectations & aspirations: Public attitudes towards social care*

The role of the individual in funding care and support is a contentious one, and one that public opinion research has found difficult to pin down, given the myriad proposed funding combinations.

Research into planning for old age more generally has shown that people think it is their own responsibility to plan for retirement. Fifty-six per cent believe that it is mainly up to individuals to ensure that they have enough to live on in retirement, while 38 per cent believe that the government should be responsible.²⁸

However, there is little consensus among the general public over what role the individual should take in funding their own social care. A 2006 poll²⁹, for instance, found that half the public felt that the cost of caring should be paid for by the individual, their close family or friends, but that a third (32%) felt that there should be no contribution towards the cost of caring. (Although this simply explored basic costs such as transport, clothing, toiletries, medicine and special food rather than the cost of personal care and housing.) During the government's 2009 engagement some participants expressed concern that some individuals within vulnerable groups would not be able to cope with the responsibility saving for the cost of care in old age places on them³⁰, which may help to partially explain these divergent views.

Research consistently finds that people are more likely to say that a person's need should determine how care services are funded rather than their income or assets. A YouGov survey for Caring Choices (a partnership of the King's Fund, Joseph Rowntree Foundation, Age Concern and Help the Aged formed following the Wanless Review in 2006), for instance, found that three times more people think a person's need should determine funding than think it should be means tested (23%).³¹

This is corroborated by an Ipsos MORI poll which found more than half of the public said that they would be prepared to pay more in taxes to fund better social care for disabled people and people with a long-term health condition (54%), compared to a quarter who disagreed (23%). This suggests that a large proportion of the public is open to the idea of increased taxes, although a significant minority is not.³²

Similarly, in a large but un-representative survey, the BBC found that a clear majority (82%) of respondents said they would be willing to pay higher taxes, but 11% said they would not be (the rest were unsure). People with savings above £21,500 were less in favour of a rise in income tax, whereas recipients of care were more likely to agree with the measure.³³ However, it should be noted that this was a self-selecting, online survey and therefore people who took part are likely to be significantly more engaged with social care than the general public as a whole.

While the public do seem to be open to the idea of increased taxes, some surveys show a greater split on the matter than others. In a survey of Londoners, when respondents were asked whether the government should increase general taxation to meet the extra costs of the care that will be needed to support the increasing numbers of older people, opinions

²⁸ Department for Work and Pensions (2009) *'Attitudes to pensions: The 2009 survey'*

²⁹ Ipsos MORI (2006) *The General Public's High Expectations of Adult Social Care*

³⁰ HM Government (2009) *'The case for change: why England needs a new care and support system – engagement findings'*

³¹ Caring Choices (2007) *'New survey reveals gap between expectations and reality in long-term care Funding'* YouGov Plc. Survey for Caring Choices coalition

³² Ipsos MORI (2006) *The General Public's High Expectations of Adult Social Care*

³³ BBC (2009) Results from the BBC Care Calculator survey

were divided with 46% supporting such a measure and 44% opposing to it, while 9% were not sure.³⁴

³⁴ CELLO mruk Social & Market Research (2009) *'Cost and Provision Adult Social Care Survey'*
Prepared for London Councils

2. Understanding how the care and support system works and planning accordingly

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Key findings

- Awareness of how care and support services are funded – and how much they cost – is very low.
- This means that people often have no plans to save for future care needs.
- People tend to favour a mechanism for pre-funded care costs, such as an insurance scheme, in theory, although in practice few actually expect to join one.
- Very little research has been conducted into what influences and shapes people's behaviour around planning for care they may require in the future.
- Low levels of awareness and planning could be symptoms of the lack of information people have about social care in general. There is a clear information gap – people do not feel well informed about social care funding and discussion about this topic appears to be outside most people's terms of reference.

This chapter explores public opinion research covering Commission on Funding of Care and Support's second direction of reform objective: 'People need to understand how the care and support system works and be encouraged to plan accordingly'.

2.1 Awareness of funding system

There is widespread lack of awareness over how care and support services are funded and how much it costs. A recent poll by ICM on behalf of the BBC found that over three-quarters of people were either oblivious to or underestimated the cost of social care (77%).³⁵

A nationally representative poll on behalf of the LGA, meanwhile, found that only 13% correctly estimated the cost of care in a residential home for one elderly person to be upwards of £35,000 per year.³⁶ A further 13% thought it costs between £25,000 and £35,000 while 63% estimated the bill would be less than £25,000. This is in line with Ipsos MORI research for the Department of Health which found that 54% of the public think that, should they need to use services in the future, they will be free at the point of use.³⁷

³⁵ ICM and BBC (2010) '77% 'oblivious to social care cost'

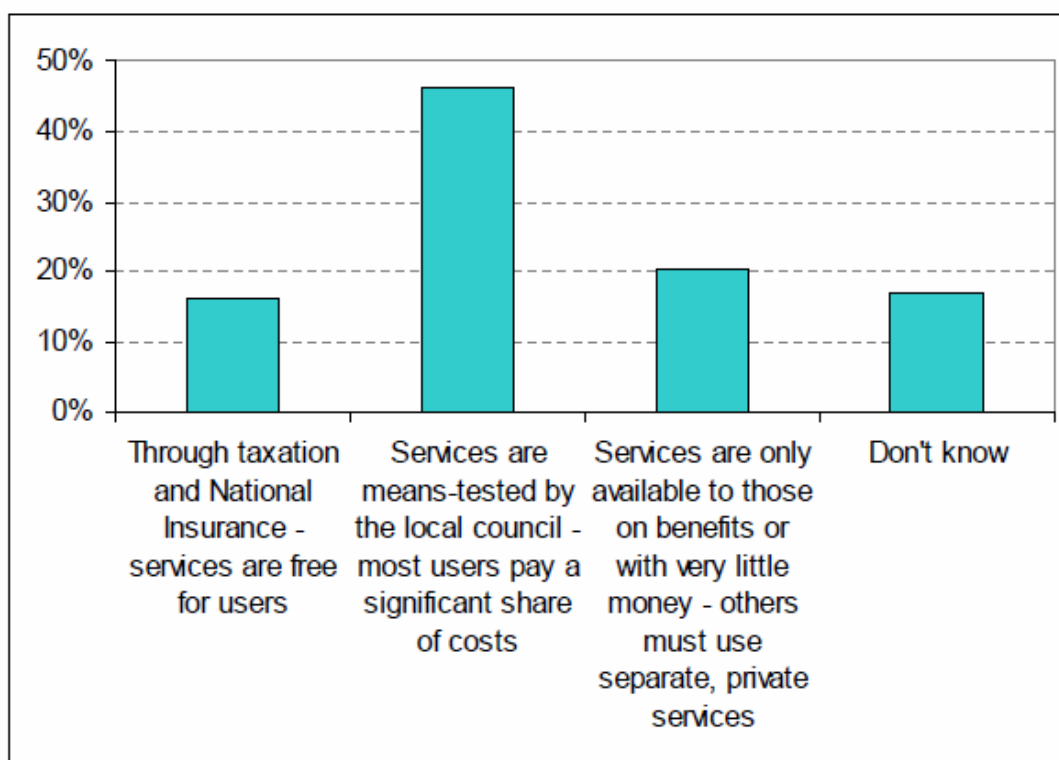
³⁶ Local Government Association (2009) 'Call to make the care of our ageing population a priority for all political parties'

³⁷ Department of Health/Ipsos MORI (2010) 'Public attitudes towards care and support'

Another poll from 2008 showed that 62% of people said they did not know how much they might need to pay for their social care needs.³⁸

This idea that people are unaware of how much care and support costs is reinforced by a report by ippr/PwC which found there were widespread misconceptions about the current funding system and the extent of individual contributions involved.³⁹ The report found that, when asked to identify the current funding approach for social care services, 17% said they did not know, 16% believed they were funded through tax and National Insurance in a similar way to the NHS, and 20% thought they were available only as a safety net for the least well off. Just under half (46%) knew that social care is funded via means testing.

This suggests that more than half of the general population are unaware of how social care is funded and are therefore not in a position to make informed decisions or plans for their own future care needs.



Sourc: ippr/PwC

Research suggests that awareness of social care funding is closely related to age, with younger people the least informed. The ippr/PwC report shows that a third of those aged 18-24 did not know how social care is funded, compared to a quarter of 25-34 year olds and one in five 34-44 year olds. Fewer than one in ten of those aged over 55, meanwhile, said they do not know how social care is funded.⁴⁰

³⁸ Counsel and Care, Carers UK and Help the Aged (2008) *'Right care, Right deal Scary, depressing and confusing: Voter's view of Social Care revealed'*

³⁹ ippr and PricewaterhouseCoopers (2009) *'Expectations & aspirations: Public attitudes towards social care'*

⁴⁰ ippr and PricewaterhouseCoopers (2009) *'Expectations & aspirations: Public attitudes towards social care'*

However, although older people are more likely to feel informed than younger people, the majority still underestimate the cost of long-term care. A recent poll found that over 50s drastically underestimated the cost of long term care.⁴¹ While most people were accurate in their awareness of average life expectancy – and indeed the proportion of people who are likely to go into care – the majority of over 50s had no realistic idea of how much it will cost: two in three thought that care home fees are less than £30,000 per year (65%), while a third believed that care will cost less than £20,000 per year and 12% believed that care will cost less than £10,000 per year.

2.2 Preparedness

One consequence of low awareness surrounding care and support funding – and on the reliance on the state – is that people often have no plans to save for future care needs.

Various figures are reported on the proportion of people who do not have plans to save. A 2008 ICM poll on behalf of Counsel and Care, Carers UK and Help the Aged, for instance, found that 87% of people had not made any plans to pay for personal care in older age, while just 5% of people had plans in place already. A further 6% said they were currently arranging plans to finance their care.⁴²

More recently, a poll found that more than two in five people had not made any financial plans for care in their old age and, of those who had, 40% were relying on using pensions income, 29% were expecting to use money from property or other assets, 23% were saving for care and 11% were relying on friends or family.⁴³ Another recent poll, however, suggested that 24% of people were making no financial provision for their old age, 59% were accumulating savings, 48% paying into a private pension and 36% had property investments.⁴⁴ In a survey by Counsel and Care 64% said they had not even thought about how to fund their own care.⁴⁵

The Bupa Health Pulse survey, conducted in 12 countries, also examined whether respondents had taken specific steps to prepare for their old age. It found that half (51%) stated that they had not prepared for old age (36% had not thought about it and 19% stated that they would deal with it when the need arose).⁴⁶ These results are comparable with the views collected by the Health Eurobarometer, which found that only a quarter of Europeans were saving money or had insurance to pay for future care (24%).⁴⁷

Research suggests that older people are more likely than their younger counterparts to be saving for old age care needs: 73% of people aged 16-35 said they have made no plans to pay for their social care, whereas this figure falls to 57% for those aged 51-70 and 56% for those aged over 71.⁴⁸

⁴¹ Partnership (2010) 'Over 50s drastically under estimate the cost of long term care'

⁴² Counsel and Care, Carers UK and Help the Aged (2008) '*Right care, Right deal Scary, depressing and confusing: Voter's view of Social Care revealed*'

⁴³ ICM and BBC (2010) '*77% 'oblivious to social care cost*'

⁴⁴ Local Government Association (2009) '*Call to make the care of our ageing population a priority for all political parties*'

⁴⁵ Counsel and Care (2010) '*Exclusive Research Reveals Widespread Confusion over Care for Older People*'

⁴⁶ José-Luis Fernandez and Julien Forder (2010) '*Bupa Health Pulse Survey 2010 Ageing Societies: Challenges and opportunities*'

⁴⁷ European Commission (2007) Special Eurobarometer: *Health and long-term care in the European Union*, Brussels: European Commission.

⁴⁸ GfK NOP, *Two thirds of people won't put money aside for social care in older age*, July 2008

Despite the wide variation in precise figures – likely to be the result of differences in question wording – all the research agrees that a large proportion of people have no plans to save for future care needs.

It is not surprising, therefore, that the Health and Long-term Care Eurobarometer suggested that a majority of people support the idea of setting up a mechanism for pre-funding care costs. The survey found that the large majority of Europeans (70%) agreed that paying into an insurance scheme that would finance care, if and when care was needed, should be obligatory.⁴⁹ However, as Bupa points out, the level of support varied depending on the nature of their current state system.⁵⁰ Citizens from countries with an existing compulsory insurance system, such as Germany, for example, showed a much greater agreement (83%) with the concept of compulsory contributions than citizens from means-tested systems, such as the UK, where the approval rate was much lower at 62%, although still a significant majority.

Research among Londoners explored whether respondents would be interested in joining a savings or insurance scheme now, to help them cover the costs of paying for care or assistance when they are older. One in seven (14%) said they already do this while an additional 20% said they would be probably (16%) or definitely (4%) likely to do so.⁵¹ Most, however, rejected the idea of contributing to an insurance scheme now to fund future social care for themselves: a third were definitely not likely (32%) with a further three in ten stating they would probably not do so. Little work has been done exploring how people would like to prepare.

The ippr/PwC report delved a little further and finds that only a minority could identify specific steps they were taking to plan for and fund any future care and support needs: 15% were saving money, seven per cent were buying a property and would be willing to use its value, and only three per cent expected their family would fund any care needs.⁵²

A lack of preparation means that many people will need to find other ways of financing their care. Bupa found that in the UK and Australia, two systems largely characterised by the means testing of the long-term care state support, there was most belief (18% and 14% respectively) that they would need to sell their house in order to meet their care costs.⁵³

However, a qualitative analysis by the Joseph Rowntree Foundation found that although very few individuals were making provision for future care needs, most were determined to reduce their assets as they got older in order to ensure they received financial support from the state.⁵⁴

This lack of planning may be explained in part by denial, or a reluctance to accept the possibility that they may need care. Surveys certainly suggest there is an element of denial; one found that while 50% of people thought it is very likely that most people will need care when they get older, just over half of that thought they would be in that situation themselves

⁴⁹ European Commission (2007) *Special Eurobarometer: Health and long-term care in the European Union*, Brussels: European Commission.

⁵⁰ José-Luis Fernandez and Julien Forder (2010) *'Bupa Health Pulse Survey 2010 Ageing Societies: Challenges and opportunities'*

⁵¹ CELLO mruk Social & Market Research, Cost and Provision Adult Social Care Survey, Prepared for London Councils and survey of London residents rather than nationally representative sample, 2009

⁵² ippr and PricewaterhouseCoopers (2009) *'Expectations & aspirations: Public attitudes towards social care'*

⁵³ José-Luis Fernandez and Julien Forder (2010) *'Bupa Health Pulse Survey 2010 Ageing Societies: Challenges and opportunities'*

⁵⁴ Joseph Rowntree Foundation (2006) *Testing consumer views on paying for long-term care* York: Joseph Rowntree Foundation

(27%).⁵⁵ Similarly, just six per cent thought that it is unlikely that people in general will require care in their old age, but this rose to 26% who thought it is unlikely that they *personally* will require care.

2.2.1 Incentives to prepare

Few studies have explored what influences and shapes people's behaviour around planning for the care they may require in the future.

One of the few that does touch on this area is a survey of Londoners conducted by mruk and London Councils. This looked at what incentives may encourage people to contribute to an insurance scheme to fund their social care needs. The most popular incentive was matched contributions from government – half (51%) thought this would encourage people to participate.

Over four in ten thought that more information from the government on how to plan for future costs would encourage people to take-up a savings/insurance scheme (44%). Tax free contributions was seen as a motivator by 38%, and three in ten thought special high interest rates would encourage people to take out financial planning schemes (29%). Almost one in ten (8%) thought none of the proposed incentives would encourage people to join a savings scheme, and 7% said they did not know.⁵⁶

However, this question did not explore why people held these opinions, nor what influences them. People answered based on little background knowledge of the subject and without knowing any detail of the cost of a proposed insurance scheme.

2.3 Information and advice

Low awareness and lack of preparedness are symptoms of the lack of information on social care. There is clearly an information gap – discussion about the future funding of long-term care is outside most people's normal terms of reference – and if a set of acceptable policy options is to be generated, there is first a need for a much more informed public debate.

One of the key messages from the government's six month qualitative engagement exercise conducted in 2009 was that, 'Members of the public typically had limited understanding of the care and support sector beyond their direct or indirect experiences of services.'⁵⁷ What understanding there was came mainly through experiences of family members or friends and, occasionally, via utilising services themselves.

This comes as no surprise as a number of previous surveys have shown that people do not feel well informed about social care. Research on behalf of the Department of Health suggested that 57% knew either nothing or not very much about the care and support system.⁵⁸ According to ippr/PwC, the majority of people – 79% – did not feel well enough informed about social care services and their financial implications. Just seven per cent felt

⁵⁵ Local Government Association (2009) *'Call to make the care of our ageing population a priority for all political parties'*

⁵⁶ CELLO mruk Social & Market Research (2009) *'Cost and Provision Adult Social Care Survey'*
Prepared for London Councils

⁵⁷ HM Government (2009) *'The case for change: why England needs a new care and support system – engagement findings'*

⁵⁸ Department of Health/Ipsos MORI (2010) *'Public attitudes towards care and support'*

well informed. Eleven per cent felt informed but wanted to know more. Even among those who had used social care services, just 14% said they feel sufficiently informed.⁵⁹

This is in line with other research which has found that 51% of people find the system of social care for older people ‘confusing’⁶⁰. One survey found that 39% of those ‘in the system’ say it is difficult to understand what is free and what has to be paid for.⁶¹ A 2010 survey found that just five per cent of people thought that the social care system is easy to navigate; 79% thought that not enough is done to tell people about the care options available and 71% did not think the government has a clear and consistent policy on care and support of older people.⁶²

However, when faced with more information, people are often accepting of the case for change. For instance, when presented with some of the projections about future care and support needs and funding during the 2009 government engagement people ‘...were often surprised and, in some cases, even shocked at the extent of the problem. Many among the public had not realised the demographic make-up of England is expected to change so markedly, particularly the declining numbers of working-age people to support the growing number of retired people using money raised through taxation.’⁶³

Further research has shown that people in Scotland and Wales feel more informed about the funding system for social care, with around twice the proportion feeling well informed than of Londoners. While those feeling well informed are still a minority (11% in Wales and 12% in Scotland), it suggests that the debate around personal care in both areas served to raise awareness.⁶⁴ However, this poll was taken in 2009 before the Big Care Debate and it is possible that the proportion of people in England feeling informed has since risen.

People are also unsure about where to get information. A recent poll of over 50s suggested that only one in nine would contact their local authority for advice and information about care fees (11%), while 4% would contact a financial adviser and 3% a care home. A quarter said they had no idea who to contact for advice (25%).⁶⁵

Another survey found most people (69%) would turn to the internet for information on care for older people, followed by GP surgeries (58%) and local council or social services (52%).⁶⁶

A 2010 survey highlights the uncertainty over what care advice and provision people are entitled to from their local council – 42% did not know councils offer a free assessment of an older person’s needs, which is often the first step towards obtaining a care plan and accessing care and support. (All councils are obliged to provide a free assessment for anybody who appears to be in need, regardless of a person’s finances.)⁶⁷

⁵⁹ ippr and PricewaterhouseCoopers (2009) *‘Expectations & aspirations: Public attitudes towards social care’*

⁶⁰ Counsel and Care, Carers UK and Help the Aged (2008) *‘Right care, Right deal Scary, depressing and confusing: Voter’s view of Social Care revealed’*

⁶¹ CELLO mruk Social & Market Research (2009) *‘Cost and Provision Adult Social Care Survey’* Prepared for London Councils

⁶² Counsel and Care (2010) *‘Exclusive Research Reveals Widespread Confusion over Care for Older People’*

⁶³ HM Government (2009) *‘The case for change: why England needs a new care and support system – engagement findings’*

⁶⁴ ippr and PricewaterhouseCoopers (2009) *‘Expectations & aspirations: Public attitudes towards social care’*

⁶⁵ Partnership (2010) *‘Over 50s drastically under estimate the cost of long term care’*

⁶⁶ Counsel and Care (2010) *‘Exclusive Research Reveals Widespread Confusion over Care for Older People’*

⁶⁷ *ibid*

The literature reviewed in this research shows that there is a strong desire for more information on the options for social care funding. However, it is important to frame any information in accessible ways. An extensive engagement programme found that discussions about abstract figures did not mean very much to people. Instead, what they really wanted to know was what needs would be covered and what factors would determine eligibility. In particular, there was support for the idea that if people knew what would be used to define a baseline of financial provision by the state, they would be able to plan how to cover the rest, particularly if they could be assured that there was a limit to their own liability.⁶⁸

⁶⁸ Caring Choices (2008) *'The Future of Care Funding Time for a Change'* This was not a representative sample of the population, but brought together a wide range of people with an interest and involvement in care services. Thus, while the conclusions reported here should not be represented as public opinion, they give a useful picture of how different types of care funding might be received by those most closely involved in providing and receiving social care.

3. Understanding of the role of the wider system of public support

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Key findings

- The public often struggles to distinguish between care services and health services provided by the NHS
- When informed of current arrangements for funding social care, people often conclude that they are unfair.
- However, 'fairness' as a concept in the delivery of public services is complex and can mean different things to different people.
- In particular, there appears to be a conflict between two long-term, underlying social values: equality and the collective versus individual rewards and responsibilities.

This chapter explores public opinion research about Commission on Funding of Care and Support's third direction of reform objective: 'People need to be clear about the role of the wider system of public support (including the NHS and social security)'.

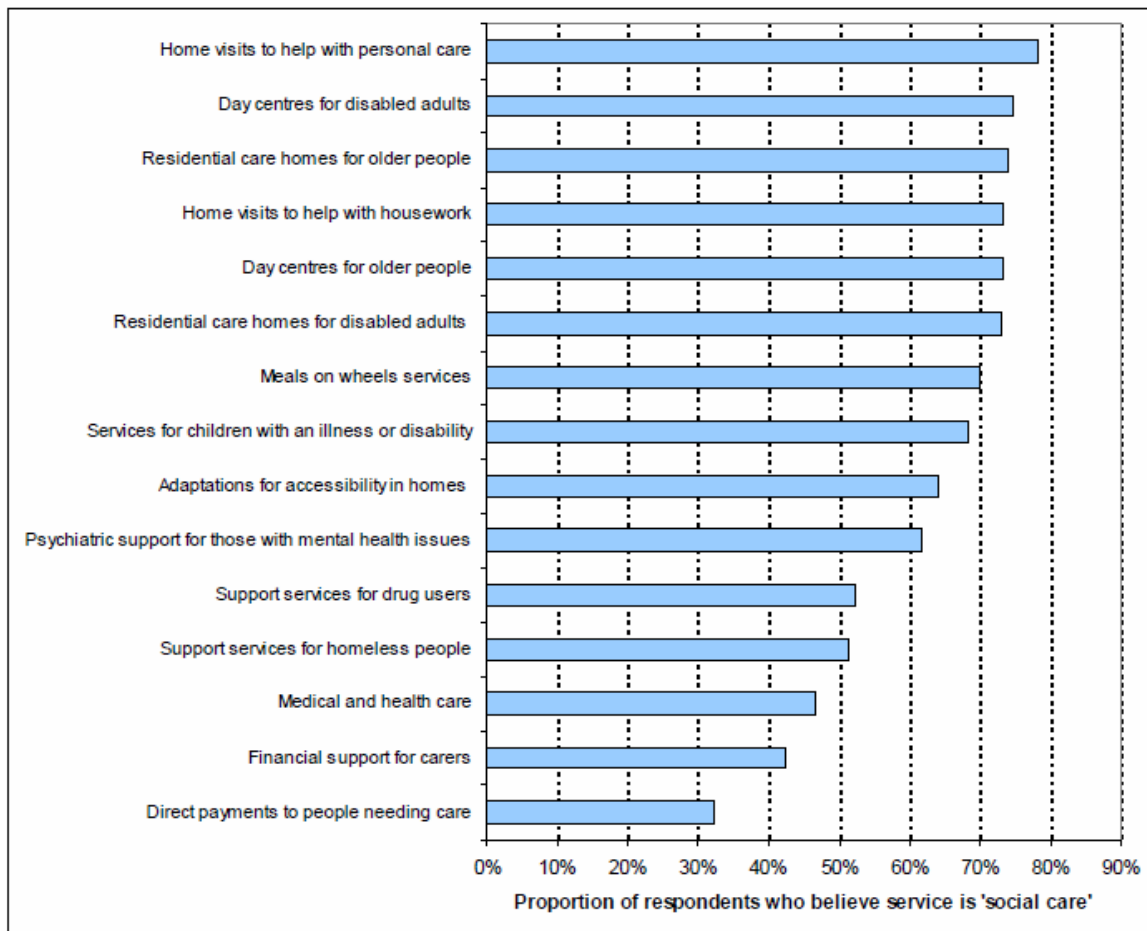
3.1 Confusion over boundary between health services and social care

One of the main difficulties in raising awareness of the need to plan for future care needs is that the public often struggles to distinguish the difference between care services and health services provided by the NHS. One of the key messages from the government's 2009 engagement, for instance, was that 'the familiarity of the NHS model made it difficult for people to accept any reform of care and support that was not paid for collectively and free at the point of need'.⁶⁹

Research shows that people lack understanding of which services fall within the remit of social care. While most are aware that services including personal care, day centres and residential care homes are classified as social care, fewer recognise that financial support for carers or direct payments, for example, are part of social care. Indeed, more people think that medical and health care is part of social care than think it covers financial support for carers or direct payments to people needing care.⁷⁰

⁶⁹ HM Government (2009) *The case for change: why England needs a new care and support system – engagement findings*

⁷⁰ ippr and PricewaterhouseCoopers (2009) *Expectations & aspirations: Public attitudes towards social care*



Source: ippr/PwC

3.2 Fairness

One result of the confusion over the role and funding of social care in relation to other streams of public support is that people can often conclude that current arrangements are unfair.⁷¹ The importance of 'fairness' in any future solution to social care funding runs through much of the published research.^{72 73}

⁷¹ For instance, in a mruk/London Councils survey, respondents in London were informed that, at present, people who need to go into residential care and who live alone and own their home, may be required to sell their home to make a contribution, and were asked to indicate how fair or unfair they thought this. Six in ten (59%) thought this unfair, with 38% saying this is very unfair and 21% saying this is fairly unfair. Just over a third of (37%) thought this was fair (8% very fair; 29% fairly fair) while 5% didn't know.

⁷² A report by Leonard Cheshire Disability, for example, based on depth interviews with 35 disabled people across England, concluded that if adult social care is truly to serve the public, it is essential that the system be fair, open and just.

⁷³ Deliberative work by ippr and PwC, meanwhile, identified fairness as one of three essential components of any future system of social care, reporting that they found consensus across all groups that social care should be provided to everyone according to their needs. (See ippr/PricewaterhouseCoopers (2010) *'When I'm 94: How to fund care for an ageing population'*)

However, as Justin Keen, Professor of Health Politics, at Leeds University points out, no one has defined what fairness actually means.⁷⁴ Fairness in an issue such as social care funding is a difficult concept to pin down. For some, fairness is synonymous with universality – in funding and provision – while for others fairness means individual solutions to care issues. The conflict between these two long-term, underlying social values: equality and the collective versus individual responsibilities, has long proved difficult to balance, and public opinion on this needs to be unpicked carefully.⁷⁵

Firstly, there is a distinct lack of support for the current funding system, borne of the view that it is unfair, and much research has shown that people instinctively tend to prefer a collectivist approach to meeting the need for increased care and support funding. The BBC found that two-thirds (65%) of respondents (in a self-selecting and therefore unrepresentative survey) said everyone should receive the same amount of free social care regardless of the level of assets they owned⁷⁶, for example, while the JRF concluded that increasing general taxation, with the burden spread across the population was fairer than the current system because it would guarantee a certain level of support that individuals could supplement with their own resources.⁷⁷ Caring Choices, meanwhile, found that ninety per cent of participants at their event rejected the use of a means test to determine whether or not an individual receives any state-funded care.⁷⁸ In other words, people often say that they support a stronger 'universal' element.

The government's 2009 engagement came to similar conclusions with most participants agreeing that everyone in society should pay, and ideally that payment should be made in advance of need. It was felt that sharing the cost in this way would ensure that those on lower incomes or with high costs of care would receive the care that they need.⁷⁹ Other consultations have also concluded that people think paying for future care out of taxation and ensuring equality is the fairest method.⁸⁰

In this sense, people's perceptions of fairness in funding social care means sharing the costs across society and entitling everyone to the same level of care.

Indeed, quantitative research has shown that the majority of people instinctively favour nationally available treatments. To illustrate with a general NHS example, research conducted by Ipsos MORI and the SMF found that 73% of people thought that treatments should only be available on the NHS if they are available to everyone, compared to 23% who thought that the availability of NHS treatments should be based on local need rather than a 'one size fits all' approach across the country.⁸¹

However, views do seem to vary when examined in more depth. During qualitative research people were given a map showing different health needs in different areas and were presented with a range of possible service improvements – some with a national impact,

⁷⁴ Keen J and Bell D (2009) *'Identifying a fairer system for funding adult social care'* Viewpoints: Joseph Rowntree Foundation

⁷⁵ Please see 2020 Public Services Trust/Ipsos MORI (2010) *'What do people want, need and expect from public services?'* for an in-depth discussion on the nature of fairness in public services.

⁷⁶ BBC (2009) Results from the BBC Care Calculator survey

⁷⁷ Joseph Rowntree Foundation (2006) *Testing consumer views on paying for long-term care* York: Joseph Rowntree Foundation

⁷⁸ Caring Choices (2008) *'The Future of Care Funding Time for a Change'*

⁷⁹ HM Government (2009) *'The case for change: why England needs a new care and support system – engagement findings'*

⁸⁰ Welsh Assembly Government (2010) *'Paying for care in Wales: Written and on-line responses to the Green Paper Consultation'*; Scottish Executive (2010) *'Reshaping Care Engagement Summary Report'*

⁸¹ Social Market Foundation (2009) *'Local Control and Local variation in the NHS What do the Public Think?'* London:SMF

some which focused on specific issues – with the caveat that not all could be afforded so they would have to prioritise. All four focus groups prioritised investment in specialist services aimed at specific health issues in particular areas before they looked to invest in raising national standards of care.⁸² This indicates that while people often say that universality is vital, in practice people tend to support the idea that resources should be tailored towards individuals.

Research also shows that people think individual choice is important. The 2007 British Social Attitudes Survey⁸³ found that four in five people felt that that older people in need of personal care funded by the government should have at least quite a lot of choice over who provides them with that care (80%; 29% think that they should have a great deal of choice).

⁸² *ibid*

⁸³ British Social Attitudes Survey 2007

4. Views on the use of public, private and voluntary resources

4. Views on the use of public, private and voluntary resources

Key findings

- Most research studies have examined how, in principle, the public would like the additional resources required to meet rising demand to be found and distributed, rather than exploring whether they think the extra resources are necessary.
- While there is some support for more universal funding, it is not clear whether the public would be prepared to accept the greater individual contributions this is likely to entail.
- Indeed, what evidence there is suggests the public remains to be convinced that the requirement to increase resources will necessitate tax rises, arguing that giving greater priority to care funding relative to other public expenditure should be enough.
- Currently available products to increase individual contributions – insurance and equity release – are used by only a small minority to fund care costs. There is also some reluctance to involve the private sector in managing and delivering caring public services.
- The public think caring for older people is a priority but little research has been done with the public about the need to increase resources in order to improve quality.
- Views about the optimal mix of public, private and voluntary resources have not been examined in any detail.

This chapter explores public opinion research covering Commission on Funding of Care and Support's final direction of reform objective: 'Increased resources – public, private and voluntary – will need to be dedicated to care and support in the future.'

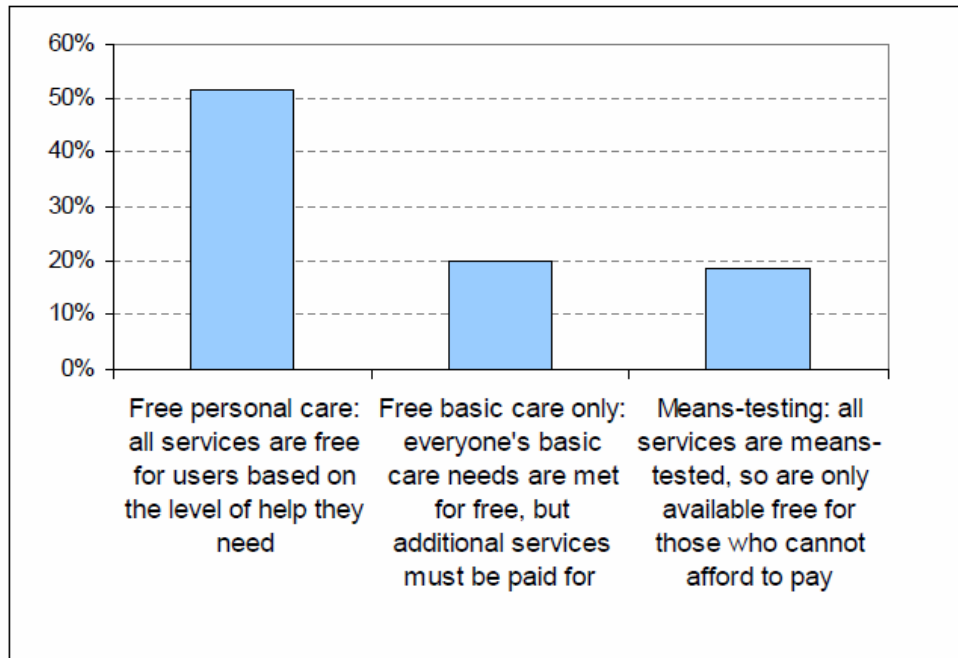
4.1 Greater resources to meet rising demand

Recent public perceptions research on care funding has focused on how to meet rising demands for care and support as the population gets older. The need to increase resources is often introduced as a prerequisite for any future funding model.⁸⁴ As such, people are usually presented with evidence about the demographic and other demand pressures *before* being asked for their views, although they do appear broadly convinced of the need to increase resources in response to the evidence.⁸⁵ Therefore, most research studies have explored how, in principle, the public would like these additional resources to be found and distributed.

⁸⁴ HM Government (2008) *The case for change: why England needs a new care and support system*

⁸⁵ When people who are already engaged with the care system are asked about funding, they overwhelmingly support increasing resources – this was the case for 99% of those consulted as part of Caring Choices (2008) *The Future of Care Funding Time for a Change*

As discussed previously, survey findings and qualitative research show that there is spontaneous support – albeit far from unanimous – for a system that is based on more universal principles, funded through taxation and available on the basis of need to all.⁸⁶



Source: ippr/PwC

However, there has been little research that explores whether the public would be prepared to accept the consequences of taking a more universal approach, particularly if taxes were raised to fund care in this way. It may be that the clarity and familiarity of the universal model of funding (most obviously in the NHS) makes it difficult for people to understand alternatives and how they would pass the ‘fairness’ test described in Chapter 3.

Furthermore, the public remains to be convinced that increased resources should involve tax rises. Some argue that finding additional funds is simply a matter of government having different priorities and allocating more resources to care⁸⁷, or improving how the current budget is managed and distributed.⁸⁸

There is some research about two potential ways of increasing resources, through either insurance or equity release schemes. Willingness to join an insurance scheme was discussed in Chapter 2. In terms of qualitative work, the supplementary research conducted as part of the Big Care Debate suggested that some form of insurance might be popular among people who are risk averse, but that many others would not trust private companies to insure this important and sensitive aspect of their lives.⁸⁹ There was a general consensus that any insurance should be state-backed, and a similar model was one of the options preferred by some in the 2009 engagement work conducted by the Department of Health.

⁸⁶ ippr and PricewaterhouseCoopers (2009) *‘Expectations & aspirations: Public attitudes towards social care’*

⁸⁷ Joseph Rowntree Foundation (2006) *Testing consumer views on paying for long-term care* York: Joseph Rowntree Foundation

⁸⁸ HM Government (2009) *‘The case for change: why England needs a new care and support system – engagement findings’*

⁸⁹ HM Government (2010) *‘Shaping the Future of Care Together – Report on the Consultation’*

Research from 2006 shows equity release was primarily used for home improvements (70%) or holidays (40%) and that only one per cent of those who had used equity release products did so in order to fund future care costs.⁹⁰ Other research suggests that there is widespread mistrust of equity release products and providers, and a belief that they are not good value for money. As a result, down-sizing is seen by many as a better way of releasing value from their home.⁹¹

4.2 Greater resources to deliver better quality outcomes

There is very little research exploring what the public thinks about increasing resources to improve quality rather than to meet rising demand. What little evidence there is appears to demonstrate public support for greater resources. One survey, discussed in Chapter 1, showed that a majority of people say they would be prepared to pay more in taxes to fund better social care (54%).⁹² However, most studies about whether more funding should be found in order to deliver better services has been with users, some of whom argue that the care system requires more funds to ensure good quality of life for those who need support. Exploring the views of users in detail is beyond the scope of this review.

Having said that, the public clearly feels caring for older people should be a priority, even relative to other key public services. For example, of those who thought some services should be protected from spending cuts, almost half mentioned care for the elderly (46%), with only schools and the NHS seen as higher priorities.⁹³

Qualitative research, including the government's 2009 engagement work, also finds that people want the system to have sufficient funding to deliver good quality care, even if they struggle to define exactly what this would mean in practice.⁹⁴

4.3 The optimal mix of public, private and voluntary

The public's view on the optimal mix of public, private and voluntary resources has not been examined in any detail. Instead, shared responsibility has been explored in terms of the right balance of responsibility between individuals, families and the state, as described in Chapter 1.

In general, how public services are funded and managed is not well understood by the public, as typified by their limited understanding of social care funding described earlier.⁹⁵ This makes it hard for people to give informed views about their preferences for structural and financial arrangements for services, particularly in quantitative research.

Despite the lack of specific evidence about the role of different sectors in social care, wider research suggests that some people are nervous about private and voluntary organisations being involved in public service delivery. This is particularly the case for those services seen as 'core' such as health and education. Recent qualitative work published by the 2020 Public Services Trust on views of ideas for public service reform found that participants expressed

⁹⁰ CSIP (2008) *'Rainy Days & Silver Linings: using equity to support the delivery of housing or services for older and disabled people'*

⁹¹ Joseph Rowntree Foundation (2006) *'Obstacles to equity release'*

⁹² Ipsos MORI (2006) *'The General Public's High Expectations of Adult Social Care'*

⁹³ Ipsos MORI Public Spending Index (2009)

⁹⁴ HM Government (2009) *'The case for change: why England needs a new care and support system – engagement findings'*

⁹⁵ ippr and PricewaterhouseCoopers (2009) *'Expectations & aspirations: Public attitudes towards social care'*

‘a sense of wanting the public sector to be good at delivering services, rather than perceiving significant value in switching to alternative providers’.⁹⁶ There was suspicion about the role of the profit motive for private sector providers, and a lack of understanding of how voluntary organisations could deliver services.

Highlighting these concerns, a poll in 2009 showed that a large majority of people (78%) felt that health services should be run by the government and public organisations, rather than by private companies.⁹⁷ However, the 2020 Public Services Trust qualitative work also suggested that many people would be open to the idea of private sector involvement provided they could be reassured that the quality of services would not decline.

Charities are seen as best placed to provide caring and compassionate services (53%) and much more so than public authorities (18%) or private companies (11%).⁹⁸ But when asked about a specific care service, the public is less convinced that non-state providers should have a role. The Charity Commission conducted a poll to determine which type of organisation – public, private or voluntary – people thought would be the best at providing different types of public services. Just under half (48%) thought that public authorities should provide care homes, with charities and private companies preferred by much smaller proportions (both 14%).⁹⁹

While these findings are not about the balance of resources between each sector, they highlight how little is known about public perceptions of the respective roles of public, private and voluntary organisations. This is the case across the public sector, and social care is no exception.

⁹⁶ 2020 Public Services Trust/Ipsos MORI (2010) ‘*Citizen engagement: testing policy ideas for public service reform*’

⁹⁷ Ipsos MORI/Unison (2009) ‘*NHS is as important as economy in determining public vote*’

⁹⁸ Ipsos MORI (2009) *Data available on request*

⁹⁹ Ipsos MORI/Charity (2010) Commission ‘*Public trust and confidence in charities*’

5. Identifying gaps

5. Identifying gaps

This review shows that while public opinion research on funding of social care has been covered in some breadth, few aspects have been explored in much depth. Much of the research is based around top of mind polling which gives a representative view of what the public thinks, but often relies on a handful of questions that do not explore people's views in much detail. There is some qualitative work that does cover perceptions in more depth, but this is far from comprehensive in coverage.

Interest in social care funding as a topic of research seems to be closely tied in with the release of major reports and government papers. As such, much of the evidence that this review draws from comes from 2006/2007 following the Wanless Report, and 2009 following the government's 'Big Care Debate' consultation. This sporadic interest means that there are some important aspects of people's attitudes towards social care funding that have not been covered at all.

Below, we highlight five gaps in existing research.

1. Public attitudes towards specific funding options

The most obvious gap in the knowledge base is research into people's views of the specific funding options. While some publications have attempted to explore public opinion on different scenarios – notably the Joseph Rowntree Foundation's *'Testing consumer views on paying for long-term care'* – much of this research is now out of date (this report came from 2006, for example), or does not explore the trade-offs between different specific funding options and reasons for individual preferences. Further, surprisingly little research has been focused on public attitudes towards an increased role for the private and voluntary sectors.

2. What influences people to plan for social care funding

Research shows that few people have plans to fund their future care needs – and many are simply unaware that they may need to – but few studies have explored the social norms that underlie people's perceptions of social care needs in old age. Nor have studies explored the potential dissonance between people's attitudes towards financial planning for retirement more generally and their preparations for social care needs. Linked to this, little is known about the influences that shape people's *behaviour* around planning (financially and in other ways) for the care they may require in future and how this relates to their perceptions of fairness. This kind of study could help develop hypotheses about the interventions that could be used to help people consider these issues, with the aim of making planning ahead more routine.

3. The impact of information on people's perceptions

This review also highlights the lack of informed debate on social care funding. This means that there is an information gap that needs to be bridged if a set of acceptable policy options is to be generated. What research has been done into this area shows that when informed of the full extent of the situation, people are much more open to the idea of preparing for change, but a greater level of analysis is required.

4. Representative and robust research into the views of those with specific needs

Research into those with specific needs, for example those with learning disabilities, mental health conditions or physical impairments, tends to be exclusively covered by charities or other advocacy or special interest groups. This work is often unrepresentative and intended for advocacy and campaigning. There is therefore a clear lack of robust and representative research among these groups.

5. How perceptions vary across different demographic groups

Analysis of how views differ between different demographic groups, or by region, has been touched on only lightly in the publications covered in this review. While research suggests that younger people are more open to the idea of sharing responsibility for costs, as are those from ethnic minorities, there has been virtually no exploration of how expectations of care needs may vary across different generations, and what this may mean for the future.

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Appendix

Appendix

Appendix 1 – Methodological Assessment Framework

Search criteria

Searches will be carried out using combinations of key terms (e.g. ‘social care’ AND ‘funding’ AND ‘perceptions’). These will be agreed with the Commission and the search results will be tracked to ensure good coverage. We anticipate the search to be an organic process where some searches will have additional terms included to help us locate specific information.

Parameters

We will focus on the four areas outlined in the call for evidence:

- 1) People should have the opportunity to be protected against the future cost of care and support
- 2) People need to understand how the care and support system works and be encouraged to plan accordingly
- 3) People need to be clear about the role of the wider system of public support (including the NHS and social security)
- 4) Increased resources – public, private and voluntary – will need to be dedicated to care and support in the future

The focus will be on public attitudes and behaviour. We will prioritise research with the public or representative samples of users rather than research conducted with the membership of stakeholder organisations.

Timeframe

We propose to include research from 2005–present, with some flexibility to include key research before this date (such as the Royal Commission on Long Term Care from 1999). However, we anticipate that key reports will be cited in post-2005 literature.

We will include local research where this is highly relevant or likely to provide insight into the national picture. This is something we will discuss further when we have started exploring the available sources.

Suggested sources

- Ipsos MORI and other research agencies
- Government departments, especially but not limited to:
 - DH;
 - DWP;
 - CLG.
- Local government/Sector organisations:

- LGA,
- ADASS and others
- Think tanks:
 - Young Foundation,
 - ippr,
 - Demos,
 - The King's Fund,
 - ESRC,
 - JRF
- Journals:
 - Google scholar,
 - Social Care Online or similar
- Academic organisations, e.g:
 - NIHR School for Social Care Research;
 - Lifespan Research Group (Department of Health and Social Care, Royal Holloway, University of London);
 - Personal Social Services Research Unit (PSSRU)
- Voluntary organisations:
 - Social Care Institute for Excellence (SCIE)
- Key reports and research:
 - With respect to old age: long term care - rights and responsibilities (Royal Commission on Long Term Care, 1999)
 - Securing Good Care for Older People (Wanless, 2006)
 - The Big Care Debate
- References listed in key papers
- Private sector research, including insurance companies
- Specific data, statistics websites and statistical services