



No Change: Northern Ireland Attitudes and Social Care Policy

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The **Northern Ireland Life and Times (NILT) Survey** first asked the public in Northern Ireland about their attitudes to social care in 2010 (Gray et al., 2011). At that time we identified the importance of these baseline data to policy debates about future provision – including the funding of care, the quality of provision, the sustainability of the social care paid workforce and the increasing pressure on unpaid carers. We also reported on the findings of the Commission on the Future Funding of Care and Support (Dilnot Inquiry) (2011) which had recommended a higher threshold for means testing and a cap on the amount which an individual should have to contribute to the cost of their care. This Research Update uses the 2015 NILT survey to look at public attitudes five years on, and examines them in the context of a rather different policy landscape.

Across the UK, governments are confronted with similar challenges: fundamentally, an increasing need for care in the context of increasingly constrained resources. To a public accustomed to the universality of the health service, there is often poor understanding of the complexities of the means-tested social care system. In Northern Ireland (NI), there have been three major reviews of the health and social care system since 2010: Transforming Your Care (TYC) (DHSSPS, 2011) advocated a shift in focus and resources from secondary to primary and community care; the Donaldson Review (DHSSPS, 2014) was established to look at governance arrangements across the sector, and called for a new implementation plan for TYC; and the report of an expert panel chaired by Professor Bengoa (DoH,

2016) which established principles for a reconfiguration of the health and social care system. Notably, while all three reviews acknowledged the centrality of the social care system to future models of care, and the Bengoa report identified the need for significant additional investment in social care, none contained details of what a future system of social care should look like. A review panel looking specifically at adult social care was established by the Minister for Health. It was due to report in April 2017, but as yet, has not done so.

Paying for care

A particularly controversial aspect of the social care system has been the means testing of residential and nursing home care. Policy debate about this issue was reignited by the inclusion of new proposals for payment in the Conservative Party

Manifesto for the June 2017 election. Currently in Northern Ireland, England and Wales, if your savings and assets total less than £23,250 you are not expected to pay anything towards the cost of your care. If residential care is required, then a person's house is included in the calculation of assets; if a person is cared for at home, it is not. In Scotland, personal care is free for those assessed as needing it.

The NILT data show that the public in Northern Ireland are aware that people here may have to pay something towards the cost of their care. When given a list of options and asked to select what they thought was the current situation, 70 per cent of people agreed with the statement 'You have to pay some of the costs and it's usually quite a lot unless you have a very low income and only a small amount of savings'. A further 12 per cent thought

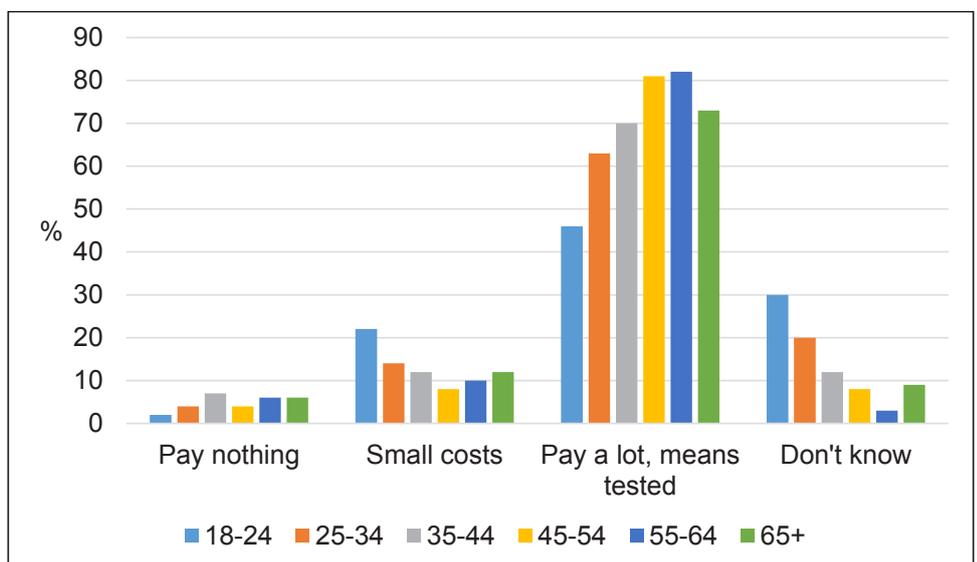


Figure 1: Paying for care home, by age of respondent

Table 1: Options for paying for care, by income level

	% saying 'very' or 'quite' fair option				
	Less than £16,640	£16,640-£31,19	£31,200-£46,799'	£46,800 or more'	All
Everybody has to pay for their own care even if that means selling their home. Once your money has gone the government will step in and pay for the rest	15	19	14	25	16
Nobody has to sell their home to pay for care but if you have savings you will have to use that money to pay part of the costs until you have spent a maximum of <u>£35,000</u> of your own money and then the government will step in and pay for the rest	28	32	36	43	29
Nobody has to sell their home to pay for care but if you have savings you will have to use that money to pay part of the costs until you have spent a maximum of <u>£72,000</u> of your own money and then the government will step in and pay for the rest	16	18	19	29	18
The government provides totally free care for everybody by having a special tax that you pay over your lifetime until you need care. Everybody has to pay this tax even if they don't end up needing any care	66	65	66	74	64

that 'you have to pay something but it's usually not very much', whilst 5 per cent thought that there was no cost for this type of care. However, 12 per cent did not know how to answer this question, and this was very much related to the age of the respondent: 30 per cent of those aged 18-24 years were unsure, compared with 3 per cent aged 55-64 years. Respondents aged between 45 and 64 years were most likely to be aware of the costs of care, perhaps because they are thinking of their own future, or organising care for their parents.

We also asked people to consider a number of scenarios regarding how care home provision *should* be paid for. There was little support for the idea that everyone should have to pay for their care even if this means selling their home: 75 per cent of respondents believed this to be unfair. As seen in Table 1, the option attracting the greatest support was for care to be provided free at the point of use, paid for by a special tax over the person's lifetime. The preference for this option applies across all income groups. This was also the case in 2010.

Preparing for the future

Respondents were asked if they had thought about, or made any plans about how they might fund any care and support needs as they get older. Most notable is that half of respondents said that they have not really thought about it (Table 2). Furthermore, while 20 per cent say they have thought about it, they have not done anything specific. Thus, only 17 per cent have explicitly done something to pay for their future care needs (saving money, or buying property). A further 5 per cent expect their family to help fund this care. The pattern of responses in 2015 is almost identical to that found in 2010.

As might be expected, younger respondents were least likely to have made plans for the funding of future care; indeed, three quarters of those aged 18-24 years have not thought about it.

There was some variation in future planning for future care, according to the household income of respondents. For

example, those with the highest annual household incomes (£46,800 or more per year) were most likely to save money that could be used to fund future care (30%), whilst those with lowest income (less than £16,640 per year) were most likely to expect their family to care for such care (10%) or to say that they cannot afford to make such plans. Nevertheless, the proportion saying that they have not really thought about it was similar across all income groups.

Who cares?

Most care is provided to people in their own homes rather than in residential settings, and this is where the majority of people would prefer to receive care. NILT respondents aged 50 years or over were asked what they would prefer if they needed increasing amounts of help with personal care such as washing or dressing. Eighty four per cent identified their preference to stay at home, with care assistants (33%), their own children (28%) or other family members or friends (23%) helping then (see Table 3). Only 10 per cent said that they would prefer

Table2: Plans for the funding of future care by age group

	%						
	18-24	25-34	35-44	45-54	55-64	65+	All
I've thought about it but haven't done anything specific	8	18	18	21	21	26	20
I am saving money which I could use for these kinds of needs in the future (e.g. insurance, savings or a pension etc)	5	13	10	15	19	19	14
I am buying/have bought a property and would be willing to use its value to pay for care needs in the future	2	2	5	2	3	2	3
I expect my family to help fund any such care	3	3	6	3	5	8	5
I haven't really thought about it	76	57	54	53	45	31	50
I don't think there is anything I can do to plan for this now/I can't afford to make any such plans	6	6	4	5	7	14	8
(Don't know)	0	1	2	<1	1	1	1

to move to a nursing home and have the help there. This reflects the general pattern in 2010.

The majority of respondents who would prefer that their care was provided by family or friends (69%) were sure that those carers would be able to care for them. However, 14 per cent said that they would not be able to do so, and a further 17 per cent did not know if this would be the case. There was also a strong sense by three quarters of respondents that their family and friends should be paid by the government for providing this kind of care.

The findings also show that people want a say in decisions about their care. The survey asked respondents aged 50 years or over about their preferences, if they needed care, on how such care would be arranged. Views were evenly split between those who would like to be given the money from the government to organise their carers (for example, as would be the case with Direct Payments)

(48%) and those who would like the care arrangements to be made by a Health and Social Care Trust, but to have control over things such as the time that carers would call (48%).

Only a small number of respondents to the survey (63 people, or 4%) were in receipt of care themselves, whilst 10 per cent of respondents had a family member or friend who was receiving care. The majority of those receiving care themselves (91%) were satisfied with the service they receive. When asked to identify one thing that would improve their own care or that of family and friends, the most common issue was carers being able to spend more time with users .

Implications for policy

Despite evidence that the social care system across the UK is under pressure, governments have not been exploring

radical policy change. In England, the recommendations of the Dilnot Inquiry in 2011 regarding a higher threshold and a cap on costs were accepted by the Conservative party, with lifetime costs to be capped at £72,000. Initially, this was to be introduced from 2016, but was very quickly deferred to 2020. The new proposals put forward in the Conservative Party Manifesto in May 2017 included, for the first time, a policy that the value of a person's house should be taken into account for care provided at home. The criticism of these proposals, the need for the Prime Minister to issue a number of 'clarifications', and the different options put forward by the Liberal Democrats and the Labour party, indicate that a more fundamental rethink of social care is required. This needs to include the quality of care and the sustainability of the social care workforce. As pointed out by the House of Commons Communities and Local Government Committee (2017), most other countries including Germany, France, Japan and the Netherlands, obtained cross party support for reform of social care.

Table 3: Future care preferences of those aged 50 years or over

	%	
	2010	2015
I would prefer care assistants coming to my home to help me	43	33
I would prefer my own children to help me	26	28
I would prefer other family members or friends to help me	22	23
I would prefer to move to a nursing home and have the help there	7	10
Other	2	1
Don't know	<1	4

The other factor of key importance is public acceptability. Fundamentally, as shown by the Northern Ireland public's views on the funding of care, a key issue is that while health care is free at the point of use, social care is needs and means-tested. The two services are treated very differently in terms of policy priority and public funding. This has been evident in Northern Ireland where issues relating to acute care have continued to dominate.

References

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DoH (2016) *Systems Not Structures: changing health and social care*, Belfast: DoH

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Key points

- There is strong support among the Northern Ireland public for social care to be free at the point of use, paid for by some kind of special tax which a person would pay over their lifetime.
- Half of respondents had not thought about how they might fund their care in the future, and only 17% had made some provision for this.
- Asked about future care preferences, 84% of respondents aged over 50 would want to be able to get care in their own home.
- Across a range of social care issues, attitudes have changed little since 2010.

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The **Northern Ireland Life and Times (NILT) survey** is carried out annually and documents public opinion on a wide range of social issues. NILT is a joint project of the two Northern Ireland universities and aims to provide an independent source of information on what the public thinks about the social issues of the day.

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