

Research into uptake of Section 18(3): follow-up qualitative research findings

**For the Department of Health and Social
Care**

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This research was commissioned under the previous administration (11 May 2010 to 5 July 2024) and therefore does not reflect the policies of the current government. The views expressed are the authors' and do not necessarily reflect those of the government.

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1 Introduction and method

1.1 Introduction

The Department of Health and Social Care (DHSC) commissioned Ipsos to conduct a study on the likely uptake of Section 18(3) (S.18(3)) of the Care Act 2014 when it is extended to enable self-funding care users (self-funders) to ask Local Authorities (LAs) to commission a care home place to meet their eligible needs. Currently self-funders are likely to pay higher rates for a care home place. The policy will allow self-funders to access the same rates as state-funded care users although they will continue to bear these costs themselves. It will also increase the number of people for whom the LA commissions care. In practice, where a person requests that their LA commission their care under S.18(3), the LA will offer options which it would put in place for someone eligible for LA funding.

This research involved two elements:

- a survey which to estimate (in broad terms) take up of S.18(3) by those entering residential care for the first time as well as provide insight into decision making factors
- qualitative interviews to explore decision making in more detail.

In April 2023 Ipsos conducted a survey with people who may develop care needs in the next few years or be involved in care decisions for someone else, to understand the factors which influence how likely people are to take up S.18(3) via Ipsos UK's KnowledgePanel, an online random probability panel. Following on from this, 60-minute follow-up in-depth interviews were carried out with 15 survey participants who had agreed to recontact.

The aim of the qualitative interviews was to understand, in more detail, how people plan for organising and paying for care and the factors which influence their decisions. During the interviews, interviewees were asked about their views on whether or not they would involve the local authority in arranging a care home place for themselves or a person they may support (e.g., family or friend), as well as what motivates and influences their views. The interviews also covered how the policy could be communicated. This report covers the qualitative phase of the research. The methodology and findings for the survey are covered in a separate report.

1.2 Methodology

Participants in the survey were asked whether or not they agreed to recontact. A subsample of those who agreed to recontact were invited to take part in a follow up interview. Participants for the qualitative interviews were selected based on their characteristics relevant for the follow up interviews (e.g. gender, age, region, financial situation, trust in local authority, attitudes to paying for care, likelihood of taking up S.18(3)) to ensure the interviews covered the range and diversity of participants needed to explore decisions in more detail. Those from the subsample were sent an email by the KnowledgePanel team inviting them to contact the research team if they would be interested in taking part in an interview. Those who contacted the team were recruited to match certain quotas.

The table below shows the characteristics of the achieved sample compared with the target quotas set. This shows that we achieved a balance by gender, region, finances and attitudes, although not all quotas were met.

Table 1.1: Target and achieved quotas. 15 interviews in total

Criteria	Quota target	Number achieved
Gender		
Female	8	8
Male	7	7
Eligibility Route		
Potential self-funder, 65+ and responding about themselves	5	7
65+ and responding about someone else	5	5
30-64 and responding about someone else	5	3
Likelihood of taking up S.18(3)		
Would be VERY LIKELY at general uptake question (uptake likely 2)	min 2	2
Would be LIKELY at general uptake question (uptake likely 2)	min 2	2
IT WOULD DEPEND at general uptake question (uptake likely 2)	5	5
Would be VERY UNLIKELY or UNLIKELY at general uptake question (uptake likely 2)	3	6
Would be VERY OR FAIRLY LIKELY to take up the very poor offer in behavioural model	min 2	2
Attitudinal characteristics		
Expressed concern with cost of care (based on CON_costmost and con_fincon)	5	7
Expressed concern about protecting assets (based on CON_costmost and att inherit view)	5	4
Trust LA	5	7
Distrust LA	5	5
Overall Financial status		
Strong financial status (Con_finsit 7)	5	4
Medium financial status (Con_finsit 4,5,6)	5	6
Weak financial status (Con_finsit 1,2,3)	5	4
Prefer not to say		1
Geographical		
South	4	5
North	4	7
Midlands	4	3
IMD Quintiles		
Bottom IMD quintiles: most deprived	5	5
Middle IMD quintiles	5	3
Top IMD quintiles: least deprived	5	7

During the survey participants were asked about arranging care for themselves or for someone else, depending on their age and whether they would be a self-funder themselves. This approach guided the discussion during the qualitative interviews, though there was more flexibility during the interviews to reflect on how their views differed according to whether they were considering care for themselves or someone else.

Interviews were conducted by members of the Ipsos research team between 23 August and 4 September 2023. Participants received an incentive of £40 as a 'thank you' for their participation. Follow-up interviews were conducted over Microsoft Teams or telephone (where requested) and were audio-recorded and transcribed. Notes from transcripts were then thematically analysed.

1.3 Report structure

The remainder of this report provides a summary of the findings from follow-up qualitative interviews. It includes the following sections:

- Section 2 describes participants' views about the process of arranging a care home place
- Section 3 describes participants' considerations around taking up S.18(3)
- Section 4 describes participants' financial motivations around taking up S.18(3)
- Section 5 describes participants' motivations around taking up S.18(3) relating to quality (e.g. of care home facilities and the provision of care).
- Section 6 describes participants' views on trust in the LA
- Section 7 describes participants' views about communication about the policy
- Section 8 describes participants' final response to whether they would be likely or unlikely to take up S.18(3)
- Section 9 sets out the report conclusions and implications.

Quotations from participants are included where relevant. These are attributed according to their characteristics and their responses from the main survey. This includes their gender and age, and whether in the main survey they considered care for themselves or others. In addition, their response in likelihood of taking up S.18(3) in the main survey is recorded. Participants were asked a question called **Uptake_Likely_2**:

Considering everything you've learned about the policy, and not just the scenarios we've shown you, how likely would you be to take up the option for the local authority to arrange the care if you/they needed to go into a care home? You/ your relative] would still pay.

Please select one option only

1. Very likely

2. Likely

3. Unlikely

4. Very unlikely

5. It would depend

998. Don't know

2 Process of arranging care

Where people would go if they needed care

When asked how they would go about arranging care, participants described gathering information from a range of sources to help inform their decision-making. Having sufficient information on the range of care home options available was important to participants when looking to arrange care. One participant, for example, mentioned creating 'a list of places available and services which they provide' as a first step. To gather information, participants commented on:

- using the internet to search for care homes.
- asking friends/family for recommendations for care homes.
- seeking guidance from a GP or doctor.
- contacting care homes directly via email or phone.
- contacting the local authority via email or phone for advice and/or a list of care homes available.

In some cases, arranging care was understood to be a 'family decision', with participants discussing options with their wider family or relatives and doing 'whatever seems best'.

Across interviews, visiting a care home before making a decision was an important step in the process of arranging care for participants. Participants expressed wanting to visit a care home to 'get a feel of it' and see how the care home is run. Visiting was also important to allow participants to meet the staff, view the facilities, and assess the cleanliness and location of the care home.

Feelings around arranging care

Across the interviews, participants expressed worry and apprehension when thinking about arranging a care home place. Some people felt uncertain about the prospect of what being in a care home would be like, including considering potential impacts on their day-to-day life, independence, and freedom. For example, one participant felt nervous about leaving their home which they had lived in for a long time. In some cases, feeling apprehensive was linked to previous negative experiences or perceptions of care homes, either through personal experiences such as visiting a relative or friend in a care home, or instances of care home scandals covered in the news or media.

For those asked about arranging a care home place for someone else, there was an acknowledgement of 'responsibility' in finding a suitable care home place for them. One participant, for example, worried about trusting someone else to care for their loved one. Participants described feeling sad and emotional at the prospect of needing to arrange care for a loved one. Organising a care home place was described as an unpleasant and difficult decision, which required consideration. Despite this, participants viewed this decision as necessary.

"I can't imagine it would be an overly pleasant task trying to find somewhere suitable, not something I'd relish doing. But if needs be, it will have to be done."
(Male, 65+ asked about care for others, Uptake_Likely_2= It would depend)

Considerations when arranging care

When going about arranging care, participants would consider a range of factors to help inform their decision-making:

- The location of a care home and its surroundings was an important consideration raised by participants. Some participants described feeling unsettled at the prospect of being in a care home in an unfamiliar area, far away from their home, and expressed a preference to stay close to their home. Being in a location accessible to visitors was also raised as important to participants, so that they could be close to family/friends.
- The facilities offered by a care home was also mentioned. Some participants expressed a preference to have their own bathroom, access to daily activities, or opportunities to maintain their independence such as being able to visit local shops. Across interviews, the cleanliness, appearance, and smell of a care home was mentioned as an important consideration.
- The reputation of a care home was also raised as an important factor to take into account when arranging care. Some participants commented they would seek friends'/family's views on potential care homes, whilst others mentioned they would read online reviews of a care home to gauge its reputation.
- Care home staff capacity was an important factor to participants, particularly in instances where a person may have physical or mental health conditions requiring specialist care. The attitude of staff members was also important, with participants wanting staff who are kind and helpful.

In addition, participants considered how they might pay for the care. Some participants expressed concern around how they would fund the care, and whether this would mean they would need to sell their assets. Participants also expressed worry thinking about whether their funds would be able to sustain care over a long period of time, and the potential implications if their funds were to run out. In some cases, this was linked with other considerations such as accessing care to address specific care needs and the age of the person needing care.

Involvement of the LA

There were mixed opinions on whether or not to involve the LA in the process of arranging care. Some participants viewed the LA as being an accessible and useful source of information to find out about care homes in the local area. In particular, those uncertain about where to begin with arranging care or arranging it on their own mentioned contacting their LA for advice and/or a list of available care homes in the local area. One participant understood that the LA would be able to conduct a care-needs assessment on their behalf, which would help inform the care home they chose. Some participants understood the LA to have good knowledge and understanding of local residents, the local area, and the care home options available.

“Because the LA are all local people, know what's going on, understand different lives, and our needs in this area”.

(Male, 65+ asked about care for self, Uptake_Likely_2= Very unlikely)

For some participants, involving the LA would take place in conjunction with conducting their own research into care home options. In such cases, participants commented on wanting to explore a ‘full picture’ of options available to them when looking to arrange care. When asked whether they would involve the LA, one participant commented:

“Yes, I would take on board local authority suggestions and I would very much be open to seeing what is on the table. I would equally want to do my own research. I would equally want to go out and see what I can source to make sure all avenues are looked at”

(Female, 30-64 asked about care for others, Uptake_Likely_2= It would depend)

Some participants appeared to have misconceptions about the provision of care homes in England. Some assumed there were LA run care homes and privately run care homes, with the LA run care homes more likely to be more affordable than privately run care homes. However, participants associated privately run care homes with better facilities and quality care.

In some cases, such perceptions were informed by previous negative experiences with LA-funded care homes or LA-funded social care in general. One participant, for example, reflected on a previous negative interaction with an LA-funded carer which appeared to contribute to their reluctance to involve the LA in arranging care. Other concerns raised by participants included worries about whether the LA had sufficient or up-to-date information on care homes in the local area, scepticism about whether the LA would actually be able to provide a range of care home options, or would place someone far away from their local area and family/friends. In some cases, these views were linked with feelings of scepticism about an LA's intentions:

“My worry with asking the local authority would be, have they got my family member's best interests at heart or have they just got their own interests? They're not emotionally involved with the person that's going in so they might not fully understand why they're going into a care home.”

(Female, 30-64 asked about care for others, Uptake_Likely_2= Likely)

Participants who held these more negative views about involving the LA went on to state that they would only involve the LA in finding a care home place as a 'last resort'.

Participants in general (holding a variety of views on involving the LA) reflected on situations in which they would be more likely to involve the LA in arranging care:

- If the LA offer was more affordable than the offer proposed by the person arranging the care themselves;
- If the person needing to access a care home was being discharged from hospital which required them to make a decision more quickly;
- In situations where their own capabilities in arranging a care home place were limited at the time; or,
- If their friends/relatives were not able to assist them in arranging a care home place.

3 Considerations around taking up S18(3)

Participants were asked about their considerations when involving the LA in arranging care and the likelihood of taking up S.18(3).

Preferred care home characteristics

Participants were asked about the characteristics of a 'good' care home offer from the LA. Good care homes were perceived as those which offered residents good mental and physical care. For example, care homes were considered good if they offered residents the opportunity to:

- have meaningful interactions with residents and staff, as well as unlimited visiting time with family and friends
- do a range of activities (not only bingo, watching television or 'mass entertainment')
- go out of the care home and do things of their own accord
- go out in the garden or read a book in the sitting room.

A good care home was also described as having good services, for example, it would offer familiar and good quality food options, engaging and friendly staff, an adequate number of trained staff, and offer 24-hour care, if needed. In terms of facilities, it would be clean, have access to necessary medical equipment and offer comfortable, non-clinical, personal space and communal areas.

The cost and location factors were also used to describe a good care home. Participants described that they would like a reasonably priced care home considering the conditions offered (i.e., good value for money), and location came in to play when thinking about care for themselves (to be able to maintain social independence or be visited by friends) as well as when thinking about care for others (so they could get to it easily for visits).

A bad care home was mostly described as the opposite of the above: no activities, poor food, poor cleanliness, location far from friends or relatives, unfriendly and inattentive staff, and outdated facilities. A bad smell seemed to be an immediate obvious indicator of a 'bad' care home for participants.

Taking up an offer from the LA

To take up an offer of care, those who initially said they were '**likely**' or '**very likely**' to take up the LA offer in the survey said they would consider location, comfortable living conditions (i.e., a good quality care home) and cost.

- One participant who was thinking about care for themselves highlighted that the care home offer would need to be within or near their preferred location (near their family and friends and near their golf club). Another participant who was thinking about care for someone else also mentioned location as the most important factor (or distance from them to the care home place).
- Another participant said the most important factor was how good the care home place was for their parents, and thus, how comfortable their parents would be living there. They were less concerned

about location because they were willing to travel two-hours to visit their parents in a care home and currently travel a similar journey time when they visit them.

“I would rather travel to a better care home, than have one local to me. If I had to travel a couple of hours, but the care home was better, I would rather a loved one going to the better care home, and I have to travel, because I think once they are in the care home it doesn't matter where they are.”

(Female, 30-64 asked about care for others, Uptake_Likely_2=Likely)

- Cost was also an important factor was cost discussed by participants. The LA offer would have to be at a price either the same or better than what participants could get from arranging the care themselves.

To take up an offer of care from the LA, those who initially said **‘It would depend’** in the survey and were asked to arrange care for others said they would consider all the aspects needed for a good quality care home. Those asked to arrange care for themselves particularly emphasised choice and location (in addition to the other attributes of a care home).

Those asked to **consider arranging care for others who said ‘It would depend’**, regardless of age and gender, agreed that the LA offer had to be what they considered a ‘good’ care home. They mentioned again, general positive ambience of the care home, general good condition of the facilities (including building upkeep, and size of room), the cost, the food, the entertainment, and location. Some claimed to know these care homes existed, so it should be possible to arrange.

"It would need to not look like what I've seen in the past, with plastic lino on the floor and peeling paint and people who rushed and can't be bothered. It would need to be to the level of what I would expect if I was going to pay privately. I don't see why a local authority couldn't provide that sort of facility. It's available so there must be a way of making that available for all".

(Male, 65+ asked about care for others, Uptake_Likely_2=It would depend)

Those asked to consider **arranging care for themselves who said ‘It would depend’** unanimously mentioned choice and location. They preferred to have a choice of more than one care home. One participant explained that they would not want an overcrowded care home or where they ‘stick you in front of the TV all day’. In terms of type of location, participants varied in what they deemed preferable: one person favoured a countryside setting, such as living in a village with calm and quiet scenery, whereas another said they wanted to be in an urban setting with shops close by, or somewhere with convenient bus routes which they would be able to use to travel. Other factors considered in the decision to take up an LA offer were linked to whether the offer was a ‘good’ care home as described above (for example, quality of facilities, quality of care and price).

Those who said they were **‘unlikely’ or ‘very unlikely’** to take up the LA offer in the survey said they would only accept an offer if it met their requirements for a ‘good’ care home, and if it would result in a financial benefit for them. For example, they would consider it if the LA offer meant they could access care at a more affordable rate than if they arranged the care themselves in order to reduce the depletion of their assets or savings.

‘Poor’ offers of care from the LA

Participants were probed on how they would handle receiving a ‘poor’ offer from the LA. Initially, all participants said they would push back on a poor offer and ask for another improved offer. Participants

also mentioned that if a better option was not possible, they would look into arranging the care themselves.

Some participants said that if they were to find themselves, or others, needing care and waiting to be discharged from hospital (with no further clinical need to be there), then they would be inclined to accept a 'poor' offer on a temporary basis and consider changing care homes afterwards, for example, once the health of the person receiving care improved, or once they found a more preferable care home. The rationale for participants in taking up the 'poor' offer was based on the urgency of the situation, and the desire to avoid blocking a hospital bed for someone who may need it more. One participant said they would prefer to pay for in-home care services whilst they waited for a better offer or care home place, rather than staying in the hospital, if their health conditions permitted.

4 Financial motivations

Participants were asked about their financial consideration and motivations towards paying for care and how this influenced whether they would or would not take up a care home offer from the LA.

Initial financial considerations around paying for care

When asked about the financial considerations they have about paying for care, all participants expressed concern about the cost and affordability of care. In particular, there was an awareness that care home costs can be expensive and, for some participants, there was uncertainty about exactly how these costs could be covered. Most participants appeared to accept that they would need to cover the costs of care themselves and that this may involve using savings or assets (e.g. their house) to pay for care. This understanding seemed to be driven by knowledge and awareness of friends and relatives having to pay for their own care. It should also be noted that all participants had taken part in a survey earlier in the year in which it had been explained that they or their relative would need to pay for their own care if their assets exceeded a certain value.

However, a few participants expressed resentment about having to pay for their own care stating that having saved and paid 'into the system' their whole lives, it was unfair they had to pay and 'could lose their home' to cover the costs of care themselves, leaving them with little to pass on in inheritance.

Main financial motivations for taking up S.18(3)

When asked about the motivations for taking up a LA care home offer, participants expressed a preference for preserving assets and leaving inheritances as motivations for take up. This was linked to the potential for S.18(3) to offer more affordable and/or lower care home rates; the lower the care home rate, the smaller the proportion of assets needed to cover the cost of care. This was not consistently linked with the overall preference for taking up S.18(3).

"If they can provide somewhere at a better financial rate than if you went straight to the home then that would always be a motivation".

(Female, 65+ asked about care for others, Uptake_Likely_2=It would depend)

On the other hand, whilst preserving assets and leaving inheritance were important motivations, they were less important than ensuring the person needing to access care received the care they needed. Some participants stated that they would be prepared to use savings, sell assets, and lose potential inheritances to cover the costs of care to ensure them or the person they care for had the best experience as they reach the end of their life.

"I would obviously be thinking of my own inheritance. But that wouldn't really be a massive factor because their quality of life in care in their final years would be the most important thing. If I'm left with nothing at the end then that's not an issue. But if they were to run out of funds, I'd want the government to step in and provide the funding for that, and me not be left with the bill."

(Male, 30-64 asked about care for others, Uptake_Likely_2=Very unlikely)

"I would think that it would be better for me to be happy in a care home than worry that whatever money I had, if I happened to sell my own home, that I couldn't pass onto my relatives when I die. I'm hoping that would be a lesser priority than being somewhere that I felt at home in and felt comfortable, and I knew I would be well looked after".

(Male, 65+ asked about care for self, Uptake_Likely_2=Very unlikely)

Participants also considered other factors about paying for care and whether or not to involve the LA. This included:

- How long the care would be needed and the potential to accumulate significant care costs if care was needed for a long period of time;
- What might happen if they ran out of money or could not cover the care costs, and at which point the LA would step in to support;
- The practicalities of paying for care (e.g. whether they could cover some costs in a lump sum upfront, how the costs would be recouped from the sale of assets); and,
- The potential challenge of trying to figure out paying for the care at the same time as needing to access a care home (and working out the most appropriate offer).

"My consideration in funding or the cost of my care would be me working out just how far into the latter part of my life I can afford to pay whatever the price is for a non-assisted local authority place or the local council place finding me a cheaper option".
(Female, 65+ asked about care for self, Uptake_Likely_2=It would depend)

There were no patterns identified between participant attitudes to trust in LA and attitudes towards financial motivations. However, as highlighted in Section 3, those who were more unlikely to say they would take up S.18(3) were more likely to express preserving assets and passing on inheritances as motivations for taking up S.18(3).

5 Quality motivations

Participants were asked about quality of care and motivations for taking up S.18(3).

Perceptions of care quality

Participants described 'good quality' care as care that meets the needs and requirements of the individual, ensuring the person being cared for is treated with respect and dignity. Some participants mentioned the ratio of care home staff to residents as an important factor relating to good care quality, ensuring that there were enough staff on call to tend to the needs of all residents. Alongside this, participants also reverted to descriptions of the care home facilities, such as the care home being clean and tidy and serving healthy, nutritious and good tasting meals.

Participants described 'poor quality' care as care that did not meet the needs or requirements of the individual and was provided in an uncaring or negligent way (e.g. carers not explaining to residents what they are doing). Similarly, the ratio of care home staff to residents was also raised as an important factor here, with concern that poor quality care was associated with a shortage of staff. Alongside this, participants also commented on care home facilities being unclean or having a bad odour as associated with poor quality care.

“Quality care, someone that actually cares when doing what they need to do for care. So, for instance, if they need help getting dressed, getting help, washing, someone respects their dignity.”

(Female, aged 30-64 asked about care for others, Uptake_Likely_2=Likely)

When discussing quality of care, participants often appeared to merge or blur the quality of care and the quality of facilities, considering both attributes within the discussion, although the aspects of facilities considered when discussing quality of care were those which could have a bearing on health, such as cleanliness and nutrition.

Awareness of CQC care quality ratings

Participants varied in their level of existing awareness about CQC ratings. Participants who were aware of the CQC rating system indicated they would be likely to conduct research online about the CQC rating of the quality of a care home and use the system to help inform their decision making about the quality of care. A few participants, whilst not aware of the CQC rating, assumed there would be some rating system that they could access online that would give care homes a quality rating.

All participants were able to understand the concept of the CQC rating system once it had been explained to them, with parallels being drawn between the CQC rating system and Ofsted.

Influence of CQC ratings on take up behaviour

Participants went on to discuss how the CQC ratings of the quality of care would inform their decision making relating to the take-up of a care home offer from the LA. Participants stated that they would most likely use the CQC rating to identify outstanding or good care homes to investigate further. Most participants stated that they would be likely to exclude care homes with a CQC rating below 'good' and reject offers for a care home with a rating stating requires improvement or inadequate.

However, a minority of participants acknowledged that there may be circumstances where they might consider a care home with a required improvement rating. For example, if the care home was able to demonstrate how improvements were being made to address the issues identified by the CQC report,

some may weigh up the rating against other factors (e.g. location, cost saving, waiting time) and decide whether to accept the care home offer based on the prioritisation of other factors.

The urgency of needing the care home place was also considered, if, for example, the person needing to access the care home was being discharged from hospital with no alternative or better care home offers available at short notice.

There was also some scepticism about the accuracy of rating systems and perception that ratings were based on judgements made at a single point in time. They might not reflect the reality or a change in care quality no matter the rating.

"My wife was a teacher for 32 years and had Ofsted in every 1 to 3 years. The variation between one inspection and another could vastly change, but the school hadn't changed."

(Male, 65+ asked about care for others, Uptake_Likely_2=Very Likely)

All participants stated that in order to assess the quality of care of a potential care home, they would need to visit the care home. It was assumed that from the visit, participants would be able to get a 'feel for the place' and meet the staff and other residents.

"I think you get a feel for a place if you go to it. You can't just go on what those things are written now. You need to go and look around yourself."

(Female, aged 65+ asked about care for self, Uptake_Likely_2=Unlikely)

There were a few participants who also mentioned asking friends and family for recommendations (i.e. whether they had a family member/ knew someone in a 'good' care home).

6 Trust in Local Authority

Participants were asked about their trust in the LA.

Defining trust in the LA

Participants described trust in the LA as:

- believing the LA has the capacity and competency to get things right
- believing that the LA does the best it can for everyone concerned

They also reflected on how trust could be improved, such as showing visible improvements in the area or being honest and frank about the quality of the care home places offered. Trust in the LA could vary between departments.

Trust in the LA

The common theme around the extent to which participants trust their LA centred around their perceptions of the LA being overwhelmed and unable to deliver. More specifically, participants considered that their LAs were significantly under resourced, lacking expertise and financially constrained, all whilst needing to provide numerous services. Because of this, some said they did trust the LA but felt their hands were tied. Others explained they did not trust the LA, particularly when 'they say they are doing their best and try and gloss over their poor service'.

Those who tended to trust the LA, at least moderately, did so because they either had positive experiences with local councillors or lacked a specific reason not to trust them.

Participants that were 'likely' or 'very likely' to accept an LA offer tended to trust the LA but still showed some uncertainty – they caveated that they would need to see the care home place first or ask someone on their behalf to do so before accepting it. Those participants who said 'it would depend' tended to show scepticism and distrust in the LA because of their previous experiences:

"(...) I would like to think they would have my best interests at heart, but then again I know the pressure they're under so, or I think I know the pressure they're under or one perceives the pressure they're under. I wouldn't know whether to fully trust what they're offering".

(Male, aged 65+ asked about care for others, Uptake_Likely_2=It would depend)

7 Communicating about the policy

Preferred medium of communication

There were mixed views on how best to communicate the policy to the public. Some participants expressed a preference to receive letters through the post, whilst others preferred to view information about the policy online such as via e-mail or on websites (e.g. GOV.UK). One participant reflected on the use of text messages to communicate information during the Covid-19 pandemic, and suggested text messages may be a useful way to receive communications.

When asked who is best to disseminate information on the policy, participants emphasised a preference for receiving information from 'trusted' or 'official' sources. Trusted sources of information included communications from: the local authority, government organisations such as DHSC, the NHS including the CQC, or health services (e.g. a GP practice). Some participants expressed concern about receiving information about the policy through the media (e.g. newspapers, social media) as they were sceptical about the accuracy of the information provided and the risk of bias. Participants highlighted the need to manage media communications on the policy to ensure information on the policy maintained its accuracy.

Participants mentioned a range of sources for accessing additional support or information on the policy, should they need it, including charities, the internet, contacting their local MP or speaking to friends or family.

Key pieces of information

Participants emphasised the need for information on the policy to be 'clear and concise' and easy to understand. Information should include sensible details about the policy, without being too exhaustive.

"It being transparent, it being clear, being easy to navigate through, not overwhelming".

(Female, 30-64 asked about care for others, Uptake_Likely_2= It would depend)

Some participants expressed a need for information on the process of involving their LA in arranging care. In some cases, participants described this in terms of receiving a clear 'step-by-step guide' on how to do this. One participant commented that communications should include how and where people can access a list of available care homes. For example, when asked about the key pieces of information to be included, one participant suggested:

"Which department in the local authority you'd need to contact, in what situation you need to go to the local authority, at what point do you go there?"

(Female, 65+ asked about care for others, Uptake_Likely_2= It would depend)

Furthermore, some participants wanted to understand how the policy change could impact them in light of their own specific financial and personal situation. One participant suggested it would be helpful for the information to include a feature allowing the public to view personalised advice and information based on their situation (e.g. similar to a mortgage calculator).

8 Final likelihood question

At the end of the interview participants were asked to reflect on the discussion and then to state whether they would accept a care home offer from the local authority for themselves or someone else needing to access a care home.

Of the 15 participants interviewed:

- most participants made it clear that whether or not they accepted an offer was dependent on various factors such as whether the care home offer was acceptable, met their criteria or standards, whether arranging it this way would help with funding, and whether they had any other choice and so how much they needed the LA to arrange it
- only two reported being likely to accept a care home offer from the local authority without stating conditions (one of whom was someone who had worked in social care and for his local housing association)
- two participants reported being very unlikely to accept a care home offer from their local authority, one of whom had said they were very unlikely to take up S.18(3) in the survey and the other who in the survey had expressed the view that it would depend.

9 Conclusions

The follow-up qualitative interviews with a small sample of survey participants confirmed the findings from the survey (and reinforced the findings from the scoping phase), providing greater insight into the decision-making processes and attitudes involved.

The findings show:

- Participants are likely to involve the LA in arranging a care home place. Involvement of the LA ranges from approaching the LA to find out about available care homes in a local area, to arranging the care home place. This suggests LAs could face demand from people for information, advice and guidance regarding care homes, as well as support in arranging a care home place.
- Participants had a clear set of considerations about what they would be looking for in a potential care home, including widely accepted views on the quality of care and facilities (attitude of staff, cleanliness, activities, food), as well as views specific to their preferences (e.g. location and ambiance).
- Participant confidence and trust in the LA's ability to arrange care that met the requirements of the person needing the care had a positive influence on whether they were open to taking up S.18(3). However, participants were cautious about the capacity for LAs to appropriately arrange care that met the needs of the individual. These perceptions were a barrier to taking up S.18(3).
- Findings from the interviews have given greater insight into the decision-making process about taking up S.18(3) LA. This includes:
 - Participants echoed the findings from the survey, that take up of the S.18(3) is heavily dependent on the care home offer. In particular, the quality of the care and care home facilities, as well as location of the care home are important. Participants also described a trade-off between these attributes, where they may accept a non-preferred attribute if another attribute is more appealing (e.g. they accept a care home further away from their home if the care home has excellent care and facilities).
 - Participants provided greater understanding into the circumstances in which people need care and how this may influence take up. The findings suggest that people may be more willing to accept a poor care home offer from the LA if the need for the care home place is urgent (i.e. being discharged from hospital with no alternative care provision available) – with the intention to potentially move to a better care home at a later date. In contrast, people who are living at home may be more likely to wait longer for a better care home offer from the LA, as it is perceived as a less urgent circumstance.
 - Participants were concerned about the cost of care and whether they would be able to afford it. For some, the cost of care was heavily linked to attitudes about preserving assets and leaving inheritances. The findings suggest that people may prefer to minimise the depletion of assets in covering the cost of care and take up S.18(3) if the LA can provide a lower rate/ more affordable offer. However, considerations about the quality of life and having care needs met was more important than protecting assets, and people would be willing to use savings and assets to pay for care in order to have the best end of life possible.

- Participants would seek information and communications about the policy from trusted sources, such as the LA, the government (including DHSC) and local health services. The preferred medium of communication included official websites, emails or paper documents from the trusted sources. The findings suggest that clear and concise information about the S.18(3) and how social care is funded is needed, as well as specific information about what the policy means for specific or individual circumstances.

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