

Paying for Care in Wales Consultation

Alphabetical List of Individual Responses (76)

Anonymous
Bethshan Nursing Home
JHG Bishop
Board of CHCs e-Citizen Panel members x 6 (5 anonymous and Rosita Wilkins)
Peter Bray
David Brennan
Jimmy Browne
Cardiff University Community Nursing Students x 12
Dr Hugh Chadderton
Jean Chadwick
Alan Cheetham
Cliff Croft
Monica Dyke
Cllr Carol Ellis
Dr Margaret Elmes
Janet Ellard
Penny Gripper
John Gunn
David Harries
Eddie Heycock
Chris Hewitt
Lorraine Hewitt
Brenda Hope
Elaine James
Anne Hughes-Jones
D Jones
Linda Jones
Colin Lansley
Trish Law AM
Andrew John Lewis
Tom Maclean
Kalvir Mann
Sheila Manning
H Marshall
Malcolm Mort
Jane Patreane o/b a service user
Jill Paterson
Nor Perrott
Viv Perry
Edna Prince
Jonathan Rees

Mary Roberts
Stewart Roberts
Thomas Rochford
David Salter
Lynne Shepherd
Christopher Slader
Brenda Smith
Ann Swindale
Stroke Association Member
Beryl Thomas
Neil Thomas
Gerald Walsh
Madeleine Webb
David Wheeler
Margaret Williams
Mavis Williams
Michael Williams
Winstone and Milton Family
Mrs TM Wright

Chapter 1

The Challenge

How far do each of the options for reform set out in this Green Paper reflect the underpinning principles recommended by the Wales Stakeholder Advisory Group?

- Add Dignity and Respect for the givers and receivers of care
- Be more explicit about the underlying principles of fair and equitable treatment
- Fully agree
- The Paper does not look at accommodation costs and will leave the majority facing a further bill as the costs of residential care are not presently split

No analysis offered due to the small number of, and variety of, answers provided

Chapter 2

Transformation of Social Services in Wales

Do you agree with our vision for social services in Wales?

Should it be strengthened or amended in any way?

Have we identified all the key issues?

Are there any we should add, or give more weight to?

- Re-balancing should not go so far in favour of prevention. Some things can't be prevented such as stroke.
- The vision appears to be sound
- Agree with key issue of clearer participation from the user and the carer. The input should focus on the priorities of both the user and the carer and the need for effective and timely information
- Social Services should come out of local government and be provided by a separate local government department funded directly from WAG
- Reduce the role of local government to that of the commissioner of Social Services or better still an advisory role with service delivery the responsibility of separate bodies. Funding should be provided directly to these bodies without going through local government processes

- Yes
- The vision of an integrated family based service is perhaps misplaced as people move in search of work. Strongly agree that Social Services should remain with local government
- Agree with improved collaboration and integrated services
- Yes and all Social Services departments should follow this vision
- Transport to day centres should be free
- Professionals should spend more time with voluntary groups
- NHS indifference to new technology, i.e. telecare is a bigger issue than WAG thinks as is the scuppering on the part of the NHS of UAP
- Closer links to Supporting People
- More needs to be made of the abilities and strengths of service users and carers as resources
- More needs to be made of the importance of day centre and community transport – getting people out of their homes
- Assessment was raised by a number of respondents as a key issue, particularly with input from the NHS and ensuring the national assessment process is consistent and transferable. Some respondents said that the demographic projections of ageing should be treated with caution
- The need for hospital based social workers to give the much needed non-medical voice in discharge planning
- Omission of the importance of care homes
- Omission of the importance of good diet, the rates of malnutrition among the elderly and managing terminal illness
- Omission of hospices and the important role they play. Hospices are invariably not state funded and they should be
- More focus on prevention, earlier intervention and rehabilitation. More support for informal carers.
- Unification of Continuing Healthcare assessments
- Need to address housing, transport, safety and community issues requiring collaboration

No analysis offered due to the small number of, and variety of, answers provided

Welsh Solutions for Welsh Challenges

What are your views on the approach to charging for non-residential social care services which the Welsh Assembly Government has adopted? How does this compare to the proposals made by the Prime Minister for England?

- Agree with the PM that care should be free at home for those with the highest levels of need

- The imposition of a charge regulated by a consistent financial means test is to be welcomed. There is a tendency for freely available services to be abused
- The approach proposed in Wales is fairer than that proposed by the PM
- I feel that it is fair to charge £50 rather than England giving it for free as more money will go into the pot
- I like the idea of a fairer, more consistent system i.e. charging £50 per week
- Charging a maximum of £50 a week seems fair
- The maximum weekly payment will only be chargeable to those on higher incomes, regardless of care needs, no different to what is in place now. If lower income families are in receipt of benefits to pay for care are you not robbing Peter to pay Paul?
- Don't agree with charging. Everyone should be taxed more throughout their working lives to fund all care
- Why a £50 limit? What figures/information is there to support this and is this sufficient to fund the social care required?

No analysis offered due to the small number of, and variety of, answers provided

Service Delivery Improvements

Do you have any comments on what is proposed?

Key challenges for social services in Wales

Have we identified the right challenges?

- Concerned that both private insurers and the state will not what to spend any more than is necessary. What kind of care do we want elderly people to have? Adequate or top quality? Top quality care needs to be relaxed and smiling not rushed and stressed. This is the standard of care the Assembly needs to finance
- Better clearer WAG guidance is needed on Continuing Healthcare. Hospitals have closed geriatric wards and shunted the care on to Social Services and disputes remain about what is health care and what is social care
- In most cases people have no idea how long they are going to live so they cannot plan for any future care needs with any confidence
- How will commissioners play a more active role in helping to shape the missed market of care?
- The lack of joined up working across the provision of disability benefits, social care and the NHS

- Different accountabilities for the NHS (direct to WAG) and social services (via local government) impede joint working. Can't just expect partnership working to happen given structural issues that prevent this
- Non residential Social Services charging – consistency across Wales is important
- Yes person centred care to support independence is essential
- Clear and regularly updated information concerning funding arrangements would remove considerable anxiety from the recipients involved.
- Framework of Services for Older People looks good.
- Person centred care should be given to promote independence
- Yes

No analysis offered due to the small number of, and variety of, answers provided

Commission on Social Services

What issues would you want to see the Commission address?

- To sort out the genuineness or otherwise of people in receipt of Disability Benefits
- A consolidation of the great deal of existing legislation and guidance
- Joint training in care provision
- The provision of mental health advocacy services
- The development of a competency framework for voluntary sector workers delivering social interventions. Often they are unqualified
- Improving equality of access to basic services at an earlier stage to underpin the WAG commitment to prevention and earlier intervention
- How the resource of informal carers could be best developed and used including a qualifications framework for carers plus additional financial or service rewards for those who achieve qualifications
- For Commission members to ensure they speak with those working at the front line, the interface
- The integration of Hospice care
- The decision making process regarding whether care is health care or social care
- The further development of professional practice and the appropriate time and budget
- Better meeting the needs of disabled and older people
- The development of professional practice as insufficient time and funds are given to the ongoing development of nurses
- Benefits paid to people who are well enough to work
- The high costs of servicing equipment such as wheelchairs
- That Social Services need to be developed by the needs of the user

No analysis offered due to the small number of, and variety of, answers provided

Chapter 3

A New Model for Funding Care

Do you think it is right that most people who are disabled early in their lives should continue to have their care and support funded by the state?

Summary

The majority of respondents stated that people disabled early in their lives should continue to have their care and support funded by the state as it would be unfair for them not to receive anything through no fault of their own. Some respondents stated that the funding should only be available if the disability is not caused by their own making. Other respondents felt that if the individual had received substantial compensation for a disabling injury then they should receive no further funding from the state.

- Depends on the degree of disability. Some disabled people are able to work and earn but others may not have had the chance to prepare for the costs of care.
- There should obviously be a safety net for profoundly disabled people who cannot enter the labour market
- Yes
- It is inconceivable that any part of the UK should not fully support those disabled persons who have not had the opportunity to acquire the funding they need because of their disability.
- Yes
- Yes provided the disability is not of their own making i.e. from taking drugs or drinking
- Emphatically yes
- The state should bear the cost for those born disabled or those who become disabled through no fault of their own. However if someone is disabled through injury and compensation is forthcoming then state funding for their care should be abated.
- Yes unless they have the means to fund themselves and are genuinely disabled.
- Yes, there is no alternative.
- Absolutely, they have genuine problems
- Yes
- Yes

- Yes otherwise they would be forced to rely on charity
- Yes because people who are disabled at an early age may not have the means to provide the funding themselves
- People with long term care needs may not be in paid employment so all care costs should be met by the state
- If people are born disabled and unable to work they would have no other way of earning money. However the Benefits system prevents disabled people from working
- No, it is important to make disabled people early in life feel part of society
- Yes and resources need to be increased to give better respite to carers
- The only exception would be if the disability is caused by lifestyle. If you have to pay more for your care in these circumstances it would encourage people to live healthier lifestyles
- Yes. All who require care should have equal access
- To some extent there should be means testing. Should young people who've received substantial compensation for an injury receive state funded care?
- Yes, as long as they are genuinely disabled
- Yes, fully agree
- It should be based on how their disability affects their daily living
- Yes
- Disabled is disabled but there are plenty of people living with a disability that can and do work. Some form of means testing has to play a part
- Yes of course but if benefits received are about the tax threshold then it should be taxed. More care should be taken to ensure that the disability is real and monitored on a regular basis
- Yes, care and support should be given at the point of need
- It would not be fair to expect people disabled early in life to pay as they would not have the financial means to pay for their care

In England, the Government wants to use the money that is in the care system to make sure that everyone who qualifies for care and support will get some help with paying for their care. Do you think this is the right starting point in Wales?

Summary

The majority of respondents felt that everyone who qualified for help and support should receive it on the basis of equality and that we all pay for health and education services whether we need them or not so it should be the same for care.

- If we require healthcare when we are old then this should be paid for by the state. If we require social care when we are old then this should be paid in full by individuals. It is also discriminatory for the state to allow those who have not saved to pay less for care than those who have as this rewards feckless behaviour.
- Yes
- The document mentions as one of the disadvantages of the system that everyone would have to pay in regardless of whether they need care and receive anything from the system themselves. I don't see this as a disadvantage. It already happens in education where those who have no children pay for those that do, in health where those who are healthy pay for those who are not. Why shouldn't all citizens share the burden of caring for people in their old age?
- Yes
- Yes
- Yes
- Any Wales only solution should be equivalent to or better than England's. There should be one standard formula for all of Wales.
- Yes
- No
- Yes. There is an awful lot of money not used efficiently or effectively in the health sector.
- Yes. We should all receive the equal opportunity to receive some funding towards care.
- No
- Yes
- The starting point should be that we all pay NI and tax as we do to fund the NHS
- The NHS should provide ALL the care for people in need. The present system allows the NHS to pass patients into LA care who immediately means test them. This is wrong.
- Everyone requiring care should get some help
- At least some of the costs of care should be met for everyone regardless of their financial circumstances.
- There should be a graduated system of payment with no help for the rich graduated down to those on middle and lower incomes.
- Yes. To each according to their need, from each according to their ability.
- No
- Yes, everyone should be treated equally through a non-judgemental approach
- Some help from the government should be implemented
- Yes

Disability Benefits

What do you think about the possibility of merging disability benefits such as Attendance Allowance into the social care funding system?

Summary

A significant majority of respondents felt that it would be totally unacceptable to merge AA and DLA into a social care funding system. The arguments centred on the loss of choice, control, dignity and independence. Some suggested that Social Services struggle to provide the services they do now and questioned whether they would be able to provide further services. However a significant minority of respondents felt these benefits should be merged. The arguments centred on the cost of care being so high and that a holistic approach to care would be provided.

- DWP have recently clarified that those currently receiving AA will continue to do so under any new system but it could be means tested or reduced for new applicants. However merging this benefit is worth considering as the cost of care is so high
- Strongly disagree with AA and DLA being merged into the system. It takes away choice and independence from the claimant
- It is essential that the disability payments presently available remain available if we want to enable people to remain at home for as long as possible. Merging them would be fraught with difficulties
- All funds for all care should be in one Social Care fund
- Yes disability benefits should be merged into the social care funding system
- Good idea – holistic approach to care
- Agree. There appear not to be any checks or balances on how the money is spent by the recipient
- The withdrawal of DLA would spell disaster and is totally unjust. Moving the funding into Social Care would remove the guaranteed help this correspondent currently receives
- It would be a blatant act of discrimination to remove AA and DLA. These benefits are essential for people, especially those without a pension, to secure a flexible package of care and support within their own homes. If these benefits were withdrawn then many people would have to go into an institution where all control over one's life would go

- AA is a standalone, empowering benefit that enables people to choose the help they receive
- No no a thousand times no. AA is designed to promote choice, control, dignity and independence. Social services struggle to provide what they do now. How could they possibly provide more?
- Disability benefits should continue being paid in the same way as other benefits.
- If disability benefits are brought under local government control into one social care system then that further strengthens the argument to remove Social Services from local government control. Local government cannot be trusted to divert funds into other areas of spend
- This would be an unnecessary move
- Having this money allows choice. Not having it could drive people further into poverty. It would only be worth merging this funding if the care provided with it is guaranteed to be high quality and consistently delivered
- Yes. Genuinely disabled people cannot cope with form filling. Some people cannot get the idea that AA is meant to pay for care and not just put in the bank or spent on booze
- AA should not be abolished to pay for the imprudence of others
- No
- AA and DLA have a vital role to play in enabling people with lower level care needs to purchase services which help them avoid becoming more dependent on care services
- Totally unacceptable to remove AA and DLA – would set us back decades
- AA is a non means tested benefit and many elderly will not submit to mean testing. If it is merged then this lifeline will be withdrawn
- If AA and DLA are absorbed then an alternative benefit that funds services currently paid for out of these funds should be provided
- With financial independence comes the choice of clinician/carer for the user. Without that finance those needing support will look to the government to provide it
- If AA and DLA are incorporated then the Direct Payments should also be merged
- What choice and control will people have if their benefits are paid to the LA who will have the power to decide what services people receive?
- This would increase dependence and reduce choice. It helps me pay for a range of things such as psychotherapy when I can't get it on the NHS because of waiting lists; to get a cup of tea somewhere so I can have some human contact; it helps me get advice on 'reasonable adjustments' so I can access services more readily; it enables me to visit relatives and it enables me to pay for telephone and internet contact with people. I would be very sorry to lose these benefits
- Some benefits could be merged into the system but people should not be worse off
- Yes, integration would be a good idea

- This would be fair
- All benefits should be merged and not given in isolation
- Strongly agree with merging the benefits as it would be less costly, more efficient, and more organised
- Not receiving these benefits could result in the knock on effect of a higher number of people requiring higher care input
- If it leads to more effective funding then it may lead to more effective spending

Bringing new money into the system

What do you think is the right approach to partnership between the state and the individual in Wales?

Summary

Many respondents felt that the state should make it compulsory for people to contribute to their care costs. Others felt that those who can't afford to pay shouldn't be expected to but that those who can should.

- The state should insist that people contribute to costs
- There should be a compulsory scheme for all people in paid work. The scheme should also include a refund system if people have not used any care
- If contributions are paid into the system by individuals then are not used to pay for care then the contributions should be refunded with interest but less an amount to next of kin on death
- A system that incorporates the Partnership, Insurance and Comprehensive options. The money must be ring fenced under statute
- The individual should be persuaded to pay a portion of their care costs
- Care should be free for those who can't afford it and paid for if it can be afforded but that care should be provided privately and be paid for by the state
- Should be a universal scheme where we all pay in and later if we need it we get care for free
- Care costs should be the responsibility of the NHS and like other NHS care, be provided for free. Why should older people be treated any differently from women in childbirth, injured sportsmen and women, alcoholics, smokers or young disabled people?
- The state should initially play the central role but with the option to opt out

- Whatever the decision on how care is funded it is desirable that all people pay the same amount whether it is self funded, state funded or a combination of these
- It is wrong to expect us to pay for care when we have paid into the government all our working lives.
- People should have a choice whether to pay into a scheme. If they do not pay in then it will be understood that they will have to find their own extra care costs. This should be their choice.
- Each individual has a responsibility to make provision for his or her care should this be required. It is cheapest to provide insurance to embrace society as a whole and for it to be provided by a non-profit organisation
- I think everyone should pay according to their means, that the wealthy should pay more than people in poverty. It is important not to penalise those who have gone without to save and pay for their own house or to penalise carers who may have given up an opportunity to earn money
- Means testing is the fairest way to go. Should insist that everyone joins a scheme to protect against future costs
- Increasing the retirement age for those who are able to work would help. People are living longer so it is not an unreasonable idea and have a tremendous amount of expertise and skills that could go into community work, helping out in schools and hospitals etc. An arrangement for part time work and part time pension would help.
- Those on low incomes go for free or minimal payments and those on higher incomes pay more
- For those that have not used care systems, rebates in their contribution could be a viable option and would certainly work well for those who decide to pay after death
- I do not think we should have to pay for care. People who work already pay NI and tax. The problem with allowing people the freedom to protect themselves from high care costs is that some insurance policies may not pay enough

Do you agree with the conclusions of the Wales Advisory Group that there is a central role for the state, or do you think people in Wales would want more freedom to make their own arrangements to protect themselves from high care costs?

Summary

The majority of respondents felt there should be a central role for the state in providing a basic level of care and if people wished to pay more for additional provision then they should be able to. People should be able to choose.

- In favour of an insurance system. In that way everyone contributes according to their means and is able to fund a care system for all
- Yes
- There has to be a central role for the state as many will deliberately not make their own arrangements if a scheme is voluntary
- If the individual wants to make their own arrangements they should be allowed to and receive the benefits from the state that would pay for those arrangements
- The state will always provide and those who haven't contributed will always receive
- Should be a universal scheme where we all pay in and later, if we need it, we get care for free
- Definitely a central role for the state in providing a safety net service for all which is free. People should be allowed to enhance the basic provision with their own funding should they so wish
- Not all individuals will want to pay for care until they need it. The state needs to make the individual provision for care compulsory. Any state funding should be ring fenced for care provision via amending the existing NI scheme
- There is a central role for the state. This principle is welcomed
- People should have a choice and therefore be able to protect themselves from high costs
- People in Wales would want more freedom to make their own arrangements to protect themselves from high care costs
- Agree there should be a central role for the state. There should be a compulsory payment for all people in paid work. Individuals who want more could still have the choice to take out private insurance policies if personal situations allow

Different funding options

What are your views on the various funding models? How far do you think they fit with the principles recommended by the Wales Advisory Group, and with the aims set out at the beginning of this chapter?

- Despite WAGs endorsement of the Advisory Group's Principles there was too much focus on income and not enough on care needs. The reforms are still income led

We have agreed to rule out the 'Pay for Yourself' option. Do you agree?

Summary

Everyone who responded agreed that the Pay For Yourself option should be ruled out.

- Should not be ruled out but insurance is favoured.
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes it would be a disaster
- Yes
- Yes but with an opt out option
- It is unacceptable that in a mature society to the majority that those who are unable to fund their own care should have their needs unmet
- Yes
- Yes
- Not a good idea. Too many unknowns and variables
- This option would be unfair
- It is not suitable
- Everyone should be entitled to a minimum level of care
- I feel this is fair. We make provisions independently for other insurances why not our health? We have become a nanny state where we expect everyone to see to our needs
- It has been rightly discounted
- People would be unlikely to plan so it could leave people vulnerable especially those with the highest care needs
- Yes this would be unfair

Do you agree that meeting the full cost of all care and support from taxation is not a viable option for the future?

Summary

The overwhelming majority of respondents felt that care should be paid for out of taxation, that it was the fairest option and that the funding should be ring fenced for care. However a significant minority felt that to do so would place an unfair burden on the younger, working generation. Some correspondents referred to their caring role – carers save the government £87 billion per year - which prevented them from working and earning.

- Taxpayers, often young families, should not be expected to bear the burden.
- No to a universal tax. A Partnership or Insurance scheme is preferred.
- No. The general tax system is much more robust and can take into account different financial situations far more easily than any other option. Feel that people would be willing to pay more in taxes to look after the elderly.
- Extra taxation has to be part of any solution. Cannot agree that this option is ruled out. This option will meet WAGs declared aims with options 1, 4 and 5 being the least practical and least likely to meet public approval. Option 3 with everyone paying into the fund is a close second choice.
- Yes
- Yes
- No. Taxation is the fairest option but needs to be extended to those on benefits so contributions do not just come from the working population.
- Yes
- General taxation should fund care. It is a social duty!
- Everyone earning a living wage should pay a bit more tax to pay for their future care.
- Everyone should pay through general taxation to ensure fairness and resentment felt by those who save and those who live a life on benefits.
- The government should pay.
- Care should be funded from Income Tax and ring fenced.
- The best way forward is through taxation. It is a truly universal and fair system dependent on people's income. The government has a responsibility to ring fence resources for care provision.
- A National Care Service should be funded through the tax system or by a radical reform of the Benefits system.

- A National Care Service should be part of the NHS and paid for out of taxation.
- Not a viable option. Unfair on younger people who have student debt and higher housing costs.
- A lifelong tax would be better, such as NI
- Slow taxation over the course of one's working life is better than making a one off payment or paying a death duty
- Yes. Young people cannot afford any further deductions from already low wages, high housing costs, University debts, child care costs, car costs, life insurance etc.
- Yes
- The cost would be considerable and create a major problem for all the political parties
- No it is the only fair and sustainable option. Just like the NHS.
- No
- Yes
- I cannot see any fair way of raising this sort of money short of taxation, certainly not a voluntary insurance.
- To say that paying for care via NI and tax is not an option, is ridiculous.
- To deliver all the costs of care free of charge would give rise to an unbearable rise in taxes to be borne by a proportionally decreasing population.
- A tax based on the amount of lifetime income is inherently fairer than the same sum for everyone.
- Taxation is the best and fairest option. My preference is for a national insurance and/or lifetime tax as long as it is proportional to earned and inherited income minus any lost income caused by time as a carer.
- It is too early to state that this is not a valid option
- Agreed given the current and predicated demographics
- Taxation is a good thing but it is recognised that the taxation burden would fall on the working population
- It is not suitable as only workers will be taxed and not enough money will go into the pot
- Taxation would not be viable unless tax payers received the care they needed and benefit claimants received minimum levels of care
- Agree this would be a lot of money to find. Also goes away from the Advisory Group's statement that care costs should be based on needs and not income as for on higher incomes pay more tax
- This has been wrongly ruled out. This is the most efficient option because collection costs are lower. The existing tax system is fairer because everyone pays according to their ability. We should be making our tax system more efficient and more simple rather than adding new duplicated collection structures. We should fund care for everyone by increasing tax rates in the existing relatively efficient taxation collection systems

- This system is not working at the moment. The increasing older population and decreasing workforce will be even less likely to meet the care and support needs of our future society
- Yes as a tax payer I do not want to pay any more taxes

Do you think that the Partnership option on its own would be sufficient to reform the system in a fair and sustainable way?

Summary

The majority of respondents were not in favour of this option. It was considered neither fair nor equitable. A number commented that the voluntary nature of it would mean that many would choose not to pay.

- The Government should start an insurance care scheme at birth for every individual to be supplemented by parents.
- This option is insufficient
- This would not be a fair or sustainable option as more funding would be needed.
- Partnership is just a fancy word for means testing
- No
- It depends on how poor you have to be to receive free care. Means testing is a nightmare and the poorest suffer most
- It is not practical and there is unlikely to be a high uptake on any voluntary scheme. Potentially could be an expensive administrative headache
- No
- No
- It would be an improvement on the present system
- No it just perpetuates the current situation
- No a free basic non-means tested safety net system should be provided for all. It is not fair and not good enough just to provide a proportion of care costs.
- People should be given a choice of the time and method that they wish to pay. Any charge against a property should not be taken until after the death of both partners
- This does not fit the Advisory Group's strong preference. It is not fair or equitable.
- This alone would not be sufficient
- Would not be fair and equitable
- Appears to be fair but not sustainable due to people living longer and the increasing ageing population
- Workers will be penalised by paying higher costs

- Cannot work on its own. If people paid for 2/3 of their care they will expect an extremely high standard as indeed they should
- No different to what is in place now and would not be sustainable
- Less fair
- This would create a two tier system
- Unsure it would be sufficient. It seems unfair that some people would have to pay more for care if they were well off than those less well off. The government should pay the same amount for everyone

Do you think that the Insurance option would work well for Wales when combined with the Partnership solution? What are the advantages and disadvantages of this option?

Summary

Apart from Pay for Yourself, many respondents felt this was the least popular option from those presented. There was considerable suspicion about the use of private insurance companies given that profit making will be one of their central aims. If there was to be an insurance scheme, then it should be state run. Some considered that the existing NI arrangements could be utilised for this purpose.

- Yes
- Perhaps anyone who is a registered carer for an elderly or disabled person should be entitled to make a lower contribution to their insurance, similar to the 'Home Responsibilities Protection' that women who stayed at home to look after their children received that protected their pensions
- No voluntary option can work well, with or without the Partnership solution.
- Who will pay if it is voluntary? It seems that people who work hard and save money always pay and those that don't, do not
- What is the difference between Insurance and NI? If there is a private element then that suggests profit making meaning not all monies paid in would be available for care
- Yes. Either pay in a lump sum or increase employee only NI contributions and ensure funds are ring fenced. The advantages include savings in administrative costs because the system is already in place but the disadvantage is that poor investment decisions could be made
- The Insurance model would need to ensure that everyone paying in bears equal risk, which is not the model for commercial insurance!
- Yes, with the options outlined in the consultation document

- The Insurance option should not be run by a private insurance firm as they will only be interested in making money. Such a scheme should remain with the state
- A compulsory contribution should be taken from salaries or benefits
- Seems to be a viable proposition however people may not be inclined to take up insurance if optional and could be expensive if there is low take up
- The best model is the NHS – NI compulsory for all
- Insurance could work but experience of insurance companies suggests they would be happy to collect premiums when no demands were being made on them and then find a means of dumping customers when they need care. It would have to be a government organised scheme which begs the question why can't it be part of the NI contribution?
- If the insurance were optional many would choose not to contribute. But optional schemes offer flexibility. If the government chose a private insurance provider then they should legislate to ensure the chosen company doesn't make big profits
- I don't think insurance is the way to go as insurance companies exist to make a profit
- Private insurance would not be suitable because it does not take into account pre-existing conditions. A closely monitored voluntary system is required to ensure older people are not exploited by private companies
- Do not agree. It would be like paying another mortgage once you have retired.
- This option is not fair. The irresponsible could still avoid paying anything. To be fair the insurance would have to be compulsory and income based like NI. Would also have to be state run. Money paid into a private scheme is vulnerable to the financial collapse of the company and would not be immediately available to the state to fund services now
- More detail is required before this option can be considered
- A government run insurance scheme, incorporated into NI would be better
- If not compulsory, would people want to pay? If not everyone pays future resources cannot be planned for. If paying into a private company will it still be in business when the money is needed to pay for care?
- People on low incomes should be made to contribute but more info is needed on how much this option would cost
- This could work as insurance premiums could remain low if not needed
- The government should pay a fixed amount regardless of income
- The same unfairness as Option 3 with an even more inefficient payment basis. Private insurance must generate a profit for the company and we would all be paying for this profit and for the additional collection and administration costs
- Could leave people unsure of the total costs they may face. State backed insurance would be preferred and it must be compulsory. Doubt as to whether people would take out private insurance with high cost payments in the present climate.

- Yes I do believe this option would work well provided the insurance pays out what is needed

Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution? What are the advantages and disadvantages of this option?

Summary

The majority of respondents felt that this was the preferred option if the general taxation route could not be pursued. It appears to be the fairest recognising that the government cannot afford to pay all costs.

- This is essentially a general taxation route and will work well without or without the Partnership option
- Yes
- Advantages are that everyone contributes and additional income is brought into the system. Disadvantages are that people may try to get the state to pay in as much as possible and that it is unfair if you live a healthy life and are prudent with your money
- This penalises those who have saved hard all their lives. Finding upwards of £17,000 per person when in retirement is not an option unless you have ample wealth put aside
- What if people don't need care ever? They have paid for other people's care which means there is little incentive
- A state insurance scheme is a good idea in theory but there will always be those who don't contribute and be paid for by the state. Everyone should contribute to make the scheme fair.
- If care costs cannot be fully funded from taxation then this would be the preferred option. It would not be expensive for the state to administer.
- Best of a bad bunch of options presented. The real comprehensive insurance is NI
- Retirement is the wrong time to give people the extra burden of paying for insurance. The only viable possibility is to tax people throughout their lives to provide a safety net provision of care. They can enhance this basic level if they wish with their own resources
- After the basic service people can pay themselves for whatever level of services they want
- Do not agree. It would be like paying another mortgage once you have retired.
- This would be the scheme that I prefer
- This option puts all costs on to the retired. Anyone who dies before they reach the sum required will not have paid their share and others will have

to pay more to compensate for this. If everyone pays the same those on lower incomes pay proportionally more than the wealthy which is also inherently unfair

- This system has some advantages
- People would pay according to what they could afford, therefore it is means tested and fairer but what about retired people paying out of their pensions who never need care?
- A cheaper option but people with estates and savings would be penalised against those who have never worked and have no savings. Some like to hand their homes to their families and having to sell it to pay for care is unfair.
- This option appears reasonable and fair. Everyone should join a government scheme and pay a little every month
- This idea seems the most appropriate
- This option would be the least efficient as it would involve the imposition of a new tax with all the collections and administration costs that come with it. The Green Paper seems structured and designed to gain public backing for this option. If this option is adopted then everyone should pay the same amount
- This option funded through a state insurance scheme is fairest as it is based on ability to pay. It is transparent and sustainable. A disadvantage is that some may pay in more than they would benefit from it
- Unsure of this option as it does not seem fair to take money from retired people

If the Comprehensive option were adopted, do you think that couples should be given a lower payment charge?

Summary

There was a slightly larger number of people that favour a lower payment charge for couples. However, there was a view that one person should pay one rate while another view was that people provide care to other relatives so shouldn't they also be entitled to pay a lower charge?

- *It is not possible to make a fair assessment* as no statistics are provided and there is no assessment of whether or not this would be fair or sustainable against the numbers of single people. However if the number of couples had high level care needs was above 20% then this idea would not be acceptable.
- Everyone pays Council Tax, Income Tax and NI therefore the Paying for Care should be per person.

- Yes
- Yes
- Yes yes yes
- What about those who have spent a lifetime caring for others meaning they have not been able to work? They should benefit as well as couples.
- Of course. This is the same with all other benefits.
- No
- Yes
- Get real – one person, one rate, one NI system
- No
- Some married couple lose out when they get married. It should be less for couple but not compulsory.
- Each partner should pay the individual rate
- No
- Single people should not be compromised by being expected to pay a higher contribution for two individuals in a couple
- Yes. They will need less support as they will be caring for and supporting each other
- This would be fair
- Yes because couples place a decreased demand on the system
- It would be nice for couples to have a lower payment charge as they provide care to each other but what about people who provide care to other relatives? Shouldn't they also pay a lower charge?

Ways to contribute

Are there any other ways in which people could pay into this system? How would it be easiest for people to pay?

Summary

Many respondents felt that one option would be to pay additional funding into National Insurance as it would be simple and the system is already set up. The same view was conveyed in relation to general taxation.

- This must start as a compulsory insurance scheme early in life
- By far the simplest method is through using the current general taxation system plus ring fencing. This is also the fairest over a working life given that a person's income is more likely to go down as well as up compared to earlier times where a job for life was the norm
- Via the NI system with a Wales specific cut of these funds

- Why not just raise extra funds to meet the increased costs by stopping participation in stupid wars in Afghanistan
- People should only pay if they need care so a deduction from their estate would be fair.
- There should be flexible options
- Additional contributions via NI
- In with NI and taxation – just as we fund the NHS
- Some of the suggestions set out in the document sound administratively complicated. You cannot beat the present NI system
- It seems inevitable that some sort of compulsion would be required so an increase in NI paid by all in employment including those in work over retirement age and that it be sufficient to cover at least a proportion of the standard costs of care for all that need it. Those who choose a higher standard of care may pay for it themselves
- The government could sell bonds that are invested in the care industry, similar to holiday property bonds. If the bonds aren't used they could be passed to other family members
- Taxation is already in place. An increase in this could be found from very rich people and offshore tax dodges. What about finding money from other government sources i.e. not bailing out banks with taxpayers money or fighting wars in places we are not responsible for. If extra tax is paid then there needs to be a guarantee that it will be used for elderly care
- Working people should be brought into an established state insurance scheme at inception. People should be given a choice of payment options as per section 10.4 of the document
- Incorporate into NI payments
- Paying monthly by Direct Debit
- Contributions to care should be made from a monthly wage which is easily affordable in relation to earnings
- NI should be robust enough to fund this additional cost and contributions made when young should be at a level to provide sufficient funding
- The overall cost of adopting option 2 would be the lowest and the other options are unfair and expensive
- Pay in monthly instalments rather than a lump sum of savings. Introduce options as the scheme develops so people have flexibility in how they pay

Would it be a priority for the people of Wales to have a right to defer care and accommodation cost payments in residential care?

Summary

The majority of respondents supported the right to defer care and accommodation costs although no strong views were conveyed.

- If this means paying from the estate on death it is worth considering but not as fair as a life insurance scheme
- I would much prefer to have money taken from my estate after I die
- Yes
- Yes provided it is deemed necessary and suitable guarantees are given that the money will be paid
- Yes
- Yes
- No because this would increase the cost to the state at the point of delivery
- Maybe there is an argument for charging part of the accommodation costs to the resident however there is also an argument for charging the rest of the population for accommodation while in hospital. Why pick on the elderly?
- The right to defer payments if you have assets is useful but how do you protect against people running down their assets in the meantime?
- Deferred payments would seem an equitable way to proceed
- This is a good idea as the elderly worry about paying accommodation costs
- Should have the right to defer costs to reduce stress on families
- To pay costs on death you will not know how much had been incurred. There should be a maximum amount to pay. Most would opt to pay on death as why would people pay a lump sum or monthly amount when they may not require services throughout their lifetime. People will take the chance.
- No this would not be a priority
- Yes
- This option should be given to people

How might we balance a system which helps everyone who needs it (regardless of how well-off they are) with one that supports people who have worked hard and saved?

Summary

A significant majority of respondents commented that those who have worked hard and saved should not be penalised for having done so in terms of having to pay over assets to pay for care in comparison to those who have never worked and never saved receiving free care.

- Ensure that everyone contributes through general taxation
- Savings should not be counted in any means test. Savings should be protected
- Those who have been prudent should not have to pay for the profligate
- I have worked hard to buy my council house so I would be able to leave my children something when I die. It is the whole point of my life. I have no savings, just my house and the state are not depriving my children of what I have worked for when others get everything for nothing
- Allow a level of savings to be disregarded before any assessment is made.
- Some people will have worked hard but been unable to save. We should endeavour to help all people who need support no matter what their circumstances or background
- Welfare systems will always discriminate against those who choose to save
- Why should one sell the family home and leave nothing for the children when others who have not bothered to save have everything paid for?
- Those who work hard and accumulate savings should be able to protect at least some of their assets
- Some people never contribute to the system, claiming benefits for their whole lives. I believe that everyone should make a contribution if not through tax then through credits built up by looking after the elderly or children or community work. Then everyone would be entitled to a slice of the cake that would be basic welfare provision. It is unfair for the feckless to spend while others save and see their savings disappear in care home charge
- The requirement for everyone to pay something towards the cost would help.
- This can be done by making contributions proportionate to income and unearned assets. Spread the costs between those who work and those who don't fairly. Savings and property investments built up from earnings should not be means tested
- Balance is definitely needed. Support is needed for those who have saved

- Everyone's care needs should be assessed on an individual basis and according to what they earn and can afford. Those with money pay more while those who are poor are supported to pay for their care
- If people work and pay into the pot they should receive the care they need regardless of how much their property is worth
- People who have saved and paid all their lives should be given priority
- Using a person's savings or house to fund care is very emotive and penalises people who have lived within their means...while people who have lived on benefit and not bothered to save get funding free of charge. This is a disincentive to people who work hard and look after their money. The welfare state is no longer a safety net...it is abused by people who are living off it
- Everyone should contribute according to their ability to pay. Even low earners should make some contribution
- There should be a number of options to choose from that best suit lifestyles and allow for change if situations change. If people never require care will the money be put back into their estate when they die?

A nationally or locally determined funding system

Do you think there should be an all-Wales system for deciding who gets what levels of help? How do you think this would fit with the responsibilities of local government (working with other agencies) in planning and commissioning services in Wales?

Summary

The majority of respondents felt that an all Wales system would be the fairest and simplest.

- Wales should have full devolution with full law making and tax raising powers so it can make its own judgements on these matters
- Yes but strict criteria for funds
- Yes as WAG knows Wales and its population better than the UK Government
- How can different systems across England and Wales be justified given freedom of movement across borders?
- There should be one scheme for England and Wales
- An all Wales system that reflects the different costs here.
- Yes

- Simpler to have an all Wales system
- Assessment and charging should be standardised across Wales with the state bearing the cost of any variation and fund LAs accordingly.
- The system should be all Wales. LA commissioning needs to be segregated from service provision. It needs to be seen as high quality, unbiased and fair. Users and carers need to be involved in awarding tenders and staff appointments. All LAs should provide a basic framework of services such as day centres, supported voluntary and paid work, resources for self help and recovery and community development
- Regional funding would be the better option, allowing for variance in local cost to be reflected in the subsidy
- This would help with a no postcode lottery!
- There should be an all Wales system across the board for deciding who gets what levels of help
- There should be an all Wales system
- Disagree with an all-Wales option
- There should be the same criteria across all LAs
- There should be a national system but with a degree of flexibility as care may cost more in certain parts of the UK

Do you think the same system should apply in both England and Wales, or should there be a stand-alone system in Wales? What issues do you think arise from these options?

Summary

There was an even split in the number of respondents favouring an England and Wales system and a Wales only system. An England and Wales system was judged to be simplest although no particular arguments were conveyed in support of a Wales only system.

- It should be a UK wide system
- It would be nice if Wales could give a good example to England but on the whole a Wales only system appeals to me.
- We must have the same system. Freedom of movement both ways will introduce complications if we have two different systems.
- Yes as all NI contributions made in Wales should go into a Welsh Social Care fund.
- How can different systems across England and Wales be justified given freedom of movement across borders?
- One agency should administer the system that is brought in.

- Wales should have a standalone system. AMs are in more direct contact with the people than MPs and can be held accountable to a much greater and effective degree.
- Wales should stay with England and have a National Care Service.
- Form an England and Wales National Pension and Care Fund
- Wales should have a separate system as there are different needs, aspirations, geography and history. The population is older in Wales as people retire here. If separate systems operate across the 4 UK countries then the care packages arranged should move with people when they move.
- Just Wales
- Wales should follow the Scottish and provide a comprehensive free service to those over 65
- A standalone system in Wales
- It would seem sensible to maintain a common social care funding system between England and Wales
- Standardise across England and Wales
- If the results of this consultation back up the English findings then there would be no harm in doing the same
- England and Wales should have a similar system, ideally the 4 UK countries should have the same system. A standalone system could appear inequitable for individuals across the UK
- A standalone system would be better in that it would allow for a further devolved system
- Wales should be standalone like Scotland and. Funding for care should rest with LHBs
- A national system that applies in England and Wales
- Just one national system on funding care
- The same system should apply to England and Wales
- Any scheme should be UK-wide. Wales should be working with England to agree the most efficient and fair system for charging for care
- A standalone system in Wales would be difficult to achieve because of central government power over certain issues such as benefits. It would be different if Wales was fully devolved however
- I believe the same system should apply in England and Wales.