Ipsos MORI
Social Research Institute

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Understanding public attitudes to social care funding reform in England

Report prepared for the Health Foundation and the King's Fund

Ipsos MORI

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Background

Analysis conducted by the Health Foundation has identified a significant shortfall in social care funding over the next few years. However, implementation of proposals to reform the system have encountered barriers, primarily relating to the scale of funding needed to ensure an equitable, sustainable and high quality social system.

Objectives

Against this background, the Health Foundation commissioned Ipsos MORI to provide an in-depth understanding of public attitudes towards a number of funding options for social care.

This research had three key objectives:

1. To generate understanding about the public's existing attitudes and awareness of social care for older adults

2. To explore the public's beliefs and attitudes towards responsibility for funding social care

3. To understand the public's attitudes and reactions to alternative models for funding reform

Methodology

This qualitative study used reconvened deliberative workshops and in-depth interviews to explore public and user experiences and priorities. The topics discussed during the workshops and in-depth interviews covered the following:

- **Perceptions of the social care system:** participants' understanding and experience of social care, how to access it, and the current funding system

- **Key priorities and principles for social care funding:** participants' perceptions on the priorities and principles that should underpin a new approach for social care, including discussion of some of the key debates around this issue

- **Potential options for social care funding reform:** participants' views on five funding models, including the pros and cons of each model and how they fit with key principles and debates around the issue

- **Features of a better funding model:** participants' views on how they think social care should be funded, based on what they had discussed across the two deliberative workshops

Understanding of social care

Participants had some understanding of the types of services covered by social care, and that these are distinct from the NHS. There were also spontaneous concerns about the pressures placed on the social care system, such as the lack of funding, problems with the quality of services, and the demands on staff. However, participants lacked confidence in what they knew about social care and had little detailed knowledge of services.

In particular, participants were unclear about how to access social care services, and how they are managed and delivered. They often assumed their GP was the first place to go if they might need support. Knowledge of how social care is funded was particularly limited, with many participants assuming the state paid for most or all social care through tax and National Insurance contributions. Even those with direct experience of services tended not to feel able to generalise these experiences to what this meant for the social care system overall.

Overall, most participants had not considered planning for future social care provision. This was largely driven by a lack of awareness and limited public discussion about social care planning and the options available to people.

Social care funding priorities and principles

After participants were given more details about how social care works, they were clear that the current system for funding needs to change. They also felt the government was primarily responsible for making this happen. Participants suggested two key priorities for government action: (i) increasing the level of public knowledge about how social care works and the key challenges facing the system, alongside (ii) increasing the amount of funding going towards social care.

Participants also argued that a new system should be grounded in a number of key principles, including offering good quality care to those who need it; being transparent about social care costs and spending; ensuring changes consider the long-term and are sustainable; providing services that are easily accessible to everyone; and, having a fair system where everyone contributes.

Views on the key policy debates

Participants tended to favour a high level of state responsibility in paying for social care costs, rather than expecting individuals to meet their own costs. On the other hand, some argued that wealthier people should make contributions to the cost of the care they used. Two themes dominated discussions about fairness when it comes to paying for social care. The first was the importance of being fair to older people who have contributed to society and paid taxes all their lives; the second was being fair by protecting people's housing assets.

The priority placed on these issues shaped other perceptions and discussions around fairness. In particular, participants could see that protecting older people might place a greater burden on younger generations, but this was generally accepted as unfortunate but inevitable. Similarly, many felt that all older people should be entitled to state-funded social care, although some thought that social care for very wealthy people should be subject to means-testing.

Participants were less concerned about the costs of implementing a new system or the level of short-term disruption change might cause to the system, providing the outcome delivered real improvements. They also preferred a simple system that was easy to access (i.e. like the NHS), and some struggled to understand why a simpler system might be costlier, or why a system that might ensure greater fairness at an individual level might be more complicated.

Reactions to the five funding models

Overall, participants:

- Agreed quickly that they did not support **continuing with current system** for funding social care. After being given further information about how social care funding works, there was a clear consensus that the system needs to change. Many believed that the thresholds were no longer fit-for-purpose and failed to protect housing assets, which they felt was unfair. They also thought the system resulted in inadequate care provision, based on perceptions about funding shortfalls and poor management, as well as being unsustainable over the longer term.

- Had difficulty understanding the details and implications of the **cap and floor model,** with opinions differing depending on whether they assessed it relative to the current system or to their preferred approach to funding. While participants saw this model as an improvement on the current system, the inclusion of housing assets was a significant concern. Participants were also worried about the potential for differing regional implications, given the differences in house prices and care costs across the country and the potential impact of the cap and floor for people located in certain regions (e.g. London).

- Generally liked the idea of **free personal care** in principle, but expressed some concerns about how it might be implemented in practice, including the cost, concerns about who might not be eligible for support, and the quality of care that would be provided.

- Supported the idea of a **dedicated social care tax**, perceiving this to be a good way to raise additional money. They also believed this model helped address their lack of trust in government, by ensuring greater accountability and transparency for spending on social care. This opened broader questions around whether the dedicated tax approach could be used to resolve other funding issues (i.e. the NHS). However, there were some concerns about whether the tax would be sufficient to meet social care needs, particularly based on how much tax people would be willing to pay.

- Supported the idea of a **joint NHS and social care budget**, as they felt this would help improve cooperation and efficiencies between two closely linked services. However, strong concerns were raised about the possibility of conflicting priorities between the two services. Given the funding challenges faced by both services, there were concerns that the NHS would take priority over social care and receive a greater share of the budget.

Features of a better funding model(s)

Participants' views of the key features of a better funding model for social care included the following:

- **How would it be funded?** Through a dedicated social care tax for most (or all) of the money – potentially combined with some form of cap.

- **How should it be managed?** Through a joint NHS and social care budget – managed by an independent body.

- **What would the offer be?** A basic level of care for everyone – with potential for some means-testing.

Introduction

Background

Analysis conducted by the Health Foundation has identified a significant shortfall in social care funding over the next few years. Based on current policy, the 2015 spending review and subsequent budget, the gap in social care is estimated to be £1.5 billion in 2020/21, and £6.1 billion by 2030/31.[1] After the 2017 General Election, the government committed to bringing forward proposals for a consultation on social care funding reform in England. Policymakers and politicians from all three main parties have acknowledged the need for reforming social care funding and there have been several reviews into potential reforms in the past few years. The most recent of these was the Dilnot Commission in 2011. However, implementation of proposals to reform the system have encountered barriers, primarily relating to the scale of funding needed to ensure an equitable, sustainable and high quality social system.

Objectives

Against this background, the Health Foundation and The King's Fund have undertaken research to explore options for funding social care, with the aim of identifying a range of alternative approaches to key challenges faced by the sector. As part of this work, the Health Foundation commissioned Ipsos MORI to provide an in-depth understanding of public attitudes towards a number of funding options for social care.

This research had three key objectives:

1. To generate understanding about the public's existing attitudes and awareness of social care for older adults

2. To explore the public's beliefs and attitudes towards responsibility for funding social care

3. To understand the public's attitudes and reactions to alternative models of funding

Methodology

This qualitative study used reconvened deliberative workshops to explore public and user experiences and priorities.

Deliberative workshops

Deliberative workshops are a type of facilitated workshop that provide participants with the opportunity to focus on a complex issue, discuss it in-depth, challenge one another's opinion, and develop their argument.

Deliberative workshops also allow time to provide information and stimulus to participants, and to gather their reactions to the issues discussed during the workshop. This helps explore what may lie behind opinions or cause participants to change their views.

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[1] Health Foundation, *Social care funding options: how much will they cost?,* Toby Watt, Michael Varrow, Adam Roberts, Anita Charlesworth, May 2018

The study also used in-depth interviews to complement the deliberative workshops and engage members of the public who might not be able to attend the workshop due to health and/or social care needs.

An overview of the methodology is included in Figure 1.1 below.

Figure 1.1: Overview of research methodology

Pilot	General public workshops	In-depth interviews
8 participants	**116 Participants**	**10 participants**
• **Pilot deliberative workshop in London** • **Mixed group of different ages** • **3 hours**	• **Six deliberative workshops across three locations (London, Kings Lynn, Leeds)** • **Two full-day workshops with the same participants, three weeks apart** • **Participants recruited to reflect national population**	• **10 in-depth interviews,** • **With heavy users of social care (and family/carers)** • **Range of ages, needs and types of care (informal/formal)**

Deliberative workshops

The deliberative workshops allowed participants time over two days to reflect on their own attitudes, experiences and knowledge about social care, and to hear the views of others. It also allowed stimulus materials to be introduced, including details of the potential funding options. This approach was designed to encourage participants to consider the relevant issues about social care funding from their own perspective (as an individual who uses social care or may need to in future), and from a broader citizen perspective (thinking about social care system and how it works for everyone).

Each workshop was recruited based on the demographic characteristics of the local area, and to broadly reflect the national population of England across locations. Quotas were set on gender, age, socioeconomic group, ethnicity and experience of social care.

Most of the discussions at the workshops took place in smaller groups of c.10 participants. At the first round of workshops in each location, groups were based on age to explore generational differences. At the reconvened workshops the groups were mixed to encourage a broader discussion from a societal perspective.

During the workshops, the topics discussed included:

- **Perceptions of the social care system:** participants' understanding and experience of social care, how to access it, and the current funding system

- **Key priorities and principles for social care funding:** participants' perceptions on the priorities and principles that should underpin a new approach for social care, including discussion of some of the key debates around this issue

- **Potential options for social care funding reform:** participants' views on five funding models, including the pros and cons of each model and how they fit with key principles and debates around the issue

▪ **Features of a better system:** participants' views on how they think social care should be funded, based on what they had discussed across the two deliberative workshops

Full versions of the discussion guide are included in the appendix.

In-depth interviews

Following the deliberative workshops, additional in-depth interviews were conducted with 10 people already using or close to needing social care, covering similar topics to the deliberative workshops. The additional interviews were carried out to explore and illustrate the views of potentially underrepresented groups, who may not have been able to attend the deliberative workshops but whose views on the subject of social care funding are important to capture. The in-depth interview findings reinforced the findings from the workshops, and are reflected in the overall narrative of the report. There is also a separate appendix providing a short summary of the findings from the interviews.

1. Understanding of social care

This chapter outlines participants' spontaneous views on social care and the current funding system.

Key findings

- Participants had some understanding of the types of services covered by social care, and that these are distinct from the NHS. There were also spontaneous concerns about the pressures placed on the social care system, such as the lack of funding, problems with the quality of services, and the demands on staff. However, participants lacked confidence in what they knew about social care and had little detailed knowledge of services.

- In particular, participants were unclear about how to access social care services, and how they are managed and delivered. They often assumed their GP was the first place to go if they might need support. Knowledge of how social care is funded was particularly limited, with many participants assuming the state paid for most or all social care through tax and National Insurance contributions. Even those with direct experience of services tended not to feel able to generalise these experiences to what this meant for the social care system overall.

- Overall, most participants had not considered planning for future social care provision. This was largely driven by a lack of awareness and limited public discussion about social care planning and the options available to people.

Perceptions of social care discussions

At the beginning of the first deliberative event, participants were asked to define what they understood by the term 'social care'. Participants were then probed further about their awareness of social care in the media and whether they have made any provisional plans for the future.

Participants were then given a card sorting exercise which involved them allocating different services based on whether they were managed by the NHS or social care.

What is social care?

Social care was understood in broad terms

While there were some exceptions, participants typically lacked confidence in what they knew about social care, seeming uncertain about the details. Even those with direct experience of services tended not to feel able to generalise these to what this meant for the social care system overall.

Participants had some knowledge of the different types of activities and services which fall under the umbrella of social care. They often started with a general description that social care was providing support or help for those most vulnerable in society. In this they included care to a wide range of people, such as children, disabled people and older

people. Many mentioned services which constituted personal care, such as support with daily living, as well as identifying care homes as a key aspect of social care. Companionship and mental health were also common spontaneous themes.

Associations with social care: key themes
Caring for vulnerable elderly, children, disabled people
Helping people maintain independence
Care homes and carers
Support with transport, shopping and personal care in the home

Most people knew social care services were distinct from the NHS

Participants viewed NHS and social care services as closely linked, but most were aware that there was a distinction between the two. Their discussions about the differences focused on what kinds of services were provided by social care or the NHS, rather than how the services are managed or delivered. Participants were given examples of services on cards to sort based on whether they thought each was part of the NHS or social care. They were usually able to identify that support with daily activities such as shopping would be social care, but that any medical treatment would be an NHS service, even if this was received in a social care setting. However, there were some services that participants were less sure about – for example, whether the NHS or social care is responsible for delivering mental health care or chiropody.

> *NHS is hospitals. Social care is so vast, and for all age groups. That's why I keep it separate. Am I wrong?*
> London, Workshop 1

> *We had hearing tests in the middle. It's not a free service…We didn't know if it was private, or not. Do you think chiropodists would come under a similar thing? I don't know if the NHS covers that. I know some residential homes have to pay for chiropodists to go.*
> Leeds, Workshop 1

Participants felt they only heard negative things about social care

While there was little detailed knowledge about how social care is managed and who provides services, participants expressed considerable concern about certain aspects of social care. They touched on perceived problems around the safety and wellbeing of vulnerable adults receiving care, as well as reservations about the quality of social care services. Participants referred to media stories about the underfunding of the social care system and the impact this had on the workforce. In particular, there was a perception that care staff were often low-skilled, poorly trained, low paid and overworked, leading to the potential for abuse and neglect of vulnerable people.

> *A system under stress. Money isn't being made available by the government, so less people have got to do more work.*
> Kings Lynn, Workshop 1

> *You only hear negative things, like people abused in care.*
> Leeds, Workshop 2

I think carers should be registered more, anyone can go in and be a carer with no training, they should have training.
London, Workshop 1

Some participants also shared personal experiences of the social care system, often focusing on the problems they had encountered themselves, or through friends and family. Problems navigating the system and concerns about the complexity of the bureaucracy involved with accessing social care was a key driver influencing participants' negative perceptions.

It's a long process. I've gone through it with my dad. It can be months before anything happens and you need it. Then, its means-tested. It gets passed to departments and then social services and you wonder if it's worth it.
Kings Lynn, Workshop 2

Like I say, even just getting a button [personal alarm], there's so much red tape to go through just to get it. It's not easy to get support.
Leeds, Workshop 1

Participants had little knowledge of the management and delivery of social care, particularly the role of local authorities

Participants felt they had little understanding of how social care services are managed and delivered, and this was reflected in how they described them. For example, the role of local authorities tended not to be mentioned spontaneously, and even those who were familiar with this often seemed unclear on the details. In practice, this meant participants were unsure about how to seek help or where to go for advice and support with social care. Throughout their discussions they repeatedly came back to the idea that accessing social care should be made simpler.

I wonder if you could get a document through the door about all the local resources. That's a start at least, but you have to rely on hearing through the grapevine what someone might have done, but someone else has a different experience.
Kings Lynn, Workshop 1

Many said that their first place to go for help would be to their GP, in the hope that they would be able to refer them on to the right services. Other participants admitted that they would not know where to begin and felt they would have to rely on friends and family to guide them. Those who had previously accessed social care still seemed unsure how the system worked, and some felt this was deliberate, to make it difficult for people who need care to receive it.

Get support from GP – go to GP then go through NHS/Doctor will then come down to means-tested or assessment of need. Is GP gatekeeper to NHS? GP will decide whether to enter you into NHS or direct you to social services. Leeds, Workshop 1

I've had to try to use it, but no-one really wants to give you the full ins and outs of what you're entitled to and what they can do and when they can do it.
Leeds, Workshop 1

How is social care funded under the current system?

Knowledge of how social care is funded was very limited

Generally, participants had limited knowledge of how social care is currently funded. Those who had little or no personal experience of social care typically thought that it was funded either in a similar way to the NHS (i.e. through tax revenues), or that they would be able to draw on an entitlement based on National Insurance contributions. They also assumed that state-funded social care was provided to most people, with government paying for some or all of the care people need. Only a minority of participants – typically those who had already engaged with the system – were aware that individuals are often responsible for paying for most or all of their own care, unless they have few assets.

> *What is the NI for if it isn't to pay for social care... government are washing their hands of us.*
> Leeds, Workshop 1

> *I thought I had a contract with the government that if I paid in all my life, I would be able to get out at the end.*
> Kings Lynn, Workshop 1

Related to this, there was also a lack of awareness about the details of the means-test. Participants who had not been involved with social care previously were often shocked when the details of the means-test were explained to them. In particular, they were concerned about how low the financial threshold was for being entitled to state-funded care, having assumed that the system would be more generous and support more people. They were similarly unfamiliar with the idea that housing assets might be included in the means-test if a person were to move into a care home.

> *It's very frightening. I have no family. If I have no one and go into a care home, I'm terrified that all my assets would be cheated.*
> London, Workshop 1

> *Yes, the sliding scale is very small, isn't it? Most people, when they get to a certain age, should have assets in excess of £23,250.*
> Leeds, Workshop 1

Those with experience of social care knew little more about the system than their specific circumstances

Participants with more direct experience of social care were able to describe what this experience had been like for them or their family members, and the difficulties they had in accessing care. They were also aware that they may have to pay for care based on an assessment of their assets, including their homes. But they appeared to lack a broader understanding of how the system worked, where funding came from, and the eligibility criteria for state support.

Instead, their personal experiences of accessing care and being assessed were a feature of a difficult time for them, where the priority was getting care in place for themselves or someone they cared about. As such, their priority was navigating the bureaucracy to ensure that support was in place, whether they had to pay for it or not. This focus on their specific circumstances seemed to lead to a disconnect between people's personal experiences of needing care and having to pay, and their understanding of the broader debates about how social care is funded more generally.

Preparing for the future

Few had made plans for social care provision in old age, assuming it would be provided by the state

Generally, participants had no specific plans in place for how they would fund their social care in the future. Most said that they had given little or no thought to their future social care needs and how they might go about funding them. For many, it was something they simply did not want to think about, because they associated social care with getting older and losing their independence.

> *I find it difficult to see a time when I will be dependent on someone else.*
> Leeds, Workshop 1

> *Why would you pay or plan something when you could die of old age? Money is tight enough.*
> Kings Lynn, Workshop 1

> *One of those things in life you don't want to face because you are looking at your own mortality.*
> London, Workshop 1

The lack of planning also appeared to be driven by participants' belief that they would be taken care of by government in old age. They assumed that they had been paying towards their social care through tax and National Insurance contributions, in a similar way to their State Pension. While the details were unclear and they may not have thought about it much, many expected a good level of government support. Some participants believed that they would rely on their children and family to look after them in old age and, therefore, did not need to plan their social care.

> *Although it can happen to everyone, it's not something you plan for.*
> Leeds, Workshop 1

> *In terms of forward planning, my parents have got a lot of family around them, and they have help. I'm not thinking that far ahead, but I assume when I get to that age, there'll be children and grandchildren that will do the same thing for me.*
> Leeds, Workshop 1

A small number of participants had begun to think about social care in more detail. They often had concerns about the potential burden on their families and expressed a desire to be in control of who takes care of them in old age. These participants were often older and closer to potentially needing care, and had given thought to how this might work in practice, including how they might pay. For example, a few described how they had already begun altering their living arrangements and examining their assets.

> *I'm planning to downsize house size, I think a three-bedroom house is too much for one person, a smaller house would have lower running costs, I would also move closer to the family that is moving out. Personally, I didn't put in a pension, so I am going to have to rely on government assistance, that is going to be quite tight, a worry.*
> Leeds, Workshop 1

2. Social care funding priorities and principles

This chapter outlines participants' spontaneous views about the priorities and principles that should inform decisions about social care funding.

Key findings

- After participants were given more details about how social care works, they were clear that the current system for funding needs to change. They also felt the government was primarily responsible for making this happen. Participants suggested two key priorities for government action: (i) increasing the level of public knowledge about how social care works and the key challenges facing the system, alongside (ii) increasing the amount of funding going towards social care.

- Participants also argued that a new system should be grounded in a number of key principles, including offering good quality care to those who need it; being transparent about social care costs and spending; ensuring changes consider the long-term and are sustainable; providing services that are easily accessible to everyone; and, having a fair system where everyone contributes.

How priorities and principles were discussed

During the deliberative workshops, participants received presentations outlining key debates on the issue of social care funding. This included an overview of:

- The key challenges facing the current social care funding system (now and in the future): exploring the long-standing debate about whether the system used for funding social; the growing pressures placed on the system by an ageing population; and, government promises to consult on new proposals for social care funding in summer 2018.

- An overview of the case for change: exploring the impact of people living longer; the growing number of older people with care needs; and, differences in the level of state provision to pay for social care across Europe.

Participants were then asked to discuss and consider the key priorities and principles that should underpin a new approach for social care funding.

Priorities for system reform

The government should do something

Participants were unanimous in their view that the current system for funding social care needs to change. After understanding more about social care funding, they felt strongly that the current system was not fit-for-purpose. This was driven by the view that the system of state funding failed to provide support to enough people, based on both needs and ability to pay. Many participants appeared concerned that they, or their loved ones, would not be provided for in old age should the current system continue. They also felt the government should be responsible for changing social care funding.

> *I don't know. Some serious changes need to be made to the whole system.*
> Leeds, Workshop 1

> *It's very frightening. I have no family. If I have no one, who will look after me?*
> London, Workshop 1

Priority 1: people need to know more about social care funding

Participants were surprised about how little they knew about the pressures facing the social care system, and about the limited state support. Many felt that there was not enough information for people to learn about how the system works and prepare for their future social care needs. Others felt that the available information on the social care system was difficult to access, confusing, complex and unclear. This appeared to deter people from finding out about how the system works, prior to needing to access it.

> *I'm surprised there is not enough information out there to get people to think about and prepare for their future social care needs. There should be some education programme that goes beyond private pensions. Information should be made easier for people to understand.*
> London, Workshop 1

In response to finding out more about these issues, participants felt that people needed clear and accessible information to make it easier to find out more about the social care system. The most common suggestion was to introduce specific lessons about the social care system into the school curriculum. This would mean that children and young people would grow up with the knowledge and awareness about how the system works, the challenges it faces and what they might be expected to contribute in the future.

> *It does matter. People need to find out. I don't know how to do this. But I am concerned for our future.*
> Kings Lynn, Workshop 1

Some participants also suggested running national awareness raising campaigns, with a few citing the government campaign to promote the introduction of mandatory workplace pensions as an example. They felt this would help ensure that all working age people are aware of how the system works.

> *If you don't use [social care], you're not going to look into it. But if something happens, you should go to your doctor and get a booklet. I don't know if there is one, but there should be.*
> Leeds, Workshop 1

Priority 2: the social care system needs more funding

Participants felt that the social care system required more funding to make it better and provide care to those who needed it. This was grounded in their concern that the system of state support is not generous enough, and on the future pressures faced by social care as the population ages. Some immediately suggested increasing taxes to address the funding problem. Others agreed that more funding was needed but felt that this could be found in other ways, without tax rises.

Those who argued early on for increased taxes were participants who assumed that they had been paying towards social care that they might need through National Insurance and other tax contributions. In this view, to meet the shortfall in funding, the government should simply increase taxes to raise more funds, although they also assumed the tax increase would not be large.

> *Increase on tax and national insurance to get people to fund it like how the NHS is funded.*
> Kings Lynn, Workshop 1

Participants who supported this approach also felt increasing taxes to fund social care would have the advantage of protecting people from paying higher costs later in life. They assumed that the money paid into the system through taxation would reduce the direct costs of social care to individuals at the time they needed it.

> *I think I'd rather pay £10 or £15 a month more in National Insurance, whatever, in anticipation of it. It's like everything with insurance. You do it as a comfort to yourself, knowing if anything did happen, you've got that there, and you won't have to foot the bill.*
> Leeds, Workshop 1

However, other participants thought there were alternative ways to secure more funding that would not involve tax increases. Some looked at ways to secure funding within the current social care system (and potentially the health system too) through tackling inefficiency and reducing or removing private profits. Others also looked beyond the social care system to consider government spending more broadly.

Many participants were concerned that privitisation had exacerbated funding problems, particularly those who supported increasing taxes to pay for social care. Participants overall were very uncomfortable with businesses making a profit from delivering social care, and often opposed private service providers in principle. Indeed, many felt that social care should be provided by the state in a similar way to the NHS, which would stop profits from being made and enable services to be run at a lower cost, in turn reducing funding pressures.

> *One thing that's frustrating is that a third-party provider is probably run as a business, rather than a service provider, like the NHS. Ultimately, a business is there to make profit, which I'm all for, but social care shouldn't be seen as a business.*
> Leeds, Workshop 1

In particular, some believed that private care home providers were making significant profits from the provision of state-funded social care, and this was perceived as wasting funding. They also felt this contributed to the delivery of poor quality care, as services sought to deliver care as cheaply as possible.

People feel it's unfair to pay for care homes, because the cost is extortionate. If the government and local councils opened care homes it would be more reasonable.

Kings Lynn, Workshop 1

A few participants were unable to move past discussions about efficiency savings, arguing that the social care system could reduce costs through more efficient management of resources and delivery of services.

The problem is managing it fairly and managing it more efficiently. You said people are not experienced. They haven't got a clue what people's needs are and what they should be striving for.

London, Workshop 2

Other participants focused outside social care, and argued for better use of government funds and tax revenues more broadly. They felt that finding more money for social care was a matter of having the right priorities and not 'wasting' it in the wrong areas. They pointed to money going towards activities that they did not consider to be as important as social care (e.g. the renovation of Big Ben, Foreign Aid). These participants felt that the government could avoid or reduce the need to raise taxes to fund social care if it was prioritised over other areas of spending.

We've got no money, so it's handed to private sector companies, as well as welfare charities to get funding for the service. If they stopped giving £13 billion to foreign aid, there wouldn't be a problem.

London, Workshop 1

They're saying they don't have money for social care, but they're not spending any less money on Big Ben.

London, Workshop 2

Discussion of key principles

During the reconvened workshops, participants were asked to develop and discuss the principles that they thought should underpin a new approach for social care funding. The main themes from across their discussions are summarised below.

Standards: good and consistent quality care

Participants spent time discussing the importance of care standards (even though considering standards and quality in detail was not a focus for the workshops). They felt a potential new model of social care should deliver a good standard of care that was consistent across all areas of the country, to anyone who needs it. They often viewed the current standard of care to be below what was acceptable or at least to need improvement. Linked to this, they were reluctant to contribute more funding to a system which did not guarantee a better standard of care.

You have to consider the wellbeing of people in care. It has to be the same for everyone. Ensure that care is good quality as a principle.

Leeds, Workshop 2

I think the minimum standard needs to go up beyond what it is now.

London, Workshop 2

Despite strong views that care should be a good standard, participants struggled to articulate exactly what this standard of care should look like. This was usually described as meaning everyone receiving or being entitled to the same level of

care, which would cover people's basic needs. Many also supported the option to pay to top this up if people wanted higher standards of care.

> *All care should be a basic standard. If you've worked hard all your life, you should be entitled to a nice, clean bed, and someone looking after you.*
> Kings Lynn, Workshop 2

> *You can tell who is paying private in a care. But I think everyone should get the same the rooms should be the same standard but people can personalise their room.*
> Leeds, Workshop 2

Some participants viewed workforce training as the best way improve standards of care, but their lack of familiarity with how social care is managed meant they could offer little detail on exactly what kind of training or what alternative actions might achieve better standards of care.

> *Ensure that carers have good enough training.*
> London, Workshop 2

Transparency: clear information about costs and where the money goes

Throughout the discussions, participants stressed the importance of transparency within the social care system. This involved two different concerns. First, they wanted transparency around expectations: about the costs of social care to the country, and to individuals. This will help planning, both nationally and at an individual level, and will help avoid the surprise they felt about the limited state support available for most people. Second, they wanted to be able to easily track where funding for social care was being raised and where it was being spent overall. These views appeared to be driven by a lack of trust in government spending decisions, combined with a lack of knowledge and information about where the money paid through taxes was being used.

> *I don't know if it's about fairness for me. I'd say it's more about general transparency. Proving what the government is talking about is legitimate, because it feels like it's not. Where is the money going?*
> London, Workshop 2

Participants' views on transparency also appeared to link to their views about a dedicated tax for social care. They felt that the two went together, and would ensure that the money raised through taxes would be spent on social are, where it was intended. Some participants raised the idea of a dedicated tax themselves, prior to discussions of alternative funding approaches.

> *The tax payments should be transparent so people can see where their money goes.*
> Kings Lynn, Workshop 2

> *Transparency is about each individual having more control over what their taxes are used for. Rather than being spread over lots of things, the money should be used just for social care.*
> Leeds, Workshop 2

Sustainability: a system built to last over the long-term

Participants argued strongly that any new funding system should be sustainable over the long-term. They felt that the system had to be financially viable over decades, because the changes to the population and the needs of individuals were long term challenges. But participants also wanted social care funding to be politically secure. They perceived past and present governments as being reluctant to address the issue in the long term, with new proposals or changes aimed at short term fixes. They also wanted some assurances that the new system in place would be protected from future governments changing the system once in power.

> *If it's only there for a short while, then what's the point?*
> *Leeds*, Workshop 2

> *There needs to be proper projections of how much it's going to cost and make sure funds are put in for that.*
> London, Workshop 2

Accessibility: easy to navigate services

Ease of use and access was also an important principle for participants. It was clear from their lack of knowledge about the current funding system, that people struggled to understand how to access social care services and how the system worked. Participants called for a more accessible social care system that provided clear and simple to navigate services.

Participants felt this was particularly important given the relatively old age of the many people that might require social care. They pointed to the increasing amount of information primarily being provided online, which some thought was inaccessible for older generations. They also wanted to reduce the amount of paperwork and forms that needed to be completed to receive social care.

> *The current system of social care is a minefield.*
> Leeds, Workshop 2

> *If you've got an elderly relative, you should be able to get care without jumping through too many hoops.*
> London, Workshop 2

Fairness: everyone making a contribution to social care funding

The principle of fairness was discussed repeatedly throughout the workshops, including in participants' spontaneous priorities for social care funding. Participants felt that fairness was very important, but often struggled to define exactly what they meant, or held different views about fairness which were difficult to reconcile. The discussions around fairness are explored in greater detail in Section 3.

Overall, the main priorities they discussed around fairness were (i) the idea that everyone in society should make a contribution to paying, and (ii) whether or not everyone was entitled to a basic level of social care provision, irrespective of their wealth. There was broad agreement about the need for everyone to contribute, but more debate about who should be entitled to support.

There was also debate about where the burden of paying for social care should fall, even in the context of 'everyone' contributing. Some participants believed that this should apply only to people of working age, including those on working age benefits. Others felt that this could also be extended to include wealthier older people who had high incomes or

assets. A few older participants said they would be prepared to contribute through other changes to the benefits older people are entitled to (e.g. a 'tax' on the State Pension or means-testing other benefits, such as the Winter Fuel Allowance).

> *Everyone should pay in. You will never know when you need it. It's a way of guaranteeing that something is there should you require it.*
> Leeds, Workshop 2

> *National Insurance is fairer because it's graded and it doesn't have steps like Income Tax. I was paying more National Insurance than some people I worked with and I was paid more, so it seemed fair to me. Whereas Income Tax, it's a big jump if you're on the higher rate.*
> London, Workshop 2

Participants also discussed ideas around fairness based on need. There was acceptance that there are some people in society who were not in a position to contribute, such as those with life-long disabilities who were unable to work. They felt that the funding system should ensure that all those who can contribute do so, and that this would allow society to look after the few who could not.

> *We could say otherwise, but that's not who we are as a nation. We've got to be fair across the board. Even if you haven't put into it, everyone deserves care.*
> Leeds, Workshop 2

> *Unfortunately, there are people out there who cannot make a contribution at all... Somebody's got to pay for those people. They can't pay. So allowances have got to be made for people like that...you've also got a responsibility for people who unfortunately can't pay.*
> Kings Lynn, Workshop 2

3. Views on the key policy debates

This chapter details participants' views on some of the key policy debates about social care funding.

Key findings

- Participants tended to favour a high level of state responsibility in paying for social care costs, rather than expecting individuals to meet their own costs. On the other hand, some argued that wealthier people should make contributions to the cost of the care they used. Two themes dominated discussions about fairness when it comes to paying for social care. The first was the importance of being fair to older people who have contributed to society and paid taxes all their lives; the second was being fair by protecting people's housing assets.

- The priority placed on these issues shaped other perceptions and discussions around fairness. In particular, participants could see that protecting older people might place a greater burden on younger generations, but this was generally accepted as unfortunate but inevitable. Similarly, many felt that all older people should be entitled to state-funded social care, although some thought that social care for very wealthy people should be subject to means-testing.

- Participants were less concerned about the costs of implementing a new system or the level of short-term disruption change might cause to the system, providing the outcome delivered real improvements. They also preferred a simple system that was easy to access (i.e. like the NHS), and some struggled to understand why a simpler system might be costlier, or why a system that might ensure greater fairness at an individual level might be more complicated.

Discussing the key policy debates

During the second deliberative workshop, participants were asked to consider four key policy debates covering the key principles for social care funding. This activity aimed to encourage participants to discuss and consider the range of choices about how social care funding could work in the future.

Balance of responsibility between the state and the individual

Participants were asked to consider who should be responsible for paying for social care. To help participants articulate their opinions, different options were presented along a spectrum (see Figure 1.2). They were then asked for their view on the most appropriate balance of responsibility, both after an initial discussion, and again once they had deliberated around the options in more depth. In discussing the options, participants were also asked to consider the potential pros and cons, and how each option might work in practice.

Figure 1.2: Participants' views on the balance of responsibility
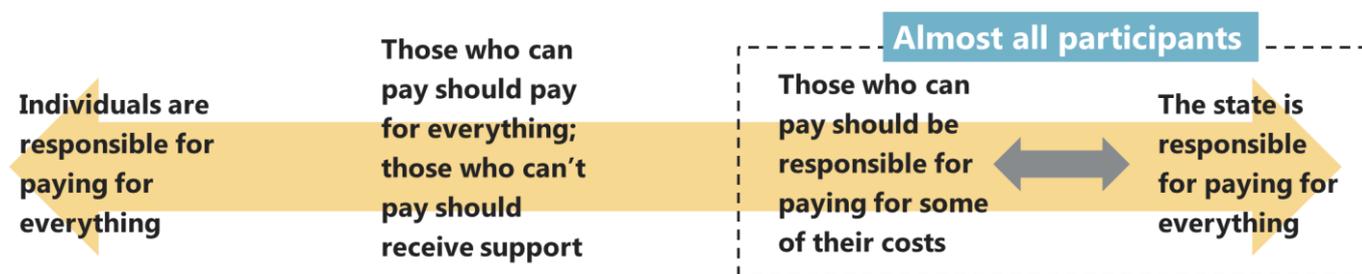
There was a strong preference for state responsibility

In general, participants felt the state should have most or all of the responsibility for paying for social care. This was acknowledged as markedly different from the current system, which involves many people paying for some or all of the care they receive. Participants seemed to favour state responsibility because it fitted well with their preferences for social care to be tax-funded and free at the point of delivery for those who need it, much more like the NHS. Participants also felt that this option would guarantee provision of social care for those people who needed support but who were unable to afford or contribute to their own care costs.

> *I'm up for the state paying for them through taxation.*
> London, Workshop 2

> *I don't mind paying tax to help other people. It is a moral obligation even if other people don't need it.*
> Leeds, Workshop 2

Debate about wealthy people paying for their care

Some participants felt that wealthy individuals should be responsible for paying for their own care. They argued that those who could afford to should pay for at least some of their social care costs, with the state perhaps paying the rest. They felt instinctively uncomfortable with taxpayers paying for those who they thought would not need financial help. Expecting them to pay was perceived as a way of reducing the financial burden on the state, and therefore taxpayers. Others disagreed, pointing out that wealthy people contribute more through their taxes and should not be expected to pay again. They also gave examples of other universal public services such as the NHS and education, and argued that social care should work in a similar way.

> *From a practical perspective, it is the only option that will make change. It would be most practical for sorting the problem out. We could implement it quick through a means-testing system.*
> Leeds, Workshop 2

> *I'd say some of it should go towards the individual. If you put it all under the government, then other things that we need to pay for, like education and NHS, would need to be sacrificed.*
> London, Workshop 2

Among participants who preferred wealthier individuals paying for care, some suggested that a basic level be offered to all, with those who can afford it paying for higher quality care through top up fees if they wanted to. This was seen as a way of being fair to those people who had contributed more, through higher earnings and higher taxation.

> *I don't think we should be responsible for paying the cost, but you should get a basic level of care, and then you can pay for yourself if you want a higher standard. You can enhance it with your own assets.*
> Leeds, Workshop 2

Other participants felt that those who could afford it should be responsible for paying for all their social care costs. It was assumed that very wealthy people would be unlikely to use state social care in a similar way that wealthy people often choose to access private healthcare or education.

> *I still think it should be means-tested...I've worked for very rich families, like footballers. I don't care how much they pay their taxes into the NHS or social funding. They're wealthy and they don't need to use the system.*
> London, Workshop 2

As such, whether or not wealthier people should be responsible for paying for their own care was debated by participants. But there was a consensus that any payments should only be sought from 'very wealthy' individuals. However, participants found it difficult to define who these individuals might be or how exactly the means-test should be applied.

Instead, their priority seemed to be a system that was more generous and provided support to more people. A key concern was that many people have assets worth a lot of money but will not necessarily feel wealthy. Thus, there was a sense among participants that those who would be perceived as wealthy enough to pay would need to have high incomes, not just high housing wealth and savings.

> *I don't see how this would work. If you are poor and live in a million pound house, what will happen? It only benefits certain groups of people who have a house and a good income coming in.*
> Leeds, Workshop 2

How can social care funding be 'fair'?

During the reconvened workshop, participants were presented with a number of descriptions of individual circumstances to explore what fairness meant to them in terms of funding social care. These discussions explored two key aspects of fairness:

- **Fairness to different generations:** how important is it to think about how changes to funding might affect different generations?

- **Fairness based on ability to pay:** how can we be fair to both those with income and assets and those without?

Participants struggled to come to a consensus on fairness, but two key concerns dominated the discussion

Participants found it difficult to describe what they meant by fairness, and to reconcile their different priorities. This appeared particularly challenging because fairness means different things to different people and in different circumstances. Despite these challenges, the discussions repeatedly returned to two key concerns. These concerns were driven by participants' reactions to specific elements of the current social care funding system that they perceived as unfair, and these considerations influenced the discussions throughout the workshops.

Being fair to older people who have contributed all their lives

Participants of all ages were clear that older people who had reached State Pension Age should be protected as far as possible from having to pay directly towards the costs of social care they might need. This view was grounded in the idea that older generations had assumed that their social care needs would be met through their tax and National Insurance contributions over their lives, and successive governments had never made it clear that this would not be the case. Thus, being fair meant they were entitled to get something back and to be taken care of by younger generations.

> *Older people have already paid into the system so the government should be paying.*
> London, Workshop 1

> *I still don't think older should pay for their care because they have paid tax. If someone's messed up along the line with state expenditure, then it's not the fault of normal people.*
> London, Workshop 2

> *We have paid for people. National Insurance that you pay over your working life. Only 35 years' worth of that is taken into account for yours. The rest of it goes towards paying for everyone else. We have done our share. Now it's down to the next generation.*
> Kings Lynn, Workshop 2

Some participants felt a real sense of injustice in relation to the social care funding system, particularly around requiring older individuals to pay for their own social care. The lack of knowledge and information about the system, and the assumptions made by older generations that they had already paid for their social care provision through tax and National Insurance contributions, shaped these feelings.

Not using housing assets to pay for social care

Participants also felt strongly about being fair to people who were thought to have worked hard to build up housing assets and who wanted to protect these and pass them on to their families. Discussions across the workshops often focused on the issue of housing assets being included in means-tested social care provision, with most participants objecting to this. In particular, older home owners had strong concerns, although these were also shared by most younger people, including those who did not have mortgages or own their home.

> *I don't like it. I'm not giving up my home.*
> London Workshop 1

> *Just forget about touching people's houses. That should be a principle. Just get rid of that rule. Take peoples' houses out of it. You work for that. It's for generations to come. It's yours. You can find other ways of raising money, and leave people's houses out of it.*
> Leeds, Workshop 2

Participants felt that including housing assets in a means-test was contrary to the implicit deal they had been sold by politicians about playing their role as good citizens (i.e. being financial responsible, working hard to buy your own home and saving). They questioned where the incentive was to act responsibly if government was going to 'take it all away', compared to other people who had not worked hard or spent all their money.

> *I don't think that if you have worked all your life for your home, you should have to sell it. You pay National Insurance and there are those who haven't even worked in their entire life getting care for free.*
>
> Kings Lynn, Workshop 1

> *At the moment, we're at a stage where anyone with assets worth £23,000 or more subsidises massive chunks of care, whereas someone with zero assets will get the care. It's not fair.*
>
> Leeds, Workshop 2

> *We've all had to sacrifice something to get something. I sacrificed a lot to get a house, so why should I now, as an older woman, lose my home?*
>
> Leeds, Workshop 2

Concerns around being fair to older people and those with housing assets shaped views of other types of fairness

Intergenerational fairness

Participants discussed the pressures that might be placed on different generations in terms of paying for social care through taxes. There were spontaneous concerns about the difficulties younger people increasingly face with paying for their studies, finding work, and getting on the housing ladder. After further debate, participants recognised that protecting older people and housing assets could lead to an additional financial burden for younger generations. Within these discussions, participants considered the impact that the old age dependency ratio might have on younger generations in an already challenging context.

> *A young person might struggle to make additional contributions due to low income, whereas an older person stands to lose their entire house.*
>
> Leeds, Workshop 2

> *We've got an increasing population and increasing older people. What will this mean for the future?*
>
> Leeds, Workshop 2

> *What would we say if you've got a young person who's not earning much? That they're going to spend more money to take care of their mother?*
>
> Kings Lynn, Workshop 2

As a concept, intergenerational fairness failed to resonate with participants despite further explanation and exploration. Discussions on the issue frequently returned to concerns about being fair to older people and those with housing assets. Again, these aspects of fairness took priority over other issues, including the financial burden placed on younger generations when it comes to paying for social care.

> *How else can you do it? Older people will have paid for somebody else? It's like with your children. It's rolling over. They work, contribute, pay taxes. It's how we evolve as a society. My children will pay for other people.*
>
> London, Workshop 2

> *If we're talking about a new system, 'fair' wouldn't be stripping down older people's assets. 'Fair' would be paying taxes, and them maybe being subsidised.*
>
> Leeds, Workshop 2

There was also a broad agreement that despite the drawbacks for younger generations, change had to start somewhere. Participants accepted that the additional taxes they preferred would likely affect some groups more than others and that it was difficult to be fair to everyone. However, almost all participants concluded that the burden would have to fall on the younger generations, because the alternative was seen as too unfair to older people and those with housing assets. People of working age were considered the most able to pay through their tax contributions.

> *There's not a fair way. You'll never please everyone. It will suit some people more than others. A shame, but that's how it is.*
> Kings Lynn, Workshop 2

> *That's how society works. For the greater good and all. When young people get older, they are going to be in the same position as the older people. It just goes around and around.*
> London, Workshop 2

Fairness based on ability to pay

Discussions during the workshops also explored views around fairness based on the ability of individuals to pay for social care, some of which were touched on in previous sections. These conversations occurred within the context of many participants wanting the state to pay by raising money through increased taxes. Some participants felt that as wealthier people pay more in tax, it is fair that they are entitled to access state funded social care, much like the NHS. Participants also argued that it was unfair to expect wealthier people to contribute even more through taxation than they already had.

> *I don't believe someone who earns millions should pay more.*
> London, Workshop 2

> *They've earned higher wages so they've paid more taxes.*
> Leeds, Workshop 2

> *I absolutely believe in a system of fair taxation. If you've paid tax, you shouldn't have more money taken off you just because you've got more.*
> Kings Lynn, Workshop 2

However, some participants were uncomfortable with the state paying for wealthier people who could afford to pay for their own care. Concerns about pressures on state-funding appeared to drive these feelings, with some participants stressing that the system simply cannot accommodate paying for everyone, even though there was a clear consensus that it should be more generous that in it is now. For them, a fair system would be one that requires those who can pay for themselves to do so, as they do now, but with thresholds that allow many more people to receive support. As discussed previously, they were less clear on how to define who should pay, other than describing them as 'wealthy' or 'rich' taking into account more than the value of their home.

> **The truth is, there's no way the state can pay for everyone. It's simply unaffordable. So, the rich should fund their own care.**
> London, Workshop 2

Overall, many participants felt that in order for the system to be fair to everyone, it would inevitably require some form of means-testing, even if this was not the ideal system they wanted. The means-test would provide some basic level of social

care to all or most people. Alternatively, participants expected wealthier people to contribute to the system but assumed they would not want to access state-funded care. Instead they would opt to pay for private social care using assets or income from private pensions.

> *What's going to happen is a means-test. It's inevitable. There's no way that there's enough money in the pot.*
> London, Workshop 2

> *The rich should get the same help from the State as anyone else and if they want more they can pay for it.*
> London, Workshop 2

> *The wealthy should get access to an equal standard of care. Then, if they wish to spend their assets on luxury care, they can.*
> Leeds, Workshop 2

The cost of implementation

Participants were asked to consider the costs associated with implementing changes to the social care funding system. They were also asked whether improvements in the funding system over the long term would be worth some form of short term disruption.

The cost of change is worth it if it leads to an improved system

There was a general acceptance among participants that a significant change to the funding system may come with significant costs. They had no principled objection to these costs, provided the benefits of the new system were better than the current system. These views appeared to be motivated by the perception that it was not possible to continue with the current system how it is, and change was necessary, even if that entailed some costs.

> *To change the system there is going to be a cost. If the system and implementation of it will be better, then it is worth it as long as it is an efficient system being brought in.*
> Leeds, Workshop 2

> *Spending time and identifying the costs is going to take time and money. As long as there's benefit, which there will be, whatever costs to administration, we have to accept it.*
> Kings Lynn, Workshop 2

Indeed, participants felt that some short-term disruption was inevitable given the amount of change needed to address problems with the current system. Again, these views appeared to stem from a perception that the current system was not fit-for-purpose, and radical and immediate action was necessary to address these issues.

> *What is the alternative? It's not looking good right now. It's not working.*
> Leeds, Workshop 2

Despite their views about the need for change, participants struggled to establish a clear idea of the likely costs and the specific trade-offs.

Easier to bear if it's transparent. If everyone knows what the costs are going to be and what the disruption is. It's when it's all cloak and dagger and nobody really knows. That's when there is a problem.
Kings Lynn, Workshop 2

Simplicity vs complexity

Participants were asked to consider the importance of simplicity as part of a new social care funding model and the implications this may have on the cost of delivery. They were also asked to consider whether some level of complexity within a new social care funding model was acceptable, if it ensured that the system was fair.

Ease of access and understanding were a priority

Participants placed considerable value on simplicity. They called for a system that was easy to access (i.e. 'like the NHS'), where people could get the care they wanted, when they needed it. They also wanted social care funding to be easy to understand in terms of the likely cost to individuals, and what money was being spent where.

It can only be simple if it's free for everyone, and it's funded through taxes. Otherwise, it gets more complicated.
Leeds, Workshop 2

There should be no secrecy about the money coming in, where it is, and how it's spent. There is a secrecy about that, at the moment.
London, Workshop 2

The reasons for complexity were not always understood

Some participants found it difficult to understand why a simpler funding model might result in higher costs. This was largely based on the perception that taxation offered a simple solution to the funding problem, but participants failed to work this through to the higher costs of delivering care to everyone that was free at the point of use. Others struggled to understand why a model built on providing a greater level of fairness might result in complexity.

If it is a simple version, why is it more expensive?
Kings Lynn, Workshop 2

If we start to do a means-test, it gets more complicated. I don't like the idea of that. That seems more expensive [to manage]. It's not worth doing.
London, Workshop 2

Again, participants suggested tax-based approaches based on a percentage of earnings, but it was not always obvious to them that administering this may be complicated and require detailed assessments of individual circumstances. However, some participants were able to see why tailoring provision in order to have a fairer system would require some complexity. Given this, they were accepting of a more complex system as long as it was beneficial for people.

I think if complex means you can go into more detail and make it fairer, then make it complex. Everyone has basic needs, but there are still individuals with more needs.
London, Workshop 2

4. Reactions to the five funding models

This chapter explores participants' reactions to five potential models[2] for funding social care.[3]

Key principles

Overall, participants:

- Agreed quickly that they did not support **continuing with current system** for funding social care. After being given further information about how social care funding works, there was a clear consensus that the system needs to change. Many believed that the thresholds were no longer fit-for-purpose and failed to protect housing assets, which they felt was unfair. They also thought the system resulted in inadequate care provision, based on perceptions about funding shortfalls and poor management, as well as being unsustainable over the longer term.

- Had difficulty understanding the details and implications of the **cap and floor model**, with opinions differing depending on whether they assessed it relative to the current system or to their preferred approach to funding. While participants saw this model as an improvement on the current system, the inclusion of housing assets was a significant concern. Participants were also worried about the potential for differing regional implications, given the differences in house prices and care costs across the country and the potential impact of the cap and floor for people located in certain regions (e.g. London).

- Generally liked the idea of **free personal care** in principle, but expressed some concerns about how it might be implemented in practice, including the cost, concerns about who might not be eligible for support, and the quality of care that would be provided.

- Supported the idea of a **dedicated social care tax**, perceiving this to be a good way to raise additional money. They also believed this model helped address their lack of trust in government, by ensuring greater accountability and transparency for spending on social care. This opened broader questions around whether the dedicated tax approach could be used to resolve other funding issues (i.e. the NHS). However, there were some concerns about whether the tax would be sufficient to meet social care needs, particularly based on how much tax people would be willing to pay.

- Supported the idea of a **joint NHS and social care budget**, as they felt this would help improve cooperation and efficiencies between two closely linked services. However, strong concerns were raised about the possibility of conflicting priorities between the two services. Given the funding challenges faced by both services, there were concerns that the NHS would take priority over social care and receive a greater share of the budget.

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[2] The models – or options – are set out in the interim report available at: http://www.health.org.uk/publication/approaches-social-care-funding
[3] The full stimulus materials used to explain the models are available alongside this report on the Health Foundation website.

How participants reviewed the funding models

Participant reactions to the models were explored across both the initial and reconvened workshops. The structure of the discussions at each workshop is outlined as follows:

- **First workshop**: participants were presented with a simple explanation of each model and asked for their initial reactions. This included what they liked/disliked about each, and whether they felt that the model solved some of the key challenges around social care funding. These are included in this chapter to highlight the key features of each model.

- **Reconvened workshop:** participants were presented with a more detailed explanation of each model, including some suggested pros and cons. These are included in the appendices. They were then asked to discuss the pros and cons of each model, and reflect on how each model addressed the priorities and principles they had agreed earlier in the session, as well as addressing some of the key policy debates.

Continuing with the current model

Explaining the current social care system

Who receives publicly funded social care?

Publicly funded social care is provided to people who meet two criteria:

1. They must have assessed social care **needs above a certain level** (usually very high)
2. They must also have financial **means below a certain level**:

People with assets below £14,250	→	**Entitled to publicly funded care**
People with assets **between £14,250 and £23,250**	→	**Must make some contribution to care costs**
People with assets over £23,250	→	**Must pay for the full cost of their care**

For people who move to a care or nursing home, their house is usually included in this test. For people who receive social care in their own home, it is not included.

There was general agreement that the current system does not work and needs changing

Participants were quick to conclude that the current system needed to change. These views were based on a number of spontaneous concerns, as well as those that developed as participants deliberated about current funding and eligibility criteria.

Their support for changing the current system was grounded in strong reactions about how social care is currently funded, including the eligibility thresholds for state-funded care, and the complexity of the system. There was shock and even anger among many participants about how much individuals were expected to pay towards their own care. Some also expressed fear about the lack of protection the current system provided against potential high costs of social care.

> *I'm surprised at the levels you must start paying for yourself, I knew there were levels, but I didn't know they were so low.*
> Leeds, Workshop 1

> *I think that £23,250 doesn't marry up to today. If it's for your retirement, it's not a lot of money.*
> London, Workshop 1

The inclusion of housing assets in the means-test for those people who require care in a care home was a feature that many participants did not like, and a recurring point of discussion throughout the workshops. Most participants, but particularly homeowners, appeared to oppose this in principle, arguing that it was unfair to those who had worked hard, and not what they had been expecting when they needed care. They often argued for raising additional money in other ways, as discussed in Section 3.

> *I don't necessarily disagree with the savings, but it's the idea of having your house pulled out from beneath your feet.*
> Leeds, Workshop 1

> *It protects the poor but not people who've worked hard and put money aside. Why should you put your house, which you spent years earning, on the line? The system doesn't take that into consideration.*
> London, Workshop 2

There was also a feeling among participants that the current system was not fit-for-purpose to deliver care to everyone who needed it, with some people who needed care were missing out. Participants were particularly concerned about perceived differences in provision (types of and quality of services available) between different areas and felt that this disparity was unfair. There was also concern that the current system failed to address the increasing demographic pressures facing the country due to an ageing population.

> *It's obviously crap... it's not working, and they're having to change it. For me, personally, I don't think you can continue with this. That gap's going to get bigger and bigger.*
> Leeds, Workshop 2

> *The current system doesn't work. It's going to continue to get worse. The funding is not enough for the level of care that's needed. I often wonder how seriously the Government is thinking properly about this.*
> Kings Lynn, Workshop 2

As well as concerns about differing provision, there was a perception that the current system failed to deliver quality care overall., This was cited as another reason social care needed to change by some participants. These views were influenced by media stories reporting abusive care homes, or personal experiences of friends and relatives receiving care that was perceived as low quality, including short visits from carers.

Changing the means-test and introducing a cap and floor on social care costs

Explaining the cap and floor system

Participants struggled to comprehend key aspects of the model

The cap and floor model was difficult for participants to comprehend. Lengthy discussions, including the use of examples, were required as part of the workshop before participants understood how each element of the model worked. Overall, participants were generally able to grasp the different aspects of the model, but struggled to think through the implications, particularly of all the elements together. For example, they may have understood how the cap works, but failed to take into account that the money for the cap and floor came from the value of housing assets being included when care is received in the home, and what this might mean for the individual and their assets. Participants also struggled to see how this model would generate an increase in the amount of funding for social care, which cast doubt about whether the system would address the funding gap.

> *It is confusing. I understand it, but we've probably got different interpretations.*
> Kings Lynn, Workshop 2

> *I don't know why it's different, as it is, there isn't enough money. I just don't see how the money is going to be generated to give the care is required.*
> London, Workshop 2

> *You can't even get help in your own house without that property being included. If you have an expensive property, you could forever be having to pay for it yourself. You have to sell the house.*
> Kings Lynn, Workshop 2

Views on the model differed depending on how they approached it

Some felt it was an improvement on the current model...

Participants who compared the cap and floor model to the current system tended to view this option as an improvement. They preferred this model because it provided some certainty about the expected costs of social care, and protected individuals from very high social care costs. It also provided them with some guarantee that they would have assets left over to pass onto their families. Participants felt that this provided greater fairness than the current system, and in some instances, a few participants said they would be less reluctant for their housing assets to be used towards paying for social care based on this kind of funding model.

> *I think it's better. It is very low now, but it is an improvement on the current system.*
> Leeds, Workshop 2

> *I like people having more assets to pass on to their family. That seems fair.*
> Kings Lynn, Workshop 2

> *When I first read it, I was sure I wouldn't want my home to go to it, but it goes back to the need of care. If it meant more people could receive care, then I would be more inclined to put my home into the pot.*
> London, Workshop 2

...however, it was not the preferred option

Overall, participants were not enthusiastic about this option, even if they were willing to concede it was an improvement on the current system. Reflecting their concerns, elements from the cap and floor model featured relatively little in participants' design of what they thought the system should look like (discussed in more detail in Section 5). Instead, a tax-funded solution to allow a more generous system or support was generally preferred.

> *I disagree with the fundamentals, but I think if you're going to have a system with a cap, it does lead to some certainty, compared to where things are at the moment.*
> London, Workshop 2

The main reason was participants' ongoing concerns about using housing assets towards paying for social care, which would be extended to domiciliary care under this model. Again, this appeared to come into conflict with perceptions of fairness and the desire to pass housing assets on to their families.

> *I think it actually makes you worse off, because, how many houses aren't worth more than £100,000, now? I think that's actually less fair than the current system.*
> Leeds, Workshop 1

> *People go into those homes at the very end. More people will end up paying. A majority will need to use their house assets.*
> London, Workshop 2

Participants also put forward ways to adapt the model, some of which were significant. The key reason for their suggestions was that many participants felt that a blanket cap on social care costs was unfair given the differences in the

value of houses across the country. As an alternative and 'fairer' approach, they proposed implementing a cap which took into consideration a percentage of an individual's house value, rather than a fixed monetary value.

> *I don't understand why it has to be a monetary amount, rather than a percentage. So, the percentage of someone's estate that gets used depends on how rich you are. So, if your house is worth £1,000,000, taking £72,000 equity out of a million-pound house, that's not fair. These people pay more taxes, anyway.*
> Leeds, Workshop 2

> *I think it should be a percentage rather than an absolute number. If you have a house of a million pounds you'd lose an awful lot of money.*
> Leeds, Workshop 2

Participants were concerned about the potential for differing regional implications

Participants were also concerned about the potential implications of the model on different regions of the country. They discussed the considerable differences in house prices between the north and south, and between more affluent and deprived areas. These differences appeared to influence participants' concerns about the single 'floor' element of the model. They believed that this element of the model failed to take into consideration regional house values and could negatively impact some groups of people more than others. Thus, they felt that the model should be proportionate to the value of the home, to prevent some people losing more of their assets than others.

> *If you're left with £100,000 in London, you can't do anything with it on a property level.*
> London, Workshop 2

> *It depends where you live. My friends have sold their house in Leeds to go to Huddersfield and pay it off, because the standard of property in Leeds is higher. It's not a national system, you're subject to the variations of the housing market, in Burnley and Bolton is £45,000 for an average house.*
> Leeds, Workshop 2

Participants were also concerned about the single 'cap' element of the model. Like the house prices, participants were concerned about differences in social care costs across the country. For example, care can be more expensive in London than in other regions. Thus, some participants questioned the impact of these differences on the cap, and whether it would mean that people living in areas where social care was more expensive would be likely to reach the cap sooner than people located elsewhere in the country. Again, participants felt that the model should be proportionate to the value of the home, rather than a single capped amount.

> *We talked about how different regions have different assets. What if the cap was in correlation to where you are living?*
> London, Workshop 2

> *I think you're going to have to do it on a percentage of the value of the property, not the set value of £100,000.*
> Kings Lynn, Workshop 2

Free personal care

Explaining free personal care

Overall, participants like this idea in principle

Most participants liked the free personal care model in principle. They felt that it reflected some of the priorities and principles agreed earlier in the discussions around fairness, ease of access and standards of care. They supported the idea of a model to provide a basic level of care for everyone based on need. Participants also liked this model because it provided some care regardless of individual circumstances, and protected people's assets.

> *In principle, I like it because you don't discriminate against people who have saved.*
> London, Workshop 2

> *I think it's an improvement. It's simple, and it's for everybody, and it's a basic level.*
> Leeds, Worksop 2

> *If you need the help, you've got it. If you could afford the care, if you fall on hard times then you know no matter what happens you've got some support. There should be always someone helping you out.*
> London, Workshop 2

There was also some discussion about other potential benefits of the model. Some participants felt that this type of support would help people to maintain their independence and live at home for longer. Many believed this was better for individuals, and would reduce the costs of social care because residential care is more expensive. In this context, the model appeared to reflect the importance of greater individual choice and control, which was a priority for some participants.

It's definitely a free basic care, which I'm in favour of. It's cheaper, as well. If it enables people to live in their own homes for longer, and you don't have to pay for more care homes, then it's good, isn't it? It's the best I've seen, so far.
Leeds, Workshop 2

Free is good. Simple. Treating everyone the same. [And it's] cheaper treating people in their own homes.
Kings Lynn, Workshop 2

However, there were some concerns about how it would work in practice

Despite the positive reactions to this model, some participants were concerned about how it might work in practice. Particularly, they were uncertain about the cost implications of the model, given its universal approach. Questions were raised about how the system would be funded and whether means-tested or universal provision would work.

Attention also focused on how the system of free personal care works in Scotland. They questioned whether this would be suitable for England given the considerable population differences that exist between the two countries, and whether following the Scottish model, which spends slightly less on health care to prioritise social care, was desirable.

We've only got a certain amount of money. If our Government are going to spend more on personal care, they have to take it from somewhere else.
Leeds, Workshop 2

Some participants were also worried about the thresholds of care needs and the implications for who will and will not receive care. They felt that this model might present some issues in relation to the principle of accessibility, given the likelihood of there being high demand for free personal care, but a limit to the number of people able to access it. They were concerned about what would happen to those just below the needs threshold, and whether this might accelerate their need for more expensive care in future.

It's just that thing about the criteria for who gets and who doesn't. What is the threshold of need? It could be good for lots of people but detrimental for many.
Leeds, Workshop 2

If everyone qualifies for it, the assessment will be stricter. There will be a grey area of knowing you need it, but they say you don't because they can only afford a certain amount.
London, Workshop 2

A dedicated social care tax

Explaining a dedicated social care tax

A dedicated social care tax

- This would mean introducing a **new tax specifically for social care services.**
- The **money raised from taxes would be ring-fenced** specifically for funding social care provision, preventing it from being used for any other purpose.

Participants generally supported the idea of a dedicated tax

Throughout the workshops, discussions continually returned to the idea of raising additional funding for social care through a dedicated tax. participants were generally supportive of this idea. They had often decided quite early on in the workshops, that increased taxation of some form would be necessary in order to meet the shortfall in social care funding. Some had even suggested this approach independently of discussing this particular model and it fitted well with a general preference for a tax-funded state solution to the problem of social care funding.

> *They should specifically put money in a pot, only for social care.*
> Leeds, Workshop 1

> *With some of these other options, we will still need a tax to cover those. So, this is a start.*
> Kings Lynn, Workshop 2

> *We expect we will pay an amount of earnings to Government for services. Social care should be included in this.*
> London, Workshop 1

Taxation also fitted in well with one of participants' key concerns around fairness, as it was perceived by participants as the best way of ensuring that everyone contributed to the cost of social care.

It was perceived as a way of ensuring government accountability for social care spending

Participants said they did not trust the government and its spending decisions in general, particularly when it comes to tackling long term issues such as social care. There were concerns about short term political priorities being more important to decision makers than tackling long term challenges like social care. Others wanted government to prioritise public spending differently, and to be clearer where tax revenues are spent. This led to repeated calls for greater transparency and accountability within a new social care funding system. They believed that ring-fencing funding for social, through a dedicated social care tax, would ensure that the government would spend the money generated by the tax on social care and not redirect the funds towards other areas.

> *The only reason we're looking at ring-fencing is because the Government's got a bad track record. So, we don't trust them to put so much into social care. It needs to be outlined from the start.*
> Kings Lynn, Workshop 2

> *Reducing flexibility of how government spend the money is an advantage.*
> Leeds, Workshop 2

Over the course of the workshops, discussions around taxation frequently focused on the benefits and value of knowing how much and where money was being spent. A key concern for participants was how the money raised through one tax (e.g. road tax) was being spent to fund other services (e.g. education). They wanted the new system of social care funding to provide a guarantee that the money raised for social care would be spent on social care. Participants also felt that a dedicated tax would provide greater security that social care provision would be there for people who need it.

> *If you asked people whether they would pay two extra pence on income tax rather than take away assets later on they would choose the former. But I have no confidence the Government will use the money appropriately.*
> Leeds, Workshop 2

> *It's a penny on income tax that would be ring-fenced specifically for social care when it's needed.*
> London, Workshop 2

> *I like the idea because you are paying straight out your wage and you know that you are covered.*
> London, Workshop 2

Overall, participants argued that ring-fencing money specifically for social care would also make increasing tax more palatable to the public, if announcement of the new tax was combined with a campaign to raise awareness about the challenges facing social care.

This idea resulted in broader discussions about using dedicated taxes

Participants seemed unconcerned about the complications of introducing this new approach to taxation because of the perceived benefits of having a clear link between specific taxes and specific spending. Indeed, some questioned whether a dedicated tax should be used to fund other services. For example, this was suggested as a potential solution to address the funding pressures facing the NHS.

> *I think [a dedicated tax] is an opportunity to look at the NHS.*
> Kings Lynn, Workshop 2

Some participants were unsure as to whether a dedicated tax would collect enough money to plug the gap in social care funding. They felt that this model may be vulnerable to changing economic circumstances, including uncertainty around the total costs of social care provision and projected dependency ratios, any future recessions, and the potential need to redistribute tax revenues to other sectors or services.

> *It says dedicated tax. No money could be spent elsewhere. Does that mean no money could be coming in from elsewhere? What if there were mass unemployment?*
> Leeds, Workshop 2

> *Of course, I disagree with it. It's crazy. Say, you've got your income, in your home. You ring fence this amount for this, and you've got 'X' amount left for your car. Then, your car breaks down, and you can't get it repaired, because you've got this money ring-fenced.*
> Leeds, Workshop 2

> *If there are fewer younger workers, there won't be enough to cover the costs, or do they raise the tax even more?*
> London, Workshop 2

A joint health and social care budget

Explaining a joint health and social care budget

A joint health and social care budget

- At the moment, NHS services and social care services are funded separately. This model would **pool funding for health and social care services in a single budget**.

- Funding for health and social care would be pooled at a national and a local level.

- It is likely that this would mean these services were also planned by the same organisation, instead of by two separate organisations as they are currently.

Participants liked the idea of a joint NHS and social care budget

Generally, participants supported the idea of a joint health and social care budget in principle. In part, this was because health and social care services were seen as closely linked or even overlapping in some areas of what they do. Participants felt that integrating both services into a single budget would provide opportunities to improve coordination between NHS and social care. This could also result in other benefits, including greater efficiency (e.g. quicker hospital discharge) and could save money. The potential for improved efficiencies also fits well with participants' views around the principle of sustainability.

Given the perceived close links between health and social care, participants felt that a joint budget might also reduce some of the pressures on both services, as it would help direct patients or care users to care better suited to their needs. For example, improved coordination between the two services might result in an individual receiving social care earlier, preventing them from needing to go into hospital.

> *There needs to be better integration between the two. If you've got a pensioner who's in bed in hospital but is well enough to go to a nursing home, if the problem is in between then that can be worked out.*
> London, Workshop 2

> *I somehow see that social care is part of the NHS. It is part of the nation's health. Why does it have to be two separate units?*
> Kings Lynn, Workshop 2

> *There is a lot of pressure indeed... However, if it's one budget, you'd be moving along quicker. It'll be taking pressure off doctors and nurses. It has to be managed properly though. It encourages the departments to work together to make sure people are in the right places. If someone needs social care, they shouldn't be in a hospital bed, because somebody else needs that bed.*
> London, Workshop 2

> *So many beds are taken up by people who need to be taken care of by social care because there's nowhere else for them to go. If it was overseen by one organisation who looked at the bigger picture, it might help.*
> London, Workshop 2

But in practice, participants were concerned the model may result in tensions

Despite being positive in principle, participants expressed concerns about how this model might work in practice, given the perceived funding problems within both the NHS and social care. Some felt that the financial pressures on both sectors could lead to considerable tensions and difficult decisions should the budgets be joined together. They were worried that the NHS would be prioritised over social care. Others felt that this approach would be joining to broken systems together and unlikely to resolve the issues faced by either system.

> *There could be synergies from putting the two together, but if it works out that things are tight on both sides when you have to make that choice, it will sway more to the NHS.*
> London, Workshop 2

> *The NHS is a waste of money. I don't like this model. People are too dependent on the NHS. Mixing the two together, NHS would end up spending the money.*
>
> Leeds, Workshop 2

> *If it comes down to saving a sick child or an elderly person who might not last another couple of years, where will the money go?*
>
> London, Workshop 2

After discussing further, some participants thought that given the potential efficiency gains this approach should go ahead, providing specific measures are taken to manage the risks to the social care sector. In terms of management, participants felt that the best way to manage this would be to appoint an independent body that could oversee the system centrally. On balance, others felt this approach was still too risky, and would prefer to keep the funding for the NHS and social care separate.

> *At the moment, the NHS is a bucket with a hole in it. No matter how much money you give it, they will say it hasn't got enough. It's just slack management. They need to look at it and bring it up to.*
>
> Kings Lynn, Workshop 2

5. Features of a better funding model

This chapter describes participants' views of the key features of a better funding model for social care.

Key findings

Participants' views of the key features of a better funding model for social care included the following:

- **How would it be funded?** Through a dedicated social care tax for most (or all) of the money – potentially combined with some form of cap

- **How should it be managed?** Through a joint NHS and social care budget – managed by an independent body

- **What would the offer be?** A basic level of care for everyone – with potential for some means-testing

Discussing a better funding model

To summarise discussions and confirm participants' views on how they think social care should be funded, based on what they had discussed throughout the workshops, participants were asked to develop their idea model for funding social care. Specifically, participants were asked to think about the following:

- Who should pay for social care?

- Who should receive publicly funded care?

- How should the system be managed?

- How should the new funding model be communicated to the public?

How would it be funded?

Dedicated social care tax for most (or all) of the money...

Generally, participants preferred a largely tax-funded solution to the problem of social care funding. The issue of increased taxation was frequently discussed throughout the workshops and participants viewed a dedicated tax as the fairest and most transparent way of funding social care. They believed it would ensure that everybody contributed to the funding of social and respected their concerns around fairness (i.e. protecting older people and housing assets). Some felt everyone included older people, but that the burden would fall on working age people. Others wanted to protect older people and would not want them to contribute beyond what they already have throughout their lives. For participants, the fact that the tax would be dedicated to social care would also ensure some transparency within the system, guaranteeing that the money go towards social care and nothing else.

We're a group of people from different walks of life, yet everybody is in favour of raising taxes here.
London, Workshop 2

I didn't think when I came here the first time that I'd be agreeing to pay an extra tax.
Kings Lynn, Workshop 2

We have individual and government. As in, everyone should pay according to what they can afford, proportional to incomes. This goes into a ring-fenced tax, that's used solely for social care.
Leeds, Workshop 2

...potentially combined with some form of cap

Some participants included a cap on spending in combination with a dedicated tax. They felt that this would work better than a standalone tax because it meant those who could afford to contribute to pay something towards their individual care costs. While individuals would be paying something, the cap was seen as a good way of protecting people from high costs. Tax revenue would be used to meet any shortfall in funding, as well as providing a basic level of care for everyone with assets below a certain level.

I like the cap on assets and the amount of care cost. I also like the dedicated social care tax. It's a combination of both of them.
Kings Lynn, Workshop 2

We opted for a capped system combined with a dedicated social care budget.
London, Workshop 2

Who pays for social care? It needs to be a percentage. Anyone who can't afford care should have access to it. I wondered if they have certain threshold, then they pay a percentage towards care. There needs to be means-testing. We liked the idea of threshold. It's a combination.
Leeds, Workshop 2

Despite these differences, it was clear that most participants wanted state funded social care to be available to more people, and to pay for most of this through additional taxes, because the other options were not seen as acceptable.

How would it be managed?

Joint NHS and social care budget...

There was considerable support for a joint NHS and social care budget. Participants felt that pooling resources would improve the management of both services as it would provide greater opportunities to develop cooperation between the two services and could lead to a more efficient use of services and a reduction in costs. There was also a sense that participants supported increasing funding for the NHS because it was clear this was necessary. In this context, some wanted to extend the dedicated social care tax to cover both the NHS and social care.

We talked about joining it together. It'd be easier to transfer patients between services. When you're coming out of hospital, and things like that.
Leeds, Workshop 2

I would like a dedicated NHS and social care tax falling under one budget, initially ring-fenced and reviewed every 5 years.
London, Workshop 2

…managed by an independent body

Whilst participants acknowledged that the government is ultimately responsible for the social care system, they stated that they would prefer the funding be overseen by an independent body. Participants felt that this body should also operate at the national level so that it can monitor both funding and the quality of care being delivered across the country. However, some participants thought that the funding should be distributed locally to guarantee that care met local needs.

They have to be independent and objective.
Kings Lynn, Workshop 2

Managed nationally, independently verified, locally distributed.
Leeds, Workshop 2

Some participants also called for people who have grass roots experience of social care to sit on the independent body. They perceived that this would give a voice to those people in receipt of care to highlight the exact needs and experiences of those receiving care, as a way to ensure good standards of care delivery.

What would the offer be?

Basic level of care for everyone…

Overall, participants felt the new social care funding system should offer a basic level of care for everyone who needed it. That would mean that no matter their level of income, need or assets, state-funded care should be provided to those who need it.

… with the potential for some means-testing

Some participants were open to a means-tested model, acknowledging that not everyone may need social care, so those who do need it and can afford to pay something towards their social care costs should do so.

How would this new model be communicated?

Throughout the workshops, participants discussed the lack of clear and accessible information about the current social care funding system. To address this issue and to generate greater public support for social care funding in the future, participants called for a mass national campaign to highlight the social care crisis. This should include information about the overall costs of social care to the country and to the average individual. Participants also felt that the campaign should also encourage younger generations to better prepare for their social care costs in old age, similar to government efforts to promote messages around workplace pensions (which they felt had generally been well communicated).

We need to just speak in layman's terms. We've spent too much in the wrong places and now we need to put money in social care funding. It's going to be transparent in the way we're going to do it, and this is how you're going to benefit.
London, Workshop 2

6. Conclusions

The overall conclusions drawn from across the deliberative research are outlined below:

- **A lack of knowledge about how social care funding works remains a significant barrier to public engagement:** it was clear that participants had limited knowledge about how the current system for funding social care works and struggled to understand the different components of the existing model fit together. This meant that they had little or no contextual knowledge to assess the implications of potential changes. This also made it difficult to conceptualise how any changes would be different from the current system.

- **Assumptions about who pays for social care shaped their views of the models:** many participants assumed the government would pay for their social care and were shocked that they might have to fund some or all of their own needs. This influenced how they thought about the alternative models, particularly the cap and floor model. Overall, they favoured social care being funded by society (i.e. through taxation of working-age people), over individuals having to fund their own care directly.

- **Being fair to older people and those with housing assets dominated discussions about fairness more generally:** participants placed significant importance on the idea of being fair to older people and protecting them from making contributions to their social care. This was based on older people having already contributed to the system throughout their working lives. These views were broadly shared by younger people and those who did not own their own home, and underpinned participants' reactions to the funding models overall.

- **Intergenerational fairness was hard to grasp and not a priority relative to other aspects of fairness:** after extensive discussion about fairness between generations, participants accepted that their preferred model of taxing income was likely to disproportionately affect younger generations. They had concerns about adding to the financial pressures younger people face. However, participants also felt it was important to protect the housing assets and other wealth of older people.

- **Participants want a change, but do not trust the government to do the right thing:** it was clear that participants believed the current social care system needs to change. However, there was widespread doubt about whether the government could be trusted to implement changes. This focused on concerns about how sufficient funds could be raised in a way that participants considered fair, as well as worries about distributing funding in a way they felt was appropriate. These concerns about government appeared to underpin participants' calls for greater accountability and transparency within the social care system, as well as the potential role for an independent body to provide some input into how a new system is managed. They also help explain support for a dedicated social care tax.

- **Participants wanted a better funding model that addressed their key concerns and priorities:** There was widespread support for a dedicated tax aimed at raising money directly for social care and addressing government accountability and transparency concerns; providing basic social care for all free for those who need it (but with some arguing for means-testing for the wealthiest); and a joint budget with the NHS to improve efficiencies across the two systems. Participants also called for independent oversight of social care funding. While participants' preference was to raise money in other ways, if housing assets are to be included, a cap on social care spending for individuals was seen as an improvement on the current system.

Appendices

Appendix A – Findings from the in-depth interviews

In-depth interviews were conducted with 10 participants based in the Greater London area. The participants were all people already using or close to needing social care. The findings closely mirrored the views gathered through the deliberative workshops, and are reflected in the overall report.

The main findings are summarised below:

- **Participants had some idea of what social care was, but knew less about how to access it:** Like deliberative workshop participants, they had a basic understanding about what activities and services are included in social care, such as support and assistance with daily living and personal care around the home, as well as residential care. They also understood that it was distinct from the NHS. These participants also believed that the best way to access social care would be through their GP.

    Helping people in need, assistance in getting dressed, showering, that type of thing.
    Interview participant

- **They believed that the government funded social care and were shocked to find out how the current system works:** Participants thought that the government was responsible for paying for social care through tax revenues. They had limited knowledge of how the current system is funded and questioned why they did not have more information about it, even though they were already using or were close to needing social care. They also reacted strongly and negatively after being made aware how the current system worked. In particular, they felt the thresholds were very low and objected to the inclusion of housing assets in means-testing for domiciliary care.

    Everyone is entitled to have something from the government. We've all paid our taxes.
    Interview participant

    It's not offered, no one has ever offered to me or asked me how I brush my hair.
    Interview participant

- **Interview participants were quick to dismiss the current system but felt the cap and floor model offered only a slightly better alternative:** Their experiences of the care they received under the current system shaped their perceptions, as did the way the social care system is funded. Much like the workshops, there was a clear consensus that the system required an increase in funding. Whilst they felt that the cap and floor model might meet some of the gap in funding, they were unhappy about the impact this would have on themselves and other people, particularly homeowners. They were concerned about the implications given regional variations in house prices and social care costs.

    For the majority of people, their biggest asset is their home. Depending on what part of the country you live in, the value of your home is going to vary from area to area. How is that fair?
    Interview participant

- **Participants liked the idea of free personal care, a dedicated social care tax and a joint health and social care budget, but had concerns about how they would work in practice:** Similar to the deliberative workshops, free personal care was well received by interviewees as they felt if offered people the opportunity to remain in their own

homes and provided some cover for all people aged 65 and over. However, some were concerned about how this would work in England given the large population of older people (and thus large cost). They also liked the idea of a dedicated social care tax as the fairest, most transparent and accountable way of raising funds, and felt that this model could be combined with a joint health and social care budget to improve both systems. However, participants questioned whether a dedicated social care tax would raise enough funds to solve the issues facing social care and felt that a joint budget might cause some tensions between the NHS and social care.

> *[A dedicated tax] sounds like the best idea of all. Everybody would get the same amount out of the pot and would be equally protected.*
> Interview participant

> *It might place a big burden on the NHS though wouldn't it. NHS could receive less money so that would be the risk.*
> Interview participant

Appendix B – Deliberative workshop discussion guides

Below is the discussion guide used by the moderators running the full-day deliberative workshops with members of the general public and the in-depth interviews with those either close to needing or already using some social care. The stimulus materials used during the workshops are available alongside this report on the Health Foundation website.

Please not that these documents were designed to be used as a guide only; although all of the key topics and exercises included in the discussion guides were covered with each group as far as possible, moderators had the freedom to adapt the ordering and exact wording of the questions as to fit the nature of the groups and the flow of the individual discussions.

Understanding public attitudes to social care funding reform

Event 1 discussion guide

Research objectives and aims:

- To understand existing attitudes and awareness of social care for older and working age adults

- To explore public beliefs and attitudes towards responsibility for funding of social care

- To understand attitudes and reactions to alternative models identified by the King's Fund and Health Foundation

Timing	Section
9.45-10	**Arrival and registration** Participants to find their allocated tables
10-10.15	Plenary 1 - Introduction and warm-up Welcome from Ipsos MORI chair – introduce staff and their roles. Chair to outline the purpose of the day, and to make it clear how much we value their time and contributions. Explain that they will be hearing from a variety of people today discussing social care. Each will be introduced in more detail just before they speak. Key points to emphasise are: • We'll be having an **important discussion** over two days about the future of social care • It will be a real opportunity for participants to **discuss and influence future policy** • Facilitators on your table will **deliberately challenge ideas** you present • Explain how the day is **structured** Explain that this is part of a larger project, including other workshops (more details to follow): • Brief introduction to the **Health Foundation** and **King's Fund** and explain they will be acting as experts around the room – and that we'll hear more from them later Set ground rules (MRS code of conduct, confidentiality, audio recording, no right/wrong answers, etc.) Explain that the workshop will be an informal discussion, everyone's opinion is valid, interested in finding out a range of views / experiences, want to hear from everyone. • Housekeeping – mobiles, toilets, fire exits, breaks, etc

10.15 – 11.00	**Table discussion 1 - Spontaneous perceptions of social care**
	Purpose: Provides context for discussions of the funding models, allowing us to refer to spontaneous views during later discussions to explore potential tensions. Also helps us to gauge the extent to which people are planning for their care needs, including underlying reasons.
	Interviewer note: Probe on what participants mean when they're referring to certain terms. Explore all the different concepts and frameworks people are using, and follow up with additional questions to unpick them as far as possible in the time available.
	• **Participant introductions** – Participants talk to the person next to them – name, family, job, interests, and report back to the rest of the group.
	• Gain **permission to record** group discussion, explain notetaker
	• Emphasise **ground rules** and answer any questions about these
	FLIPCHART EXERCISE: FACILITATOR TO INTRODUCE BRAINSTORN ABOUT WHAT SOCIAL CARE IS:
	• **What is social care** – what words spring to mind?
	o What are the aims?
	o What does it look like?
	o How much do you feel you know about it?
	PROBE FULLY:
	• **Who receives/uses social care?**
	o What do you think it is like for people who receive social care?
	o What are the differences between different types of people who receive care?
	• **And who provides social care?**
	o Which types of organisations are involved?
	• What have you **heard about** social care recently?
	o Have you thought/read/talked about it before?
	o What did you read about, or discuss with others?
	Note to moderators: Give participants an opportunity to offload – it is likely they will go off topic but this allows us to capture spontaneous perceptions and misconceptions about social care. Allow brief discussion about past experiences/knowledge from the media.
	Card sorting exercise in pairs/threes - ask participants to organise cards into 'NHS' and 'social care', before feeding back to explain the reasons for their choices to the wider group.

- Which of these [services/types of support] **come under the NHS** and which of these **come under social care**? Why do you say this?

  - An older person living in a residential home
  - Home adaptations (e.g. widening doorways for wheelchair access)
  - Personal care provided in older people's own homes
  - Day centres for older people
  - Meals on wheels
  - Transport services for older people
  - Receiving treatment in a hospital
  - GP practices
  - Respite care
  - Hearing tests
  - Chiropodists
  - Ongoing medical treatment for long term conditions
  - Mental health services

IF NOT ALREADY COVERED:

- What would you **expect to happen** if you needed social care?

  o Where would you go for advice/help?

  o If you have received social care or know anyone who has, what does it look like?

- Are you **planning for your own care needs** when you're older?

  o Why/why not? In what ways?

  o Would you know how to go about preparing?

During this discussion, allow participants to 'park' any experiences of social care so they can focus on future priorities for the remainder of the day.

Facilitator to introduce the comment boxes/wall and comment cards on each table. Explain to participants that if they have a question/problem/experience they want to discuss they should write it down on a card and post into the boxes. These will be read during the breaks.

11.00-11.10	Plenary 2 – Presentation: 'What is adult social care?'
	
	Purpose: To reinforce the aims of the day and provide a definition of adult social care.
	
	Chair to reinforce aims of the day and definitions, explaining that we are just going to focus on social care today:
	
	   • Chair to present slide on 'What is adult social care?' (Slides 3 and 4)
	
	   • Chair to check participants' understanding and answer questions.

11.10-11.30	Table discussion 2 – introducing the vignettes
	Vignette exercise: Introduce examples of people in two parts: (i) their circumstances and (ii) the social care provision they need/receive. This is to bring the definition of social care to life.
	• What do you think about this example?
	• What social care does this person receive? Why? What else might they need?
	• How does this fit with your understanding of social care?
	To sum up:
	• Is there anything you're still unclear on? Do you have any questions about what social care is?
	• Any questions about the scope of our discussions?
	*Encourage participants to **write down questions** they have so they can be dealt with later in the day.*
11.30 – 11.50	Break
11.50-12.00	Plenary 3 – Voting questions
	Ask voting questions to understand who participants think is responsible for social care funding.
	Chair to explain that we are also going to talk specifically about **funding social care.**
	Chair to introduce voting software and ask voting questions, and comment on responses.
12.00 – 12.20	Plenary 4 - Explaining the current system – what do we mean by social care?
	Purpose: It is likely that awareness of the current system will vary, and many participants will know very little about how the system is managed and delivered. It will be important to ensure participants have a basic level of understanding of what social care is and how it is funded.
	• King's Fund and Health Foundation to present slides to describe current offer/funding/management/ definition of social care/interactive materials (slides 6,7 and 8).
	• Presentation set up in such a way that it is easy to distinguish the alternative models relative to the current system in the later session.
	• Ensures all participants understand what is in and out of scope for the discussions
	• Include opportunity for Q&A with experts
12.20 – 12.40	Table discussion 3 – Understanding of social care in practice
	Purpose: To review materials used to explain the current social care system, to check and reinforce participants' understanding and deal with basic misconceptions. Refer back to earlier discussions about what participants thought social care was and to check what they think it looks like in practice.
	• What did you make of the presentation? Anything that **surprised** you?

	• What's **similar/different** to our earlier conversation?
	
	• How much do you feel you **know** about social care?
	
	    o How **important** is knowing about social care to you?
	
	    o How would you **expect to find out** about social care if you needed to?

12.40 – 12.55	Plenary 5 - Presenting the debate
	
	Purpose: To explain more about the challenges facing the social care system, now and in the future, and to explain the purpose of the project and why we need the participants' help.
	
	Chair to explain that they have previously mentioned that the Health Foundation and the King's Fund are here, and we're now going to hear from them about why this project has been commissioned.
	
	• Plenary presentation by the HF/KF outlining why they are talking about this now, and the questions they're interested in (slides 10- 14). Explain that they will talk about five different ideas for social care in future after lunch.
	
	    o *Explain that the government is exploring different approaches to social care funding. Make it clear that there is no obvious solution or next step, and they don't have a vested interest. Ensure that it's clear that they need participants' help to think about this problem and help them come with thoughts and ideas.*
	
	    o *Explain that there are different voices in the debate, and that lots of people have come up with different ideas and they need participants' help to think about the pros and cons of these approaches. There are no right or wrong answers, and they want participants to be involved to help them think about the questions regarding each approach and would like their 'expert input'.*
	
	• Participants to note things that surprised them, and any thoughts – to be discussed after lunch
	
	• Explain that they will talk about five different ideas for social care after lunch

12.55 – 1.40	LUNCH

1.40 – 2.10	Table discussion 4 - Responding to the debate
	
	Purpose: To get participants to respond to the presentation, and to get them to think about the priorities for change.
	
	• Participants to discuss in pairs if how much they knew about the future of social care, as well as reactions to the presentation. Then discuss as a group and note on flipchart.
	
	    o What do you think **should be done**? What are the main priorities?
	
	    o Who do you think is **responsible** for this?

	Then explore early views on each of the key questions (in whatever order works best for the group):
	• **Who should pay** for social care services?
	o Where should the balance of responsibility lie between individuals, families, government, and others? Why do you think this?
	o When and how should they pay? Should payments be made in advance of need or at point of need?
	• **How should funding** for social care services be **managed?**
	o Who should make decisions about how the money is allocated?
	o Local vs national control?
	o Public vs private?
	o Should the same organisation(s) be responsible for both collecting payments and allocating funds?
	• Who should **receive publicly funded social care**, and in **what circumstances**?
	o Should people on different incomes receive different levels of financial help?
	o What do you base this knowledge on? Probe on media, personal experience, experience of people they know.
	Overall summary on the key challenges:
	o What are the **priorities** to consider when thinking about future funding of social care?
	Brief discussion on system/funding for people of working age (IF TIME):
	o A fully tax-funded solution is likely to be the only appropriate solution for this group – to what extend do participants agree with this?
	• Get participants to understand why they're involved in this question/piece of work.
	o Now you understand why you're being involved in this, **how do you feel** about being involved? What do you think we'll be discussing from this point on? What do you think the different expert views will be?
2.10 – 3.25 (with 15 min break at 2.45-3.00)	**Introduce the new potential funding models** *Purpose: This will be to capture reactions to the potential models, before moving on to explore them in more detail in the reconvened event.* Present the different models in turn (slides 16-24): • What is your **initial reaction** to this idea? How would you **summarise** it? • What kind of person would **like this** – what would they like about it? • Is there anything that **puts you off**, or reduces your interest? • What **problem** is this talking about?

	• How does this concept suggest **solving** the problem? How **credible** is it? • How do you think it compares to the current system? • How does it help to answer the key questions about funding discussed earlier? (who should **pay**; how funding is **managed**; who should **receive** publicly funded care) • Now you know more about this option what do you **think**?
3.25 – 3.45	**Table discussion 6 – Summarising views of the potential funding models** *Purpose: To understand overall views of the potential models (while we understand the aim is not to come up with a single preferred system, this is a good way of summing up and finishing the day)* • Final exercise asking participants to summarise their overall views • Key priorities/points on a flipchart IF TIME: Ask them for their overall views in response to the three key questions we discussed earlier: • **Who should pay** for social care services? • **How should funding** for social care services be **managed?** • Who should **receive publicly funded social care**, and in **what circumstances**?
3.45 – 4.00	**Plenary 6 – Wrap up and final voting** **Chair to explain homework task -** Provide participants with handout explaining the homework task and run through this with them: *Ask participants to speak to two friends or family members between the two events who are from different generations – i.e. parents, grandparents, children or grandchildren. We'd like them to ask them how they think the social care system is currently funded, then to briefly explain the current system to them (using the handout provided to them). We'd like them to then ask their friend or relative how they feel it should be funded or the key principles to consider when funding. Participants should record this (pen and paper) and bring along to second workshop. We would also ask them to find and bring along to the second session an example of media reporting about social care. The 'homework task' will form part of the initial discussion at the second workshop.* • **Voting exercise –** repeating the first set of voting questions and seeing on screen if responses have changed over the course of the event. Sum up, thank and close, hand out incentives and explain next steps, including confirming date for the reconvened event.

Understanding Public Attitudes to Social Care Funding reform

Workshop 2 Discussion Guide – February 2018

Aims of the workshop: to discuss the principles that should underpin social care funding, some of the key debates about social care funding, and to revisit the models to explore their pros and cons in greater detail.

Timing	Section
9.45-10.00	**Arrival and registration** Participants to find their allocated tables
10.00-10.10	**Plenary 1 - Introduction and recap** Welcome from Ipsos MORI chair – introduce staff and their roles Chair to explain that the previous sessions were held across three locations in England. Present 4-5 key themes that emerged from the sessions. Re-introduce the objectives and context of the sessions. Key points to emphasise are: • We will be carrying on our **important discussion** on the future of social care funding • This is a real opportunity for participants to **discuss and influence future policy** in this area • Moderators on each table will **deliberately challenge the ideas** you present • Explain how the day is **structured**, including breaks/lunch etc Remind people that this is part of a larger project: • Re-introduce the **Health Foundation** and **King's Fund** and explain they will be acting as experts for plenary and group discussions – and that we'll hear more from them later Set the ground rules (MRS code of conduct, confidentiality, audio recording, no right/wrong answers). Explain that the workshops will be similar to last time; however, we have mixed the groups on tables so that we can broaden the discussion. Remind people that it is an informal discussion, everyone's opinion is valid, interested in finding out a range of views/experiences, want to hear from everyone. • Housekeeping – mobiles, toilets, fire exits, breaks, etc. • Chair to ask voting questions

10.10-10.30	**Table discussion 1 – Group introductions and feedback on homework task**
	
	Purpose: To encourage the new groups to get to know each other and share with the group what they have been talking/thinking/doing in relation to social care since the first sessions.
	
	Moderator note: Probe on the homework activity and any conversations people have had about social care since the last session.
	
	Participant introductions – Participants talk to the person next to them – name, family, job, interests and report back to the rest of the group
	
	• Gain **permission to record** group discussion, introduce and explain notetakers
	
	• Emphasise **ground rules** and answer any questions
	
	FLIPCHART EXERCISE: FACILITATOR TO MAP/LIST OUTCOMES OF HOMEWORK TASK
	
	Moderator to lead discussion of homework task in two parts:
	
	• Who managed to do the homework task? Who did you speak to?
	    o What did they have to say about social care funding?
	    o What surprised you about what they said?
	    o Has it changed how what you think about social care funding? How?
	
	• And what news item(s) did you come across?
	    o What did the news item say about social care?
	    o What did you think about that?
	
	• Has anything you've discussed with someone else or come across in the news changed how you feel about social care funding? PROBE FOR DETAILS
	
	Note to moderators: Collect any notes or printouts that participants brought with them. Give participants an opportunity to offload – it is likely they may go off topic (having had time to think more about the issue) but this allows us to capture more spontaneous perceptions and misconceptions about social care.

10.30-10.50	**Plenary 2 – Outlining the case for change** *Purpose: to set out the case for change, providing participants with a simple overview of the challenges facing social care funding across the UK. It will also give some examples of the different choices about how social care funding made in other similar countries.* Expert to present slides: • Why change the social care system now? • Slides on key demographical/financial issues: o Growth of ageing population – which is great news, but means the current system needs to be looked at again

	o Growth in demand/need for social care
	o How other countries are tackling this issue
	• Time for **Q&A**, focused on clarifying any points in the presentation
	Note: chair will then explain that we would like the rest of the day to focus on how participants can help solve the problems/challenges presented in the case for change.
	• Slide outlining how participants will be asked to work together to try to tackle this challenge, thinking as people making decisions about the future of social care, rather than just as individuals who currently/might need to use social care
	• Next, we'll be thinking about the most important principles or criteria you feel should be used to decide how social care funding works in future, before exploring some of the key debates around this topic in more detail. Then, after lunch, we'll spend more time looking at the options in greater detail.
10.50-11.15	**Table discussion 2 – Discussing the key principles for social care funding**
	Purpose: to establish the principles that participants think should underpin a new approach for social care funding, including discussing some of the key policy debates around this issue.
	Feedback on the presentation:
	• Anything particularly surprising?
	• Were you aware of the broad challenges facing society mentioned in the presentation?
	• Have any of these changes affected your own family life? How?
	• What do you think are the main implications for social care funding?
	• Do you have any more questions about the presentation?
	Move on to discuss principles (MODERATOR TO RECORD ON FLIPCHART):
	• Given this context, what are the **key criteria for deciding how social care funding should work** in future? PROBE for meaning of concepts (e.g. fairness, simplicity, etc).
	o IF NEEDED: Think about the principles you think should underpin social care funding. Think about the key questions you'd want to ask about each funding option.
	o IF NEEDED: What should social care funding try to achieve? How will we know if it's been successful?
	Moderators to encourage spontaneous discussion, recording principles on a flipchart – these will be used and added to throughout subsequent discussions.
11.15-11.30	**Break**
11.30-11.35	**Plenary 3 – key debates about the future of social care**
	Purpose: to introduce key policy debates before participants discuss them in detail.

	Expert to explain using a slide that there are a number of choices about how social care funding could work in future, and we want to understand their views on each in turn.

11.35- 12.55	Table discussion 3 – Key policy debates about social care funding
	
	Purpose: to discuss key policy debates in more detail, with stimulus to challenge participant views in different ways.
	
	<u>*1) Balance of responsibility between the state and the individual (30 MINS)*</u>
	
	Moderator: *Now we're going to think about a question we discussed during the first day: who should be responsible for paying for social care*
	
	• Should **government pay** – effectively everyone paying for each other – or **should individuals pay** for themselves? Or does it depend/should it be a combination?
	
	   o What do you think about the issues to consider?
	
	   o How do you think this should work?
	
	After spontaneous discussion, present viewpoints using a handout: **In terms of how you think social care should be funded, where would you place yourself on this spectrum?**
	
	   i) **Individuals are responsible for everything**:
	
	     PROBE USING*: Pros* – choice and control. *Cons* – high costs to individual, and what about those who can't afford it?
	
	   ii) **Those who can pay should pay for everything, those who can't pay should receive support:**
	
	     PROBE USING: *Pros* – choice and control; the state only pays for those who need help. *Cons* – what are the threshold for means-testing; fairness to those who have paid tax
	
	   iii) **Those who can pay should pay for some of their costs:**
	
	     PROBE USING: *Pros* – choice and control; the state only pays for those who need help. *Cons* – what are the threshold for means-testing; fairness to those who have paid tax
	
	   iv) **The state pays for everything**:
	
	     PROBE USING*: Pros* – everyone is provided for and the system is easy to understand. *Cons* – high cost to state/tax payer; less choice and control for individuals
	
	• What are the pros and cons of each responsibility?
	
	IF PREFERENCE FOR STATE PAYING:
	
	• Given that not everyone will need social care, is it right that everyone should pay?

- o Should anyone be exempt from paying?

- o What about those who cannot afford to make contributions?

- **Should funding come from general taxation?**

  - o Should those who need care make a contribution to the costs?

- **Should contributions be based on income?** (Either through taxes or when people need care.)

  - o (NOTE: Paying through an increase in National Insurance means costs fall to working people)

- **Should people pay more as they get older?**

- **Should housing and other wealth be considered?**

- IF APPROPRIATE: **Should other benefits for older people be means-tested?**

- **If the state pays the cost what should be paid for?**
  PROBE IF NEEDED:

  - o A basic standard of care?

  - o Individual budget to spend as you choose?

  - o Something else?

- **What about if individuals had options that allowed them to prepare for social care costs? Would that make any difference?**

  - o PROBE: Is it reasonable for individuals to prepare for social care needs that many people end up having? Why/why not?

  - o PROBE: What if there were insurance products available to help manage the costs? What might the benefits of that be for individuals?

IF PREFERENCE FOR INDIVIDUALS PAYING:

- **Why do you think people should pay for themselves?**

- How do you plan to meet the cost of social care when you're older?

  - o PROBE: Would insurance products make a difference?

- What about those who cannot afford to pay for themselves?

SUM UP:

- **Now that we've talked through this more, is everyone happy with where they put themselves [on the spectrum] originally?**

  - o IF WANT TO MOVE: Talk me through where you'd want to move to and why.

- Are there any additions or changes you want to make to the principles we discussed earlier?

2) How can social care funding be 'fair'? (20 MINS)

Moderator explains: *people have different views about what fairness means when it comes to funding social care. We're going to look at two aspects of fairness that are often discussed as part of this debate. The idea is to try and explore what your priorities are in terms of fairness, remembering that we're trying to take the role of decision-makers – thinking about what's best for society as a whole.*

Fairness to different generations:

- How important is it to think about how changes to funding would affect each generation?

    o What might the problems be in terms of fairness between generations?

    o What do you think being fair to different generations looks like?

INTRODUCE HANDOUTS WITH PERSON 1 AND 2: *let's read these two examples of people that might be affected by changes to social care funding. They don't represent all the different kinds of people in younger and older generations, but they aren't unusual either. We're using them to illustrate the debate about being fair in the way funding works.*

- In terms of paying for social care, can we be 'fair' to both? Why/why not?

- What does being 'fair' mean in this context?

Probe: ask participants to discuss the potential financial burdens on the different generations.

- Should younger, working age people pay for social care? Why/why not?

- Should older people with housing and other assets contribute to their own social care costs? Why/why not?

Fairness based on ability to pay:

INTRODUCE HANDOUT WITH PERSON 3: now we want to introduce a third person and compare them with the older person we just discussed. So, this time we're looking at two people who are both older, but have different abilities to contribute to the costs of their care. Again, they don't represent all the different kinds of older people, but they aren't unusual either. We're using them to illustrate the debate about being fair in the way funding works.

- In terms of paying for social care, can we be 'fair' to both? Why/why not?

- What does being 'fair' mean in this context?

Probe: ask participants to think about and discuss whether or not means-testing is important in principle. We'll come back to this later too.

- Should older people with housing and other assets contribute to their own social care costs? Why/why not?

- Should those with more assets pay more?

SUM UP:

- Are there any additions or changes you want to make to the principles we discussed earlier?

	<u>*3) The costs of implementation (10 MINS)*</u>
	
	• How important is it to consider the <u>costs</u> of implementing any changes to how social care is funded?
	
	• Is it worth having some <u>disruption</u> to social care in the short term, if it improves how things are funded and work in the long term? Is disruption more or less important than costs?
	
	    o IF APPROPRIATE: Is this worth adding to the principles we discussed earlier, or not?
	
	<u>*4) Simplicity vs complexity (15 MINS)*</u>
	
	Moderator explains: *last time we talked about how difficult it is to understand social care funding. But there are reasons why the system is complex.*
	
	• How important is simplicity for a new social care funding model?
	
	• But is complexity acceptable if it ensures that the system is fair?
	
	    o And what about if people are better supported to use it?
	
	Probe: encourage participants to discuss the pros and cons of a simple vs complex model. Get them to think about what is most important, whether it is understanding how the system works or being reassured that the system treats people fairly based on what they can pay.
	
	• *SIMPLE: Pros* – simple and easy to access (i.e. like the NHS). *Cons* – a simple system is likely to cost more because everyone will be offered the same/similar support
	
	• *COMPLEX: Pros* – provides state funded care based on level of means and needs. *Cons* – may be difficult to understand
	
	SUM UP:
	
	• Are there any additions or changes you want to make to the principles we discussed earlier?
	
	<u>*Overall recap and summary (FINAL 5-10 MINS):*</u>
	
	• Are there any principles we have yet to consider? What are these?
	
	• Ask participants to summarise the key principles from throughout their discussions
	
	Rank these in broad order of importance, for use when revisiting the options after lunch.

12.55-1.30	Lunch
1.30-3.10 WITH SHORT BREAK AT c2.30	Table discussion 4 – Discussion of model pros and cons *Purpose: to explore the five funding models in turn. The groups will be asked to consider the pros and cons of each model and how they fit with the principles from the previous session.*

	Expert to introduce the pros and cons for each model in turn, followed by Q&A and discussion on tables.
	
	Handouts available for participants covering each model:
	
	1. **Current model** (c.10 mins)
	
	2. **Cap and floor** (c.40 mins) – MODERATORS TO USE <u>VIGNETTES 1-5</u>
	
	3. **Free personal care** (c.15 mins)
	
	4. **Dedicated tax** (c.15 mins)
	
	5. **Joint budget** (c.15 mins)
	
	• **What do you think about the pros and cons of each option?**
	
	    o Do they make sense? Do you agree/disagree with them?
	    o Can you think of any other benefits of each funding option?
	    o Can you think of any other disadvantages of each funding option?
	
	• **Having looked at these in more detail, what do you think about this option?**
	
	PRINCIPLES AND POLICY DEBATES:
	
	• **What principle(s) best fit with each funding option?**
	
	    o And in what ways does each of the models clash with the principles?
	
	• **And what about the policy debates we discussed before lunch – are they relevant to this model? In what ways?**
	
	SUMMARISE:
	
	• **What do you think about this model now?** Would you support this happening? Why/why not?

3.10-3.45	Table discussion 5 – Summarising and communicating your ideal model *Purpose: to summarise discussions and confirm participants' views on how they think social care should be funded, based on what they have discussed throughout the day.* DESIGNING THE IDEAL MODEL (20 MINS) – <u>USE WORKSHEET</u>: MODERATOR: Based on everything we've discussed, work in pairs/threes to develop your ideal model for funding social care, before feeding back to the group. Please focus particularly on funding, thinking about who pays, who receives publicly funded care, and how this is managed. • **What are the main features of your model?** o Are there any similarities/differences across models? IF NOT COVERED: • **How should decisions about funding social care be made?**

	• Who should be involved and in what ways? • Who would you trust to make funding decisions about social care? IF TIME: MODERATOR: Finally, I want you to think about a slightly different question. Imagine that you've made your decision and your model for funding social care is going to be implemented. Your model needs to be explained to everyone else. In your small groups work on the following questions: • What are the key points you would want to get across to people? How would you do it? • And who do you think should explain these decisions to the public?
3.45-4.00	Closing plenary session Chair gather everyone back for a summary. Final voting questions. Participants will have an opportunity to ask any final questions and before the chair thanks and closes.

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