

Expectations & aspirations: public attitudes towards social care

- ippr and PwC social care programme

EXECUTIVE SUMMARY

In advance of the publication of a government Green Paper on social care, the Institute for Public Policy Research (ippr) and Pricewaterhouse Coopers LLP (PwC) commissioned research¹ to explore public levels of awareness and understanding of social care provision. The findings expose a lack of awareness about social care, confusion about how services are funded and a widespread lack of preparation or planning for future care needs. A real concern arising from our research is that the public's current understanding of social care is insufficient to enable an informed debate about the future of social care to take place.

This briefing is the first output from the ippr-PwC social care programme. This programme seeks to generate public debate about the future of social care; and consider how the social contract between the state, organisations, communities, families and individuals may need to fundamentally change to ensure that the future of social care is based on principles of fairness and sustainability.

The following key themes emerge from the findings:

- **Low awareness and uncertainty: confusion about the nature of social care services.** The nature of social care and the boundaries between it and other services such as health are unclear among the public. Perceptions of the quality of these services are positive overall, but many don't have an opinion either way, reflecting low awareness and uncertainty. Despite this apparent low engagement and familiarity with formal services for care and support, some role in caring for others is a part of life for just under a quarter of people we surveyed.
- **Misconceptions about social care funding.** There is also confusion and uncertainty about how these services are funded at present, and the degree of individual contribution involved. The misconceptions about who pays for care, and the low awareness of means testing in paying for services, across core working age groups, is of concern. Only 46 per cent of people were aware that care provision is means tested.
- **Lack of preparation and planning for care needs.** These misconceptions around funding suggest that many are in a weak position to plan or prepare for their future care needs. Indeed, only a minority (22 per cent) are taking any specific steps to provide for or fund their own care. Large proportions across age groups either have not considered this issue or feel unable to make any such plans.
- **Reluctance towards greater family responsibility for funding and providing care.** There does not seem to be widespread support for the role of families in care to become more extensive or compulsory. Most (52 per cent) feel they should not be compelled to

¹ This report is based on the findings of a representative YouGov survey of 1,993 adults across Britain undertaken in April 2009. Questions were asked about awareness of the current system, attitudes to funding these services and expectations, expectations and preferences for their own care needs and attitudes to providing care themselves.

pay for relatives care and many (45 per cent) would prefer professional staff, not family members to provide their own care. However, the results also suggest that views about the preferred role of family vary considerably across groups and require more detailed consideration.

- **Views on the principles for future care and support for a more collective, universal system.** Overall, the means testing approach to funding care seems to have little support with only 18% of people in favour. In principle, free services based on need are preferred, and, while significant numbers do feel there should be individual contributions alongside state funding, the current system is not felt to strike the right balance. The next phase of the programme research will consider this in more detail by exploring a range of funding options.
- **Space for change: a strong desire for more information and debate on the future of social care.** The majority (69 per cent) do not feel well enough informed about these services and the financial implications they have for them and their family. People want to know more about these issues and are keen for a wider debate on the future of social care.

The confusion regarding social care services and low levels of support for the current funding model suggests there is space, and indeed demand for a substantial debate on how to reshape social care services, and also how to fundamentally reform the social contract between the state and its citizens.

Politicians need to be bold; and genuinely engage with a range of organisations, communities, groups and individuals. Based on this, ippr and PwC recommend that an independent panel be established by Government – tasked with overseeing the type of involvement and engagement that is required to raise awareness and engage in a debate about the future of social care. This panel should include carers, people currently being cared for, representatives from key stakeholder organisations across the public, private and voluntary sectors. As caring is recognised as being “increasingly part of all of our lives”, the panel should also include a cross-section of wider society – future carers, people from different communities, of different ages and living in different parts of the UK. Working with public engagement experts, this panel would inform policy makers of how to connect with the public to raise levels of awareness about social care and ensure that future policy is based on a real understanding of what the public need and want.

Ahead of the publication of a government Green Paper and with an upcoming general election, it is necessary to discuss and debate the future of social care provision and the principles upon which it should be based. It is clear that the status quo is not an option.

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1.0 Introduction

The future of social care has long been a topic of policy debate in the UK. This is unsurprising given the urgency of the problem. Research published by the Joseph Rowntree Foundation suggests that by 2050 the costs of long-term care will increase four-fold just to keep pace with the ageing population (Collins 2007). Current social care arrangements are considered to be financially unsustainable, incoherent and unfair (Hirsch 2006).

Despite the strong consensus for the need for change, policy on social care has stagnated. Ten years ago a Royal Commission (1999) was established by the government to consider the funding of long-term care. Its proposal – a major shift towards state funding – was rejected by government and this position is now shared by all three main political parties. However, clear alternatives have not emerged. As part of the Budget, the Government announced the publication in June of its long-awaited Green Paper that will consult “on a range of options to reform the existing social care system and other forms of support, to create a new offer for people who need care and support” (HM Treasury 2009).

While policy development has been hampered by the difficulty of finding a straightforward and affordable solution, there has been another reason why progress has been slow. Although, when consulted, individuals voice the need for change, there has not been sustained public pressure for policymakers to act. Social care as a public service attracts limited media interest and is poorly understood. This means that while policymakers recognise the need to take action, they are under little immediate pressure to do so. In the current economic and political context the temptation to postpone action will only increase.

The limited public debate also means that our understanding of future social care demand and use is limited. There have been several attempts to seek public views on the future of social care, both by charities involved in the care system² and by government itself³. But these initiatives have tended to consult a relatively small group of individuals, many of whom are already interested and aware of some of the issues as they are users or recipients of social care services. Such initiatives often seek out areas of consensus rather than difference, yet the differences within and between generations are likely to be as important in understanding future demand for and use of social care.

1.1 The ippr-PwC social care programme

This policy briefing is the first output from the ippr-PwC social care programme which is seeking to generate public debate about the future of social care in order to create space for policymakers to act. By revealing the public's existing attitudes to services and expectations for the future, it is hoped a space can be created for policymakers to consider, debate and develop principles to underpin a new system. This new system will need to reflect current public expectations as well as provide a resilient and sustainable approach to providing and funding care and support well into the future.

The next phase of the ippr-PwC social care programme research will focus on investigating in more detail expectations of future care needs. Through deliberative research, we will seek to investigate attitudes towards social care across generations to generate a wider public debate around the provision of social care. The deliberative work will enable people to

² Caring Choices, a coalition of 15 organisations from across the long-term care system, consulted 700 individuals at events in 2007

³ Government consultation in preparation for the Green Paper June-October 2008

consider funding options for social care provision. It will further explore themes around personalisation, and how expectations of care needs may vary across different generations.

1.2 Key research questions

Based on the findings of a representative YouGov survey⁴ of 1,993 adults across Britain this briefing considers the issue of care and support services, and their funding, from a number of perspectives:

- Awareness and understanding of the current system: Do people know what is included in social care?
- Public expectations of their own care needs: Are people planning for their own and their families' care needs?
- Awareness and attitudes to funding: Are people aware of how care services are funded? Are they aware of how they might need to contribute to their own care? Do they have clear views on how services should be paid for in the future?
- Attitudes to providing care: How widespread is involvement in care and support amongst the public? Who would they want to provide care and support to them if needed?
- Attitudes across a lifetime: How do attitudes and expectations vary by age?

A copy of the questionnaire is in the Appendix.

2.0 Challenges to the current system

“Our system for supporting those who need care is currently ill-equipped to provide a high-quality service for all who need it.”

Gordon Brown (HM Government 2008b)

In May last year, the Government launched a substantial consultation on the future of care and support services in England. The current care and support system is recognised as facing significant problems in terms of funding, coherence, and fairness (Hirsch 2006). It is also considered to be unsustainable in the face of both demographic changes, with a rapidly ageing population, and changes in our expectations of care and public services.

Concerns about care and support services appear regularly in the media, underscoring common concerns about assessments of needs, the costs of residential care, the quality of care staff and the impact of caring on individuals and families. There are many concerns about whether the newly formed ‘super regulator’ – the Care Quality Commission⁵ will be able to effectively regulate across health and social care services.

To compound this challenging situation the impact of the recession is already being felt in social care services, with recent reports of nursing homes closing due to financial difficulties in some local authorities, and predictions of a shortage of spaces in residential care (Local Government Association 2009).

It is therefore a timely juncture to consider fundamental reforms to social care provision and services. Similarly to recent Government efforts on pension reform, new policies must reflect a broad consensus on this difficult issue and be sustainable in the long term. The Government is clear about many of the key elements the new service must include: more individualised care, more control of services to users, policies that value informal care and steps to make appropriate care more accessible to all requiring it. What is less clear at this point is how any new system would be funded to achieve these ends and how the

⁴ To investigate these issues, 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.

⁵ The Care Quality Commission came into operation on 1 April 2009. It replaces the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection.

responsibility to care and support those in need should be shared across public, private and voluntary services, families and individuals.⁶

It is clear that social care services cannot be left as they are. Reform needs to be informed by a better understanding of current views on services, expectations of future services and public willingness to contribute more as care and support needs inevitably increase.

This policy briefing provides a snapshot of public views on these key issues.

3.0 Key themes and findings

The YouGov survey generated a rich source of information around awareness and attitudes towards social care. Six key themes provide the framework for analysing the findings. They are:

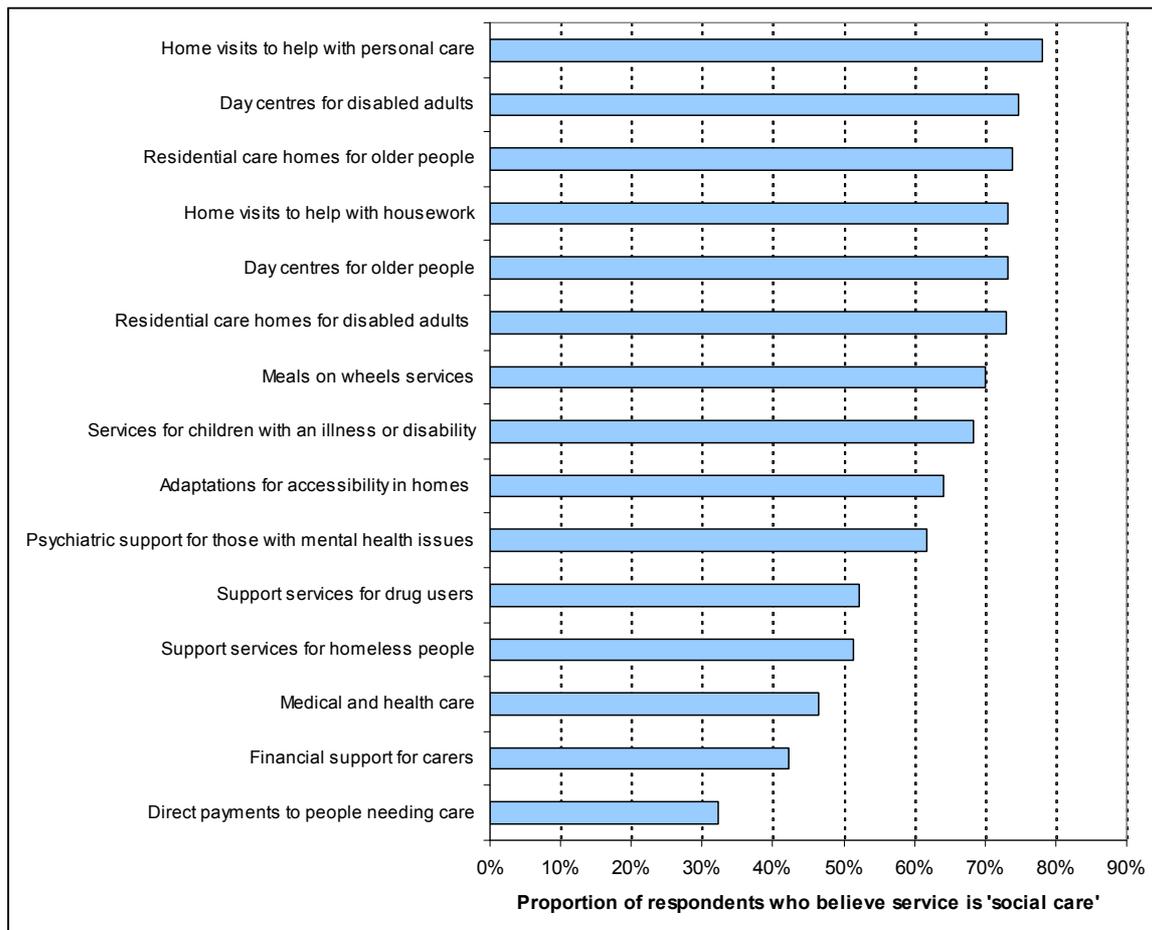
- Low awareness and uncertainty: confusion about the nature of social care services
- Misconceptions about social care funding
- Lack of preparation and planning for care needs
- Reluctance towards greater family responsibility for funding and providing care
- Views on the principles for future care and support for a more collective, universal system
- Space for change: a strong desire for more information and debate on the future of social care.

3.1 *Low awareness and uncertainty: confusion about the nature of social care services*

The results reveal that there is a great deal of confusion and uncertainty about the nature of social care services (Figure 1). People are **confused about the boundaries between social care services and health and other support services**. When asked which services fall under 'social care' a majority can identify core services such as residential care homes, day centres and personal care among others. However, less than half recognise financial support for carers or direct payments as part of social care. Indeed, these services are identified less than some services not typically part of social care, such as support services for homeless people and psychiatric services. Finally, almost one in ten people simply do not know which services would be included, a high rate for such core provision.

⁶ There are a range of models that exist with proposals of how to fund social care. For example (Lloyd 2008; Collins 2009). The models presented in the upcoming Green Paper as well as these models will be considered in the next stage of this research through deliberative methods.

Figure 1: Peoples' understanding of social care



There is clearly a great deal of confusion over the boundary between health services and social care. This is perhaps unsurprising due to the close links between these services and the ongoing debates over this boundary, for example in conditions such as dementia. Answers may also reflect confusion between the familiar terms of 'social services' and social care.⁷

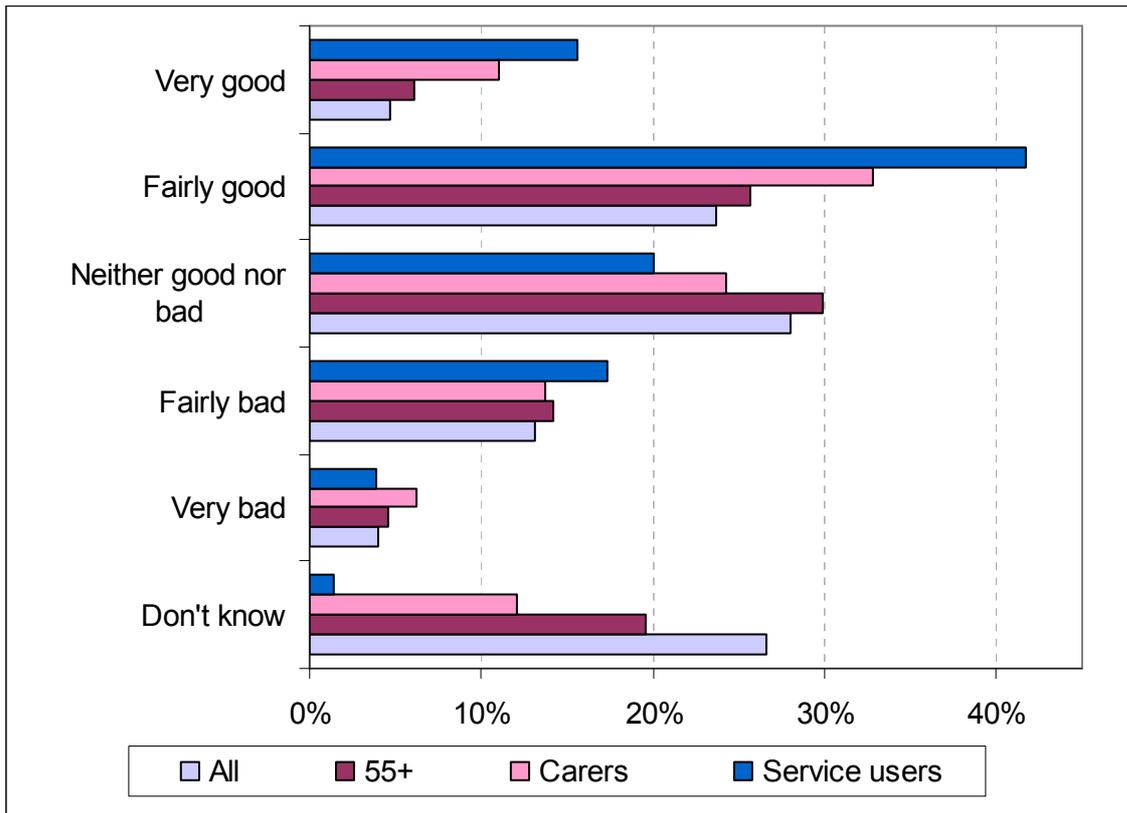
Despite this confusion, these are widely used services: around **a quarter of people have some experience of care and support services, either using themselves or caring for someone who uses them.** Women and older people (aged 45 or above) are more likely to have such experience of these services⁸.

Public attitudes to social care services are very mixed. **Overall more believe these services are good than bad, but the majority are undecided or uncertain:** 27 per cent say they 'don't know' and 28 per cent saying they are 'neither good nor bad' (Figure 2). Even if we focus on those with most experience of these services, opinions remain divided; those who are involved in care or who have used these services demonstrate a similar spread of views, but are somewhat more positive towards services.

Figure 2: Perceptions about the quality of social care services

⁷ To assist with subsequent questions, a definition of social care was provided. See appendix.

⁸ 13% of women have used these services themselves. 14% of people aged 55 or above have used services themselves and 20% help care for someone who does, significantly more than those under 35.



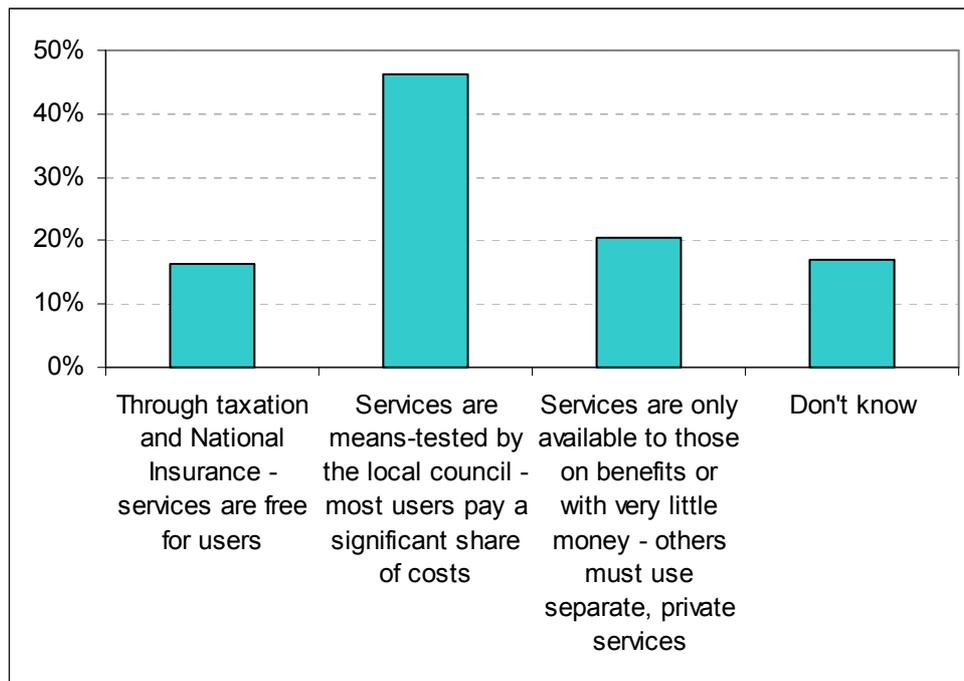
Caring for others is a part of many people's lives. Just under a quarter of people report they currently offer help or support to those close to them. This is higher than other estimates – for example (based on 2001 Census data), Carers UK estimate that there are currently over six million unpaid carers in the UK who provide care to family, friends, children and/ or older people who are sick or disabled. This is about ten percent of the population and twelve per cent of the adult population (Carers UK 2009). This higher estimate may suggest that informal caring roles are becoming more common. It is important to emphasise that carers are not a homogeneous group. Policy responses need to recognise a dynamic spectrum of caring responsibilities across the life course; for example around time spent caring, intensity of care activities, informal and formal caring. Policy responses also need to recognise that there are different elements to caring and different levels of responsibility and obligation that people want to/can take (Tronto 1993).

As might be expected, women are more likely to be providing care, as are older people, with almost a third of women (29%) and those aged 55 or more (31%) saying they take on such roles. However, care also needs to be considered within a wider context as around one in six (16%) of those aged 18-24 help or support a relative or friend. The role of young carers is receiving more attention at present, and it is known these carers can feel the strain especially acutely. A recent study estimates around 5 per cent of 18-24 year olds are acting as 'informal carers' which again would suggest these results are picking up a broad range of informal care and support alongside those with more substantial caring responsibilities (Young Carers International Research & Evaluation 2008).

3.2 'Do you know how care is funded?' Misconceptions about social care funding

The research illustrated that there are **widespread misconceptions about the current funding system and the extent of individual contributions involved** (Figure 3). When asked to identify the current funding approach for social care services almost one in five (17%) simply don't know and less than half select means testing (46%) as the way services are funded now. This leaves 20 per cent who believe these services are only available as a safety net for the least well off and 16 per cent who believe they are funded through tax and National Insurance in a similar way to the NHS.

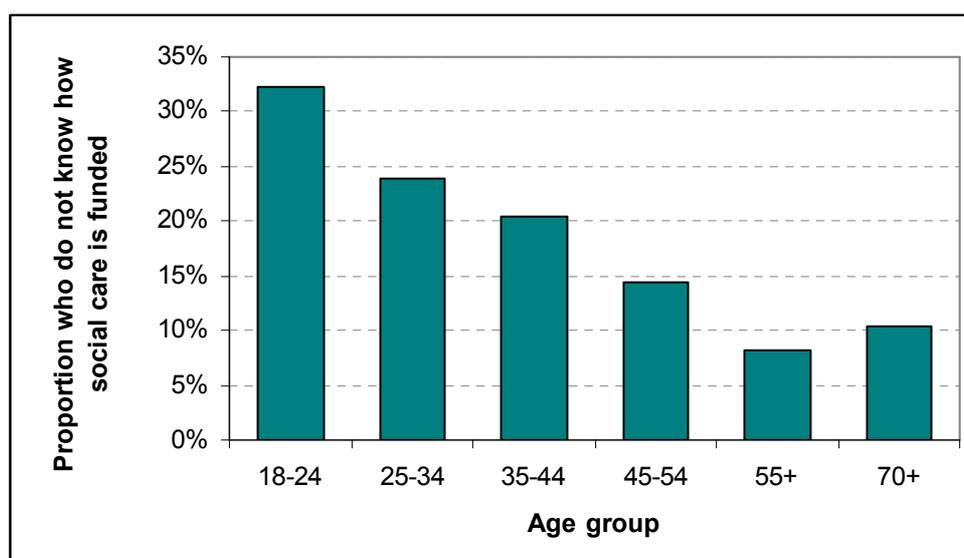
Figure 3: How is social care funded?



While familiarity with the funding approach increases with age overall, **misconceptions are high across prime working age groups** (Figure 4). A fifth of 35-44 year olds and almost a third of 18 to 24 year olds simply say they 'don't know' how the system is funded and a fifth of those under 35 believe that it is funded through taxation. Less than half of those between the ages 18 and 44 recognise means testing as the central approach to funding services. Those who are less well-off and those from non-white ethnic groups are also less clear on funding these services⁹.

⁹ Compared to 17% overall who answer don't know, those from lower socio-economic groups (C2DE) are more likely to say this (23%) as are those from BME backgrounds (27%).

Figure 4: Proportion of people who do not know how social care is funded, by age group



This issue is clearly complex as the current system includes elements of means-testing which do relate to benefits, while also drawing funding from taxation. However, the confusion about funding and low awareness of the central role means-testing has to play, suggests **many people are in a weak position to make informed decisions or plans for their own future care needs**. Furthermore, it suggests that those coming into contact with care and support services for the first time, are likely to be surprised or frustrated if they find they require more of an element of individual contribution than they had expected.

3.3 'I haven't really thought about it': Lack of preparation and planning for future care needs

In light of the common confusion and misconceptions about services and funding, it is perhaps to be expected that **many people are not planning for their own care or making any financial provision for that care** (Figures 5 and 6). Indeed, only a minority identify specific steps they are taking to plan for and fund any future care and support needs: 15 per cent are saving money, seven per cent are buying a property and would be willing to use its value, and only three per cent expect their family would fund any care needs. Of those under 45, the most common answer (given by 41 per cent of this age group) is 'I haven't really thought about it'. For those aged 45 or above the most common response (given by 31 per cent of this age group) is that they don't feel able to, or cannot afford to make such plans.

Figure 5: Plans for future care needs

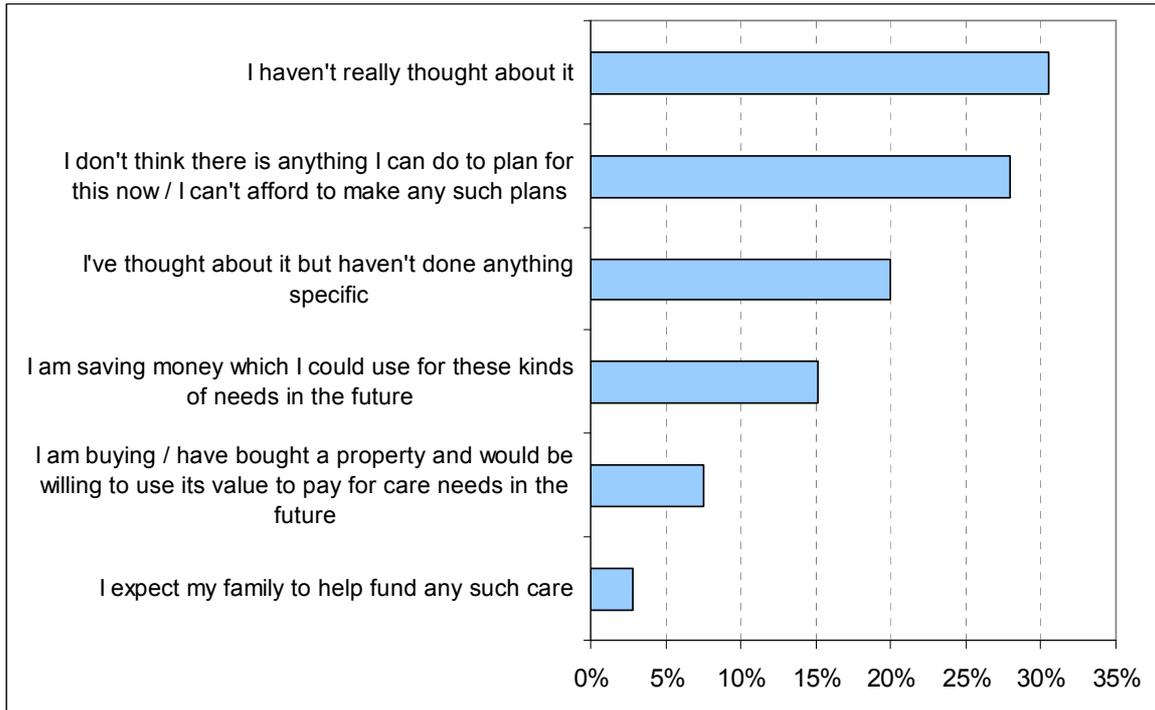
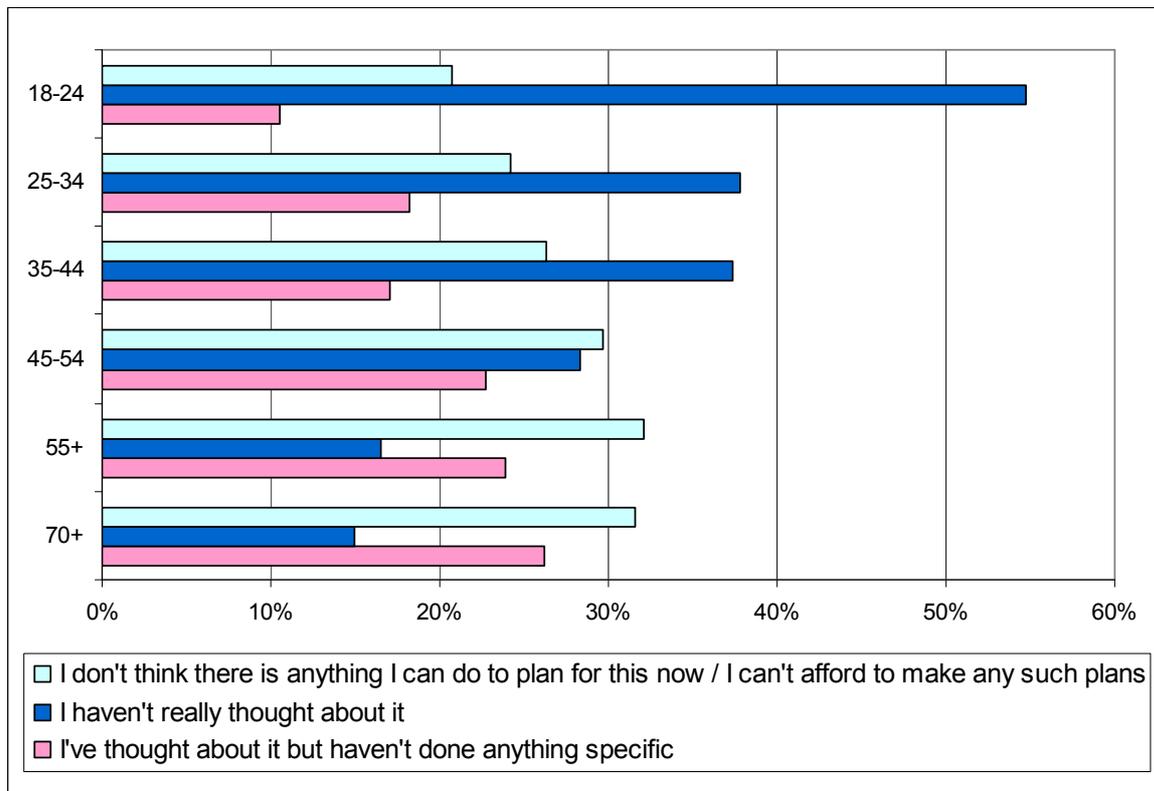


Figure 6: Proportion of population with no plans for funding care, by age group



Interestingly, **those saying they feel there is nothing they can do or can't afford to do anything actually increases with age**. We know these older groups are more informed about and familiar with these services, suggesting the barriers involved are not just low awareness or the issues involved seeming too far off, but practical and financial.

Even among those who are better off, and who may be more able to contribute to costs of care, the overall pattern is similar. Only one in five (19%) of those better off (in ABC1 bands) are saving money for these kinds of needs, although this is almost double the proportion of those worse off (in C2DE bands). Considering that, under the current system those with capital over £13,500 have to contribute and those with capital over £22,250 will be expected to fund their own care in full, this is a serious cause for concern.

3.4 Reluctance towards greater family responsibility for funding and providing care

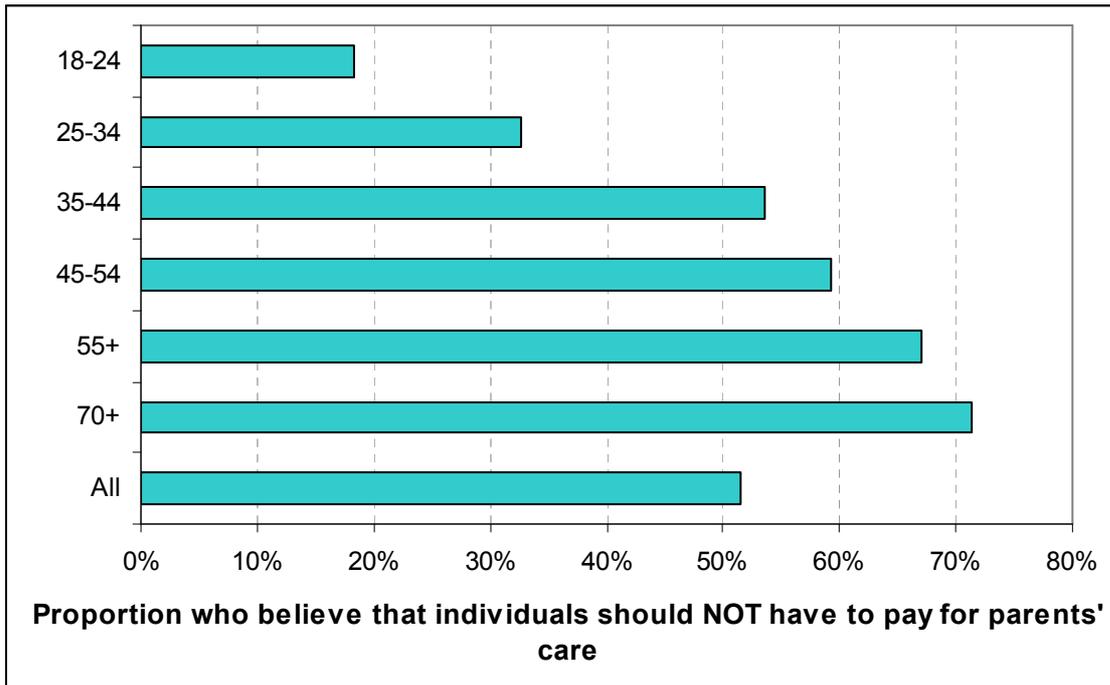
A central question in planning any new approach to social care and support is what the balance should be between the state, communities, organisations, families and individuals, in terms of both providing support and funding care. The **results suggest there could be significant resistance to the family role being relied on too extensively or made compulsory**.

When asked how individuals should be expected to contribute to their parents, or other relatives care costs, only four per cent believe individuals should *have* to pay for such care. Even if the contribution is means tested, only 14 per cent support such contribution. Over half of people (52%) simply do not believe individuals should have to pay for their parents care.

Underpinning this overall reluctance is a generation divide (Figure 7). The resistance to having to pay for parents care costs strengthens as people get older, with those aged 55 or above significantly more likely to believe individuals should not have to pay¹⁰. This is likely to reflect older people's greater experience of their own, or elderly relatives, care needs and the associated costs involved. In contrast, those under 35, while seemingly reluctant to say people should *have* to pay for care, are much more willing to say that individuals should be means tested to contribute or contribute voluntarily, with almost half of these age groups supporting those options.

¹⁰ 67% of those aged 55 or above think people should not have to pay for their parents care, significantly higher than any other age group.

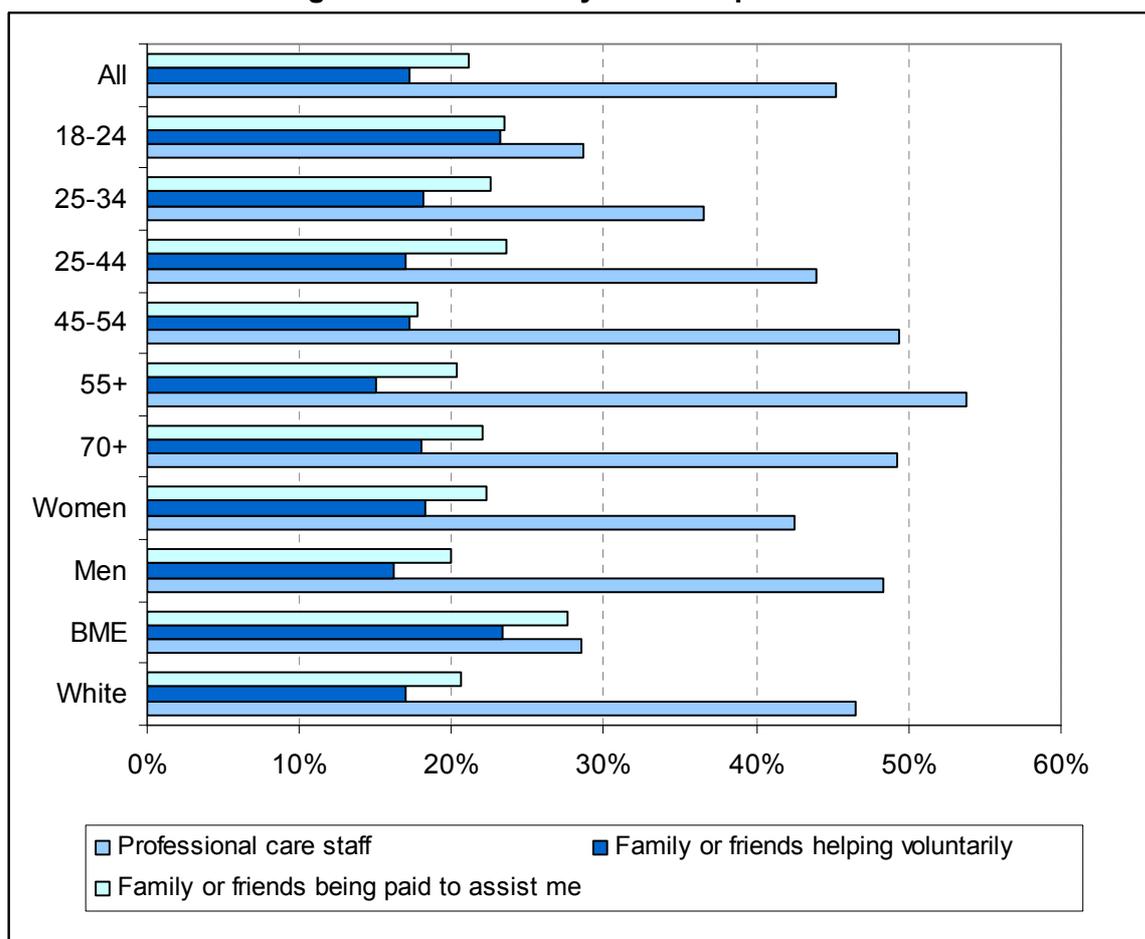
Figure 7: Should individuals have to pay for their parents' care?



As well as being unwilling to take on financial responsibility for their relatives' care, there is also evidence to suggest people do not want an expanded role for friends and family in *providing care*. **When asked who they would prefer to provide care for them, including personal care, professional care staff are preferred to friends and family** either helping voluntarily, or being paid to do so (Figure 8). Almost half of people would prefer that their own care needs, including personal care are met by professional care staff (45%), 21 per cent would prefer friends or family being paid to assist them and 17 per cent would choose friends or family helping voluntarily.

The preference for professional staff is also significantly higher among men than women, and among those who are financially better off. Another strong difference across ages emerges here as well: the preference for professional care staff increases significantly and steeply in those over 35. Meanwhile younger people would prefer friends or family to provide their care. This has very important implications in the different options available for those with life-long, or early onset conditions that require care and support, and those with care needs in older age.

Figure 8: Who would you like to provide care?



Note: The option 'Don't know' is not represented on the graph, so the figures for each group do not add up to 100%.

However, there seem to be **important variations in preferences for care and expectations of family in terms of ethnicity**. Those from Black and Minority Ethnic backgrounds are generally more willing to contribute to care costs for relatives, and more enthusiastic about having relatives provide for their own care instead of professional carers.¹¹

The role of formal and informal care within families is clearly a vital part of our social care system. However, expectations of family responsibility for funding and providing care clearly have limits: policies that aim to make up any shortfall in care and support services by increasing the role for family and friends may prove unpopular overall. While they may not be the preference for the majority, this issue shows considerable variation in terms of age and ethnicity. It may be that supporting the *option* of informal care through incentives and increased support such as respite services would be the preferred option for some groups and act as an important compliment to professional care services.

3.5 Views on the principles for future care: support for a more collective, universal system?

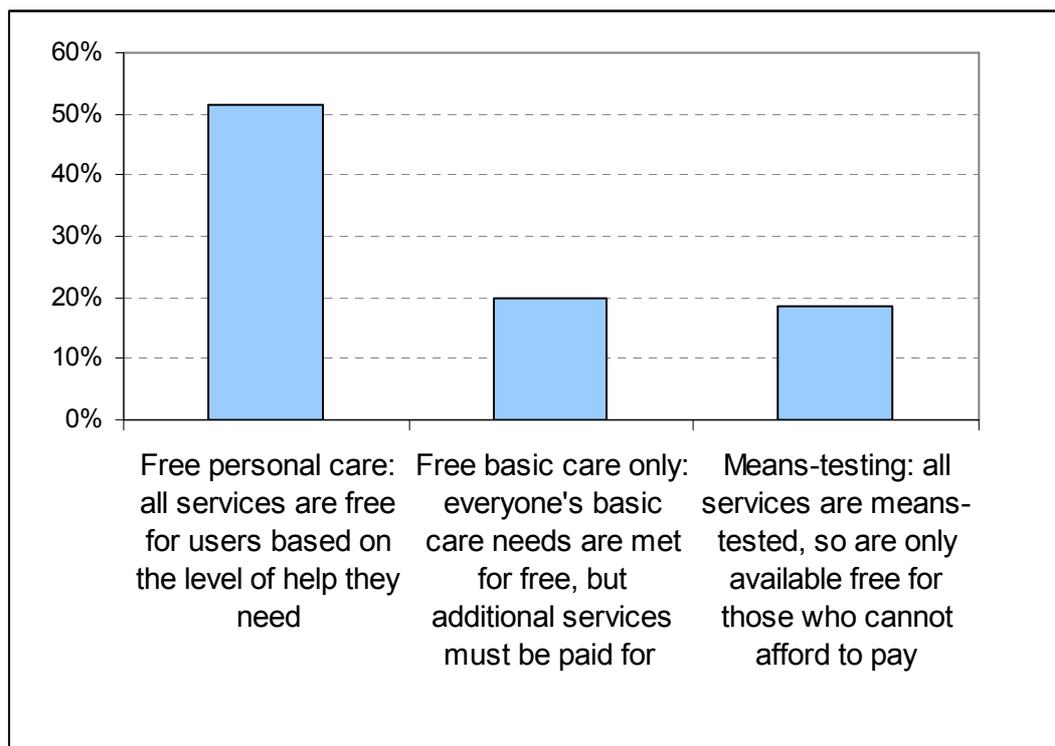
The current model for social care is known to be unsustainable, but it may also be based on principles that are relatively unpopular. The survey findings show that there is support for a system that is based on more universal principles, funded through taxation and available on

¹¹ There is a marked difference by ethnicity across BME groups, but due to smaller base sizes it is not statistically significant.

the basis of need to all. The implications of this support will be explored in more detail through deliberative work which will consider a range of funding options.

When presented with options for a future care system, a system of means testing, closest to the existing system, is supported by about a fifth of respondents (Figure 9). Free personal care based on need is the preferred option overall (52%)¹² and the most popular option across all age groups. About a fifth chose either a system of free basic care only, or a means testing approach. The means testing approach is also significantly more unpopular amongst women and older people¹³, the groups most likely to be involved in providing care.

Figure 9: How should social care be funded in future?



Some of the support for free personal care may reflect the confusion over the boundaries between health and social care: if people tend to see health and social care services as similar, they may believe they should be funded along the same lines.

A significant proportion still prefer options that require a mixture of individual and state funding in services – either through means testing or a mix of ‘basic’ state care and individually funded services. It is important to consider how the balance could be struck in such systems between self-funding and state funding. It seems clear that the current approach to means-testing and assessing individual contributions is not felt to offer the right balance of contribution. Only ten per cent think a limit on assets of £22,500 (including homes)¹⁴ is about right. Most either feel these services should be funded by taxation (35%) or that any means testing should exclude the value of homes (30%). Older people in particular think taxation funding is best (43% of those aged 55 or over prefer this option) and

¹² It should be taken into account that 16% believe this reflects the main existing funding approach, so may think this would be maintaining the status quo, rather than changing the funding approach.

¹³ Only 16% of women support the means-testing option, compared to 21% of men. Only 14% of those ages 55 or older prefer means-testing, compared to almost a quarter, 24%, of those aged under 35.

¹⁴ The current level is actually £22,250, the question stated £22,500.

younger people are more likely to say they don't know what the approach should be. Women are significantly more resistant to homes being included in the assessment than men¹⁵.

The desire for a more universal, consistent approach to services is also evident in attitudes to prioritising care and funding by individuals' ages or situations. Arguments can be made that favour either younger or older users of social care: some feel it is unfair that younger people with life-long or long-term care and support needs, due to illness or disability, are funded in the same way as more predictable or common care needs arising in old age. Others believe that those who have contributed through taxation and NI over their working lives deserve more from services in older age. While important, these debates don't seem to strongly influence how people believe services should be provided. **Overall, there is a preference for services provided on the basis of need, regardless of age.** This approach is supported by just under two-thirds of people and particularly by women and those who have personal experience of care and support services.

A fifth support the idea that older people, who have paid more tax and NI should be more generously supported. This seems to reflect a concern that the system builds in some recognition of individual contributions. It is important to note that this view varies significantly with age, with those aged 55 or over at least twice as likely to support it as those under 44 or younger.

The issue of funding also demonstrates stark regional variation. Scotland has a different system for funding personal care and in Wales there has been considerable support for adopting a similar approach, and this has clearly influenced the public in both areas¹⁶. Having services funded by taxation and free for users is significantly more popular in Wales, where almost two out of three support it, compared to around half in London and South¹⁷. In both Wales and Scotland there is more resistance to individuals paying for their parents or relatives care compared to London and the North of England¹⁸. Indeed, other recent studies have shown differences in opinion on how these services should be funded between England and Scotland, with Scots less in favour of means testing and more support for free personal care than the English (Ormston and Curtice 2007).

3.6 A space for change: strong desire for more information and a public debate on the future of social care

As the results have suggested so far, there is widespread uncertainty and confusion about the current system of social care. **Seven out of ten (69%) people feel they are not sufficiently informed about the financial implications funding social care could have for their family.** Only seven per cent said they feel informed and 11 per cent feel informed but would like to know more. Even among those who have used social care services, only 14 per cent feel informed, perhaps reflecting the complexity and variation within the current system.

Indeed, the most common response is that people do not feel informed and want more public debate. Around a quarter want more information and expect politicians and policymakers to consider these services, how they should be funded and how best to provide them. **There is clearly widespread desire to better understand these services**

¹⁵ 34% of women believe homes should not be included in assessing their contribution, compared to 27% of men.

¹⁶ Scotland deviated from the English approach in 2002. The Community Care and Health (Scotland) Act 2002 provided the legislative backing for the policy of free personal and nursing care for those over 65 and assessed as needing care. It was introduced on July 1 2002. The issue was also the source of a great deal of debate and coverage in Wales. A vote in the Assembly in 2002 showed overwhelming support for free Personal care but the Assembly have neither the legislative capacity nor the funding to introduce the proposal.

¹⁷ 59% of those in Scotland and 65% of those in Wales believe services should be free and funded via taxation, in contrast to 49% in London and only 45% in Yorkshire and the Humber.

¹⁸ 64% of those in Wales and 63% of those in Scotland believe individuals should not have to pay for their parents or relatives care, compared to 52% overall.

and the implications they have for individuals and family, and the conditions seem to support a more significant debate and re-drawing of such services.

People in Scotland and Wales feel more informed about the funding system for these services, 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. The ongoing debate about a new approach to care and support services in England may have a similar effect.

4.0 Conclusion and next steps

The results of this research have clearly demonstrated a lack of public awareness around social care provision and funding. The boundaries of social care services are vague, and they are thought to overlap with health and social service roles. This confusion is important: social care, health services and social services are perceived as being closely related. There does not seem to be an intuitive or familiar understanding of what separates these services. This may well explain why the approach to funding these services is misunderstood.

The lack of recognition of these services as a distinctive 'set' with important differences in funding and access is also a real problem if individuals are expected to make any financial contribution. The majority are not making any preparation for their future care needs and many feel unable to do so.

The contrast between high levels of personal experience with informal caring and support roles, and these low levels of awareness of formal care services and structures is striking. While caring is an important part of many people's lives, services for care and support are seen as a vague sector, drawing very mixed attitudes about their quality and content. These results suggest that in principle people feel services should be free and based on need. This would suggest that people are therefore supporting a larger role for funding via taxation and not moves towards increased individualised funding. However, the real challenge in the area of social care is that costs will rise considerably in coming years and there will be increased pressure on public service expenditure. What is more difficult to assess therefore is how far people are willing to support this in the face of higher taxes required to do so, at a time when they – and public services – are facing financial challenges. Indeed, the impact of the economic downturn on individuals, families and national budgets could influence views in either direction: either encouraging greater support for the 'security' of national, universal services, or calls for individuals to take more responsibility for their own care when national resources are under pressure.

There are important generational differences in attitudes to care and support. Across all issues, younger people are much less certain about both the way services run and in their views on how they should be funded. Older people seem to hold stronger opinions, including stronger preferences for a collective, tax-funded system. It may be that trends reflect generational differences in attitudes to the state and family, but it seems more likely that as personal experience of care and support increases over time, attitudes to such services become more fixed, and tend towards a system that relies less heavily on the family. Regional differences are also evident in these results; for example regional variations are revealed within England, perhaps due to different service provision; and there are differences between Scotland, Wales and England.

Ethnicity may have important implications for the ways people prefer to receive services and how large a role the family is expected to play. These results suggest several issues where ethnicity seems important. Any new system needs to allow for individuals' different preferences as far as possible.

This first output from the ippr-PwC social care programme contributes to the debate about the future of social care. It is clear that politicians need to engage in a bold and genuine debate about the future of social care – that considers questions of equity and fairness alongside responding to demographic pressures and public spending constraints.

In response to these research findings, ippr and PwC recommend that an independent panel be established by Government – tasked with overseeing the type of involvement and engagement that is required to raise awareness and engage in a debate about the future of social care. This panel should include carers, people currently being cared for, representatives from key stakeholder organisations across the public, private and voluntary sectors. As caring is recognised as being “increasingly part of all of our lives” (HM Government 2008a), the panel should also include a cross-section of wider society – future carers, people from different communities, of different ages and living in different parts of the UK. Working with public engagement experts, this panel would inform policy makers of how to connect with the public to raise levels of awareness about social care and ensure that future policy is based on a real understanding of what the public need and want.

A public debate is required that raises awareness of social care provision and considers proposals that are based on principles of sustainability, coherence and fairness.

Bibliography

Carers UK (2009) *Facts about Carers: Policy briefing* London: Carers UK

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

Collins S (2009) *Options for care funding: what could be done now?* York: Joseph Rowntree Foundation

Hirsch D (2006) *Paying for long-term care: Moving forward* York: Joseph Rowntree Foundation

HM Government (2008a) *Carers at the heart of 21st-century families and communities* London: Department of Health

HM Government (2008b) *The case for change – Why England needs a new care and support system* London: Department of Health, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084725

HM Treasury (2009) *Budget 2009: Building Britain's future* London: The Stationary Office, available at http://www.hm-treasury.gov.uk/d/Budget2009/bud09_completereport_2591.pdf

Lloyd J (2008) *Funding Long-term care – the building blocks for reform* London: ILCUK available at <http://www.ilcuk.org.uk>

Local Government Association (2009) 'Town halls cushion impact of care home closures. Press release 9th April 2009', available at <http://www.lga.gov.uk/lga/core/page.do?pagelD=1791357>

Ormston R and Curtice J (2007) *Different policies, different priorities? Comparing public attitudes to personal care and patient choice in England and Scotland* Edinburgh: Scottish Centre for Social Research, available at http://www.natcen.ac.uk/natcen/pages/publications/research_summaries/NC210_ResearchFindings_SSA6.pdf

Royal Commission on Long Term Care (1999) *With respect to old age: long term care : rights and responsibilities* London: Stationery Office

Tronto JC (1993) *Moral boundaries: a political argument for an ethic of care* New York ; London: Routledge

Young Carers International Research & Evaluation (2008) *Service needs and delivery following the onset of caring amongst children and young adults: evidenced based review* Cheltenham: Commission for Rural Communities, available at <http://www.ruralcommunities.gov.uk/files/CRC%20web36%20YCIRE.pdf>

Appendix – Social care questionnaire

We are now going to ask some questions about social care.

We are interested in how much you have heard about such services and what, if anything, you know about them.

In your opinion, which, if any, of the following services could be included under the description (definition) of Social Care? [Please tick all that apply]

- Residential care homes for older people
- Residential care homes for adults with a disability
- Day centres for older people
- Day centres for those with a disability
- Home visits to help with washing, dressing and other personal care
- Home visits to help with housework and support independence
- Meals on wheels services
- Adaptations for accessibility in homes such as fitting handrails or ramps
- Financial support for carers
- Direct payments (e.g. personal budgets for individuals in need of care and support etc.)
- Psychiatric support for those with mental health issues
- Services for children with an illness or disability
- Medical and health care
- Support services for drug users
- Support services for people who are homeless
- Cancer screening
- Flu jab
- Don't know
- None of these

The term social care covers a huge variety of services. These range from care homes and meals on wheels to drop in centres for disabled people. There are many different types of social care services available. Social care includes community support such as care in your own home, meals and day services right through to care homes. It also includes support for carers.

Do you have any personal experience of using or contacting such services?

- Yes, I have used/ do use these kinds of services
- Yes, someone I help care for has used these services
- No
- Don't know

Do you look after or give any help or support to family members, friends or neighbours or others because of: long-term physical or mental ill health or disability or problems related to old age?

- Yes, I do
- No, I do not

What is your overall impression of such services at the moment?

- Very good
- Fairly good
- Neither good or bad
- Fairly bad
- Very bad
- Don't know

We would now like you to think about your own future care needs and the kind of support you might want, and how you might go about arranging this.

Have you thought about/ made any plans about how you might fund any care and support needs as you get older, and / or caused by illness or a disability that could effect you at any time? [Please tick all that apply]

- I've thought about it but haven't done anything specific
- I am saving money which I could use for these kinds of needs in the future (e.g. insurance, savings or a pension etc.)
- I am buying/ have bought a property and would be willing to use its value to pay for care needs in the future
- I expect my family to help fund any such care
- I haven't really thought about it
- I don't think there is anything I can do to plan for this now/ I can't afford to make any such plans

Which ONE of these statements do you think best describes how social care services for older people or adults requiring a support due to illness or disability are funded at present?

- They are funded through taxation and National Insurance, and are free for users, (in a similar way to that of medical health care received through the NHS)
- They are means-tested by the local council, with most users paying a significant share of costs
- Only available to those on benefits or with very little money - others must use separate, private services
- Don't know

While many of those using care and support services require assistance due to old age, these services are also used by adults of all ages who require support due to illness or disability. Thinking about whether services and funding should vary depending on when in their life someone requires social care, which, if any of the following statements do you MOST agree with

- Those who require support from a younger age, due to illness or disability, should be more generously supported, as they will not have had the same opportunity to save for their own care needs
- Those who require support at an older age, due to illness or disability, should be more generously supported, as they may have paid tax and National Insurance all their lives
- Services and levels of support should be based on the level of need an individual has, regardless of their age.
- None of these
- Don't know

Costs for these kinds of services are likely to increase significantly in the coming years, as the 'baby boomers' begin to retire, the population ages and people live longer with more complex care needs due to advances in medical science. People will require more care and support overall and may also expect more from these services in terms of quality and range.

At present, in most cases, care for older people is means-tested by the local authority; in other words, you have to pay for social care if your assets exceed £22,500 (this includes savings and the value of homes).

Do you think this is the right balance of contribution between individuals and the state?

- Yes, I think this is about the right balance
- No, social care costs should be met through taxation - not means tested
- No, social care costs should be met by individuals - only those with *no* assets or savings should receive funding
- No, individuals should contribute, but this level is too low
- No, individuals should contribute, but homes should not be included in means testing
- Don't know

How, if at all, do you believe individuals should contribute towards care costs for their parents or other relatives, for example in costs for in-home support or residential care?

- Individuals should have to help pay for their relatives' care
- Individuals should help pay for their relatives' care, but the amount should be means-tested
- Individuals should only pay voluntarily towards their relatives' care costs
- Individuals should not have to pay for their parents care
- Don't know

Thinking about your own possible care needs, if you were ill or needed assistance, including personal care such as help bathing and dressing, who would you ideally want to provide these services?

- Professional care staff
- Family or friends helping voluntarily

- Family or friends being paid to assist me
- Don't know

At present, new ways of organising and funding social care in the future are being considered. We would like to ask you about the most important issues and principles in planning a system of care and support for the future.

Thinking about a future system of social care, which, if any, of the following approaches seems best to you?

- Free personal care: a system of public care and support services where all services are free for users based on the level of help they need
- Free basic care only: A system of public care and support that provides for basic care needs for everyone for free, additional services must be paid for by individuals either from income/ savings or an insurance policy
- Means-testing: A system of public care and support where all services are available based on means-testing to establish how much each individual should pay, if you have the means to pay you fund your care either from income/savings or an insurance policy
- Don't know

Given the funding issues facing social care do you feel sufficiently informed about the potential financial implications that could face you or your family?

- Yes, I feel informed
- Yes, but I want to learn more
- No, but I would expect politicians to consider how care is funded
- No, I want more information and public debate
- Don't know