

ANTICIPATING THE FUTURE?

**AN EXAMINATION OF PUBLIC ATTITUDES
AND BEHAVIOUR TOWARDS FINANCING CARE IN 'OLD AGE'**

Submitted for the degree of Doctor of Philosophy

by

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Harriet Clarke

ANTICIPATING THE FUTURE?

**AN EXAMINATION OF PUBLIC ATTITUDES AND BEHAVIOUR
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Abstract

The funding of long-term care rose on the political agenda during the early and mid 1990s. This debate often focused on the role of individuals in making financial provision for such care that might be required in their own later life. The establishment of a Royal Commission on Long-Term Care for the Elderly in 1997, and the Government's eventual response in 2000, has seen the debate move forward but not die down. This thesis examines the broad context within which the debate initially developed and reports on survey research, conducted in the mid 1990s, which focused on long-term care funding.

Attitudes towards state, family and individual provision for care in old age were examined by a nationally representative survey of adults aged 25-70 in England and Wales. Financial behaviours were examined amongst a sub-sample selected on the basis of four contrasting attitudes. Public opinion, attitudes and behaviours towards the funding of social care in later life were therefore explored during a period when the issue was being fervently debated in the UK. The findings are presented with close reference to the policy context within which the research was conducted.

The full analysis presented focuses on attitudes, behaviours and intentions towards personal financial planning for care needs through pensions, housing assets and long-term care insurance. Implications of the findings for both current policy developments and future research are considered. The research methodology is discussed alongside the contributions of other academic domains, which points to the importance of further developing a life-span perspective in social policy attitudes research. This could support greater interdisciplinary working in this area.

Abstract: 265 words
Thesis: 80,640 words
References: 3,905 words

DECLARATION

The thesis presented here was conducted between January 1995 and January 2003, and is entirely my responsibility. However I am by no means solely responsible for the research work on which the thesis is based. The analysis is based upon work that I was employed to conduct as a Research Associate at NCCSU. The research was funded by the Economic and Social Research Council as part of their interdisciplinary Economic Beliefs and Behaviours Programme, and was supervised by Professor Gillian Parker (the lead researcher on the project). The research was a lesson in collaboration, as Professor Parker and I worked with Bob Erens and Rachel Turner at Social and Community Planning Research to develop the survey instruments and work with the field-force responsible for conducting the interviews.

My role as an employed researcher included:

- I. Maintaining an in-depth understanding of the policy debate in this area.
- II. Maintaining contacts with others working on this issue, both in the academic and insurance communities, in order to appreciate others' analyses of, and responses to, the long-term care funding debate.
- III. Collaborating with the survey agency in order to:
 - develop the survey instruments
 - brief and debrief pilot interviewers
 - brief members of the survey fieldforce responsible for the fieldwork
 - respond to inquiries from members of the public
- IV. Taking sole responsibility for setting up the data provided by SCPR for analysis.
- V. Conducting analysis on the data.
- VI. Collaborating with Professor Parker in dissemination activity with different communities (insurance, academic, government).

As a PhD student I have developed this thesis by:

- I. Working individually, conducting further analysis, to build upon the work that had been conducted as part of a team.
- II. Reflecting on the exercise of conducting public attitudes research in a period of policy development in this area.
- III. Building on my interest in the intersection between different disciplines, and particularly between psychology and social policy, to develop an understanding of, and appreciation for, life-span perspectives in social science.

ACKNOWLEDGEMENTS

This thesis is of course my responsibility but clearly would not have been possible without all those who worked on and took part in the research. Working with Gillian Parker, Bob Erens and Rachel Turner on developing and conducting this research not only helped me to develop my skills and understanding, but also my confidence and interest, in working as a researcher. Gillian Parker has been incredibly important - as supervisor of this project, in supporting the development of my thinking and research skills for this thesis, and in supporting my development more broadly. The ESRC Economic Beliefs and Behaviours programme gave me the opportunity to meet researchers from a range of disciplines, and fuelled my interest in developing interdisciplinary perspectives in social policy. Many ex-colleagues and friends from the Nuffield Community Care Studies Unit have been important in giving me encouragement. Alison Drewett and Richard Olsen have, throughout my time at NCCSU and since, been great listeners and have helped to keep me on course. Current colleagues at the University of Birmingham have also been a key part of my support network in the final push to complete. Personal thanks go to my family and particularly to Jane and Michael Clarke, my parents, for all their support and encouragement. Adam Sharpe has probably most felt the brunt of my conducting this thesis, and I want to thank him for his support (particularly for putting on the music and lifting my spirits at just the right times, but also for the practical sustenance).

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CHAPTER ONE

ANTICIPATING THE FUTURE? SOCIAL SUPPORT FOR PEOPLE IN LATER LIFE

The boundaries between academic specialisms and the categories imposed by government policy have encouraged researchers to divide the population into discrete groups – children, adults of ‘working age’, and pensioners. However, the children of today are the workers and pensioners of tomorrow, just as the children and young adults of the 1920s and 1930s are the pensioners of today.

Harris (1997), pg. 506

[A]geing occurs not only in the body, but in time, in place, in history, and in the context of lived experience.

Kontos (1999), pg. 689

INTRODUCTION

This thesis reports on findings from surveys of attitudes and behaviours towards individual financial planning for later life, with a focus on attitudes to care funding. The long-term care finance debate of the mid-1990s forms the immediate context for the research. This chapter examines the debate in terms of the broad context in which it took place, and the immediate setting in which the research was conducted.

In one sense the thesis provides a report of research that involved two surveys that took ‘snap-shots in time’. However the data are drawn from a range of individuals who have reflected on their own future lives in a changing world. As the above quotes contend, the research thus involves broader questions concerning the study of policy development in an ageing society, and of individual perspectives on planning for one’s own ‘old age’. This, it is hoped, provides support for an extended ‘shelf life’ for social policy research beyond that which might be often recognised, and is ventured in two ways: by considering the development of the specific debate before, during and after the research was conducted, and the levels of analysis employed. The points in time involved in this case include the place of the debate in a broad social and historical context, and the specific timing of the research in relation to the development of the specific debate in the second of John Major’s Conservative administrations. This then, in part, set an agenda for the first term of the ‘New Labour’ administration by giving long-term care finance a particularly high profile. The argument is

based upon research that involved surveying people's general opinions and specific attitudes, as well as their actual and potential behaviour.

The questions posed concerned a number of welfare spheres. For example, in relation to retirement income, to what extent should this be met by government spending or individual responsibility? And should the balance of responsibility for personal care be the same as that for retirement income, or is it a different case more allied to health care? In order to achieve an intricate analysis, given the breadth of the study, the current questions about how care for older people might best be financed must be set in a social and historical context. There are a number of inter-related elements to this backdrop, which include social changes at the level of demography, and in relation to patterns of work and family life. After considering these issues I will move on to examine the development of community care for older people, and will comment on the immediate context of the research in terms of the debate during the mid-late 1990s, which focused on personal wealth and the protection of assets. The chapter concludes with the most recent policy responses to both that debate and the subsequent Royal Commission on Long-term Care (1999).

THE BROADER CONTEXT

The current debate is set against a background of uncertainty about the future of the welfare state, the appropriate balance between responsibilities of the state and those of the family, increasing expectations that individuals will take financial responsibility for many aspects of their lives, such as pensions and higher education and concern in all political parties about levels of public spending

Harding, Meredith and Wistow (1996), pg. 15

Social policy in the late twentieth century in the UK has seen an extensive move away from a focus on mobilising resources through public taxation, to the question of how to mobilise individuals to make their own provision. In the context of long-term care, the particular drivers behind this move which have been put forward are demographic changes and social changes, which have occurred in conjunction with both greater economic wealth and income for *some* older people and implementation of the 'new' community care. Each of these led to specific questions about how to mobilise finance and care via individuals and families.

Demographic change

Demography provides us with a useful reference point when examining this broader context, a basic parameter against which more complex considerations of the ageing process and age-based relationships can take place (Grundy, 1997). The current debate concerning long-term care finance has developed perhaps a little late, as the most significant increases in the very old population have already occurred (Dalley, 1999). However, demographic forecasts have had a central role in the debate, as it has largely been these population concerns that have helped to reinforce definitions of 'older people' as a welfare category, i.e. as a relatively homogenous group who are high-level users of public services. Therefore, demographic forecasts (and linked socio-economic fears) can have a powerful influence on policy (Parker, 1990). For example, the economic environment during (and continuing from) the 1970s oil crisis particularly encouraged the casting of older people as a burden, setting the scene for the future development of community care:

The post-war vision of services to the elderly, as a crucial element of citizenship, now faced a significant challenge. Older people came to be viewed as a burden on western economies, with demographic change, especially the declining ratio of younger to older persons, seen as creating intolerable pressures on public expenditure.

Phillipson (1998), pg. 17

A further example comes from the inter-war years, when concerns about low fertility levels, alongside economic recession, led to a Royal Commission on Population in 1944. However, the forecasts on which such concerns are based have often been full of errors, particularly given the difficulties involved in second-guessing future fertility trends (Hobcraft, 1996). Population forecasts have been carefully developed, chosen and used in order to make an argument for increased individual responsibility on one hand, or increased taxes on the other. Given this caveat that demographic trends are imbued with meaning within the socio-economic and political environment of the day, there are two key elements to considering the possible impact of demographic change on the level of demand for care, particularly amongst older people. These are identifying the shape of demographic change (by looking at the comparative sizes of different age cohorts within a population), and examining any changes in the ageing process itself.

An ageing population

Analysis of the ageing process of the UK population, as well as changes in the ageing process of individuals within that population, is important if we are to begin to anticipate future levels

of care needs. Within a population, the age composition is determined by fertility and mortality rates, and to a lesser extent, by the balance of migration (Johnson and Falkingham, 1992; Grundy, 1997).

The demographic pyramid is changing its shape, reducing in size at the bottom, and expanding at the top. Overall fertility rates in the UK and throughout the EC have been in decline, and so this factor alone has led to the overall ageing of these populations. Falling mortality rates (including improvements in survival rates of younger disabled people) have also contributed to the changing age structure. Different migration patterns which have occurred (and will continue to occur) mean that there are different age-shapes within different ethnic communities, and fertility rates are likely to vary between different social groups in the near future (Penn, 2000). That is, there is a constant state of flux, albeit over long time periods, which can result in significant changes both in the age-shape of the population and the cultural and socio-economic groups within it.

The evidence points to the continued increase in the proportion of the population aged 85 and over, and it is this group, the 'old old', who are the section of older people most at risk of requiring care. Data from the Government's Actuary Department (GAD) on England's population predicts that over a thirty-five year period there will be an increase of more than 60 per cent in the number of people aged 65 and over, and of 88 per cent in the number of people in 85 and over (Table 1.1). This would see a rise from 900,000 aged 85+ in 1996 to 1.7 million in this age group in 2031. Amongst all older people (aged 65+) Pickard et al (2000) foresee more than a 50 per cent rise in the numbers of older people living at home with dependency needs.

Table 1.1: Source: Pickard et al (2000) - Projections for England: 2031

Older people group	1996 (millions)	2031 projection (millions)
65 yrs+	7.8	12.4
85 yrs+	0.9	1.7
65 yrs +, living at home with dependency needs	2.1	3.4

Age-based conflict?

Demographers have been criticised for creating age-based analyses which insinuate a crude productive / non-productive relationship between those of working age and younger future producers, and those no longer of working age (Robertson, 1997). At the time that the 1990s long-term care debate was emerging, Michael Portillo, whilst Chief Secretary to the Chancellor, supported the linked notion of a 'demographic time-bomb' with his

pronouncement that the welfare state would be impossible financially in the 21st century (Wynn Davies, 1993, *The Independent*). Older people, as the most significant beneficiary of public welfare services, are in danger of being placed in competition with more 'popular' welfare groups – in particular children, and this highlights the negative value often attached to older people (Dalley, 1999). However, there is evidence that the future costs of the current welfare state could be affordable. Hills (1993) has examined the pressures of the ageing population and the maturing of the State Earnings Related Pension (SERPs) alongside other social security expenditure. He asserted that even if benefit levels were maintained, the net effect on public costs over the next 50 years would only amount to an extra 5 per cent (the level of increased expenditure 1990-93, with the effect of the recession).

So the claim that public care services for older people in an older society will be unaffordable to the public purse is seriously challenged, but has continued to be much repeated (e.g. Cooper and Nye, 1996). This includes within the media, particularly the financial advice pages of newspapers. For instance, Brown (7th May, 1995, *The Observer*) under the headline 'Start early for a healthy, wealthy and wise old age' stated that the 'welfare state that cares from the cradle to grave is yesterday's dream. Whichever party is in power after the next election, cuts will need to be made to provide for the growing number of elderly'. The contrary view, less likely to be rehearsed in the press, is that increased individual responsibility for welfare will pose a threat to intergenerational solidarity (Walker, 1992). Given the growing percentage of older voters, there is a specific interest in the extent to which different policies might curry electoral favour with different age groups (Wilson, 1993).

For those writers concerned to dispel the construction of older people as a burden, the demographic time bomb is built on a simplistic view of people's roles, and is thus based on a static notion of the social world (Brodie-Smith, 1993). A focus on 'intergenerational inequity' in welfare on its own is unhelpful, as it masks the extent of reciprocity between age groups, and the problem of inequality within age groups, which must be recognised as an important consideration when examining redistribution (Walker, 1992; Hills, 1993). The growing levels of inequality (between rich and poor, and between fit and impaired) older people have complex implications for state and individual responsibilities in later life. The responses of governments to this to date (i.e. welfare pluralism) have lead to increased complexity in the relationships between older individuals and the state (Baldock, 1991).

Finally, actual and predicted demographic changes are, alongside economic factors, likely to continue to be the key informers of community care policy. However, the way in which those forecasts are likely to be used has changed since the mid-1990s. A significant turn-around in political rhetoric was achieved when the House of Commons Health Committee (1996) concluded that the 'crisis' speculation had 'been founded on unsound evidence, or indeed been downright alarmist, and that the problems the country faces in relation to paying for long-term care, although real, are more manageable than many recent commentators have suggested' (pg. iv). Moreover, this view was later to be reiterated by the Royal Commission on Long-Term Care (1999).

The ageing process

Ageing as a biological process brings with it increased risk of needing health or social care through frailty, illness or disability. The above projections of future dependency needs (Pickard et al, 2000) are based on an assumption of no changes in dependency rates at different ages. This 'risk', however, cannot be understood as a static one, as increases in life expectancy might lead to different patterns of need arising in later life. In relation to health and disability in older age, debate has considered the possibilities of an expanded period of illness and frailty, or, by contrast, a compression of such morbidity to the very last period of life. Whilst some data have pointed to an increased phase of morbidity amongst older people as they live longer, more detailed data supports an alternative theory of 'dynamic equilibrium': that whilst the number of years lived with old age disability increase, the number of years which involve severe impairment actually reduce (Jagger, 2000).

Within the British context, there is a paucity of data. However, the evidence that exists does not discount the concept of dynamic equilibrium. For example, an analysis of General Household Survey data over fifteen years suggests that there is stability in the *proportion* of people with functional disability in later life (Jarvis and Tinker, 1999). Further, anthropometrics, which examines the historical relationship between weight and / or height, health and morbidity, provides another input for the current analysis. This suggests that over the last three centuries people are not only living longer lives, but healthier lives as well (Harris, 1997).

Material effects

A consideration of the potential implications of population ageing, socially and individually, must be accompanied by a proviso that ageing, disability and requiring care are not synonymous with one another, therefore, when considering the ageing process it is important

to avoid the bracketing of all older people as dependants (Glendinning and McLaughlin, 1993; Hugman, 1994). The process of ageing is often depicted in this way, within the media (including advertising), academic writing and fiction (Thompson and Thompson, 1993; Carrigan and Szmigin, 2000). Such portrayals treat older age almost as if it were a fundamentally different life-stage, perhaps as a more biologically driven and asocial experience than the rest of life. Such approaches marginalize older people, and discount the ways in which their continued experience of the life course is structured (by, for instance, gender, ethnicity and socio-economic position).

Key to this is the finding that experiences of impairment in the life course have an association with material deprivation. Without drawing links back to earlier experiences throughout people's lives, which can lead to inequalities in later life (Starr et al, 2000), there is a tendency to portray less diversity of behavioural, psychological, economic, social and cultural experience than is depicted in earlier adult life. In a longitudinal study of those in pre-retirement and early old age, the timing of onset of impairment, its initial level and subsequent development, has been related to socio-economic disadvantage, as measured at the time of the study (Grundy and Glaser, 2000). Bond, Coleman and Peace (1993) point out that a life-span approach recognises that the current situation of an older person is the result of their own history, and so that rather than becoming more alike with age, each of us instead become more unique. Much longitudinal research is examining possible aspects of these life-long processes, including the role of genes, of early life experience and of lifestyle (Huppert et al, 2001). Such research reminds us that ageing is a continual and complex process, which, for the individual, is mediated by both their past and present environments. It is also vital to incorporate such findings into policy analysis, if policy is to resist a homogenising approach to ageing and older people, which can be the result of simple responses to a current identified need.

Historical effects

Whilst there is a danger in ignoring heterogeneity, those of a similar age often do share aspects of experience of their individual life cycle, as it occurs in particular socio-economic and political circumstances. Cohort effects with implications for the experience of later-life ageing could include ongoing improvements in education, changing patterns in employment, access to leisure, and health behaviours. For example, health-related behaviours of within-cohort groups, or between cohorts, can lead to diverse experiences of later life. Jarvis and Tinker (1999) consider that whilst one cohort may reduce their smoking, fat intake and exercise levels, an increase in such behaviours in a subsequent generation might lead to a

significant rise in impairment in old age. However, it seems clear that overall the experiences of frailty and death are likely to remain concentrated later in the life cycle (Wenger, 1993).

Cohort effects can be differentiated from the influence of both biological age and historical period (Jagger, 2000). A useful concept here is the notion of ‘local biology’, which refers not only to the interaction between the body and the immediate environment, but also the experience (and conceptualisation) of a biological process (in this case, ageing) in a particular cultural and historical setting (Kontos, 1999).

The very oldest people in Britain today provide a solid example of how some historical events have an impact on demography, life-course, and ageing. In the first half of the 20th century there were significant world events, which had a bearing on lifetime experience in this country, particularly the two World Wars (Bosanquet et al, 1990; Johnson and Falkingham, 1992; Wenger, Scott and Patterson, 2000). For instance, amongst those born at the end of the nineteenth century and in the first decade of the twentieth century there were substantial losses in these generations within Britain, both through the First World War, and through the emigration that followed during the inter-war depression. This resulted in a low proportion of men to women. For these age groups, the National Health Service did not exist for much of their lives, there was never majority home-ownership, and many would have not built up significant personal or occupational pensions. Many women remained single, and so even in their younger old-age may have had few or no surviving relatives. In a situation where the source of support from family is minimal or reduced, such effects have potential implications for the amount of support required from financed care. So, in considering the inter-related elements of this context that were outlined earlier, we can see that demography and epidemiology will have a continuing role in informing policy debate and development. However, also of importance – though under-represented within the debate - are the economic, political and social factors that influence people’s experience of an ageing society (Bernard and Phillips, 2000).

Patterns of work and family life

The key social factors in this respect are those of experiences of a changing labour market, and transformations in family life. Within all age groups today there have been many different experiences in relation to both employment (and thus, security of current and future income) and the family.

Paid work and ageing

The demographers' identification of long-term decreasing fertility and mortality rates have fuelled the concern that exists about the narrowing 'dependency ratio', which is said to be a measure of the burden of non-workers (dependants) on workers (providers). A smaller work force, it is feared, will not be able to fund the needs of an expanding group of economically inactive people. As discussed in more detail above, simple demographic determinism has the potential to scaremonger. Also key to its failure is its unsophisticated approach, ignoring changing aspects of people's relationship with the labour market, and positioning older people as economic parasites, rather than a valuable part of the whole population. The approach neglects to consider financial transfers or gifts-in-kind outside of the labour market. As Cheal (1987: pg. 141) has argued, 'It is the propensity of the elderly to give rather than their necessity to receive, that requires sociological explanation at this time'. However, even if one accepts the use of a simplistic dependency ratio as a starting point, Britain has the least worrying projections in Europe. For example, the proportion of older people in relation to the working-age population in 2020 has been forecast at 1:3, which is just above the *current* European average (Hutton, 5th February, 1995, *The Guardian*).

Employment

However, 'working age' does not necessarily constitute either full or secure employment, and many workers have experience of under-employment on the periphery of the labour market. Working-life trajectories are altering, with temporary and part-time working, periods of unemployment and career changes all exerting influence on peoples' working lives. As a result, the number of years spent in work for some groups has drastically decreased. As Phillipson has argued, this means that:

[T]he assumption of continuous employment, as a basis for securing financial provision for old age, has been undermined over the last two decades ... The corollary of this is that increasing inequalities will arise from taking the traditional male pattern of work as typical of workers now (and of women in particular) as a basis for organising pensions and other benefits in the future.

Phillipson (1994), pg. 143

Indeed, women have received many contradictory messages over the last century concerning their optimal relationship with paid work, which have had negative consequences for their income, relative to men's, in retirement (Ginn and Arber, 1999). For example, during the world wars, their (often low-paid) work was vital, yet in the inter-war and post-war periods,

there was a change in government attitude, with encouragement that women's primary role should be in the home. Alexander (2000) has summarised these changes:

The Labour Party and the trade union movement between the wars resisted feminist demands for equal pay, for family allowances and for birth control. The TUC in the early 1930s wanted to organise women as wives not workers. Feminists themselves had difficulty imagining a life which combined work and love (except among the very poor, or those wealthy enough to employ servants). The question of who would look after the children would not go away. The vision of Donald Winnicott, British paediatrician and psychoanalyst, of the home with the good enough mother in it as the seedbed of democracy, put the psychodynamic gloss on an economic orthodoxy.

Alexander (2000), pg. 420

Prior to the Second World War, therefore, married women's labour market participation was considered to be particularly problematic. The age group of women considered earlier, to whom men were lost both to war and emigration, will have witnessed and had their lifetime earnings affected by these events. Through their lifetime there has been a continual increase in women's labour market participation, including that of wives and mothers, and an expansion in feminist perspectives on issues of work-life balance for both men and women. However, evidence from the Labour Force Survey shows that part-time employment, fragmented involvement in the labour market, and low pay in comparison to men continue to place women at greater risk of poverty in retirement (Gough, 2001). The notion of a basic gender-division in labour between mothers and fathers has had a continuing impact, given the power of 'experts' on family life in relation to working motherhood, and the extent to which this concept of family life was enmeshed in the modern welfare state.

Retirement

One way in which the labour market has been constructed, particularly in the last fifty years, is by the expectation that older people will exit from it. It is non-involvement in paid work (and specifically, a state retirement age), which has identified older people as a 'welfare category'. The pool of people considered to be available for economic activity (i.e. men and women aged under 60 / 65) is, then, defined by a socio-political construction, not a biologically determined cut off point (Hugman, 1994), and so there is the possibility that the retirement age could be reviewed to compensate for the costs of an ageing population. Indeed, the historical evidence has suggested that older people would be encouraged to continue working if manpower became short (Walker, 1981), and current government

thinking as expressed in a recent green paper confirms this (Department for Work and Pensions, 2002). Retirement as a major definer of 'old age' has ensured that it has been maintaining retired people's income which has, this century, been the dominant concern running alongside the more marginal (but highly related) policy issue of how to maintain older people's personal and social well-being. Were frailty the major definer of 'old age' – a possibility if greater numbers of older people were required to, or wished to, work past the state retirement age – then concerns about long-term care finance could conceivably gain greater importance.

This makes clear the way in which structural changes in the labour market (particularly a severe surplus or shortfall of labour) have implications not just for economic and social policy, but also for the way in which old age and retirement are defined and understood (Phillipson 1994; 1998). Ginn and Arber (2000) point to how, paradoxically, in a period during which life expectancy has increased, there has been such a trend towards earlier retirement, which has fuelled the concern about the societal costs of old age, particularly pensions. Early retirement is not usually a positive choice, particularly for low-paid workers who have less provision for retirement, but is often brought about by the experience of forced retirement, illness, impairment, redundancy or unemployment (Walker and Hutton, 1998; Phillipson, 1998). The trend has also included those people who can afford to accept retirement or paid redundancy at earlier ages to do so (Bone et al., 1992). This has shifted the debate once again towards how to maintain older (working-age) workers in employment. The continued working into later life of many self-employed people suggests that more workers will continue to work even into pensionable age, especially as they may not have index-linked pensions (Phillipson, 1998). However, many of today's older people in their seventies and eighties may have been pressured to make an early exit from the labour market during the high unemployment levels of the 1980s (Blaikie, 1994), after the marginalisation of older workers, male and female, had begun to gather pace in the 1970s (Phillipson, 1998).

Family

The shape of families, and the roles taken by their members, is of specific interest here as family care is currently, and has long been, a key source of support for many older people.

Family shape

Reduced fertility (as discussed above), alongside increased divorce rates, has led to smaller households and more complex family networks. There is a limit to which we can make predictions about future fertility rates, particularly given the current pattern which suggests

that both voluntary and involuntary childlessness (whether due to biological or social factors) seems to be increasing (Wenger, Scott and Patterson, 2000). If the demand for more women workers increases, as might be predicted by the declining relative size of the working age population, this in itself might contribute to the declining birth rate (Ermisch, 1990). For those women who have children, their employment is more likely to be disrupted whilst facing increased domestic labour and reduced leisure time. Given increased job insecurity, parenthood for many women is unlikely to be attractive in terms of a 'rational' decision (Hobcraft, 1996). Penn (2000) suggests that over the next quarter of a century, fertility rates between women from different ethnic groups are likely to vary. In addition, he forecasts that that there may be a continued 'bifurcation' between all women, whereby career women maintain full-time work and have no or only one child, and other women have two (or occasionally more) children, whilst maintaining a part-time job. So it is not only gender relations, in the home and the labour market, which shape different men and women's family life; it seems that women themselves are divided in the extent to which they can commit to *either* work *or* to home in current economic conditions. This is key: unless women feel able to make a choice to become a parent *and* work, there will be a significant difficulty in ensuring that the population shape levels off (rather than continues to age), and at the same time that working age people are able to work.

The provision of family care

Currently, the provision of 'care in the community' would be impossible without the unpaid contribution (only rarely recognised through benefits) of family members. Such a 'contract' between the state and families to support 'dependent' people has not passed uncriticised. Whilst feminist writers have concentrated on uncovering the unpaid work conducted largely by women, disabled writers have argued that the 'carer' approach to providing support positions disabled people and older people as dependents, which has little to do with actually maintaining independence or, perhaps more correctly, interdependence (Walmsley, 1993).

However, the role of family in providing care is deeply ingrained in many welfare states, and in this country can be seen in the Poor Law of 1834, which provides the backdrop to the development of public welfare. The law was based on a notion that family obligation ought to be enforced, where possible, so that such 'natural' responsibilities were met even by the reluctant. Such an approach can also be seen in its predecessor, the Poor Law of 1601, where both the community and the family (if resources were available) had a legal obligation to support older people. Interestingly, in the eighteenth century echoes of the current debate can

be found, in concerns about the relative needs of different generations, and their abilities to meet those needs:

The demographic regime of the times, particularly the relatively late age at which men and women married, meant that middle-aged couples were often burdened by young children just at that point in time when their parents were entering into a necessitous stage of life. ...where the pamphlets [*debating implementation of community care under the old poor law*] did touch upon the care of the aged, the majority asserted the need for communities to support their older members, while a smaller proportion of the tracts stated that it was crucial that individuals provide for themselves even in their later years.

Ottaway (1998), pg. 392 and pg. 399

In recent history, government approaches to informal care have been less overtly moralistic about family care than they were in the nineteenth century, although in the 1980s, Prime Minister Margaret Thatcher did hark back to 'Victorian Values' concerning family duty. From this perspective individuals' responsibilities towards their families were key, as the family provides the material of the nation. They were also gender-based responsibilities which were presented as natural and therefore incontrovertible, with women's experience of childbirth ensuring, in Thatcher's view, that family work was women's work, and that conversely waged work was a man's priority (Webster, 1990). This then echoed the dominant messages that women had received in the first half of the twentieth century about their position in relation to unpaid and paid labour. For Thatcher, voluntary work outside the family could be seen to be an extension of women's work within it, and thus by association quite natural and desirable. In 1981 she spoke to the Women's Royal Voluntary Service, placing their work in this context, as an expression of the values which they had learnt within their families:

So this enthusiasm for voluntary help is therefore not the need to reduce Government spending. The fact is that it's as important in times of expansion and economic growth as it is during a recession. There are those who come and imply that the volunteer is just a cheap substitute for a salaried staff, but quite the contrary. I believe that the volunteer movement is at the heart of all our social welfare provision.

Thatcher (1981), pg. 214

Writing during the period of the development of the 'new community care', Janet Finch argued that the political rhetoric had expressed the importance of state support for this supposed 'natural order of things' (Finch, 1989). Assumptions about the extent to which families ought to be able to offer support to their members continue to be apparent.

The extent to which such family care is available and mobilisable might have an impact on the extent of formal services made available. There is no evidence that the availability of formal support undermines family concern and care, while there is evidence that a lack of formal support can put family relationships under strain (Walker, 1995). However, previous research has suggested that homeowners approaching later life do often view the passing on of assets to their children as part and parcel of the reciprocal relationship, providing 'payment' for care received (Stubbs, 1989). If this is still widely the case, the means-testing of social care can be viewed as encouraging (or coercing) the family to support older relatives, in order to protect their relatives' way of life and / or their own future inheritance (Richards et al., 1996), and in this way may reduce demands on formal support.

Anxiety about continued care provision by family members is often linked to the 'changing role' of women. However research suggests that increased involvement in the labour market has not lessened the likelihood that women will provide care to family members. In addition, research examining the impact of divorce, changing family size and geographical mobility on the family's ability or willingness to care is also inconclusive (Qureshi and Walker, 1989; Parker, 1990; Johnson and Falkingham, 1992).

There is some evidence that despite increased levels of divorce, many people will not continue into middle age and later life as single people. Research examining the extent of lone parenthood has predicted that whilst about 40 per cent of mothers are likely to have some time as a lone parent, this is often a relatively short experience. For instance, an analysis of British Household Panel Survey data from 1991 to 1995 found that half of lone mothers would live on their own for less than 4.6 years, (Ermisch and Francesconi, 2000). In addition, one projection suggests that there will be a rise in the number of older people with partners (Pickard, 2000), which would require a greater concentration on supporting within-generation caring, rather than across generation, as has been the main focus of work to date (e.g. Finch and Mason, 1993).

Other patterns of support within families may change over time. Older people themselves currently provide large amounts of support both to relatives and within their communities.

Indeed, the ageing of the population has been presented as a positive *source* of support for those in need of assistance, particularly within the family:

[A] focus on dependency ... fails to grasp the positive features of an era that now witnesses, arguably, a more balanced age structure. Unprecedented numbers of children benefit from having grandparents and great-grandparents too, contributing to flows of support from old to young with[in] the extended family

Wicks (1994), pg. 5

The idea that older people who have no living children are necessarily lacking in social support and significant networks has also been challenged. For instance, Wenger, Scott and Patterson (2000) examined data from an epidemiological study in Liverpool, and found that childlessness affected men and women in different ways. Not having children reduced the level of social (i.e. 'informal') support available only for single men and for married women. They consider the extent to which marriage reduces the tendency to build up a wider network outside the home, which may have worse consequences for women (more likely to outlive their spouse) than men (who may be more likely to receive care from their wives). For single childless men (as for single women) sibling relationships, cousin relationships, or the proximity of other family (e.g. nieces and nephews) often formed a significant network. However, for men in particular, such support systems were small (and often elderly themselves), and they were also fragile. Single women appear to have built up more vigorous networks to which they could look for support. Whilst divorce and remarriage was rare in the cohorts studied, the findings point to potential future complexities resulting from changes in family structure and married life, which may affect the source and form (but not necessarily the availability) of family and friendship supports.

It is, then, both a specific concern about the ability of the family to provide care to older or impaired family members, alongside a renewed interest in the role of the state versus the role of the individual in both financing and delivering welfare, which have been powerful fuel to fire the debate on care funding. To complete the picture of the broader context for the debate I now turn to specifically consider the development of formal services for older people.

Public assistance, Welfare, and Community Care

There is evidence that, in relation to access to health care, older people had been discriminated against compared with other age groups in both the nineteenth century workhouse and voluntary hospital (Edwards, 1999). For the first half of the twentieth century

social policy developed to replace the Poor Law that had provided such support to the sick, impaired or destitute whose families were not in a position to support them. In the post-war period the policy focus in relation to security for older people was on the provision of good quality residential care, alongside universal pensions (Baldwin, 1994). These services, along with access to health care for all, free at the point of need, reflected the Beveridge principle of universalism for such core services (Baldock, 1991), and approval of the notion of intergenerational solidarity (Phillipson, 1998). It was also within this period that community care became an identifiable policy concern, and the roots of the modern approach can be found. The concept of community care has passed through a number of phases, with focuses on different client groups. The principal justifications for the policy have included the rights of service users, expectations of the family and the broader community, and resource concerns, and these have often been bound up with wider ideological arguments (Parker 2000).

At first 'community care' was used to refer to policy changes intending to move away from residential support for people with mental ill health or 'mental handicap'. By the mid 1960s the policy had broadened to encompass older people, once the cost of long-term care in hospitals became identified as a problem (Means and Smith, 1998). For many, there was a widespread belief that care in community settings would both be better for service users, and cheaper for the public purse. In the 1970s the oil crisis increased pressure to move towards 'cheaper' provision of care for an increasing older population: what this in fact led to was a reverting to an understanding of the community (i.e. families) as a 'free' resource to be encouraged and enabled, at the same time as the responsibilities of local authorities were increased considerably. Domiciliary services were further developed, but were largely insignificant in comparison to the role of, primarily female, family caregivers (Baldwin, 1994).

Just prior to the development of community care policy that occurred in the late 1980s, there had already begun within the NHS a steady decline in both the number of long-term beds for older people, and their length of stay (Laing and Buisson, 1993). In parallel with this was the increase in independent sector provision of both residential and nursing home care which continued throughout the 1980s, following the 1980 review of supplementary benefits (Wright, 1994). The result of this review was that means-tested assistance for residential care became an entitlement rather than discretionary, and rising demand was paid for by (non-cash limited) supplementary benefit, then income support. The resulting increase in spending on residential care was not, therefore, explicitly planned, but the extent to which it was a result

of increased demand (given a lack of home care services, and less care provision by the NHS) or the new financial incentives remains a matter for debate. This change in the boundaries between health and social care, which in practice was also a move from universal to means-tested care, may be one source of concern amongst the public, particularly as it can be said to have happened by stealth (Dalley, 1999).

It is alongside these changes in service funding and delivery, as well as the broader demographic and socio-economic changes in the 1980s and 1990s that the UK Government's policy documents moved increasingly to stress the role of the individual in providing for their own old age. The responsibility of the individual in providing themselves with personal pensions was stressed first of all. However, in relation to care policy, the approach was extended beyond stressing the role of the 'community' in providing care, to also emphasising the role of the individual in providing finance for care. This became clearer in the light of the NHS and Community Care Act of 1990.

The New Community Care

The NHS and Community Care Act (1990) heralded a significant change in the role of the state in the care of older people. The act marked a withdrawal from direct provision of care and an encouragement for non-state provision (including an expanded competitive private care market, to be encouraged by local authority commissioning). The new act ensured that social services departments were put in a position where they had to become involved in overt rationing and means-testing of services (Parker, 2000). Added to this was an effective cash-limit on the finance available for new residential and nursing home placements, with the transfer of funding responsibilities from social security to local authorities. Social services would now need to take responsibility for assessment both of the need, and of the ability to pay.

At the time of the final implementation of the Act in 1993, the care market analysts Laing and Buisson argued that the new policy would encourage older people 'with above average means ... to make their own private provision against the risk of needing long-term care' (Laing and Buisson, 1993, pg. 8). For other commentators, the new system involved broader concerns about the relationship between public and private providers of services, and between free (NHS) and means-tested (social services) support. For instance, Baldock has stated that:

The 1990 Community Care Act makes a shift to a new welfare mix of public, private, voluntary and family care its main goal and it has created rules of operation that will make it difficult for the public services to operate other than in collaboration with other sectors. The next few years in Britain will be a period of national and large scale experimentation with a mixed economy of care.

Baldock (1991), pg. 126

The way in which this ‘experimentation’ became most salient to the public was in relation to the long-term care finance debate that was about to emerge.

THE RESEARCH SETTING: THE LONG-TERM CARE FINANCE DEBATE

The immediate setting

The initial research setting is the specific policy context in which the research was developed and conducted. The question of how formal care for older people should be financed became a central policy issue directly on implementation of the NHS and Community Care Act, in 1993. The media reporting of the issue focused on the means-testing of care, usually in the personal finance pages of newspapers. These articles often included references to the notion of a ‘broken contract’, the idea that those who had backed the welfare state throughout their lives had become the principal targets of the official cost cutting axe (e.g. Slaughter, 1993, *The Observer*). The cost of residential and nursing home funds was portrayed as ‘ruinous’ (Lewis, 1993, *The Telegraph*), and the means-test as a ‘poverty trap’ (Ciccutti, 1993, *The Independent on Sunday*). The insurance industry was already developing its own remedies to the perceived problem of financing care, and therefore in many ways pre-empted the public policy debate, which helped to ensure that private insurance was to be considered amongst the possible options (Parker and Clarke, 1995). The last Conservative administration, under John Major, did listen both to the insurance industry and the increasing discontent concerning the means-testing of older home owners entering residential or nursing home care. Various policy options for the personal funding of care in old age were forwarded for public consumption and wide consultation. It is indeed difficult to identify policy commentators at this time who refused to consider ways of encouraging specific individual provision. For example, the Commission on Social Justice (1994), which contained the ‘seeds’ of the New Labour discourse (Powell, 2000), suggested that private cover could be encouraged by ‘changing the Inland Revenue rules to allow both occupational and personal pension plans to offer such insurance’ (pg. 301).

The movement towards encouraging individual financial planning for care has been supported by the belief that pensioners today are more financially secure than any previous generation, and that future pensioners are likely to be even more secure (Bosanquet et al, 1990; Laing 1993). This is primarily due to the growth in the proportion of people receiving or paying into occupational pensions (Wright, 1994; Kissack, 1997). However the income rich elderly are still a small group (Bone et al, 1992), with older people often not able to pay for significant amounts of care out of their income (Nuttall et al 1993). The significant inequalities in both income and wealth in later life are principally a result of differential access to resources across the life cycle, and so look set to continue (Walker, 1993). Despite this reality, it is clear that there has been a move from viewing older people as poor and deserving of state support in the 1970s to a view in the 1980s and 1990s of older people as an increasingly economically powerful and secure group (Brodie-Smith, 1993).

Housing assets are included in the means-testing of older people entering residential or nursing home care, unless a dependant or spouse is also a long-term resident of the address. The increased level of home ownership has been an important factor in the growth of wealth in the current generation of older and near-retired people. The 1996 General Household Survey found that 68 per cent of households with a head aged 65-69 years of age either owned their homes outright or with a mortgage. The equivalent figure for 60-64 year olds was 74 per cent (Thomas et al, 1998). It is the future levels of home ownership amongst these soon-to-be retired people that can be seen to have encouraged insurers to develop long-term care insurance in this country. Those who wish to protect their assets for others after their death would be the potential market. The experience of means-testing by increasing numbers of older homeowners has sharpened awareness of the nature of state support for older people and has made the 'cascading of wealth down the generations', as was espoused by John Major, appear a lottery.

The research setting for survey one: tinkering at the edges?

Whilst the Major government worked hard to address long-term care finance (particularly the protection of older people's wealth) as a key part of their agenda, there was no radical reform, perhaps more of a quick contribution to a hoped-for election fix. The Chancellor of the Exchequer attended to the issue in the November 1995 Budget, in which he raised asset limits for means-testing: the capital limit for public assistance with residential or nursing home costs was increased from £8,000 to £16,000 whilst the lower limit was raised from £3,000 to £10,000. Whilst the limits had been altered, the overall system remained the same. Therefore, those with assets of between ten and sixteen thousand pounds were to be means-

tested using a system operated on a sliding scale, to provide some government contribution. Those with assets above sixteen thousand pounds were to continue to face paying the full costs of their care. This high-profile change in the means-test took place during the first stage of the research, (i.e. the attitudes survey, conducted between October and December 1995).

The research setting for survey two: Government consultation and debate

The development of the second stage of the research, and the subsequent data collection (which occurred during the summer of 1996), took place at the same time as the next stage in the debate. The Government published a consultation document entitled 'A New Partnership for Care in Old Age' (Department of Health, CM 3242, May 1996). Several government departments, reflecting the complex issues involved, authored the paper. Under consideration in the document were 'partnership schemes', which have been developed by some federal states in the United States in an attempt (which has been largely unsuccessful) to encourage a level of individual responsibility through insurance (Wiener, Illston and Hanley, 1994). However, the consultation document put forward plans providing a greater incentive than the US schemes, by offering a higher level of protection for assets. If such a plan had been carried forward, it would have allowed an individual who purchased long term care cover to protect a greater level of their assets from means-testing. There was no suggestion of compulsion but, as the Prime Minister stated in his introduction, the government was stressing the shared responsibility of the state and the private individual for the funding of care. The paper also sought responses to the idea of 'variable pensions' that would allow a larger pension to be paid later on in retirement, in exchange for a reduced income early on.

There was little in the way of enthusiasm for such proposals, either from those representing older people, or social services organisations. For example Age Concern England (ACE, 1996) charged the government with being a 'Sleeping Partner', and argued that they might instead open their eyes to considering how needs should be assessed, prioritised and met. They favoured a more comprehensive review of the current social care system, to be supported by free nursing care to those in nursing homes. Social services would benefit from national eligibility criteria and guidance on how much support should be provided to whom, with assurance that sufficient funds would be made available, and then ring-fenced.

The Association of Directors of Social Services (ADSS) (1996) was also critical of the consultation paper's focus on asset protection, rather than adequate care funding, organisation and delivery. Their primary concern was that a fixation with asset protection had little relevance for many clients of social services departments. This approach actually

highlighted the needs of those with less opportunity for individual provision across the generations – a rare but extremely useful contribution within this debate:

The kind of people with whom social services authorities deal tend to be on low income, have had limited opportunity for employment and have often higher levels of need than the general population. They do not have the ability to insure against old age and disability or have access to occupational pensions to any significant extent.

ADSS (1996), Paragraph 1.4

The ADSS felt that the government had not addressed what the nature of the partnership between individuals, families, the state and financial institutions should be, nor had they tackled questions on how to guarantee appropriate care. It also felt that the government was in danger of making a bad situation worse, and asked a key question:

[H]ow can the public be reassured that they can have confidence in any contract entered into now for their future care, given that the post-war National Insurance social contract appears not to have been fulfilled?

ADSS (1996), Paragraph 2.23

Both ACE and the ADSS expressed concern at the possible development of a two-tier system. The main reason for this was that if the government helped people to protect their assets through taking individual responsibility, through a form of partnership scheme, those who had protection might then expect more from services than those relying wholly or largely on LA funding. The ADSS stated that they could foresee a poorly funded public care sector emerging as an unintended consequence of the proposed changes.

The media began to draw public attention to the possible implications for intergenerational equity – and hence a generation based politics. The consultation brought talk of a possible ‘grey revolt’ (Steele, 1996, *The Guardian*). Implications for families caring for older relatives were also highlighted, which served to posit older people as a burden. For instance, an article exclaimed that today’s ‘young people will, increasingly, have to sacrifice the best years of their lives not in raising a family but struggling under the burden of one or more aged parents’ (Hunter, 11th May 1996, *The Guardian*). Elsewhere, commentators relayed a government split, highlighted by leaked Treasury musings which considered how best to encourage individual responsibility, following the US example of cuts in public spending, particularly in relation to higher and further education, sickness, and pensions. The document

was dismissed by the Chancellor of the Exchequer, Kenneth Clarke, but received a high level of media coverage, (e.g. Webster, 17th July 1996, *The Times*; White and Hencke, 18th July 1996, *The Guardian*; Bevins, 18th July 1996, *The Independent*). This led to a raised profile for debates about which areas of the welfare state might become targets for private insurance, whether voluntarily or compulsorily. And whilst much of the broadsheet media, like Clarke, dismissed the proposals, Peter Riddell in *The Times* argued that ‘Civil servants should be...exploring options which politicians find embarrassing to discuss in public’ and that ‘In a year’s time, Mr Brown [the then Shadow Chancellor of the Exchequer] may welcome such a candid and far-reaching study by officials’ (18th July, 1996). In other words, increased individual responsibility might be one solution for increased demands for welfare, but its perceived unpopularity required the debate, and therefore perhaps public opinion, to be moved on for the government by bureaucrats.

The publication of the draft bill (Department of Health, 1997a, Cm 3563) that followed the consultation saw the government continue to pursue the partnership insurance proposals, which were later explicitly prioritised in the 1997 Conservative Party General Election manifesto. The then Health Secretary Stephen Dorrell was at pains to highlight consistency since 1948, rather than any significant change in the welfare system which might be caused by the proposals. He stated that the ‘principal responsibility for meeting the cost of social care has, rightly, rested with the individual since 1948. We are determined to help people achieve this’ (Department of Health, 1997b). So the proposed package was presented as part of a long-term tradition. The reality was, however, that the means-testing of care still sat uneasily alongside the idea that the Conservatives would protect assets for the family line. The proposals grew out of a fear that older ‘middle England’ voters (and the children who might expect to inherit from them) were weakening their allegiance to the Conservative government, as it appeared that John Major’s earlier promise that wealth would be passed down the generations was being broken. The focus of debate was on the protection of assets for inheritance, with an expectation of individual responsibility for care funding.

RESPONSES TO THE DEBATE

A way forward for the left of centre?

As we have seen above, those who were particularly concerned with the *provision* of care responded to the government’s 1996 consultation on partnership insurance and variable pensions with their other priorities, concerning the delivery of care. However, in the same year other political forums and policy organisations worked hard to develop and put forward their own ideas about *finance*.

The Joseph Rowntree Foundation (JRF) Inquiry into Continuing Care (1996) was comprised of health and social services practitioners, academic experts and representatives from both the insurance industry and consumer groups. The Inquiry commissioned qualitative research that uncovered a belief amongst many, particularly those who had built up assets, that the state had broken their side of the welfare contract, and that much means-tested care should in fact be met by the NHS. However there was also some evidence that some people felt that the younger generation might need to make their own long-term care provision (Diba, 1986). After a year examining the submitted evidence and findings from their own research, they argued for a funding system with social care free at the point of delivery, limiting means-testing to 'hotel' (i.e. accommodation, food and heating) costs. Over the longer term, however, they stressed long-term national financial planning, via a compulsory care insurance scheme at a cost to the individual of about 1.5 per cent of their total earnings. Such a scheme could involve the private sector, but for those who had insufficient contributions, it was envisaged that the balance required to ensure they received the necessary care would be met by public funds.

Richards et al. (1996) considered funding possibilities, for the Institute for Public Policy Research. They were also broadly supportive of a social insurance strategy for the long-term. However, their suggestion was that a partial equity release system, to fund insurance, was appropriate for the short term. Such a system would enable people to purchase insurance to pay for care using some of the wealth in their home. This would be a voluntary scheme, principally useful to mitigate against people being forced into care, as the home would not need to be sold until after death. Particularly if the insurance was part of a 'partnership' scheme (e.g. met £1 for £1, or better, by government), this would not add another burden to the uncertainties and demands during working life.

The House of Commons Health Committee (1996) itself put forward recommendations, some of which would be mirrored by the Royal Commission on Long-term Care three years later. For instance, they considered the idea that nursing costs should be the responsibility of the NHS to be an immediately attractive one. Early findings from the research reported here were submitted to the House of Commons' Health Committee Inquiry on long-term care, and to the Joseph Rowntree Foundation Inquiry.

New Labour and Long-Term Care

In their 1997 election manifesto, the Labour Party stated their intended approach to resolving the policy debate. First, they stated that they would introduce a 'National Long Term Care Charter', which would provide a national standard to inform people what they should be able to expect from their local services. Secondly, they stated their intention to establish a Royal Commission to examine different options, in order to develop a 'fair funding system' for long-term care. Given the limited scope of the Conservative government's consultations, which focused on the potential role of personal insurance and pensions, a broader assessment of funding methods through a Royal Commission could indeed be seen as desirable. For others, the remit might not have been broad enough to consider the range of difficulties faced by older people: for example Baldwin in 1994 had suggested that there was a need for a Royal Commission on later life, given that a narrow focus on current care needs can omit consideration of what creates social and health care needs. In addition, this move could be viewed (at the time, and even more so with hindsight), as a stalling policy to avoid difficult discussion of the potential role of tax and national insurance prior to the election, and during Labour's first term for nearly twenty years.

The 'Third Way': Welfare consensus?

The advent of a Labour government did, then, signal a change of approach towards the way in which policy was to be developed. But how different was it? As Taylor-Gooby argues, there were clearly similarities in the approach of both the Labour party and the Conservatives in relation to the 'core' aspects of the welfare state:

Both parties are determined to restrain public spending and taxation, to limit the role of state intervention and direct public service provision and to stress the responsibility of individuals for their lives through such measures as welfare to work schemes and an expanded role for private insurance-based pensions.

Taylor-Gooby (1998), pg. 11

In relation to long-term care, however, *some* clear water between the parties was indicated very shortly after the election of May 1997 when the Parliamentary Under Secretary of Health, Paul Boateng, stated that the Labour Party would not follow the Conservative proposed partnership insurance, which would have involved a cost to the taxpayer (Hansard, 14 May, 1997). This set the scene for the Royal Commission that was established by Royal Warrant in December of that year to:

[E]xamine the short and long term options for a sustainable system of funding of long-term care for elderly people, both in their own homes and in other settings and, within 12 months, to recommend how, and in what circumstances, the cost of such care should be apportioned between public funds and individuals.

Royal Commission on Long Term Care for the Elderly (1999), pg. iii

Solutions to this problem then would need to be sustainable politically (under different governments) as well as sustainable economically. To look beyond the stated limitations made by Boateng for both the role of the taxpayer and the role of insurance, it is necessary to examine the report that the Royal Commission delivered, and consider the current implications of the Government's response.

The Royal Commission Report and Government's response

The Royal Commission stated as its starting point a rejection of the problematisation of old age, which serves to suggest that 'they' are a homogenous group and ignores the valuable contributions of older people, as well as their own needs and aspirations. In contrast to the dependency approach, and in concordance with Wicks (1994) cited above, the care-giving role of older people was strongly emphasised:

[O]ld age should be seen as the opportunity that it really is. This can already be seen at work in society through older people acting as carers, supporting families, providing wisdom and advice and playing an active part in society at large. But these positive realities are often overshadowed by negative images.

Royal Commission on Long Term Care for the Elderly (1999), pg. 3

For older people who require long-term care, the principal concern was to enable a continued involvement in society, and to allow self-determination (whether in residential care or receiving care at home). The principal aim of a new funding system would be to strengthen intergenerational links, and spread financial responsibility widely. Such an approach should therefore be inclusive and standardised throughout Britain.

However, the Royal Commission did not consider *mandatory* private insurance. Other methods which might encourage voluntary insurance purchase which had been examined during the previous government, such as housing equity release and public / private partnership schemes, were considered. However, it was felt that a (financially) catastrophic risk was not high enough to encourage voluntary insurance. After giving consideration to

ways of softening the impact of a means-tested system, the majority of the Commission argued that the costs of residential care should be divided into living costs, housing costs and personal care costs, and that personal care costs should be excluded from the means-test and met by government. However, two dissenters argued that the costs were too great to transfer to public expenditure, and that rather than improving services it would simply reduce the costs of care to those who could afford it. For those who consider 'cradle to grave' protection a cornerstone of the welfare state such a suggestion was seen as ageist, given that younger people's services (such as education, or maternity) are not means-tested in this way (Dalley, 1999). However, there were also concerns about the Royal Commission's majority report, including the view that they took a reactionary and conservative approach to a complex and changing issue.

The Royal Commission could have thought radically about the future of long-term care but responded primarily to current distress and anger, particularly about paying for care. But a single solution, firmly located in a medical model, was never going to meet the needs of a complex and diverse future, in which older people will increasingly argue the right to make their own decisions about care.

Parker (2000), pg. 152

The Government's response to the Royal Commission was lukewarm, with support only for the idea that the National Health Service should finance all *nursing* (rather than personal) care (Department of Health, July 2000). In practice, this means that all residents of English nursing home establishments are now assessed to their level of nursing care need (low, medium or high), and that the Health Authority (now Primary Care Trust) pays a corresponding fee to cover this cost. In Wales, there is just one flat rate to be applied to each nursing home resident. This recognises the previous anomaly that those in nursing homes who had not been assessed as an NHS responsibility did not receive all of their nursing care free at the point of need. In Scotland (not covered by this present study) both nursing and personal care needs are met by government. However, in England and Wales it is unlikely that the current changes will do much to protect older people's assets, as most will still have no option but to sell their homes to pay for 'hotel' costs and personal care. So whilst there has been a change in government and policy development since the research was conducted, there is much continuity in that individual responsibility for personal care costs in later life looks set to be encouraged into the future. A continuation of this approach contains the danger of maintaining a focus on protecting assets. This does not, therefore, encourage a consideration of experience of life long inequalities into 'old age', nor does it consider

inequality and the differential opportunities for individuals to operate successfully as 'consumers' (Taylor-Gooby, 2000). The relevance of the research presented here in relation to recent developments in policy will be examined further in the concluding chapter.

DISCUSSION

In the current reworking of the issue of how to fund long-term care for older people there have been enduring continuities with historical approaches to supporting older people. Such debates draw on political and moral values that have substantial stability, but these are to some extent shaped and reshaped by demographic, social and economic changes within populations. There are in turn resultant uncertainties concerning the ageing process, both in terms of age-related bodily experience and how we conceptualise it and experience social ageing. Aspects that affect the experience of ageing (including population demography, political ideology, labour market lifetime patterns, gender roles, and family shape and size) have already changed significantly in the last century. Given these levels of change and the resulting problem of a 'funnel of doubt' concerning future care needs in the longer term (Joseph Rowntree Foundation, 1996), debate regarding the respective roles of the state, the community, the family and the individual in supporting older people who have frailties or impairments is, potentially, a continuing one, unlikely to be resolved.

However, such insecurity about the future might be lessened if there were clear policy planning about how such needs should be both delivered and paid for. It can clearly be argued that the 'narrow' question of finance has received attention at the expense of a wider debate, which ought to encompass the content and organisation of such provision (Baldock, 1997). There are dangers in acting as though finance and provision can be separated, as to do so enables people to believe that the services they want more money for ought, however, to be paid for by others:

Debates about welfare reform involve both the finance and provision of benefits. Political discourse, the experience of citizens and the questions asked in attitude surveys all tend to divorce the two. However, endorsement of current patterns of welfare provision entails support for the taxes and social contributions required to sustain them.

Taylor-Gooby (2001), pg. 142

The focus on finance in the long-term care debate is largely a result of changes in the ways in which long-term care needs are met, and in particular the decline in the number of long-stay

beds for older people available through the National Health Service. The funding issue must be considered in the context of the organisation of care. But the specific political debate about how care for older people should be funded has had to develop in a situation where we lack basic information concerning the practical and financial viability of the various options. Crucial to determining such viability is an understanding of public beliefs about the policy options, and of the potential consequences of attitudes for behaviour in this area.

Other work has been done in this area, however much of this has been conducted by the insurance industry. The research on which this thesis is based is the only nationally representative and independent source of information about how the public responded to the options for long term care that were emerging in the late 1990s. The purpose of this research was to examine how the public respond to a range of policy proposals concerning the finance of long-term care, and to the broader issue of support for frail older people. The following chapter considers different approaches to studying such public attitudes and welfare behaviours.

CHAPTER TWO

ACADEMIC APPROACHES TO PUBLIC OPINION, INDIVIDUAL ATTITUDES, AND WELFARE BEHAVIOURS

INTRODUCTION

In reviewing the development of the long-term care debate, in chapter one I have highlighted demographic, social and economic change as well as policy uncertainty. Each of these can of course increase the extent to which individuals may experience their futures as unknowable. Thus, when it comes to planning for care needs in old age, the individual is required to consider a largely unknown future whilst current constraints may be all too apparent. This makes an examination of current attitudes and behaviour essential if we are to consider the extent to which individuals believe they could or should make their own personal financial plans. In this chapter I examine the role of some different academic approaches to public opinion, individual attitudes and behaviour concerning social welfare.

An analysis of different approaches to understanding the beliefs and behaviours of individuals is particularly important given that ideas about ‘human nature’ can be powerful in debate about the welfare state. The crux of this is the extent to which individuals are considered to be (able to be) active players in their own life decisions and health and welfare outcomes, in the context of their own personal experiences, their structural setting, and the corresponding constraints and opportunities that face them. A linked consideration is the extent to which the beliefs of a population sample about *general* social policy correspond with those individuals’ beliefs about their own *personal* welfare futures.

Individual Action and Social Policy

Social policy has traditionally been concerned with constraints rather than individual action (Deacon and Mann, 1999). A focus on tensions between the welfare role of the state and freedom of choice for the individual is central and long-standing within this perspective: social policies contribute structure to the environment that largely determines the ways in which the individual welfare recipient (or ‘consumer’) can operate. However the more active notion of individual choice within a welfare environment was a primary strand of Conservative Party policy, developed throughout the governments of 1979-97. This was considered to be important in a variety of social services, including education (parental choice of schools), health (patient choice of GP and GP choice of secondary care options), and pensions (with the expansion of the private pension market). Personal motivations, beliefs

and behaviours have thus become of increasing interest at a time when a dominant view of the individual (as self-interested) seems to have provided cross-government stability. Le Grand highlights the taking-on-board of the New Right (and previously Victorian) concerns with individual motivation and welfare by many in the New Labour project. He describes this view as follows, citing in particular a phrase used by Frank Field (indicated with my emphasis) that highlights the point:

They argued that individuals are not passive ‘pawns’, not simply victims of the system. They do react to the environment in which they find themselves and they do respond to incentives. Therefore those incentives have to be structured in a way that works ‘*with the grain of human nature*’ – that is, by appealing to their self interest.

Le Grand (1999), pg. 144

The question is then raised, is there a meaningful use of the term ‘human nature’ and, if so, can it be considered to be self-interested? Le Grand (1997) has argued that there is in fact little evidence for when or whether individuals in the current welfare context are self interested (‘knaves’), public spirited (‘knights’), or passive (‘pawns’). He states instead that policy should be developed that considers the ways in which people with *different* types of human motivation may respond. However, a search for either an understanding of, or central accounting for, ‘human nature’ in relation to welfare can be in danger of neglecting or minimising the structural inequalities which impinge on people’s ability to be ‘active’ welfare planners and receivers (Taylor-Gooby, 2000). So how are we best to understand individual attitudes and motivation? As being principally informed by their socio-economic and political environment? Or as being within different individuals, less influenced by the welfare environment than by their own personality and moral outlook? Such questions necessitate organised input from disciplines other than social policy in order to consider the full range of competing or complementary explanations, and forecasts, of the relevant behaviours. Here I briefly review approaches to beliefs, thoughts and feelings (opinions and attitudes), and to economic behaviour (specifically some psychological and economic contributions).

OPINIONS AND ATTITUDES

The principal fields on which this research draws are the process of public opinion (which has been examined through a number of disciplinary approaches), and the relationship between specific attitudes and behaviour, which has primarily been the domain of academic psychology.

Public Opinion

Public opinion is an enduring notion that emerged in its modern sense during the Enlightenment. It is a concept that has been informed by a range of social science and humanity disciplines including psychology, sociology, political science, mass communications and history. Whilst much of this work is conducted in universities, some of the academic work has been conducted by independent organisations, funded by government money. It has also been extensively examined outside the academic domain by polling agencies. However, the usefulness of the term has long been questioned by social scientists. This can be to the annoyance of what is often a discrete world of public opinion research, formed by special research units, or independent non-academic organisations. Childs (1939), for instance, disagreed strongly with those social scientists that he cites as stating (in 1924) that public opinion was an expression that should be avoided. For Childs, the term had significant meaning when related to 'a particular public and to specific opinions about definite subjects' (pg. 328). Whilst this can often be the contemporary definition, this in effect means that the term can have many meanings. A central difficulty is the extent to which it refers to a collection of individual attitudes or is conceived as being concerned with mass-public responses. To make sense of the different ways in which public opinion is conceptualised, a brief consideration of its emergence as a key notion within social science is required.

The emerging concept

Three recent reviewers of this area each point to the continued lack of agreement as to how to define and measure public opinion (Price 1992; Crespi 1997; Splichal 1999). Price (1992) examined the recent historical development of the concept. He examines the tensions within the notion, arguing that even before the two words came together, both had a number of meanings. The term 'public' had originally been used to refer to that which was commonly accessible, or which was for the common good ('of the people' and 'for the people'). Before the eighteenth century it did not include a current meaning of carried out 'by the people'. In

addition, opinion is a term which has been used to describe both rational and non-rational processes. And so whilst 'a matter of opinion' suggests subjectivity and perhaps something to be dismissive of, the value of being held in high opinion suggests that it is given some authority and so may require considered attention. Price argues that these dualities have provided significant stumbling blocks in the subsequent study of public opinion, since it surfaced from social change in eighteenth century Europe, evolved with sociological conceptions prevalent in the early twentieth century, and moved towards psychological approaches that became more dominant in the mid-twentieth century. Splichal's analysis of the development of the public opinion concept focuses on the twentieth century, but also involves considering the dual meanings associated with each word since ancient times. He points to the fact that the meanings of the two concepts have not only been changing in the last few hundred years, but have had different meanings in different linguistic and cultural groups. Their bringing together into a new broad concept can, he argues, be understood as an attempt to reconcile the irreconcilable: individual rights and the public interest (Splichal, 1999: page 49). Clearly this is a tension which mirrors the debate concerning individual action and the welfare state. The tensions between individual-level and collective-level approaches to examining and understanding public opinion have historically meant that conceptions have focused on one or the other. Here there is resonance with the broader divide between macro and micro approaches in sociology (as well as group and individual approaches in social psychology).

Focusing on the collective-level raises the danger of reifying public opinion as something that can be understood separately from the attitudes and opinions of the individuals who make up that public. This approach was strongest at the beginning of the twentieth century, when there was a keen interest in crowd behaviours that challenged authority, and these behaviours were considered to reflect sectors of 'public opinion'. In criticism of this, Child's argued (1939, pg. 330) that 'Public opinion always refers to a collection of individual opinions, not to some mystical entity that is floating about in the atmosphere over our heads'. The criticism is, then, that such an approach simplifies and misrepresents the way in which individuals come to make up a public opinion.

From the 1930s until the late 1960s, whilst some social psychologists did focus on group processes (e.g. aspects of social influence), they largely engaged with the public opinion concept via the development of research into individual attitudes. However, the individual-

level approach too can be criticised. In his discussion of this issue, Crespi (1997) points out that:

Unfortunately, the realization that public opinion is not a superindividual actor often leads to the reverse fallacy of reductionism, that is, analysing the collective aspects of the public opinion process only in terms of its individual components. Contributing to the reductionism perspective in the study of public opinion is the fact that over 50 years of empirical research have been dominated by survey research methodology.

Crespi (1997), pp. 6-7

Much of social science fails to connect individual-level, group and society-level forms of analysis, and the specific issues this poses in survey research into attitudes. An awareness of this is crucial not only in the design and implementation of research, but also in the analysis and interpretation of results.

Models of public opinion

Simplification of public opinion at either an individual or a collective level will in all likelihood, however, be a particular stage through which the study of public opinion must pass. A focused understanding of each aspect will be crucial to a more complex approach. However, optimism can be found by looking backwards as well as forwards. Historically, there have been writers who have made a bridge between the different levels, by being concerned to examine individual attitudes and public opinion in a developmental or process way, within the political and social context (e.g. Park 1904; Blumer 1948: see Price, 1992 for a review).

Indeed, the concept of public opinion as an active process has existed in academic literature for more than a century (Crespi 1997). The way in which public opinion is formed and changed is important to consider in an analysis of social policy attitudes and behaviours. Price (1992) flags up five collective phases of policy development to which public opinion responds, as devised initially by Foote and Hart (1953). These are:

- the *problem* phase (where the issue of concern is identified);
- the *proposal* phase (where suggestions for solution are sought/made);
- the *policy* phase (when the proposals are debated);

- the *program* phase (when the policy is implemented); and
- the *appraisal* phase (when the outcome of the implementation is assessed).

Social policy researchers may have strong interests in each of these aspects of policy and practice development, but opinion pollsters have a specific interest in the policy phase (and so most often at election time). Price points to the fact that it is also within this period that editorials and letters are most likely to be published in favour or against particular proposals. Within this analysis each aspect of this process is of interest, and can be best thought of as having more fluidity than the above linear presentation suggests. As outlined in chapter one, the research has been conducted during a period when the ‘problem’ of long-term care finance has become particularly tightly formulated, and a number of policy proposals have been developed and debated. I have also illustrated the nature of this debate in citing editorials and newspaper articles that involved both information giving and attempts at opinion forming. Significant changes in policy (e.g. around means-testing, and funding of nursing home care) have occurred, and different policies in England, Wales and Scotland have been pursued. Appraisal of outcome has not yet occurred, although this research can offer suggestions to how individuals are likely to respond to increased expectations of individual responsibility for asset protection, and government refusal (in England and Wales) to foot the bill for personal care.

This brings us to a further issue: that whichever ‘public’ (population of interest) whose opinions are of interest to policy makers and politicians, the individual members of that public will engage with the public policy process in different ways. Price (1992), citing Lippmann (1925) and Blumer (1946), argues that one powerful way in which this has been conceptualised is by understanding the public as being made up of ‘actors’ and ‘spectators’, or of active and passive members. These are not to be understood as two completely distinct groups, but are terms that describe how at any one time people may be involved as attempting to influence policy (e.g. trying to highlight an issue via the press; expressing views on proposed policies in public forums), or may be viewing that activity. The actors, then, can have an important role in framing the problem (e.g. financing care for older people) and the potential solutions (e.g. state finance; partnership between the state and the individual; individual responsibility). Who is involved in shaping the debate, and at what stage, can have a strong impact on how engaged the public becomes with the debate, and how the arguments develop. For this reason, it has been argued that public opinion as measured by general

surveys and public opinion which is “effective” in the public policy process ‘while often reasonably convergent, are hardly the same thing and can at times diverge remarkably’ (Converse, 1987: pg. 20). General surveys hopefully give those who tend towards (or are marginalized into) spectatorship an opportunity to be heard. Price (1992, pg. 33) argues that the early phases of opinion formation (problem conception and proposal development) ‘principally determine which cleavages in the electorate will be activated and thus how large and how deeply divided the public becomes during the policy phase’. And whilst the process of opinion development may not be as linear as that suggested by Foote and Hart (1953), this is a useful point when considering the development of discrete areas of public policy in relatively short periods of time. Therefore, in chapter one we have seen that the early public portrayal of the issue was focused on the risks long-term care policy posed to older people’s assets, largely engaging older people’s organisations and insurers with the debate.

Crespi (1997) has put forward a further process approach that he argues is vital in order to avoid either reification or reductionism in explorations of public opinion. He discusses the importance both of contributions from psychology (e.g. understanding perception, motivation, human change and development) and sociology and political science (e.g. social cohesion/conflict, leadership and authority) in informing our understanding of the public opinion process. He considers there to be three sub-processes, each of which is each key to understanding the formation and influence of public opinion:

1. *Transactions*: this refers to interactions among attitudinal systems, ‘controversial’ situational contexts and ‘perceived reality worlds’ that result in the emergence of individual opinions.
2. *Communications*: this is the sub-process whereby mutual-awareness of each other’s opinions occurs, leading to collective opinion having a power as a social force.
3. *Legitimation*: this refers to the route whereby collective opinion is incorporated in political decisions.

This model could provide a basis for future multi-disciplinary work examining opinions, attitudes and behaviours. The processes it incorporates are likely to have validity for sociologists, psychologists and mass-communications specialists. Whilst the current research is *not* multi-disciplinary to this extent, the concepts of Transactions, Communications and Legitimation could usefully inform cross-disciplinary work.

Zaller's (1992) dynamic theory of public opinion focuses much more on the individual, although he points out that the data on which it is based came through social surveys and so was not strictly a psychological theory, (i.e. which would be one focused on the internal workings of the mind, and perhaps developed through experimental work). He proposes the following:

1. *Individual exposure differences*: individuals vary in the habitual attention they give to politics and so differ in the extent to which they are exposed to information and debate.
2. *Individual knowledge differences*: individuals differ in the extent to which they can react critically to political arguments as this varies given their knowledge of political affairs.
3. *Opinion construction as an ongoing process*: individuals do not simply hold fixed attitudes on every issue but construct opinion statements as they confront each new debate.
4. *Use of salient information*: In constructing opinion statements people make the greatest use of attitudes and knowledge which is currently most salient, i.e. at the top of their head, or the tip of their tongue.

Zaller's work highlights how awareness of individual processing *can* remain central to a survey approach to opinion and attitudes. There are clear caveats about survey research which are raised as a result: for example, the researcher may not simply be uncovering previously held attitudes, but may more accurately be seen to be involved in encouraging the creation of them. The survey method is discussed further both in chapter three and in chapter seven. I now turn to a brief review of psychological approaches to attitudes and behaviour.

Conceptualising Attitudes and Behaviour

The above review suggests that empirical work examining individuals' attitudes and behaviours can be understood as **one** key element of the study of public opinion in political and policy analysis, though not sufficient to be a replacement for broader socio-political analyses. However individual attitudes and behaviour has been a central area of work in social psychology throughout much of the twentieth century, and therefore the contribution of this work to the broader field is important to consider.

The attitude construct

In contemporary social psychology the generally agreed element of the definition of an attitude is that it is a disposition to evaluate and respond either positively or negatively to a given object. However attitudes as a social-psychological construct are conceived of in different ways. The concept of attitude has continued to evolve since Allport first provided a review of the different previous uses of the term and defined it as a neural state of readiness that was formed by experience (Allport, 1935). Both physiological and behavioural understandings were prevalent first of all. In his review of the early development of psychological research (1930-1950), Ostrom (1968) has highlighted the principal division, which has been between behavioural and cognitive approaches. Whilst the behaviourist is concerned with observable elements of learning the cognitive psychologist focuses instead on attitude structure, on how people process and organise the information that forms representations of their world. An understanding of an attitude as a neurological disposition suggests a high degree of constancy. A more contemporary view is that some behavioural dispositions (including the disposition to evaluate) may have a neuro-physiological component.

Whilst the behavioural approach to attitudes eschews the analysis of internal states (e.g. Bem, 1967), from a cognitive perspective they are often considered to be 'latent hypothetical characteristics' which we can *infer* from external, observable cues (Ajzen 1988). That is, an attitude construct can be measured carefully by behavioural responses but is not something that can be directly observed. The main way in which psychologists have measured attitudes is through the administration of attitude scales, reflecting the principally evaluative nature of the concept. Whilst psychologists have differed in the detail of how the structure of an attitude is conceptualised, there is a broad model of attitudes, which can be traced back to Plato, which is broadly adhered to. This holds that an attitude is composed of *cognitions* (beliefs about an attitude object), *affect* (feelings about an attitude object), and *conation* (behavioural intentions). Azjen (1988) has examined the development of psychological work in this area through the best part of the twentieth century, and he provides a summary of how these different components can be viewed as part of a 'hierarchical model', which concerns the process by which the (verbal or non-verbal) attitude behaviour is formed.

The actual or symbolic presence of an object elicits a generally favourable or unfavourable evaluative reaction, the attitude toward the object. This attitude, in turn, predisposes cognitive, affective and conative responses to the object, responses whose evaluative tone is consistent with the overall attitude.

Azjen (1988), pp. 22-23

The psychologist and the social policy researcher, then, both have interests in beliefs, emotional responses, and behavioural intentions. Psychologists have specifically looked to identify internal processes that account for relationships between attitudes, and between attitudes and behaviour.

Consistency, attitudes and behaviour

Whilst research in the 1960s provided evidence for the hierarchical model described above, there was already concern emerging about the level, and meaning, of consistency both within and between attitudes. For example, Heider (1958) developed his 'balance theory' that assumed people have a preference for consistency, and that their beliefs and attitudes tend toward this. If an inconsistency arises, such as a favoured individual performing a disapproved of act, reorganisation of attitudes would occur to retain balance. Building on this work, Festinger (1957) put forward his theory of 'cognitive dissonance' that developed from his examination of how people respond to inconsistency amongst cognitions. Inconsistency was found to be experienced as unpleasant, and so this motivated individuals to modify their attitudes and their behaviours. Bem (1967) has alternatively argued that individuals attribute attitudes to themselves that are consistent with their actions. Each of these theories potentially offers ways of thinking about relationships between stated attitudes to individual responsibility for long-term care finance and having successfully made other financial arrangements, such as pensions and savings.

Psychologists have considered the functional role of consistency, in providing a stable base from which to act effectively and in providing a coherent framework that can be used to understand and predict events (including ourselves and our own future behaviour). This research is concerned with an 'attitude object' - long-term care finance - with which many of our respondents are likely have little or no familiarity. Thus the concept of consistency might be important when examining relationships between long-term care finance attitudes and those that are likely to be more central to their evaluative framework.

There is a further difficulty, however, given the lack of research evidence for consistency between different behaviours presumed to reflect the same attitude. Ajzen and Fishbein (1977) proposed a 'principle of compatibility' as a model on which to base such research: two indicators (verbal or non-verbal) of a disposition are said to be compatible with each other (for the purposes of comparison) when their target, action, context and time elements are regarded as having the same level of generality or specificity, i.e. when two measures involve all the same elements (and not just the target element) then behaviour can be more closely predicted from attitude. Therefore, perhaps pensions behaviour provides the closest proxy to propensity to long-term care finance behaviour, but this is marred by the different policy context of these two actions, i.e. pensions provision has come to be widely considered to be an individual responsibility (whether through SERPS, employer schemes or private policies). In comparison, insurance for care is a new product, held by very few; for this reason and in the absence of any better 'fit', behaviours towards health insurance may provide a better proxy for potential long-term care insurance (LTCI) behaviours. One could also argue that the provision of long-term care is seen by most people as akin to the provision of health care (Parker, 2000) and thus, as the principle of compatibility would predict, feel that it should also be free at the point of delivery.

Further, psychologists have argued that for a greater level of understanding of people's ability to translate attitudes into behaviours there is a need to understand perceived behavioural control, as well as the individual's attitude and the attitude of others towards the specific features of the behaviour. In giving a crucial role to perceived behavioural control, Ajzen's theory of planned behaviour builds upon its predecessor, the theory of reasoned action (Ajzen and Fishbein, 1980: see Ajzen, 1988). This earlier theory maintained that people would intend to perform a behaviour when they evaluate it positively (individual attitude) and when they think that others believe they should do so (subjective norms). This approach fulfils some elements of Transactions and Communications processes (Crespi, 1997), detailed earlier. Ajzen (1988) summarised this process:

Generally speaking ... people intend to perform a behaviour if their personal evaluations of it are favourable, if they think that important others would approve of it, and if they believe that the requisite resources and opportunities will be available. To some extent strength in one factor can compensate for weakness in another. People

who doubt their ability to carry out a certain behavioural plan may nevertheless intend to make a serious effort if they place a high positive value on performing the behaviour or if they experience a strong social pressure to do so.

Azjen (1988), pg. 145

In addition, there may be a direct link between perceived control and behaviour, when there is agreement between the actual level of control and perceived level of control. I suggest that this model implies that there may actually be a reduced amount of processing required for determined action by those who have control. Therefore, those who have sufficient finances, who have stable work, and who have experienced being successful in making financial plans might be able to make behavioural decisions concerning retirement planning with the least amount of cognitive effort. Thus, whilst the theory is of relevance to studies of public opinion in that it incorporates the subjective norm into the model, what is lacking is any developed understanding of the impact of resources (or the lack of them) on an individual's attitudes.

UNDERSTANDING ECONOMIC BEHAVIOUR

The discipline of economics has traditionally given little consideration to the role of individual attitudes in shaping or limiting those behaviours. Behaviours have often been seen, instead, as 'rational' or 'irrational': economic advantage and individual behaviour are mechanically linked, to the extent to which consumption reflects a successful choice or a failure. However, there has been a developing programme of international psychological work (described as 'economic psychology'), which has strong links with economists who desire to move far beyond a simple rational-actor view of economic behaviour. The developing sub-discipline of economic psychology is in part supported by the increasing concern of economists, particularly over the last two decades, to attend to anomalies in rational choice theory that may be explained at a psychological level ('psychological economics'). Within economics itself there are two groups who can trace their work to psychology. Experimental psychology has been a driving force behind the development of experimental economics, whilst theory developed in psychology has driven the development of behavioural economics. Loewenstein, (1999) argues that there is 'no *inherent* conflict between the two approaches; indeed, there is good cause for synergistic coexistence' (pg. F25). He further argues that some researchers would be unable to say they were more aligned with one approach than the other.

Economic and Psychological approaches

Hogarth and Reder (1987) provide an assessment of the scope of choice theories in the two disciplines, and summarise the suggested outcomes of the differences between psychology and economics thus:

[W]hereas psychologists delight in finding anomalous behaviour that contradicts received wisdom, economists revel in showing how apparently anomalous behaviour is in fact consistent with the maintained hypothesis.

Hogarth and Reder (1987), pp. 5-6

The picture they paint is of two completely different academic approaches, although they may be viewed as complementary (rather than contradictory). Methodologically, economics is principally deductive and solidly cohesive, within the rational choice paradigm. Whilst experimental work within the discipline is increasing, 'real world' data are considered to provide the basis for assessing outcomes. Hogarth and Reder (1987) draw attention to the way in which many economists limit the application of the rational choice paradigm to competitive situations, on the basis that competition leads to either action or retreat. Economists may also believe that there is a limit to the applicability of rational choice that is dependent on the ability or knowledge of individuals. Whilst interpersonal and individual factors may have relevance in understanding the appropriate use of the approach, it is simply individual preferences that are the focus of interest here rather than (inter- or intra-individual) processes. Psychologists' approaches, in contrast, are not constrained to examining decision making in 'the market' and the focus of interest is the impact of individual differences (such as knowledge and skill) on decision-making processes. Theory building around psychological processes is largely conducted, they argue, inductively via (often experimental) empirical research. It can be contended that a consequence of this is that there is a relative weakness of theory in psychology when compared to other social sciences, and specifically to economics (Furnham and Lewis, 1986).

Economic work within social psychology has concerns with social behaviour, social beliefs and social emotions. Furnham and Lewis (1986) maintain that a social psychological approach to studies of economic behaviour would include concern with each of these aspects. In relation to economic behaviour, psychology is considered to have a concern principally with the underlying economic beliefs: their development; the relationship between different

beliefs; their function; their stability and consistency; their consequences; their changeability (including under manipulation) and their structure. A further area of interest is comparing lay beliefs about economic behaviour versus economists' beliefs about lay behaviour. How does the individual's understanding of what they do (or what they intend to do) differ from the economists' explanations? Given the power of the rational-economic model in policy development, this is a key question, which can only be briefly touched upon in this (broader) research that is not focused specifically on economic and psychological theory. However, the result of such debates is that academics from both psychology and economics have shown increasing interest in engaging with each other's work. But whilst this might be a cause for some optimism for those wishing to see greater interdisciplinarity, these two disciplines clearly have different agendas and methods.

Key concepts concerning economic choice

A number of constructs have been developed to consider the economic anomalies in behaviour from a rational choice perspective. Of direct relevance here are loss aversion and mental accounting, as in research terms these concepts are useful as it is important to have an awareness of the way in which potential decisions are 'framed'. Within both psychology and economics this area of study has developed from the work of Tversky and Kahneman (1981) who were concerned with psychological explanations for failure to make rational choices. Their concept of a 'decision frame' is of interest to those conducting both psychological experimental work and policy-based survey research as this refers to the individual's conception of acts, possibilities and outcomes that are associated with a choice. The individual's framing of a decision are understood as resulting both from the individual's own characteristics and from the way in which the problem or choice is constructed.

Loss aversion refers to the finding of economists that the disutility of surrendering an object is greater than the utility associated with acquiring it. It is understood as being a result of choices being made relative to a 'neutral' reference point, which could be a preference for the current state. This '*status quo bias*' is understood to occur as the disadvantages of moving from it are seen as greater than potential gains. Thaler (1992) reviews research concerning choices of investment for inheritances: the findings imply that an alternative becomes more popular once it is framed as being the 'status quo', and that the current reference point becomes even more popular as the number of potential alternative choices increases. Individuals, then, may be expected to have a preference for the known rather than the

unknown, and hesitancy to make choices as they necessitate change. A second mechanism associated with Loss Aversion, and reviewed by Thaler (1992), is that of the '*endowment effect*', which refers to the finding that people often demand much more to relinquish an object than they would be willing to pay for it. This work suggests that the main effect of endowment is not to enhance the appeal of the good one owns, only the pain of giving it up. There is an implication of the endowment effect in relation to judgements of fairness and justice, whereby forgone gains are less painful than perceived losses.

These loss aversion anomalies are important violations of standard economic theory. Thaler argues that they are easily remedied by rejection of the notion of stable preferences in favour of the notion of preferences ordered by the present reference point. He argues that such a theory would therefore assign a special role to the status quo. It could also have direct relevance to people's ability to plan for future potential losses, such as enforced asset release to pay for long-term care. The implication of forgone gains being experienced as less painful than perceived losses would suggest that people with different attitudes towards state- and individual- (private) responsibility have different perspectives on taxation: forgone income, that one would not expect to see, or lost income, which has been taken away.

Mental accounting refers to a particular type of 'framing', whereby individuals are understood to create psychological accounts for the costs and benefits of outcomes of their choices, which affects their saving, borrowing and purchasing behaviour. A simplistic application of rationality to economic behaviour would suggest that all resources available to an individual are equally likely to be drawn upon. This assumption of 'fungibility', that money has no labels, requires then that an individual's propensity to spend from different forms of wealth is equal. This is not the case, however, and the notion of the use of mental accounts provides an explanation for why individuals prefer expenditure from one pot of money rather than another, e.g. that they are more reluctant to draw from their savings than their current income. A driving force behind research in this area has been its explanatory role in examining economic choices over the life span. Thaler (1992) specifically takes Life-Cycle Theory (LCT) as an example, which asserts that consumptions (i.e. economic behaviours) are based on computations of an annuity based on current income and wealth, and expected future income. Two forms of wealth highly relevant when considering access to income and assets in old age are pension wealth and housing wealth. Thaler (1992) cites early work on private pensions funding and its impact on saving which, in contradiction to the

predictions of LCT, found that adding a dollar of pension wealth marginally *increased* other saving levels. Such evidence suggests that pension wealth is not treated as a substitute for other forms of wealth. Thaler suggests that the failure to dissave by using home equity amongst pensioners is voluntary and therefore in contradiction to LCT.

Thaler further points to the findings that consumption over the life cycle is in fact very sensitive to current income (including the slow use of assets in consumption by pensioners), and that different forms of wealth and income are not as good substitutes for one another as suggested by the theory. He argues that an explanation of how people actually behave lies in the use of 'mental accounts' by households, whereby in order to maintain self-control on spending they hold different accounts, with different rules imposed determining how these accounts would be used. The Behavioural Life-Cycle Hypothesis (Shefrin and Thaler, 1988) specifically suggests that households treat wealth as non-fungible, and that wealth can be understood in terms of a current income account, a current asset account and a future income account. The household may thus have rules such as not borrowing from future income or asset accounts except in specific circumstances, and keeping a particular level of wealth relative to income in an account for special purposes. Other control mechanisms such as pension payments are used to provide for future income. This concern with individuals' development of rules imposing liquidity constraints is an important contribution to an economics literature that is largely concerned with the external constraints and opportunities offered by the market. Thaler moves from discussing the mental accounting of households to the rules of thumb of individuals. A further important area of research is to consider how individuals come together in households to negotiate their 'accounts'.

A related area of work in economics has focused on decision making in the context of how people evaluate how able they might be to conduct and complete a task. Work concerning procrastination is based on an assumption that people have self-control problems, based in the preference for immediate gratification. Planning for the future involves difficult decisions which are time costly, and so people may find it difficult to make decisions at all. O'Donoghue and Rabin (2001) have summarised two views of human processing which dominate the area of financial planning: one considers that people are sophisticated and able to consider future 'self-control' problems (and so can predict future behaviour), whilst the other considers that people are naïve and simply believe that their future behaviour will be based on their current hopes. They argue that partial naïveté provides a more accurate model,

whereby individuals are able to foresee future problems of self-control, but underestimate them. With close proximity to the Theory of Reasoned Action, O'Donoghue and Rabin consider behavioural intentions (deciding which task to do and when to do it), and completion of a task, as part of a process. Once an intention has been formed, successful completion of a task is dependent on other current factors in the person's environment:

A person plans to do the task which, taking into account her taste for immediate gratification, yields her the highest long-run net benefit. But whether the person ever completes that task depends on a comparison of its immediate cost to the benefits forgone by brief delay, and has very little to do with either its long-run benefit or the features of other tasks available.

O'Donoghue and Rabin (2001), pg. 124

Increased choices made available to an individual can therefore increase procrastination, and in combination with naïveté and 'self-control', problems in dealing with choices may be stronger in relation to important goals more than unimportant ones. From previous work relating to retirement saving, they argue that this model matches the finding that 'in spite of, or perhaps *because* of, its immense importance, many people never get around to carefully planning their investment for retirement' (pg. 125). Their research, then, can be seen as trying to develop an understanding of human economic behaviour, with reference to internal processes. The concepts posed may be useful in examining findings from research that examines economic attitudes and behaviour using survey research, and when considering future directions for social policy work which aims for interdisciplinarity.

Having reviewed the principal academic domains that have relevance for this research, the survey as a research method and process which provides a means of collecting data on opinions, attitudes and behaviours is now introduced.

SURVEY RESEARCH: OPINIONS, ATTITUDES AND BEHAVIOURS

'Survey research' describes a very diverse set of approaches to collecting opinions, attitudes or reports of factual information, usually from a number of unrelated sampled individuals. Surveys in social research usually collect these 'facts' from individuals, and sometimes from households, with the aim of informing social policy and increasing sociological

understanding. Therefore, rather than being a research method, the survey describes a format of collecting, organising and analysing data (De Vaus, 1996).

Marsh (1982) argued that sociology has not fully embraced the survey, despite the extensive use of the method by Government, because of a concern that this would necessarily turn the discipline into a ‘technocratic science’; she disagreed, and defined the social survey as an investigation where:

- Systematic measurements are made over a series of cases yielding a rectangle of data;
- The variables in the matrix are analysed to see if they show any patterns;
- The subject matter is social.

Marsh (1982) charts the development of the survey from the eighteenth century (including the birth of the national census in 1801), and the public policy and campaigning issues that emerged alongside the new industrialised class base, including poverty, criminal justice, and population concerns. However, it was not until the late 19th and early 20th centuries that a strong link was developed between social policy research and a utilitarian survey research, concerned with social conditions and providing a basis for policy responses. In addition, it was only during the first part of the 20th century that the concept of a respondent became important, rather than collection of information by proxy from professionals who worked with the communities under study. So the development of direct survey research has occurred over the last one hundred years, when there has been a greater interest in individual agency rather than expert authority. This interest with the individuals’ views can be linked to the widening of democracy, and the idea that democracy occurs with individuals operating inside the ballot box. The parallel with voting behaviour is therefore one defence of the use of the method. However, also of importance is the way in which it mirrors (and so can offer a means to test out) the way in which the individual is often conceptualised as driven primarily by his or her own wants and judgements (Taylor-Gooby, 1991).

Converse (1987) stated that this broad survey method had relevance for different areas of focus in opinion research when he wrote that:

[The] survey research method may be used to explore the economist’s “tastes and preferences”, the psychologist’s “attitudes”, the sociologist’s “norms” and the

anthropologist's "cultural values", but the conventional label "public opinion" comes straight from the parlance of politics'.

Converse (1987), pg. S12.

At the most extreme, survey research can be viewed as either strengthening and unifying the study of public opinion, or simplifying and weakening it. Between these two positions, however, are more complex views on the usefulness of survey research. The survey has been particularly important since the development of a strong public opinion polling industry in the United States, which has had a significant impact on the study of opinion both in the United States and in other democratic nations. Converse (1987) reviewed the trends and issues in fifty years of public opinion research since the launch of the US journal 'Public Opinion Quarterly', and presented the strength of the public polling industry as 'stabilizing' the concept of public opinion. Despite attacks on survey research Converse argued that 'for the most part we [i.e. the public opinion research community] feel that there is a closer fit between our concept of public opinion and its conventional operationalization than is true in much of social science' (pg. 14). Splichal (1999), however, in accord with Crespi (1997), views the twentieth century study of public opinion to have simplified the processes involved, by focusing on individual responses, and having largely studied it via opinion pollsters outside of an academic and disciplinary community.

The irony of contemporary conceptualizations of public opinion is that after centuries of theoretical endeavours in diverse disciplines from political philosophy to sociology, which succeeded neither in defining the concept in a generally accepted, noncontroversial way, nor in reaching consensus regarding its political and moral validity, the twentieth century is facing a radical alternative - the empirical approach that pretends to have found the key to solving all conceptual problems in a simplistic behaviourism.

Splichal (1999), pg. ix

Price (1992) makes a similar point, arguing that the survey research and opinion polling which gathered pace (particularly in the United States) from the 1930s required a move away from considering public opinion in a complex, sociological way to what resembled more of an 'aggregate "one person, one vote" conception, a formulation consistent both with the majoritarian notions of public opinion, and with populist democratic ideals' (pg. 34).

However, he goes on to point out that the survey method does not necessitate this kind of analysis, given that the researcher (whether in opinion polling, or in academic research) has the option to construct other measures of public opinion, (e.g. by drawing on select groups within the sample; by differentially weighting according to salience or participation). As discussed in chapter three, this design in the current study enabled a focus on specific attitude types in our examination of the relationship between attitudes and behaviour in stage two; in addition, the large sample achieved in stage one allowed multivariate analysis which highlighted groups of specific interest.

At the turn of the 21st century there has been a continued focus on individual's attitudes, and although sociology may not have firmly embraced the social survey, it has continued to have a strong role in social policy research. Individuals are considered to be interesting units of analysis not simply as potential voters - citizens of democratic nations, but also increasingly as active individuals who are increasingly encouraged to make personal plans for their future welfare. In addition there have been vast improvements in computer power, leading to increased access to statistical packages and to data storage. The survey can thus be seen to have an even stronger position within social policy research: as data are more widely collected and more speedily available than ever before.

DISCUSSION

The increased importance attached to private choices of individuals, rather than collective welfare decision making via social democracy, has led to a renewed interest in individual attitudes and behaviours, as opposed to post-war concerns with public opinion. The slight but significant change in emphasis reminds us that theoretical and/or academic differences in approaching the public's engagement in social policy questions such as long-term care finance operate themselves within a political arena. Consequently the evidence produced from research requires the contextualising that has been conducted in chapters one and two.

Sociologists, political analysts, psychologists, and economists have all studied welfare attitudes and the experience of work in each of these domains has relevance for social policy research. This thesis is grounded in social policy, and is therefore not specifically concerned with the operation of attitudes within individuals, as the work of a psychologist would be. However, the research clearly involves the presentation of propositions to individuals to elicit different types of response and so awareness of psychological perspectives is invaluable.

Social policy is a discipline that is a social science in its own right, which also has interest in questions that can be heavily informed by other social sciences. As such, it is in a particularly good position to review the different levels at which public opinion processes, and the individual relationships between attitudes and behaviours, can be considered. The extent to which social policy has been able to integrate either psychological or economic approaches to public choice and opinion is less immediately clear: whilst connections are being drawn, often there is little long-term 'joined-up' working between researchers from different disciplines. An important caveat to this review is that, perhaps because there is such a high degree of overlap in their areas of interests, differences between academics in different disciplines may be only as great as differences in approaches *within* disciplines. It may be that in some areas there is still a need for separate development to occur within disciplines before true interdisciplinary work can be achieved. However, this research – which was part of a major interdisciplinary ESRC research programme on Economic Beliefs and Behaviours (see Taylor-Gooby, 1998) - highlights both that there are a number of shared concepts and debates that could usefully be proceeded with in future work, and that interdisciplinary work can feed back into the pre-existing academic disciplines. It is immediately striking that the temporal element of the study of opinions, attitudes, choices and actions features as central to much of the work reviewed here. The Research Assessment Exercise (RAE), as well as opportunities for programmes of funding for interdisciplinary work, is of direct relevance to the issue of moving understanding forward through interdisciplinary working. The way in which the RAE has been conducted to date has led to concern that there has been a greater concentration of research within disciplines rather than across disciplines (Saunders and Clarke, 1997).

This overt examination of the different types of analysis that are possible, and a placing of one's own findings within these approaches, is crucial in order to mitigate against an isolated, mechanistic social science which can result from a more restricted approach. These first two chapters have provided the broader context in which the methodology and results chapters are to be understood. The following chapter provides a further discussion of the use of the survey method, and detailed description of the stages involved in the research, from pre-piloting through to survey development, data collection and analysis.

CHAPTER THREE

SURVEY RESEARCH: RATIONALE, DESIGN AND METHOD

INTRODUCTION

This thesis is based on a survey of public opinion towards the very specific policy question of where the balance of responsibility should lie between individuals, families and government for long-term care finance in old age. Such a question implies a range of policy options, emanating from the means-test, which Le Grand (1999) argues produces the wrong kinds of incentives. From this perspective the means-test punishes the thrifty and rewards the feckless. In contrast, universal benefits and services are likely to be welcomed and valued by the middle classes who might have the most to lose to means-testing. However, we were not solely interested in mass views of particular proposals. In the absence of other independent surveys examining long-term care finance attitudes, this would have been a limited exercise, concerning opinion at a particular point in time, when, as we have seen, the issue was being hotly debated during a Conservative administration. To provide depth, we were concerned also to examine how general and specific attitudes are related to personal characteristics and social and economic position, as well to explore any relationship between attitudes and individual behaviour or reported likely behaviour. It is, of course, explicitly recognised that individuals are likely to have differential access to the resources required to plan for later life.

In rigorous social science research, the method and the conceptualisation of the question under scrutiny are tightly interlinked. In addition, specific disciplinary definition of public opinion, attitudes and economic behaviour will impact on and be impacted upon by the methods used within that field of study. Definition and methodology within disciplines also changes over time. However public opinion – whether conceived of in individual or collective terms, has been examined most widely by the social survey. In the discussion in chapter two, the relationship between discipline, approach and method has been crucial in understanding work within and the overlap between opinion research, psychology and economics, particularly the research questions that are posed and the form of outcomes from research that are desired. We have already seen that survey research has had a strong role in the study of public opinion. Next I detail the research questions, design and method used, but prior to presenting the results of the study I will return to questions concerning the use of the social survey, and particularly to the status of expressed opinions within such research.

OBJECTIVES OF THE RESEARCH

The overall research aim was to examine attitudes and behaviour towards individual planning for the financial costs of long-term care in old age. The principal policy research questions of the original study can be broken down further under the following specific topic areas:

1. The balance of responsibility

What opinions do people express concerning the correct balance of responsibility between the state, the family and the individual for the funding and provision of older people's care, (and how does this compare to their attitudes towards other types of welfare)?

2. Public attitudes to use of personal assets and income

What attitudes do men and women, of different ages and economic circumstance, express towards the use of personal financial resources for the funding of care in old age, as a public policy approach?

3. Personal attitudes and behaviour

How do such attitudes relate to people's own actual, planned and anticipated financial behaviour? More specifically, is there a difference between people's expressed opinions concerning public policy (as in point 2 above), and their own attitudes and expectations concerning their own behaviour? A further area of analysis involves considering the potential impact of personal financial provision on other economic behaviours, and on social behaviours such as direct provision of support to older people from family members (i.e. within- and inter- generational responsibility).

The main research questions outlined above are examined, albeit to different degrees, in relation to the three key financial areas within this debate, namely: pensions and retirement income, the accumulation and use of personal assets for funding care, and wealth protection products (i.e. long-term care insurance).

4. Theoretical applications

Within social policy, this research has produced evidence to contribute to present theoretical debates around individual orientations towards public and private responsibility for welfare. For instance, the research can be used alongside other analyses of welfare attitudes to

examine whether this area is a special case, or considered in similar ways to more universally experienced types of welfare, such as health and education. An additional relevant area alongside which to consider these findings concerns the potential for knightly and knavely behaviour in the welfare system (Le Grand, 1997). A further potential application involves savings behaviour. Psychological concepts in economics, as discussed in the previous chapter, may be useful in considering the findings reported here and when developing future research.

As discussed in chapter two, this is a piece of research with relevance for numerous disciplinary approaches to welfare attitudes and to economic behaviour that involve different conceptions of the agency of the individual. This thesis therefore has a broader theoretical application with relevance to methodology, namely the question of how social policy research (empirical and theoretical) maintains both human agency *and* structural constraints within its analysis (Williams, Popay and Oakley, 1999).

The analysis of the data forms a basis from which the argument for an interdisciplinary approach to social welfare is made, building on both on the work reviewed so far, and on advances made in the study of life span development: this has occurred both firmly within psychology (Sugarman, 2001), and also as an ecological ‘developmental science’, considered by some to be a preferable approach to developmental psychology (e.g. Bronfenbrenner and Evans, 2000). Whilst the full relevance of a life-span orientation is discussed in chapter seven, a brief summary of the key ways in which this study has concerns with developmental issues is offered here:

- The *development of the individual*, biologically, psychologically and socially, and their ability to consider their own old age, and potential need for care and support.
- The *development of the individual in terms of relationships*, and their own personal experiences of requiring assistance from, or providing support to, others.
- The *development of individual's relationship with policy*: individuals experience public policy in different ways, depending on their socio-economic circumstance, life-stage and prior experiences. For example, those older people who have lived until their adult lives without a National Health Service may have different values concerning the provision of support at the point of need than younger people whose principal experiences of welfare (of health, and of education) have involved a free service at the point of delivery.

- The *development of policy*: What are the processes by which policy is developed? When and how is it influenced (e.g. by public opinion, or through the input of academic research findings, arguments developed by public and voluntary organisations, and perspectives in private industry)?
- Broader *social development*, concerning socio-economic factors within a nation such as family structure, labour-market (in)security, and cross-nationally such as broader economic factors, and the influence of changing European approaches and U.S. approaches to public welfare.

The contribution of this research to academic debates concerning public and private responsibility for welfare for older people, and savings behaviour, are discussed as a whole within the thesis' conclusion, and then built upon in considering the potential for a structured interdisciplinary approach.

RESEARCH DESIGN

The way in which the research sought to meet the research objectives was through two national surveys. The research questions concerned with attitudes towards state, family and individual provision were examined by a large-scale national survey (N=957). Respondents were a representative sample of men and women aged between 25 and 70 years, in England and Wales. A follow-up of a sub-sample of first stage respondents, drawn from those below retirement age, then examined people's financial behaviour in relation to the attitudes they had expressed (N=102). Survey instruments are presented here in appendix 4.

Stage one: survey of attitudes

The survey covered both general attitudes to welfare issues and specific beliefs about the role of individual financial planning. Attitudes towards the increased use of personal financial resources to secure care in old age had not previously been examined by a national independent survey. This stage of the research allowed beliefs about the correct balance between public (state) and private (self/family) provision for long-term care to be compared alongside public attitudes towards other welfare issues.

Stage two: survey of behaviour

This examined the ability and willingness of respondents to make personal financial provision for care needs via savings, retirement income planning and/or insurance.

Information on respondents' current retirement planning was collected, as well as their beliefs about potential future actions. The potential effects of such behaviour on intergenerational transfers and attitudes about intergenerational responsibilities were also considered. The wider objectives of the project were concerned with examining the relationship between attitudes towards welfare and individual behaviour. These were met through analysis, theory development, and policy application.

METHOD

In order to conduct these surveys nationally, so the attitudes and behaviours of the general population could be assessed, the research was conducted in conjunction with the independent research institute, Social and Community Planning Research (SCPR, now called the National Centre for Social Research). The research centre is an independent organisation with an academic ethos and expert survey capabilities, whose focus is to produce policy-relevant research. This organisation conducts the British Social Attitudes Survey every year, and other one-off attitudes surveys as well as more qualitative social research.

As well as providing a survey of public opinion at a particular point in time, the research involved complex analyses of welfare attitudes and behaviours. In contrast to SCPR, a polling agency would be more concerned with snapshots of political opinion and voting intentions, and a market research organisation would have had less experience of examining political and public policy issues. The full technical report for the survey was produced by SCPR (Erens and Turner, 1997). The key technical features of the research are also reported here, whilst the focus is on providing an account of the overall research process.

Pre-pilot work

Before developing the survey instruments, it was important to investigate how the issues relating to the long-term care finance debate were understood by different sectors of the general population. A different perspective on asset protection could be gained from surveying insurance products and meeting selected insurers.

Views in the general population

I conducted initial pre-piloting work which involved talking to retired, working and unemployed individuals, both men and women, married and single. These informal

discussions were held with people of different ages to examine broad topic areas. These included:

- The extent to which they had thought ahead to their retirement.
- Whether they had either thought about or made provision for their retirement.
- How they thought the care needs of the elderly should be met.
- Whether they themselves were concerned about their capabilities and potential need for support in old age.

There are two main findings from this initial work that fed into survey development. Individuals sometimes draw on their own health and care experiences, as well as those of older relatives, thinking about their own retirement and future care needs; and issues such as pensions, health care, and the social care needs of older people are of interest and concern to younger people as well as those approaching retirement. Therefore this element of pre-pilot work suggested that, in survey work examining our research questions, it would be important to survey a large age range population, and to ask about people's own health and care experiences.

Both the research question and these early open interviews also suggested, however, that there should be age-limits on the population sampled to ensure that we were primarily interviewing those who were most likely to be able to engage with the issue of current and future financial planning for later life. We wished to include those who were potentially able to make changes to their current provision and who were least likely to be facing age-related care-needs themselves. The lower age of respondent to be sampled was set at 25, and the upper age limit was set at 70.

Insurance: market state and insider-views

A second strand of pre-pilot preparation involved Professor Parker and myself holding discussions with insurers concerning the development of the long-term care finance debate, as well as issues and potential problems in researching attitudes to different forms of private long-term care insurance (LTCI). We selected three insurance companies for this work. One company was not currently marketing insurance and had not ever done so, one had in the past launched a product which was no longer on the market, and one was providing both 'point of need' policies (for those currently requiring care) and pre-funded insurance (for those

planning to protect assets against future care costs). The companies were chosen following an in-depth examination of policies on the market, which I conducted after collecting all available product information and promotional literature. Information about LTCI and related policies (such as critical illness and whole of life cover) was requested by letter of all major insurance companies. Advice from those already involved in research relating to LTCI aided the team in the development of questions relating to private finance. The meetings with insurers provided insights into the public policy preferences of a small number of companies who themselves were attempting to influence the debate, and thus influenced the content of the survey. Key issues from this aspect of pre pilot work are briefly detailed here.

The role of market testers in a period of consultation

Both public policy debate and other private insurers providing long-term care products were watched eagerly by some of those who were considering the move into the market. LTCI was very much a young fledgling rather than a market finding its wings. Whilst policy discussion and engaging the public was considered important, the Government consultation conducted at the time of this research was considered by some to be holding back the development of the market. Therefore other more flexible options, such as whole-of-life policies and riders on life insurance (e.g. insuring against requiring care, or becoming a carer) were also being considered.

Perceived market impact of the UK welfare state

The British welfare state was seen as having generated public attitudes largely influenced by the notion that ‘the state will provide’. Altering ‘hearts and minds’ in this respect was considered to be a task of both the private sector and the government. It was suggested that the government could achieve this in a number of ways, including public education, and providing tax incentives on premiums. Tax-free benefits, however, (the current position) were seen as preferable by some.

Insurers’ market share and policy development

Insurance companies are well aware of their current market base (e.g. in terms of social class, age, and corresponding attitudes). Encouraging greater levels of pension provision amongst a company’s market base was explicitly put forward as an important priority. LTCI was seen to be currently mainly viable for older, middle class professionals with good pensions provision

and assets to protect, and yet not enough income and assets planned to meet the long-term costs of care.

Economic factors and policy development

Wider economic factors influence insurer willingness and ability to provide policies: Low interest rates threaten the viability of annuity products, labour market instability holds back the development of the market and the recession of the early 1990s made it difficult for some policies to get off the ground.

Extending pension provision

Pension provision was often a focus of discussion for insurers not offering LTCI. The ‘baby-boomer’ generation were put forward as needing to make further private provision in order to achieve security in old age. In addition, this group could be perceived as a potentially lucrative market.

Ideal and potential markets

The ideal future market was seen to be either: (i) the (improbable) life-long consumer, beginning contributions early to keep the price of premiums down, and the policy available to greater numbers of people; and/or (ii) the (more likely) rich client in middle age, concerned to preserve his or her wealth for children and grandchildren. The current potential market was considered to be those near enough to retirement to be in the process of assessing the preparation made and adjustments required for an adequate standard of living in old age. This group were also those who were most likely to have had recent or current experience of their own parents’ needs in old age. The actual current market was largely made up of older, mainly women clients, either recently retired or recently widowed.

All the elements described above fed into the development of the research, and particularly into the development of survey instruments, both for stage one and stage two.

Survey One: Care for Elderly People

The project researchers (Professor Parker and myself) conducted early development of the first stage survey instrument at the Nuffield Community Care Studies Unit (NCCSU). We then worked in conjunction with researchers at SCPR to develop the pilot and final versions.

An examination of other attitudes surveys

I studied previously conducted national surveys in order to determine which important questions relating to the care of older people had already been asked, and which important areas remained largely uncovered in social policy research. Some of the questions included in this project's stage one survey have thus been asked previously and other new questions were developed to complement previously posed items. The surveys drawn upon were the General Household Survey (GHS), the British Social Attitudes Survey (BSAS), and Finch's survey of Family Obligations (SCPR, February 1986).

Care Responsibilities and Experience of Care

Janet Finch (SCPR, 1986) used vignettes in order to elicit peoples' beliefs about caring responsibilities in different situations. This method is particularly useful in encouraging respondents to consider issues and situations that they may not have encountered personally. A number of questions used in Finch's work were replicated in the survey, with the addition of more specific items exploring issues other than family responsibilities, such as the financial responsibilities of home owners to finance older people's care.

Development of a section examining health and carer history was conducted, then, as consideration had been given to the possibility that the both sides of the coin (i.e. requiring support and experiencing a 'caring' role) would be important to examine. Questions were developed to explore respondents' experience of informal or formal assistance with day-to-day activities. The GHS had on two occasions, in 1985 and in 1990, included items exploring respondents' present caring responsibilities. An episode of care-giving may have an important influence on attitudes towards responsibility for caring for older people. The GHS questions were slightly amended and expanded to include references to past caring episodes. New questions were also devised to discern respondents' beliefs about the consequences of informal care for themselves or any known carer.

Welfare Attitudes Research

The BSAS has, for many years, explored attitudes and beliefs about health and welfare, including issues such as the NHS and private health insurance. Survey one of our study includes items previously asked in the BSAS examining attitudes to pensions, government spending, health insurance, feelings about present income and political affiliation: other questions were amended to suit our purposes. Whilst the BSAS had not examined the issue of

long-term care finance, we were thus able to ensure that our work would be comparable. Our sample's attitudes to the broad areas relevant to the issue of long-term care funding could be compared with those of a larger national sample; in addition, we could compare our specific questions concerning long-term care with attitudes expressed in the BSAS towards other welfare areas.

The pilot survey

Researchers at NCCSU devised a draft questionnaire that was then developed for piloting in conjunction with researchers at SCPR. Professor Parker and myself considered the range of topics that we considered were relevant for the survey. As discussed above, my role at this stage ranged from collating previously developed questions relevant to this study to devising novel questions concerning LTCI. Piloting work involved 39 interviews conducted by five experienced SCPR interviewers, meeting a broad age and sex quota. Following the piloting, the interviewers raised a number of important points for the main stage of survey one:

- There were more acceptances by respondents when the care of older people was stressed as the issue rather than pensions or finance: interviewers felt that more upper middle class respondents (a target market for LTCI) did not want to discuss their views on, or experiences of, financial planning.
- There was a higher percentage of refusals in 'middle class' areas with 'time' often cited as an element in refusal.
- The pilot was rather long, ranging from approximately 40 minutes to around 90 minutes. The section on Health and Carer experiences considerably lengthened the interview in some cases.

Specific problems with questions and structure were identified: complex sets of questions, such as those relating to caring experience, and to attitudes towards state responsibility for different types of care, required restructuring. A number of items relating to pensions attitudes were removed, given that specific issues relating to pensions behaviour were to be followed up in stage two.

The Questionnaire: National Survey on the Care of Older People

The survey was renamed following the pilot: originally entitled 'financial planning for care in old age' the letter received by sampled households called it a 'national survey on the care of

older people'. This was in order to stress our interest in public views about the care of older people, rather than the financial issues which were also of key interest.

The final version of the stage one questionnaire examined respondents' experiences of receiving and providing care as well as their attitudes towards the responsibilities of the state, the family and the individual for the care of older people. Information on respondent's personal and household details and their economic and employment situation were also collected. The structure of the questionnaire was as follows:

<u>1. White questionnaire</u>	<u>2. Blue Questionnaire</u>
A. Personal and household details	Personal and household details
B. Health and care history	Health and care history
C. Attitudes	Situations
D. Situations	Attitudes
E. Housing	Housing
F. Work and education	Work and education
G. Personal and household finances.	Personal and household finances.

The Blue Questionnaire was identical to the white questionnaire except that sections C and D were reversed, in order to examine impact of order. As the situations section was used to help people relate to issues with which they might not be familiar, we felt it important to see if responses were altered by the survey structure: however, no impact was detected. Standard SCPR questions covered age, sex and marital status of the respondent as well as information about any other household members. The Health and Care History section included questions developed from the GHS items, and ascertained people's experience of care giving or receiving.

The attitudes section examined where respondents felt the balance of responsibility should lie for different types of care for older people. More general questions about state benefits and services, taken from the BSAS, were also included. Attitudes to specific personal financial issues were examined through questions on pensions and private LTCI. The situations section used vignettes to elicit beliefs about responsibility for care in this area. This included items examining beliefs about the responsibilities of relatives (for practical and financial assistance), as well as attitudes towards housing assets and personal savings. Standard SCPR

questions on housing were complemented by a question concerned with feelings around home ownership. Differences in people's views here may be important in relation to their attitudes towards methods of financing care for the elderly.

Work and education items were used in order to determine the respondent's occupational coding and social class. Included also was a specific question on the respondent's own earnings, and a set of questions to be asked to retired people about pensions. The final section collected information on household income (including respondents' feelings about this) and recent or current benefit take-up. Questions previously asked in the BSAS on private health insurance were also included here.

Stage One: Sampling

As mentioned above, a change was made from the original proposal with a slight narrowing of the age range interviewed, from all adults aged 18 and over, to those aged 25-70. This meant that we had to issue a larger than originally conceived sample of addresses and settle for a slightly reduced achieved sample of individuals (957 rather than 1000), in order to keep the survey costs within the budget. This slight reduction made no difference to the analysis possible, as narrowing the age range had also reduced variability in the sample.

Sampling for stage one was carried out by SCPR, and on their advice the sampling technique was altered somewhat from the proposal. The Postal Address File was used rather than electoral wards to select sampling points, and classification of the points was not based on age composition, as we were not concerned with selecting older respondents of over seventy years of age. Before selection, postcode sectors were grouped by region (7 across England and Wales) and three bands of socio-economic group (SEG) providing twenty-one bands, which were then ordered by the percentage of unemployed adults. Sixty-five sectors were selected in England and Wales: small sectors were joined with neighbouring ones in order that the minimum sector size was 500 addresses. Thirty-three addresses were selected from each postcode sector, four of which in each case were held as reserve: therefore, initially 1885 addresses were issued to interviewers. Interviewers carried out the final stage of sampling when making contact, on the doorstep, with a member of a selected household. Adults aged between 25 and 70 were listed by their first name alphabetically, then selected randomly using a Kish grid selection matrix.

Informing selected households

An advance letter was posted to each of the sampled addresses in order to introduce members of the household to the survey. This also provided contact numbers for researchers at SCPR and NCCSU, so potential interviewees were able to request more information, or withdraw from the sample if they were unable or unwilling to take part.

Achieved sample

The achieved sample was 957 respondents. Weights were added to the data to correct both for the different selection probabilities that occur when selecting one adult from differently sized households, and for age and sex discrepancies between the achieved sample and England and Wales population estimates, in order to reduce bias (weighted N=950). Whilst weighting data does have the disadvantage of increasing variance within a sample, age and sex representativeness were clearly important given the subject matter of the survey. The descriptive statistics produced in the appendices are based on the weighted data.

A comparison of sample characteristics at stage one and stage two is produced later in this chapter (Table 3.2). Analysis by age involved looking at those above and below pensionable age. This variable, labelled 'Working Age Status', shows that fourteen per cent of our sample were aged either sixty or over (women) or sixty-five or over (men). The age variable, labelled 'Life-stage Group', consisted of three wide age bands, illustrating that the sample overall included greater numbers of younger people. The vast majority (nearly three quarters) of respondents were married or living as married, and twelve per cent of the stage one sample lived alone. The majority of those interviewed were in paid work of more than ten hours a week, whilst seven percent of the stage one sample were unemployed, and thirteen per cent were fully retired. As respondents were selected in order to reflect the general population, any analysis by ethnicity would be unlikely to throw light on specific cultural effects on attitudes in this area given the small numbers of people from minority ethnic groups interviewed. However, this is clearly an area of inquiry of increasing relevance to policy, and thus an important area for future research.

Stage One: Fieldwork

Sixty-five of SCPR's trained freelance interviewers were each responsible for attempting the random selection of a respondent and a subsequent interview at twenty-nine selected addresses. Three one-day briefings for the interviewers were held by SCPR. These sessions

allowed careful coverage of the project instructions, introduced interviewers to the project, involved a 'dummy run' of the random selection process and the surveys, and allowed any clarification of instructions to be dealt with by the researchers who had designed the survey instrument. I attended one such session in order to offer advice to fieldworkers, and Professor Parker attended the other two sessions. All the interviewers were instructed to notify the local police station before they started work and carried identification showing that they were interviewers working for SCPR.

The fieldwork was carried out between October and December 1995. Once unusable addresses and ineligible households had been removed, the achieved response rate was 70 per cent. The mean interview length was 45.8 minutes.

Survey Two: Care of Elderly People (Financial Behaviour)

The stage two survey was, again, developed collaboratively following initial work by Professor Parker and myself. Questions were developed in order to examine the relationship between attitudes and behaviour, in light not only of stage one findings, but also of our initial pre-piloting work with insurers and our continued monitoring of the policy context. This survey was, therefore, designed to examine respondents' actual and potential financial planning for retirement, their current savings behaviour and priorities for saving, and their potential behaviour towards newly proposed methods of providing for long-term care finance.

The pilot survey

Two interviewers piloted the second stage interview on 15 respondents who had taken part in stage one. They had each been briefed by post, and a personal debriefing took place at SCPR. All the researchers involved (from NCCSU and SCPR) attended the debriefing, and the result was that only small modifications to the questionnaire were required.

The Questionnaire

The structure of the stage two questionnaire was as follows:

- A. BACKGROUND
- B. PENSIONS
- C. SAVINGS AND PRIORITIES
- D. INSURING FOR LONG-TERM CARE
- E. RESPONSIBILITY FOR CARE

The preliminary items were concerned with any change in the respondents' (or any partner's) employment status and income level since the first interview. Any alteration in household composition, including marital status, was also recorded.

The following section examined respondents' (and any partner's) past and present pensions history, with an examination of contribution to state, employers' and private pension schemes. Many of the questions asked here had been asked previously in the SCPR Women and Pensions Survey. The concluding item was concerned with how couples organise household finances, and was taken from the British Household Panel Survey.

The savings behaviour of respondents, the purposes and priorities they had for putting money aside at present and in the future were next examined, alongside home ownership, general insurance, and feelings about financial provision for retirement. They were next asked to assess risk for different forms of care in old age, both for the general population, and for themselves: the interviewee was also asked how they felt such care, if they required it, would be paid for. Other items examined attitudes to (and ability to pay for) private LTCI, a 'partnership scheme' and 'variable pensions' (as discussed in the Government consultation document at this time), and the current means-tested system.

The final section examined peoples' feelings of responsibility towards caring for their parents, as well as feelings about receiving care from their children. Respondents were also asked more generally where the balance of responsibility between the generations should lie, for financial and practical assistance. Questions were included concerning assets the respondent might wish to pass on before or after death. Finally, open questions used to debrief respondents in the pilot interview were again included in order to allow respondents to further voice their own feelings about the issue.

Stage Two: Sampling

At stage two, I conducted the sampling procedure at NCCSU. Thirty-one of the original postcode sectors were sampled randomly, using SPSS. Of the respondents from these sectors, we wished to return only to non-retired people who would still potentially be able to make economic decisions about their future retirement needs. Therefore we excluded all those above the state pension age:

RETIRED/NON RETIRED:

Retired Age	71	(14.6%)
Non Retired Age	414	(85.4%)

Also excluded were those under the state retirement age who were fully retired: this left us with 390 respondents. From the non-retired group remaining, we were obviously only to select from those who had expressed a willingness to be interviewed again.

RETURN/NON RETURN:

Return	350	(89.7%)
No Return	33	(8.5%)
No Response	7	(1.8%)

At this point then, retired people and those requesting no return interview were excluded from the sampling procedure. In addition, a postcode sector that had been sampled randomly became unavailable as the fieldworker was no longer able to work on the second stage, and so this was then removed.

Selection on the basis of attitudes expressed

The proposal for this research stated that 'A small sub-sample of 100 individuals who displayed different attitudes in the first stage survey will be selected and interviewed again'. Our initial pre-piloting work with insurers highlighted some key attitude types that they had uncovered in their own research. The next sampling stage involved the creation of a variable, that summarised similar attitude types to those identified in other work, which we achieved from the following stage one items:

Question 36 (b): Of the statements on this card, which do you think is the best way that care for elderly people should be paid for?

1. State should pay for care for all elderly people, whatever their income.
2. State should pay for basic services and people who can afford to should be able to pay for better care.
3. State should only pay for care for those who cannot afford it, and everyone else should make their own arrangements.
4. Everyone should make their own arrangements for paying for care.
5. Other (SPECIFY)
6. Don't Know.

This variable [*BESTWAY*] was recoded to merge items 3 and 4 in the list above, so that all those who saw individual responsibility as the main way to fund care for older people were in one group.

The next item that we used to create attitude types was taken from a list of statements to which the sample had to say whether they agreed or disagreed:

Question 41 (a): Please tell me how much you agree or disagree with this statement, using the answers on this card: 'People should be expected to pay some of the costs of their own care in old age, instead of relying on the state to pay'.

1. Strongly agree
2. Somewhat agree
3. Neither
4. Somewhat disagree
5. Strongly disagree

This variable [*CARESOM*] was recoded so that 1 would indicate disagreement with the statement, 3 agreement and 2 neither view.

From both of these variables, then, a new variable [*CONSIST*] was created (see Table 3.1 for the full range of responses expressed across the stage one sample, and Table A3-6.8 for crosstabulations):

Pro-state (1): State should provide care for all older people, and disagree with expectation to pay some costs individually (N=160; %=16.9).

Mixed economy (2): The state should provide a basic service, people should be able to / or people should expect to pay some costs (N=317; %=33.4).

Pro-individual (3): People should expect to pay and plan as individuals (N=157; %=16.5)

Inconsistent (4): Non-consistent / mixed message responses (N=296; %=31.1).

Table 3.1: Attitude type in stage one sample, assessed using the *CONSIST* variable

	Disagree with individual responsibility	Neither agree nor disagree	Agree with individual responsibility	N
State All	160 (1)	10	53 (4)	223
State Basic	137	62	20 (2)	454
IR all/mainly	61	21	157 (3)	239
Other	3 (4)	2	9	14
N	362	94	474	930

The next stage involved the random selection of 140 respondents (35 for each CONSIST type) from the sample of 335 valid cases which fell within the categories created in the consist variable. Two respondents who were close to retirement age at stage one were removed at this point, and 138 people were issued to fieldworkers for the follow up interview. Respondents who were selected for the follow-up survey were issued to the same interviewer who had conducted the first interview.

This sampling method was economical in terms of analysis, which was important given the time constraints between initial receipt of a full data set (in January 1996) and sampling stage two (May 1996). Although this allowed time for some detailed analysis to be conducted, more in-depth modelling could not be achieved. The result is that the stage two sample were selected on the basis of two key attitudes which reflected different attitude types, similar to those identified by insurers. Further questions remained, however, about the meaning we can attach to those expressing inconsistent views, which can be illuminated by the analysis of more open-ended responses from participants in stage two.

Stage two: fieldwork and achieved sample

The interviews were carried out in the summer of 1996 by interviewers who had worked on stage one. The field-force working on stage two were briefed by post, as they had all previously taken part in the face-to-face project briefings held by the researchers. There were 103 interviews achieved: one of these was 'lost' due to conflicting age information, which suggested that different people might have been interviewed in each stage. The mean interview length at stage two was 59 minutes.

Comparison of samples

The sample at stage one and the sub-sample interviewed at stage two included equal proportions of men and women. The proportion of white and minority ethnic respondents in the first stage was largely mirrored in the second stage. However, at stage one all respondents were between 25 and 70 years of age. In stage two, all respondents were selected from the non-retired sample population and so had a younger profile. Perhaps reflecting this younger profile, the stage two sample had a lower proportion of married or cohabiting respondents, a higher proportion of people in paid work of over ten hours a week, and a lower level of outright home ownership.

Table 3.2: Sample characteristics, recorded at stage one (weighted data) and stage two

Characteristic		STAGE 1 % / statistic	STAGE 2 % n / statistic	
Sex	Men	49.3	49.0	50
	Women	50.7	51.0	52
Age statistics	Range	25-70	25-61	
	Mean	44.90	41.21	
	Standard Deviation	12.96	8.87	
Working age status	Below pensionable age	86.1	100	102
	Above pensionable age	13.7	Not applicable	
	Age refused	0.2		
Life-stage group	25-39 years	39.6	48.0	49
	40-54 years	33.4	46.1	47
	55-70 years	26.6	5.9	6
	Age refused	0.2	0	0
Marital status	Married/living as married	74.1	60.8	62
	Single	13.6	28.4	29
	Divorced	5.8	6.9	7
	Separated	2.6	2.9	3
	Widowed	3.9	1.0	1
Ethnicity	White	91.7	91.2	93
	Black – Caribbean	1.9	2.9	3
	Black – African	1.5	2.0	2
	Asian – Indian	1.6	1.0	1
	Asian – Pakistani	1.5	0	0
	Asian – Bangladeshi	0	0	0
	Asian – Chinese	0.2	0	0
	Other	1.1	2.0	2
	Prefer not to say	0.1	1.0	1
	Refused	0.3	0	0
Economic status	Government Training	0.3	0	0
	Paid work 10hrs +	61.5	74.5	76
	Waiting to start	0.2	1.0	1
	Unemployed/registered	4.7	3.9	4
	Unemployed/not registered	0.9	1.0	1
	Unemployed/not actively seeking work	0.9	1.0	1
	Perm Sick/disabled	5.5	4.9	5
	Retired	11.8	0	0
	Home	11.2	8.8	9
	Else	0.5	1.0	1
	Missing/refused	0.2	0	0
Home ownership	Owns outright	25.0	20.6	21
	Mortgaged	51.2	56.9	58
	Rents L.A.	12.7	13.7	14
	Rents H.A.	2.7	2.0	2
	Rents Private/unfurnished	4.0	1.0	1
	Rents Private/furnished	3.5	3.9	4
	Rents/Employer	0.3	1.0	1
	Rents/Other Pay	0.2	0	0
	Rent Free	0.3	0	0
	Refused	0.2	1.0	1
Party affiliation	Conservative	22.5	21.6	22
	Labour	40.6	46.1	47
	Liberal Democrat	10.6	11.8	12
	Other/None/Refused	26.4	2.0	2
Total		950	100	102

In both samples a large proportion of respondents were Labour party supporters: the increased level at stage two might reflect both the younger profile of respondents, and the political climate of the day, with a decline in support for the Major government and increased support for 'New Labour'. Details of the two samples (as recorded at stage one) are provided in Table 3.2.

However, this table does not illustrate change of circumstances for some respondents between stages one and two. For example 64 respondents stated that they were married or living as married when asked at stage two, compared to 62 in stage one. Four respondents were found to have changed jobs between interviews, three of whom had reduced income and one said that their income had remained at about the same level. There was also some change in reported home ownership status between the two stages. For example, 21 stage two individuals had stated at stage one that their home was owned outright. By stage two only 17 of these respondents reported owning their home outright. This may be due both to changes in individuals' circumstances, and changes in reporting.

Data management and Analysis

Data was entered, checked and cleaned by the survey agency, SCPR. They provided the data in ASCII format. For stage one data, this was provided with weights already calculated and attached to the data set. I prepared both data sets for analysis using SPSS for UNIX, and conducted all initial analyses during the project. This required a full frequency check, examining features of the sample using descriptive statistics, recoding more complex variables into new items, and an examination of key items by cross-tabulation using chi-square statistics. SPSS for UNIX was later removed from the University of Leicester's available software, and analysis was completed using SPSS for Windows.

Two types of quantitative data analysis have been conducted for this thesis. Tables detailing the descriptive analysis conducted on the weighted data from stage one (frequencies; bivariate crosstabulations) are presented in appendices 1 to 3. Crosstabulations were interpreted using adjusted residuals and chi-square statistics. Exploratory logit analysis has also been conducted on stage one data, using SPSS to explore the relative contributions of different variables to expressed attitudes (SPSS, 1999). Logit analysis provides a test for a given predictor within the model, controlling for the other variables included within it. Interpretation is assisted by parameter estimates that are easily translated into odds ratios.

The findings from this work are presented within the results chapters. Demaris (1992) provides a full account of logit modelling which has been a vital guide to this part of the analysis.

Quantitative analysis of the stage two data included full examination of frequencies and crosstabulations using the sampling ('consist') variable. Quantitative analysis from stage two is presented within the results chapters. Qualitative data was additionally available from the answers to open questions, which were written verbatim on the surveys by fieldworkers. These responses were collected together and listed in word documents, with the respondents' serial numbers attached so all personal details available, including their 'consist' attitude, could be accessed. For ease of understanding the open responses, also detailed in the collated qualitative data were response codes to the closed question that had preceded the open question. On some items responses were grouped so that the extent to which different feelings and beliefs had been expressed could be ascertained.

Before presenting the key findings of the analysis for this thesis, however, it is important to briefly consider the status of responses within attitudes surveys.

The status of expressed opinions

Zaller (1992) argues that survey researchers ought to meet the difficulties of survey research head-on, rather than ironing over the psychological and interpersonal processes involved. He cites from John Mueller's (1975) study of 'War, Presidents and Public Opinion', welcoming his candid contextualising of the research he was presenting:

Few people are accustomed to having their every utterance faithfully recorded and many find the experience flattering. And, aware that their views are being preserved for the ages, they do not wish to appear unprepared at that moment. Under these circumstances it is not surprising to find respondents pontificating in a seemingly authoritative, if basically "truthful", manner on subjects about which they know nothing or to which they have never given any thought whatsoever...

Mueller (1975: pg 1), cited by Zaller (1992: pg 28)

Although there are different approaches that a researcher can take in analysing survey data, there is much debate on what status can be given to responses to survey questions. This is

particularly important given that there is evidence that respondents may be offering their opinions on questions about topics on which they have not previously thought, and so their opinions are given ‘off the top of their head’. Research examining respondent responses in surveys highlights the importance of a well thought-out approach to eliciting opinions.

A significant study in this area was conducted by Bishop et al (1980), who pointed to the prior lack of evidence on the nature of what they term to be ‘pseudo-opinions’ on public affairs. They examined this by asking respondents their opinion on a non-existent issue (a non-existent ‘Public Affairs Act’). Three groups of respondents were asked a question which allowed them to filter themselves away from offering an opinion. The questions used were ‘Do you have an opinion on this or not?’ (to which 7.1 per cent said ‘Yes’, and went on to agree or disagree with the repeal of the fictitious act); ‘Have you been interested enough in this to favor one side over the other?’ (7.4 per cent said ‘Yes’, and gave an opinion); and ‘Have you thought much about this issue’ (4.5 per cent said ‘Yes’, and gave an opinion). Where a filter question was not used, 33.2 per cent of this sub-sample (N=467) expressed an opinion, and in all four of the conditions respondents were almost evenly divided between agreeing and disagreeing with the statement. The research, conducted in the United States, found age, sex and income had no real impact on the opinions expressed. However, they did find that those who offered opinions on this non-existent piece of legislation were also more likely to have a pro-government (or liberal) position on domestic public policy. They also expressed an opinion on *all* other (real) issues within the survey. The authors present this as evidence of a predisposition to express opinions for social-psychological reasons (e.g. to ‘save face’), and argue that ‘apparently the more remote the topic becomes from day-to-day concerns, the greater is the effect of this predisposition’ (pg. 202). In relation to younger people in our survey, who might be expected to consider the issue of long-term care finance as ‘remote’, more definite answers might be expected. Other factors, such as level of assets owned, expectations of inheritance, and level of education might also affect survey response in our case. Bishop et al had some evidence that college-educated respondents may be more eager to show themselves to be ‘well-informed’ and so offer an opinion on a non-existent topic. In addition, they speculated that increased expressed opinion on the dummy variable by black respondents may be explained by individuals attempting to break a stereotype of being ‘uninformed’ when being interviewed by largely white middle-class field workers. A further finding was only relevant to the non-filter group, who had not been given an opportunity to state whether they had been able to form a view. Those who had a low-level of interpersonal

trust were more than twice as likely as those with faith in others to say they had an opinion. This may be linked to the need to 'save face', and protect one's own self-confidence.

Nadeau and Niemi (1995) have developed some related points in their examination of responses to factual questions about public policy and politics. They found that respondents who stated 'don't know' to factual questions (with multiple choice answers) are the least skilled and motivated. The most skilled and motivated respondents were most likely to answer questions correctly, and those who were incorrect were usually in the middle of this continuum. Cues within the questions were found to be either contextual or attitudinal, and were considered to be used by relatively skilled and motivated respondents who often would arrive at correct answers, but could also give incorrect answers. Nadeau and Niemi term this "the middle of the road" effect. They conclude:

[T]hat contemporary theories of the survey response are applicable to all sorts of questions – world fact questions, autobiographical reports, and attitudes. The use of heuristics and top-of-the-head considerations – so prominent in recent theories of responses to attitudinal questions – applies as well to responses to various kinds of factual items.

Nadeau and Niemi (1995), pp. 342-343

Such research, then, provides us with an important warning in terms of interpreting survey results: that some individuals wish (or need) to present themselves as having an opinion, whether or not they have any knowledge on a subject with which they can work to form a response. Individuals may have different levels of motivation towards expressing an opinion, or a set of coherent responses. An expression of an attitude or an opinion is, of course, a behaviour in its own right, and may be more affected by issues such as the research situation, the individual's abilities, motivation, self-concept and their self esteem than an evaluation of (or concrete knowledge of) a policy issue.

As well as being aware of these issues, specific strategies can be employed within surveys to mitigate against these factors. Within the surveys conducted for this research, these include the careful wording of questions (in order to avoid closed-responses having negative connotations), and the use of 'vignettes' or stories to support motivation and aid in-depth consideration of an issue.

DISCUSSION

This research is concerned to examine public opinion about the balance of responsibility between individuals, the family and the state in relation to the funding of care in old age, with a specific focus on opinions concerning the use of private income, assets and insurance. Furthermore, the research aims to examine the relationship between public opinion (as a response to policy and policy proposals) and personal attitudes and behaviours.

The research design required strong collaboration with an eminent research agency, which allowed Professor Parker and myself to have substantial input into the content of the surveys and the research design decisions taken. The research benefited strongly from the experience of specialist attitudes survey researchers. Very few alterations from Professor Parker's original proposal were required. The two most significant changes were in the setting of a slightly narrower age band for inclusion in stage one (i.e. 25-70, rather than 18+), and a slightly smaller achieved sample (957 unweighted, rather than 1000). This makes no difference to the analysis possible, however, as the narrower age range reduced the variability in the sample.

As highlighted in chapter one, the research was developed and conducted during a period of intense debate on long-term care finance. This meant that the research was developed both to examine specific public responses to the debate at the time, and to provide evidence on attitudes and behaviours that would have some longevity beyond that particular period. Given the quickly developing debate, the project's clear policy relevance, and the theoretical issues with which the research sought to engage, the research process required both focused applied policy thinking and a broader academic approach. The following three chapters focus upon the three principal elements to long-term care finance debate: planning for retirement through pensions schemes; the use of housing assets to pay for care; and long-term care insurance. Following the presentation of findings from this research in these key areas, the methodology is discussed further in chapter seven.

CHAPTER FOUR

RETIREMENT INCOME PLANNING

INTRODUCTION

Long-term care funding has risen on the political agenda as an issue, partially because a sector of the current older generation has greater wealth (mainly though housing assets), *and* greater incomes (mainly through occupational pensions) than did previous generations (as discussed in chapter one). Given the wide differentials in income which people experience throughout their lives and into old age, long-term care finance cannot be considered without reference to the income levels which people have, or plan to have, available to them in retirement. Despite this, recent debates around pensions and long-term care have often been kept separate: in relation to social care, the focus has more often been on the protection of assets (particularly housing) from means-testing, which is considered in chapters five and six. The focus of the complete analysis offered over the next three chapters is attitudes and behaviours concerning later-life incomes and assets (in the specific context of long-term care funding), and private routes for financial protection. This reflects the way in which public debate has focused on long-term care as a potential financial risk in old age, and this was particularly the case at the time when this research was conducted.

Attitudes and behaviour concerning pensions are an important starting point, as it is likely that the public have more worked out views in relation to pensions than long-term care. In this chapter I examine pensions options in the UK at the time of this research, and what we currently know about pensions behaviour and retirement income. Findings from other studies of attitudes will be used to highlight existing knowledge concerning public attitudes to pensions provision. Analysis of the data from the ESRC surveys will then be examined to assess the approach of the general public towards financial planning for old age in the context of their opinions towards current pensions, and the idea of 'variable pensions'. In stage one, general opinions towards responsibility for adequate pension provision were explored. Attitudes to saving via pensions were also examined in the light of other savings attitudes. The stage two sample was then questioned in-depth about their own retirement income plans. Finally, the implications of these findings for future care finance will be examined.

PENSIONS AND RETIREMENT INCOME IN THE UK

In Britain, the balance between total pensioner income received (through pensions, benefits, earnings, and investments) from state and private pensions is balanced at approximately 50:50 (Pensions Provision Group, 1998). A forty year history of significant occupational pension ownership, combined with a series of moves by different governments to encourage private pension ownership, has ensured that state provision is less significant in Britain than in many other western European nations. Therefore, the British have, overall, greater experience of making individual provision for retirement than their neighbours.

A trend towards greater personal provision is likely to continue, given that there appears to be no political will to strengthen the role of the state in supporting provision for middle- and high- income earners. This movement to personal provision has been, in part, driven by demographic concerns and other individual, family and social factors which were discussed in chapter one. One important way in which the differential impacts of such changes can be considered is from a life-span perspective. Hancock, Jarvis and Mueller have succinctly detailed some of the complex relationships involved:

Life expectancy determines how long income and capital has to last and the path of changing financial needs. Differences in life expectancy between men and women and marriage patterns earlier in life affect marital status in later life. Marital status itself has a bearing on the income available to an individual and how far it has to stretch. The existence or otherwise of family, especially children and a spouse, influence living arrangements. The latter affect household income, the number of people who have to share it and the scope for economies of scale in living costs.

Hancock, Jarvis and Mueller (1995), pg. 3

There is therefore arguably greater scope for increasing disparity between individuals in income in later life, as personal responsibility is being stressed at a time when people's personal life experiences are becoming more varied. McKay, Heaven and Walker (2000) develop this point by arguing that differences between cohabiting households are likely to be greater than differences within households, as cohabiting or married couples are likely to be similar in economic terms. And so such a pattern further exacerbates inequalities in households in old age. Taking a temporal perspective can involve further macro issues, which

also add to our understanding of the different savings environments faced by different cohorts.

[I]t is important to understand the context in which people acquire pension provision. New birth cohorts will face different pension options. They will also encounter varying employment opportunities depending on the macro-economic climate prevailing at the time. Individuals will also experience varying family circumstances and have different priorities and interests as they age. Moreover, they may face different legislative frameworks.

McKay, Heaven and Walker (2000), pg. 11

This life-span perspective emerged from their analysis of pensions behaviour throughout working lives, using data from the Survey of Family and Working Lives, which was conducted across Great Britain in 1994-5 (i.e. a year before our first stage was conducted). Using data from over nine thousand respondents aged 16-69, they were able to illustrate the extent to which individuals' life-time pensions behaviour is tied to their economic behaviour, which in turn is tied to the socio-economic environments which they faced. They argue that this not only means that new entrants to the workforce will have different access to pensions, but that they will also have different attitudes.

The pensions landscape in the UK has altered since the fieldwork for this research was conducted. The following review of pensions focuses primarily on the pensions system as it stood in the mid-1990s.

Current UK Pensions

The retirement pensions available in the UK are the Basic State Pension (BSP) and a second-tier pension of SERPS (the State Earnings Related Pension), occupational cover, or a personal pension. The level at which state support is set, and the mechanisms through which entitlement is induced, are not widely considered to offer protection from poverty for many pensioners. Both occupational and personal pensions are known as private pensions, as they are not *directly* provided via national insurance (NI) contributions. However, the state indirectly supports private provision (financially and via legislation), and some further retirement income is provided by the state through means-tested and disability benefits. So whilst a principal division in pensions provision is between public and private provision, the

state influences retirement provision in determining the complete system (Morgan, 1984). Government also has a broader defining role. As has already been discussed in chapter one, pensionable age (and therefore retirement income policies) is a key way in which 'old age' is defined as a specific life-stage, and how older people are often defined as a 'welfare group'. Thus, the provision of pensions provides us with a factor largely defining the relationship of older people with the economy and the state.

The total value of pensioner income in 1995 has been estimated to form 15 per cent of the gross domestic product, at approximately £100 billion pounds (Pensions Provision Group, 1998). The Pension Provision Group further cite data from the Pensioners Incomes Series (1995/6) to show the relative contributions of different sources of retirement income in the mid-1990s. These were, in order of contribution, as follows:

- | | |
|---------------------------|-------------|
| 1. Basic State Pension: | 33 per cent |
| 2. Occupational Pension: | 24 per cent |
| 3. Investment income: | 16 per cent |
| 4. Means-tested benefits: | 10 per cent |
| 5. Earnings: | 8 per cent |
| 6. Disability benefits: | 5 per cent |
| 7. SERPS: | 3 per cent |
| 8. Other sources: | 1 per cent |

So a slight majority of pensioner income at the time of this research was received from state pensions, state benefits, and occupational pensions. These are, to a large degree, the result of arrangements which are more likely to *happen to* individuals, than be *made to* happen by them: i.e. if an individual is employed and is earning above the lower NI earnings limit they will automatically contribute to a BSP and to a second tier (state or occupational) pension unless they arrange other (approved private) cover. Investment income here includes income from personal pension policies, which, as they are a relatively recent player, have a minor role in providing income amongst the currently retired. There are gender differences in sources of pensioner income. Ginn and Arber (1999) highlight from their analysis of the General Household Survey over a decade from the mid 1980s that, whilst the numbers of women accessing and receiving private pensions had increased, the disparity between men and women in income received from private pensions had in fact increased. And whilst, in

1995/6, ten percent of income was received from income support, many pensioners were believed to be living below this minimum 'bread and butter' level, either because of lack of awareness of entitlements or difficulties faced (practically or emotionally) in making claim to means-tested benefits.

State provided pensions

Since the post world-war two welfare reforms, the principle of social insurance has existed for old-age income, along with health, education, unemployment and sickness, but not for long-term care. Financial support for pensioners from the state is paid for by current NI contributions (state pensions) and taxpayers (state benefits and occasional treasury grants for pensions). This 'pay-as-you-go' system (sometimes referred to as a 'revolving' system) may well have implications for public willingness to pay, depending on their own expectations for future state provision when it comes to *their* time as a pensioner.

The Basic State Pension

The BSP, established in 1948, is a non-means-tested, contributory benefit, and forms a considerable share of pensioner income. Given adequate contributions (including those received through home responsibilities protection) pensioners have had access to this as a flat rate benefit. Those with insufficient contributions receive a lower amount. Overall, this is a redistributive benefit, as those with higher incomes will have contributed higher sums via their NI contributions. The level of redistribution is, however, in effect capped, with NI not paid above the upper earnings limit.

The BSP has *decreased* heavily in value, having, since 1980, risen only in line with prices. Therefore, its position as a centrepiece of welfare security in retirement has been significantly eroded, with income support levels now above that of the BSP. The value of BSP decreased from 20 per cent of average male earnings in 1977/8 to approximately 15 per cent in the early 1990s (Johnson, 1994). The welfare of current pensioners is thus at risk, exacerbated by the fact that one third of those eligible are failing to claim income support (Townsend and Walker, 1995). The increased role played by public and private sector occupational pensions for middle- and high- income earners can be implicated in marginalizing the BSP politically. Given the rapid decline in value of this key contributory benefit, public attitudes towards this 'first-tier' provision might have significant consequences for their other expectations of the state.

Gender differences in entitlement (or understanding / experience of contribution) may also affect attitudes. McKay, Heaver and Walker (2000) cited Department of Social Security statistics for all retired people, which show that only 14 per cent of women (compared with 91 per cent of men) were receiving a full BSP in 1997 based on their own contributions. This disparity looks set to continue, at least in the medium term. They found that most respondents to the Survey on Family and Working Lives had *some* entitlement to the BSP, but whilst almost all men currently approaching retirement had a full entitlement this was only the case for a minority of women.

State Earnings Related Pension

The Social Security Pensions Act (SSPA) 1975 obliged employees (but not the self-employed) to make NI contributions to either the new State Earnings Related Pension (SERPS) or to an approved occupational scheme (Jackson, 1977). SERPS was originally an attractive scheme to those who had intermittent working careers and/or were low paid, with the 'best 20 years' of income taken to determine pension levels. By 1979/80, SERPS contributions (through NI and taxation) accounted for 13 per cent of pensions expenditure - though by 1995/6 this had reduced to 8 per cent (Burchardt, 1997). This was a result of the Social Security Act (1986), which retained SERPS, but in a much-diluted form. The Act initiated a drive to encourage private provision, as from 1987 individuals were afforded a second option over occupational pensions for an opt-out – recognized personal pensions. And, since 1999, pensions from SERPS are calculated using lifetime average earnings, with disregards granted only when an individual is given home responsibilities credits (Groves, 1991).

The Social Security Consortium (Lister, 1986) highlighted that opinion polls of the time showed that many people did not understand the then benefits of SERPS or the consequences of the changes later implemented. The Consortium argued that the consequences of the 1986 Act would lead to worse pensions for those reliant on SERPS, particularly women, and warned of potentially low pensions being built up in private plans. SERPS *had* had the potential to deliver good second pensions to women. McKay, Heaver and Walker (2000) found gender differences in pensions rights accumulated through SERPS, and found that whilst men did overall fare better than women the gender differences were less than for any other type of pension.

Other specific concerns of the Social Security Consortium included the potential for mis-selling of pensions, and of some employers cutting back on their occupational provision. The change in the pensions landscape was indeed dramatic, beyond at least the overt predictions of either supporters or critics. On down-grading SERPS, the government had expected up to 1 million people would leave the scheme, but exits were in fact much more substantial: nearly 5 million contributors opted out into personal pensions (Disney and Whitehouse, 1992).

Private pension schemes

Occupational pensions (those run by or for an employer) and personal pensions (arranged and contributed to individually) are the two private forms of pension scheme that employees can contribute to as a second-tier pension. This is supported by government as contracting out of SERPS allows the redirecting of some income (from NI payments of both employees and employers) from public to private resources. The Inland Revenue rules concerning contracting out ensure that individuals may only be a member of either an occupational or a personal pension.

Occupational pensions

Currently occupational pensions provide most privately sourced income in retirement today, although this is much more significant for male than it is for female pensioners. Such schemes have traditionally been provided as ‘defined benefit’ pensions, providing a pension calculated by length of service and that is earnings-related, often based on final salary. ‘Defined contribution’ personal pensions have been supported by contracting out from SERPS. The increasing use of defined contribution occupational pensions, i.e. completely pre-funded based on the premiums paid in, has occurred alongside concerns about the costs of future pensions; it can be understood as a scaling back of benefits by pension providers, and employers.

Those able to make additional contributions to their retirement income over and above basic payments into their employer scheme can make (limited) ‘Additional Voluntary Contributions’ (AVCs) to that scheme, or make separate ‘free standing’ AVCs. All such benefits for these payments would be received in the form of income from an annuity, rather than as part of a lump sum. Most additional contributions are made by people who are approaching retirement (Cook and Johnson, 2000). This is possibly when they become aware

that they are not satisfied with their provision to date, and when the prospect of living on a pension becomes real, demanding their attention. For those who retire with only low levels of occupational pension there is often little or no benefit, if means-tested income support and associated benefits are then not available.

Bone et al (1992) surveyed men and women aged 55 and over in the late 1980s, and found that two thirds of men but less than a third of women had entitlements to occupational pensions. Women with entitlements generally had less income from this source than men, having earned less and having had shorter contribution records. However, women who had never married had nearly the same level of provision as men. The 1998 General Household Survey (Bridgwood et al. 2000), found that women in *full time* work were members of occupational schemes to the same extent as men (56 and 57 per cent respectively), but that part-time workers (more usually women) were often not members, in many cases because there was no occupational scheme available to them. McKay, Heaven and Walker (2000) found significant gender and other differences, stating that it was white, well-educated men who were most likely to have occupational cover. They also found a generation effect, with those starting their working lives in the late 1960s and early 1970s most likely to have long-run occupational pension cover.

Access to an occupational scheme is related strongly to the size of the individual's employer. Hales and Stratford (2000) found from a sample of all private sector organisations in Great Britain that occupational pensions were most often offered by larger organisations, whilst group personal pensions, or agreed contributions of employers to personal pensions, were likely to be the non-state option available in smaller companies. However, in a third of organisations surveyed no employer scheme (whether employer run, organised and/or contributed) was available.

Personal pensions

As personal pensions received approved status only in the late 1980s, there are very few current pensioners receiving any income from such schemes. All private pensions are based on the individual's own contributions record, and are therefore pre-funded schemes. As the self-employed are most likely not to have access to occupational schemes, they are their only option for second-tier provision. Employees may take out a personal pension, but are less likely to as they may access an occupational scheme or SERPS. Findings from the General

Household Survey conducted in 1995, at the time of this research, (Rowlands et al, 1996) suggest that even amongst the self-employed, there is a low level of provision, with 39 per cent of self-employed men saying they were not making any contributions to a personal pension, along with 58 per cent of women. However this group are not *obliged* to make second-tier provision, whilst most employees (earning above the lower earnings limit) are. Rowlands et al (1996) found that amongst full-time employed men and women there was only a low level of personal pension ownership (30 per cent and 25 per cent respectively), as most accessed an occupational scheme – particularly those who had been with the same employer for over five years.

McKay, Heaver and Walker (2000) found that some conscious decision-making had occurred amongst relatively young people who had taken out personal pensions. This confirms the pattern found early on, that there was a high take up amongst the young, and particularly amongst men (Disney and Whitehouse, 1992).

Non-state pension rights: the combined picture

McKay, Heaver and Walker (2000) found that 38 per cent of their overall sample had no form of non-state provision, and that women in all age groups were least likely to have a private (non-state) pension. Forty-eight per cent of the whole sample had never joined an occupational scheme, and 79 per cent had never paid into a personal pension. Those without non-state cover also included a large proportion of younger people (as might be expected), and a disproportionate number of minority ethnic respondents. Examination by employment sector showed that men in construction or agriculture and women in manufacturing were least likely ever to have had a personal or occupational pension. Women with substantial periods outside of the labour market, and all respondents with a history of significant unemployment, were also overly represented in this group. For both types of private scheme, there were two peak age periods when people were most likely to begin taking out cover – in their 20s (i.e. at the beginning of a career) or in their 40s (e.g. women returning to full time work; those moving from employed to self-employed status).

Evidence over time from the General Household Survey suggests that the picture for men has changed significantly since the Social Security Act 1986, but that the picture is less clear for women (see Bridgwood et al 1999). For instance, whilst membership of occupational schemes amongst men employed full time has fallen from 64 per cent to 57 per cent since

1988, women's membership has fluctuated around the 55 per cent mark. For women in part-time work, however, occupational membership more than doubled in the decade from 1988, to 27 per cent in 1998. This is a result of more women taking the option of an occupational pension, as the proportion of employers providing such cover has remained stable during this time.

Overall, patterns of pension ownership in each generation, then, can be seen to be heavily influenced by both the pensions structure and the labour market in place at the time when people first enter the workforce.

Policy Concerns and Recent Developments

During the time this research was developed and conducted, the Pensions Act 1995 was formulated, passed and implemented. This initiated a number of reforms, including the regulation and administration of occupational pensions. Also introduced was a long-run phased equalisation of the state pension age to 65 for both men and women, and changes in the treatment of pension rights of couples to one another's pensions on divorce.

These changes, however, did not address fully the question of the pensions system, but amounted to some tinkering at the edges to protect some potentially vulnerable people. The Labour Government's Green Paper '*A New Contract for Welfare: Partnership in Pensions*' (1998) followed a pension review launched in Summer 1997, soon after the government came to power. The review was based around a number of 'challenges' posed by pensions that had direct relevance for financial provision for care as well as income. For example, a key concern was a need for political consensus on policy (particularly on where the balance of responsibility for pensions should lie) in order to offer a stable base so that people could make individual provision for their future. The question raised here then was, if people have little confidence in what pensions or social care systems will be when they are older, how is personal provision to be encouraged, as the level of need is unknown?

However, given a broadly accepted strong role for individual provision, a further consideration of how to reduce pensioner inequality, including gender inequality, in pensioner incomes was also central. The Pensions Provision Group (1998), established by the Government's review, identified pension inequality as growing rapidly since about 1979. In

reporting this trend, the Pensions Provision Group (1998) cites the key reasons why inequalities had increased:

- The BSP began to rise in line only with prices.
- Increases in pensions were becoming more widespread in occupational schemes, as the value of incomes outstripped price inflation.
- The distribution of earnings for people in work also started to become more unequal at this time.
- Those retiring at the beginning of the 1980s were probably among the first to have spent large parts of their working lives as members of occupational schemes.

These factors mean that lifetime paid earnings are likely to become reflected in retirement income to a greater extent (as pensioner income becomes more income-related). Therefore the problem of significant income inequality (amongst pensioners, and between pensioners and those of working age) looks set to continue.

Further challenges identified by government in establishing their review were related to social change, particularly in demographic and labour market patterns. In the light of mis-selling of personal pensions, and reduced faith in occupational pensions following the experience of the Mirror group pensioners, the government was also focusing on regulation, boosting public confidence, and developing public understanding. Following the review, the Green Paper identifies the following problems with existing pension arrangements (Stafford, 1999):

- They provide *no security for those who cannot save*, with a third of current pensioners at risk of poverty.
- They do not provide suitable saving and pension opportunities to most *carers and disabled people* outside of the labour market.
- They *do not encourage more saving among those who can afford it* - in particular there is a gap in the market for second pensions for those earning £9,000-18,500 p.a.
- They *fail to provide adequately for those who can save via private pensions*. For example, pension products have not adapted to changes in the labour market, such as more self-employment and fragmented employment; and there are problems with personal pensions, namely high charges and mis-selling.

To tackle pensioner poverty at its worst, where pensioners entitled to income support fail to claim it, the Green Paper proposed a 'Minimum Income Guarantee' (at present paid as income support) to ensure a 'decent' income for those who have been unable to make other pensions arrangements i.e. those who have largely been excluded from the labour market. Further reforms aimed to provide security for those on low to moderate incomes. The second state pension, SERPS, has been replaced with the State Second Pension that will eventually be a flat rate benefit. It is specifically for those earning and paying NI contributions, but earning less than £9K a year. Therefore, when the pension is fully functioning all recipients will receive the same level of benefit. In addition, those on a moderate income of £9K-18.5K p.a. have since April 2001 been offered 'Stakeholder pensions' through their employer, if there is no occupational scheme available.

Pensions and Care funding

Whilst the Commission for Social Justice (1994) report referred to long-term care as a greater challenge than the funding of pensions, in reality the two issues are interrelated problems concerning planned income and finance, and unknown consumption levels (in this case, of social care) amongst future older people.

The splitting of income issues and consumption issues is reflected in the way in which consultation - by government, research, and business sector bodies - has been conducted. Whilst this might correctly reflect the post-war organisation of separate 'cash' and 'care' support for older people, it fails to make the links between life-time inequalities, poverty or low incomes in old age, and health and care needs. Thus both become swept into a current (within the main political parties) towards encouraging individual responsibility for welfare in old age.

The Retirement Income Inquiry, set up by the National Association of Pension Funds in 1994, had a narrow remit to review the arrangements in Britain for the provision of retirement income. Its terms of reference were to make recommendations after conducting:

- A review of the present arrangements in the UK for the provision of retirement income.
- Full consideration of the roles of the state, employers and individuals and the suitability of different financing mechanisms.

- An assessment of whether, taking account of the economic and social implications, policy changes should be made to ensure the adequacy of retirement income in the longer term.

Whilst each of the above has great relevance for the long-term care funding debate, the Retirement Income Inquiry remained so focused – as instructed - on the pensions issue, that older people's major 'catastrophic' financial risk did not receive any targeted consideration. On the other hand, income issues have often received very little attention from reviews of long-term care (e.g. the JRF Inquiry and House of Commons Select Committee, referred to in chapter one). It would seem that the two areas are seen as *so* complex individually that considering their relationship to one another (practically and politically) is considered too challenging a task. It may also be that experts working in each of these fields are so specialist that it is difficult for them to take on a broader perspective.

Whilst it might be expected that government provides the framework within which the implications of individual responsibility for income and broader welfare are recognised, it has been those with commercial interests who have arguably made broader assessments of the two issues. Insurance companies with an interest in the development of the long-term care insurance (LTCI) market have been driven to consider pensions and insurance issues alongside one another. This is in part due to the nature of LTCI benefits which are calculated with reference to actual or expected retirement income received. Insurance companies have also examined the role of pensions, and particularly the use of pension lump sums, as a route for long-term care protection. Retirement income planning and long-term care then *are* inter-related at the level of public and private policies, and - where private decisions are involved - at the level of individual decision making. Formal links between pensions and LTCI have also been considered.

Pensions vehicle for care funding

Pensions could be used specifically as a vehicle for offering individual (private insurance, or indeed social insurance) provision specifically for the use of long-term care. Canon Lincoln was the first to try to offer a private scheme with their 'Oasis Plus' plan, which had been approved by the Inland Revenue in December 1990. The Inland Revenue later reversed its decision to declare that tax-approved pensions could not carry insurances, stating that neither personal pension arrangements nor occupational pension schemes were appropriate vehicles for insurance cover, including LTCI (reported by Boliver, 19.6.93). Whilst LTCI tied to

pensions schemes might increase take-up, there are equity objections to stimulating private financial products which complement state funding.

However, the potential role of pensions has continued to be open to discussion. For example, the National Association of Pension Funds (NAPF) have stated that pension funds *cannot* provide a short-term solution to the long-term care funding issue, as most people close to retirement do not have sufficient reserves in their pensions to insure. NAPF states that individuals rather than employers would need to supply extra funds and that insurers would need to carry the risks of LTCI. They stated that 'if the cost burden on employers rose, then existing pension provision may well be put at risk', (NAPF, December, 1995). Under such a structure, i.e. with little burden on employers or pension providers, they felt that the framework of pension schemes could play a part in financial planning for care needs.

As highlighted in chapter one, in May 1996 the Department of Health, under the Conservative government, issued a consultation paper (Cm 3242) on care funding, which included a consideration of the potential role for pensions - and hinted at the limits of such an approach, particularly due to the potential implications of tax concessions. The Government stated that it had 'significant reservations about extending the boundaries of pension schemes to include long-term care benefits'. The potential for the use of lump sums, or even for the development of 'variable pensions', were portrayed as more workable alternatives. Following consultation, however, there was a retreat from the idea of a formal use of pensions in any way for care costs, although the policy statement issued (Cm 3563) re-emphasised 'the importance of savings, through pensions and by other means, for giving people security in their old age' (Department of Health, 1997a: pg. 3).

In the six years since this research was conducted there have been developments in pension provision but few developments in terms of joined-up policy thinking concerning income and consumption. Shared concerns in reviews of public policy towards both pensions and care can, however, be highlighted. Stafford (1999) has provided a review of the Government's Green Paper on Pensions and the Royal Commission's report on long-term care. By contrast with the green paper, the Royal Commission's recommendations were not swiftly approved by government, and so the comparison is not 'like with like'. However, Stafford does identify a shared vision in each paper: one of security in old age, reached by the meeting of *shared responsibilities of the individual and the state*. In addition, both address social exclusion, the

public's confidence crisis in the current pensions and care systems, the lack of transparency within those systems, and the different funding problems faced.

WELFARE ATTITUDES AND PENSIONS: FINDINGS FROM OTHER RESEARCH

Findings from both general attitudes surveys and from other studies on people's approaches to pensions provide a context for considering the ways in which the ESRC funded research contributes to our understanding of this area.

General attitudes towards state spending

The British Social Attitudes Survey (BSAS) is an important source of comparative data for this study, particularly as both this study and the BSAS have been conducted by SCPR (now the National Centre for Social Research). However, the BSAS conducted in Spring/Summer of 1995 altered its questions on beliefs about state spending, and asked people to prioritise services for extra funding. This is not directly comparable with our survey which used the previously designed questions, which asked whether more or less spending should be made in a given sector. However, the findings from this BSAS are of interest as they were collected just before our first stage was undertaken, and the following years' BSAS are of interest as this fieldwork took place during the same period as our second-stage was conducted, and only a short time after the first stage was completed.

In both of these years, health was most often first priority for extra spending (49.0 and 54.4 per cent), followed by education (32.1 and 27.6 per cent). Housing was the next most-supported item (at 4.7 per cent and 3.8 per cent), and 'social security spending' was only a first priority for 3.9 per cent and 2.9 per cent in both years. Whilst no large shifts in opinion occurred, it is interesting to note that health became an even greater priority for the public during this period – both in terms of how many people stated it as a first priority, and in terms how many respondents had it as either a first or second priority. Conversely, the overall level of support for increased social security spending declined during this year period, with 11 per cent having this as a first or second priority in 1995 compared to just 8 per cent in 1996.

General attitudes towards social security

The British Social Attitudes Survey explores attitudes to social security benefits further to see which benefits the public would prioritise for further investment. In 1995 ‘retirement pensions’ were the first priority of 46.2 per cent compared with 49.8 per cent in 1996. The next-best supported benefits in both years were those for disabled people (23.2 per cent; 19.3 per cent), child benefits (13.3 per cent; 12.1 per cent) and for the unemployed (9.8 per cent and 11.1 per cent). Support for prioritising social security for single parents was lowest (5.6 per cent and 5.5 per cent) in each survey.

What is clear from the BSAS is that the public believe that government should be prioritising pensions for extra public spending. It also appears that, during the closing phase of the last Conservative administration, there was some strengthening of support for both the National Health Service and for pensions.

Specific attitudes towards pensions

How do people believe that adequate pensions for retirement should be delivered, and what do they think of current state and private options?

A government responsibility?

In 1995 respondents to the BSAS were asked to say who they thought should be mainly responsible for ensuring people have an adequate retirement pension, the government (supported by 46.9 per cent), employers (8.9 per cent), or whether employers or government should equally share this responsibility (37.3 per cent). A further option was ‘some other arrangement’ supported by just 6.2 per cent, and 0.8 per cent did not know or did not answer. This attitude suggests high support for the state’s role of ensuring a minimum income (through income support, and now the minimum income guarantee). What is unclear, however, is whether the state is considered to have a responsibility to support *all* older people, or to support mainly those who have contributed, or whether means-testing is supported to ensure a targeted use of resources. It is important to note that ‘individuals’ was not a given option in the BSAS; this view might be partially represented by those stating that they favoured an ‘other arrangement’. In addition, it may be that respondents answer this item thinking about the *system(s)* they consider necessary to ensure people make financial provision, i.e. who should be responsible for the overarching structures within which (public and private) pensions are organised. It is also likely to reflect the key ways in which people

actually make provision for their retirement (see the discussion of sources of retirement income, above).

In the Omnibus Survey conducted by National Statistics in Spring, 2000 (Mayhew, 2001) a similar question was asked, however this time the options given were slightly different, bringing the potential role of the individual to the fore. The options given for who should be mainly responsible for ensuring adequate income in retirement were the government (42 per cent), employers (4 per cent), or the person/family (50 per cent). It is striking that half the respondents in this survey said the main responsibility should be with the individual and their family. This survey suggests then that people consider employers' responsibility to be much less important than the state's and the individual's, and so – with comparison to the BSAS - highlights the care with which survey questions should be designed and the results interpreted. There was no linear pattern found by age, but the 45-49 year olds supported the role of the individual more than any other group, perhaps reflecting a large proportion of self-employed. No differences were found here between men and women and, even among those with the lowest incomes, support for the role of the state was below fifty per cent. Actual behaviour (ownership of a non-state pension) seemed to have the greatest relationship with the responses given, with 56 per cent of those owning a private pension stating that adequate pensions should be mainly the role of the individual/family. Yet 37 per cent of those with non-state pensions still felt that the state should be mainly responsible, perhaps suggesting a degree of resentment amongst some of the sample.

Qualitative research conducted just after the 1997 general election, provides us with some further insights into the public's understanding of and attitudes towards the pensions system. Hedges (1998) conducted focus group work (with both pensioner groups and working age groups) in eight different English locations in Autumn 1997, to contribute to the government's pensions review process. In summarising attitudes towards the state and private sectors, Hedges argues that:

[W]hen it comes to providing a basic, bread-and-butter foundation pension the apparent fairness, universality and dependability of the state scheme carry more weight in most minds – the virtues of the private sector by contrast seem more appealing when it comes to providing some jam to spread on the bread.

Hedges (1998), pg. 3

This finding suggests that state and private roles are perceived very differently, and that universality of the BSP, at least for those who have contributed via NI, is highly valued. This was confirmed in research which specifically followed up Hedges' work, with employed, unemployed and self-employed people in summer 1998 (Thomas, Pettigrew and Tovey, 1999: cited by Williams, Hill and Davies, 1999).

Hedges (1998) also found that people were concerned that the state should regulate pensions to protect them from abuse (e.g. mis-selling; high charges). The research suggests that whilst people are generally pessimistic about the future of state pensions they value the state's role in this area and do not wish it to withdraw. Pessimism was fuelled by general beliefs that the welfare state was being reduced, that the BSP had declined in value, that both (the previous Conservative) government and pensions providers had cast doubt on the state's future role, and that there were demographic and economic pressures which the state might be unable to afford. Therefore some respondents saw the withdrawal of the state as economically and politically inevitable. Others argued it was a principal duty of the state to support older people and that the money *can* be found when there is political will, including from wasteful spending and benefit fraud. Further, some were unconvinced by the idea of catastrophic demographic projections. He found the favoured model of state responsibility for pensions was that it should provide an adequate pension for older people which would not require the claiming of means-tested income support, with people able to make provision for a better lifestyle over and above this basic level. Interestingly, the second favoured model was for the state to provide all with a very minimal pension leaving people to provide for needs over and above basic food, clothes and shelter.

More recently, qualitative work conducted by IPPR in Autumn 2001 (Edwards, Regan and Brooks, 2002) has explored attitudes towards pensions, long-term care and inheritance. This work involved a number of same-gender focus groups, organised by age to consider three age cohorts (30-45, 50-65, and 75+), and by social class to consider different income groups. Whilst there were generational differences in general attitudes to pensions provision, many people believed that the state was withdrawing significantly and that individuals would need to take greater responsibility for their future income. Younger people were found to be most sceptical about future support from state pensions.

Basic State Pension

Within the Hedges (1998) study many understood that they were financing the BSP from NI, although others were uncertain and believed that income tax might be the principal source of funding. Although many realised that they were not paying into their own 'pot' but were funding today's pensions, others had more of a sense of contribution to a personal fund. There was some vagueness about how entitlement is calculated, with many over-estimating their level of entitlement:

Thus people usually have a strong sense of having bought an entitlement without having a clear notion of what they have actually paid for it (or even what they will eventually get back).

Hedges (1998), pg. 44

Confusion was also reflected in people's understanding of couples' entitlements, with some considering the BSP to be like income support (i.e. calculated for a couple rather than on individual contributions). Most felt the current BSP (for a single pensioner) to be inadequate – even when combined with other benefits. There was a widespread belief that pensioners had become worse off in the last decade or so, but interestingly – given its relatively high profile - many were not aware of the formal break from earnings-related rises. Many respondents felt that the single person's rate should be raised substantially, from the then rate of £64.45 to between £80-120. Hedges points out that if the earnings link had not been broken current payments would be at the lower end of what his respondents considered to be 'fair'. Whilst many workers were willing to pay more NI to fund this, this was often not at the level required to produce a £40 a week increase. His work also found that whilst there was strong support for the role of the state in ensuring that this would be an adequate pension, those aged under 40 said they would not count on there being a state scheme by the time that they retired. Confidence in the continuation of the state scheme seemed to be important in terms of people's willingness to pay. Some dissatisfaction with the Upper Earnings Limit was expressed, with the majority believing that high earners should pay more in and retain their right to this benefit.

Most were against means-testing the BSP, with a strong value attached to the contributory principle. Amongst all ages there was concern about the value of the BSP being lower than Income Support, and that those with small additional incomes would sometimes be means-

tested out of additional benefits and concessions. Some pensioners taking part in the study had not claimed benefits to which they were entitled, reporting a reluctance to accept additional support or to feel dependent, as well as the hassle of applying and embarrassment at answering personal questions.

Edwards, Regan and Brooks, (2002) also considered means-testing within their qualitative study. They found concern amongst their respondents that means-testing led to support being targeted on some people considered to be undeserving whilst those who contribute all their lives receive less support for their efforts. Therefore, for some, there was both the concept of the 'undeserving poor' (who might have a 'free ride' if benefits are simply targeted) and the 'deserving rich' (who are viewed as entitled to state provision by virtue of their contributions, despite having significant personal assets and income). Indeed, older people within this study expressed how people of their generation often would not succumb to means-testing because of the corresponding stigma, and that – as in Hedges' research – many resented the intrusion into personal finances as well as the potential for withdrawal of support for those only just above the means-test limits.

State Earnings Related Pension

Whilst Hedges (1998) found widespread recognition of SERPS, there was not widespread understanding – with the majority not able to expand on the acronym, and many unaware that it was compulsory for those earning above the lower earnings limit and not contracted out, but closed to the self-employed. He also found evidence that people confused the BSP and SERPS, assuming that as they had 'opted out' they would receive neither. Others were unclear about their current SERPS position, including those now self-employed who had previously made SERPS contributions.

Beliefs about Private Pensions

Hedges (1998) again found a vague level of awareness in relation to the opting-out option, with most aware it is possible but unaware of the implications; thus people made reference to behaving as others had at their workplace, or under the advice of salesmen which they had not always fully understood.

Occupational pensions

However, in the Hedges (1998) study, people often had a good level of understanding of occupational schemes, and considered them to be more valuable than personal pensions (with, often, both employer contributions and final salary benefits). A further benefit was perceived to be the limited decision making required, and this is perhaps reflected in the lack of awareness concerning Additional Voluntary Contributions (AVCs), requiring opting-in, which occupational schemes have had to make available since 1988. But whilst for many employees, membership was near automatic, for others occupational pensions were not an option: some were not eligible for their employer's scheme, whilst other employers did not offer an occupational pension. Amongst those who did have an occupational pension, portability was a concern for some, given increased job insecurity, and that there was an awareness of the way in which small immoveable pensions might be frozen and then lose value. Some also expressed a distrust of their own employers in reference to the Mirror Group (Maxwell) pension scandal.

Personal pensions

In contrast, Hedges (1998) found that many people had little understanding of personal pensions, particularly among older people who said they would not have been able to afford them anyway, but also among younger people who had taken them out. Their benefits were considered to be flexibility (e.g. portability), and the potential for high returns. However, he found that they were also perceived to be particularly risky, and that this view was likely to have been exacerbated by their unfamiliarity and the increased decision-making required by the individual. Sources of risk that were considered included affordability (many felt they would not be able to afford them) and the potential for poor investment returns. Whilst the proposals for stakeholder pensions were not developed enough to examine in depth at the time of this research, Hedges reported that they were considered to be attractive, combining the flexibility of personal pensions and the safety of a state-endorsed scheme.

Knowledge, experience and ability to plan

In a number of research studies reviewed by the Department of Social Security, a low level of knowledge about the social security system in general (and pensions in particular) has been a common thread (Williams, Hill and Davies, 1999). In Mayhew's (2001) analysis of the 2000 Omnibus Survey (conducted by National Statistics) she found very low levels of understanding of pensions overall, and this of course is likely to be a key factor influencing

people's ability to plan. Only 18 per cent of respondents of working age said they had a 'good knowledge' of pensions issues, with a further 40 per cent claiming a reasonable basic knowledge. Women were more likely than men to say that their knowledge of pensions was patchy, or even that they knew little or nothing about pensions issues. Whilst knowledge of pensions increased for men and women with age, even amongst those closest to retirement (aged 55-64) only a fifth claimed that their knowledge was 'good'. Those with the least knowledge were those on low incomes, who were younger, and not working or working part time. Given that we know that these are the groups least likely to have non-state provision, it is unsurprising that there was a relationship between ownership of a non-state pension and reported knowledge: over two thirds of those with an occupational or personal pension plan said they had a good or reasonable knowledge, compared to just 36 per cent of those with no non-state provision. Particularly worrying is that a third of those with no private cover said that they knew little or nothing about pensions, compared with just one in twenty of those who had an occupational or private pension. Of course, making pensions arrangements is likely to add to one's knowledge, but we could speculate from these findings that a lack of clarity, as well as lack of funds, is a significant barrier to making active decisions about saving for a pension.

For many people it seems then that both the public and private pensions systems were not well understood, and this is likely to contribute to the poor planning confessed within the Hedges (1998) study. This is of concern alongside the expressed uncertainty concerning the future of state provision, which meant that people felt particularly unable to plan for their own old age. The compulsory nature of the state pensions was valued, as it was widely felt that people should be protected by the state against short-sightedness or unwillingness to make retirement plans. Hedges (1998) also found that many respondents did not think much about pensions until they were in their 40s or 50s, and even then this was often the result of an external 'trigger' such as parents' retirement, their own illness, personal pensions sales contact, or being faced with an 'automatic' pension decision such as whether to opt out of SERPS when starting new employment. Internal factors impacting on pensions planning behaviour were feelings of uncertainty and insecurity (in relation to work and welfare), and a 'prudent' personality. A lack of information about the benefits of early planning was found to be a source of regret to some, some of whom said they had never had this explained to them in relation to personal pensions. A sense of confusion or bewilderment at the complexities

involved in pensions led many to argue that the state should have a strong role in providing independent information and regulation of the private sector.

Many of the younger people in the Edwards, Regan and Brooks (2002) study had occupational cover, or had initiated a pension following a life event (such as redundancy or becoming a parent). The middle age-group was split significantly in the levels of self-provision accomplished, with some higher-income individuals owning substantial savings, investments and private pensions, whilst those on lower incomes (and particularly women) looked forward to having to rely mainly on income from the state in their old age. For middle and older age groups there was some sense of having been left behind, given that they now did not have time or resources to make adequate personal provision to compensate for the reduced input of the state. Older people of all income groups felt that the state had neglected them, and those on lower incomes group were largely reliant on the BSP.

Perceptions of cash and care

Hedges (1998) draws attention directly to respondents' perceptions of the impact both of long-term care costs and reduced concessions for older people on the incomes of pensioners:

The costs of health-related care for pensioners are seen to bear increasingly heavily as charges are made for what were previously free services, for example home helps, home visits from nurses or care assistants for bathing etc, teeth, glasses and prescriptions for those just above Income Support thresholds, and so on. At the same time pensioner concessions (notably concessionary fares) are often said to have been reduced by cash strapped local authorities and other providers. The pension isn't seen to take account of such changes in costs and concessions.

Hedges (1998), pp. 14-15

Edwards, Regan and Brooks (2002) found, however, that there was poor understanding of the role of government in relation to *both* long-term care and pensions. Whilst people may have more worked out attitudes and experience of pensions than long-term care, it seems clear that for many pensions is a difficult area to comprehend. It is unlikely that individuals will be able to or can engage in active planning for later life because, although there is a general awareness of reduced state provision, there is little detailed awareness of pensions and care. I

now turn to the ESRC research to consider our evidence on attitudes and behaviours towards pensions before considering public responses to the long-term care debate.

PUBLIC ATTITUDES AND BEHAVIOUR TOWARDS PENSIONS: FINDINGS FROM THE ESRC SURVEYS

The ESRC study, which forms the basis for this thesis, collected a large amount of data relating to pensions, which can be considered alongside both the above reported research and the ESRC data reported later which relate to long-term care, to give a fuller picture of financial planning for old age. Questions concerning pensions and savings attitudes and behaviours were asked in survey one and in survey two. Survey two collected detailed information on respondents' behaviour.

Public attitudes to pension provision

Items in survey one were included to cover the following issues:

- Public attitudes to state spending on welfare (including pensions and long-term care).
- The extent to which people have an 'egalitarian' approach to pensions provision.
- Where people believe responsibility for adequate pensions should lie.
- Beliefs about and experiences of current pension provision.
- Attitudes towards saving for a pension, saving for care, and saving for other purposes.

The following analysis, then, provides a basis from which our sample's responses can be compared with other attitudes work on pensions. In addition to a detailed description of attitudes by personal, socio-economic, and attitude variables (see Appendix 1), logit analysis is used to further explore some of the main influences on attitudes in this area.

Attitudes towards state welfare

A series of items used in previous British Social Attitudes Surveys allowed us to explore public opinion concerning state spending on different aspects of welfare and public services. Asked to say whether they would like to see more or less state spending in each area, respondents were told that if they said 'much more' spending, it might require a tax increase to pay for it. We inserted a new category 'Special Care for Older People' (see Table A1-4.1).

We can see here that a high priority for extra spending is given to health, education, pensions and the care of older people. The strong support for spending more money on care for older

people may, of course, reflect the subject matter of the survey, as questions concerning older people's care had already been asked before these items were presented. However, health and education were clearly the most supported in terms of willingness to pay extra taxes (30.9 per cent and 24.4 per cent respectively). There was less willingness expressed towards paying more taxes for pensions (20.6 per cent), and a similar proportion (20.3 per cent) stated they would support 'much more' spending on long-term care.

State spending on pensions

Responses to spending on pensions were examined further, to examine whether there were any noticeable patterns reflecting different views within the sample (Table A1-4.2). Given the small numbers involved, those stating they favoured less spending on pensions were merged with those saying spending should stay the same as now (i.e., not supportive of more spending). In fact, no significant differences were found here in the initial descriptive analysis by sex, working age status, life-stage group or marital/cohabiting status. Current or previous experience of care bore no relationship to this attitude. However, those with long-standing illness or impairment who received assistance supported much more spending on pensions more often, whilst those with no impairment were more likely to say spending should be less or the same as now.

Analysis by social class suggests non-manual workers are less likely to support a tax increase for pensions than manual workers. Social class III (m) were most likely to support much more spending and those in class II more likely to support spending being the same as now. Of course the small numbers involved make it difficult to say whether the highest level of support for less spending found in class I (7.3 per cent) would reflect the attitude amongst this group in the population at large, but even here most supported extra spending. Differences were also found by employment status, although there was no difference between employed and self-employed respondents. Those not currently in paid work of more than 10 hours a week were more supportive of an increase risking a tax increase than workers, although retired respondents did not express any more support for this than those not retired. Unemployed respondents were much more supportive of increased spending on pensions than those with no recent experience of unemployment: any experience of unemployment in the last five years also seemed to increase people's support for increased spending. Findings amongst those not working and the unemployed may reflect less concern with paying taxes,

but also more ability to empathise with living on state benefits or pensions, and a greater likelihood of having no non-state provision for one's own old age.

Those with the highest personal incomes most were likely to support less or the same amount of spending. So in relation to personal income, those earning over £29K were least likely to say that more or much more should be spent on pensions, although this still represented nearly two-thirds of this group. A clearer picture emerged by household income. Respondents with low levels of household income (below £8,000 per year) were most likely to support much more spending (28.7 per cent, compared to 20.4 per cent amongst the sample available for this analysis as a whole). Older respondents (above retirement age) and women are both over-represented in this income category, which is likely to have most to gain from increased spending on state pensions. Respondents in this group may consider tax increases to hit other peoples' incomes far more than their own; however willingness to pay extra taxes may also reflect either direct experience of state benefits or an ability to empathise with the difficulty of living on a low basic pension. So whilst there is a relationship between income and willingness to pay as expressed through this item, over seven tenths of each income group supported more state money being spent in this area. In relation to assets, no substantial differences were found by household tenure.

Attitude type concerning long-term care funding (the 'consist' variable described in chapter three) was found to be related to the respondents' attitude towards increasing spending on pensions. Pro-state and inconsistent respondents were most likely to support much more spending, whilst those supporting mixed-economy and individual approaches were least likely to feel this way. Overall, however, 'inconsistent' respondents were the most supportive of either much more or more spending in this area, and the vast majority of each attitude group felt this way.

As would be expected Labour party affiliates were more likely than Conservative party affiliates to support much more spending on pensions (28.3 per cent compared to 10.3 per cent), and it was the Conservative party supporters who were most likely to support either maintaining or reducing current spending levels. However, over 70 per cent of each group were supportive of more spending.

Multinomial logit analysis was conducted to examine the main effects of life-stage, sex and party. In Table 4.1 the log-odds are displayed (these are displayed as the ‘parameter estimate’ within SPSS), as are odds-ratios (the exponential of the log-odds), and z-scores. Z-scores of above ± 1.96 show that any difference identified on that category of the explanatory variable is significant. Significance of the overall model is shown in the chi-square statistics ($p > .05$ indicates that the model fits the data well).

The odds-ratios for men and women’s responses were all very close to 1, confirming that there was very little difference here between the sexes. If we look at the z-scores we can see that the most significant patterns concerning people’s likelihood to support ‘much more’ spending (and therefore a possible tax increase) occurred by party (as might be expected), but also independently existed by life-stage. This analysis confirms then that older respondents *were* more likely to support much more spending on pensions, as were Labour party affiliates.

The log-odds can be used to examine the relative odds for giving a particular response for individuals who have different characteristics. By exponentiating the difference between the log-odds on two categories of an explanatory variable we can see the odds ratio for that comparison. For example, by looking at the log-odds and the corresponding odds ratios we can see that the odds for supporting much more spending on pensions are highest in the 55-70 life-stage group. The odds ratios for comparisons with the younger and middle life-stage groups are as follows:

$$\begin{aligned} & \text{Exponential } [e] \text{ (Life-stage 3/much more pensions - Life-stage 1/much more pensions)} \\ & = e (0 - (-0.6832)) = 1.9802 \end{aligned}$$

$$\begin{aligned} & e \text{ (Life-stage 3 / much more pensions – Life-stage 2 / much more pensions)} \\ & = e (0 - (-0.7071)) = 2.0281 \end{aligned}$$

The likelihood of a respondent supporting this policy is therefore increased by about a factor of 2 if they are aged 55+ as compared to younger and middle life-stage respondents where all other characteristics of respondents in the model are equal.

Labour respondents likelihood of supporting the policy can also be examined in this way.

$$\begin{aligned} & e \text{ (Labour / much more pensions – Conservative / much more pensions)} \\ & = e (1.1297 - (-0.8284)) = 7.0859 \end{aligned}$$

$$\begin{aligned} & e \text{ (Labour / much more pensions – Liberal democrat / much more pensions)} \\ & = e (1.1297 - 0) = 3.0947 \end{aligned}$$

Therefore, where two respondents share the same life-stage and gender, being a Labour Party affiliate can be seen to increase the odds by 7 of supporting much more spending when compared to Conservatives, and by a factor of about 3 when compared to Liberal democrats.

Table 4.1: Logit analysis – Life-stage, Party affiliation and Sex– main effects on whether there should be more or less state spending on old age pensions (Unweighted data: N=695)

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Much more spending on pensions	0.4553	1.5767	1.21
	More spending on pensions	1.3290	3.7773	4.22
	Same or less spending on pensions*	-	1	
Sex	Much more spending on Pensions			
	Men	-0.0799	0.9232	.31
	Women*	-	1	
	More spending on Pensions			
	Men	-0.0974	0.9072	.45
	Women*	-	1	
	Same or less spending on Pensions*			
	Men	-	1	
	Women	-	1	
Life-stage	Much more spending on Pensions			
	Life-stage 1 (25-39)	-0.6832	0.5050	-2.17
	Life-stage 2 (40-54)	-0.7071	0.4931	-2.13
	Life-stage 3 (55-70)*	-	1	
	More spending on Pensions			
	Life-stage 1 (25-39)	-0.4065	0.6660	-1.51
	Life-stage 2 (40-54)	-0.2226	0.8004	-0.8
	Life-stage 3 (55-70)*	-	1	
	Same or less spending on Pensions*			
	Life-stage 1 (25-39)	-	1	
	Life-stage 2 (40-54)	-	1	
	Life-stage 3 (55-70)	-	1	
Party	Much more spending on Pensions			
	Conservative	-.8284	0.4367	-2.07
	Labour	1.1297	3.0947	3.02
	Liberal democrat	-	1	
	More spending on Pensions			
	Conservative	-0.2472	0.7810	-0.81
	Labour	0.7625	2.1436	2.42
	Liberal democrat	-	1	
	Less or same spending on Pensions*			
	Conservative	-	1	
	Labour	-	1	
	Liberal democrat	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		17.6124	24	.8214
Pearson		18.0882	24	.7987

54 defined cells; Delta=0 (0 empty cells)

*indicates comparison category

The extent of egalitarianism

Our first stage sample were next asked a very broad question, to see whether or not they held 'egalitarian' principles in relation to access to pensions (Table A1-4.3). They were asked to say whether they felt that pensions should be the same for everyone, or whether people who can afford it should be able to pay for better pensions. Given that the question followed the items regarding state spending, many respondents are likely to have thought about state-provided pensions when answering. Others may have responded with little understanding of what the pensions system provides. Therefore it reflects a very general attitude.

Just under a quarter felt that pensions should be the same from everybody, whilst just under three-quarters thought people should be able to pay for better cover. Interesting differences were found by sex, working age status and life-stage. Women were more likely to believe that pensions should be the same for everyone – 28.8 per cent of women giving a response felt this way, in comparison to just 20.5 per cent of men. This is likely to reflect the lower levels of access women have achieved to non-state pensions. There was also a significant difference here between the retired and non-retired, with nearly a third of retired age respondents feeling that pensions should be the same for all, compared to just under a quarter of the non retired. Those retired may already have had either experience or awareness of poor incomes in later life, and are also the generations likely to have had the least access to occupational and personal options. This finding was reflected too when these responses were examined by life-stage, with the 55-70 year old respondents more supportive of an egalitarian approach to retirement income than either the younger or middle age group respondents. This finding is also likely to reflect people's expectations or hopes for themselves - as older people and women are those who are least likely to be 'able to pay for better'.

Analysis by marital/cohabiting status shows that unmarried respondents were most likely to support pensions being the same for all. No patterns were apparent by previous caring experience or long-standing illness/impairment.

There is however an interesting pattern when responses are examined by social class. Responses from social class I and III(nm) show a high level of support for being 'able to pay for better', whilst it is those who are in social class V who are most likely to support the idea that pensions should be the same for everybody. Therefore, although an examination between manual and non-manual respondents is also significant (with non-manual people most likely

to support ‘paying for better’) this analysis hides other patterns across the specific class groups.

Of those in work, no differences were found between the employed and the self-employed on this item. Those who were in some form of paid work (over 10 hours a week) were most unlikely to be egalitarian, perhaps reflecting their experience of currently making some form of provision (particularly given that the same pattern remains if the retired age group are excluded). Around four-fifths of workers thought people should be able to pay for better pensions, compared to just two-thirds of non-workers.

Table 4.2: Logit analysis – Paid work (10 hours + per week), life-stage and sex – main effects on attitude concerning whether pensions should be the same for everybody or people should be able to pay for better (Unweighted data: N=932).

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Same for everybody	-0.4371	0.6459	-2.98
	<i>People should be able to pay for better*</i>	-	1	
Life-stage	Same for everybody			
	Life-stage 1 (25-39)	-0.2191	0.8032	-1.12
	Life-stage 2 (40-54)	-0.2793	0.7563	-1.37
	<i>Life-stage 3 (55-70)*</i>	-	1	
	Able to pay for better*			
	Life-stage 1 (25-39)	-	1	
	Life-stage 2 (40-54)	-	1	
	<i>Life-stage 3 (55-70)*</i>	-	1	
Paid work status	Same for everybody			
	In paid work 10hrs + per week	-0.5473	0.5785	-3.28
	<i>Not in paid work 10hrs + per week*</i>	-	1	
	Able to pay for better*			
	<i>In paid work 10hrs + per week</i>	-	1	
Sex	Same for everybody			
	Men	-0.3710	0.6900	-2.32
	<i>Women</i>	-	1	
	Able to pay for better*			
	<i>Men</i>	-	1	
	<i>Women</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		9.2020	7	.2385
Pearson		9.6816	7	.2073
24 defined cells; Delta=0.0 (0 empty cells)				
*indicates comparison category				

The contributions of paid work status (10 hours + per week), life-stage and sex have been explored further using logit analysis (Table 4.2). This suggests that life-stage appears to have less of an influence than either sex or current paid work status. Those in paid work and male respondents are confirmed here as less likely to be egalitarian than either non-workers or women. Given the odds of supporting egalitarianism in this main effects model, the respondent most likely to have this attitude would be aged over 55, not be in paid work, and would be female. However, an individual with these characteristics would still have low likelihood of supporting this approach

Both high personal income and high household income decreased the likelihood of respondents having an egalitarian attitude. For example, less than two thirds of individuals living in the poorest households (< £8K) felt people should be able to pay for better care, compared to about nine tenths of those living in higher earning (£29K+) households. In all but the poorest homes less than a quarter expressed an egalitarian view. A further way of considering people's economic position is by housing tenure. Those currently paying off a mortgage are *more* likely to believe that people should be able to pay for better pensions (79.6 per cent, as compared to 72.5 per cent of those who own their home outright, and 69.1 per cent of those in rented accommodation). It may be that as this group are most involved in *currently* contributing to their future via mortgaged home ownership that they are those most likely to also be in paid work and currently 'paying for better' pensions.

When this item was broken down by the 'consist' (attitude to long-term care funding) variable, over two fifths of the pro-state group felt pensions should be the same for everybody, still leaving a majority of this attitude group in favour of people being 'able to pay for better'. This contrasts *more* with the mixed economy attitude group (who were most against pensions being the same for everybody) than those in favour of individual responsibility. Perhaps these different groups have a different understanding of pensions provision, and so have interpreted the question differently. Or it may be that people's attitudes towards long-term care do not simply follow on from their attitudes to pensions, for example some of those supporting individual responsibility for long-term care may have a very different attitude to the state's responsibility for income. The relationship between party political affiliation and egalitarianism was also examined. Perhaps unsurprisingly, Labour affiliates were twice as likely as Conservative supporters to favour pensions being the same for all (of those responding, 30.9 per cent versus 14.8 per cent).

Table 4.3: Logit analysis – Working/Retired Age and Party affiliation/Sex– main effects on attitude concerning whether pensions should be the same for everybody or people should be able to pay for better. (Unweighted data: N=697)

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Same for everybody	-0.7584	0.4684	-2.36
	<i>People should be able to pay for better*</i>	-	1	
Working/retired	Same for everybody			
	Working age status	-0.5989	0.5494	-2.70
	<i>Retired age status*</i>	-	1	
	<i>People should be able to pay for better*</i>			
	Working age status	-	1	
Party/Sex	<i>Retired age status</i>	-	1	
	Same for everybody			
	Conservative man	-1.5158	0.2196	-2.77
	Labour man	0.5449	1.7244	1.61
	Liberal democrat man	0.18552	1.2038	0.36
	Conservative woman	0.0216	1.0218	0.06
	Labour woman	0.5465	1.7272	1.68
	<i>Liberal democrat woman*</i>	-	1	
	<i>Able to pay for better*</i>			
	Conservative man	-	1	
	Labour man	-	1	
	Liberal democrat man	-	1	
	Conservative woman	-	1	
	Labour woman	-	1	
	<i>Liberal democrat woman*</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		3.7640	5	.5839
Pearson		2.5482	5	.7692

36 defined cells; Delta=0.5 (2 empty cells)

*indicates comparison category

This logit analysis confirms the main effect impact of retirement age status, with people below retirement age having lower odds of supporting egalitarianism. Differences by party seem to be mostly driven by the increased odds of rejection of an egalitarian approach to pensions by Conservative men. This model estimates that Labour affiliated men and women had about the same likelihood of supporting egalitarianism, whilst the estimated odds for Conservative men were over four times less than for Conservative women.

Whose responsibility?

As has previously been asked in British Social Attitudes Surveys, the stage one sample were asked to say who they thought should be mainly responsible for ensuring that people have an adequate retirement income (Table A1-4.4). Respondents chose between ‘mainly the state’ (supported by 43.4 per cent), ‘mainly employers’ (10.8 per cent), ‘shared equally’ between the state and employers (37.7 per cent) and ‘some other arrangement’ (6.6 per cent). Those

responding 'some other arrangement' were asked to say what they meant by this, which identified 5.9 per cent of the total sample as saying that the individual should be mainly responsible.

Examination by sex shows that women were more likely than men to believe that employers and the state should share responsibility. Over four fifths of both men and women thought the state had some degree of significant responsibility - alone or with employers. Differences were also found to be significant by life-stage, but not by working age status. Younger people (25-39) were most likely to feel that responsibility should be shared by employers and the state; a majority (54.7 per cent) of older respondents (55-70) thought that the state should be mainly responsible for ensuring adequate retirement income. This is even higher than the support amongst retired age respondents, suggesting that those aged between fifty five and retirement age were most likely to feel this way.

The only difference apparent between those living with a partner and those who are single is that single people are less likely to see responsibility as resting with the individual (2.4 per cent as compared to 7.2 per cent). It may be that people who are part of a couple feel that they can share responsibility for retirement planning with someone else, making it less of a personal burden. However the numbers are small here, making it difficult to examine possible explanations.

Differences between those in paid work and those not in paid work are interesting, as those not in paid work were most likely to think that employers should be responsible (14.8 per cent, compared to 8.8 per cent of workers). No significant differences were found by social class on this item. Examination by personal income shows that those earning more than £8,000 but less than £12,000 a year are least likely to support individual responsibility. A large proportion (32.4 per cent) of high earners (£35K +) stated that individuals should take responsibility. This is particularly of note as 'the individual' was only coded later, from 'other' responses, and was not flagged up within the survey question. Further analysis by household income, shows a clearer pattern, again perhaps reflecting that individuals consider their retirement planning as part of a partnership or family, rather than as an individual. Over half those living in households with less than £8000/yr income felt the state should be responsible; conversely the highest support for individual responsibility came in the highest household income band, although this was still only 16.3 per cent of this group.

An examination by housing tenure shows that those who own their homes outright were most supportive of the state being mainly responsible - which is to be expected given that this group is mainly made up of older people. An interesting difference exists between those paying a mortgage and those in rented accommodation: just 1.9 per cent of renters see the individual as mainly responsible, compared to 8 per cent of those buying their own home. Whilst this may of course reflect economic differences between these groups, it may also be that different experiences of either public or private welfare in one sector (e.g. housing) have implications for people's attitudes in another (e.g. pensions).

An examination of views about responsibility for pensions by attitude type ('consist' variable) finds that pro-state, mixed economy and pro-individual preferences have the expected relationship with views about responsibility for pensions, although individual responsibility is not supported very strongly in any group. Two thirds of pro-state respondents felt the state should be mainly responsible, and a further quarter felt the state combined with employers should share responsibility. Interestingly, those with inconsistent attitudes concerning care funding also appear to be strongly pro-state in relation to pensions. And so whilst their responses to questions about how care for older people should be funded may have been inconsistent, this could in part be because of some level of awareness of the means-tested funding system alongside a more generally pro-state attitude towards welfare. Whilst pro-self respondents supported individual responsibility more often than other respondents, this was still only just over a tenth of this group. In terms of party support, unsurprisingly Labour identifying respondents were least likely to feel individuals should make their own arrangements (just 1.8 per cent of those responding) and Conservatives most likely to support this (13.8 per cent). Conservatives were least likely to support state responsibility (36.2 per cent), and, perhaps surprisingly, Liberal-democrat affiliates showed slightly more support for the state as mainly responsible than did Labour supporters (53.4 per cent compared to 47.4 per cent). Multinomial logit analysis has been used to examine this further, with the explanatory variables of party affiliation, life-stage and sex (Table 4.4). The intercepts show that overall, before considering the main effects of life-stage, party affiliation and sex, state responsibility is most supported, followed by the state with employers, then employers alone, with very little support given to 'individual responsibility' (coded-post interview, as discussed earlier).

Table 4.4: Logit analysis – Life-stage, Party affiliation and Sex– main effects on attitude concerning whether adequate pensions should be the responsibility of the state or employers, (Unweighted data: N=696)

	Parameters	Log-odds	Odds Ratio	Z-score
Intercepts	Mainly the state	3.9196	50.3803	5.21
	Mainly employers	1.9400	6.988	2.34
	Shared state and employers	3.6855	39.8650	4.87
	<i>Individual responsibility*</i>	-	1	
Life-stage	Mainly the state			
	Life-stage 1 (25-39)	-1.2169	0.2961	-2.20
	Life-stage 2 (40-54)	-1.3445	0.2607	-2.43
	<i>Life-stage 3 (55-70)*</i>	-	1	
	Mainly employers			
	Life-stage 1 (25-39)	-0.7018	0.4597	-1.15
	Life-stage 2 (40-54)	-0.8755	0.4167	-1.42
	<i>Life-stage 3 (55-70)*</i>	-	1	
	Shared state and employers			
	Life-stage (25-39)	-0.8995	0.4068	-1.62
	Life-stage 2 (40-54)	-1.1924	0.3035	-2.14
	<i>Life-stage 3 (55-70)*</i>	-	1	
	<i>Individual responsibility*</i>			
	<i>Life-stage 1 (25-39)</i>	-	1	
	<i>Life-stage 2 (40-54)</i>	-	1	
	<i>Life-stage 3 (55-70)</i>	-	1	
Party	Mainly the state			
	Conservative	-1.6914	0.1843	-2.63
	Labour	0.8902	2.4356	1.18
	<i>Liberal democrat*</i>	-	1	
	Mainly employers			
	Conservative	-1.2131	0.2973	-1.66
	Labour	1.2104	3.3548	1.47
	<i>Liberal democrat*</i>	-	1	
	Shared state and employers			
	Conservative	-1.3321	0.2640	-2.06
	Labour	0.9704	2.6390	1.28
	<i>Liberal democrat*</i>	-	1	
	<i>Individual responsibility*</i>			
	<i>Conservative</i>	-	1	
	<i>Labour</i>	-	1	
	<i>Liberal democrat</i>	-	1	
Sex	Mainly the state			
	Men	-0.3015	0.7397	-.79
	<i>Women*</i>	-	1	
	Mainly employers			
	Men	-0.5190	0.5951	-1.21
	<i>Women*</i>	-	1	
	Shared state and employers			
	Men	-0.8421	0.4308	-2.19
	<i>Women*</i>	-	1	
	<i>Individual responsibility*</i>			
	<i>Men</i>	-	1	
	<i>Women</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		30.6394	36	.7212
Pearson		28.6148	36	.8046

72 defined cells; Delta=0.5 (7 empty cells)

*indicates comparison category

Conservative respondents had the lowest odds of supporting state responsibility. Life-stage had a significant effect on the odds of supporting full state responsibility for pensions, with respondents aged 55+ having increased odds of feeling this way when compared to the younger groups. Given the high odds overall of supporting state responsibility (alone and with employers) only quite small differences in odds were identified by the gender of the respondent. Women were more likely to support employers having responsibility, either alone or with the state.

Beliefs about current state pensions

Two questions were asked in the first stage that measured people's *perceptions* of the current state pension, i.e. they were not given specific values but were instead expected to provide an opinion. These, therefore, help us understand how people view the current state pension, which in many cases may have been naively, but in other cases will have reflected direct experience of the benefit (Table A1-4.5). Respondents were firstly asked whether they thought that the state pension for a retired couple nowadays is, on its own, more than enough, just enough, or less than enough for their basic needs. Over three fifths stated that it was less than enough, with just under a quarter believing it to be just enough. Respondents were next asked to say whether they thought the state pension for a retired couple should be more than enough, just enough or less than enough for basic needs. Just over three fifths believed that it should provide more than enough for basic needs, with just over a third believing it should be just enough. These two variables were combined: nearly half of the valid responses here felt that pensions were less than enough but should be more than enough for basic needs; a further seventh felt that the pension was just enough, but should be more than enough. Therefore three fifths of the sample responding here believed in a more than adequate state pension but felt that it was not currently fulfilling this role. A further fifth felt that the pension should be just enough but was less than enough. The overwhelming majority, then, saw the state pension as inadequate, in relation to their own beliefs about what (subjective) level it ought to be set at. The vast majority of the rest of the sample felt it was pitched at the right level: a very small number of respondents felt the pension should be less than enough and is less than enough for basic needs, and a larger group felt that it was just enough and should be just enough.

The combined variable was explored further, with outliers excluded. The only difference apparent by sex was that men were often stronger in their expressed level of dissatisfaction

than women, i.e. of men and women who felt the BSP should be more than enough, women more often stated that pensions were just enough for basic needs whilst men felt they were less than enough. Respondents currently providing care to relatives, friends or neighbours appeared to be slightly more dissatisfied with current provision, with greater expectation that the BSP should be more than enough for basic needs.

Those living in households with high household incomes were just as often dissatisfied with current levels, but more often felt the BSP ought to be 'just enough' rather than 'more than enough' for basic needs. It may be, of course, that this group has a very different subjective account of what basic needs entail, as well as additional resources! A similar pattern emerged by personal income: whilst the same proportion of each reduced personal income group felt the pension was less than enough but should be more than enough for basic needs, a greater proportion overall of those earning <£15K felt it should be more than enough. In terms of attitudes towards long-term care finance, the pro-state group were by far the most dissatisfied with current levels of state pension provision, as were Labour party affiliates.

Retirement Income Behaviour

Our nationally representative sample, then, uncovered different approaches to pension provision amongst workers and non-workers, men and women, and people of different ages and political opinions. Before looking in depth at retirement income behaviour from the stage two survey, it is worth taking a brief overview both of general savings attitudes and potential behaviours, as well as the pension experiences of retired respondents in stage one.

General attitudes towards saving

During the stage one interview respondents were presented with a number of vignettes to examine their general attitudes towards both saving and investment at different life-stages (Table A1-4.6). They were asked to choose from a list of options the most important and second most important reasons for saving for: (i) a couple in their 40s; (ii) a couple approaching retirement; and (iii) a retired couple. The options presented to respondents were to pay for their own care in old age, to leave to their children and to pay for care for their parents.

Respondents were more likely to feel that those in their 40s should be saving for their own old age than they were to feel that those close to or beyond retirement should do so (82%,

79% and 76% at each life-stage respectively). Even so, the majority clearly felt that this was a priority for all groups.

No differences by household income or personal income were found here, and men and women showed no significant differences on any of these items.

However, the three age groups varied in their views about the savings priorities of people in their 40s. The youngest age group were significantly more likely to prioritise leaving money to children, and the oldest age group were more likely to prioritise saving for old age - although over 3/4 of each group favoured the second option. This pattern was not repeated in answers about the other life-stages. The same pattern was found between retired and non-retired respondents on this first item.

We cannot explain this variation from the data, but it could be that some of the youngest age group (25-39) hope for inheritance from their grandparents or parents; after all, the possibility of inheritance is likely to feel more immediate than the possibility of requiring finances in old age. The answers of the older respondents (55-70) may reflect their own regret that they had not saved for long enough for their own old age, and their more pending concerns about their level of retirement assets and income. At all life-stages, however, saving to leave money to children was more likely to be a first priority than saving to pay for care for elderly parents.

No difference on the first item (priorities for those in their 40s) was found by attitude type or social class - but differences were found by party, as Labour Party affiliates were the most likely to say 'to leave to their children': support for 'cascading wealth down the generations' was therefore found in the most unlikely place. And those who owned their home outright were also most likely to see saving as a priority for one's own old age and least likely to see the purpose as being to pass money on to children.

No significant findings resulted amongst attitudes towards those near retirement age. The only significant differences in views towards a retired couple's priorities were by party. Here Conservative affiliates were least likely to say 'to leave to grandchildren' and Labour supporters were most likely to choose this option.

Priorities for spare income

These findings then would suggest that personal security was considered to be a priority for saving. However, when stage one respondents were asked how they would use extra money available if their outgoings were much less than at present, few respondents mentioned preparing for old age through pensions provision - not surprisingly preferring to opt for immediate needs or wants. They were asked to say how likely they would be to spend or save money, in a variety of ways (Table A1-4.7).

Respondents were more likely to say they would be 'very likely' to 'spend more on day to day needs' (27 per cent), spend money on things for the home (32 per cent) or to make improvements to their home (30 per cent), than they were to invest in a pensions or saving plan (16 per cent). And of the 723 home owners, just 10 per cent said that they would move home and take out a bigger mortgage.

People most often said that they were very likely to spend it on themselves and their families (33 per cent). However 27 per cent said they would be very likely to save in a building society or bank account - i.e. made a general reference to saving. Just 4 per cent said they would be very likely to buy stock shares or unit trusts - perhaps indicating that the general public still views this as a privileged or unobtainable form of saving.

Some interesting differences were found amongst the sample. Women most often said that they were 'not very likely' or 'not at all likely' to buy stock, shares or unit trusts (90 per cent, as compared to 81 per cent of men).

Older respondents were less likely to refer to buying new things for their home, or to make home improvements, or move to a home with a larger mortgage - suggesting that they were most settled with their living arrangements. They were also least likely to say they would invest in a pension or other savings plan. This pattern was apparent both by life-stage and by working age status. The attitudes of older people were mirrored by the attitudes amongst those who owned their home outright (suggesting a substantial overlap between these two groups).

Some variation was found by attitude type. 'Inconsistent' respondents were least likely, and 'self-provision' respondents were most likely, to say they would be very likely to invest in a

pension or savings plan. Those identified as pro state were most likely to say they would be very likely to spend more on themselves or their family, or on day-to-day needs (closely followed by the inconsistent group in each case). Labour supporters were least likely (and Conservatives most likely) to say they would invest in a pension or savings plan - and this pattern was repeated when respondents said how likely they would be to invest in stock, shares or unit trusts. Labour affiliates (the youngest party affiliate group) were most likely to say they'd spend more on themselves or their family, or on day-to day needs.

Social class showed up few differences: as might be expected however, those in social class I and II were most likely to say they would purchase stock, shares or unit trusts, whilst those in the manual groups (and those in rented sector accommodation) were more likely to say they might spend more on day to day needs. Those findings were closely mirrored by household income - those on less than £8K per annum did not think they would be likely to buy things for or make improvements to their home, or to save or invest the spare money. This group, a third of whom were of retirement age or above, were the most likely to say they'd be very likely to spend more on day-to-day needs - which might suggest that they currently have pressing needs. Examination by personal gross income showed that the income rich (£35K +) were most likely to make long-term investments.

Pension experiences in the stage one sample

All those who had retired (n=121: see table A1-4.8) were asked whether they received a non-state pension, i.e. a private or occupational pension. Three refused to say, over half received an occupational pension, and one third received no non-state pension. Comparisons by working age status and gender are difficult to make, given the small number of women under 60 who classified themselves as retired. However, gender differences are apparent in the retired age population, where only six of thirty-four men do not have a state pension, compared to thirty one of the fifty eight women. All those over retirement age were asked what they thought of the current level of the BSP, and what their expectations were for it over the next year. The vast majority (over three quarters) felt it to be on the low side. The pessimism for the future amongst this group reflects findings from other surveys, with over two thirds expecting it to purchase less than now in a year's time.

Planning a pension

Given the complexity of pensions and the arguable lack of transparency in the overall system, further insights into people's attitudes, behaviours, feelings and experiences are available from the second stage data. So to what extent are individuals who are below retirement age *able* to take responsibility for their own retirement income? Most of our second stage respondents said that they had given a lot of thought or some thought to their pension provision, with the remaining sample equally divided between those stating that they had given it little thought or no thought at all (Table 4.5). Those who said they had given it a lot of thought tended to be older respondents.

Table 4.5: How much thought have you given, would you say, to making arrangements for an income when you retire?

	N	%	Age range	Mean
A lot of thought	40	39.2	29-59	45.72
Some thought	40	39.2	25-62	40.30
Very little thought	11	10.8	30-50	36.55
Not thought about it at all	11	10.8	28-54	39.64
Total	102	100.0	25-62	41.95

All those who said they had given it some thought were asked to say whether they felt what they had done so far was sufficient (Table 4.6). Two fifths of respondents felt that they had done as much as they need to at present, and these also tended to be older.

Table 4.6: Do you feel you have done as much as you need to at present, or not as much as you should have done?

	N	%	Age range	Mean
As much as I need to	39	38.2	25-59	44.15
Not as much as I should have done	51	50.0	25-62	41.00
<i>Can't say</i>	<i>1</i>	<i>1.0</i>		
<i>Not thought about it at all</i>	<i>11</i>	<i>10.8</i>		
Total	102	100.0	25-62	41.95

A number of those who felt they had done enough made reference to occupational pensions, personal pensions, and other savings or investments:

I have put in as much as I can. I have topped it up and pay AVCs. I've since had a promotion and my pension has been upped.

Married man, aged 59, pro-self (10441)

However, not all of those who said they had done as much as they needed to felt they had actually done much to date. This response could also reflect the feeling that as much had been done given the individual's circumstances, as well as the intention to do (or hope that they would be able to do) enough in the future:

It's a bit before I am on a pension.

Single man, aged 47, pro-self (21)

I anticipate doing a lot more in the next 15 years but I don't think I could have done any more up to now. I was in very short-term jobs. There were no pension schemes.

Married man, aged 50, pro-state (2551)

Of those who felt they had not done as much as they should have done several felt that they were not doing enough but could not afford to do more. A number cited their work history (e.g. past or present unemployment, part-time working) and were concerned that this had implications for their retirement.

I've had time off and am now only part time. I now need to top up my pension contributions.

Married woman, aged 44, pro-state (1781)

I've never had a regular job that gave me an income to allow me to put money aside for pensions.

Married woman, aged 45, mixed economy (3951)

Recently I haven't had the time. Busy with the new job for six months, and before that [I was] unemployed and not able to [put money aside for a pension]

Divorced man, aged 44, inconsistent (14411)

Lack of time to sit down and address the issue was cited by several respondents. Others had developed ideas concerning what they ought to be doing, but had not yet acted.

Understanding of pension schemes

All but three of our stage two respondents had heard of the BSP, one respondent had not heard of occupational pensions, and another had not heard of personal schemes (Table 4.7).

There was considerably less recognition of SERPS, with nearly a quarter saying that they had not even heard of it. All seven older respondents (i.e. those aged 55+) in the sample had however heard of it.

Table 4.7: Have you heard of... (n)

	Basic State Pension	SERPS	Occupational pensions	Personal pensions
Yes	99	78	101	101
No	2	23	1	1
Don't know	1	1	0	
	102	102	102	102

Expectations of the basic state pension

Most respondents thought that they had been contributing towards a basic state pension, and felt that they would definitely or probably receive such a pension on retirement (Table 4.8).

Table 4.8: Do you expect to receive the state basic pension on retirement, and do you think that you have been contributing towards it through either NI or NI credits?

	NI contributions/credits Yes	NI contributions/credits No	Don't know	
Yes, definitely	61	3	0	64
Yes, probably	16	3	1	20
No, definitely not	8	1	0	9
Don't know	7	1	1	9
	92	8	2	102

Most who felt they would definitely receive BSP referred to having 'paid in' though tax and NI. However, some qualified this certainty by expressing an awareness that state pension provision could change:

As things are now but things may change and there may not be a state basic pension. [p] Because of events over the past few years - benefits have been chopped and pensions might be on the hit list.

Married man, aged 53, inconsistent (0271)

I hope so - I'm not sure if it will be available though now you ask the question.

Single man, aged 38, pro-state (21391)

Others were unclear about eligibility, and were ambiguous as to whether they understood the BSP as a universal contributory or means-tested benefit:

From what I know of it, I just expect that everyone gets it. Although, for the last 7 years I have only worked part time so I don't know if that has any effect. But I've always paid national insurance.

Separated woman, aged 33, mixed economy (2701)

Because everyone gets the state pension. Everyone is entitled to it in some form. Could be a lower amount if you haven't worked for long, or your husband hasn't.

Married woman, aged 33, pro-state (21431)

Amongst the 20 people stating that they would 'probably' receive this benefit, several made reference to the potential for state benefits to change. One of the nine respondents who did not expect to receive the pension clearly felt the government would not have one for him. On being asked why he did not expect to receive the benefit, the reply was:

Because I trust the government like I trust a shark. Because they're dishonest. Been taking people's money for years and don't want to give it back - because they're thieves. The most blatant 600 fraudsters sit in parliament.

Single man, aged 38, pro-state (09991)

Public expectations of SERPS

Respondents were shown a card describing SERPS and were asked whether they expected to receive any Additional Pension through SERPS when they reached retirement age. There were also asked whether they had ever made contributions towards a SERPS (Table 4.9).

Table 4.9: Do you expect to receive any additional pension through SERPS when you reach retirement age, and do you think that you are or have ever been contributing towards it?

	Have made contributions	Have not made contributions	Don't know	N
Yes, definitely	4	3		7
Yes, probably	5	4	3	12
No, definitely not	1	55		56
Don't know	2	15	10	27
	12	77	13	102

Of the twelve stating that they had made contributions, one did not think they would receive a pension and two were unsure. Interestingly seven people, four men and three women, who said that they had not made contributions felt that they would definitely or probably receive a SERPS, suggesting that a lack of knowledge about pensions provision can lead some people to be overly-optimistic. On closer inspection, only one of this group was pro-state in attitude to long-term care funding, and none were inconsistent – and this is interesting given that most thus saw a strong role for the individual in financial responsibility for care costs in old age!

Membership of occupational schemes

In stage one, we found that respondents were very supportive of employers having responsibility for pensions along with the state. All those currently working as an employee were asked whether their current employer provided a pension scheme that employees could join (Table 4.10). Fifty one of the sixty seven employees were eligible for membership of such a scheme, although just forty one of these were making contributions.

Table 4.10: Employed respondents experience of occupational schemes

	N
Respondent member of occupational scheme....	41
... <i>compulsorily</i>	21
... <i>voluntarily</i>	17
... <i>Don't know</i>	3
Eligible and not a member	7
Not eligible	3
<i>i.e. Employer provides a scheme</i>	51
Employer provides no scheme	16
Total Employed	67

Half of respondents in a scheme said that membership was compulsory, reminding us that for many the experience is of making provision whilst not having to actively think or act to do so. Forty of those who were members of occupational schemes agreed to answer questions about the benefits the scheme entitled them to. This is of interest, largely because of the amount of uncertainty people display about provision they are currently making, (although one resourceful respondent did refer to the relevant pension papers). In particular, and importantly in relation to care funding, this uncertainty exists around access to a lump sum on retirement, and benefits to any dependants left behind (Table 4.11).

Table 4.11 : Current Occupational Pension: Benefits Entitlement (N=40)

	Yes	No	Don't know
Pension on retirement	40	0	0
Choice of taking some benefit as a tax free lump sum	13	13	14
Automatic tax-free lump sum on retirement	14	8	17
Guaranteed pension if forced to retire early due to accident or sickness	32	2	6
Regular pension to dependants should you die before you retire	22	6	12
Lump sum payable to dependants should you die before you retire	20	5	15
Pension for a widow(er) if you die first, after retirement	22	3	15

Of those who said that they were ineligible for an occupational pension, two were women in part time work, and one was a male respondent who was employed on a temporary casual basis. A further respondent, a man in his thirties, who said that he was eligible and had not joined, later contradicted this and said that he had not been working for the employer for long enough to be a member. Amongst the remaining six eligible who had not joined, one respondent said that they had only just become eligible, two said they instead had a personal pension, and two referred to a lack of money (one due to part-time working). A distinct lack of trust was expressed by the remaining respondent.

Because in effect contributing to their scheme is relying on someone else to manage my money and I've come to the conclusion that any arrangements I make I wish to have a lot of control over such that any failure of such a scheme will be due to me and not some third party.

Single man, aged 40, mixed economy (20101)

Nine respondents who had an occupational pension had taken action to pay Additional Voluntary Contributions. Most (six) were men, and all were aged over 39 years of age with most in their late forties or fifties. The full range of attitudes ('consist') to long-term care finance were expressed amongst this group.

Membership of personal pensions

Fifteen respondents in stage two were currently contributing to such a personal pension scheme, and a further four respondents were contributing to two or more schemes. They were asked to state when they started making contributions, and responses suggest that around half

were started before they received approved status in the late 1980s. No differences were apparent here by attitude ('consist') type (see table 4.12).

Table 4.12: 'Consist' by personal pension ownership

	One personal pension	Two or more personal pensions	No personal pension	N
Pro-state	3	1	24	28
Mixed economy	4	0	23	27
Pro-self	4	1	18	23
Inconsistent	4	2	18	24
	15	4	83	102

Respondents paying into a private pension were asked why they had bought such a policy. References were made to state pensions, and concerns about their future value - or existence:

We thought that at retirement age there wouldn't be enough for a reasonable living standard. Government Pensions won't give us a lot when I get to pension age.

Married man, aged 42, pro-self (10271)

So I was adequately looked after when I was old plus I don't think there will be a state pension when I retire

Man aged 35, separated since first interview, pro-state (10551)

The other major factor descry bed was lack of access to occupational schemes.

For later life. The last company I worked for did not have a company scheme

Single man, aged 37, inconsistent (9531)

Because I'm self-employed and it's the most obvious and tax efficient way of getting a pension if you are not in an employer's pension scheme.

Married man, aged 44, inconsistent (2421)

Other references made were to professional advice and to intermittent working, for example:

Advice from professionals, - Insurance broker - I wasn't working at the time.

Married woman, aged 45, inconsistent (2461)

None of the 19 respondents currently contributing to a private plan had bought the pension with a lump sum on its own: 18 were making a series of contributions, and one had paid a lump sum and was also making regular contributions. Four of this group were currently making additional contributions, and 1 had done so in the past. Of the 15 not currently making additional payments, 8 thought that they would do so in the future, 4 said that ‘it depends’ and just 3 thought that they would not. Just seven of this group were employees - and of these all currently said that their employer arranged the scheme, but did not contribute to it.

In terms of the benefit entitlements they were purchasing, there was again some uncertainty amongst respondents along the lines displayed by those with occupational pensions (Table 4.13).

Table 4.13: Personal pension benefits entitlement [N=19]

	Yes	No	Don't know	Refused
Pension on retirement	18	1	0	0
Choice of taking some benefit as a tax free lump sum	14	1	4	0
Automatic tax-free lump sum on retirement	5	7	6	1
Guaranteed pension if forced to retire early due to accident or sickness	2	12	4	1
Regular pension to dependants should you die before you retire	5	2	6	1
Lump sum payable to dependants should you die before you retire	10	4	4	1
Pension for a widow(er) if you die first, after retirement	9	5	5	0

However, in relation to private pension entitlements there was *less* uncertainty expressed - and in particular respondents appeared to be better informed about lump sum benefits.

Expectations for retirement income

Whilst a majority of stage two respondents said that they were at least fairly confident that they would have enough funding to enable them to retire, a third of this group had become less confident than they had been about their financial provision in the last year (Table 4.14).

Table 4.14: Are you confident that you will have enough to live on after you retire, and have you been feeling more confident or less confident about the financial provision you have made, for your retirement in the past year?

	More confident	Less confident	No different	Don't Know	N
Very confident in retirement income	8	2	5	0	15
Fairly confident in retirement income	8	17	20	1	46
Not very confident in retirement income	0	12	9	3	24
Not at all confident in retirement income	1	7	3	1	12
Can't say	0	1	3	0	4
Refused	0	0	1	0	1
Total	17	39	41	5	102

A number of reasons were given for feeling less confident: several mentioned government policy of the time, or the state of benefits; for some money was tight or retirement was felt to be fast approaching and this made them less sure of their provision. A number of women mentioned their husbands' employment or pensions status as a cause for concern. The seven respondents who said that they were not at all confident in their retirement income, and had become less confident in the last year, were looked at more closely. Five of this group were aged thirty two or below, and only one respondent was a man.

Well the state pension won't be very much unless I can get a decent job – at the moment there's no sign of that.

Single man, aged 31, pro-state (5201).

Because I'm on a low paid job and that just runs to pay my bills. I have to run a car to go to my job which is not accessible by public transport and I am not able to save money for my retirement.

Single woman, aged 49, pro-state (5471)

The nature of my work is short term contracts only therefore I cannot afford to think long-term.

Single woman, aged 28, pro-state (15231)

This suggests that men and women in insecure employment, and specifically young woman, are able to consider what their future care needs are and yet find it difficult to plan for

retirement. Confidence in the state system and one's own perceived contributions past and future were clearly important here.

Variable pensions

As discussed earlier, at the time of this research, both insurers and government were considering 'variable pensions' as an option to aid the funding of care in later old age. Such an arrangement, if it were to be endorsed by government, would involve the individual foregoing a share of their pension in younger old age (e.g. 65-75), in order to be certain of a higher pension when they might be more at risk of needing long term care (e.g. 75+). Respondents were therefore asked to consider this option of variable pensions, (Table 4.15).

Table 4.15: 'Consist' by whether variable pensions a considered a good idea or a bad idea

	Good idea	Bad idea	N
Pro-state	4	22	26
Mixed economy	4	18	22
Pro-self	11	9	20
Inconsistent	6	15	21
	25	64	89

Over three fifths of respondents felt that this was a bad idea: however, nearly half of all pro-self respondents felt that it was a good idea (11/23). Reasons for supporting variable pensions amongst this group included simply stating that it was 'sensible' or 'practical', with others expanding to say that costs would increase with age. One respondent stated that it would give them peace of mind, whilst another considered that you could 'stretch out' your pension with a part time job in your 60s whilst there would be 'not a chance' of doing so in your 70s. For one of this group however there was a felt difference between supporting the principle and expectations of the policy in practice:

Assuming you're getting enough money in the first place and you don't die – I like the principle but it might not be such a good idea if you die early.

Single woman, aged 30, pro-self (2591)

Respondents (from all attitude groups) who were opposed to variable pensions often made reference to life-expectancy. Others felt that pensioners already had to scrimp and save, and so that this would not be a viable option. For others the early years of retirement were seen as a time when you ought to be able to 'enjoy life' and have some spare income for leisure.

Because when you retire that's when you need the most money to pursue those hobbies and holidays that you haven't been able to pursue when working.

Married woman, aged 40, mixed-economy (11571)

Just 16 respondents in all felt that variable pensions were preferable to private insurance, five of whom actually felt that variable pensions were a bad idea!

DISCUSSION

The ESRC research supported findings from previous surveys, with many stage one respondents supporting a very strong role for the state in relation to pensions. This research produced the additional finding that pensions and long-term care are equally well supported for extra funding from government. The results concerning who should mainly be responsible for pensions closely mirrored findings from the 1995 British Social Attitudes Survey, conducted by the same survey institute (SCPR) at the time of this research. We can be strongly confident, therefore, that our respondents' views on long-term care (not considered within the BSAS) can still be examined in the context of broader attitudes research of the same period.

In relation to the question concerning who should be most responsible for ensuring adequate pensions in retirement, attitudes expressed in the BSAS and in the ESRC survey were clearly very similar but contrast strongly with those of the Omnibus Survey (2000). This is surely primarily due to the slight change in question-wording: whilst we did not make individual responsibility explicit, the Omnibus Survey provided it as an option, which half of all respondents' supported. This word change is likely to have substantially altered the way in which people consider the issue of who should be mainly responsible, e.g. where this is not given as an option it suggests who should be responsible for the overall system, rather than who should be responsible to put money aside.

Attitudes to pensions and attitudes to long-term care were found to be related on a number of items. The high level of support for the role of the state was shown amongst both pro-state and inconsistent attitude groups. This finding might suggest that many inconsistent respondents have strong views about what *should* be the case in relation to long-term care,

following their attitude to pensions, but are less clear about what *could* be the case (i.e. many might consider themselves to be principled realists).

Stage two highlighted that many respondents felt dissatisfied about their current retirement provision, and this was sometimes related to experiences of being underemployed or unemployed, or to lack of money to make extra provision. In some cases respondents both were pessimistic about the level of provision they had made to date, and yet hoped that they would be able to make sufficient provision later on. As with previous studies, people made reference to current uncertainties about the future of state pensions. Lack of knowledge about and lack of trust in both state and private pensions were expressed. It seems that whilst many felt pessimistic at the time of interview, for most they were hopeful in the long-term that they would have at least 'enough to manage on' in old age.

Governments over the last twenty years have increasingly stressed individual responsibility for pensions, and the development of the long-term care debate has followed this trend. Retirement income may be an area which most people are more familiar with than long-term care - pensions *are* the most important savings vehicle in Britain and they are the method of personal financial provision of which people are likely to be most aware. Given the central issue of means-testing for long-term care, it is this issue – in relation to home ownership rather than income – that I turn to next.

CHAPTER FIVE

HOME OWNERSHIP AND LONG TERM CARE

INTRODUCTION

The extent to which older people are willing (or not) to consume their wealth in later life is a central issue in the long-term care debate. For most individuals this wealth is likely to be in housing assets, which has been particularly salient to the care funding issue - given the increase in older home owners, periods of high house price inflation, and an apparent unwillingness to draw on housing equity. It is increased levels of home-ownership, and the corresponding increase in the visibility of means-testing, which has been the 'catalyst' for the recent long-term care debate (Parker, 2000). This is in the context of the widely represented view that older people are, on the whole, becoming wealthier in terms of both income and assets, and so more able (if not necessarily willing) to pay for, or towards, care in old age.

This chapter outlines a short history of home ownership in the UK, and looks at different ways in which the meaning of the owned home has been conceptualised. This provides a context for a discussion of the tensions which surround the home as an asset, particularly whether it is viewed as a monetary resource for the older person in need of income or care, or whether it is perceived as a future bequest. Data from the ESRC study is then examined to consider people's attitudes towards the use of the home to pay for care.

HOME OWNERSHIP IN THE UK

In order to appreciate the attitudes of current home owners in our sample, present-day levels of home ownership need to be set in their political and historical context. A brief look at the development of home ownership helps to underline that different cohorts of the population have faced different opportunities and pitfalls when it comes to the home as an asset. Political rhetoric concerning the benefits of owner occupation (for both the individual and society) has been stable throughout much of the twentieth century. These factors could be particularly important when considering why some people are resistant to using their home to fund care in old age.

At the start of the twenty first century it might appear as though home ownership is the 'natural' tenancy of the British. However, an expansion in owner occupation has occurred at a very quick pace. As the twentieth century began, the overwhelming majority of the population were tenants. It is the formation of building societies in the nineteenth century that

can be seen as the beginning of the drive towards home ownership. They first came into being as 'self help' groups for those who needed assistance in purchasing a home. Cash subsidising of home buying began at this early stage, with societies receiving favourable tax treatment. This compares starkly to the lack of subsidies offered to the local authorities, who had from 1890 the power to build homes, without the financial support necessary to build well (Glennerster, 1997).

As tenure was only introduced to the British Census in 1961, it is difficult to precisely map the expansion of owner occupation throughout the first half of the twentieth century. However, estimates have been made that in 1914 only ten per cent of households were owner occupied, rising to 32 percent in 1939, remaining stable in the second world war and post war period until 1953 (Saunders, 1990). Since this time there has been a steady increase in home ownership, to around half of all households in 1971, to two thirds in 1991: this has, however, remained at around this level throughout the 1990s (Walker et al, 2001). The expansion has been encouraged by both Conservative and Labour government housing policy for whom developing, and now sustaining, mass owner occupation, has become progressively more important.

The increase in home ownership that occurred between the two world wars was driven by a political recognition of the failure of private landlords to provide fit homes, and a concern *not* to have mass public provision of housing. However, the stark housing needs of tenants, some of whom conducted rent strikes, did lead to Lloyd George's government providing subsidy to local authority builds (Glennerster, 1997). Murie (1998) reports on how post-first world war advocates of individual property owning often stressed the 'rights and responsibilities' of home ownership, which therefore was beginning to be associated with citizenship. Further, the political context led to the widespread use of the term 'bulwark against Bolshevism' in literature advocating extension of home ownership, a sentiment reiterated too by Chamberlain in the 1920s. From the beginning of the expansion, then, owner occupation was driven both by a concern to develop better homes, and a belief that it was an important element of modern capitalist society to encourage pride in the owned home to ward off the potential for revolutionary feeling, and to encourage individualism rather than collectivism. The substantial expansion that followed, over less than a century has, perhaps ironically, been termed a 'peaceful revolution' (Saunders, 1990).

In the second half of the twentieth century policy supporting home ownership both continued and strengthened. Government subsidy was achieved by tax relief on mortgage interest payments, and by the exemption of home property sales from capital gains tax (introduced by Labour in 1965). This encouraged purchasers to buy high-priced properties, and 'trade up' as soon as they were able. Whilst mortgage interest tax relief has gradually been reduced since the 1970s, the benefits up until this point – particularly for higher taxpayers, were tremendous. Glennerster (1997) summarises the benefits of home-ownership in the third quarter of the twentieth century:

House purchase thus became a combined form of pension, life assurance and tax avoidance, the higher the income of the house owner, the greater the gains. The more expensive the house bought and the interest set off against tax, the greater the benefits.

Glennerster (1997), pp. 241-242

Forrest and Leather (1998) also point to how the current cohort of retirees may in fact have had the most supported home-ownership of any generation.

The generation of home owners which is nearing retirement ... is the one which will probably have experienced the 'golden age' of home ownership. A substantial majority will have benefited from generous tax relief, multiple periods of house price inflation above the general rate of inflation, and in some cases of council house purchase, heavily discounted prices. Most will have had a history of home ownership characterised by real income growth and relative job security. These circumstances and benefits are unlikely to be on offer to the next generation of home owners.

Forrest and Leather (1998), pg. 38

Forrest and Leather (1998) also point to continued improvements in the quality of housing, forecasting a reduction in the numbers of older people living in sub-standard pre-1919 housing, and an increase in those living in later (inter-war and immediate post-war) properties. Therefore maintenance difficulties may decrease, and relative housing value increase, in future decades. This historical perspective highlights the differences that are likely to exist between current older people and future cohorts of retirees.

With the reduction in mortgage interest relief, Conservative government support for home ownership then developed another tack. The 'Right to Buy' one's council property was introduced in 1980, with further legislation improving the appeal of the purchase, primarily by offering discounts on property value, given years of tenancy. The rhetoric of the time amplified that of previous Conservative governments, which had stressed the home as a personal asset for oneself and one's children, and home ownership as encouraging independence:

There is in this country a deeply ingrained desire for home ownership. The Government believes that this spirit should be fostered. It reflects the wishes of the people, ensures the wide spread of wealth through society, encourages a personal desire to improve and modernise one's home, enables people to accrue wealth for their children, and stimulates the attitudes of independence and self reliance that are the bedrock of a free society.

Michael Heseltine, (1980) cited in Merrett (1982), pg. 269

The Right to Buy policy has expanded the home-owning sector, which in socio-economic terms has become more heterogeneous (Murie, 1998). The home as an asset to bequeath continued to be stressed politically, and this may have been salient to many, and perhaps particularly to those who were becoming first generation home owners. In any case, a significant proportion of outright owners do live in a home that they inherited, which also may have consequences for the meaning of the home. Hedges and Clemens (1994) report from survey data that one in ten of outright owners in their sample inherited the property, although it was not recorded who had bequeathed. During the late 1980s and early 1990s, just as the long-term care finance debate was beginning to develop, politicians were continuing to forecast a diffusion of wealth, particularly via inheritance. For example, Chancellor of the Exchequer Nigel Lawson put forward this view in his 1988 Mansion House speech:

Britain is about to become a nation of inheritors. Inheritance, which used to be the preserve of the few, will become a fact of life for the many. People will be inheriting houses and possibly also stocks and shares. All this is highly desirable, for it leads not only to the further diffusion of property in society, but to a more stable and responsible society.

Nigel Lawson (1988) cited by Hamnett (1991), pg. 509

There has been much debate on the political and class ramifications of home ownership: themes here include whether expanded home ownership has contributed to a fragmentation of the working class, the 'stake' which such ownership represents in a capitalist society, the impact on rates of private consumption, and the correspondence of owner occupation to concepts such as self-help and individual responsibility. Saunders (1990) has questioned whether the encouragement of owner occupation has been ideologically driven. He prefers to present left-wing analysis to this effect as having a negative view of working class home owners, for example as being so naïve as to equate a small asset with a major stake within the capitalist financial system. He also wishes to present home ownership as having developed more by chance than by design, with economic rationality paired both with the long-held British cultural value of individualism and the emotional desire to own. Such a view seems to suggest that within this cultural tradition home ownership makes 'common-sense'. However, this perspective does not focus on both positive *and* negative experiences of home owning, including in economic terms, amongst different socio-economic groups, and amongst different cohorts, at different times. It also does not provide us with an in-depth understanding of the social and personal meaning of the owned home.

THE MEANING OF THE OWNED HOME

We have already seen that the financial importance of the owned home has been stressed politically, particularly in relation to inheritance. In the long-term care finance debate, the focus of discussion about home ownership has been on the home as an individual financial asset which might be drawn upon in order to increase retirement income, maintain housing, or pay for residential care. Saunders (1990) mainly stresses the importance of the home to the individual as an economic investment. This is presented more in terms of a *continuing* investment in the way that politicians did through much of the twentieth century – for example built up so one can improve one's own wealth and pass it on to the next generation, rather than as a source for future spending on one's own welfare. It is only recently that the home as equity for old age has replaced the home as a means of, in John Major's words, 'cascading wealth down the generations' (Forrest and Leather, 1998). Given that politicians find it difficult to directly articulate this change it may be that individuals are less likely to view the home in these terms.

Before examining the extent to which our sample considered the home to be a financial asset, it is important to understand the way in which home ownership is more broadly understood

or experienced by home owners. There are five areas of work here that are directly useful as a context to this research. These are home ownership as:

- a 'natural' condition
- a state of citizenship
- providing ontological security
- a socio-cultural construction
- a personal construction

A natural desire?

As home ownership has increased, it has often been suggested by building societies, and by politicians in both Labour and Conservative administrations, that home ownership is a natural desire (Merrett, 1982; Saunders, 1990). Saunders explored this when he surveyed owners and tenants in three cities in England in the mid-1980s and found that the desire for home ownership was strong in both groups. Further, he found this remained the case in all groups when compared by ethnicity, and by age. Again, he challenges the idea that this is due to right-wing 'ideological contamination', and challenges those who dismiss the natural or biological argument from their analysis. Whilst he does not find the biological evidence that postulates territoriality as fully convincing, he reviews evidence concerning 'natural' possessiveness and suggests this element should not be fully dismissed from an analysis of home ownership:

If there is a possessive instinct within us, carried and honed through genetic transmission down thousands of generations, then it is revealed today in the desire for security, privacy and personal identity which owners articulate when they talk about their experience of housing.

Saunders (1990), pg. 118

A preference for home ownership *has* been found in numerous surveys from the mid-1960s. This has given governments grounds for supporting the extension of owner-occupation. However, reanalysis of GHS data (1978; 1988) has suggested that preferences vary depending on experience of tenures, occupation, and life-cycle position (McLaverty and Yip, 1993). Doling and Ford, (1996) produced similar results when they examined British Social Attitudes Survey data (1989/1991). They identified some groups (particularly the young and

the old, those on low incomes and renters) as less likely to prefer home ownership. Such findings challenge the idea of a 'natural' basis to a specific 'desire' for home ownership, but security, privacy and identity may indeed be important aspects to the meaning of the owned home. In addition, if householders perceive ownership to be a preferred *and* natural state, they may be less likely to accept being means-tested out of much of that wealth.

Integral to 'citizenship'?

What specific meaning might home ownership hold within the context of a country for which the 'property owning democracy' has largely been represented by extended owner-occupation? Murie (1998) asserts the political rhetoric encouraging home ownership continued, throughout the twentieth century, to incorporate a view that home ownership 'created and reflected good citizenship and those who were not home owners were increasingly seen as damaged citizens' (pg. 79). He argues that this has been challenged by increased recognition of the risks of home ownership, and the different risks faced by different socio-economic groups (for instance, given the recession experience of the early 1990s).

However, policy is now focused on sustaining home ownership. Even if the equation of home-ownership with citizenship and choice has been challenged, it may remain a particularly strong component of some older home owners' feelings about their property.

Ontological security?

Home can also be understood as having strong personal relevance, given that it is often where long-term intimate relationships and familial care-giving takes place. It might also be experienced as a haven from the outside world. The extent to which home provides security for the individual in their sense of self and of the world has been specifically examined in recent research.

Saunders (1990) asked his respondents what the word 'home' meant to them. He found that "home" is widely associated with family life and children, with images of comfort and relaxation, and with the idea of personal space' (pg 271). In examining differences between tenants and owner-occupiers, Saunders argues that tenants are more likely to achieve a sense of belonging from family and neighbours, whilst owners are more likely to achieve it through the owned property. This ownership, he argues, can provide emotional security for the individual, which in the context of the secure home allows them to maintain confidence in

their own self-identity: home is a place where people can be in control and at ease, in a world that may otherwise be experienced as uncontrollable and hostile. Thus, through the home people can find a security and certainty both in themselves and the world.

Gurney (1999) highlights that whilst Saunders may have found the meaning of home to be tenure-specific, in fact he provides little depth on *what* that meaning is. Further, Saunders is criticised for equating the emotional security gained through home ownership with *ontological security*. This notion of ontological security has been postulated by Giddens (1984) to refer to confidence or 'trust that the natural and social worlds are as they appear to be, including the existential parameters of self and social identity' (pg 375). He draws on Erikson, the life-span development theorist, to argue that this sense of trust is one that is built from infancy in one's relationship to caregivers.

Whilst the concept may be usefully applied to the home environment, the extent to which the owned home can be examined in comparison to the rented home in this way has been questioned. The different experiences which people in different tenures have in other areas of their lives (for instance, employment) mean that it is difficult simply to isolate the experience of home ownership's impact on 'ontological security' (McLaverty and Yip, 1993). However, whilst not attempting to compare the two sectors, Dupuis and Thorns (1998) have specifically examined the extent to which the (owned) home offers ontological security through four key themes:

- Home as an environment of (social and material) constancy
- Home as a context for day-to-day routines
- Home as a site free from surveillance
- Home as a secure base around which identities are constructed

They argue that home ownership can form part of a conscious search for ontological security, and that this is not something which occurs simply following the act of buying a house but develops over time, for example as the family has shared experiences within the home.

The social construction of 'home'

Gurney (1999) instead puts forward the case for the development of a social constructivist perspective on the meaning of the home, arguing that the concept of ontological security is difficult to operationalise in research and focuses on the individual rather than the cultural

meaning of the home. He identified from interviews with home owners in 27 households in Bristol some common maxims on housing tenure: these are examples of expressions recorded verbatim *in different households* on more than twelve occasions:

- An Englishman's home is his castle
- It's yours at the end of the day / If it's yours [then] you [can] do more to it
- It's an investment for the future
- Renting's [just] money down the drain / Rent[ing']s [just] dead money

The majority of respondents considered the owned-home as having such distinctive meanings, based on freedom to develop and decorate it, financial independence, and stability and permanence. Gurney demonstrates how home owners use these aphorisms to describe their tenure as distinctive. He focuses on the term 'an Englishman's home is his castle', which, he argues, provides an image of 'impregnable ramparts, family heraldry and a secured drawbridge [that] vividly underpins the ideologies of independence, identity and security so frequently associated with home ownership' (pg 1713). Whilst for those who struggle to achieve successful home ownership their dwelling might feel 'under siege' or to be 'a ruin', he argues that this particular metaphor supports the importance of protecting the home.

The personal de/construction of home

The concepts of 'ontological security' and of social constructivism are useful in trying to gain an individual perspective on the meaning of the owned home. Further insights into the meaning of the home can be gained from the experience of dismantling the home following inheritance. Finch and Hayes (1994) have argued that this can be considered a 'social burial', whereby the relatives or friends involved are concerned in taking apart something created by the deceased, which has been associated with family, security, privacy and comfort. Until this is done the home does not fully die with the person who constructed it, and the bereaved may experience the process of turning the home back into a house as 'a settlement of (their) direct relationship to the deceased' (pg 432). An issue that this immediately raises is the extent to which dismantling the home *before* someone has passed away may be experienced as a premature 'social burial.' To explore this further it is useful to focus in specifically on the meaning of owner-occupation in old age.

THE MEANING OF HOME IN OLD AGE

It is clear that home ownership has been of great political significance in the late twentieth century, of central importance to housing policy *and* to broader social policy and no more so than in the long-term care finance debate. The number of older (60+) home owners is set to increase over the next two decades. Current growth has been forecast as rising by 1.7 million in 1996 to 6.1 million in 2001 with just a quarter of this age group currently likely to be renting their homes (Forrest and Leather, 1998). As increasing numbers of older people will be living in owner-occupied accommodation, *and* may be susceptible to means testing, it is useful specifically to examine the meanings that the home may hold for people in later life. The three key themes here are:

- the meaning of home in the context of life-time experiences
- home and place of care
- the perceived benefits and problems associated with home-ownership in later life

Home in the context of a life-time

The home, whether owned or rented, can have particular significance for older widows and widowers, and this might be understood in terms of a personal construction, and in terms of the more core sense of ontological security which it can provide. As the site in which relationships were experienced as well as day-to-day tasks and family events, changes such as the death of a spouse might mean that the home acquires an enhanced importance to the older person. Hockey, Penhale and Sibley (2001) interviewed widowed older people, with the specific purpose of understanding how their use of domestic and public space had changed following the death of their partner. They found that the home evoked memories of a life shared, and evoked 'the presence as well as the absence of the person with whom that space was shared' (pg 755).

Drawing on Dupuis and Thorns' (1998) study, we might infer further that these memories take on an added importance if the partner(s) were involved specifically in care giving. Their research explicitly examined the concept of ontological security amongst older New Zealanders, all of whom were home owners and of European descent. They stress the importance of considering the significance of home in light of the 1920s Depression experiences of the older people in their study, who either would have personal memories of the poverty or at least have been affected by its legacy. Majority home ownership was a reality in 1921 in New Zealand, but fell during the depression years. Following this

experience, government focused on sustaining home ownership and portraying it as a route to security. In terms of the specific themes examined in the study, family was of recurring importance: the feeling of constancy was achieved through shared residence over time, and the home was an important setting for not only social and personal events but also day-to-day care giving – particularly in relation to older people's children (into adulthood). Even when day-to-day activities with others had been substantially reduced, the memories of these were seen as vital to many to how they understood their home. In terms of privacy and control, the home was seen as a refuge, particularly articulated by widows when referring to their response to grief. In continuing their analysis, Dupuis and Thorns focus on the concept of the home as a 'secure base' for the development of identity in the context of a society where to 'be a home owner is to have "made it" ... part of accomplishing an adult identity' (pg 37).

If the owned home is considered to be an important part of adult identity in this country also, it might be put forward that the loss of the home given a need for long-term care might be felt as a challenge to one's adulthood. This might be particularly the case if there was felt to be no option to maintain an independent life at home, and if alternatives to remaining at home were considered to further reduce opportunities for independence.

Home care and Residential (home) care

The extent to which any type of home (i.e. owned or not owned) offers a sense of security of self is directly relevant to the issue of long-term care, and specifically whether care is received *at home* or *in a (residential or nursing) home*. Community care policy aimed to reduce reliance on residential care, with a stated aim being to provide packages of care for frail older people in their own homes. For some individuals the move from home into a care home might be experienced as a threat to the self, whether or not the asset is means tested. Peace et al (1997) have argued that despite moves to make the experience of residential care more homely, and responsive to individuals' tastes, older people still often feel negative about the move:

[T]his wariness is justified in so far as residential settings still represent a threat not to individuality, but much more profoundly, to the sense of self.

Peace et al (1997), pg. 122

This then could be experienced as a complex loss of self as adult, whereby the individual not only moves from independent living to residential care, but also from the status of home owner (and all that that means) to resident.

However, Oldman and Quilgars (1999) suggest that work on the meaning of the home to older people has tended to romanticise it, as the familiar, as providing a sense of control, and a source of identity. When this is done when comparing the home to the residential setting, they argue, it may in part be as a result of researchers themselves imposing their own fears about ageing into their questions and analysis. Their research, which involved interviews with older people receiving care either at home or in a care home setting, has highlighted that care at home has not, so far, necessarily achieved a positive experience of control and independence in one's own environment.

Dependency and feelings of lack of control are not unique to residential care. The social isolation that some experience in their own homes depersonalises and dehumanises. Life at home can be bleak. ... Ageism still prevails, users' involvement in care delivery is limited and needs are unmet in both settings.

Oldman and Quilgars (1999), pp. 381-2

They also point to changes in residential care that aim to provide some of the privacy, control and personal attachment that might be experienced at home, and further included in their analysis those receiving care in (the expanding) sheltered home sector. In conclusion, Oldman and Quilgars argued that the portrayal of residential care as the 'last resort' could lead those who require it to feel they have failed.

Costs and benefits

Given that there is a danger that we might romanticise the meaning of the home in old age, it is worth considering further how older people perceive the specific benefits and disadvantages of home ownership. Indeed, there is some evidence from GHS data that for older people the perceived benefits of owning one's own home might decline (McLaverty and Yip, 1993). Askham et al. (1999) have examined in-depth how the home can be experienced as both a boon and a burden through over 100 interviews with older people. Mirroring the above discussion of the meaning of the home, they found that older people feel that their homes give them freedoms that tenants do not benefit from. This includes the freedom to develop and enjoy their homes as they wish, and to have control over their

residency (i.e. freedom from the threat of eviction or an enforced move). However, there were constraints experienced, particularly in terms of the responsibility for home maintenance. In terms of a sense of self, they found too that the home was a source of personal identity, particularly as a reflection of hard work, investment and development; the only negative corollary was a feeling of being tied to the home, and so less carefree than tenants.

Askham et al. (1999) further identified financial advantages and disadvantages: the disadvantages were related to the reduced income of pensioners, including problem of repairs and maintenance, and to concerns about the costs of moving. For those older people still paying a mortgage, the cost could be quite difficult to bear. And whilst ownership of a considerable asset might provide people with a sense of financial security, there was a feeling of injustice about the means-testing of long-term care which might threaten this, with a corresponding belief that children should have an expectation to inherit.

HOUSING VALUE AND EQUITY RELEASE

Given that housing value differs regionally and by the type of housing involved, the benefits of home ownership are unevenly distributed, with those living in the north in lower cost housing having had least chance of developing large amounts of wealth from their homes. Despite the huge differentials, however, the home has been pinpointed not only as a source of finance for care, but also as a source of retirement income. The policy of community care was expected to have significant consequences for the housing market, with possibly fewer homes coming onto the market as people received care at home. However, research that highlights the lack of personal control which older people experience in their own homes is a strong indictment of current frail older people's experience of community care. In terms of help with domestic day to day chores, home maintenance and social activities, those who do own a home might be able to draw on that asset to improve their experience of later life. The importance of assets within the home for care funding were explicitly recognised by Sir Roy Griffiths, who stressed the importance of encouraging individual accumulation of income and wealth for old age, and specifically mentioned the potential for equity release (Griffiths, 1988). Equity release has been widely viewed by policy makers as having the potential to make a considerable contribution to standards of living in older age.

Equity release schemes (which come in numerous forms) enable home owners to draw on the wealth in their homes in order to receive an income and/or a lump sum. Such schemes are an

important social policy issue, as they provide a source from which people can support their own welfare financially, particularly in terms of improving the quality of their housing, and, for those with sufficient equity, paying for long-term care (Hancock, 1998). The plans vary, but usually involve either mortgaging the home, or selling either part or the entire asset to the scheme provider. In this way, an older person does not have to move homes (trade down) to realise some of this wealth.

Such products are predominantly aimed at older home owners who are likely to have little or no mortgage remaining in their homes. They are also least likely to have an income sufficient to take out and repay a substantial loan. In terms of their likely relative life expectancy, older people are most likely to provide a short to medium return to the product provider, who recoups the money lent via the sale of the house. Greater flexibility has been introduced for older people, for instance in providing arrangements under which they can move homes whilst holding on to the equity provided.

The pinpointing of housing equity as a potential source of support in old age can be seen as due to a number of factors which have come together in a unique way in Britain, when compared to her European colleagues. Forrest and Leather (1998) argue that for many British people the (economic) value of their home is of great importance, whilst both the concept and actuality of the family home remains strong in many European nations. The meaning and experience of the home then combine with social policy and home ownership factors to highlight the potential for equity release:

There are ... probably few countries in the world with a high level of individual home ownership and a national health service. When the escalating cost of health care for an ageing population is seen as a key factor in the future growth of welfare expenditure, it is unsurprising when some turn their attention to the potentially realisable assets owned by older home owners.

Forrest and Leather (1998), pg. 39

So the attraction of equity release to policy makers is understandable, however, equity release schemes are *not*, as yet, proving to be popular in Britain. There are not only geographical differences, but differences will also be unpredictable over time. Whilst in some areas, particularly the south east, there are substantial numbers of older people who own valuable housing (indicating a potential large market for equity release), even greater numbers of

future cohorts of older people are expected to have valuable homes. However, for older people with low incomes, the costs of maintaining an owned home in old age, and the quality of the housing stock owned, are also key considerations. Rolfe, Leather and Mackintosh (1993) point out that amongst older home-owners it is the single person aged over 75 who is most likely to live in substandard housing. Therefore, whilst housing quality may be improving, amongst current generations of older people, the extent to which there is sufficient value in many people's homes can be questioned:

The fact that elderly people tend to own property that contains fewer amenities, is less well maintained, and hence less valuable draws into question the proposition that elderly owner-occupiers have a substantial holding of wealth.

Johnson and Falkingham (1992), pg. 69

A further significant factor is that older single people, who most often require long-term care services, are those least likely to be in owner-occupied accommodation (Laing, 1993). And if a large proportion of older people are not expected to meet residential care costs as they have insufficient assets, this may increase resentment towards the means test amongst those 'at-risk' from it.

For the early 1990s the reluctance to use equity release schemes could also be attributed to the losses faced by some older people who were sold poorly designed schemes in the 1980s. This is confirmed by Finch and Mason (2000), who researched attitudes to inheritance at this time. They reported that a television programme concerning one particularly unscrupulous provider could have heightened this lack of trust of commercial equity release schemes.

For those with valuable assets and access to good quality financial advice, other explanations for reluctance to use equity release also need to be considered. For instance, there might have been an underestimation of how much people both value the wealth in *and* the personal and family meaning of their home – indeed these may be closely interrelated. The Joseph Rowntree Foundation (1998) has reported on its own efforts to enable people on low incomes to make use of the equity in their homes, which suggests this is the case. They approached 40 people in York who were living on low incomes, but who were ineligible for home improvement grants from the local authority. There were only four of this group who were interested in the proposed scheme, the others either having a great reluctance to contemplate

such a move or having had a change in circumstances. JRF identified three forms of reluctance:

- Not wishing to lose the value of an asset which had taken so long to accumulate
- Not wishing to reduce the inheritance that their children could expect
- Not wishing to contemplate any kind of borrowing at all

Finch and Mason (2000) reported similar objections to equity release in their research, which found a widely held belief that indebtedness to a financial institution affected the dignity of the older person. However, beyond the reluctance of individuals, the JRF also faced legal obstacles, as equity release providers need to be registered under the Financial Services Authority. Hence, charitable and public-funded bodies wishing to subsidise equity release in order to support the poorest home owners are unable to do so. Further, they reported that local authorities were unable to operate equity release schemes, as they were only able to do so on the basis of regular repayment. So those organisations most likely to want to support access to equity for social (rather than commercial) reasons have been blocked from doing so.

The Government has now given powers to local authorities to grant loans on properties, rather than require a sale, when an older person has care costs under the means test. There is a designated budget being made available to local authorities, and this new power became available to them in April 2001. The Institute of Actuaries (2001) has highlighted that there are potential ramifications for the commercial market, although they are unsure which way this might go:

It is not clear at this stage what impact the government proposals ... will have on equity release or on long-term care insurance. It may have a detrimental effect to the extent people who are homeowners may now think there is no need for ERMs [*Equity Release Mechanisms*] to cover care costs. On the other hand, if Government promotes its own version of an ERM scheme it could bring much wanted public confidence to the whole ERM market and to the private sector.

Institute of Actuaries (2001), pg. 8

This illustrates a basic tension between public and private provision: the private sector requires the government to set the framework that will support their products, and to provide

options to those who do not gain access to such products, on commercial grounds. However, private providers wish to retain the most profitable asset-holders in their share of the market.

A further major limitation with commercial schemes is the relatively low income that can be purchased. For example, the National Consumer Council (NCC, 1999) reported that a 75-year-old woman might only receive around £1,300 a year income from releasing £30,000 of her housing wealth of £72,000. However older people would benefit more from equity release, as their life expectancy would be shorter, so for example the NCC estimates that if the woman in their example were 80 years old she would receive around £1,900 a year. And whilst the returns seem low, the potential benefit to an older person who is income poor but asset rich could be considerable. In analysis conducted by Hancock (1998), using the Family Expenditure Survey (1992/3 and 1993/4), she estimated the current equity in older people's homes, and found that whilst as housing equity increased income levels tended to rise, there is a population particularly among older women who are particularly income-poor and asset rich. However, additional income from equity release might affect the older person's ability to access means tested benefits, thus reducing the attraction of such schemes to those living above the minimum income guarantee via their pensions. Given that many of those income-poor older home owners are also asset poor she concluded that equity release would often not produce the income necessary to pay for long-term care, and that home ownership alone could not be seen as the sole solution to income poverty in old age.

Equity release may be a solution for some, particularly income-poor women living in very valuable property in areas that have had high house price inflation such as the south east of England. It can be seen from the above discussion that it can only be a partial solution for many, and for others it may be a financially foolhardy move (particularly if benefits are affected). Local authority schemes may prove advantageous for some, allowing them to maintain their homes and increase their income. In addition, the focus on equity release diverts attention from those with low (or even no) housing assets, who may be means tested on other assets when the need for care arises.

Housing Assets, Long-Term Care and Inheritance

Even when people are able to access their housing assets, either, say, through selling-down or equity release, there appears to be widespread reluctance for people to be made to spend this money on care needs. This is often because it is seen as a substantial threat to future bequests. Overall, academic projections on future levels of housing wealth to be bequeathed have

become 'more sober' since the 1990s recession (Forrest and Leather, 1998), with the recognition that future inheritance will be dependent on whether house price inflation continues, and the extent to which people spend the equity from their homes before death (Watt, 1993). Hamnett (1995, 1996) has argued that the predicted rise in the number of homes inherited has not occurred, and that a significant factor in this has been the selling of homes to fund care in old age. These figures, which estimated up to 40,000 home sales for care costs a year have been criticised as overstating the situation by the House of Commons Health Committee in 1996 (Parker 2000). However, such 'best estimates' have served to heighten the issue in terms of its public profile, and were widely cited by the insurance industry.

The issue of inheritance was the focus of research for Finch and Mason (2000), who conducted qualitative interviews with nearly 100 respondents in 88 families. They found that for four-fifths of respondents identified the home and assets as a *potential* source of funding for old age. The overwhelming majority expressed the view that 'elderly people have an inalienable right to use their money as they wish' (pg 115), and no one expressed a view contrary to that. Whilst not all respondents were against the use of assets to pay for care, there was a strong feeling amongst many that there should be no compulsion to sell the home. In relation to the funding of welfare in old age, there was a widely held view that many had already paid through taxes and insurance, and that the need for care in particular was a lottery which should therefore be the remit of the state. Others distinguished between the 'deserving' and 'undeserving' – with those having saved all their lives often viewed as responsible and thus deserving. Assets were therefore often felt to represent a lifetime's effort, with neither the state nor relatives as rightfully having a claim to them. So a major concern expressed was that older people should not be impoverished either by trying to protect their assets for bequest or spend them in old age. After meeting their own wants and needs in the way of their choosing, it was considered that older people should be able to pass on what was left to their children

ATTITUDES TOWARDS THE HOME AND THE USE OF HOUSING ASSETS: FINDINGS FROM THE ESRC SURVEYS

Within the ESRC study the experience of home ownership, the meaning of home ownership and feelings about the use of housing assets to finance care were each explored. The analysis which follows in this chapter therefore provides a context for understanding people's attitudes and potential behaviours towards current and possible funding options for care in later life.

Home ownership amongst the stage one sample

At stage one, we asked respondents whether *their household* owned or rented their accommodation (Table A2-5.1). Our knowledge about the tenure type held amongst our sample therefore relates to the housing sector their home falls in to, rather than their own relationship to that tenure. A quarter of our stage one respondents owned (or lived with someone who owned) their own home outright, and just over half lived in a home being purchased with a mortgage. Whilst the level of owner-occupation is slightly higher here than in the general population, it reflects the level of home ownership amongst this age group.

Housing tenure was reduced to three categories for analysis – full ownership, mortgage, and renting. No differences were found in housing tenure by sex - although as this question was about the household rather than the individual there may indeed have been differences (e.g. in whether a man or a woman was named on any mortgage - or rent book for that matter). Significant differences were found by working age status. Whilst there was no difference in the proportion of working-age and retirement-age respondents who lived in rented accommodation (i.e. about a quarter), there was (as we would expect) a substantial difference in terms of whether owner-occupied accommodation was owned outright. Over three-fifths of the retirement-age sub-sample lived in fully paid for homes, compared to just under one fifth of the working age respondents. More detail emerged by life-stage: here the younger group are those most likely to be in the rented sector, and older respondents least likely; and just 8 per cent of the 25-39 year olds lived in outright-owned accommodation (and possibly some of these were living with parents who had paid off their own mortgages). Three fifths of both the younger and middle age groups were living in a mortgaged home, whilst just under three fifths of the older group lived in owner occupied accommodation without a mortgage. Of course some of those approaching retirement would still be paying their mortgage, which might have implications for their expressed willingness to 'spend down' from an asset which they do not yet fully own. Those in work were most likely to be paying a mortgage, and those

of retired status (i.e. of retirement age) were more likely than those not retired to own their home outright.

Respondents who were single were more likely than those who were part of a couple to live in rented accommodation. Particularly interesting in relation to long-term care, respondents with long-standing impairment who said that they did not currently need or receive assistance did fully own their own home, and this reflects the older age profile of this group. However those requiring assistance but not receiving it were slightly more likely to be in rented accommodation.

There appeared to be an interesting relationship between tenure type and respondent's social class. Unsurprisingly, respondents in social class I and II were least likely to be in rented accommodation, - so those in social class III(m) IV and V were most likely to be so - although this only represented less than a third of each of these groups. However, the *highest* level of full home ownership was amongst social class V - nearly a quarter of the respondents here (11 of 47) owned their own home outright, six of whom were retired and just two were aged under 39. The age profile of this group is therefore key, at least within this sample. Closer examination suggests that they are in the main an income poor sub-group, with household incomes below £15K per annum. However, two respondents failed to state income, and one respondent earned over £23K a year. Of those in paid work, those with a low income were more likely to be either in rented accommodation or own their home outright than they were to be currently paying a mortgage. Self-employed respondents were also more likely to own their home outright. And Conservative respondents were slightly more likely to be in outright owned accommodation, whilst Labour affiliates were more likely to be in rented accommodation.

Of the twenty three percent of respondents who lived in rented accommodation, most were in local authority housing. The majority of this latter group felt that they would be unlikely to purchase their home, indicating that those who felt they could or would benefit from the Right to Buy have largely already done so (Table A2-5.2). However, over a half of all renters stated that they would prefer to buy a property (Table A2-5.3). Analysis by life-stage showed no significant differences, and analysis by ethnicity (which as we have seen Saunders reported in his study) was not possible due to the small numbers of respondents from minority ethnic groups in the rented sector. However, retired age renters were least likely to

‘prefer to buy’ perhaps reflecting their lifetime’s experience as a tenant, and/or resignation given that they would be unlikely to buy at this stage of life.

The meaning of home ownership: stage one sample

We were concerned to examine what people felt was important to them about owning their own home. At stage one, all those in owner occupied accommodation were asked to say how home ownership was important to them (Table A2-5.4). As this was a large-scale survey, a closed question was used which did not attempt to explore personal ideas about home ownership. Therefore neither the concept of ontological security nor of the home as signifying a relationship with relatives was directly examined. However, the item does help us to look at the extent to which people view the home as a general investment, a specific investment (for oneself or one’s family), and/or as preferable to renting. They chose as many as they felt were relevant from this series of options:

- It is an investment for my future
- It is cheaper to buy than to rent
- Buying means I’m freer to make decisions about how to live
- It is security for my old age
- It is something of value which I can pass on to my family

Over three fifths of the home owners in the stage one sample saw the home in general terms as an investment for the future, and nearly a half of respondents stated that the home was ‘security for old age’. Half of the sample stated that the home was important as something to bequeath.

Most important reason for owning a home

Respondents citing more than one reason for owning their own home were asked to say what the most important reason was. For those who only stated one reason, their response was combined with those who chose one of a number. For a third, the most important reason for home owning was that it was an investment for the future, and for a further sixth the most important reason for owning their home was for security in their old age. Slightly fewer (a seventh of homeowners) felt the most important aspect of home ownership was that it is something of value to pass on to their family. Less than a tenth of home owners spoke of selling the home to move on to another property. This survey was conducted when the

housing slump of the early 1990s was still in near memory, and probably still impacting on some people economically, and so we might expect this to change substantially depending on the housing market.

Investment for the future was the most popular main reason given for home ownership by almost all groups examined in the sample. The home as a general 'investment' was favoured more strongly by men than by women (36.9 per cent and 27.5 per cent respectively), and men were also more likely to say their primary reason for home ownership was that buying being cheaper than renting (16.3 per cent, as compared to 10.4 per cent of women).

Older home owners more often saw security for old age as most important. For example, 28.1 per cent of the retired age group prioritised 'security for old age' compared to 15.1 per cent of the younger group. In contrast, working age people were more likely to identify owning one's own home as 'investment for the future' above any other reason, with 34.4 per cent responding this way - whilst only 17.7 per cent of retired-age respondents stated this. Analysis of this item by life-stage produced more interesting results: the younger respondents (25-39) were less likely than the middle age group (40-54) to comprehend home ownership primarily in terms of security for old age (6.0 per cent as compared to 18.9 per cent), and were much more likely to see it in general investment terms (44.2 per cent as compared to 27.7 per cent). The older respondents (55-70) were most likely to see home ownership as security for their old age (27.7 per cent), although 22.8 per cent still preferred to view it as a more open type of investment. Unsurprisingly, then, older people are generally most able to view their home as providing a 'nest egg' for retirement, whilst younger people gain a more general feeling of 'investment': this will reflect related differences between the groups (e.g. between those with a mortgage, and those who own the asset in full), as well as security for old age being a more immediate concern for the older person.

Respondents who lived in fully owned accommodation (who have an older age profile than those in mortgaged accommodation) were most likely to see owning their home as security for their old age (24.4 per cent, compared to 12.9 per cent of those in mortgaged accommodation) and were least likely to see it as enabling them to buy another home. However, few in either group said that the most important thing was to have something to pass on (about 13 per cent in each case).

Whilst the numbers are small in social classes I and V, the pattern here suggests that bequeathing was less often most important to those in I than those in IV and V. Those in social class I are particularly interesting, as they are least likely to cite the most important reason for owning their own home as ‘an investment for the future’, and none of these respondents cited being able to pass the house on after death. Those in class I and class II appear to be most likely to see home ownership as allowing them to be freer to make decisions about how to live, perhaps reflecting greater financial interests elsewhere, and greater economic ability to make decisions about developing their home. This is supported by analysis by personal and household income. Those in the highest household income group (£35K+) were *least* likely to say that having to pass something on to children was the most important reason for owning their own home, and most likely to say that it allowed them to be freer to make decisions about how to live: this would suggest either that their housing asset is a lower proportion of their total assets than the rest of the population, and/or that leaving something to children is not a major issue. They may either not have children, or have children who are likely to be, or are currently, financially secure. Those most likely to see the house as important for bequeathing are household income group 1 (earning below £8K a year).

Analysis by party suggests Conservative affiliates are more likely to see home ownership as important for allowing ‘freedom’ to make choices and for security in old age, whilst Labour affiliates are more concerned with their current financial well being – seeing house purchase as cheaper than renting as the most important reason more often than either Conservatives or Liberal democrats. Labour affiliates are also more often concerned that the house is something to ‘pass on’ as a bequest.

Security for old age?

So older respondents and Conservative respondents were most likely to state security in old age as their most important reason. These responses were considered further, to examine who was most likely to state security for old age as a reason, and if so whether it was their most important reason, for owning a home (Table A2-5.5).

Women respondents were only a little less likely to state this as a motive and so the main difference between the sexes was that women were just more likely to see it as the most important rather than one important reason. Differences by working age status and life-stage followed predictable lines. Respondents were clearly more likely to state this as both an

important reason and the most important reason for owning their own home in older age groups, although only just over a quarter of retired age and the older life-stage groups stated it was the most important reason. Only 6 per cent of 25-39 year olds saw this as the ‘most important reason’: whilst we might expect this group to have other main priorities, nearly two-thirds of this group failed to see this as a motive for home ownership at all, whilst only two-fifths of those aged 55-70 did not see the home in these terms. Unsurprisingly, those not in paid work, those wholly retired, and those fully owning their own homes (who as we have seen tend to be older and not in paid work) were also more likely to state old-age security as an important reason, and as the most important reason.

Table 5.1: Logit analysis: Age stage and ownership status – main effects on viewing a home as security for old age (Unweighted data: N=681)

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Security for old age: most important reason	-0.5996	0.5490	-2.32
	Security for old age: an important reason	-0.2570	0.7734	-1.13
	<i>Security for old age: reason not given *</i>	-	1	
Life-stage	Most important reason			
	Life-stage 1 (25-39)	-2.0115	0.1338	-5.28
	Life-stage 2 (40-54)	-0.4316	0.6494	-1.57
	<i>Life-stage 3(55-70)*</i>	-	1	
	An important reason			
	Life-stage 1 (25-39)	-0.5788	0.5606	-2.24
	Life-stage 2 (40-54)	-0.0751	0.9277	-.31
	<i>Life stage 3(55-70) *</i>	-	1	
	Reason not given*			
	<i>Life-stage 1 (25-39)</i>	-	1	
	<i>Life-stage 2 (40-54)</i>	-	1	
	<i>Life-stage 3(55-70)</i>	-	1	
Ownership status	Most important reason			
	Owns home outright	.3676	1.4443	1.40
	<i>Owns home with a mortgage *</i>	-	1	
	An important reason			
	Owns home outright	-0.110	0.8958	-.45
	<i>Owns home with a mortgage *</i>	-	1	
	Reason not given*			
	<i>Owns home outright</i>	-	1	
	<i>Owns home with a mortgage</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		0.5247	4	.9711
Pearson		0.5394	4	.9696
18 defined cells; Delta=0 (no empty cells)				
*indicates comparison category				

Multinomial logit analysis was used to examine the contributions of life-stage and home ownership in greater detail (Table 5.1). A main effects logit model strongly confirmed that life-stage was a key factor within this analysis. Younger respondents were least likely to consider an important reason for owning a home as being for security in old age, and older people, controlling for ownership status, were most likely to do so. Whilst this analysis

would suggest that those who own their own home outright are a little more likely to view security in old age as important, z-scores are not significant (i.e. ≤ 1.96).

Something to pass on?

As discussed earlier, the home as personal security (financial, or in terms of a sense of self) can be contrasted with the belief that the home can provide security for others when we are no longer around. A separate in-depth analysis was therefore conducted on people's responses concerning whether the home was important as something to pass on, (Table A2-5.6). Interestingly no significant differences were apparent by age or life-stage, although working age respondents did give this reason less often than older respondents. Bequeathing was found to be most often favoured amongst married/cohabiting respondents, who would probably have been more likely to have had children. It also was of greatest importance to those in social classes III, IV and V, with about a sixth of each group stating this to be the most important reason. This could reflect the relative importance of this asset in relation to overall income and wealth, and the extent to which their children benefiting from inheritance would mark an 'improvement' from their families' previous economic circumstance. Those not working, and those on low household incomes, were most likely to state bequeathing as a reason for owning their own home.

To examine some of the response patterns in a little more depth, a multinomial logit model was again used, to explore the main effects of household income (above or below £15,000 per annum), of married/cohabiting status (cohabiting/not cohabiting) and working age status. Working age status was included in order to examine whether there were significant patterns not highlighted by the initial examination of the data (Table 5.2). The pattern of responses was the same as in the descriptive analysis, although differences between working age and retired age were again non significant. This analysis does confirm that people are more likely to see the home as something to bequeath if they are living on low household incomes. There are also higher odds that bequeathing is stated as important amongst respondents who are married/cohabiting. In sum, retired age, married respondents living on low incomes have higher odds of valuing the house as something to bequeath.

Table 5.2: Logit analysis: Marital/cohabiting status, working age status and household income. Main effects on viewing a home as something to bequeath (Unweighted data: N=558).

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Bequeathing: most important reason	-2.3463	0.0957	-4.40
	Bequeathing: an important reason	-1.0397	0.3536	-3.05
	<i>Bequeathing: reason not given *</i>	-	1	
Working / retired age	Most important reason			
	Working age	-0.4829	0.6170	-1.30
	<i>Retired age *</i>	-	1	
	An important reason			
	Working age	-0.3299	0.7190	-1.29
	<i>Retired age *</i>	-	1	
	<i>Reason not given</i>			
	Working age	0.8128	2.2542	
Household income	<i>Retired age</i>	-	1	
	Most important reason			
	Household income < £15K	0.6744	1.9629	2.10
	<i>Household income > £15K *</i>	-	1	
	An important reason			
	Household income < £15K	0.5432	1.7215	2.55
	<i>Household income > £15K *</i>	-	1	
	<i>Reason not given*</i>			
Married/cohabiting	Household income < £15K	-1.2176	0.2959	
	<i>Household income > £15K</i>	-	1	
	Most important reason			
	Married/cohabiting	0.9785	2.6605	2.65
	<i>Single *</i>	-	1	
	An important reason			
	Married/cohabiting	0.8377	2.3110	3.74
	<i>Single *</i>	-	1	
	<i>Reason not given*</i>			
	Married/cohabiting	-1.8162	0.1626	
	<i>Single</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		3.9394	8	.8626
Pearson		4.0126	8	.8560

24 defined cells; Delta=0.5 (1 empty cell)

*indicates comparison category

Attitudes towards the use of housing assets to pay for care

In stage one we used a variety of vignettes to examine attitudes towards the use of housing wealth to fund care, and to explore what factors might affect those attitudes. The factors we sought to cover were the value of the asset (and the perceived corresponding financial role of relatives) and the issue of compulsion.

The value of the asset

Respondents in stage one were asked to ‘imagine an elderly couple who needed help with everyday tasks such as dressing, cooking and cleaning’. They were said to have no spare income to pay for help but owned a home which in the three vignettes was valued variously

at £100,000, £50,000 and £25,000. Respondents were asked to choose between the following options that the couple might use to pay for help:

- They should sell the house and use the money from the sale to pay for residential or nursing home care
- The state should pay for any help they need
- Their children (or other relatives) should pay for any help they need
- They should take out another mortgage on the house and use the borrowed money to pay for care in their own home
- Other (Please specify)

Respondents discriminated between people with different levels of capital (Table A2-5.7). Backing for state support increased as the value of the house dropped - but was held by a majority in each vignette (55.3%, 68.6% and 77.1%). The lower the value of the home, the less likely people were to choose the option of selling the house to raise capital (17.7%, 11.0% and 8.1%). Similarly, respondents became less likely to favour borrowing on the value of the house to pay for domiciliary care as the value of the home reduced (8.5%, 5.0%, and 2.2%). A small minority believed that the couples' children should pay for care, and this was apparently unrelated to the value of the home (5.8%, 6.5%, and 5.6%).

Responses to each vignette were then considered more closely. Differences in attitude were found in relation to a home worth £100K by sex, working age status, caring experience, personal income level, 'consist' attitude and party affiliation (Table A2-5.8). Caring experience, personal income, 'consist' attitude and party were also found to impact on responses to how care should be paid for in the second vignette – as did home owning status (Table A2-5.9). When the home was worth just £25K, the most important variables from the descriptive analysis appear to be working age status, 'consist' attitude type and party affiliation (Table A2-5.10).

When the home was worth £100K, Men were significantly more likely than women to feel that relatives should contribute towards the costs of domiciliary care for their parents (8.5% and 4.3% respectively). This perhaps reflects a more overt commitment amongst a minority of men to direct reciprocity: e.g. as children are likely to inherit the proceeds of the house therefore they might be expected to help financially. A similar pattern was evident both when

the value of the house was £50,000 (with 9.1 per cent support for this option amongst men, and 5.4 per cent amongst women) and when the value was just £25,000 (8.2 per cent and 4.7 per cent respectively).

Those below and above pensionable age also had different views, although these were only significant at £100,000 and £25,000. A majority of working age and retired age respondents in each case favoured state support. However, the working age group was significantly more likely to favour children (or relatives) providing financial support when the house was worth £100,000: 7.1 per cent of working age respondents cited this as the preferred option, compared to 1.6 per cent of retired respondents. At £25,000 the figures were 7.2 per cent and 2.4 per cent respectively. When the house was worth £50,000 the differences were not significant, but followed the same pattern. Older respondents were in each case more likely to favour selling the house to pay for care than were the working age respondents. When responses were examined by life-stage, no significant differences were found: however this analysis again shows the pattern described above - that both younger respondents and middle-years respondents were more likely than the older group to prefer the option of children and relatives providing financial support. These findings may reflect some younger people's desire to protect any possible inheritance by contributing towards care so that the house does not have to be sold. However, there also may be a small group of younger respondents who, perhaps more wealthy than their parents, wish to provide for them. However, overall the generally held view was that older people should not be reliant on relatives for finance, and this is strongest amongst the older section of our sample.

Interestingly, respondents currently involved in providing care for a relative, friend or neighbour were most supportive overall of the couple needing care selling or re-mortgaging their home when that home was worth £100K. It may be that they were themselves more aware of what might be available from the state, and it seems when looking at the responses to the three vignettes as a whole that they were less supportive overall of people relying on relatives for funding when an older couple had substantial assets of their own.

In terms of respondents housing status, significant differences were found when the home was valued at £100,000 or £25,000 - although in each case those in rented accommodation were more likely than those in other tenures to say that children or relatives should pay, and were also slightly more likely to favour selling the home. There was a significant difference in response to the £50,000 vignette: here 14 per cent of those in rented accommodation

supported relatives providing financial help, compared to 5.3 per cent of those in both fully owned and mortgaged housing.

As might be expected significant differences were found by attitude type in each of the housing value vignettes. For example, where the house was valued at £100,000, 32 per cent of those in the 'pro-self' attitude group supported selling the house, and 14.4 per cent supported re-mortgaging. This compares to 8.8 per cent support for selling the home amongst the 'pro-state' group - and only 3.8 per cent support for remortgaging the home. Despite the quite substantial value of this asset, four-fifths of pro-state respondents supported the state paying for care, compared to just three tenths of those with a general pro-self-provision. Two-thirds of those with inconsistent views were also supportive of the state's role here, whilst just half of the mixed-economy group felt the same way. This general pattern was repeated where the house was valued at £50,000 and at £25,000 - although at the lower figure, for the first time, a majority of respondents of the 'pro-self' attitude group supported state finance, with just a quarter of these supporting either selling or remortgaging the home.

Examination by political affiliation also showed significant difference – with Liberal democrat supporters most supportive of either selling the home (22.3 per cent) or mortgaging the home (16.0 per cent) when it was valued at £100,000, with less than half of this group supportive of state support. Of Conservative affiliates, only 19.1 per cent supported selling and 9.6 per cent supported mortgaging; for Labour supporters the figures were 14.9 per cent and 8.5 per cent respectively. Interestingly Liberal democrats' support for this option was lower than amongst Conservatives on the other two vignettes, suggesting that they are most likely to favour self-provision when substantial assets are available, but are otherwise more supportive of state funding.

Compulsion to sell

From the above vignettes, we can see that there is only minority support for people selling their home, given other possible options, if they needed daily care at home. However, further items asked respondents whether those requiring *residential or nursing home care* should be *made* to sell their home (Table A2-5.11). A first question asked whether someone living alone should be made to sell their house, if they wanted to leave their home to a child or other relative. A second question asked whether someone living with dependents should be made to sell their home. Less than a fifth thought that an elderly person living alone should have to sell their home to meet the costs of that care, and just 2.1 per cent felt that someone living

with dependents should have to sell. Nearly three-quarters were sure that they should not have to sell their home.

In order to examine this further, all those giving a definite response to whether an elderly person living alone should be made to sell were examined first using chi square analysis. No differences were found here by sex. However, given the results outlined earlier, we might expect to find some differences in the age groups in response to this question. There were no significant differences between retired and working age respondents; however the youngest life-stage group (25-39) were more likely to be against the idea of people having to sell their home (83.3 per cent) than were the middle (77.9 percent) or older groups (75.0 per cent).

A significant finding existed by respondent's social class (though not by household income) as respondents in social classes III (m), IV and V were most likely to be against compulsion. The strongest feeling against compulsion came from social class III (m), with nearly nine-tenths opposing compulsion. However, those opposed to compulsion were the vast majority (70 per cent or over) in every social class. Whilst a strong majority was against compulsion in each housing tenure group, renters were significantly more likely to support compulsion. As might be expected, the 'pro-self' attitude group were most likely to support compulsion to sell the home (40.3 per cent as compared to 8.5 per cent of the 'pro-state' group). However, a majority of each attitude group were against compulsion. Conservative and Liberal democrat affiliates were both more supportive of compulsion than Labour supporters.

A logit model examining the main effects of life-stage and manual / non-manual social class by housing status (Table 5.3) suggests that younger, manual respondents who own their homes outright have the highest odds of disagreeing with compulsion and that the most likely supporters of compulsion would be found amongst older, manual (social class III m, IV and V) tenants). However, it is important to remember that in all groups only a minority supported compulsion.

**Table 5.3: Logit analysis: Life-stage and Manual or non-manual/housing status:
Main effects on supporting compulsion.
(Unweighted data: N=662)**

	Parameters	Log-odds	Odds Ratio	Z-score
Intercepts	Compulsion	-0.4358	0.6467	-1.34
	<i>No compulsion*</i>	-	1	
Life-stage	Compulsion			
	Life-stage 1 (25-39)	-0.7123	0.4905	-2.42
	Life-stage 2 (40-54)	-0.3927	0.6752	-1.36
	<i>Life-stage 3(55-70)*</i>	-	1	
	No compulsion*			
	Life-stage 1 (25-39)	-	1	
	Life-stage 2 (40-54)	-	1	
	Life-stage 3 (55-70)	-	1	
Class / housing status	Compulsion			
	Non-manual, owns outright	-0.4570	0.6332	-1.21
	Non-manual, mortgage	-0.1674	0.8459	-0.60
	Non-manual, tenant	-0.4389	0.6447	-1.06
	Manual, owns outright	-2.6717	0.0691	-3.45
	Manual, mortgage	-1.0626	0.3455	-2.96
	<i>Manual, tenant*</i>	-	1	
	No Compulsion*			
	Non-manual, owns outright	-	1	
	Non-manual, mortgage	-	1	
	Non-manual, tenant	-	1	
	Manual, owns outright	-	1	
	Manual, mortgage	-	1	
	<i>Manual, tenant*</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		3.4657	10	.9682
Pearson		3.6250	10	.9627

36 defined cells; Delta=0.5
(1 empty cell)
*indicates comparison category

All respondents who had supported compulsion in general (i.e. 19 per cent of the sample), were asked whether they thought an elderly person who has sold their house to pay for the cost of their residential or nursing home should get better care than an elderly person who has no house to sell and no savings to pay for themselves? Four fifths of those asked did not support them receiving better care, but 14 per cent of this group did (representing just 2.7 per cent of the entire sample) (Table A2-5.12). This might be due to a lack of understanding of the current system, and one possibility is that respondents' base their understanding of residential social care in old age on the concept of the National Health Service.

Personal Beliefs about Bequeathing Housing Assets and the Role of the State

In the second stage we wished to examine respondents' personal beliefs about the home. Seventeen respondents lived in owner occupied households where there was no mortgage, and a further 62 respondents lived in a mortgaged home. Twelve people living in rented accommodation said that they would be very or fairly likely to buy a home in the future. This

group were asked whether they felt that their generation bought their homes expecting to be able to pass them on to children or other close family. The majority (52) thought that this was the case, with 35 disagreeing and 4 uncertain (Table 5.4).

Table 5.4: Many older people bought their homes expecting to be able to pass them on to their children or other close family. Do you think people of your generation still think in this way?*

	Pro-state	Mixed economy	Pro-self	Inconsistent	N	%
Yes	14	8	16	14	52	57.1
No	8	14	4	9	35	38.5
Don't know	1	2	1	0	4	4.4
N	23	24	21	23	91	100

**This was asked to the 79 respondents in stage two in owner occupied accommodation, and a further 12 tenants who said they were likely to buy a home in the future*

Many of this minority who felt that their generation did not think in this way referred to homes being sold to pay for care. Some respondents were troubled that people no longer could expect to pass on the housing asset:

I know of cases where one of the parents was ill and had to go into a nursing home and the house had to be sold to pay for the fees. I hear of these stories frequently. I don't know the reason for it. It might be political but I don't like it.

Married man, aged 52 (mortgage), inconsistent (271)

If my husband died I would have to sell my home to pay for my care if I was ill. We feel we have been misled into saving to buy a home and missed out on holidays ... thinking we were building assets. It now seems we will be no better off than those who didn't. They will force us to sell our home to pay for what others get free, so all our sacrificing is for nothing.

Married woman, aged 53 (owns outright), inconsistent (3071)

This second quote is particularly interesting in that it implies a loss in comparison to less thrifty individuals. Both quotes reflect sentiments that were widely reported in the national press during the time of this research. They suggest that some, perhaps better off, individuals often feel as though the welfare state was not supporting them despite their having taken individual responsibility in building up assets and perhaps paying national insurance.

Other respondents felt that children could be more independent nowadays than in the past, and in particular that they were more financially secure. Interestingly, one man who expressed this view was a Labour supporter, but pro-self in attitude to long-term care: a speculation may be of course that he owned the home he lived in, and was better off than his parents – and so his general opinion also reflected his own personal attitude:

Because a lot of young ones now are able to pay for their own homes and a lot are better off than their parents.

Single male, aged 51 (owns home outright), pro-self (4971)

The complexity of people's thinking began to come through in this part of the analysis. For example, one of the renters hoping to buy was both a Conservative affiliate and pro-state in attitude towards long-term care funding. His stated view suggests that he feels older people have felt it important to leave things to their children, but that this is changing:

I think people my age have a different attitude towards finances, security, than the older generation. I do not believe I should have to secure my children's future, they should secure it themselves.

Married man, aged 45 (tenant hoping to buy own home), pro-state (3721)

A slightly different take on support for compulsion – whilst again stressing the security that might be gained by selling – was offered by a Labour affiliate also hoping to become a home owner:

I think those who have acquired property by their own efforts think that those who come after them can do the same and acquire property by their own efforts.

Married man, aged 34 (tenant hoping to buy own home), mixed economy (19981)

So some respondents were less likely to see home ownership in terms of 'cascading wealth down the generations', and it may be that there is a group of aspirational home owners to be who see the home primarily in economic terms. So part of our findings in stage one – that renters were more supportive of compulsion – could reflect not only a belief that others who have assets should be means-tested, but also that if they themselves had such an asset it would offer them security.

Clearly some felt that younger people have to take or make their own opportunities, but also that changes in family life mean children have greater independence. Occasionally respondents did refer to social changes, which meant that relatives had a different relationship with both their own homes, and a parent's home:

I have a suspicion that people think about houses in different ways. In the past people bought houses to stay in but today people move around more – the whole culture has changed. I don't think of passing my home on to anyone specifically

Single man, aged 39 (mortgage), mixed economy (20101)

Children and relatives are far more independent now. They wouldn't expect it and people are far more nomadic. They don't expect to stay in "the family home".

Married woman, aged 39 (mortgage), mixed economy (11571)

Just one respondent made reference to changes in housing value, and it was clear (from other responses) that she was referring to the housing slump.

I don't think [the home] will be worth much. I don't think young ones think that way now. It was different 20-30 years ago when a lot of people started to buy their own homes.

Divorced woman, aged 38 (mortgage), pro-state (5171)

Over half the home-owners said they did not buy their own home with the expectation of bequeathing it. Those who did see the home as a potential bequest largely held firm to that view (Table 5.5). Only 5 of the 34 said they no longer considered the home a bequest.

Table 5.5: Did you personally buy your home expecting to be able to pas it on to your children or to other close family? If Yes: do you still feel this way?

	Pro-state	Mixed economy	Pro- self	Inconsistent	N	%
Yes	8	7	11	8	34	43.0
<i>And I ...</i>						
... still think this way	5	5	10	8		
...no longer think this way	1	2	1	0		
...don't know how I think now	1	0	0	0		
No	11	11	8	10	40	50.6
Don't know	1	2	0	0	3	3.8
Refused	1	0	1	0	2	2.5
N	21	20	20	18	79	100

Just one respondent directly expressed anger about this:

The way of the world. Politics, lies. I never thought that the state could take the property. The situation has changed now.

Married woman, aged 51 (owns outright), pro-self (9471)

Another respondent reiterated her view cited above that reflected the economic situation of the time, indicating the dangers in viewing the home as financial security, and highlighting the real difficulties that she had faced as a home owner:

I thought it would be a future asset but the way things are now I don't think that way.

I've been trying to sell this house for 2 years now.

Divorced woman, aged 38, (mortgage), pro-state (5171)

Other views expressed were that children should not expect to inherit, and that children would understand their parents had use for the financial security the home afforded:

I now need a cheaper house – this is too large and I need an easier lifestyle and I feel the children would understand my needs instead of inheriting this great rambling place.

Separated woman, age 43, (mortgage), mixed economy (21361)

So only a minority of respondents who said that they bought the home to bequeath had changed their thinking about this, and variously cited policy, economic difficulties and the housing market, changing family relationships, and their own needs compared to their children. The overall picture that has emerged from questions in stage one and two in relation to housing assets remains, however, that people are against compulsion to sell, largely supportive of state funding for care, and yet many also value the security that might be afforded by owning their own home.

DISCUSSION

Within this chapter public opinion concerning the use of the home to pay for care has been examined in light of the recent expansion of home ownership, the political rhetoric which has accompanied it, and the way in which the meaning of the owned home is experienced. The widely held view that the home could be seen as a general investment for the future reflects the way in which home ownership has, since the First World War, been held up as a way of gaining individual or family wealth with no specific purpose. It is interesting that this feeling was felt so strongly amongst our sample so soon after a period of house-price *deflation*. It may actually be that some respondents did not, at the time, consider the home to be a secure financial asset, and so might have been even less likely to view it as a long-term specific investment (e.g. for bequeathing, or care in old age) than people might in more favourable economic conditions. It is not possible to comment on whether people ‘romanticise’ about older people and their (often life-time or long-term) homes, nor on whether retaining the home is seen as a preferred state in adulthood. However, there was a clear pattern concerning life-stage that suggests that security for old age increases as a reason for owning one’s home as you get older, whilst the home as a general investment is stressed by younger people.

The fact that nearly half of our respondents saw the home as something to pass on was also largely unsurprising, given the way in which home ownership and increasing inheritances has been politically championed in recent times. Amongst those seeing bequeathing as the most important reason to own one’s own home, clear age differences were not apparent, suggesting that family wealth continues to be an important meaning of home ownership despite the long-term care finance debate. However, clear socio-economic differences were identified here, and also in relation to feelings about compulsion to sell. Cohabiting and married respondents living on low incomes may have had few if any other savings, and might have had children whom they envisaged would benefit significantly from (perhaps even a small) inheritance. It is very possible that the proportion of monthly mortgage payment made

to their monthly income might heighten the importance of the housing asset to those on low incomes, as they may have to forego luxuries to attain home owner status. They are unlikely to be able to insure against long-term care costs and may also have minimum provision for retirement income. Whilst in numeric terms the risk posed by a means test may be low, the consequences for personal feelings of security may be high. And of course, if having children impacts significantly on people's willingness to use housing assets in latter life to fund care, greater bifurcation amongst both men and women – between those having and those not having children – might lead to more entrenched positions for and against the means test.

Conversely, this analysis suggests that older people may be more likely to have security for old age as a motive for home ownership for a number of reasons. For example:

- Old age needs are more immediate
- An owned home may represent a relatively large source of financial security in comparison to a low income (particularly if house maintenance or care is required)
- Other possible motives (e.g. moving to buy another home) might be less likely
- The asset may be fully-paid for, and so seen as at least a relatively secure resource
- If they have children, they may be more confident in their children's own economic position
- They may be more realistic/knowledgeable about paying for care

Our retired age stage one respondents would have been born during the inter war years, roughly between 1925 and 1935. This, then, is the group that could have gained the benefits of home ownership identified by Glennerster (1997) during the third quarter of the twentieth century. However, whilst the majority may well have been referring to financial security in old age, it is important to bear in mind that security may have been conceptualised by them in much more general terms. For those who work until retirement, for example, the security which work can offer, not only financially, but also in terms of day-to-day routines and relationships may be replaced by the home. And so whilst we did find that people discriminated between those with housing assets of different values, this might form part of an explanation for why respondents are largely opposed to selling the home (by choice or compulsion).

Enforcing self-sufficiency, then, through the home in old age seems to be widely seen as undesirable. Whilst we made no direct reference to equity release schemes, this further corroborates the findings of other research that suggest people are generally unwilling to contemplate borrowing against the value of the home in old age. However, of our second stage survey a large minority did not think that homes are bought with an expectation to bequeath. Whilst this was not a representative sample, responses suggested that it was not just the long-term care funding issue which led people to think in this way, but broader beliefs about the independence of children (sometimes their wealth in comparison to their parents) and increased house-moves. These socio-economic factors are perhaps unpredictable, and may strongly influence people's feelings about their homes and their beliefs about this specific issue. However, it is clear that the owned home is widely valued in a number of different ways. Given that the means-testing of assets, and particularly housing assets, have been an important conduit in the development of the care funding debate, the analysis now turns to specific long-term care funding options, and particularly to long-term care insurance which might enable people to protect both their retirement income and assets.

CHAPTER SIX

INDIVIDUAL FINANCIAL PROVISION AND LONG-TERM CARE INSURANCE

INTRODUCTION

The debate concerning the methods by which individuals should contribute towards long-term care for older people has taken place in the broader context of the policy questions examined so far:

- How to best ensure that older people have sufficient retirement income in the form of pensions, and
- To what extent should older people be required to spend down their assets (such as savings and housing) to fund their care costs.

This chapter focuses on public attitudes and potential behaviours towards different funding approaches, with a focus on our respondents' beliefs about the role of the individual in directly financing their own care. Public responses to long-term care insurance (LTCI) are examined in depth. As has already been highlighted in chapter one, such insurance is a relatively new product in this country, developed to offer a way in which people can protect both their pension income and their housing assets from the potentially acute consequences of care costs.

In Britain there are, and have long been, three principal sources of finance for payment of long-term care services:

- the public sector
- voluntary organisations
- and individual's own resources or those of their family

(Nuttall et al, Institute of Actuaries, 1993).

However, as with other areas of welfare, the relative contribution of each of these sectors has changed over time, with individual resources becoming increasingly important. In terms of public attitudes, it has been argued that long-term care for older people may be less protected from public attachment to the use of state funding, which has been found, for example, amongst private health insurance policy holders in relation to the NHS, (Calnan et al, 1993; Taylor-Gooby, 1994). It may be that older people are largely addressed as if they were a

homogenous group (see Walker, 1981), and separated off from the rest of the population not only in terms of the organisation and delivery of services, but also in public's thinking about welfare. It has thus been argued that attitudes to personal funding of services for older people may be more susceptible to change than attitudes towards services used extensively by all age groups (such as the NHS). For example, Bosanquet et al. (1990) argue that changes in care funding have met less public resistance than would a shift from public to private acute care, and that it has become possible to imagine private finance and provision of long-term care as the typical model rather than a supplement to a core state system.

By the mid 1990s it was increasingly being identified that due to the high costs of long-term care, few older people were able to afford significant quantities out of their own income (Wright, 1994). Only around 10 per cent of older people were able to pay for residential or nursing home care using their own resources (Nuttall et al., 1993).

However, as discussed in chapter five, the increasing number of older people who own significant assets – particularly housing – has highlighted the means testing of residential care to the wider public. Whilst the means-testing of residential and nursing home care is based on a nation-wide policy, local authority charging of home based services is subject to very different policies. The Audit Commission (2000) has identified some significant recent changes in social services' charging policies for home-based care, which have taken place between 1992/3 (the time at which the proposal for this research was developed) and 1999/2000. The report identifies how charges across social services in England and Wales have become increasingly important to the funding of services, (covering 8 per cent of costs in 1993/4, and 12 per cent in 1999/2000). This figure masks some significant regional differences: a decade ago less than three quarters (72 per cent) of councils were charging for domiciliary services, and this had risen to 94 per cent by the turn of the century. Councils that do charge differ widely in the way in which they incorporate or protect social security benefits in their financial assessment. For instance, the Audit Commission report that nearly a third (30 per cent) of social services departments charge against Income Support payments, over three fifths (62 per cent) take account of users savings, and whilst some departments' policies disregard any Attendance Allowance payments, others allow taking up to nine tenths of it in charges. Overall, then, charging policies for domiciliary care can currently mean that whilst an older person in one area could be required to pay over one hundred pounds for a week's service input, in another authority area they would have no charge attached.

The Audit Commission also found that within a third of councils charges would reduce the weekly net income of service users below the income support level, with the most impaired older people facing the highest charges when SSDs failed to take account of the additional living costs they incurred. This highlights not only that there are substantial regional differences operating, but that the types of risk posed by long-term care are not only acutely 'catastrophic', in the sense that large assets may be required to be spent down for care home costs, but can also be chronically catastrophic for those with low incomes and assets. However, it has been the acute losses faced by older people which have dominated the care funding debate, and a response to this has been the development of LTCI.

LONG-TERM CARE INSURANCE

Insurers in Britain have been extremely cautious about introducing long-term care policies. The possibly long-term nature of the product means calculation both of the potential market and of future claims (and therefore the price of premiums) is extremely difficult (Wittenberg, 1989). These specific difficulties have been exacerbated by the broader political context of a lack of certainty about future government policy on NHS and SSD responsibilities for long-term care, and by the economic context – including, especially for insurers, fears about inflation in the private care sector (Laing, 1993).

At the close of the 1980s care insurance did not exist in the UK, however the market experience of long term care insurers in the United States provided guidance on how such policies could be developed in this country, and on the potential market sectors. Evidence from the US experience has highlighted that 'adverse selection' and 'moral hazard' are of central consideration in the design of LTCI. Adverse selection refers to the possibility that there will be a high level of subscription by high-risk clients. Moral hazard refers to fears that demand for services (in this case some form of social care) and therefore claims, would be higher than otherwise expected amongst the insurance-holding population. These insurance problems (which determine the feasibility of a market) can be guarded against in the terms of a policy. For instance, in order to reduce risk in the entire insured population terms can be included that may bar (usually by increasing premiums for) individuals with a personal or family history of particular conditions. Exclusions can define when benefits will not be paid out, for instance in relation to pre-existing physical illness or long-term mental distress (e.g. depression). The problem of possible over-claiming by policy holders may be counteracted by the use of deductibles, such as a waiting period when costs for care are incurred before any benefit will be payable. In this way, adverse selection and moral hazard reduce the possible coverage for a private insurance market, but do not affect the possibility that private

insurance could be a feasible method of finance for those individuals who can afford the cost of deductibles and who are not excluded, particularly by increased costs, on health history grounds (Eisenberg et al, 1988; Garber, 1988; Pawlson and Lavizzo Mourey, 1990).

Further messages from the US experience for British insurers included that, in the pre-funded insurance market, 'stand-alone' policies were the most successful. In the early 1990s these accounted for 94 per cent of the U.S. market, with the average purchaser aged 69. The employer-sponsored market was small (5 per cent), but had a younger client group with an average age of 46. Problems identified included slow take-up, high policy lapse rate and bad selling practices, (Laing 1993).

Whilst government and private insurers in the UK have looked to the US to evaluate the potential for long term care insurance, there are those policy analysts in the US who have looked towards the UK for evidence to support public solutions. For example, before the increase in individual funding of long term care in the 1990s there were US policy commentators who argued for comprehensive public insurance, for whom the British National Health Service and Canada's long-term care provision were seen as evidence that extensive public funding of care was viable (e.g. Somers, 1987). And whilst America is similar to the UK in some respects (e.g. US citizens have to spend down before receiving benefits) there are important differences (e.g. the arguably greater stigma in accepting state benefits in US), (Laing, 1993).

The emergence of the British market

At the same time as the new community care policy was being developed at the close of the 1980s, the Department of Health published a proposed model of private LTCI (Wittenberg, 1989). This policy was in fact quite narrowly defined, written for purchase by older people (aged 65+) only, and offered through a non-profit making organisation. Within the prototype a potential market for the product was assessed, and premium charges calculated, and this may have served to encourage insurance companies to dip a toe into the water. At the same time, some insurers and reinsurers were undertaking research on the scope for such a market, (see Bosanquet et al., 1990; Laing, 1993). For example, research carried out for The Mercantile and General Reinsurance Company PLC (1991, cited by Nuttall et al., 1993) suggested that:

- People generally avoid considering the possibility that they will have long term care needs in later life, at least until nearing retirement, or until care experience with an older friend or relative.
- People are concerned about the provision of health care and the future of the National Health Service.
- There is a belief that the State will meet these needs either through the NHS or social services, with very few understanding the extent of means testing.
- Most people are unaware of the expense of private long-term care.
- Individuals are concerned about being a burden on their families.
- LTC insurance is seen as a potential solution, but there are concerns about the prohibitive cost of such policies.

By the early 1990s LTCI policies were seen as potentially viable methods of funding social care for those who could afford them (Johnson and Falkingham, 1992:72). The Association of British Insurers (24.11.94) presented the development of long-term care policies as the private finance sector responding to a major social problem - that of an ageing society with a decreasing pool of informal care. The development and nature of the various policies that were available at the time of fieldwork for the project have previously been detailed by Laing (1993) and Brunswick Financial Marketing (1994).

Insurers initially developed two types of policy designed for two distinct consumer groups. Point of need policies are purchased with a large single payment when the client is already in receipt of or is requiring care. The lump sum will ensure benefits for the remainder of the policy holder's lifetime. Premium levels are not predetermined, as they are calculated to reflect the individual's circumstances and requirements. Pre-funded stand-alone policies enable presently healthy people to prepare financially for long-term care through payment of monthly, quarterly, yearly or single premiums. Stand-alone policies provide regular benefits for care needs. Such policies are generally aimed at people in late middle-age to early retirement, who are at present healthy but who are concerned to protect their income and assets against the risk of (means-tested) long term care, (Wittenberg, 1989; Brunswick Financial Marketing, 1994). Benefits are paid once it is determined that the client requires assistance with daily activities or when care is required because of an organically based mental impairment. By taking out such cover, some protection (usually a contribution to costs) is given to an older person's income and assets, and therefore to their standard of living.

As detailed in chapter three, in the mid 1990s I conducted an examination of the market literature produced with each available LTCI policy, as part of the development work for this research. This highlighted where insurers wished to position themselves in terms of the balance of responsibility between individual and the state. The ‘messages’ from insurers research, such as that by the Mercantile and General Reinsurance Company cited above, were clearly interwoven into the policy guides. These brochures were careful to be reassuring, arguing that insurance would not completely push the state out of care but would help alongside other sectors to solve a social welfare problem. Today the Association of British Insurers (2001) provides more complex information to potential consumers, such as pointing out to older people that they may be eligible for attendance allowance, and that they should check local authority charging practices, and the availability of different services.

There are, then, a number of complex issues that we need to examine to understand the public’s attitudes towards individual financial provision for long-term care. In stage one individual’s views concerning the balance of responsibility between the individual and the state for different forms of care were examined. And in both stage one and stage two attitudes towards LTCI were explored.

PUBLIC BELIEFS ABOUT CARE FUNDING: STATE AND INDIVIDUAL RESPONSIBILITIES

In order to make fullest sense of respondents’ attitudes towards LTCI it is important to first detail their approach towards the balance of responsibility between the individual and the state. We asked respondents about this in a number of ways, including:

- Presenting options concerning what should happen to fund different types of care (domestic; personal; residential)
- Presenting models of care funding and requesting respondents choose the ‘best’ one that represented how care should be paid for
- Measuring attitudes towards state provision, funding, and individual responsibility using Likert (Agree-Disagree) scales

In addition we looked at consistency of respondents’ attitudes towards individual and state responsibilities. This is summarised in the ‘consist’ variable that has been used throughout the analysis.

Funding responsibilities and levels of care

Before questioning respondents specifically about their beliefs concerning individual financial provision, we were eager to examine their views about the role of the state in the finance of care. They were asked who should pay for care if older people required support in their own homes, firstly with shopping and housework, and again if they needed help with washing and dressing. They were also asked their views concerning residential and nursing care. In each case they were first asked whether the state should pay for care or whether older people should pay for this type of help themselves. Follow up questions examined each response further, to examine whether respondents supported means testing for these forms of care. There were very similar opinions expressed in response to each type of care, with the vast majority of respondents supporting means related state funding (Tables A3-6.1). However, support for state funding for all care increased slightly as the level of care required increased, from domestic, to personal, through to residential care (22.5 per cent, 25.8 per cent and 29.1 per cent respectively). Support for older people or their families paying all care costs decreased as the level of care required increased (3.7 per cent, 2.6 per cent and 1.4 per cent). Whilst support for means related funding also decreased, this at all times remained above two-thirds.

Support for comprehensive provision

Whilst respondents supporting state funding of all care were a minority, Table A3-6.1 also shows that well over a third (36.9 per cent) supported this for *at least one level* of care provision – and that attitudes varied by life-stage, self-employed or employed status, personal income and the ‘consist’ attitude variable.

Younger respondents (aged 25-39) were most likely to be supportive of some comprehensive state funding in at least one circumstance (two-fifths, compared to a third in the other two life-stage groups). Middle-income groups were also most likely to have supported state funding for all, with over half (52.8 per cent) of those earning £23-29K per annum feeling this way. This was the strongest support found by socio-economic characteristic and the general pattern is confirmed in analysis by wider personal income bands. Least support was found among higher income groups and among self-employed respondents. There was no strong relationship between party affiliation and supporting comprehensive care funding, but there was a high level of consistency among pro-state attitude respondents, indicated by the high proportion (82.1 per cent) of this group who did feel this way.

Three-tenths still supported care funding for all if a moderate tax increase (of £100 a year for the average person), although this dropped to 17.5 percent if it were instead to cost £500 per year (Table A3-6.2). Willingness to pay more taxes can also be inferred from responses to attitude scales concerning whether there should be more or less state spending, when respondents are told that much more spending for a public service might require a tax increase to pay for it (Table A3-6.2). People's attitudes to state spending levels on old age pensions were detailed in chapter four. We found that whilst a similar proportion of respondents (about one fifth) supported much more spending in each case, overall more spending was supported for care for older people than for pensions. Interestingly, the only difference found in response here was by party affiliation, with Conservatives most likely to be opposed to an increase in spending, and Labour affiliates most supportive.

Preferred models of care funding

Although a small minority of respondents clearly had different views about funding methods appropriate to different levels of care, we also asked a very general question to pinpoint their overall belief about the most appropriate model of care funding for older people. They were asked 'which do you think is the best way that care for elderly people should be paid for'. This was asked at the end of a long section on individual and state responsibilities to care funding, and so respondents had already been prompted to work through their own approach in some detail. The responses they were asked to choose from were:

- The state should pay for care for all elderly people whatever their income
- The state should pay for basic services and people who can afford to should be able to pay for better care
- The state should only pay for care for those who cannot afford it, and everyone else should make their own arrangements
- Everyone should make their own arrangements for paying for care

Just under a half of all respondents favoured the second choice – i.e. a basic level funded for all, with just under a quarter of respondents in each case supporting choice one (comprehensive funding), and choice three (means-tested funding), (Table A3-6.4). Fewer than two per cent felt that everyone should make their own arrangements. This group was then looked at separately – and it was made up of ten women and five men, and just five of the women and two of the men were in paid work of over ten hours per week. All but one

were pro-self in attitude towards long-term care funding ('consist'), with the fifteenth and final respondent inconsistent in attitude. There were a full range of incomes in this group, and also the full same age range of 25-70 was represented, but the group were older overall, with five respondents aged over 65 (and mean age=49.07).

So more than seven tenths of the stage one sample felt that all care, at least to a basic level, should ideally be publicly funded. Their responses were examined further, and no differences were found here by working age status or life-stage. Currently unemployed respondents were least likely to support the state funding a basic level of care for all. They were more likely than non-unemployed respondents either to feel that the state should pay for all care, suggesting a better level of care for all, or, more often, stated that those who could afford care should pay, with the state only supporting those of limited means. This is, of course, not surprising, as unemployed respondents might be most concerned to ensure a good level of state funded care to those who have lived some or much of their lives on low incomes. Whilst not statistically significant, those on high personal incomes or living in households with high incomes (£29K +) were most likely to support the state funding a basic level of care for all (over three fifths of this group felt this way). Around the same proportion of both Conservative and Liberal democrat affiliates supported this option, with only two fifths of Labour supporters feeling this way.

Attitudes towards state and individual responsibilities

Respondents were asked to state how much they agreed or disagreed with a series of statements on the current state of public funding and provision of older people's care (Table A3-6.5). A very clear message came through about who should be responsible for provision of care, with over half strongly agreeing that 'the state should be responsible for providing care for elderly people', with an additional third somewhat feeling this way. However, over half of respondents felt either strongly or somewhat that the 'state used to provide a better standard of care for elderly people'.

However, whilst attachment was shown towards and concern was expressed about state provision of care, there were more mixed responses in relation to responsibilities for funding. This may be in part explained by the finding that, whilst only 9.4 per cent of the sample strongly agreed that the state cannot afford adequate care for all elderly people, only just over half of the sample actively disagreed with this statement. Overall we found some support for the idea that younger people can make 'better arrangements' for their future care needs than people could in the past (with over two-thirds strongly or somewhat feeling this way.

However there was little more than lukewarm support for the statement that ‘people should be expected to pay some of the costs of their care in old age, instead of relying on the state to pay’, (50.6 per cent in total - with only 10.9 per cent strongly feeling this way). Two sets of attitudes have been examined in greater detail.

Acceptance of charging?

Some differences were found between groups in their view about whether or not people should be expected to pay some of their care costs in old age (Table A3-6.6). No significant differences were apparent by working age status or life-stage, although older respondents more often said ‘neither’, although what the data cannot of course tell us is whether this suggests that a small minority of older people could have cultivated more complex attitudes towards this issue.

Married and cohabiting respondents were slightly more likely to agree strongly, but they were still a substantial minority (12.9 per cent, compared to 5.3 per cent of single respondents). Respondents with moderately high to high household incomes (>29K) were also most likely to strongly agree. This might in part reflect cohabiting (and two-income) households, as personal income levels were also related to attitude expressed but in a different way. Respondents earning personal incomes of £23K-£28,999K were more likely to strongly agree than other income groups, but agreed with the statement in a similar proportion to others overall. By socio-economic characteristics the highest level of strong disagreement with paying towards care costs came from those not working (20.8 per cent, compared to 13.8 per cent of those in work), and those on household incomes below £8K per annum (23.4 per cent, compared to 11.5 per cent of those in households with over £35K income per year. Responses by political affiliation were also significantly different, with nearly a quarter (23.6 per cent) of Labour supporters strongly disagreeing with care costs, compared to less than a tenth (7.1 per cent) of Conservatives. Both Liberal democrat affiliates and Conservative affiliates strongly agreed with care costs more often than Labour supporters, and Conservatives were most likely to agree overall.

Affordability to the state

Overall, retired respondents, respondents in social class I, II and III, and those with personal incomes or living in homes with household incomes of above £29K per annum more often agreed (either strongly or somewhat) that the state cannot afford to provide adequate care for all elderly people (Table A3-6.7). Overall, the strongest level of support by socio-economic group for the statement was from those with higher household incomes (35K+) and higher

personal incomes (£29K+). Nearly half of each group agreed the state could not afford adequate care for all, compared to one third of the sample as a whole.

Men most often strongly disagreed that the state could not afford comprehensive adequate care (37.9 per cent, compared to 19.9 per cent of women), with women more likely to somewhat disagree or neither agree nor disagree. In this case 12.5 per cent of younger respondents (25-39) neither agreed nor disagreed – more often than older age groups. We can speculate that this may either be because they had more complex ideas about what affordability to the state meant (particularly as on a personal level they may expect to pay taxes for many years to come), or that they were more unaware of the costs of care. Middle age group respondents more often somewhat agreed, and older respondents more often strongly agreed – although in each group those agreeing with the statement remained a minority. This age pattern does suggest that people did answer this very general question with reference to themselves and their place in the life span. There were patterns by household income (with those on very low incomes more often strongly disagreeing and those on high incomes more often strongly agreeing). No strong differences were found by household status except that tenants were least likely to agree – and in particular to strongly agree. The greatest differences, as would be expected, came by attitude type and party affiliation, with over a half (55.8 per cent) of pro-state respondents and nearly two fifths (38.2 per cent) of Labour party supporters strongly disagreeing (compared to 14.8 per cent and 14.4 per cent of pro-self and Conservative affiliates respectively). When responses were analysed again (to look more broadly at agreement or disagreement) it was clear that unemployed respondents were most likely overall to disagree with the statement. Whilst over half of respondents in all social classes disagreed, agreement was strongest in social classes I, II and III (nm) – at over 40 per cent in each case; in comparison only between a quarter and thirty per cent of those in social classes III (m), IV and V felt this way.

How care should be funded

Throughout the analysis I have referred to the ‘consist’ variable which is a measure of how consistent respondents were in response to two questions detailed above:

- What is the best way that care for elderly people should be paid for?
- Should people be expected to pay some of the costs of care in old age?

The ‘consist’ variable is detailed in table A3-6.8. The majority of respondents were either inconsistent in their approach (31.1 per cent), or supported a ‘mixed economy’ approach

consistently (33.4 per cent). Only one third of respondents held approaches which saw a primary role for the state or a primary role for the individual – when they could afford it - as important (16.9 and 16.4 per cent respectively). Those on high personal incomes (£29K +) were most supportive of a mixed economy approach to care, and least supportive of the state. Conservative affiliates were most likely to support the mixed economy approach (44 per cent) and least likely to be inconsistent (23.4 per cent). Whilst Labour supporters were more likely to be pro-state than any other affiliate group, this still only represented 22.5 per cent of this group.

However, what is interesting so far, in relation to the ‘consist’ variable and other general attitudes towards long-term care funding is that largely there appear to be fewer patterns apparent in the data than there were in relation to pensions. It may be that as people have less knowledge or experience of long-term care that they have, overall, less worked out views. It is therefore important to focus in on very specific questions about the potential role of the individual within the funding system for long-term care.

PUBLIC ATTITUDES TO LONG-TERM CARE INSURANCE

As we have seen, LTCI was an extremely new product at the time of this research. The three principal issues we examined at stage one were:

- Should LTCI be available?
- Should LTCI be compulsory?
- What is the public level of awareness of LTCI?

Should long-term care insurance be available?

Within the representative sample questioned in stage one, there was very little opposition to its availability (Table A3-6.9). Over three quarters (77.5 per cent) agreed that people should ‘be able to buy insurance policies which would cover the cost of any care they might need in old age’. A further 9.4 per cent of respondents felt that their view about its availability depended on other factors, i.e. they could be supportive of LTCI. Only 11 per cent felt that such long-term care policies should definitely not be available.

Differences were found by life-stage, current experience of impairment or long-term illness, attitude-type (‘consist’), and party affiliation. Younger respondents (aged 25-39) were most likely to give full support to its availability (83.2 per cent), compared to around three quarters

of the middle age and older age groups (76.8 and 76.3 per cent respectively). However, older respondents overall showed more *potential* support for such policies, with an additional 15 per cent stating 'it depends' – taking the overall actual or potential support for insurance to over ninety percent in this age group. Greatest opposition to insurance (15.3 per cent) came from the middle age group.

Interestingly, those with a long-term illness or impairment who felt it impacted on their day-to-day lives, and who did *not* receive any assistance were most likely to state that their view on availability 'depends' on other factors: whilst no simple explanation for this comes out from the data, this group might have particular difficulties in accessing any appropriate support and be more concerned then about access to an insurance scheme.

Further differences were found by attitude and political affiliation. Of all the analyses conducted, greatest opposition to the availability of insurance policies was – as we could expect - found within the 'pro-state' attitude group (26.3 per cent), although over three fifths of this group were supportive of such policies being available. The attitudes of the inconsistent group closely represented the attitudes of the sample overall, whilst mixed economy and pro-self respondents were very strongly in favour of availability. Similarly, as might be predicted, Conservative affiliates were most likely and Labour affiliates least likely to support availability.

Multinomial logit analysis suggests that party affiliation has a weaker relationship to beliefs about long term care insurance than life-stage, for which much higher z-scores were obtained (Table 6.1). Majority support of availability was apparent throughout the sample. This analysis strongly confirms an effect of life-stage on attitudes to LTCI availability. Younger respondents were most supportive, with those aged 40-54 most likely to be opposed. However, respondents became more likely to give a qualified response in older age groups suggesting more complex thinking around the issue (or perhaps increased hesitancy, with greater awareness of their own likely behaviour in this area).

Table 6.1: Logit analysis - Life-stage group and party affiliation: main effects on beliefs about whether long-term care insurance should be available (Unweighted data: N=694)

Parameters:		Log-odds	Odds Ratio	Z-score
Intercepts	Able to buy insurance	2.0129	7.4849	5.14
	No to insurance	-.05412	0.5820	-1.00
	<i>Depends*</i>	-	1	
Life-stage	Able to buy insurance			
	Age 25-39	0.7234	2.0614	2.38
	Age 40-54	0.6459	1.9077	2.03
	Age 55-70*	-	1	
	Not able to buy insurance			
	Age 25-39	0.8135	2.2558	1.88
	Age 40-54	1.2844	3.6125	2.97
	Age 55-70*	-	1	
	<i>Depends on care insurance*</i>			
	Age 25-39	-	1	
	Age 40-54	-	1	
	Age 55-70	-	1	
Party	Able to buy insurance			
	Conservative	-0.1574	0.8544	-.35
	Labour	-0.6283	0.5335	-1.53
	<i>Liberal democrat*</i>	-	1	
	Not able to buy insurance			
	Conservative	-1.1179	0.3125	-1.69
	Labour	0.1259	1.1341	.24
	<i>Liberal democrat*</i>	-	1	
	<i>Depends on care insurance*</i>			
	Conservative	-	1	
	Labour	-	1	
	<i>Liberal democrat</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		6.3702	8	.6058
Pearson		5.5845	8	.6937

Unweighted N=694

Weighted N=683.5

27 defined cells; Delta=0 (0 empty cells)

* indicates comparison category

A follow up question asked respondents why they felt insurance should or should not be available, and each could give up to three reasons (Table A3-6.10). They were not prompted, and fieldworkers either coded responses that were pre-listed on the questionnaire or wrote in other reasons given, and the majority of these other answers were eventually assigned new codes. Two fifths of those giving some support to LTCI made reference to being able to safeguard or protect the future, and a third made reference to affordability (that those who can afford to should be able to purchase cover): however those giving qualified support to insurance hardly ever referred to protecting the future and instead were very vocal about affordability. This might not be surprising if we consider that respondents were explaining what these circumstances were – i.e. what does availability depend on – rather than why should it be available. However, a further question arises in the use of pre-coded responses. Whilst fieldworkers were fully trained interviewers familiar with the questionnaire, there is

some scope for this code to include both the sentiment ‘only if it is affordable could I support it’ as well as ‘it should be available for all those who can afford it’.

The least cited reason overall was ‘to get better care’, and none of the respondents giving qualified support to LTCI felt this way. This could suggest that many of those supporting the availability of insurance were aware of the potential costs of care in old age, and may have been aware of means testing. However, only just over ten per cent of all supporters of LTCI specifically stated that the state cannot afford care for all older people.

Of respondents who said LTCI should not be available, most (100 of the 104) gave only one response, with four-fifths giving the only pre-coded response ‘the state should pay for care’. Clearly amongst those who said no to insurance *affordability* was *not* the primary factor – with only 4.5 per cent of this group claiming it was not desirable as it was not affordable. Ideological opposition, then, was clearest among this group, with a further 15.5 per cent claiming that long-term care insurance would lead to the ‘privatisation’ of care.

Should long-term care insurance be compulsory?

The stage one sample were asked whether people ‘should be required by law to pay for private insurance which would cover the costs of any special help or care they may need when they are elderly’ (Table A3-6.11). Whilst a majority of respondents clearly felt that care insurance should be available very few (14.7 per cent) felt that it should be compulsory (Table A3-6.8). Four fifths (80.2 per cent) were completely opposed to the proposition. Men and women gave similar responses overall, with women just a little more likely to respond ‘don’t know’ rather than yes to compulsory provision. Retired age respondents were more likely to support compulsory insurance (27.7 per cent, compared to 12.6 per cent of working age respondents), and this *might* reflect both greater awareness of the issue, and particular understandings of what might be meant by compulsory insurance (e.g. National Insurance). Expectation of paying any compulsory insurance could also explain the similar responses here between younger and middle age respondents – only about 11 per cent of each group supported compulsion compared to a quarter of those aged 55-70. This is interesting in comparison to the two younger life-stage groups’ responses to whether insurance should be available in the first place: the implied message here is that although younger respondents are more supportive than middle age respondents of insurance availability, they are less willing to *have to* pay for it, perhaps actually not considering it to be relevant to themselves.

No clear pattern was discernable by social class, although significant differences did occur. Of particular interest is that the highest level of support for compulsion is in social class 1 (24.4 per cent), although only 41 respondents were in this group. The lowest level of support was in social class III (non-manual), (7.5 per cent). Respondents on low *personal* incomes (<£8K per annum) were also very unlikely to support compulsion (6.2 per cent).

There were differences by party affiliation, with twice as many Conservative affiliates supporting compulsion than Labour affiliates (21.2 per cent and 10.1 per cent respectively). The consist variable highlighted that pro-state respondents were by far the most opposed to compulsion (with 93.1 per cent adamant that this should not happen, compared to 62.8 per cent of pro-self respondents).

Those who responded no to compulsory insurance for all asked whether people in work, or their employers, should be required to pay for private care insurance. The majority of the total sample (56 per cent) still felt that there should be no compulsion (Table A3-6.12). There was a high level of agreement between the ages, though there was a slight but significant variation between the sexes, with men more likely to say employers should have total responsibility, and women more likely to say individuals should have total responsibility for employment based insurance. Attitude to compulsion were then again examined, to compare those who supported compulsion at least for those in work, against those who did not support compulsion.

Older respondents (retired age, and 55-70 year olds) were again most supportive of compulsion. Of course, not being in the labour market was important here, with respondents coded as not working, retired respondents, and unemployed respondents all most likely to support compulsion. There was no significant difference by income, but there was by housing tenure: people in rented accommodation and those who own their home outright were most supportive of compulsion, and those with mortgages least supportive. Responses were not significantly different by party affiliation, but were by the 'consist' variable, with the expected patterns identified (i.e. highest support for compulsion amongst pro-self respondents, and lowest amongst pro-state respondents).

Logit analysis was conducted to further examine the effects of working age status, housing tenure, and labour market experience (of insecurity, i.e. current or recent unemployment), and attitude to compulsion. This suggests that those not in work, and those of retired age status, are most likely to be in favour of compulsion, and also that respondents who have had

experience of unemployment in the last five years are most likely to be opposed to it. Some of this group may be currently in work and be most concerned about insecurity of employment. Other factors not included in this analysis, such as party affiliation (whose inclusion made entropy statistics unacceptable) and experience of state second tier pensions or private pensions may be important in understanding how different groups understood the meaning of the question, and this is particularly the case in relation to tenants.

Table 6.2: Logit analysis - Working age status, housing tenure, and experience of unemployment: main effects on attitude towards compulsory insurance at least for those in work (Unweighted data: N=903)

	Parameters:	Log-odds	Odds Ratios	Z-score
Intercepts	Compulsion	0.4551	1.5763	2.17
	<i>No compulsion*</i>	-	1	
Working/retired age	Compulsion			
	Working age	-0.4414	0.6344	-2.21
	Retired age*	-	1	
	No compulsion*			
	Working age	-	1	
	Retired age	-	1	
Ownership status	Compulsion			
	Owens home outright	-0.4308	0.6500	-2.19
	Mortgage	-0.5035	0.6044	-2.91
	Tenant*	-	1	
	No compulsion*			
	Owens home outright	-	1	
	Mortgage	-	1	
	Tenant	-	1	
Experience of unemployment	Compulsion			
	Currently unemployed	0.1137	1.1204	0.42
	Unemployed in last 5 years	-0.4529	0.6358	-2.24
	<i>No recent or current unemployment*</i>	-	1	
	No compulsion*			
	Currently unemployed	-	1	
	Unemployed in last 5 years	-	1	
	<i>No recent or current unemployment</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		5.6564	12	0.9324
Pearson		4.5774	12	0.9706
36 defined cells; Delta=0.5 (5 empty cells)				
* indicates comparison category				

Public awareness of the availability of long-term care insurance

After questioning respondents on their attitudes towards care insurance, we asked them whether or not, before the interview, they had ever heard of it (Table A3-6.13). The sample was almost precisely split in half – with just 50.7 per cent stating that they had come across it before.

Men had more often heard of insurance than women (55.5 per cent and 46.3 per cent respectively). There were also interesting patterns by age – whilst half of working age respondents had previously heard of it, this rose to three fifths amongst retired age people (and this pattern was also found by retired status alone). When examined by life-stage it was clear that awareness rose with age, with just 44.1 per cent of the younger (25-39) age group having previously heard of such policies.

There were also clear differences by social class, with majority awareness in class one and two (76.2 per cent and 59.3 per cent respectively), compared to just 40.4 per cent in social class 5. Self-employed respondents were slightly less likely to have been aware of insurance (43.9 per cent compared to 53.7 per cent of those employed). Patterns by personal income are difficult to assess as there were small numbers of respondents in the higher income groups; however it was clear that those on low incomes (< £15K) were least likely to have been aware of long term care insurance. In terms of household income there was greater awareness in the lowest income group (48.2 per cent) – nearly at the sample average, which suggests that this group included a number of older, retired age respondents. Apart from the poorest group, awareness generally rose as household income increased, to two thirds (65.2 per cent) for respondents in households with income of between £23-29K per annum, and just over three fifths (62.1 per cent) in households with income of £35K+. There were differences too by home status – which we would of course expect to be a key factor here: those whose homes were mortgaged reflected the general population, with just two fifths of the renting population aware of insurance (39.4 per cent) compared to over three fifths (62.3 per cent) of those who owned their homes outright.

There were also differences by attitude type and party affiliation. Perhaps surprisingly, respondents who were ‘pro-self’ in care funding attitude were *least* likely overall to say they had heard of insurance and ‘pro-state’ respondents were most likely to have done so (42.3 per cent and 57.9 per cent respectively). However Labour affiliates were least likely to say they had heard of insurance, followed by Conservatives, then Liberal democrats (46.5, 55.4, and 61.0 per cent respectively). Some of these relationships were examined further using logit analysis: this focused on knowledge of insurance and the main effects of respondent life-stage, household income and home owner status (Table 6.3).

The main differences appear to be between those who rent their home and those who own their home, those on high household incomes (£29K+) and those on lower incomes, and those aged 55+ and younger respondents. This logit analysis highlights that later life-stage, high

income, and outright home ownership are all independently related to knowing about LTCI, reflecting the insurers own targeted market.

Table 6.3: Logit model - Life-stage group, household income and home owner status: main effects on knowledge of long-term care insurance (Unweighted data: N=798)

	Parameters:	Log-odds	Odds Ratio	Z-score
Intercepts	Know about insurance	0.5533	1.7390	1.87
	<i>Not know/not sure if know about insurance*</i>	-	1	
Life-stage	Previously heard of insurance			
	Aged 25-39	-0.4417	0.6429	-2.11
	Age 40-54	-0.4548	0.6346	-2.21
	Age 55-70*	-	1	
Household income	Household income < £15K	-0.6620	0.5158	-3.06
	Household income £15-29K	-0.5723	0.5642	-2.07
	Household income £29K+*	-	1	
Owner status	Owns own home	0.6580	1.9309	2.87
	Owns own home with mortgage	0.2340	1.2636	1.22
	<i>Rents home*</i>	-	1	
		Chi-Square	DF	Sig.
Likelihood Ratio		24.2866	20	.2301
Pearson		20.5462	20	.4243

54 defined cells; delta=0.5 (4 empty cells)

* indicates comparison category

Private health insurance and long-term care

Finally, we asked the stage one sample whether or not they themselves had a private health insurance policy, whether funded entirely by themselves, or partially or fully by their employers (Tables A3-6.14 and A3-6.15). The responses here were examined, in order to then consider whether holding private health insurance affected people's attitudes towards long-term care cover. A fifth (21.3 per cent) of respondents did have private health cover. Coverage was least amongst retired age respondents (13.8 per cent), single respondents (9.8 per cent), people in rented accommodation (7.3 per cent), the currently unemployed (4.8 per cent), those in social class V (4.4 per cent), and those on household incomes below £8K per annum (2.4 per cent). Private health cover increased through the social classes, but was noticeably much more prevalent among social class I (42.9 per cent, compared to just under three tenths of respondents in social classes II and III). In terms of personal income, coverage was low among those earning below £8K and between £8 and £15K (17.6 and 15.4 per cent respectively), and by far the highest among those earning over £35K per annum (76.5 per cent, compared to 58.3 per cent of those earning £29-34K). Differences by our general measure for care-funding attitude ('consist') were *not* significant, with coverage among pro-state and inconsistent attitudes just below average, and highest amongst mixed-economy respondents (26.2 per cent compared with 20.5 per cent of pro-self respondents). Differences were significant by party affiliation, with coverage greatest amongst Conservatives, higher

than average amongst Liberal democrats, and lowest amongst Labour affiliates (32.9, 25.0 and 14.6 per cent respectively).

Even starker patterns became clear when any employer (i.e. own or partner's) funding of a health care policy was taken into account. Women were much less likely than men to have private health insurance paid for by an employer. Clearly those of working age were most likely to have some employer funding, but there was no difference here between the younger and middle life-stage groups. Whilst married respondents and those in social class I most often had insurance, and most often had employer funding, social class III (nm) were most likely to have funded their own private health insurance. Whilst those on high personal or household incomes, and those with mortgages, were more likely to have some contribution from an employer, they were also most likely to have paid for their own. Conservative affiliates too were most likely to have this cover, through employer and/or personal funding. There were yet again no significant differences by the 'consist' variable, with the mixed economy group slightly more often paying for their own health insurance.

POTENTIAL BEHAVIOUR TOWARDS LONG-TERM CARE INSURANCE

In the second stage we wished to examine whether respondents would consider the option of private insurance. We asked them to

- Evaluate whether private long term care insurance was a 'good idea' or a 'bad idea'
- State whether they would currently take out such a policy
- State whether they would currently take out such a policy, with reference to different levels of risk
- Compare models of private cover: independent LTCI and partnership schemes

Private insurance: a good or a bad idea?

Respondents were given a definition of pre-funded long term care insurance and were told the approximate cost of such a policy for somebody of their sex and age (Table 6.4). Whilst 51 per cent felt that this was a good idea, as could be expected pro-state respondents were significantly more opposed and pro-individual respondents more in favour of this approach (one third and four fifths respectively), with the two other groups more mixed in their responses.

Table 6.4: Given stated approximate cost for LTCI for someone of your age and sex, do you think LTCI is a good idea or a bad idea?

Consist	Good idea	Bad idea	Don't know	Refused	N
Pro-state	9	19	0	0	28
Mixed economy	15	9	3	0	27
Pro-self	17	4	1	1	23
Inconsistent	11	13	0	0	24
N	52	45	4	1	102
%	51.0	44.1	3.9	1.0	100
Valid %	53.6	46.4			100

Chi-Square Yes/No

Pearson=12.847, dof=3, p=.005

Minimum expected frequency=9.74

Pro-state respondents who *agreed* with the principle often, however, felt that it would be uncertain whether it would work for many in practice. Reference was often made to affordability:

‘Would be more secure later but many people wouldn’t be able to afford it. The principle is OK but I doubt it would work in practice.

Single man, aged 38, pro-state (21391)

If people can afford it now - it takes the onus off you later on.

Married woman, aged 33, pro-state (21431)

If you’re in full time employment and could afford it, it’s perhaps a good idea and it’s deducted like tax or NI but you’d have to have a reasonably paid job.

Single man, aged 31, pro-state (05201)

It is a good idea if you can afford it but a bad idea if you can’t. I can’t afford it at present.

Single woman, aged 33, pro-state (14331)

Others seemed principally to be recognising that whether cover was private or public, the individual needed to contribute.

You've got to pay for it – there's no free lunch

Single man, aged 38, pro-state (09991)

For many pro-state respondents, however, care insurance of this type was a bad idea. Only one of these respondents simply referred to care as 'government's responsibility'; a further nine of the nineteen pro-state respondents who were opposed directly pointed to national insurance or tax contributions.

Why should you have to pay another £50 per month? You already pay tax and NI.

Married woman, aged 44, pro-state (1781)

I don't think it should be our responsibility. What about the so-called National Health Service which was set up for this very thing and to which I and many others contribute to throughout our working lives.

Single woman, aged 28, pro-state (15231)

So care for older people as the remit of a comprehensive health service, or at least a comprehensive public welfare state, was one element of the rejection of private cover. A mistrust of the private sector was also a factor in pro-state respondents' antipathy to care insurance:

Because you are already paying for National Health. We couldn't afford it anyway. The government is passing too much on to the individual. The only people getting fat on it are building societies and insurance companies.

Married man, aged 62, pro-state (031)

Not all the money will go through the scheme – companies are out to make a profit. Totally against it – they will always put themselves first.

Single man, aged 50, pro-state (10381)

Other pro-state respondents who were opposed referred to affordability, and the demands of today being too great to contemplate the needs of the future.

A small number of pro-self respondents who were in favour of LTCI gave very straightforward insurance-based reasons for their answer.

Because you would have no worries about being looked after in old age.

Married man, aged 33, pro-self (02101)

Because it gives some security if it's needed, you are covered.

Single woman, aged 30, pro-self (02591)

For others, affordability was clearly an issue, i.e. that it was only a good idea if you could afford it – with some saying that they wouldn't be able to. Only two of this group made reference to insurance protecting you from being dependent on, or removing the pressure from, immediate family. Some respondents did however make reference to reducing the burden on the state:

A good idea if you have the money. Don't think the state can afford to do it all the time.

Divorced woman, aged 50, pro-self (8891)

Of the four pro-self respondents who saw LTCI as a bad idea, there were two who felt that they had already contributed sufficiently through taxation or national insurance. Another respondent felt it was unaffordable and more important to live for today. The potential loss due to the low or unknown risk of long term care was flagged up by the fourth respondent:

It is probably better to save the money instead. Otherwise you are really paying a lot of money for insurance which you may not get any benefit at all.

Married man, aged 53, pro-self (12841)

Potential long-term care market?

In total, of the stage two sample only 6 respondents (4 of whom were pro-self in attitude) said that they would take out such a policy at the moment, with 24 making direct reference to the lack of affordability (Table 6.5):

Table 6.5: Would you take out insurance of this sort at the moment?

	Yes	No	Can't afford it	Maybe/depends /can't say	N
Consist					
Pro-state	0	20	6	2	28
Mixed economy	1	16	8	2	27
Pro-self	4	14	5	0	23
Inconsistent	1	17	5	1	24
N	6	67	24	5	102
%	5.9	65.7	23.5	4.9	100

A follow up question asked respondents to explain their answer. A respondent, mixed-economy in attitude, stated that she and her husband were already thinking about taking out care insurance (20211). One woman, a pro-self respondent who felt insurance would protect against dependence on their immediate family, said that her husband had already taken out such a policy (4601). Another pro-self respondent felt that incentives were there to encourage private provision:

Its all tax deductible - [it has] given everyone in business the incentive to save for old age and not be a burden on the state.

Married man, aged 49, pro-self (10561)

For one of those pro-self respondents who said they would take out such insurance, there still seemed to be a lack of trust in such a policy:

It is something I would be prepared to do if someone waved a good idea under my nose – with a guarantee. I don't consider what the government promised when I was 20 is likely to be available when I am 60 so I'd like to be sure that like an ordinary house insurance policy they would actually pay out. ... (So) ... If there were guarantees but I don't think £50 a month would do it – the money would just not cover it.

Widowed woman, aged 47, pro-self (20391)

The inconsistent respondent who said that he would take out care insurance seemed to see it as something which would be taken alongside NI and tax, and was also concerned about the cost. This seems then to suggest a willingness to pay at a lower level, but his language suggested he saw it as something over which he might have little control, perhaps similar to an employee's pension scheme:

Hopefully it would be cheaper than the £55 they would supposedly be docking out of my monthly wages.

Married man, aged 55, inconsistent (03771)

Those who said they would not take out such a policy most often made reference to care for older people being the state's responsibility, and in particular were concerned that this would mean having paid twice for their own care in old age. A number of respondents felt that the risk of needing care was low: that they themselves might not require care, or that they might die before needing care in old age. Others simply did not want to think about needing residential care, finding such a situation difficult to contemplate.

Risk, affordability and attractiveness of long-term care cover

In order to examine propensity to insure dependent on the level of perceived risk rather than affordability, we asked respondents to consider whether, if they could afford it, they would take out such insurance if the risk levels for requiring residential care at the age of 85 were one in four (the current population risk figure), one in two, and three in four (Table 6.6).

At a one in four level of risk, 47 per cent said that they would take out insurance, if they could afford it. Pro-self respondents were again much more likely to say they would purchase cover: over seven tenths felt this way, compared to three fifths of those with a mixed-economy approach, a third of inconsistent respondents, and just less than a third of pro-state respondents.

Just eight respondents who had seen long term care insurance as a bad idea said that they would take out cover when affordability was removed from the picture, and a risk of one in four was stated. Only one of these was a pro-self respondent who felt that the insurance would then be a good 'gamble' if you lived long enough to be likely to need it. This group also included three pro-state respondents who saw LTCI as a bad idea, but changed their minds at this point. Two referred directly to taking out insurance if they could afford it; the third referred to being about to maintain independence through having the choice of which 'home' they wanted to go into. However a majority of pro-state respondents remained opposed to insurance. There were two mixed economy respondents who changed their minds at a one-in-four level of risk: however, whilst for one respondent this would mean they would not have to worry about being looked after, the other respondent's answer was confused, stating care should be paid for by the welfare state. This would either suggest a mis-coded

response or inconsistent responses; more unlikely, but possible, it might reflect a more complex approach (e.g. compulsory social insurance through private markets) to care funding which the survey was unable to pick up upon. Finally, two inconsistent respondents changed their minds at a 1 in 4 level of risk. One stated this would protect their children from having to look after them, and the other felt that you would be 'a fool' not to use your money for your own benefit in this way.

Table 6.6: Very little is known about how likely people are to need care in old age. But suppose I told you that one in four people need to go into a residential or nursing home by the time they are 85. Knowing this, would you take out private insurance of this sort at the moment if you could afford it?

(i) Frequencies, Crosstabulation by Consist variable: Affordable / Risk 1 in 4

	Yes	No	Maybe/depends /can't say	N
Consist				
Pro-state	9	19	0	28
Mixed economy	15	9	3	27
Pro-self	16	6	1	23
Inconsistent	8	16	0	24
N	48	50	4	102
%	47.1	59.0	3.9	100
Valid %	49.0	51.0		100

Chi-Square Yes/No

Pearson=12.248, dof=3, p=.007

Minimum expected frequency=10.78

Suppose I told you that two in four people need to go into a residential or nursing home by the time they are 85. Knowing this, would you take out private insurance of this sort at the moment if you could afford it?

(ii) Frequencies, Crosstabulation by Consist variable: Affordable / Risk 1 in 2

	Yes	No	Maybe/depends/ can't say	Refused	N
Consist					
Pro-state	0	18	0	1	19
Mixed economy	3	7	2	0	12
Pro-self	1	6	0	0	7
Inconsistent	1	15	0	0	16
N	5	46	2	1	54

All respondents were asked to explain their response when given a potential risk of one in four of needing residential care at age 85. There were two pro-self respondents who felt insurance was a good idea, but still felt that even with a given level of risk of one in four and

affordable cover they would not take out insurance. One respondent, a single woman of thirty, said that she felt she did not need to take out this kind of cover at the moment; the other, a married man of 59, felt that his pension arrangements were sufficient. There were in addition three pro-self respondents who had seen care insurance as a bad idea who still would not take out such cover at this point. There were two basic reasons here – level of risk, and other avenues for a better return. One said they did not expect to reach 85, another said it was their freedom of choice and they were optimistic that they probably would not need care, and a third said they could invest their money better elsewhere.

Increased risk factors made little impact on respondents' expressed likelihood to purchase insurance. When the figure was increased to 1 in 2 only 5 respondents altered their view. This included one pro-self respondent, a single man aged 33, who had refused to state whether insurance was a good or bad idea, and had felt unable to say whether he would take it out at a one in four level of risk. He personally drew direct attention to a lack of consistency between his attitude and behaviour:

I'd like to think I would (take out insurance) but I probably wouldn't if I'm honest.

Single man, aged 34, inconsistent (20361)

Two of the three mixed economy respondents who only stated that they would take out such a policy at a one in two level of risk had felt that insurance was a bad idea: one had felt certain they would not take out insurance at a one in four level of risk, saying it was still more of a gamble than an investment (married man, aged 33: 3051); the other had been unsure whether they would take out cover at a one in four level of risk:

I may not live to an old age and would not want to spend money on something I am not sure of.

Married woman, aged 25, mixed economy (2171)

The other mixed economy respondent who changed her mind at this point had anyway felt that insurance was a good idea and yet had given an outright no at a one in four level of risk. This seemed to be a result of her taking the population risk information and combining this with personal information available:

Because I think what my parents are like at the moment and they wouldn't need that sort of care

Married woman, aged 34, mixed economy (11591)

Whilst respondents who still said they would not take out cover at a one-in-two level of risk of needing home care at 85 years were asked whether they would given a three-in-four level of risk, no-one altered their view to say they would then take out insurance.

Comparing models of private cover

Following questions on LTCL, respondents were also asked their opinion on the current system of means testing, as well as two proposals (partnership insurance, and variable pensions as discussed in chapter four) which had been of interest both to government and to private insurers.

Attitudes to the current means-test

Respondents were first of all asked their opinion on the current means-testing system (Table 6.7). They were simply told that older people who had assets greater than £10,000 would have to pay most of their care costs themselves, and those with over £16,000 would have to pay all costs, if they needed to live in a residential or nursing home. They were told that this figure included the value of any home owned by an older person. Three quarters of pro-state respondents felt that this was a bad idea, compared to just two fifths of pro-self respondents.

Table 6.7 : Elderly people who need to live in a residential or nursing home have to pay most of the costs of care themselves if they have assets worth more than £10,000. By 'assets' I mean things like stocks and shares, savings, and the value of their home if they own it. If their assets are worth less than £10,000 the state will pay for their care. Do you think the current system is a good idea or a bad idea?

	Good idea	Bad idea	Don't know	Refused	N
Consist					
Pro-state	6	21	1	0	28
Mixed economy	9	16	2	0	27
Pro-self	13	9	0	1	23
Inconsistent	10	12	2	0	24
N	38	58	4	1	102
%	37.3	56.9	4.9	1.0	100
Valid %	39.6	60.4			100

Chi-Square Yes/No

Pearson=7.355, dof=3, p=.061

Minimum expected frequency=8.71

Of the pro-state respondents who supported the means test only one said they supported the principle but felt the limit was too low, (conversely, three pro-state respondents who said the means test was a bad idea also felt that it was too low a limit). The five other pro-state respondents who supported means testing seemed to feel both that the principle and the level was fair. For example, one respondent said:

Well people should be allowed to keep something back for themselves and if you haven't got the money the state will pay.

Single woman, aged 49, pro-state (5471)

A third of pro-state respondents opposed to the means test made direct reference to inheritance. Different views were expressed within this group, for instance one respondent felt that the means test would be acceptable if the limits were higher, whilst another felt that you should be able either to keep all of your assets or pass them on. Inheritance was sometimes referred to alongside national insurance or taxation, which suggests that some consider the contract between the individual and the state as including protection for the individual to pass on personal wealth for the next generation:

Worked all your life for your kids' future. I thought the NI was for things like this. People pay into this for this care in old age.

Married man, aged 35, pro-state (10551)

I do not think my assets should be taken into consideration because they will go on to help the future generations and they will be taxed on it.

Single woman, aged 42, pro-state (14031)

Most pro-self respondents in favour of this system simply stated that the mechanism and level were fair. Whilst one of this group stated that this was a good idea as it would be unacceptable for the state to take everything, only one (a married mother with one child) made direct reference to inheritance:

[This is a good idea for personal reasons] because the reason I want to own my own home is not to pass on to my children but that I wouldn't be a burden to them in old age. Plus I only think it fair that people who have been earning huge earnings all their life should pay for their own care.

Single woman, aged 39, pro-self (19921)

However a woman in her late 40s who refused to say whether or not care insurance was a good or bad idea indicated some support for the principle of means testing, but conceded that inheritance would not be such an important issue to her as for others:

The actual figures are probably out of date but as a method it probably is as fair as any other – you’ve got to draw a line somewhere. I’m biased because I haven’t got children.

Widowed woman, aged 47, pro-self (20391)

Of the 9 pro-self respondents opposed to this form of means testing, three said that the level at which people would pay towards their care was too low. Two pro-self respondents now seemed opposed on principle to older people having to pay this level of contribution towards their care:

People have worked for their assets and paid NI. They should get help from the state.

Married man, aged 48, pro-self (16451)

Because I do not feel they should pay at all. That is theirs to do with as they please. I do not feel that it should be ploughed back into the system. It’s their savings.

Single woman, aged 37, pro-self (14071)

Further references were made by pro-self respondents to the system being unfair, and there being a lack of incentive to save. This was also often expressed by some mixed-economy respondents opposed to this level of means testing:

Because if people have saved and other people have wasted their money the savers are penalised.

Single woman, aged 25, mixed economy (2171)

Concerns about inheritance, incentives, fairness, and eligibility for state provision were expressed throughout the sample. Inclusion of the older person’s home in means testing was the main objection to a small number of respondents; however overall, it seems that inheritance was a more direct concern for those in the pro-state attitude group, and questions of fairness, eligibility, and incentives for saving were of greater interest to pro-self and mixed-economy respondents. Respondents’ expressed views around means-testing

highlighted the complexity of their approaches, which may in part have been developed through the process of interviewing. It may also be that respondents with a keen interest in this subject matter were the most likely to agree to a follow up interview.

Attitudes to partnership insurance

Respondents were next asked to express a view on the partnership proposal that was under consideration by Government at the time. They were told that an insurance partnership scheme would allow someone who had bought a private policy for £6,000 when they retired to then pass on £60,000 of assets. Over half (52 per cent) thought that this was a good idea, with quite a large number (11 per cent) undecided (Table 6.8). Furthermore, 48 per cent of respondents thought that they would be able to afford such a policy when they retired (Table 6.9).

Less than a third of pro-state respondents saw this as a good idea, and less than two fifths of inconsistent respondents supported it; however a majority of all other respondents were in favour (two thirds of the mixed-economy group, and nearly three quarters of pro-self respondents). When those who were undecided were removed, this was a significant difference between pro-state and pro-individual groups. Clearly those who felt this was a good idea were likely to see it as affordable. However, there was no significant differences between the consist attitude types in terms of their expectation to be able to afford it.

Table 6.8: Partnership scheme: a person who paid £6,000 for private insurance when they retired would be allowed to pass on assets worth £60,000. Do you think this (partnership scheme) is a good idea or a bad idea?

	Good idea	Bad idea	Don't know	N
Consist				
Pro-state	9	15	4	28
Mixed economy	18	6	3	27
Pro-self	17	4	2	23
Inconsistent	9	13	2	24
N	53	38	11	102
%	52.0	37.3	10.8	100
Valid %	58.2	41.8		100

Chi-Square Yes/No

Pearson=14.188, dof=3, p=.003

Minimum expected frequency=8.77

Table 6.9: Do you think you would be able to pay a lump sum of £6000 for private insurance when you retire?

	Yes	No	Don't know	N
Consist				
Pro-state	10	12	6	28
Mixed economy	15	7	5	27
Pro-self	13	7	3	23
Inconsistent	11	10	3	24
N	49	36	17	102
%	48.0	35.3	16.7	100

Chi-Square Yes/No/Don't know

Pearson=3.995, dof=3, p=.667

Minimum expected frequency=3.83:

4 (33.3%) < 5

Again, the range and complexity of people's different attitudes were clear in these responses. For example, amongst the four pro-self respondents who were opposed to this insurance, two felt that the level of £60,000 protected assets was too high an amount, with one suggesting it be lowered to £30,000. A further respondent felt similarly that the state should not have to fund care for those who have these amounts of assets. However, the fourth respondent felt that the value of the home should in any case remain protected from care costs in any means test. The views of some 'inconsistent' respondents also highlighted how some people in fact had strongly developed views. One such respondent, a married woman in her 50s who felt that partnership insurance was a good idea, questioned whether you would still be entitled to the level of cover you had expected in twenty years time. Another specifically felt that this would in fact be an additional burden on the middle classes:

It is removing accumulated wealth from the house which would normally be passed on to the children. This will not affect the very poor or the very wealthy. It is another method of stripping the wealth from the middle classes.

Married man, aged 50, inconsistent (2871)

Pro-state respondents supportive of this insurance often referred to this level of assets being a reasonable amount to leave to family (or, less often, to have at one's disposal in old age), whilst others referred to it providing an incentive to save or insure. Those pro-state respondents opposed to this form of insurance again gave a wide range of reasons, including that it would mean having paid for care twice (and/or that it was the state's responsibility), and that £6K would be unaffordable to many. Less often cited reasons were that the private

sector could not be trusted, and that the risk of dying before having spent long in care meant the insurance would not be good value for money.

A summary of respondents attitudes to means testing and partnership insurance are detailed in Table 6.10. Of the twenty five respondents who felt that both the current means testing system and partnership schemes were good, 19 felt that the partnership scheme was the best system overall. However, as would be expected, this was most favoured by pro-self and mixed economy respondents. The mixed economy respondents were more often opposed to the current means testing system than pro-self respondents, with over a third (10/27) seeing the partnership scheme as a good option and the current means testing system as bad. Fifteen pro-state respondents considered both options to be bad, with nine unable to suggest that one would be any better than the other. As might be expected, the inconsistent respondents were pretty evenly dispersed through the range of opinions.

Table 6.10: Summary of respondent's beliefs about means testing and partnership insurance

	Pro-state	Mixed economy	Pro-self	Inconsistent	N	%
Both ideas are good – can't say which is best	0	0	1	1	2	1.96
Both ideas are good – current means test is best	1	1	1	1	4	3.92
Both ideas are good– partnership is best	1	6	9	3	19	18.63
Current means test is good, not sure about partnership	1	1	0	1	3	2.94
Partnership is good, not sure about the current means test	1	1	0	0	2	1.96
Current means test good, partnership bad	3	1	2	4	10	9.80
Partnership good, current means test bad	6	10	6	4	26	25.5
Both ideas bad, - current means test best	1	2	0	1	4	3.92
Both ideas bad, - partnership scheme best	2	2	1	2	7	6.86
Current means test bad, partnership don't know	3	2	1	1	7	6.86
Partnership bad, current means test don't know	0	1	0	2	3	2.94
Both ideas bad	9	0	1	4	14	13.73
Refused/don't know means test and partnership scheme	0	0	1	0	1	0.98
Total	28	27	23	24	102	100

Respondents clearly also expressed a preference for a form of long-term care insurance rather than a variable pension (Table 6.11), which as we have seen in chapter four made little sense to most respondents.

Table 6.11: Which do you think is the better way to pay for care in old age – paying for some form of private insurance or taking a lower pension to start with?

Insurance or variable pension?	Insurance	Variable pension	Neither/ Can't say	N
Consist				
Pro-state	10	3	15	28
Mixed economy	17	2	8	27
Pro-self	15	6	2	23
Inconsistent	11	5	8	24
N	53	16	33	102
%	52.0	15.7	32.4	100
Valid %	76.8	23.2		100
Chi-Square Yes/No/Neither Pearson=14.559, dof=3, p=.024 Minimum expected frequency=3.61 4 (33.3%) < 5				

DISCUSSION

The different ways in which we questioned respondents about their approach to care funding has uncovered a complex picture concerning attitudes and potential behaviours. We have seen that when initially asked what the correct funding mechanism for care should be, the majority (two-thirds) of respondents supported a means-related method. Only about a third ever supported comprehensive provision, with younger respondents and less well-off respondents likely to feel this way. On first reading this might suggest that older, wealthier respondents likely to be paying for care could expect and be willing to be means tested if and when they need care. However, those on moderate incomes were most likely to support comprehensive provision, and it is this group who are most likely to require additional provision for care if they are not going to have to spend down their resources. Those most at risk of the costs of care are most supportive of state provision.

When respondents were instead asked to nominate a 'best' way of paying for care there were no differences by life-stage. Nearly half felt a basic service for all should be funded by government, suggesting people do not want to be individually responsible for ensuring they receive an adequate service. This analysis also highlighted that those who might struggle to make individual provision for their own old age (in this case, the currently unemployed), would be least likely to support the state providing a basic service for all than other groups, perhaps feeling that this would leave the economically weak most at the mercy of a two tier system.

Older respondents (those aged 55+) generally approached the issue in a different way to younger respondents, perhaps indicating greater awareness of current policy debates, and even a closer relationship between expressed attitudes and potential behaviour. For example, whilst younger respondents were most supportive of LTCI, it was older respondents who more often gave a qualified response indicating perhaps more depth of thought about the politics and personal consequences. This is supported by the finding that older respondents on high personal incomes who fully owned their own home were most likely to have previously heard of LTCI – and have been targeted as a key market.

In relation to potential behaviour, concerns about changing government policies, the private sector, the affordability of care policies, and the possibility that care might not be required dampened the likelihood of people taking out a care policy, even amongst those with ‘mixed economy’ and ‘pro-self’ attitudes. Whilst affordability seemed a key factor, only around half of respondents felt they would take out insurance even if they could afford it. This would suggest a fundamental questioning of its personal relevance. However, concerns about the means testing system were widely expressed, including concerns about inheritance. Whilst partnership schemes were seen as a potential solution to some, they were also often seen as likely to be unaffordable. However, as we have seen earlier in chapter four, the concept of variable pensions was more explicitly considered to be detrimental to an older person’s quality of life.

Our research suggests that the market for LTCI will continue to be small. Given that we were speaking to working age and recently retired respondents only, it was important that we took a number of approaches in our questioning. Their responses suggest that even where people may agree in principle with options to enable individual financial planning for care in old age, they largely consider the state to have a primary responsibility to ensure an adequate level of care for all.

CHAPTER SEVEN

CONCLUSIONS

INTRODUCTION

This is a piece of social policy research which has, in asking people to both anticipate their future and respond to current policy and policy proposals, found it necessary to draw on elements of other disciplines, particularly mass communications research and psychology. Research into the general area of human decision-making (such as work on current public opinions and political choices, as well as personal attitudes and individual behaviours), in economic and in other areas, *is* very much a multidisciplinary endeavour. At its most wide-ranging, it could take place at many levels: for instance at the level of biology (physiological need; brain activity), individual psychology (developmental stage; cognitive processes and abilities) and social psychology (social attitudes; social cognition; conformity). Further layers of analysis might include the decision-makers immediate material and physical environment, and their economic and socio-cultural setting, and would therefore be less concerned with internal processes. Any single analysis concerning a choice might be interested in a snapshot in time, or in developmental features, i.e. concerning short, medium or long-term aspects of the process involved. At its broadest such a 'developmental approach' would be interested in examining the extent to which different levels of activity impinge upon and shape each other, over time.

The principal focus for this research has been a very particular type of decision-making, concerned with both individual level attitudes and potential behavioural decisions, alongside more collective political opinions. Whilst the research has examined attitudes, it has not been an attempt to examine internal processes in attitude or motivation. However, it has been interested both in structural aspects of people's experience and their attitudes (e.g. employment, experience of unemployment, retirement age), including how people experience their life span with reference to economic and social factors.

This research is one of the first in-depth studies of public orientation towards long-term planning for care in old age, and emerging from this work are a number of key messages for social policy research which focuses on how individuals and policies approach the human life-span, reflections on the use of social survey research to examine public responses to specific (and fervent) policy debates. In addition there are specific findings which have been presented which both are likely to have continued relevance to the care finance debate, and can inform the development of future research in this area.

A TEMPORAL PERSPECTIVE

This thesis opened with two quotes highlighting the importance of a temporal approach both to ‘welfare groups’ and to individuals’ life spans within social policy (Harris, 1997), and to the culturally embedded experience of ageing (Kontos, 1999). The process of conducting the research and the results obtained have informed a temporal perspective in three key ways: in looking at how age stages including old age are conceived of in social policy, and in considering the relevance of a life-span orientation in questioning people about their welfare futures (which I turn to next); and in making best-use of findings from social surveys in evaluating responses to a particular policy debate (which I come to later).

The life-span and social policy

Whilst this research focused on funding care-needs in later life, the research question focused on those of working age or just retired. The respondents, then, were largely being asked both to anticipate their possible future frailty, impairment or ill-health as well as state their own attitudes towards the current and proposed methods of funding. This study highlights the need for an ‘intergenerational life course perspective’ which both became apparent from the conducting of the research and the analysis of the data, and has also recently been proposed by Bernard and Phillips (1998). They argue that changing life course patterns, impacting on both preparations for and the timing and experience of retirement, provide one impetus for this – and these have been discussed within this thesis both in chapter one and chapter four.

A fundamental issue here is when and how retirement is demarcated: at the time of the fieldwork for this research the concept of a fixed retirement age was widely accepted. However, in the late 1990s greater discussion about increasing retirement age, or introducing greater flexibility in retirement, emerged as higher employment levels were achieved and concern about future costs of pensions remained. The green paper recently published by the Department for Work and Pensions (2002) rejected raising the state pension age further as had been put forward by both the National Association of Pension Funds and the Institute for Public Policy Research. This consultation document stresses that it is the Government’s main concern to support people to remain in work up until retirement age, but also is considering how best to further support those who want to work past 65 to do so by altering the system so that people could draw the state pension either at age 65 or above. Clearly changes in expected working lives might have implications not only for how people prepare for retirement, but also for how people perceive later life, and whether ‘old age’ becomes more synonymous with needing care rather than the later years.

Related to the changing ways in which the life course is formally structured, is the changing experience and conceptualisation of age. Bernard and Phillips (1998) argue that a life course perspective necessarily switches the focus from 'old age' or 'old people' to the ageing process:

It is not simply a question of semantics, but an issue which goes to the heart of the other values on which we believe policy should be constructed. In other words, it begins to move us away from the idea that there is somehow a separate and distinct group we can all clearly identify as 'old'.

Bernard and Phillips, (1998): pg. 294

The debate concerning care for older people has very much been based on their being positioned as a distinct group, those in their 'fourth age'. If people *are* to be expected to make provision for the possibility of frailty or impairment in this last phase of life, perhaps this distancing categorisation of such care needs is a barrier to them doing so? There is some evidence that people have less worked out attitudes concerning care than they do towards income. For example, we have seen that a strong majority of those surveyed supported increased state spending on old age pensions, and a slightly larger proportion supported increased spending for the care of older people. The differences found here in attitudes towards pensions among different socio-economic groups, as well as party affiliation and long-term care attitude, can be contrasted, for example, with the lack of significant differences found (except by party and 'consist') when attitudes towards state spending on care were examined. People's attitudes towards retirement income may be based on more immediately accessible feelings, thoughts and aspirations, as well as a continuing behavioural experience (through paying into a pension). It is of course likely that some people's attitudes to pensions were strongly informed by their lifetime, recent, or current experiences of income insecurity, and predicted future income, whereby both those living on low incomes and those with current *or* recent experience of unemployment were most supportive of more public spending.

A framework for cross specialism research

A complex approach to ageing and preparation for income and care needs post-retirement clearly requires greater interdisciplinarity: this is necessary in order to develop complex thinking across the boundaries between academic specialisms which were identified by Harris (1997) as maintaining a static view of age groups in policy, rather than a dynamic

approach to the life course. In chapter three, the value of a temporal perspective in social policy was alluded to. For example, from economic research, work on loss aversion, the Behavioural Life-Cycle Hypothesis (Shefrin and Thaler, 1988), and findings concerning procrastination, all highlight how a time or a life-span element can be important to make sense of economic decision making ability. The potential value of developing a more concrete *developmental* perspective in social policy has also been previously touched upon, and this is now reconsidered in light of the experience of conducting the research, the findings presented, and future possible research directions.

If we look to psychology, where human development has arguably been a distinct sub-discipline, often with age or stage-based specialisms, we can see that the later, and particularly the middle, years of the life span have traditionally received less attention than early development. However, life-span developmental psychology has developed substantially in the last two decades, as this broad endeavour has been anchored to a number of central organising principles. Sugarman (2001: pp. 13-24) discusses these ‘seven tenets’ of ‘what might be termed the life-span philosophy’, which had previously been developed by Baltes (e.g. see Baltes, 1987). In reflecting on this research and its findings, it seems clear that this orientation has a great deal of relevance to social policy research, and that both sociological and social policy research which corresponds to this approach may also usefully complement developmental and social psychology. And whilst the life-span perspective might have been most clearly spelt out within psychological work, it is clear from the following account that social policy research often already involves the elements described and can develop by implementing them further.

The first proposition described by Sugarman (2001) is that development is a life-long process, and this principally challenges assumptions that childhood is the only period in which substantial growth is to be found, and that adulthood and old-age are necessarily times either of little psychological change, or decline. As discussed in chapter one, the extent to which biological and physical functioning declines in later life – and at what stage – continues to be an important area of study particularly given a lack of UK based data, but this does not mean that personal growth and social opportunities for developing relationships do not remain important. However they have been under-represented in the debate on long-term care funding, which arguably signals the dominance of a medical model in policy development. To what extent are people prepared to pay more taxes, or to pay private insurance benefits, to cover possible needs in a period of their lives when they may anticipate themselves to be flagging, and lonely? As mentioned in chapter one, policy debates –

reflected in much media reporting on long-term care – have often positioned older people as a ‘burden’ and this itself arguably disconnects people from thinking ahead to later years.

This of course links closely to the discussion of ‘old age’ and ‘ageing’ above. One’s own frail ‘old age’ may be difficult for younger adults to envisage, though being an older person with opportunities and choices may be something younger people might feel inclined or able to ponder upon. It is interesting that within stage one of this research there was a strong level of support for people to be able to pay for better pensions, but paying for insurance to receive better care was rarely mentioned spontaneously by respondents. Respondents were also unlikely to think that they would take out long-term care cover. One element of this may be that social care is thought of in a similar way to health care, and that people are less comfortable about disparities in care provision than they are in income. However, I would argue that in addition, retirement income might be anticipated warmly, as enabling an active early old age whilst provision for care may be anticipated coldly, as representing an expectation of decline – perhaps in many domains.

Some limited examples of people’s expectations of ageing and later life did come through within the analysis: for example, different expectations of retirement income, and different beliefs concerning risk for requiring long term care. However people’s hopes and expectations for positive development in later adulthood have not been specifically explored within this research. The extents to which people expect to have educational opportunities, leisure opportunities and new experiences in retirement were not central to the research questions posed. However I think this first tenet helps us to recognise these as important social, personal and policy issues for later life, which are particularly under-represented in research, media and policy debate.

Respondents from a broad age-range population were sampled for this research, and life-stage was a key exploratory variable within the analysis. People’s views at different life stages on financial planning for long-term care may reflect the extent to which the ‘task’ is viewed as an early or later adulthood concern. What is of course difficult in any snapshot survey is to disentangle life-stage and cohort effects, as well as any immediate situational effects of a particularly high profile policy debate. If a small number of items on this subject were included in ongoing surveys this would provide data which could be a strong framework within which to begin addressing this issue.

The second tenet of a life-span approach is that development occurs, sometimes at different points in time and in divergent directions, on a number of levels. A traditional developmental psychology typology refers to functioning in physical, social, cognitive and personal domains, although a more social psychological approach might instead distinguish between internal, interpersonal and social experiences. This element of the perspective can again remind us, for example, that the 'growth-maintenance-decline' model may be a crude descriptor of physical development, and can be a very poor model for other forms of development. The tenet also helps to remind us of the importance of developing more complete public representations of the experiences and wishes of older people (beyond physical or cognitive abilities), for instance when positive interdependent relationships within the family are maintained despite frailty, and the social opportunities that are still either achieved or desired. This, then, also connects to arguments in social policy concerning the need to recognise the abilities and contributions of older people. Further questions to raise include the extent to which care services fulfil social and interpersonal needs when personal care needs arise. In addition, what forms of support may not be a private 'care' concern, but might be met elsewhere, for example in older people's groups, or wider community settings? And what forms of individual care and social support encourage physical, psychological, cognitive and social activity, and therefore opportunities for continued development? Different forms of care delivery were highlighted within the surveys, but this was largely limited to asking respondents who should pay for domestic, personal and residential care. For example, in chapter six we saw that there were only small increases in support for care being funded entirely by the state as the level of care increased from domestic, through to personal and to residential care, with the majority in each case instead supporting means-related state funding. Given that these surveys were quantitative, and already covering a great deal of ground in a previously under-researched area, it was not possible to fully explore broader attitudinal patterns, such as the perceived purpose of care (e.g. maintaining a level of well being through dependency, or allowing choice and new opportunities) alongside willingness to pay either taxes or insurance.

Both of the first two tenets suggest that future research into attitudes towards the funding and provision of care might usefully explore peoples' attitudes towards and expectations of ageing. Qualitative work might help to uncover people's preferences in later life, including for housing, leisure, family and friendship relationships, and provision of care.

The third element of the life-span approach as postulated by Baltes (1987) and reiterated by Sugarman (2001) is that development shows plasticity. This refers to the extent to which the

course of development can be altered, for example, the extent to which physical health might be improved despite previous deprivation. So, for example, long-term negative effects of childhood neglect may be avoided, particularly given remedial intervention or favourable socio-economic and / or inter-personal conditions. So plasticity refers to the potential for a change in direction in an aspect of individual development. In relation to care for older people this tenet reminds us that pessimism concerning an older person's ability to recover physical, psychological, cognitive or social functioning may often be misplaced and should not be a default position. As a caveat to proposing plasticity as a potential, psychologists also recognise that the extent to which it is possible to change the direction of development will differ between individuals depending on their experiences and opportunities. This, then, reminds us that the life course may often be more defined by continuities than by change.

Of direct relevance to social policy concerning preparation for later life, socio-economic continuities ought to be kept in the picture rather than abandoned in the name of recognising a 'fragmented life course'. Even when a level of economic security has been achieved, previous experiences of insecurity (in the housing market, or the labour market) may continue to leave their mark. So, for example, this research suggests that financial planning for later life as a 'task' may be more difficult to accomplish where there has been past experience of unemployment that has resulted in an ongoing feeling of insecurity and lack of control.

The fourth related element is that development involves gains and losses (not only in individual functioning, but also in social roles). Another way of proposing this tenet is to say that functions and roles are exchanged for more adaptive ones throughout our life span. In developmental psychology the study of lifetime transitions, for example, acknowledges that such changes involve leaving behind some aspect of our past life as well as gaining something new. This is not to deny that losses do occur, and may be more frequent during later life. As discussed above, expectations of retirement and later life were not central to this research, but the tenet has clear relevance: if people are considering future development, including future gains and losses, they will be doing so given their own experiences of decision making and life-time transitions to date. People will have a range of perspectives on the extent to which later life is likely to involve gains and losses, and on the extent to which they are able to manage these. Open responses in stage two suggest that this may be based in part on their experiences and the experiences of those they are closest to.

The fifth tenet of a life-span perspective is that development is the result of interactions between the individual and their environment, and this is the core to the interdisciplinary ecological approach to human development championed by Bronfenbrenner and Evans (2000). Sugarman (2001) argues that this element is a response to traditional divides in (often child-focused) developmental psychology between approaches that focus on the internal mechanisms of development (e.g. biological maturation), or the impact of environmental forces. That is, it represents an attempt to provide frameworks which focus not on either 'nature' or 'nurture', but instead are dynamically concerned with the way individuals are shaped by and shape the environments in which they develop (and so, in which they experience their life-span).

In chapter one, the lack of data on patterns of ageing in Britain were alluded to, but it was clear that there are important material effects on ageing. As discussed on page 7, longitudinal research is required to explore the paths of development. Again, this has not been the focus of this study: however the tenet is relevant to our commitment to avoid a homogenising approach to older people, and any simplistic (e.g. over-medicalised) understanding of the root of care needs. A brief although hopefully obvious methodological point which stems from this 'systems perspective' tenet is that this research was not simply a poll looking for 'natural' differences between people, e.g. of men and women of different ages. We have recognised the specific policy debate as one element of the environment in which people's attitudes and potential behaviours were expressed.

Related strongly to this is the sixth element that development is historically and culturally embedded. This has necessarily been a core element to this research, as awareness of the context in which it was conducted, in relation to policy, demography, and socio-economic factors, has been so crucial. This has included an awareness that (although there will of course be differences within each generation), that different cohorts will have had different experiences of economic prosperity and recession, will have had different experiences of housing, and different experiences of the welfare state and pensions provision. These will have affected individual's opportunities in life, and therefore their experience of and orientation towards achieving personal financial security.

A cultural assumption which often seems to be made within discussions of financial planning for retirement is that people of working age are largely in continuous paid work. Clearly this may have been an expectation for many men in older generations but should not be an assumption within research on individual financial planning and social policy. Most of our

stage one sample were in paid work of over ten hours a week. Open responses to questions concerning pensions in stage two suggest that respondents amongst workers, those who are part-time, experience short-term contracts, or have experienced unemployment may find it particularly difficult to save. Due to the relatively small numbers in stage two it is not really possible to identify any 'historical' factors. However, as discussed below, life-stage has been an important explanatory variable within this research, and further analysis exploring the experiences of sub-groups within each life-stage might help to pinpoint more specific differences between as well as within life-stage groups.

In chapter one the differential impact of different social conditions and health behaviours within and between cohorts was discussed in relation to the changing needs of older generations. Recognition of this, and of developmental plasticity, in social policy terms could refer both to recognising the difficulties which people have in forecasting their own specific needs and the other ways in which they might anticipate experiencing their own old age. For example, do the 'baby-boomer' generation – often said to re-write the code for each life-stage they pass through – have different (greater?) expectations of their later life than previous generations?

Finally, a life-span orientation according to Sugarman (2001) involves recognition of the work of different disciplines in developing a full understanding of human development. Therefore, from a life-span psychologist's perspective human development is put forward as a multidisciplinary field of study. Citing Sigelman and Shaffer (1995), Sugarman (2001) uses a systems model approach to highlight the distinct contributions of anthropology, history, sociology, social psychology and biology to the understanding of human development. For example, biological ageing in different historical and socio-economic contexts has already been discussed in chapter one. Each of the disciplines addressed by Sigelman and Shaffer (1995) could be recognised within this research as relevant, even where that particular form of analysis has not been utilised. Anthropology potentially contributes towards understanding the effects of culture on development, such as the way in which care for older people varies between societies and the implications of this for older people's experiences and opportunities. Whilst a cross-cultural perspective has not been provided here, historical influences and particular cultural values concerning care have been considered as part of the context for the research in chapter one. This perspective would be particularly relevant in the study of attitudes among different ethnic groups in one nation, as well as in any cross-country comparisons. An example of a sociological contribution may be in considering the way in

which social institutions create specific behavioural and role expectations at different points of the life-course, for different social groups (e.g. by gender, social class).

Whilst our focus here has not been on individual psychological development, we can see clearly that this research and other social policy research in this area does fit into a broader project of social science research into human development. Interestingly neither economics nor social policy are highlighted above as relevant ‘disciplines’, but from the review presented in this thesis, both clearly have a strong potential contribution to make to the human development field. For example in chapter 3 the review of work on loss aversion, the Behavioural Life-Cycle Hypothesis (Shefrin and Thaler, 1988), and procrastination highlight how a time or a life-span element has been important in making sense of economic decision making abilities. The relevance of this approach to both psychology and social policy suggest it may usefully provide the basis for future interdisciplinary work.

In addition, social policy is likely to be able to inform work in psychology more broadly: for example, on perceived behavioural control and the relationship between attitudes and behaviour, given the social circumstance of the individual are often an under developed area of consideration. The question of people’s temporal perspective seems to again be involved here, and suggests that in future research it may be useful to try to measure people’s perceived ability to plan for the immediate, medium-term and long-term future.

SOCIAL ATTITUDES RESEARCH:

REFLECTIONS ON USE OF THE SOCIAL SURVEY

Before drawing out the main findings from this research, and considering future areas or study, reflection on the methodology can help to inform these concluding points. Key issues here are maintaining an awareness of context in analysing and reporting survey data, and addressing critiques of and boundaries to findings from survey research.

The social survey and the policy context

An important element of setting the context for the research in chapter one was ensuring, and maintaining, a strong awareness of the point in time in which this research was conducted, and particularly to how the debate has been constructed and debated.

Depending on how information is collected, how much is collected and the way it is analysed the survey researcher who is conscious of the problem of context can go a long way towards interpreting the meaning of behaviour and opinions in light of their context.

De Vaus, (1996): pg. 355

The social surveys on which this research was based in one way represent snap shots at a particular point in time, and their continued importance are in part due to their being the first large-scale surveys on attitudes to long-term care finance. Miller (1983) highlights that as surveys age their use in forecasting future attitudes and behaviour may well diminish, but that previous design and analysis can inform new research. However, in presenting a very full account with detail on survey design, survey instruments, analysis, as well as full tables and discussion of the specific time period in which the fieldwork was conducted, it is hoped that future survey research in this area will be able to build both on the design of this work *and* to continue making use of these findings.

As discussed above, the development of a temporal approach to ageing would be valuable – and this includes looking at changing attitudes over time. Long-term care has not been an area regularly included in the British Social Attitudes Survey, and its failure to be included in annual surveys may reflect the way in which the debate has been positioned as about ‘old age’ (which may be perceived as a minority interest), rather than about ageing (which presumably most people would hope for). Problems in making sense of different sectors of the public’s long-term beliefs and attitudes over time is made more difficult if the topic is only researched when a policy debate is particularly fervent. In chapter two Zaller’s (1992) dynamic approach to differences in individual orientations to public debate highlighted that opinion forming and individual attitude development occur as debates emerge and develop. He also pointed to ‘individual exposure differences’ and ‘individual knowledge differences’ to highlight that individuals will both attend to politics, and be able to respond to debates, to different extents. However, it is clear that in relation to long-term care in the mid-1990s that particular sectors of the public may have been engaged to a greater extent than others, as housing assets and the means-test were a particular focus. Zaller’s approach therefore focuses on individual awareness and ability in processing debate, however in a focused study of attitudes to long term care the extent to which sectors of the sample are likely to have been differentially targeted (by insurers, by newspaper editorials, and cash advice pages) is also likely to be important. Depending on how the debate is framed, some respondents could have felt more like actual or potential ‘actors’ to the debate on planning for care needs in old age,

whilst others may have felt like spectators – due to lack of information, or a lack of relevance given the debate’s focus on protecting assets. Given the very focused policy interest here may have been obscure to many, an inclusive approach has been attempted by taking a broad view (asking questions about general attitudes to welfare, as well as to other relevant issues such as pensions), and within survey two (where there may have been a greater likelihood of people feeling personally isolated from the issue), by providing greater room for open, and therefore personal, responses.

Critiques and boundaries to survey research

The principal critiques of survey research can be categorised as practical (or technical), and philosophical (or political). Practical critiques are often based on a particularly rigid conceptualisation of the survey: De Vaus (1996) highlights that the use of different types of question, and the use of *both* statistical analysis and creative thinking in analysis can lead to rich results. Within this research, clearly the use of different types of questions (e.g. vignettes, Likert-type scales and open questions) has been vital to engage respondents with the topic.

Philosophically, the experimental psychologist for example might argue that surveys do not allow you to adequately test causal relationships between variables, as the variables exist ‘out there’ and are not controllable to the researcher. This, however, fails to consider the inappropriateness of experimental techniques to exploring public opinions! In addition, different types of analysis are appropriate to survey data, which should not assume significant relationships are causal relationships but should instead explore the patterns within the data and conduct multivariate analyses. Conversely, the stalwart qualitative researcher might complain that the meaning of opinion and social action are squeezed out of quantitative social data. However, having highlighted the importance of context, the remedy to the critique of sterility in research design and analysis can be addressed. And within this research, the use of open questions in stage two allowed the collection of more qualitative data which enhanced the analysis of findings from state one.

A further philosophical critique of central relevance here, and highlighted by De Vaus (1996), is that surveys inherently assume that human action results from external forces (e.g. social class, economic activity, and gender divisions). Thus individual goals, intentions and values are arguably underplayed. Conversely, it has been argued is that social surveys based on interviews with individuals are constructed to collect reactions of individuals rather than develop understanding of social organization. The tension between focusing on individual

motivations and social opportunities and constraints has been addressed in chapter two: however, in reflecting on this research, survey two has helped to inform our understanding of some personal perspectives on planning for later life, whilst survey one was principally concerned with collecting data in order to examine patterns which existed within the (representative) sample.

ANTICIPATING THE FUTURE:

FURTHER RESEARCH QUESTIONS AND CURRENT KEY FINDINGS

The surveys which formed the basis for this thesis clearly covered a great deal of ground in order to examine people's attitudes concerning an area about which they may not have given much thought in some depth. However, the design of the research and the development of the debate mean that there are a number of research questions which emerge as relevant to current policy questions on LTCI. First of all I will briefly reflect on the analysis conducted to date, then I will examine future research questions, and conclude by reiterating some key findings of the research that will have continued relevance alongside future studies.

Analysis of the ESRC surveys

The analysis presented in this thesis has provided a large amount of descriptive material and some initial exploratory work concerned to identify some of the key explanatory factors for different attitudes towards long-term care finance. Logit analysis was used, and largely focused on the effect of life-stage or working-age status alongside other main effects such as sex and party. Sex as an explanatory variable was only used in the logit analyses of attitudes towards pensions funding.

Further analyses could be valuable in enabling us to uncover attitude patterns in different sub-groups. For example, gender differences could be examined more closely, particularly in relation to the meaning of the owned home and attitudes to care insurance. However, even in relation to retirement income, respondent sex, life-stage group, social class, marital status and paid work status might be useful explanatory variables with which to build more complex models. As discussed earlier in consideration of the life-span perspective, different generations are likely to have had very different experiences of the labour market, with gender, marital status and social class likely to be important intervening variables. In chapter one the particular opportunities available to women, and the messages which they have received, in terms of their paid work involvement have changed throughout the twentieth century, with often negative consequences for their retirement income. The data collected in this project may further help us to address related questions: for example, are there some

groups of women whose attitudes are very often the same as their male counterparts? And do any specific characteristics increase the likelihood that a woman will have a very different attitude to a man with the same characteristics?

Whilst there are clear arguments for further analysis of the ESRC project data, from the analysis conducted to date research questions for future research can also be identified.

Future research questions

The analysis of data collected for this research has already been used within further, secondary research (Hancock et al., 2002) that has examined the current state of knowledge about older people's attitudes to bequeathing, and their willingness to spend-down their wealth within their lifetimes to meet their needs. This research highlighted that age, socio-economic status and culture are all likely to be important areas of focus in future research. Given that concern about housing assets and inheritance have been central to this debate, the concluding remarks within this review of available data are important to reiterate here:

Quantitative surveys that are generalisable may need to be complemented by qualitative studies that permit more in-depth study. Questions that ask respondents directly about their attitudes will need to be carefully constructed, drawing lessons from past research and perhaps informed by new qualitative research. They may benefit from being anchored in specific policy contexts, e.g. long-term care financing or equity release; but it is probably desirable that they are not restricted to a single policy issue.

Hancock et al., (2002): pg. 19

As the stage one survey was based on a representative (by age/sex) sample of 25-70 year olds, clearly respondents from some groups of specific interest, particularly different minority ethnic communities, represented a small proportion of the overall sample. Future survey work might address this by over-representing minority ethnic groups within a sample. However, this study has already directly informed the development of other more qualitative research, which is addressing the lack of evidence in this area. Research funded by the Nuffield Foundation, led by Dr. Savita Katbamna, (NCCSU), and Professor Gillian Parker, (Department of Health), is currently focusing on perceptions of ageing and attitudes to financial planning for care in old age among two South Asian communities. Respondents in mid-life and approaching retirement, from Gujarati and Bangladeshi communities, will take part in both focus groups and in in-depth interviews. Attitudes and behaviours are to be

examined with reference to migration patterns, life-course position, gender, and economic position. Different conceptions within and between communities of dependence and interdependence will be explored. Building on my experience within this ESRC project I have been able to inform the development of topic guides and hope to continue to have an active involvement in the development of this research.

Survey research which largely repeated the work reported here, developed to take account of recent policy changes and perhaps to examine different public opinion in England, Wales *and* Scotland may become more relevant to policy debates in the near future, as the different funding regimes in the three countries begin to take effect and to possibly have an impact on attitudes. Future survey research with a broader concern with individual planning for welfare needs might also look at new demands on younger generations, such as either up-front fees or debt for higher education, and their impact on attitudes to one's life span and to feelings of intergenerational responsibility.

Other issues emerging from this ESRC funded project could usefully be addressed within future research on long-term care finance and the use of housing assets. Findings in both stages point to potential differences in attitude between tenants and home owners classified as social class III (m), IV or V: some of the qualitative data from stage two suggests that aspirational tenants who anticipate buying a house in the future support the use of the home to pay for care more often than those who are already buying, or who own outright, their home. The concept of Loss Aversion, discussed in chapter two, may offer a partial explanation of this finding. Future research might examine whether this finding is repeated in the current economic and policy climate, attempt to specifically operationalise the loss aversion concept within a study, and examine other possible levels of explanation. For instance, perhaps the value of a not-yet owned home is understood principally as an asset, but the owned home develops other meanings that are of equal or greater importance. A speculative consideration of the findings in this research suggest that a qualitative study examining differences between first generation home owners and aspirational home owners (whose parents were tenants) could be of great interest, and could be conducted from a intergenerational life-span perspective. For example, questions might examine the meaning of the owned home and ideas about inheritance in relation to long-term care. A further life-span issue of direct relevance to loss aversion is whether the stage in life in which people pay off their mortgage has an impact on whether they can see it as an asset on which to draw in old age.

Personal expectations and hopes for retirement, given different socio-economic and family contexts, were not the principal focus of this research. Qualitative work concerning long-term care funding might also incorporate different models of 'care' for older people, and include discussion of how people envisage their social lives in old age to compliment discussion of income and care needs.

A commentary on the key findings

As this research was successful in recruiting and engaging both younger and middle aged adults on the issue of care for older people it would seem that they are often willing to consider government policy beyond their own immediate needs when given the opportunity. This is not to suggest that imagining others' or one's own later-life is a straightforward business: understanding current older people's experience is hampered by shallow public representations (both of older people receiving care, and of older people's broader lives); and predicting future care needs is a tricky business, both for epidemiologists studying populations and for individuals reflecting on their own old age.

As we have seen, recent debate around long-term care has largely focused on finance rather than provision. And yet whether the channel is one of public or private financing, willingness to pay may in large part depend on the extent to which the issue of support in later life is made salient to the public. A specific hurdle may be the extent to which people have a developed understanding of both the funding and the provision of long-term care services. The analysis presented here does suggest that some people were confused about the issues involved. This is not surprising given the way in which the debate was often presented in the media, distancing the issues by positioning older people as a burden (to the state, to their relatives) and vastly oversimplifying the issue to that of a 'broken' national insurance contract.

This brings us to one of the central issues explored in the research, which was the question of where the public believe the 'balance of responsibility' for funding should lie between the individual and the state. Clearly the vast majority believe that the state should be responsible for ensuring adequate care for older people, and support state funding in this area. In chapter four we saw that there appeared to be very strong support for increased spending on 'care for older people' with only health receiving stronger support. And in chapter six we saw that some respondents did not clearly differentiate between long-term social care and the National Health Service, or at least felt that their national insurance and tax payments funded long-term care in a similar way. This was most plainly illustrated in the stage two survey, with

some stating that private long-term care insurance was a bad idea because they believed they were already paying via their contributions into the NHS.

There is evidence that many respondents did distinguish between long-term social care and care from the National Health Service. For example, a clear majority supported long-term care insurance availability: in stage one only just over a tenth were opposed to long-term care insurance, largely on ideological grounds as, for them, the state should pay for care, or any private insurance would lead to the privatisation of care. In addition, comprehensive state-funded long-term care was only supported by a minority. In chapter six we found only around a quarter to just over a third of stage one respondents supported the state funding all care for older people, depending on how the question was asked. On one of these items about a quarter supported comprehensive funding, around half felt that 'the state should pay for basic services, and people who can afford to should be able to pay for better care', whilst a quarter supported means-tested funding. These findings all point to openness towards some individual financing of care.

Yet the least (unprompted) reason given for why long-term care insurance was supported was to enable older people to 'get better care'. And although a large proportion of the stage one sample supported long-term care insurance availability this does not mean that they thought it was a 'good idea'. Perhaps the main difficulty which some people were struggling with here is, on the one hand, a belief that people should have the right to spend any money they have as they wish, and, on the other hand some squeamishness about advocating a 'two-tier' system when they believe the state does have an important role to play. Whilst the findings do present a more complex picture than any simplistic public versus private finance debate assumes perhaps many people do find it difficult to accomplish a clear attitude or representation about how a mixed approach to a 'distant' need should operate.

This is supported by the finding that there also seemed to be a change in people's attitudes when questions moved from the general to the specific. Emerging from stage two was a feeling amongst some respondents who had supported long-term care insurance availability that theoretically they would agree with it but practically it was unlikely to be feasible for themselves. Affordability alongside perceived risk were important factors here. In addition some people may not, on a personal level, have identified strongly with long-term care as an issue even where they recognised it as an important public policy issue. Opposition to compulsion may stem from this, and highlights that many may lack willingness to pay. So whilst Bosanquet et al (1990) considered attitudes to long-term care to be more malleable

than to private health care, this research suggests that even if general attitudes change this may not necessarily translate into the personal attitudes and beliefs that could lead to changes in behaviour (e.g. through insurance).

We have acknowledged that some respondents are more likely to have been had previous awareness of the specific long-term care finance issue. Perhaps of some limited comfort to insurers, it seems that the currently envisaged potential market sector for long-term care insurance were those who had most often heard of it, i.e. it was most often known about amongst older people who owned their homes outright, and amongst those on higher incomes. This finding reminds us, as discussed above in relation to survey research, that different sectors of the sample will have come to the interview with not only different orientations, but different types of knowledge and experience of the debate.

Many respondents may have based their thinking around long-term care from their experience and knowledge of pensions. We can see that of principal concern to the public is that the state has a primary role in ensuring *both* adequate care and adequate income in retirement. Whilst respondents were not presented with a list of 'models' of funding for pensions, we saw in chapter four that four-fifths felt that adequate retirement income was either the state's responsibility, or the state's responsibility with employers. A wide range of items highlighted the widespread support for public spending which ensures older people's well-being.

However, a lack of trust and knowledge, both in relation to private pensions *and* state pensions, also seem to have been an important backdrop to how respondents approached questions on long-term care. For example, some respondents did not consider there to be a broken national insurance contract in relation to long-term care but were concerned at the changing value of the basic state pension. It seems clear that confusion and lack of confidence in one's own pension provision does not provide a very stable base from which to consider making separate preparation for care needs. The widespread public rejection of the variable pension idea confirms prioritisation of planning for retirement income, which of course, any discussion of individual responsibilities for long-term care funding should also prioritise.

The use of housing assets to pay for care was the central driving force behind both the emergence of the long-term care policy debate in the 1990s, and the development of private long-term care insurance. At the time of this research a lack of confidence in the security of

housing assets may have both been a result of recession and the increased visibility of means-testing (reducing the hopes of 'a nation of inheritors'). The conflicting messages concerning home ownership also seem to have reduced some people's trust in government, and confidence in both public and private routes to financial security.

The meaning of the owned home appeared to differ somewhat between homeowners at different life stages. The home as a general investment was most often stated by all, but more support both for the home as security in old age, and as an asset to pass on, were expressed by older respondents. Life stage differences are likely to reflect the ways in which people currently envisage using housing assets. It is of course likely that cohort effects will also have been operating. The housing slump of the early 1990s may have made it more difficult for some younger people to envisage their home as a long-term investment, as they may have been aware from personal experience that house-values could fall. However, for those who had recently entered the property market, they may have benefited from the low price of homes and so been able to see it as an investment, particularly in comparison to renting. There was also some evidence that greater support for the home as something to bequeath existed amongst those on low-incomes, those classified as social class III (m), IV or V, and those who were married. The value of the home in comparison to income and other savings, and the existence of children, are both likely to have been important here. In addition, as discussed in chapter five, the owned home is unlikely to only have economic value and the meaning of the owned home is worthy of further exploration.

Forrest and Leather (1998) have argued that the high level of home ownership in the UK, and the existence of the National Health Service, mean that it is easy to understand why the housing assets of older people might be seen in policy terms as an important source of funding for care. However, whilst half the first stage respondents felt individuals ought to expect to pay something towards their care costs in old age, other expressed attitudes repeatedly demonstrated a high level of opposition to the use of housing assets to fund either care at home, or residential or nursing home care. Whilst the housing market has almost always seen at least the numerical value of homes rise, in the early 1990s this was not the case and negative equity became the reality for many. As discussed above the existence of a National Health Service may also increase expectations for care free at the point of need. Perhaps then it is not surprising that we found little evidence that people saw their homes specifically as a resource for their own old age. There were some respondents who felt that attitudes here were changing, and that older people should be able to use the home to pay for care in later life.

Whilst in stage one the 'consist' attitude was often found to be related to other items, and particularly suggesting that long-term care attitudes might be linked to attitudes to pensions, points of caution must also be made concerning attitudes and potential behaviours expressed in stage two (particularly amongst pro-self respondents). Firstly, there is clearly the possibility that attitudes change between interviews, or even that in some cases an expressed attitude was not strongly held in the first place. In addition, particularly (but not solely) where people had experienced labour market insecurity or spoke of contract working, the pro-self attitude could reflect an *anticipation* that one might make greater provision for later life in the future, and so would not always reflect current or immediately likely behaviour. A further explanation could be that people who find it difficult to save for old age but believe this activity is widely valued by others might be more likely to express pro-self attitudes. This suggests that people often reconcile discrepancies between attitudes and behaviours through believing that they have done as much as is possible, and that they would do what they could to remedy any short-comings in the future.

This thesis opened by highlighting how policy encourages a dividing up of the population into age based groups, rather than considering individuals in the context of their own lifespan. This is part and parcel of the short-term-ism in much policy debate, and subsequent policy development. For example, in the mid 1990s some commentators put forward a 'demographic time bomb' as imminent. At the same time, John Major's government could be seen to have a short-term electoral concern given publicity around the means testing of older people's housing assets. In relation to the Royal Commission on Long Term Care for the Elderly, we have seen that the focus was primarily on addressing current needs rather than opening up broader debates about later life which could engage *both* older people and the current working age population. The way in which the issues have been framed to date has arguably not been best designed to encourage individuals to anticipate their possible future care needs. Whilst the demographic time bomb argument might have been successfully defused, debate around care for older people often remains both narrow in scope and short-term.

People think about their potential future life span with reference to current and past experiences, and thus future research which aims to examine disparities between men and women, between different socio-economic groups, and between different minority ethnic groups can be complemented by the further development of a life-span perspective in social policy attitudes research. As individuals, however, we may find it difficult to anticipate our

future as older people and this difficulty is likely to be exacerbated by representations of and debate about later life that distances us from the issue. Greater interdisciplinary working within this field of is desirable to further develop our understanding of individuals' abilities to anticipate and plan for their own later life. For example, psychological work which explores welfare attitudes, self-presentation and temporal perspectives about current and future behaviour would be valuable. Social psychological and sociological work examining representations of and discourses about older people may help to inform ways in which debate about later life might be made more salient to younger people. It is clear therefore that both the research agenda and the policy debate would benefit from further development. We have seen that many people feel that their trust has been tested, sometimes on three fronts: social care and its' relationship to NHS care, the 'safety' of housing assets as a personal resource, and state pensions and the regulation of private pensions. Greater understanding of and trust in care-provision, in the treatment of assets, and in pensions, could support the development of stable attitudes and behaviours towards financial security in later life.

APPENDIX 1: DESCRIPTIVE ANALYSIS

ATTITUDES TO PENSIONS

Table A1-4.1: Would you like to see more or less state spending in this area? If you say "much more" spending it might require a tax increase to pay for it.

(i) Frequencies

							%	N
	Spend much more	Spend more	Spend the same as now	Spend less	Spend much less	Don't know/refused		
Code	1	2	3	4	5	89		
Health?	30.9	57.1	10.0	0.6	0	1.3		950
Police and law enforcement?	15.6	53.9	24.9	2.5	0.6	2.7		950
Education?	24.4	54.4	17.9	1.1	0.4	1.8		950
Military and defence?	2.4	9.3	47.1	30.7	8.6	1.9		950
Special care for older people	20.3	65.4	10.9	0.7	0	2.7		950
Environment?	9.4	39.2	40.2	8.0	0.5	2.8		950
Old age pensions?	20.6	57.4	17.4	1.3	0	3.2		950
Unemployment benefits?	4.8	23.0	45.0	17.4	3.4	6.4		950
Public transport?	10.7	35.8	37.8	9.2	1.6	4.9		950

(ii) Descriptive Statistics

(Don't know/refused responses excluded; Lower mean represents largest support for increased spending)

	% 'more' / 'much more'	Rank: % stating 'much more'	Min	Max	Mean	Std. Dev.	Variance	N
Health	88.0	1	1	4	1.80	0.634	0.402	937
Care/older people	85.7	4	1	4	1.92	0.587	0.345	924
Education	78.8	2	1	5	1.97	0.715	0.512	933
Old age pensions	78.0	3	1	4	1.99	.669	.448	919
Law/police	69.5	5	1	5	2.16	.739	.547	925
Environment	48.6	7	1	5	2.50	.798	.637	923
Public transport	46.5	6	1	5	2.53	.878	.770	903
Unemployment	27.8	8	1	5	2.91	.880	.775	889
Military/defence	11.7	9	1	5	3.35	.859	.737	931

Table A1-42: Would you like to see more or less state spending on old age pensions? If you say “much more” spending it might require a tax increase to pay for it.

(i) Crosstabulations(%)

	Much more	More	Same as now	Less	N
Sex					
Male	22.4	58.2	17.8	1.6	450
Female	20.3	60.3	18.1	1.3	469
	21.3	59.3	18.0	1.4	919
Working age status					
Working age	20.7	59.4	18.4	1.5	789
Retired age	25.0	58.6	16.4	0.0	128
	21.3	59.3	18.1	1.3	917
Life stage					
25-39	21.1	58.9	17.8	2.2	360
40-54	17.5	61.2	20.1	1.3	309
55-70	26.1	57.8	16.1	0.0	249
	21.2	59.4	18.1	1.3	918
Cohabiting/Single					
Married/cohabiting	19.7	59.9	19.1	1.2	679
Single	25.9	57.7	14.6	1.7	239
	21.4	59.4	18.0	1.3	918
Long standing illness/impairment					
None	20.5	58.6	19.3	1.7	654
Yes, but no impact on activities / no assistance	15.0	66.4	18.7	0.0	107
Yes, receives assistance	34.0	53.2	12.8	0.0	47
Yes impacts on activities / no assistance	28.6	59.0	11.4	0.9	105
	21.5	59.3	18.0	1.3	913
Caring experience					
Current	21.7	58.7	18.3	1.3	235
Past	19.9	57.1	21.2	1.8	226
None	21.8	60.7	16.2	1.3	458
	21.3	59.3	18.0	1.4	919
Social Class					
I	17.1	58.5	17.1	7.3	41
II	15.2	53.1	29.9	1.8	224
III (nm)	16.7	61.5	20.5	1.3	156
III (m)	26.9	59.0	12.8	1.3	156
IV	20.6	65.7	12.7	1.0	102
V	26.1	63.0	8.7	2.2	46
	19.6	58.9	19.7	1.8	725
Currently in paid work (10hrs+ per week)					
Working	18.0	60.3	19.8	1.9	567
Not working	26.6	57.5	15.3	.6	353
	21.3	59.2	18.0	1.4	920
Employed or self employed (any hrs per week)					
Employed	19.5	60.2	18.8	1.5	596
Self employed	19.5	55.5	23.4	1.6	128
	19.5	59.4	19.6	1.5	724
Experienced unemployment: last 5 years					
Currently unemployed	25.0	70.0	5.0	0.0	60
Unemployed in last 5 years	22.3	60.4	13.7	3.6	139
Not unemployed in last 5 years	20.8	58.4	19.9	1.0	718
	21.3	59.4	18.0	1.3	917
Wholly retired					
Retired	22.9	54.2	22.9	0.0	118
Not retired	21.1	60.1	17.3	1.5	800
	21.4	59.4	18.0	1.3	918

	Much more	More	Same as now	Less	N
Household income					
<£8,000	28.7	61.1	9.6	.6	167
£8K-£14,999	17.4	66.7	14.6	1.4	144
£15K-£22,999	23.1	61.5	15.4	0.0	169
£23K-£28,999	14.9	63.2	21.8	0.0	87
£29K-£34,999	15.2	57.6	22.7	4.5	66
>£35K	16.0	54.2	26.7	3.1	131
	20.4	61.0	17.3	1.3	764
Personal income					
<£8,000	18.8	66.4	14.1	.8	128
£8K-£14,999	16.4	66.1	16.4	1.2	171
£15K-£22,999	18.9	56.7	22.8	1.6	127
£23K-£28,999	17.3	53.8	23.1	5.8	52
£29K-£34,999	8.3	75.0	16.7	0.0	12
>£35K	14.7	44.1	38.2	2.9	34
	17.4	61.5	19.5	1.7	524
Reduced personal income					
<£15,000	17.4	66.4	15.1	1.0	298
£15K-28,999	18.4	55.9	22.9	2.8	179
>£29K	13.0	52.2	32.6	2.2	46
	17.4	61.6	19.3	1.7	523
Home status					
Own outright	22.4	58.6	18.5	.4	232
Mortgage	18.9	59.5	19.9	1.7	472
Rented	25.4	60.6	12.2	1.9	213
	21.3	59.5	17.8	1.4	917
Consist					
Pro-state	38.7	45.8	13.5	1.9	155
Mixed economy	12.5	62.0	23.6	2.0	305
Pro-self	11.0	59.7	27.9	1.3	154
Inconsistent	27.4	62.8	9.4	.3	288
	21.5	59.1	18.1	1.3	902
Party affiliation					
Conservative	10.3	61.5	25.4	2.8	213
Labour	28.3	61.1	.9	.8	375
Liberal Democrat	17.5	60.8	21.6	0.0	97
Other/none	22.0	54.3	22.4	1.3	232
	21.4	59.4	17.9	1.3	917

(ii) Chi-square statistics: Much more, more, Same/Less

	Pearson	DoF	P=	Minimum expected frequency
Sex	.690	2	.708	87.16
Working age status	1.681	2	.431	24.85
Life-stage	7.226	4	.124	58.28
Married, cohabiting/single	4.495	2	.106	46.49
Long-standing illness/impairment	14.345	6	.026	9.10
Caring experience	28.38	4	.585	43.97
Social class	30.271	10	.001	8.05
Currently in paid work (10hrs+ per week)	12.120	2	.002	68.18
Employed or self employed (any hrs per week)	1.504	2	.471	24.93
Unemployed in the last five years	9.440	4	0.51	11.58
Currently unemployed/not unemployed	8.487	2	0.14	11.62
Wholly retired	1.602	2	.449	22.86
Household income	33.604	10	.000	12.13
Personal income	17.293	10	.068	2.08: 2(11.1%)<5
Reduced personal income	12.792	4	.012	8.00
Home status	8.105	4	.088	40.50
Consist	80.519	6	.000	30.02
Party	48.683	6	.000	18.90
Party (Conservative/Labour/Lib-dem only)	46.273	4	.000	17.43

Table A1-43: Thinking about pensions, do you think that pensions should be the same for everyone, or should people who can afford it be able to pay for better pensions?

(i) Frequencies

	n	%
Same for everyone	229	24.1
Able to pay for better	697	73.4
Don't know	20	2.1
Refused	4	0.4
Total	950	100

(ii) Crosstabulations (%)

	Same for everybody	Pay for better	N
Sex			
Male	20.5	79.5	458
Female	28.8	71.2	468
	24.7	75.3	926
Working age status			
Working age	23.5	76.5	797
Retired age	32.3	67.7	127
	24.7	75.3	924
Life stage			
25-39	22.4	77.6	371
40-54	21.4	78.6	308
55-70	32.7	67.3	245
	24.8	75.2	924
Cohabiting/Single			
Married/cohabiting	22.3	77.7	685
Single	31.3	68.8	240
	24.6	75.4	925
Long standing illness/impairment			
None	22.9	77.1	664
Yes, but no impact on activities / no assistance	25.2	74.8	107
Yes, receives assistance	36.2	63.8	47
Yes impacts on activities / no assistance	30.4	69.6	102
	24.7	75.3	920
Caring experience			
Current	26.1	73.9	234
Past	26.5	73.5	226
None	23.2	76.8	466
	24.7	75.3	926
Social Class			
I	4.8	95.2	42
II	22.0	78.0	218
III (nm)	15.4	84.6	156
III (m)	21.9	78.1	160
IV	27.2	72.8	103
V	36.2	63.8	47
	21.2	78.8	726
Currently in paid work (10hrs+ per week)			
Working	19.4	80.6	573
Not working	33.3	66.7	354
	24.7	75.3	927
Employed or self employed (any hrs per week)			
Employed	22.0	78.0	601
Self employed	17.1	82.9	129
	21.1	78.9	730

	Same for everybody	Pay for better	N
Experienced unemployment: last 5 years			
Currently unemployed	41.7	58.3	60
Unemployed in last 5 years	23.3	76.7	146
Not unemployed in last 5 years	23.5	76.5	718
	24.7	75.3	924
Wholly retired			
Retired	28.8	71.2	118
Not retired	24.1	75.9	808
	24.7	75.3	926
Household income			
<£8,000	41.4	58.6	162
£8K-£14,999	22.7	77.3	154
£15K-£22,999	22.8	77.2	167
£23K-£28,999	16.9	83.1	89
£29K-£34,999	9.1	90.9	66
>£35K	13.0	87.0	131
	23.1	76.9	769
Personal income			
<£8,000	24.6	75.4	130
£8K-£14,999	19.9	80.1	171
£15K-£22,999	15.5	84.5	129
£23K-£28,999	11.3	88.7	53
£29K-£34,999		100.0	12
>£35K	14.3	85.7	35
	18.3	81.7	530
Reduced personal income			
<£15,000	21.9	78.1	301
£15K-28,999	14.3	85.7	182
>£29K	10.6	89.4	47
	18.3	81.7	530
Home status			
Own outright	27.6	72.4	228
Mortgage	20.5	79.5	478
Rented	30.9	69.1	217
	24.7	75.3	923
Consist			
Pro-state	43.9	56.1	157
Mixed economy	15.1	84.9	312
Pro-self	20.3	79.7	153
Inconsistent	26.4	73.6	284
	24.5	75.5	906
Party affiliation			
Conservative	14.8	85.2	210
Labour	30.9	69.1	376
Liberal Democrat	21.8	78.2	101
Other/none	25.1	74.9	239
	24.7	75.3	926

(iii) Chi-square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	8.612	1	.003	113.26
Working age status	4.585	1	.032	31.34
Life-stage	11.156	2	.004	60.72
Married, cohabiting/single	7.604	1	.006	59.16
Long-standing illness/impairment	6.290	3	.098	11.60
Caring experience	1.231	2	.540	55.89
Social class	18.588	5	.002	8.91
Currently in paid work (10hrs+ per week)	22.931	1	.000	87.45
Employed or self employed (any hrs per week)	1.538	1	.215	27.21
Unemployed in the last five years	9.971	2	.007	14.81
Currently unemployed	10.005	1	.002	14.79
Wholly retired	1.211	1	.271	29.18
Household income	47.159	5	.000	15.28
Personal income	9.220	5	.101	2.20: 1 (8.3%) < 5
Reduced personal income	6.455	2	.040	8.60
Home status	10.032	2	.007	53.60
Consist	49.164	3	.000	37.49
Party	19.268	3	.000	24.98
Party (Conservative/Labour/Lib-dem only)	19.312	2	.000	24.85

Table A1-44: Who should mainly responsible for ensuring that people have an adequate retirement pension?

(i) Frequencies

	N	%
Mainly the state	412	43.4
Mainly employers	103	10.8
Mix state/employers	358	37.7
Other – self responsible	56	5.9
Missing	21	2.2
Total	950	100

(ii) Crosstabulations

	State	Employers	State/Employers	Self	N
Sex					
Male	47.5	12.4	32.9	7.2	459
Female	41.3	9.8	44.0	4.9	470
	44.3	11.1	38.5	6.0	929
Working age status					
Working age	43.3	11.2	39.5	6.0	801
Retired age	51.6	10.2	32.0	6.3	128
	44.5	11.1	38.4	6.0	929
Life-stage					
25-39	38.7	10.6	44.7	6.0	367
40-54	43.3	12.5	36.9	7.4	312
55-70	54.7	9.7	31.2	4.5	247
	44.5	11.0	38.4	6.0	926
Cohabiting/Single					
Married/cohabiting	44.7	10.4	37.7	7.2	692
Single	43.7	13.0	40.8	2.5	238
	44.4	11.1	38.5	6.0	930
Long standing illness/impairment					
None	44.3	11.0	39.2	5.4	661
Yes, but no impact on activities / no assistance	41.4	9.0	41.4	8.1	111
Yes, receives assistance	57.1	16.3	18.4	8.2	49
Yes impacts on activities / no assistance	40.6	10.1	42.5	6.6	106
	44.2	11.0	38.7	6.0	927

	State	Employers	State/Employers	Self	N
Caring experience					
Current	39.5	11.2	43.8	5.6	233
Past	48.9	10.1	37.9	3.1	227
None	45.0	11.3	36.2	7.5	467
	44.6	11.0	38.5	5.9	927
Social Class					
I	59.0	10.3	28.2	2.6	39
II	45.5	7.1	36.6	10.7	224
III (nm)	36.3	9.6	47.1	7.0	157
III (m)	43.1	9.4	43.1	4.4	160
IV	44.2	10.6	41.3	3.8	104
V	47.7	15.9	31.8	4.5	44
	43.7	9.3	40.2	6.7	728
Currently in paid work (10hrs+ per week)					
Working	42.6	8.8	41.2	7.3	577
Not working	47.2	14.8	34.1	4.0	352
	44.3	11.1	38.5	6.0	929
Employed or self employed (any hrs per week)					
Employed	39.5	10.6	43.5	6.3	602
Self employed	62.3	3.1	26.9	7.7	130
	43.6	9.3	40.6	6.6	732
Experienced unemployment: last 5 years					
Currently unemployed	47.5	20.3	32.2	0.0	59
Unemployed in last 5 years	42.1	4.3	49.3	4.3	140
Not unemployed in last 5 years	44.6	11.6	37.1	6.7	727
	44.4	11.0	38.7	5.9	926
Wholly retired					
Retired	47.9	10.9	37.0	4.2	119
Not retired	43.9	11.1	38.8	6.2	809
	44.4	11.1	38.6	5.9	928
Household income					
<£8,000	56.6	12.7	29.5	1.2	166
£8K-£14,999	40.0	14.7	41.3	4.0	150
£15K-£22,999	42.1	9.9	43.9	4.1	171
£23K-£28,999	28.9	11.1	47.8	12.2	90
£29K-£34,999	47.1	8.8	39.7	4.4	68
>£35K	37.2	7.8	38.8	16.3	129
	42.9	11.1	39.5	6.5	774
Personal income					
<£8,000	38.3	9.4	48.4	3.9	128
£8K-£14,999	42.9	11.2	42.9	2.9	170
£15K-£22,999	36.6	6.9	47.3	9.2	131
£23K-£28,999	42.3	11.5	34.6	11.5	52
£29K-£34,999	46.2	0.0	53.8	0.0	13
>£35K	44.1	11.8	11.8	32.4	34
	40.3	9.5	42.8	7.4	528
Reduced personal income					
<£15K	40.7	10.7	45.3	3.3	300
£15K-£28,999	38.3	8.2	43.7	9.8	183
>£29K	45.7	8.7	21.7	23.9	46
	40.3	9.6	42.7	7.4	529
Home status					
Own outright	51.9	9.9	32.6	5.6	233
Mortgage	42.0	10.1	39.9	8.0	476
Rented	40.9	14.4	42.8	1.9	215
	44.3	11.0	38.7	6.0	924
Consist					
Pro-state	65.4	6.4	24.4	3.8	156
Mixed economy	35.3	11.7	47.6	5.5	309
Pro-self	29.0	18.7	40.6	11.6	155
Inconsistent	52.1	9.0	34.5	4.5	290
	44.7	11.1	38.2	5.9	910

	State	Employers	State/Employers	Self	N
Party affiliation					
Conservative	36.2	11.0	39.0	13.8	210
Labour	47.4	12.4	38.4	1.8	380
Liberal Democrat	53.5	7.1	36.4	3.0	99
Other/none	42.9	10.9	39.1	7.1	238
	44.3	11.1	38.5	6.0	927

(iii) Chi-square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	12.990	3	.005	27.67
Working age status	3.395	3	.335	7.72
Life-stage	18.931	6	.004	14.94
Married, cohabiting/single	8.068	3	.045	14.33
Long-standing illness/impairment	11.532	9	.241	2.96: 1 (6.3%)<5
Caring experience	9.966	6	.126	13.47
Social class	22.158	15	.104	2.63: 4 (16.7%)<5
Currently in paid work (10 hrs+ per week)	14.812	3	.002	21.22
Employed or self employed (any hrs per week)	26.861	3	.000	8.52
Unemployed in the last five years	20.987	6	.002	3.50: 1 (8.3%)<5
Currently unemployed	9.530	3	.023	3.50: 1 (12.5%)<5
Wholly retired	1.157	3	.763	7.05
Household income	57.896	15	.000	4.39: 1 (4.2%)<5
Personal income	52.742	15	.000	0.96: 6 (25%)<5
Reduced personal income	31.772	6	.000	3.39: 2 (16.7%)<5
Home status	19.818	6	.003	12.80
Consist	72.441	9	.000	9.20
Party	42.133	9	.000	5.98
Party (Conservative/Labour/Lib-dem only)	43.464	6	.000	5.60

Table A1-45: Beliefs about the state pension:

Would you say that the state pension for a retired couple nowadays ...

(i) Frequencies

	... is, on its own should be, on its own ...	
	N	%	N	%
More than enough for basic needs	5	0.5	574	60.4
Just enough for basic needs	223	23.5	335	35.2
Less than enough for their basic needs	575	60.6	20	2.1
Don't know	143	15.1	18	1.9
Refused	3	0.3	3	0.3
Total	950	100	950	100

(ii) Frequencies (combined variable)

	N	%	Valid % (a)	Valid % (b)
Pension is less than enough, should be more than enough	377	39.7	47.2	47.6
Pension is less than enough, should be just enough	178	18.1	22.3	22.5
Pension is less than enough, should be less than enough	18	1.9	2.3	2.3
Pension is just enough, should be more than enough	114	12.1	14.3	14.4
Pension is just enough, should be just enough	104	11.0	13.1	13.2
Outliers:	1	0.1	0.2	
Pension is just enough, should be less than enough				
Pension is more than enough, should be more than enough	1	0.1	0.2	
Pension is more than enough, should be just enough	4	0.4	0.4	
Pension is more than enough, should be less than enough	0	0.0	0.0	
Total	799	84.1	100	100
Missing	151	15.9		
Total	950	100		

(iii) Crosstabulations (Outliers excluded) (%)

	Less than enough, should be more than enough	Less than enough, should be just enough	Less than enough, should be less than enough	Just enough, should be more than enough	Pension is just enough, should be just enough	N
Sex						
Male	50.0	23.3	3.3	10.3	13.3	400
Female	44.9	21.6	1.5	18.8	13.2	394
	47.5	22.4	2.4	14.5	13.2	794
Working age status						
Working age	46.4	23.2	2.4	14.4	13.6	668
Retired age	54.5	18.7	1.6	14.6	10.6	123
	47.7	22.5	2.3	14.4	13.1	791
Life stage						
25-39	41.7	25.2	2.4	16.6	14.1	290
40-54	51.6	23.3	.7	12.0	12.4	275
55-70	50.7	18.2	3.6	14.7	12.9	225
	47.7	22.5	2.2	14.4	13.2	790
Cohabiting/Single						
Married/cohabiting	47.0	22.9	2.8	13.9	13.4	598
Single	49.5	21.1	.5	16.5	12.4	194
	47.6	22.5	2.3	14.5	13.1	792
Long standing illness/impairment						
None	46.9	22.5	2.1	14.3	14.1	559
Yes, but no impact on activities/ no assistance	49.0	24.0	4.2	11.5	11.5	96
Yes, receives assistance	56.3	16.7	4.2	10.4	12.5	48
Yes impacts on activities/ no assistance	46.7	24.4	0.0	20.0	8.9	90
	47.7	22.6	2.3	14.4	13.1	793
Caring experience						
Current	51.7	17.2	1.9	18.2	11.0	209
Past	45.5	26.0	3.0	16.5	9.0	200
None	46.5	23.4	2.3	11.4	16.4	385
	47.6	22.4	2.4	14.5	13.1	794
Social Class						
I	46.9	31.3	0.0	15.6	6.3	32
II	46.9	28.1	1.0	8.3	15.6	192
III (nm)	36.3	29.8	1.6	18.5	13.7	124
III (m)	50.3	17.2	4.8	13.1	14.5	145
IV	51.1	14.4	1.1	20.0	13.3	90
V	63.9	5.6	0.0	19.4	11.1	36
	47.2	22.8	1.9	14.2	13.9	619
Currently in paid work (10hrs+ per week)						
Working	46.0	23.3	1.9	15.0	13.8	480
Not working	50.2	21.2	2.9	13.5	12.2	311
	47.7	22.5	2.3	14.4	13.1	791
Employed or self employed (any hrs per week)						
Employed	46.3	24.1	1.6	14.7	13.3	510
Self employed	51.8	15.2	3.6	11.6	17.9	112
	47.3	22.5	1.9	14.1	14.1	622

	Less than enough, should be more than enough	Less than enough, should be just enough	Less than enough, should be less than enough	Just enough, should be more than enough	Pension is just enough, should be just enough	N
Experienced unemployment: last 5 years						
Currently unemployed	62.0	18.0	2.0	2.0	16.0	50
Unemployed in last 5 years	47.4	19.8	2.6	19.0	11.2	116
Not unemployed in last 5 years	46.6	23.4	2.2	14.5	13.2	627
	47.7	22.6	2.3	14.4	13.1	793
Wholly retired						
Retired	46.4	21.4	3.6	13.4	15.2	112
Not retired	47.7	22.6	2.2	14.7	12.8	681
	47.5	22.4	2.4	14.5	13.1	793
Household income						
<£8,000	48.9	17.7	3.5	14.9	14.9	141
£8K-£14,999	45.9	21.1	1.5	18.8	12.8	133
£15K-£22,999	49.6	23.7	2.9	10.8	12.9	139
£23K-£28,999	54.3	23.5	2.5	12.3	7.4	81
£29K-£34,999	43.5	25.8	3.2	21.0	6.5	62
>£35K	38.0	39.8	1.9	5.6	14.8	108
	46.8	24.7	2.6	13.6	12.3	664
Personal income						
<£8,000	43.8	16.2	3.8	23.8	12.4	105
£8K-£14,999	47.0	18.8	0.0	17.4	16.8	149
£15K-£22,999	45.8	29.9	2.8	8.4	13.1	107
£23K-£28,999	45.8	31.3	0.0	10.4	12.5	48
£29K-£34,999	41.7	41.7	0.0	8.3	8.3	12
>£35K	46.2	46.2	7.7	0.0	0.0	26
	45.6	24.4	2.0	14.8	13.2	447
Reduced personal income						
<£15K	45.7	17.3	1.6	20.5	15.0	254
£15K-£28,999	45.8	30.3	1.9	9.0	12.9	155
>£29K	44.7	44.7	5.3	2.6	2.6	38
	45.6	24.2	2.0	15.0	13.2	447
Home status						
Own outright	45.2	22.6	3.8	13.5	14.9	208
Mortgage	46.0	23.2	1.7	15.6	13.4	409
Rented	54.3	20.6	1.7	13.1	10.3	175
	47.6	22.5	2.3	14.5	13.1	792
Consist						
Pro-state	57.7	17.7	3.1	8.5	13.1	130
Mixed economy	41.2	20.6	1.5	19.5	17.2	262
Pro-self	40.5	25.4	3.2	16.7	14.3	126
Inconsistent	53.2	25.5	2.3	9.9	9.1	263
	47.9	22.5	2.3	14.0	13.3	781
Party affiliation						
Conservative	36.3	27.9	1.1	15.1	19.6	179
Labour	54.4	19.3	2.4	15.1	8.8	331
Liberal Democrat	44.2	22.1	3.5	14.0	16.3	86
Other/none	47.9	22.7	2.6	13.4	13.4	194
	47.6	22.4	2.3	14.6	13.2	790

(iv) Chi-square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	13.776	4	.008	9.43
Working age status	3.366	4	.499	2.80: 1 (10%)<5
Life-stage	13.438	8	.098	4.84: 1 (6.7%)<5
Married, cohabiting/single	4.691	4	.320	4.41: 1 (10%)<5
Long-standing illness/impairment	11.150	12	.516	1.09: 3 (15%)<5
Caring experience	16.757	8	.033	4.79: 1 (6.7%)<5
Social class	41.425	20	.003	0.62: 8 (26.7%)<5
Currently in paid work (10hrs+ per week)	2.536	4	.638	7.08
Employed or self employed (any hrs per week)	7.711	4	.103	2.16: 1 (10%)<5
Currently unemployed	8.856	4	.065	1.13: 1 (10%)<5
Unemployed in the last five years	11.129	8	.195	1.13: 2 (13.3%)<5
Wholly retired	1.380	4	.848	2.68: 1 (10%)<5
Household income	34.469	20	.023	1.59: 6 (20%)<5
Personal income	43.583	20	.002	0.24: 11 (36.7%)<5
Reduced personal income	32.717	8	.000	0.77: 2 (13.3%)<5
Home status	7.941	8	.439	3.98: 3 (13.3%)<5
Consist	31.533	12	.002	2.90: 2 (10%)<5
Party	25.132	12	.014	1.96: 3 (15%)<5
Party (Conservative/Labour/Lib-dem only)	24.940	8	.002	1.88: 2 (13.3%)<5

Table A1-46: Important reasons for saving at different life-stages

(i) Frequencies: What is the most important reason for saving for a married couple...

	... in their 40s?		... approaching retirement who have adult children?		... a retired couple?***	
	N	%	N	%	N	%
To leave to their children*	122	12.9	150	15.8	182	19.2
For their own care in old age	775	81.6	752	79.2	723	76.1
To pay for parents care in the future	39	4.1	23	2.5	19	2.0
Other response	0.0	0.0	1	.1	2	.2
Don't know	11	1.1	18	1.9	19	2.0
Refused	3	.3	5	.5	5	.5
Total	950	100.0	950	100.0	950	100.0

* and for near retired/retired couples, their grandchildren

** question referred to most important reason to invest £20,000 released from housing assets by moving home

(ii) Frequencies: What is the second most important reason for saving for a married couple...

	... in their 40s?		... approaching retirement who have adult children?		... a retired couple	
	N	%	N	%	N	%
To leave to their children	467	49.2	501	52.8	521	54.8
For their own care in old age	135	14.2	146	15.4	178	18.7
To pay for parents care in the future	288	30.3	221	23.2	160	16.8
Other response	0	0.0	2	.2	2	.2
Don't know	6	4.8	65	6.9	69	7.3
Refused	14	1.5	14	1.5	20	2.1
Total	950	100.0	950	100.0	950	100.0

(iii): Summary table: first or second most important reason for saving for a married couple...

	40s (to save)	Near retirement (to save)	Retired (to invest)
To leave to children/grandchildren	62.1	68.6	74.0
For their own care in old age	95.9	94.6	94.8
To pay for care for elderly parents	34.4	25.7	18.9
Total	950	950	950

(iv) Crosstabulations: Most important reason for a married couple in their 40s, to save money (%)?

	Children	Own care	Parents care	N
Sex				
Male	13.1	82.3	4.5	464
Female	12.9	83.5	3.6	472
	13.0	82.9	4.1	936
Working age status				
Working age	13.9	81.4	4.7	807
Retired age	7.8	91.4	.8	128
	13.0	82.8	4.2	935
Life stage				
25-39	16.4	78.8	4.8	372
40-54	13.4	82.5	4.1	314
55-70	8.0	88.8	3.2	250
	13.1	82.7	4.2	936
Cohabiting/Single				
Married/cohabiting	12.8	83.6	3.6	696
Single	14.1	80.1	5.8	241
	13.1	82.7	4.2	937
Long standing illness/impairment				
None	12.9	83.6	3.5	665
Yes, but no impact on activities/ no assistance	11.0	84.4	4.6	109
Yes, receives assistance	16.0	78.0	6.0	50
Yes impacts on activities/ no assistance	13.9	78.7	7.4	108
	13.0	82.8	4.2	932
Caring experience				
Current	13.2	81.3	5.5	235
Past	11.4	84.3	4.4	229
None	13.8	82.8	3.4	472
	13.0	82.8	4.2	936
Social Class				
I	14.6	85.4	0.0	41
II	14.7	83.5	1.8	224
III (nm)	9.4	86.9	3.8	160
III (m)	11.3	86.3	2.5	160
IV	14.4	81.7	3.8	104
V	10.9	78.3	10.9	46
	12.5	84.4	3.1	735
Currently in paid work (10hrs+ per week)				
Working	12.9	84.7	2.4	580
Not working	13.4	79.6	7.0	358
	13.1	82.7	4.2	938
Employed or self employed (any hrs per week)				
Employed	11.7	84.7	3.6	607
Self employed	16.0	82.4	1.5	131
	12.5	84.3	3.3	738
Unemployed in the last five years				
Currently unemployed	22.6	66.1	11.3	62
Unemployed in last 5 years	12.2	83.0	4.8	147
Not unemployed in last 5 years	12.4	84.1	3.4	725
	13.1	82.8	4.2	934
Wholly retired				
Retired	5.0	94.1	0.8	119
Not retired	14.3	81.1	4.6	818
	13.1	82.7	4.2	937
Household income				
<£8,000	14.5	79.4	6.1	165
£8K-£14,999	13.1	81.0	5.9	153
£15K-£22,999	11.7	83.0	5.3	171
£23K-£28,999	5.6	91.1	3.3	90
£29K-£34,999	14.5	84.1	1.4	69
>£35K	13.0	87.0	0	131
	12.3	83.6	4.1	779

	Children	Own care	Parents care	N
Personal income				
<£8,000	14.0	84.5	1.6	129
£8K-£14,999	11.5	84.5	4.0	174
£15K-£22,999	15.9	81.1	3.0	132
£23K-£28,999	7.7	92.3	0	52
£29K-£34,999	7.7	84.6	7.7	13
>£35K	14.7	85.3	0	34
	12.9	84.5	2.6	534
Reduced personal income				
<£15K	12.5	84.5	3.0	303
£15K-£28,999	13.6	84.2	2.2	184
>£29K	12.5	85.4	2.1	48
	12.9	84.5	2.6	535
Home status				
Own outright	8.6	90.6	9	233
Mortgage	13.2	83.7	3.1	479
Renting	17.4	73.1	9.6	219
	13.0	82.9	4.1	931
Consist				
Pro-state	17.2	78.3	4.5	157
Mixed economy	8.7	87.5	3.9	311
Pro-self	13.3	83.5	3.2	158
Inconsistent	15.1	80.5	4.5	292
	13.0	83.0	4.0	918
Party affiliation				
Conservative	8.1	89.6	2.4	211
Labour	16.3	79.2	4.5	380
Liberal Democrat	8.0	88.0	4.0	100
Other/none	14.8	79.8	5.3	243
	13.2	82.7	4.2	934

(v) Chi square statistics: Most important reason, for a married couple in their 40s, to save money?

	Pearson	DoF	p=	Minimum expected frequency
Sex	.538	2	.764	18.84
Working age status	8.534	2	.014	5.34
Life-stage	10.832	4	.029	10.42
Married, cohabiting/single	2.623	2	.269	10.03
Long standing illness/impairment	5.146	6	.525	2.09:3 (25%)<5
Caring experience	2.581	4	.630	9.54
Social class	15.347	10	.120	1.28:3 (16.7%)<5
Currently in paid work (10hrs+ per week)	11.836	2	.003	14.88
Employed or self employed (any hrs per week)	3.145	2	.078	4.26:1 (16.7%)<5
Unemployed in last five years	15.404	4	.004	2.59:1 (11.1%)<5
Currently unemployed	14.958	2	.001	2.58:1 (16.7%)<5
Wholly retired	12.546	2	.002	4.95:1 (16.7%)<5
Household income	15.667	10	.110	2.83:2 (11.1%)<5
Personal income	8.796	10	.552	34:8 (44.4%)<5
Reduced personal income	.445	4	.979	1.26:2 (22.2%)<5
Home status	34.204	4	.000	8.94
Consist	9.482	6	.148	6.33
Party	14.489	6	.025	4.18:1 (8.3%)<5
Party (Conservative/Labour/Lib-dem only)	12.927	4	.012	3.76:1 (11.1%)<5

(vi) Crosstabulations: Most important reason for saving for couple nearing retirement (%)

	Children/grandchildren	Own care	Parents' care	N
Sex				
Male	16.6	80.8	2.6	458
Female	15.8	81.8	2.4	467
	16.2	81.3	2.5	925
Working age status				
Working age	16.4	80.7	2.9	797
Retired age	15.0	85.0	0	127
	16.2	81.3	2.5	924
Life stage				
25-39	19.8	77.7	2.5	364
40-54	15.6	81.5	2.9	314
55-70	11.8	85.8	2.4	246
	16.2	81.2	2.6	924
Cohabiting/Single				
Married/cohabiting	16.1	81.6	2.3	685
Single	16.6	80.1	3.3	241
	16.2	81.2	2.6	926
Long standing illness/impairment				
None	17.8	80.4	1.8	657
Yes, but no impact on activities/ no assistance	12.1	83.2	4.7	107
Yes, receives assistance	20.4	79.6	0.0	49
Yes impacts on activities/ no assistance	10.2	84.3	5.6	108
	16.4	81.1	2.5	921
Caring experience				
Current	14.0	83.3	2.6	228
Past	15.2	80.9	3.9	230
None	17.7	80.3	1.9	468
	16.2	81.2	2.6	926
Social Class				
I	21.1	78.9	0	38
II	15.5	82.2	2.3	219
III (nm)	14.2	83.9	1.9	155
III (m)	14.4	82.5	3.1	160
IV	24.0	73.1	2.9	104
V	10.9	87.0	2.2	46
	16.2	81.4	2.4	722
Currently in paid work (10hrs+ per week)				
Working	16.0	82.2	1.8	567
Not working	16.4	79.7	3.9	359
	16.2	81.2	2.6	926
Employed or self employed (any hrs per week)				
Employed	17.1	81.1	1.8	598
Self employed	12.4	83.7	3.9	129
	16.2	81.6	2.2	727
Unemployed in the last five years				
Currently unemployed	22.2	76.2	1.6	63
Unemployed in last 5 years	13.7	84.2	2.1	146
Not unemployed in last 5 years	16.2	81.0	2.8	716
	16.2	81.2	2.6	925
Wholly retired				
Retired	17.8	82.2	0	118
Not retired	16.0	81.2	2.9	807
	16.2	81.3	2.5	925
Household income				
<£8,000	15.8	80.6	3.6	165
£8K-£14,999	15.8	82.2	2.0	152
£15K-£22,999	17.4	80.8	1.8	167
£23K-£28,999	12.6	86.2	1.1	87
£29K-£34,999	8.8	85.3	5.9	68
>£35K	18.8	80.5	.8	128
	15.6	82.0	2.3	767

	Children/grandchildren	Own care	Parents' care	N
Personal income				
<£8,000	19.8	80.2		126
£8K-£14,999	14.0	83.0	2.9	171
£15K-£22,999	18.0	79.7	2.3	128
£23K-£28,999	16.0	82.0	2.0	50
£29K-£34,999	25.0	66.7	8.3	12
>£35K	5.9	94.1		34
	16.3	81.8	1.9	521
Reduced personal income				
<£15K	16.5	81.8	1.7	297
£15K-£28,999	17.4	80.3	2.2	178
>£29K	12.5	85.4	2.1	48
	16.4	81.6	1.9	523
Home status				
Own outright	12.6	84.0	3.5	231
Mortgage	17.6	80.3	2.1	472
Renting	17.0	80.3	2.8	218
	16.2	81.2	2.6	921
Consist				
Pro-state	22.6	76.1	1.3	155
Mixed economy	13.3	84.1	2.6	308
Pro-self	14.7	83.3	1.9	156
Inconsistent	16.0	81.2	2.8	287
	16.0	81.7	2.3	906
Party affiliation				
Conservative	10.8	86.9	2.3	213
Labour	19.3	78.8	1.9	373
Liberal Democrat	14.3	82.7	3.1	98
Other/none	16.8	79.8	3.4	238
	16.2	81.3	2.5	922

(vii) Chi square statistics:

Most important reason for saving for couple nearing retirement.

	Pearson	DoF	p=	Minimum expected frequency
Sex	.174	2	.917	11.39
Working age status	4.068	2	.131	3.16: 1 (16.7%)<5
Life-stage	7.196	4	.126	6.39
Married, cohabiting/single	.749	2	.688	6.25
Long standing illness/impairment	13.726	6	.033	1.22: 3 (25.0%)<5
Caring experience	4.009	4	.405	5.91
Social class	8.870	10	.544	.89: 5 (27.8%)<5
Currently in paid work (10hrs+ per week)	4.062	2	.131	9.30
Employed or self employed (any hrs per week)	3.505	2	.173	2.84: 1 (16.7%)<5
Currently unemployed	1.987	2	.370	1.63: 1 (16.7%)<5
Unemployed in last five years	2.856	4	.582	1.63: 2 (22.2%)<5
Wholly retired	3.585	2	.167	2.93: 1 (16.7%)<5
Household income	10.979	10	.359	1.60: 6 (33.3%)<5
Personal income	12.320	10	.264	.23: 7 (38.9%)<5
Reduced personal income	.872	4	.929	0.92: 2 (22.2%)<5
Home status	3.928	4	.416	5.68
Consist	7.791	6	.254	3.59: 2 (16.7%)<5
Party	8.951	6	.176	2.44: 1 (8.3%)<5
Party (Conservative/Labour/Lib-dem only)	7.957	4	.093	2.15: 2 (22.2%)<5

(viii) Crosstabulations: Most important reason to invest £20K for couple who released income from housing assets in retirement (%)

	Children/grandchildren	Own care	Parents' care	N
Sex				
Male	21.8	75.8	2.4	455
Female	17.9	80.4	1.7	469
	19.8	78.1	2.1	924
Working age status				
Working age	20.1	77.9	2.0	793
Retired age	17.7	80.0	2.3	130
	19.7	78.2	2.1	923
Life-stage				
25-39	22.1	76.0	2.0	358
40-54	20.8	77.0	2.2	313
55-70	15.1	82.9	2.0	251
	19.7	78.2	2.1	922
Cohabiting/Single				
Married/cohabiting	18.9	79.2	1.9	687
Single	21.8	75.2	2.9	238
	19.7	78.2	2.2	925
Long standing illness/impairment				
None	20.2	77.7	2.1	654
Yes, but no impact on activities / no assistance	18.3	78.9	2.8	109
Yes, receives assistance	18.0	80.0	2.0	50
Yes impacts on activities / no assistance	18.7	79.4	1.9	107
	19.7	78.2	2.2	920
Caring experience				
Current	21.3	78.3	4	235
Past	20.6	75.9	3.5	228
None	18.5	79.3	2.2	460
	19.7	78.2	2.1	923
Social Class				
I	16.2	83.8	0	37
II	17.8	79.9	2.3	219
III (nm)	15.3	82.8	1.9	157
III (m)	17.2	79.0	3.8	157
IV	22.3	75.7	1.9	103
V	30.4	67.4	2.2	46
	18.5	79.1	2.4	719
Currently in paid work (10hrs+ per week)				
Working	18.7	79.2	2.1	563
Not working	21.5	76.5	1.9	362
	19.8	78.2	2.1	925
Employed or self employed (any hrs per week)				
Employed	18.3	79.3	2.4	595
Self employed	18.9	78.7	2.4	127
	18.4	79.2	2.4	722
Unemployed in the last five years				
Currently unemployed	29.0	69.4	1.6	62
Unemployed in last 5 years	18.9	79.7	1.4	143
Not unemployed in last 5 years	19.1	78.6	2.2	716
	19.8	78.2	2.1	921
Wholly retired				
Retired	19.8	77.7	2.5	121
Not retired	19.7	78.2	2.1	803
	19.7	78.1	2.2	924
Household income				
<£8,000	21.2	76.4	2.4	165
£8K-£14,999	23.4	75.3	1.3	154
£15K-£22,999	20.1	78.1	1.8	169
£23K-£28,999	12.5	86.4	1.1	88
£29K-£34,999	23.9	74.6	1.5	67
>£35K	16.0	82.4	1.6	125
	19.8	78.5	1.7	768

	Children/grandchildren	Own care	Parents' care	N
Personal income				
<£8,000	18.0	82.0		128
£8K-£14,999	23.7	72.8	3.6	169
£15K-£22,999	19.0	79.4	1.6	126
£23K-£28,999	14.0	86.0	0	50
£29K-£34,999	15.4	76.9	7.7	13
>£35K	14.7	79.4	5.9	34
	19.4	78.5	2.1	520
Reduced personal income				
<£15K	21.2	76.8	2.0	297
£15K-£28,999	17.6	81.3	1.1	176
>£29K	14.9	78.7	6.4	47
	19.4	78.5	2.1	520
Consist				
Pro-state	26.8	71.9	1.3	153
Mixed economy	18.8	79.6	1.6	309
Pro-self	15.3	82.8	1.9	157
Inconsistent	19.1	78.5	2.4	288
	19.6	78.5	1.9	907
Party affiliation				
Conservative	13.3	83.4	3.3	211
Labour	22.4	76.5	1.1	370
Liberal Democrat	17.0	83.0	0.0	100
Other/none	22.6	74.5	2.9	239
	19.8	78.3	2.0	920

(ix) Chi square statistics: most important reason for saving for couple in retirement.

	Pearson	DoF	p=	Minimum expected frequency
Sex	2.910	2	.233	9.36
Working age status	.422	2	.810	2.68: 1 (16.7%)<5
Life-stage	4.896	4	.298	5.17
Married, cohabiting/single	2.026	2	.363	5.15
Long standing illness/impairment	.602	6	.996	1.09: 3 (25%)<5
Caring experience	6.379	4	.173	4.69: 2 (22.2%)<5
Social class	9.391	10	.495	.87: 5 (27.8%)<5
Currently in paid work (10hrs+ per week)	1.182	2	.554	7.44
Employed or self employed (any hrs per week)	.024	2	.988	2.99: 1 (16.7%)<5
Unemployed in last five years	4.044	4	.400	1.28: 2 (22.2%)<5
Currently unemployed	3.656	2	.161	1.28: 1 (16.7%)<5
Wholly retired	.069	2	.966	2.62: 1 (16.7%)<5
Household income	7.228	10	.704	1.13: 6 (33.3%)<5
Personal income	14.027	10	.172	0.28: 7 (38.9%)<5
Reduced personal income	6.423	4	.170	.99: 2 (22.2%)<5
Home status	4.405	4	.354	4.44: 2 (22.2%)<5
Consist	7.789	6	.254	2.87: 2 (16.7%)<5
Party	15.330	6	.018	1.96: 3 (25.0%)<5
Party (Conservative/Labour/Lib-dem only)	13.238	4	.010	1.62: 2 (22.2%)<5

Table A1-47: Use of money with lower outgoings

(i) Frequencies: If your monthly outgoings were much lower, how do you think you would use the extra money?

	Buy new things for your home		Make improvements to your home		Save (bank/building society)		Invest (pension/savings plan)		Buy stocks, shares or unit trusts		Spend more on yourself or your family		Spend more on day to day needs?		Move house and get a bigger mortgage (Home owners only)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Very likely	308	32.4	288	30.4	254	26.7	148	15.6	41	4.3	316	33.3	261	27.4	38	4.0
Fairly likely	311	32.7	259	27.3	383	40.3	252	26.5	98	10.4	438	46.1	369	38.8	53	5.6
Not very likely	250	26.3	258	27.2	209	22.0	299	31.5	284	29.9	140	14.8	248	26.2	146	15.4
Not at all likely	73	7.7	133	14.0	90	9.5	229	24.1	506	53.3	45	4.7	60	6.3	436	45.9
Don't know	6	.6	7	.8	11	1.2	17	1.8	15	1.6	6	.6	9	1.0	22	2.4
Refused	3	.3	4	.4	3	.4	5	.6	5	.5	4	.5	3	.3	28	3.0
Missing															226	23.8
Total	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0

(ii) Crosstabulations: Would you put spare money released from fewer outgoings into a bank or buildings society account? (%)

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Sex					
Male	29.5	36.7	23.9	10.0	461
Female	24.8	45.1	20.8	9.3	475
	27.1	40.9	22.3	9.6	936
Working age status					
Working age	28.1	39.6	23.0	9.3	804
Retired age	21.5	49.2	17.7	11.5	130
	27.2	40.9	22.3	9.6	934
Life stage					
25-39	28.7	37.5	23.3	10.5	373
40-54	28.7	40.4	22.6	8.3	314
55-70	23.3	46.5	20.4	9.8	245
	27.3	40.9	22.3	9.5	932
Cohabiting/Single					
Married/cohabiting	27.8	41.6	22.8	7.8	694
Single	25.3	39.0	20.7	14.9	241
	27.2	41.0	22.2	9.6	935
Long standing illness/impairment					
None	27.5	41.6	21.9	9.0	666
Yes, but no impact on activities / no assistance	30.3	38.5	24.8	6.4	109
Yes, receives assistance	20.8	37.5	31.3	10.4	48
Yes impacts on activities / no assistance	22.6	43.4	18.9	15.1	106
	26.9	41.2	22.4	9.5	929
Caring experience					
Current	28.6	36.1	26.9	8.4	238
Past	21.8	40.6	24.5	13.1	229
None	28.8	43.6	18.8	8.8	468
	27.1	41.0	22.2	9.7	935
Social Class					
I	24.4	46.3	19.5	9.8	41
II	29.9	41.6	20.8	7.7	221
III (nm)	22.6	42.8	25.2	9.4	159
III (m)	29.2	34.2	28.6	8.1	161
IV	26.9	51.9	15.4	5.8	104
V	28.9	37.8	24.4	8.9	45
	27.4	41.7	22.8	8.1	731
Currently in paid work (10hrs+ per week)					
Working	27.6	41.6	23.4	7.4	580
Not working	26.3	40.1	20.4	13.2	357
	27.1	41.0	22.3	9.6	937
Employed or self employed (any hrs per week)					
Employed	27.7	42.4	22.8	7.1	606
Self employed	24.6	40.0	22.3	13.1	130
	27.2	42.0	22.7	8.2	736
Unemployed in the last five years					
Currently unemployed	27.0	38.1	15.9	19.0	63
Unemployed in last 5 years	29.7	33.8	25.5	11.0	145
Not unemployed in last 5 years	26.7	42.7	22.0	8.5	726
	27.2	41.0	22.2	9.6	934
Wholly retired					
Retired	25.4	42.4	24.6	7.6	118
Not retired	27.4	40.8	22.0	9.8	818
	27.1	41.0	22.3	9.5	936
Household income					
<£8,000	24.6	30.5	25.1	19.8	167
£8K-£14,999	26.6	39.6	24.7	9.1	154
£15K-£22,999	32.7	39.2	21.6	6.4	171
£23K-£28,999	25.6	52.2	17.8	4.4	90
£29K-£34,999	29.4	36.8	26.5	7.4	68
>£35K	24.4	45.8	21.4	8.4	131
	27.3	39.8	22.9	10.0	781

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Personal income					
<£8,000	22.7	39.1	30.5	7.8	128
£8K-£14,999	31.0	42.0	20.7	6.3	174
£15K-£22,999	30.1	42.9	21.8	5.3	133
£23K-£28,999	26.4	34.0	30.2	9.4	53
£29K-£34,999	15.4	46.2	23.1	15.4	13
>£35K	26.5	44.1	17.6	11.8	34
	27.7	40.9	24.1	7.3	535
Reduced personal income					
<£15K	27.4	40.9	24.8	6.9	303
£15K-£28,999	29.0	40.3	24.2	6.5	186
>£29K	23.4	44.7	19.1	12.8	47
	27.6	41.0	24.1	7.3	536
Home status					
Own outright	29.3	41.8	20.7	8.2	232
Mortgage	25.2	43.9	23.7	7.3	481
Renting	29.1	33.6	20.9	16.4	220
	27.1	40.9	22.3	9.6	933
Consist					
Pro-state	29.9	35.0	22.9	12.1	157
Mixed economy	26.3	45.7	21.3	6.7	315
Pro-self	28.4	40.0	21.9	9.7	155
Inconsistent	25.1	39.9	23.4	11.7	291
	26.9	41.1	22.3	9.7	918
Party affiliation					
Conservative	26.8	46.0	21.6	5.6	213
Labour	27.0	35.4	24.7	12.9	381
Liberal Democrat	27.0	46.0	19.0	8.0	100
Other/none	27.5	42.9	20.8	8.8	240
	27.1	40.9	22.4	9.6	934

(iii) Chi square statistics

Would you put spare money released from fewer outgoings into an account?

	Pearson	DoF	p=	Minimum expected frequency
Sex	6.978	3	.073	44.33
Working age status	6.328	3	.097	12.53
Life-stage	6.337	6	.386	22.40
Married, cohabiting/single	10.562	3	.014	23.20
Long standing illness/impairment	9.826	9	.365	4.55: 1 (6.3%)<5
Caring experience	14.072	6	.029	22.29
Social class	14.530	15	.486	3.31: 2 (8.3%)<5
Currently in paid work (10hrs+ per week)	8.751	3	.033	34.29
Employed or self employed (any hrs per week)	5.236	3	.155	10.60
Unemployed in last five years	11.718	6	.069	6.07
Currently unemployed	7.600	3	.055	6.06
Wholly retired	1.014	3	.798	11.22
Household income	35.475	15	.002	6.79
Personal income	12.133	15	.669	.95: 5 (20.8%)<5
Reduced personal income	3.322	6	.768	3.42: 1 (8.3%)<5
Home status	19.811	6	.003	21.22
Consist	9.692	9	.376	15.03
Party	14.888	9	.094	9.64
Party (Conservative/Labour/Lib-dem only)	13.747	6	.033	9.94

(iv) Chi square statistics: Would you put spare money released from fewer outgoings into an account, Likely versus Not likely?

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.448	1	.229	147.42
Working age status	.497	1	.481	41.48
Life-stage	1.136	2	.567	78.43
Married, cohabiting/single	2.174	1	.140	76.81
Long standing illness/impairment	2.750	3	.432	15.35
Caring experience	8.669	2	.013	73.23
Social class	9.614	5	.087	12.64
Currently in paid work (10hrs+ per week)	.893	1	.345	113.46
Employed or self employed (any hrs per week)	1.257	1	.262	39.67
Unemployed in last five years	2.772	2	.250	20.03
Currently unemployed	.637	1	.425	20.15
Wholly retired	.007	1	.934	37.61
Household income	16.253	5	.006	22.74
Personal income	8.227	5	.144	3.75: 1 (8.3%) <5
Reduced personal income	.076	2	.963	14.76
Home status	4.001	2	.135	69.38
Consist	4.122	3	.249	49.26
Party	9.293	3	.026	32.19
Party (Conservative/Labour/Lib-dem only)	8.292	2	.016	33.04

(v) Crosstabulations: Would you spend spare money released from fewer outgoings on day-to-day needs?

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Sex	28.5	40.0	24.2	7.3	
Male	27.1	38.9	28.8	5.3	463
Female	27.8	39.4	26.5	6.3	473
					936
Working age status					
Working age	28.0	39.6	26.3	6.1	806
Retired age	26.4	37.2	27.9	8.5	129
	27.8	39.3	26.5	6.4	935
Life-stage					
25-39	28.1	41.4	26.2	4.3	374
40-54	27.8	37.4	27.5	7.3	313
55-70	27.3	38.6	26.1	8.0	249
	27.8	39.3	26.6	6.3	936
Cohabiting/Single					
Married/cohabiting	26.6	40.0	26.9	6.5	692
Single	30.9	37.4	25.6	6.1	246
	27.7	39.3	26.5	6.4	938
Long standing illness/impairment					
None	27.2	39.5	26.9	6.4	669
Yes, but no impact on activities/ no assistance	25.9	33.3	32.4	8.3	108
Yes, receives assistance	34.7	38.8	22.4	4.1	49
Yes impacts on activities/ no assistance	30.3	43.1	21.1	5.5	109
	27.8	39.1	26.6	6.4	935
Caring experience					
Current	32.9	36.3	25.7	5.1	237
Past	25.6	38.8	28.6	7.0	227
None	26.3	41.2	25.9	6.6	471
	27.8	39.4	26.5	6.3	935
Social Class					
I	14.3	31.0	47.6	7.1	42
II	19.0	40.3	34.8	5.9	221
III (nm)	19.5	45.9	27.7	6.9	159
III (m)	34.2	34.8	22.4	8.7	161
IV	29.1	47.6	21.4	1.9	103
V	26.7	42.2	20.0	11.1	45
	24.1	40.9	28.5	6.6	731

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Currently in paid work (10hrs+ per week)					
Working	22.4	40.3	31.0	6.4	581
Not working	36.7	37.8	19.3	6.2	357
	27.8	39.3	26.5	6.3	938
Employed or self employed (any hrs per week)					
Employed	23.8	42.3	27.9	6.0	605
Self employed	25.4	33.8	31.5	9.2	130
	24.1	40.8	28.6	6.5	735
Unemployed in the last five years					
Currently unemployed	52.4	36.5	9.5	1.6	63
Unemployed in last 5 years	21.1	47.6	27.2	4.1	147
Not unemployed in last 5 years	26.9	38.0	27.8	7.3	729
	27.7	39.4	26.5	6.4	939
Wholly retired					
Retired	26.3	43.2	22.9	7.6	118
Not retired	28.0	38.8	27.0	6.2	819
	27.7	39.4	26.5	6.4	937
Household income					
<£8,000	44.6	40.4	12.0	3.0	166
£8K-£14,999	36.1	40.6	20.0	3.2	155
£15K-£22,999	22.7	41.3	29.7	6.4	172
£23K-£28,999	14.6	40.4	34.8	10.1	89
£29K-£34,999	15.7	40.0	32.9	11.4	70
>£35K	12.2	34.4	42.7	10.7	131
	26.7	39.6	27.1	6.6	783
Personal income					
<£8,000	27.5	42.0	25.2	5.3	131
£8K-£14,999	22.3	44.6	28.0	5.1	175
£15K-£22,999	18.8	44.4	29.3	7.5	133
£23K-£28,999	18.9	22.6	49.1	9.4	53
£29K-£34,999	7.7	23.1	61.5	7.7	13
>£35K	11.8	38.2	41.2	8.8	34
	21.3	40.8	31.4	6.5	539
Reduced personal income					
<£15K	24.6	43.6	26.6	5.2	305
£15K-£28,999	18.9	38.4	34.6	8.1	185
>£29K	12.5	33.3	45.8	8.3	48
	21.6	40.9	31.0	6.5	538
Home status					
Own outright	23.6	38.6	28.8	9.0	233
Mortgage	23.4	40.3	30.9	5.4	479
Renting	41.2	38.0	15.4	5.4	221
	27.7	39.3	26.7	6.3	933
Consist					
Pro-state	35.4	37.3	22.2	5.1	158
Mixed economy	20.5	42.0	31.4	6.1	312
Pro-self	24.7	37.3	31.6	6.3	158
Inconsistent	33.6	38.0	20.9	7.5	292
	27.9	39.1	26.5	6.4	920
Party affiliation					
Conservative	17.5	39.2	36.3	7.1	212
Labour	33.6	40.2	21.5	4.7	381
Liberal Democrat	18.6	39.2	38.2	3.9	102
Other/none	31.8	37.6	21.1	9.5	242
	27.9	39.2	26.6	6.4	937
Party affiliation					
Conservative	17.5	39.2	36.3	7.1	212
Labour	33.6	40.2	21.5	4.7	381
Liberal Democrat	18.6	39.2	38.2	3.9	102
	26.5	39.7	28.5	5.3	695

(vi) Chi square statistics: Would you spend spare money released from fewer outgoings on day-to-day needs?

	Pearson	DoF	p=	Minimum expected frequency
Sex	3.653	3	.301	29.18
Working age status	1.418	3	.701	8.28
Life-stage	5.089	6	.532	15.70
Married, cohabiting/single	1.689	3	.639	15.74
Long standing illness/impairment	6.811	9	.657	3.14: 1 (6.3%)<5
Caring experience	5.337	6	.501	14.32
Social class	37.832	15	.001	2.76: 2 (8.3%)<5
Currently in paid work (10hrs+ per week)	27.962	3	.000	22.46
Employed or self employed (any hrs per week)	4.241	3	.237	8.49
Unemployed in last five years	31.130	6	.000	4.03: 1 (8.3%)<5
Currently unemployed	24.519	3	.000	3.96: 1 (12.5%)<5
Wholly retired	1.583	3	.663	7.56
Household income	90.694	15	.000	4.65: 1 (4.2%)<5
Personal income	26.448	15	.034	.84: 4 (20.8%)<5
Reduced personal income	13.063	6	.042	3.12: 1 (8.3%)<5
Home status	37.082	6	.000	13.98
Consist	24.329	9	.004	10.13
Party	43.125	9	.000	6.53
Party (Conservative/Labour/Lib-dem only)	32.542	6	.000	5.43

(vii) Chi square statistics: Would you spend spare money released from fewer outgoings on day-to-day needs, Likely versus Not likely?

	Pearson	DoF	p=	Minimum expected frequency
Sex	.742	1	.389	152.19
Working age status	.844	1	.328	42.45
Life-stage	1.748	2	.417	82.02
Married, cohabiting/single	.205	1	.651	80.86
Long standing illness/impairment	5.983	3	.112	16.23
Caring experience	1.387	2	.500	75.27
Social class	17.569	5	.004	14.73
Currently in paid work (10hrs+ per week)	13.900	1	.000	117.02
Employed or self employed (any hrs per week)	2.193	1	.139	45.69
Unemployed in last five years	15.091	2	.001	20.40
Currently unemployed	14.013	1	.000	20.38
Wholly retired	.341	1	.559	38.79
Household income	62.950	5	.000	23.21
Personal income	21.647	5	.001	4.52: 1 (8.3%)<5
Reduced personal income	12.708	2	.002	17.68
Home status	19.538	2	.000	72.88
Consist	9.341	3	.025	51.76
Party	22.928	3	.000	33.01
Party (Conservative/Labour/Lib-dem only)	21.993	2	.000	33.77

(viii) Chi-square summary table: Would you spend spare money released from fewer outgoings on buying a larger house? (Home owners only)

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Sex					
Male	4.6	7.9	24.7	62.8	328
Female	6.4	7.8	18.9	66.9	344
	5.5	7.9	21.7	64.9	672
Working age status					
Working age	6.4	9.2	24.5	59.9	576
Retired age	0.0	0.0	4.2	95.8	95
	5.5	7.9	21.6	65.0	671
Life-stage					
25-39	11.4	14.8	34.5	39.3	229
40-54	3.8	7.9	20.4	67.9	240
55-70	1.5		8.4	90.1	203
	5.7	7.9	21.6	64.9	672

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Cohabiting/Single					
Married/cohabiting	5.7	8.1	22.2	64.0	559
Single	5.3	7.1	19.5	68.1	113
	5.7	7.9	21.7	64.7	672
Long standing illness/impairment					
None	5.9	9.0	24.6	60.5	488
Yes, but no impact on activities / no assistance	5.1	3.8	15.4	75.6	78
Yes, receives assistance	3.1	12.5	15.6	68.8	32
Yes impacts on activities / no assistance	4.3	1.4	11.6	82.6	69
	5.5	7.8	21.7	64.9	667
Caring experience					
Current	4.0	6.4	20.8	68.8	173
Past	5.8	8.2	14.6	71.3	171
None	6.4	8.8	25.8	59.1	330
	5.6	8.0	21.7	64.7	674
Social Class					
I	5.3	21.1	21.1	52.6	38
II	6.0	8.2	25.1	60.7	183
III (nm)	8.7	8.7	26.0	56.7	127
III (m)	4.6	9.2	24.8	61.5	109
IV	4.5	9.0	26.9	59.7	67
V	4.0	4.0	16.0	76.0	25
	6.0	9.3	24.8	59.9	549
Currently in paid work (10hrs+ per week)					
Working	6.0	10.0	27.3	56.7	450
Not working	4.9	3.6	10.3	81.2	223
	5.6	7.9	21.7	64.8	673
Employed or self employed (any hrs per week)					
Employed	5.5	10.6	25.1	58.8	451
Self employed	8.8	3.9	21.6	65.7	102
	6.1	9.4	24.4	60.0	553
Unemployed in the last five years					
Currently unemployed	5.0	0.0	30.0	65.0	221
Unemployed in last 5 years	1.1	16.5	23.1	59.3	155
Not unemployed in last 5 years	6.3	6.8	21.3	65.7	40
	5.5	7.9	21.8	64.8	416
Wholly retired					
Retired	.0	2.2	3.2	94.6	93
Not retired	6.4	9.0	24.7	59.9	579
	5.5	8.0	21.7	64.7	672
Household income					
<£8,000	1.4	2.7	6.8	89.0	73
£8K-£14,999	4.0	5.9	19.8	70.3	101
£15K-£22,999	9.7	6.7	28.4	55.2	134
£23K-£28,999	4.0	9.3	26.7	60.0	75
£29K-£34,999	4.8	17.5	27.0	50.8	63
>£35K	6.7	8.4	26.1	58.8	119
	5.7	8.0	23.2	63.2	565
Personal income					
<£8,000	6.9	11.8	21.6	59.8	102
£8K-£14,999	4.2	6.7	36.1	52.9	119
£15K-£22,999	8.5	10.4	28.3	52.8	106
£23K-£28,999	0.0	12.2	30.6	57.1	49
£29K-£34,999	0.0	9.1	18.2	72.7	11
>£35K	10.7	7.1	28.6	53.6	28
	5.8	9.6	28.9	55.7	415
Reduced personal income					
<£15K	5.9	9.0	29.0	56.1	221
£15K-£28,999	5.8	11.0	29.0	54.2	155
>£29K	7.5	7.5	27.5	57.5	40
	6.0	9.6	28.8	55.5	416

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Home status					
Own outright	19	4.7	9.4	84.0	213
Mortgage	72	9.4	27.5	56.0	459
	5.5	7.9	21.7	64.9	
Consist					
Pro-state	2.8	6.5	22.4	68.2	107
Mixed economy	8.4	10.0	19.7	61.9	239
Pro-self	4.4	7.0	27.2	61.4	114
Inconsistent	5.0	6.5	21.1	67.3	199
	5.8	7.9	21.9	64.5	659
Party affiliation					
Conservative	7.6	5.9	24.3	62.2	185
Labour	5.3	8.6	24.1	62.0	245
Liberal Democrat	5.4		23.0	71.6	74
Other/none	4.2	13.3	13.9	68.7	166
	5.7	8.1	21.5	64.8	670

(ix) Chi square statistics: Would you spend spare money released from fewer outgoings on buying a larger house?

	Pearson	DoF	p=	Minimum expected frequency
Sex	4.039	3	.257	18.06
Working age status	46.517	3	.000	5.24
Life-stage	128.709	6	.000	11.48
Married, cohabiting/single	.703	3	.872	6.39
Long standing illness/impairment	21.017	9	.013	1.78: 4 (25.0%)<5
Caring experience	11.691	6	.069	9.64
Social class	11.919	15	.685	1.50: 5 (20.8%)<5
Currently in paid work (10hrs+ per week)	41.810	3	.000	12.59
Employed or self employed (any hrs per week)	6.532	3	.088	6.27
Unemployed in last five years	15.980	6	.014	1.10: 3 (25.0%)<5
Currently unemployed	2.285	3	.515	1.10: 3 (37.5%)<5
Wholly retired	42.498	3	.000	5.12
Household income	41.604	15	.000	3.57: 3 (12.5%)<5
Personal income	14.622	15	.479	.64: 7 (29.2%)<5
Reduced personal income	.838	6	.991	2.40: 2 (16.7%)<5
Home status	50.966	3	.000	11.73
Consist	10.196	9	.335	6.17
Party	21.921	9	.009	4.20: 1 (6.3%)<5
Party (Conservative/Labour/Lib-dem only)	8.550	6	.200	4.55: 2 (16.7%)<5

(x) Chi square statistics: Would you spend spare money released from fewer outgoings on a larger house, Likely versus Not likely?

	Pearson	DoF	p=	Minimum expected frequency
Sex	.281	1	.596	44.35
Working age status	17.177	1	.000	17.76
Life-stage	57.300	2	.000	27.49
Married, cohabiting/single	.146	1	.702	15.27
Long standing illness/impairment	6.393	3	.094	4.45: 1 (12.5%)<5
Caring experience	2.006	2	.367	23.12
Social class	5.545	5	.353	3.90: 1 (8.3%)<5
Currently in paid work (10hrs+ per week)	8.302	1	.004	30.02
Employed or self employed (any hrs per week)	.764	1	.382	15.89
Unemployed in last five years	2.662	2	.264	2.68: 1 (16.7%)<5
Currently unemployed	1.252	1	.263	2.68: 1 (25.0%)<5
Wholly retired	12.130	1	.000	12.71
Household income	11.101	5	.049	8.45
Personal income	3.949	5	.557	1.87: 2 (16.7%)<5
Reduced personal income	.264	2	.876	6.24
Home status	12.505	1	.000	28.53
Consist	7.522	3	.057	14.50
Party	5.990	3	.112	10.17
Party (Conservative/Labour/Lib-dem only)	1.110	2	.128	9.34

(xi) Chi-square summary table: Would you put spare money released from fewer outgoings into a pension or some sort of savings plan?

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Sex					
Male	17.6	28.7	29.8	23.9	460
Female	14.3	25.6	34.6	25.4	468
	15.9	27.2	32.2	24.7	928
Working age status					
Working age	17.5	29.6	31.7	21.2	796
Retired age	6.3	12.5	35.2	46.1	128
	15.9	27.3	32.1	24.7	924
Life stage					
25-39	17.7	31.7	31.7	18.8	372
40-54	19.6	28.3	32.8	19.3	311
55-70	9.0	18.9	31.6	40.6	244
	16.1	27.2	32.0	24.7	927
Cohabiting/Single					
Married/cohabiting	16.9	28.1	31.3	23.7	687
Single	13.4	24.7	34.7	27.2	239
	16.0	27.2	32.2	24.6	926
Long standing illness/impairment					
None	15.8	29.5	32.7	22.0	664
Yes, but no impact on activities / no assistance	14.8	17.6	35.2	33.4	108
Yes, receives assistance	19.6	17.4	30.4	32.6	46
Yes impacts on activities / no assistance	15.2	27.6	28.6	28.6	105
	15.8	27.3	32.4	24.5	923
Caring experience					
Current	16.3	25.3	33.5	24.9	233
Past	11.4	27.2	32.9	28.5	228
None	17.8	28.2	31.4	22.6	465
	15.9	27.2	32.3	24.6	926
Social Class					
I	22.0	36.6	24.4	17.1	41
II	19.5	33.0	29.4	18.1	221
III (nm)	17.1	26.6	38.0	18.4	158
III (m)	17.0	22.0	36.5	24.5	159
IV	10.7	38.8	34.0	16.5	103
V	15.6	20.0	31.1	33.3	45
	17.1	29.4	33.3	20.2	
Currently in paid work (10hrs+ per week)					
Working	19.6	31.5	31.5	17.3	577
Not working	10.0	19.9	33.3	36.8	351
	15.9	27.2	32.2	24.7	928
Employed or self employed (any hrs per week)					
Employed	17.1	27.5	34.9	20.5	604
Self employed	18.0	38.3	25.8	18.0	128
	17.2	29.4	33.3	20.1	732
Unemployed in the last five years					
Currently unemployed	16.4	21.3	27.9	34.4	61
Unemployed in last 5 years	17.1	31.5	34.9	16.4	146
Not unemployed in last 5 years	15.6	27.0	32.0	25.5	719
	15.9	27.3	32.2	24.6	926
Wholly retired					
Retired	7.6	14.4	35.6	42.4	118
Not retired	17.2	29.0	31.7	22.1	810
	15.9	27.2	32.2	24.7	928
Household income					
<£8,000	8.0	14.1	35.0	42.9	163
£8K-£14,999	14.3	28.6	33.1	24.0	154
£15K-£22,999	15.8	31.0	34.5	18.7	171
£23K-£28,999	18.9	32.2	32.2	16.7	90
£29K-£34,999	16.2	30.9	47.1	5.9	68
>£35K	27.5	29.0	25.2	18.3	131
	16.2	26.8	33.6	23.4	777

	Very likely	Fairly likely	Not very likely	Not at all likely	N
Personal income					
<£8,000	10.7	29.0	39.7	20.6	131
£8K-£14,999	19.7	32.4	34.1	13.9	173
£15K-£22,999	19.2	33.8	29.2	17.7	130
£23K-£28,999	32.1	22.6	34.0	11.3	53
£29K-£34,999	23.1	53.8	23.1		13
>£35K	38.9	36.1	11.1	13.9	36
	20.0	31.7	32.5	15.9	536
Reduced personal income					
<£15K	15.8	30.7	36.6	16.8	303
£15K-£28,999	22.8	31.0	30.4	15.8	184
>£29K	36.2	40.4	12.8	10.6	47
	20.0	31.6	32.4	15.9	534
Home status					
Own outright	8.5	23.4	34.0	34.0	235
Mortgage	20.6	30.1	32.2	17.2	472
Renting	13.9	25.5	30.6	30.1	216
	15.9	27.3	32.3	24.5	923
Consist					
Pro-state	12.7	21.0	38.2	28.0	157
Mixed economy	18.7	33.2	30.0	18.1	310
Pro-self	23.9	27.7	30.3	18.1	155
Inconsistent	10.4	24.3	31.9	33.3	288
	15.9	27.4	32.1	24.6	910
Party affiliation					
Conservative	23.3	31.0	32.4	13.3	210
Labour	12.1	24.5	35.6	27.7	379
Liberal Democrat	15.3	29.6	33.7	21.4	98
Other/none	15.5	27.3	26.1	31.1	238
	15.9	27.2	32.2	24.6	925

(xii) Chi square statistics: Would you put spare money released from fewer outgoings into a pension or some sort of savings plan?

	Pearson	DoF	p=	Minimum expected frequency
Sex	4.271	3	.234	73.36
Working age status	48.646	3	.000	20.36
Life stage	53.684	6	.000	39.22
Married, cohabiting/single	3.629	3	.304	38.20
Long standing illness/impairment	14.302	9	.112	7.28
Caring experience	6.939	6	.326	36.19
Social class	23.921	15	.066	6.99
Currently in paid work (10hrs+ per week)	57.033	3	.000	55.98
Employed or self employed (any hrs per week)	7.243	3	.065	22.03
Unemployed in last five years	9.224	6	.161	9.68
Currently unemployed	3.707	3	.295	9.68
Wholly retired	31.594	3	.000	18.82
Household income	77.530	15	.000	11.03
Personal income	33.749	15	.004	2.06: 4 (16.7%) < 5
Reduced personal income	19.212	6	.004	7.48
Home status	40.237	6	.000	34.40
Consist	41.482	9	.000	24.70
Party	33.999	9	.000	15.57
Party (Conservative/Labour/Lib-dem only)	25.821	6	.000	15.69

(xiii) Chi square statistics:

Would you put spare money released from fewer outgoings into a pension or some sort of savings plan?

	Pearson	DoF	p=	Minimum expected frequency
Sex	3.564	1	.059	197.78
Working age status	36.775	1	.000	55.64
Life-stage	31.828	2	.000	105.36
Married, cohabiting/single	3.551	1	.060	103.45
Long standing illness/impairment	7.119	3	.068	19.81
Caring experience	3.862	2	.114	98.57
Social class	11.545	5	.042	18.60
Currently in paid work (10hrs+ per week)	40.041	1	.000	151.29
Employed or self employed (any hrs per week)	5.824	1	.016	59.63
Unemployed in last five years	2.626	2	.269	26.35
Currently unemployed	.789	1	.374	26.32
Wholly retired	24.341	1	.000	50.79
Household income	42.689	5	.000	29.23
Personal income	20.246	5	.001	6.27
Reduced personal income	14.878	2	.001	22.75
Home status	24.585	2	.000	93.84
Consist	28.034	3	.000	67.30
Party	18.192	3	.000	42.27
Party (Conservative/Labour/Lib-dem only)	18.105	2	.000	42.51

Table A1-48: Respondents wholly retired—current receipt of pensions

(i) Descriptive statistics: age of retired respondents (stage one)

	Minimum age	Maximum age	Mean
Men	54	70	64.77
Women	50	70	64.12
All	50	70	64.43

(ii) Frequencies: pensions currently received

	n	%	Valid %
Occupational and private pension	8	.8	6.3
Occupational pension only	62	6.5	51.4
Private pension only	6	.6	4.8
No non-state pension	43	4.5	35.3
Retired and refused to answer	3	.3	2.2
Retired/Total	121	12.7	100.0
Missing (non-retired)	829	87.3	
Total	950	100.0	

(iii) Frequencies: Retired respondents pension arrangements by sex/retired age status (n)

	Occupational and private	Occupational	Private	No non-state	N
Retired men, < retirement age	1	14	1	5	21
Retired women, < retirement age	1	2	1	2	6
Retired men, > retirement age	3	23	2	6	34
Retired women, > retirement age	2	22	2	31	57
Total	7	61	6	44	118

(iv) Retired respondents pension arrangements (non-state/no non-state) by sex/retired age status (%)

	Non-state pension	No non-state pension	N
Retired men, < retirement age	16	5	21
Retired women, < retirement age	4	2	6
Retired men, > retirement age	28	6	34
Retired women, > retirement age	27	31	58
	75	44	119
Pearson=13.801 DoF=3 p=.003 MEF=2.22: 2 (25%)<5			

Table A1-49: Respondents above state retirement age views about present state pension:

(i) Frequencies: On the whole, would you say the present state pension is ...

	n	%	Valid %
...on the low side	72	70.6	77.3
reasonable	18	1.9	19.6
or, on the high side?	0	0.0	0.0
Don't know/refused	3	0.3	3.1
Respondents below retirement age	857	90.2	Missing
Total	950	100	100

(ii) Frequencies: And do you expect your state pension in a year's time to purchase ...

	n	%	Valid %
...more than it does now	3	0.3	3.5
about the same	22	2.3	23.3
or, less than it does now	63	6.7	68.2
Don't know/refused	5	0.5	5.0
Respondents below retirement age	857	90.2	Missing
Total	950	100	100

APPENDIX 2: DESCRIPTIVE ANALYSIS

ATTITUDES TO HOUSING ASSETS

Table A2-5.1: Housing Status Of The Stage One Sample

(i) Frequencies

TENANCY			Summary: known tenancy status		
	N	%		N	%
Owens outright	237	25.0	Owens outright	237	25.0
Owens with a mortgage	486	51.2	Owens with a mortgage	486	51.2
Rented: local authority	120	12.7	All rented	222	23.3
Rented: housing association	26	2.7			
Rented: private unfurnished	38	4.0			
Rented: private furnished	33	3.5			
Rented: employer	3	3			
Rented: other	2	2			
Lives rent free	3	3	N/A	3	.3
Refused	2	2	N/A	2	.2
Total	950	100.0		945	99.5

(ii) Crosstabulations (%)

	Owens outright	Owens with a mortgage	Rented	N
Sex				
Male	26.6	50.1	23.3	467
Female	23.6	52.7	23.6	478
	25.1	51.4	23.5	945
Working age status				
Working age	19.2	57.5	23.3	814
Retired age	61.8	13.7	24.4	121
	25.1	51.4	23.5	945
Life stage				
25-39	8.0	60.3	31.7	375
40-54	19.9	60.9	19.2	317
55-70	57.1	26.2	16.7	252
	25.1	51.4	23.5	944
Cohabiting/Single				
Married/cohabiting	25.3	58.9	15.9	700
Single	24.5	30.2	45.3	245
	25.1	51.4	23.5	945
Long standing illness/impairment				
None	22.4	56.1	21.5	675
Yes, but no impact on activities/no assistance	38.2	39.1	22.7	110
Yes, receives assistance	27.1	45.8	27.1	48
Yes impacts on activities/no assistance	28.7	36.1	35.2	109
	25.2	51.3	23.4	941
Caring experience				
Current	28.7	47.3	24.1	237
Past	33.0	42.9	24.0	223
None	19.4	57.8	22.8	474
	25.1	51.5	23.4	944
Social Class				
I	16.7	78.6	4.8	42
II	23.2	65.6	11.2	224
III (nm)	20.1	62.9	17.0	159
III (m)	23.0	49.1	28.0	161
IV	19.8	53.8	26.4	106
V	23.4	44.7	31.9	47
	21.7	59.1	19.2	739

	Owens outright	Owens with a mortgage	Rented	N
Currently in paid work (10hrs+ per week)				
Working	17.0	66.2	16.8	582
Not working	38.0	27.8	34.2	363
	25.1	51.4	23.5	945
Employed or self employed (any hrs per week)				
Employed	19.6	60.2	20.1	611
Self employed	31.1	53.8	15.2	132
	21.7	59.1	19.2	743
Experienced unemployment: last 5 years				
Unemployed	19.4	24.2	56.5	62
Unemployed in last 5 years	17.7	50.3	32.0	147
Not unemployed in last 5 years	27.1	54.1	18.8	734
	25.1	51.5	23.3	943
Wholly retired				
Retired	66.7	13.3	20.0	120
Not retired	19.0	57.0	24.0	825
	25.1	51.4	23.5	945
Household income				
<£8,000	29.3	18.0	52.7	167
£8K-£14,999	28.6	39.0	32.5	154
£15K-£22,999	15.0	66.5	18.5	173
£23K-£28,999	17.6	69.2	13.2	91
£29K-£34,999	15.9	73.9	10.1	69
>£35K	19.7	73.5	6.8	132
	21.9	52.9	25.2	786
Personal income				
<£8,000	16.9	63.1	20.0	130
£8K-£14,999	18.4	58.0	23.6	174
£15K-£22,999	9.8	75.2	15.0	133
£23K-£28,999	11.3	83.0	5.7	53
£29K-£34,999	23.1	69.2	7.7	13
>£35K	14.7	76.5	8.8	34
	15.1	67.4	17.5	537
Reduced personal income				
<£15K	17.7	60.0	22.3	305
£15K-£28,999	10.2	77.4	12.4	186
>£29K	17.0	74.5	8.5	47
	15.1	67.3	71.7	538
Consist				
Pro-state	25.3	49.4	25.3	158
Mixed economy	24.9	54.3	20.8	317
Pro-self	26.8	51.0	22.3	157
Inconsistent	24.7	48.8	26.4	295
	25.2	51.1	23.6	927
Party affiliation				
Conservative	27.7	61.5	10.8	213
Labour	23.1	49.6	27.3	385
Liberal Democrat	23.0	54.0	23.0	100
Other/none	26.4	44.7	28.9	246
	25.0	51.5	23.5	944

(iii) Chi-square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.121	2	.0571	109.71
Working age status	123.971	2	.000	30.77
Life-stage	210.899	4	.000	9.26
Married, cohabiting/single	96.014	2	.000	52.56
Long-standing illness/impairment	29.260	6	.000	11.27
Caring experience	21.176	4	.000	54.55
Social class	36.302	10	.000	8.07
Currently in paid work (10hrs+ per week)	131.745	2	.000	85.28
Employed or self-employed (any hrs per week)	8.695	2	.013	25.411
Unemployed in the last five years	55.486	4	.000	14.46
Currently unemployed/not unemployed	41.471	2	.000	14.51
Currently retired	134.292	2	.000	28.19
Household income	169.932	10	.000	15.10
Personal income	22.245	10	.014	1.96:2(11.1%)<5
Reduced personal income	18.934	4	.001	7.08
Consist	3.552	6	.737	37.09
Party	28.214	6	.000	23.52
Party (Conservative/Labour/Lib-dem only)	22.188	4	.000	21.63

Table A2-52: Frequencies: Local authority renters likelihood of buying accommodation

	N	%
Very likely	10	8.2
Quite likely	14	11.4
Quite unlikely	18	14.7
Very unlikely	75	62.5
Not allowed to	2	2.0
Don't know	2	1.3
Total	120	100.0

Table A2-53 All renters preference: renting or buying

(i) Frequencies

	N	%
Prefer to rent	76	37.9
Prefer to buy	114	56.6
No preference/unsure	10	5.2
Refused	1	.3
Total	201	100.0

(ii) Chi-square: Working age status by renters preference

	Prefer to rent	Prefer to buy	N
Working age status			
Working age	36.0	64.0	161
Retired age	62.1	37.9	29
Total	40	60	190

Pearson=6.945

DoF=1

p=.008

Minimum expected frequency=11.60

Table A2-54 Home owners stating reasons for owning own home

(i) Frequencies

	All responses: Total % > 100 multiple Responses given		Most important reason: Includes responses of those giving only 1 reason*	
	N	%	N	%
Investment for the future	431	60.8	227	32.1
Cheaper buying than renting	331	46.7	94	13.3
Freer to make decisions about how to live	278	39.2	115	16.2
Security for old age	346	48.8	118	16.6
Buy another home in the future	318	44.9	62	8.7
To pass on	350	49.4	92	13.0
Total	708	100	707	100.0

* 1 respondent could not choose between other reasons given

(ii) Crosstabulations (%)

	Investment	Cheaper buying	Freedom	Security/old age	Buy again	To pass on	N
Sex							
Male	36.9	16.3	14.3	14.9	6.9	10.9	350
Female	27.5	10.4	18.2	18.2	10.6	15.1	357
	32.1	13.3	16.3	16.5	8.8	13.0	707
Working age status							
Working age	34.4	13.0	16.1	14.9	9.3	12.3	610
Retired age	17.7	15.6	16.7	28.1	5.2	16.7	96
	32.2	13.3	16.1	16.7	8.8	12.9	706
Life stage							
25-39	44.2	12.4	15.1	6.0	10.8	11.6	251
40-54	27.7	13.7	18.5	18.9	8.4	12.9	249
55-70	22.8	14.1	14.6	27.7	6.8	14.1	206
	32.2	13.3	16.1	16.9	8.8	12.7	706
Cohabiting/Single							
Married/cohabiting	32.2	12.1	15.2	16.8	9.2	13.5	578
Single	27.7	18.5	20.0	16.2	6.9	10.8	130
	32.2	13.3	16.1	16.7	8.8	13.0	708
Long standing illness/impairment							
None	34.3	12.0	16.7	15.5	9.1	12.4	516
Yes, but no impact on activities/no assistance	18.6	20.9	15.1	24.4	8.1	12.8	86
Yes, receives assistance	35.3	14.7	8.8	23.5	2.9	14.7	34
Yes impacts on activities/no assistance	32.3	14.5	17.4	11.6	7.2	15.9	69
	32.3	13.5	16.2	16.6	8.5	12.9	705
Caring experience							
Current	30.9	15.2	18.5	15.2	7.3	12.9	178
Past	24.3	10.4	17.3	23.1	8.7	16.2	173
None	36.4	13.7	14.6	14.3	9.5	11.5	357
	32.1	13.3	16.2	16.7	8.8	13.0	708
Social Class							
I	18.4	28.9	26.3	13.2	13.2	0.0	38
II	30.4	10.5	21.5	14.1	12.0	11.5	191
III (nm)	34.8	8.3	16.7	18.2	12.1	9.8	132
III (m)	38.3	13.9	9.6	15.7	6.1	16.5	115
IV	38.5	16.7	7.7	14.1	5.1	17.9	78
V	27.6	27.6	13.8	13.8	0.0	17.2	29
	33.1	13.6	16.1	15.3	9.4	12.5	583
Currently in paid work (10hrs+ per week)							
Working	34.3	12.9	16.1	14.4	9.7	12.5	472
Not working	27.7	14.0	16.6	21.3	6.4	14.0	235
	32.1	13.3	16.3	16.7	8.6	13.0	707
Employed or self employed (any hrs per week)							
Employed	31.6	13.0	16.3	15.1	10.0	14.0	478
Self employed	40.6	17.0	15.1	16.0	6.6	4.7	106
	33.2	13.7	16.1	15.2	9.4	12.3	584

	Investment	Cheaper buying	Freedom	Security/old age	Buy again	To pass on	N
Experienced unemployment: last 5 years							
Currently unemployed	44.0	0.0	12.0	16.0	8.0	20.0	25
Unemployed in last 5 years	27.6	15.3	20.4	10.2	16.3	10.2	98
Not unemployed in last 5 years	32.5	13.6	15.6	17.7	7.4	13.2	582
	32.2	13.3	16.2	16.6	8.7	13.0	705
Wholly retired							
Retired	22.9	13.5	16.7	25.0	4.2	17.7	96
Not retired	33.6	13.3	16.0	15.4	9.5	12.3	611
	32.1	13.3	16.1	16.6	8.8	13.0	707
Household income							
<£8,000	26.0	19.5	10.4	16.9	6.5	20.8	77
£8K-£14,999	31.4	18.6	17.6	15.7	4.9	11.8	102
£15K-£22,999	38.7	8.8	16.8	18.2	7.3	10.2	137
£23K-£28,999	37.7	18.2	13.0	6.5	11.7	13.0	77
£29K-£34,999	24.2	12.9	19.4	16.1	17.7	9.7	62
>£35K	32.5	11.1	23.1	12.8	13.7	6.8	117
	32.7	14.2	17.1	14.7	9.8	11.5	572
Personal income							
<£8,000	37.3	12.7	9.8	12.7	8.8	18.6	102
£8K-£14,999	37.4	16.0	9.2	20.6	9.2	7.6	131
	35.5	10.0	18.2	6.4	10.9	19.1	110
£23K-£28,999	27.1	8.3	29.2	20.8	10.4	4.2	48
£29K-£34,999	45.5	9.1	9.1	18.2	18.2	0.0	11
>£35K	21.4	10.7	39.3	14.3	7.1	7.1	28
	34.9	12.3	15.8	14.7	9.8	12.6	430
Reduced personal income							
<£15K	37.3	14.6	9.4	17.2	9.0	12.4	213
£15K-£28,999	32.3	9.9	21.7	10.6	11.2	14.3	161
£29K+	28.2	10.3	30.8	15.4	10.3	5.1	39
	34.6	12.5	15.9	14.5	9.9	12.5	433
Home status							
Own outright	27.8	13.7	15.8	24.4	5.1	13.2	234
Mortgage	34.3	13.1	16.3	12.9	10.4	12.9	472
	32.2	13.3	16.1	16.7	8.6	13.0	706
Consist							
Pro-state	28.2	14.5	25.6	10.3	5.1	16.2	117
Mixed economy	34.0	12.3	16.4	19.3	9.0	9.0	244
Pro-self	31.1	10.9	17.6	19.3	10.1	10.9	119
Inconsistent	32.7	15.4	10.7	16.4	9.8	15.0	214
	32.1	13.4	16.4	16.9	8.8	12.4	694
Party affiliation							
Conservative	28.3	8.7	23.4	21.2	9.2	9.2	184
Labour	33.6	16.1	13.5	13.9	6.9	16.1	274
Liberal Democrat	34.7	12.0	16.0	17.3	10.7	9.3	75
Other/none	32.4	14.5	13.3	16.2	10.4	13.3	173
	32.0	13.3	16.3	16.7	8.8	12.9	706

(iii) Chi square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	17.766	5	.005	30.69
Working age status	19.176	5	.002	8.43
Life-stage	55.251	10	.000	18.09
Married, cohabiting/single	6.977	5	.222	11.38
Long standing illness/impairment	19.381	15	.197	2.89: 3 (12.5%)<5
Caring experience	16.819	10	.078	15.15
Social class	51.968	25	.001	2.74: 7 (19.4%)<5
Currently in paid work (10hrs+ per week)	9.120	5	.104	20.28
Employed or self employed (any hrs per week)	10.433	5	.064	9.98
Unemployed in the last five years	19.0	10	.040	2.16: 5 (27.8%)<5
Currently unemployed/not unemployed	5.834	5	.323	2.16: 5 (41.7%)<5
Wholly retired	12.109	5	.033	8.42
Household income	41.696	25	.019	6.07
Personal income	52.878	25	.001	1.07: 12 (33.3%)<5
Reduced personal income	23.431	10	.009	3.87: 3 (16.7%)<5
Home status	19.391	5	.002	20.22
Consist	24.366	15	.059	10.28
Party	22.188	15	.062	6.59
Party (Conservative/Labour/Lib-dem only)	21.791	10	.016	6.19

Table A2-5.5: Security for old age a reason for owning one's own home

(i) Frequencies

	N	%	Valid%
Security for old age most important reason	118	12.4	16.6
Security for old age one important reason	228	24.0	32.2
This reason not given, other reasons	363	38.2	51.2
Don't know why important to own one's own home	15	1.6	
Renters, rent free, housing status not given (not asked)	226	23.8	
Total	950	100	100.0 (N=708)

(ii) Crosstabulations (%)

	Most important reason	An important reason	Reason not given	N
Sex				
Male	14.9	36.6	48.6	350
Female	18.2	27.9	53.9	358
	16.5	32.2	51.3	708
Working age status				
Working age	14.9	31.4	53.7	611
Retired age	27.8	37.1	35.1	97
	16.7	32.2	51.1	708
Life-stage				
25-39	6.0	29.1	64.9	251
40-54	18.9	35.7	45.4	249
55-70	27.4	31.7	40.9	208
	16.8	32.2	51.0	708
Cohabiting/Single				
Married/cohabiting	16.8	32.5	50.7	578
Single	16.0	30.5	53.4	131
	16.6	32.2	51.2	709
Long standing illness/impairment				
None	15.5	31.5	53.0	517
Yes, but no impact on activities / no assistance	25.0	28.6	46.4	84
Yes, receives assistance	23.5	29.4	47.1	34
Yes impacts on activities / no assistance	11.6	44.9	43.5	68
	16.6	32.4	51.0	704

	Most important reason	An important reason	Reason not given	N
Caring experience				
Current	15.1	31.8	53.1	179
Past	23.1	31.2	45.7	173
None	14.3	32.8	52.9	357
	16.6	32.2	51.2	709
Social Class				
I	12.8	28.2	59.0	39
II	14.0	34.7	51.3	193
III (nm)	18.2	26.5	55.3	132
III (m)	15.7	32.2	52.2	155
IV	14.5	34.2	51.3	76
V	13.8	41.4	44.8	29
	15.2	32.2	52.6	584
Currently in paid work (10hrs+ per week)				
Working	14.4	31.1	54.5	473
Not working	21.2	34.3	44.5	236
	16.6	32.2	51.2	709
Employed or self employed (any hrs per week)				
Employed	15.1	31.6	53.3	478
Self employed	15.7	35.2	49.1	108
	15.2	32.3	52.6	586
Experienced unemployment: last 5 years				
Currently unemployed	15.4	30.8	53.8	26
Unemployed in last 5 years	10.1	37.4	52.5	99
Not unemployed in last 5 years	17.7	31.4	50.9	583
	16.5	32.2	51.3	708
Wholly Retired				
Retired	25.0	36.5	38.5	96
Not retired	15.3	31.5	53.2	613
	16.6	32.2	51.2	709
Household income				
<£8,000	16.7	32.1	51.3	78
£8K-£14,999	15.8	27.7	56.4	101
£15K-£22,999	18.1	26.1	55.8	133
£23K-£28,999	6.5	35.1	58.4	77
£29K-£34,999	16.1	41.9	41.9	62
>£35K	12.8	41.0	46.2	117
	14.7	33.2	52.2	573
Personal income				
<£8,000	12.6	35.9	51.5	103
£8K-£14,999	20.6	24.4	55.0	131
£15K-£22,999	6.3	35.1	58.6	111
£23K-£28,999	20.0	42.0	38.0	50
£29K-£34,999	16.7	25.0	58.3	12
>£35K	14.3	35.7	50.0	28
	14.5	32.6	52.9	435
Reduced personal income				
<£15K	17.2	29.2	53.6	100.0
£15K-£28,999	10.6	37.3	52.2	100.0
>£29K	15.0	32.5	52.5	100.0
	14.5	32.5	53.0	100.0
Home status				
Own outright	24.2	31.4	44.5	236
Mortgage	12.9	32.6	54.5	473
	16.6	32.2	51.2	709
Consist				
Pro-state	10.3	27.4	62.4	117
Mixed economy	19.3	32.8	48.0	244
Pro-self	19.5	40.7	39.8	118
Inconsistent	16.3	29.3	54.4	215
	16.9	32.1	51.0	694

	Most important reason	An important reason	Reason not given	N
Party affiliation				
Conservative	21.1	31.9	47.0	185
Labour	13.8	30.5	55.6	275
Liberal Democrat	17.6	36.5	45.9	74
Other/none	16.3	33.1	50.6	172
	16.7	32.2	51.1	706

(iii) Chi square statistics:

Do home owners state security for old age as a reason for owning home?

Most important, important or not important

	Pearson	DoF	p=	Minimum expected frequency
Sex	6.251	2	.044	57.84
Working age status	14.936	2	.001	16.17
Life stage	49.088	4	.000	34.96
Married, cohabiting/single	.325	2	.850	21.80
Long standing illness/maimment	11.540	6	.073	5.65
Caring experience	7.281	4	.122	28.79
Social class	4.840	10	.902	4.42 1 (5.6%)<5
Currently in paid work (10hrs+ per week)	8.011	2	.018	39.28
Employed or self employed (any hrs per week)	.716	2	.699	16.40
Unemployed in the last five years	3.988	4	.408	4.30: 1 (11.1%)<5
Currently unemployed/not unemployed	.073	2	.964	4.30: 1 (16.7%)<5
Wholly retired	8.772	2	.012	15.98
Household income	15.366	10	.119	9.09
Personal income	17.783	10	.059	1.74: 3 (16.7%)<5
Reduced personal income	4.827	4	.306	5.81
Home status	15.165	2	.001	39.28
Consist	15.273	6	.018	19.72
Party	6.352	6	.385	12.37
Party (Conservative/Labour/Lib-dem only)	6.214	4	.184	12.47

(iv) Chi square statistics:

Do home owners state security for old age as a reason for owning home?

Reason given versus other reasons given

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.910	1	.167	170.80
Working age status	11.629	1	.001	47.40
Life stage	30.844	2	.000	101.30
Married, cohabiting/single	.322	1	.571	63.93
Long standing illness/maimment	2.948	3	.400	16.66
Caring experience	3.101	2	.212	84.91
Social class	1.516	5	.911	13.26
Currently in paid work (10hrs+ per week)	6.370	1	.012	115.17
Employed or self employed (any hrs per week)	.645	1	.422	51.24
Unemployed in the last five years	.170	2	.918	12.69
Currently unemployed/not unemployed	.072	1	.789	12.67
Wholly retired	7.119	1	.008	46.85
Household income	6.585	5	.253	29.76
Personal income	6.526	5	.258	5.64
Reduced personal income	.087	2	.957	18.80
Home status	6.370	1	.012	115.17
Consist	14.030	3	.003	57.23
Party	4.298	3	.231	36.16
Party (Conservative/Labour/Lib-dem only)	4.271	2	.118	36.03

Table A2-56: Bequeathing as a reason for owning home

(i) Frequencies

	N	%	Valid %
Bequeathing most important reason	92	9.7	13.0
Bequeathing one important reason	258	27.2	36.5
This reason not given, other reasons given	358	37.7	50.6
Don't know why important to own one's own home	15	1.6	
Renters, rent free, housing status not given (not asked)	240	25.3	
Total	950	100	100 (N=708)

(ii) Crosstabulations (%)

	Most important reason	An important reason	Reason not given	N
Sex				
Male	10.9	35.1	54.0	350
Female	15.0	37.9	47.1	359
	13.0	36.5	50.5	709
Working age status				
Working age	12.3	35.7	52.0	612
Retired age	16.5	42.3	41.2	97
	12.9	36.6	50.6	709
Life stage				
25-39	11.6	35.1	53.4	251
40-54	12.9	35.3	51.8	250
55-70	14.0	39.6	46.4	207
	12.7	36.5	50.8	708
Cohabiting/Single				
Married/cohabiting	13.5	37.9	48.6	579
Single	10.8	30.0	59.2	130
	13.0	36.4	50.6	709
Long standing illness/impairment				
None	12.4	35.1	52.5	518
Yes, but no impact on activities / no assistance	12.9	44.9	42.2	85
Yes, receives assistance	14.7	32.4	52.9	34
Yes impacts on activities / no assistance	16.2	38.2	45.6	68
	12.9	36.6	50.5	705
Caring experience				
Current	12.9	38.2	48.9	179
Past	16.1	37.9	46.0	174
None	11.5	34.8	53.7	356
	13.0	36.4	50.6	709
Social Class				
I	0.0	23.1	76.9	39
II	11.4	28.5	60.1	193
III (nm)	9.8	36.4	53.8	133
III (m)	16.5	42.6	40.9	115
IV	18.2	41.6	40.3	77
V	17.9	42.9	39.3	28
	12.5	35.1	52.4	585
Currently in paid work (10hrs+ per week)				
Working	12.5	33.8	53.7	474
Not working	14.0	41.7	44.3	235
	13.0	36.4	50.6	709
Employed or self employed (any hrs per week)				
Employed	14.0	35.5	50.5	480
Self employed	4.7	34.6	60.7	107
	12.3	35.3	52.4	587
Experienced unemployment: last 5 years				
Unemployed	19.2	38.5	42.3	26
Unemployed in last 5 years	10.2	40.8	49.0	98
Not unemployed in last 5 years	13.2	35.6	51.2	585
	13.0	36.4	50.6	709

	Most important reason	An important reason	Reason not given	N
Wholly retired				
Retired	17.7	41.7	40.6	96
Notretired	123	35.6	52.1	613
	130	36.4	50.6	709
Household income				
<£8,000	20.5	37.2	42.3	78
£8K-£14,999	11.8	46.1	42.2	102
£15K-£22,999	10.1	39.9	50.0	139
£23K-£28,999	12.8	34.6	52.6	78
£29K-£34,999	9.7	35.5	54.8	62
>£35K	6.8	28.8	64.4	118
	11.5	37.2	51.4	577
Personal income				
<£8,000	18.4	39.8	41.7	103
£8K-£14,999	7.7	42.3	50.0	131
£15K-£22,999	19.1	23.6	57.3	110
£23K-£28,999	4.0	38.0	58.0	50
£29K-£34,999	0.0	33.3	66.7	12
>£35K	7.1	28.6	64.3	28
	12.5	35.3	52.2	434
Reduced personal income				
<£15K	12.4	41.2	46.4	234
£15K-£28,999	14.4	28.1	57.5	160
>£29K	5.0	30.0	65.0	40
	12.5	35.3	52.2	434
Home status				
Own outright	13.2	38.3	48.5	235
Mortgage	12.9	35.5	51.6	474
	13.0	36.4	50.6	709
Consist				
Pro-state	16.2	33.3	50.4	117
Mixed economy	9.0	38.5	52.5	244
Pro-self	10.9	34.5	54.6	118
Inconsistent	15.0	37.9	47.2	215
	12.4	36.7	50.9	694
Party affiliation				
Conservative	9.2	34.1	56.8	185
Labour	16.0	36.7	47.3	276
Liberal Democrat	9.3	41.3	49.3	75
Other/none	13.4	36.6	50.0	172
	12.9	36.5	50.6	708

(iii) Chi square statistics: Do home owners state bequeathing as a reason for owning home? Most important, important or not important

	Pearson	DoF	p=	Minimum expected frequency
Sex	4.439	2	.109	45.42
Working age status	4.087	2	.130	12.47
Life-stage	2.504	4	.644	26.35
Married, cohabiting/single	4.784	2	.091	16.89
Long standing illness/impairment	5.535	6	.477	4.39: 1 (8.3%)<5
Caring experience	3.890	4	.421	22.61
Social class	29.943	10	.001	3.50: 2 (11.1%)<5
Currently in paid work (10hrs+ per week)	5.739	2	.057	30.54
Employed or self employed (any hrs per week)	7.942	2	.019	13.15
Unemployed in the last five years	2.480	4	.648	3.38: 1 (11.1%)<5
Currently unemployed/not unemployed	1.202	2	.548	3.38: 1 (16.7%)<5
Wholly retired	4.902	2	.086	12.47
Household income	20.249	10	.027	7.10
Personal income	25.720	10	.004	1.50: 3 (16.7%)<5
Reduced personal income	10.845	4	.028	4.99: 1 (11.1%)<5
Home status	.637	2	.727	30.54
Consist	6.826	6	.337	14.50
Party	7.613	6	.268	9.65
Party (Conservative/Labour/Lib-dem only)	7.603	4	.107	9.53

(iv) Chi square statistics

Do home owners state bequeathing as a reason for owning home?

Reason given versus other reasons given

	Pearson	DoF	p=	Minimum expected frequency
Sex	3.267	1	.071	173.02
Working age status	3.634	1	.057	47.32
Life-stage	2.567	2	.277	102.53
Married, cohabiting/single	4.784	1	.059	64.27
Long standing illness/impairment	4.729	3	.193	16.86
Caring experience	3.096	2	.213	86.14
Social class	25.925	5	.000	13.33
Currently in paid work (10hrs+ per week)	5.602	1	.018	116.17
Employed or self employed (any hrs per week)	3.299	1	.069	51.52
Unemployed in the last five years	0.902	2	.637	12.85
Currently unemployed/not unemployed	0.736	1	.391	12.85
Wholly retired	4.390	1	.036	47.46
Household income	14.293	5	.014	30.08
Personal income	9.216	5	.101	5.74
Reduced personal income	7.621	2	.022	19.12
Home status	0.594	1	.441	116.17
Consist	2.249	3	.552	57.40
Party	4.056	3	.256	36.48
Party (Conservative/Labour/Lib-dem only)	4.011	2	.135	36.31

Table A2-5.7: Summary Table: How should help with dressing, cooking, cleaning and everyday tasks be paid for an elderly couple whose home is worth... ?(%) (N=950)

	Sell house	State	Children pay	Mortgage	Other	Other relatives pay	Can't say	Refused
£100K	17.7	55.3	5.8	8.5	9.1	0.4	2.9	0.2
£50K	11.0	68.6	6.5	5.0	5.8	0.6	2.1	0.3
£25K	8.1	77.7	5.6	2.2	4.5	0.8	1.3	0.3

Table A2-5.8 How should help with dressing, cooking, cleaning and everyday tasks be paid for, for an elderly couple whose home is worth £100,000?

(i) Frequencies

	N	Percent
Sell house	168	17.7
State should pay	525	55.3
Children should pay	55	5.8
Mortgage	81	8.5
Other	87	9.1
Other relatives pay	3	.4
Can't say	28	2.9
Refused	2	.2
Total	950	100.0

(ii) Crosstabulations(%)

	Sell house	State	Children/relatives	Mortgage	Other	N
Sex						
Male	17.0	59.0	8.5	8.7	6.8	458
Female	19.4	55.3	4.3	8.9	12.1	463
	18.2	57.1	6.4	8.8	9.4	921
Working age status						
Working age	17.5	57.5	7.1	8.2	9.7	793
Retired age	23.2	54.4	1.6	12.8	8.0	125
	18.3	57.1	6.3	8.8	9.5	918

	Sell house	State	Children/relatives	Mortgage	Other	N
Life stage						
25-39	15.9	58.2	7.7	8.0	10.2	364
40-54	18.8	57.9	7.2	8.9	7.2	304
55-70	21.2	54.4	3.6	10.0	10.8	250
	18.3	57.1	6.4	8.8	9.4	918
Cohabiting/Single						
Married/cohabiting	18.4	56.8	6.6	8.6	9.5	683
Single	18.1	57.6	5.9	9.2	9.2	238
	18.3	57.0	6.4	8.8	9.4	921
Long standing illness/impairment						
None	18.3	56.0	7.0	9.3	9.3	655
Yes, but no impact on activities/ no assistance	12.8	62.4	4.6	9.2	11.0	109
Yes, receives assistance	27.1	54.2	2.1	4.2	12.5	48
Yes impacts on activities/ no assistance	18.6	59.8	6.9	7.8	6.9	102
	18.2	57.1	6.5	8.9	9.4	914
Caring experience						
Current	22.3	48.9	6.0	12.9	9.9	233
Past	15.0	62.8	3.5	8.8	9.7	226
None	17.8	58.6	7.8	6.7	9.1	461
	18.3	57.2	6.3	8.8	9.5	920
Social Class						
I	12.2	53.7	9.8	14.6	9.8	41
II	15.8	52.5	6.8	10.9	14.0	221
III (nm)	20.9	56.2	4.6	8.5	9.8	153
III (m)	15.5	64.6	6.8	5.0	8.1	161
IV	16.8	60.4	5.9	8.9	7.9	101
V	13.3	62.2	8.9	6.7	8.9	45
	16.6	57.8	6.5	8.7	10.4	722
Currently in paid work (10hrs+ per week)						
Working	17.1	56.2	7.0	8.8	10.9	568
Not working	20.1	58.6	5.4	8.8	7.1	353
	18.2	57.1	6.4	8.8	9.4	921
Employed or self employed (any hrs per week)						
Employed	17.4	57.4	6.5	8.2	10.4	596
Self employed	13.0	58.8	6.1	11.5	10.7	131
	16.6	57.6	6.5	8.8	10.5	727
Experienced unemployment: last 5 years						
Unemployed	27.4	58.1	4.8	6.5	3.2	62
Unemployed in last 5 years	12.0	65.5	7.7	4.2	10.6	142
Not unemployed in last 5 years	18.9	55.2	6.3	9.9	9.7	715
	18.4	57.0	6.4	8.8	9.4	919
Wholly retired						
Retired	17.8	61.0	1.7	12.7	6.8	118
Not retired	18.4	56.4	7.1	8.2	9.8	803
	18.3	57.0	6.4	8.8	9.4	921
Household income						
<£8,000	22.0	56.6	7.5	10.1	3.8	159
£8K-£14,999	17.3	56.0	4.7	10.7	11.3	150
£15K-£22,999	21.4	58.9	5.4	6.0	8.3	168
£23K-£28,999	9.1	65.9	9.1	5.7	10.2	88
£29K-£34,999	22.4	53.7	4.5	11.9	7.5	67
>£35K	11.7	53.9	8.6	12.5	13.3	128
	17.8	57.4	6.6	9.3	8.9	760
Personal income						
<£8,000	17.2	52.5	4.1	11.5	14.8	122
£8K-£14,999	20.5	57.3	5.8	7.0	9.4	171
£15K-£22,999	13.8	60.0	6.2	8.5	11.5	130
£23K-£28,999	11.1	63.0	5.6	7.4	13.0	54
£29K-£34,999	10.0	50.0	20.0	20.0	0.0	10
>£35K	18.2	45.5	21.2	15.2	0.0	33
	16.7	56.5	6.7	9.2	10.8	520

	Sell house	State	Children/relatives	Mortgage	Other	N
Personal income						
<£15,000	19.0	54.9	5.4	8.8	11.9	295
£15K-£28,999	13.0	60.9	6.0	8.2	12.0	184
>£29	16.3	46.5	20.9	16.3	0.0	43
	16.7	56.3	6.9	9.2	10.9	522
Home status						
Own outright	18.5	57.5	5.6	10.3	8.2	233
Mortgage	17.3	58.9	4.9	8.6	10.3	474
Renting	20.6	52.2	11.0	8.1	8.1	209
	18.3	57.0	6.4	9.0	9.3	916
Consist						
Pro-state	8.8	80.6	1.9	3.8	5.0	160
Mixed economy	20.3	49.8	5.9	9.5	14.4	305
Pro-self	32.0	30.0	12.0	14.7	11.3	150
Inconsistent	12.9	66.6	6.6	8.0	5.9	287
	17.8	57.3	6.4	8.9	9.5	902
Party affiliation						
Conservative	19.1	52.2	7.7	9.6	11.5	209
Labour	14.9	62.7	6.4	8.5	7.5	375
Liberal Democrat	22.3	43.6	4.3	16.0	13.8	94
Other/none	21.3	58.2	6.3	5.9	8.4	239
	18.3	57.1	6.4	8.8	9.3	917

(iii) Chi square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	14.518	4	.006	29.34
Working age status	10.105	4	.039	7.90
Life-stage	10.021	8	.264	16.07
Married, cohabiting/single	2.56	4	.992	15.25
Long standing illness/impairment	10.022	12	.614	3.10:3 (15.0%)<5
Caring experience	18.830	8	.016	14.25
Social class	17.568	20	.616	2.67:6 (20.0%)<5
Currently in paid work (10hrs+ per week)	5.657	4	.226	22.61
Employed or self employed (any hrs per week)	2.639	4	.620	8.47
Unemployed in the last five years	16.439	8	.037	3.98
Currently unemployed/not unemployed	6.386	4	.172	3.97:1 (10.0%)<5
Wholly retired	8.474	4	.076	7.56
Household income	29.614	20	.076	4.41:1 (3.3%)<5
Personal income	31.209	20	.052	.67:9 (30%)<5
Reduced personal income	25.078	8	.002	2.97:3 (20.0%)
Home status	12.758	8	.120	13.46
Consist	110.069	12	.000	9.65
Party	24.298	12	.019	3.08:3 (15.0%)<5
Party (Conservative/Labour/Lib-dem only)	18.649	8	.017	6.10

Table A2-59: How should help with dressing, cooking, cleaning and everyday tasks be paid for, for an elderly couple whose home is worth £50,000?

(i) Frequencies

	N	%
Sell house	105	11.0
State should pay	652	68.6
Children should pay	62	6.5
Mortgage	47	5.0
Other	55	5.8
Other relatives pay	6	.6
Can't say	20	2.1
Refused	3	.3
Total	950	100.0

(ii) Crosstabulations (%)

	Sell house	State	Children/relatives	Mortgage	Other	N
Sex						
Male	11.4	68.7	9.1	5.8	5.0	350
Female	11.2	72.1	5.4	4.3	6.9	359
	11.3	70.4	7.2	5.1	5.9	709
Working age status						
Working age	10.4	71.0	7.6	5.0	6.0	611
Retired age	16.8	66.4	4.8	5.6	6.4	96
	11.2	70.4	7.2	5.1	6.1	707
Life-stage						
25-39	9.5	71.2	9.8	4.3	5.2	251
40-54	13.0	68.4	6.5	5.9	6.2	250
55-70	12.0	71.2	4.8	5.2	6.8	208
	11.4	70.3	7.4	5.1	5.9	709
Cohabiting/Single						
Married/cohabiting	11.0	70.6	7.1	5.1	6.1	579
Single	12.1	69.5	7.9	5.0	5.4	130
	11.3	70.3	7.3	5.1	5.9	709
Long standing illness/impairment						
None	12.1	69.0	8.2	5.4	5.3	661
Yes, but no impact on activities / no assistance	7.3	73.6	4.5	4.5	10.0	110
Yes, receives assistance	8.5	76.6	0.0	2.1	12.8	47
Yes impacts on activities / no assistance	11.5	73.1	7.7	4.8	2.9	104
	11.3	70.4	7.3	5.1	6.0	922
Caring experience						
Current	14.2	65.9	6.5	5.2	8.2	232
Past	7.5	75.4	3.9	6.1	7.0	228
None	11.8	70.0	9.4	4.5	4.3	467
	11.3	70.3	7.3	5.1	5.9	927
Social Class						
I	11.9	64.3	7.1	7.1	9.5	39
II	11.4	65.0	7.7	8.2	7.7	194
III (nm)	12.8	70.5	5.8	3.8	7.1	133
III (m)	6.9	79.2	6.3	2.5	5.0	115
IV	10.7	76.7	4.9	2.9	4.9	76
V	10.9	67.4	10.9	4.3	6.5	28
	10.6	71.1	6.7	5.0	6.6	585
Currently in paid work (10hrs+ per week)						
Working	10.5	70.1	7.7	5.1	6.7	474
Not working	12.6	70.5	6.5	5.3	5.1	235
	11.3	70.2	7.2	5.2	6.0	709
Employed or self employed (any hrs per week)						
Employed	10.7	71.8	7.3	4.0	6.2	480
Self employed	10.1	67.4	5.4	9.3	7.8	108
	10.6	71.1	7.0	4.9	6.4	588
Experienced unemployment: last 5 years						
Unemployed	16.1	74.2	4.8	4.8	0.0	62
Unemployed in last 5 years	8.2	74.7	8.2	3.4	5.5	146
Not unemployed in last 5 years	11.7	68.9	7.4	5.4	6.6	717
	11.5	70.2	7.4	5.1	5.9	925
Wholly retired						
Retired	14.3	70.6	4.2	5.0	5.9	119
Not retired	10.9	70.3	7.8	5.1	5.9	807
	11.3	70.3	7.3	5.1	5.9	926
Household income						
<£8,000	11.7	71.0	8.0	6.2	3.1	78
£8K-£14,999	10.7	71.3	5.3	4.0	8.7	101
£15K-£22,999	13.0	72.2	5.3	4.1	5.3	140
£23K-£28,999	6.8	77.3	10.2	1.1	4.5	77
£29K-£34,999	14.3	60.0	8.6	11.4	5.7	62
>£35K	7.8	69.0	8.5	6.2	8.5	118
	10.8	70.7	7.3	5.2	6.0	576

	Sell house	State	Children/relatives	Mortgage	Other	N
Personal income						
<£8,000	12.0	72.0	4.0	5.6	6.4	103
£8K-£14,999	11.1	73.7	5.8	2.9	6.4	131
£15K-£22,999	9.2	67.7	10.0	4.6	8.5	110
£23K-£28,999	7.7	75.0	5.8	3.8	7.7	50
£29K-£34,999	8.3	66.7	8.3	16.7	0	12
>£35K	17.1	51.4	17.1	14.3	0	28
	10.9	70.3	7.2	5.1	6.5	434
Reduced personal income						
<£15,000	11.4	72.7	5.1	4.4	6.4	297
£15K-28,999	8.7	69.4	9.3	4.4	8.2	183
>£29K	15.6	55.6	13.3	15.6		45
	10.9	70.1	7.2	5.3	6.5	525
Home status						
Own outright	12.6	71.9	5.2	6.1	4.3	235
Mortgage	9.6	73.2	5.2	5.0	6.9	474
Renting	14.0	61.7	14.0	4.7	5.6	
	11.4	70.2	7.3	5.2	6.0	709
Consist						
Pro-state	3.7	88.2	2.5	2.5	3.1	117
Mixed economy	14.8	65.2	6.6	4.9	8.5	244
Pro-self	22.6	47.1	11.0	11.6	7.7	118
Inconsistent	5.2	78.7	8.4	3.5	4.2	215
	11.1	70.5	7.2	5.2	6.1	694
Party affiliation						
Conservative	15.3	63.6	6.7	7.7	6.7	209
Labour	9.0	76.0	6.6	4.0	4.5	379
Liberal Democrat	11.2	67.3	5.1	7.1	9.2	98
Other/none	11.4	68.2	10.2	3.8	6.4	236
	11.3	70.3	7.4	5.1	6.0	922

(iii) Chi square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	7.231	4	.124	23.50
Working age status	5.591	4	.232	6.35
Life stage	9.128	8	.332	12.70
Married, cohabiting/single	.520	4	.972	12.12
Long-standing illness/impairment	18.157	12	.111	240:3 (15.0%)<5
Caring experience	18.293	8	.09	11.56
Social class	19.010	20	.521	208:8 (26.7%)<5
Currently in paid work (10hrs+ per week)	2.313	4	.678	18.43
Employed or self employed (any hrs per week)	7.333	4	.119	6.37
Unemployed in the last five years	9.133	8	.331	3.15:3 (20.0%)<5
Currently unemployed/ not unemployed	5.961	4	.202	3.15:3 (30%)<5
Wholly retired	2.884	4	.577	6.04
Household income	24.373	20	.226	3.65:3 (10%)<5
Personal income	27.943	20	.111	.62:11 (36.7%)<5
Reduced personal income	22.161	8	.005	240:4 (16.7%)<5
Home status	25.611	8	.001	11.13
Consist	94.812	12	.000	8.02
Party	20.325	12	.061	5.00
Party (Conservative/Labour/Lib-dem only)	15.434	8	.051	5.43

Table A2-5.10 How should help with dressing, cooking, cleaning and everyday tasks be paid for, for an elderly couple whose home is worth £25,000?

(i) Frequencies

	N	%
Sell house	77	8.1
State should pay	732	77.1
Children should pay	53	5.6
Mortgage	21	2.2
Other	43	4.5
Other relatives pay	7	.8
Can't say	13	1.3
Refused	3	.3
Total	950	100.0

(ii) Crosstabulations (%)

	Sell house	State	Children / relatives	Mortgage	Other	N
Sex						
Male	8.4	76.1	8.2	3.0	4.3	464
Female	8.1	80.8	4.7	1.5	4.9	469
	8.3	78.5	6.4	2.3	4.6	933
Working age status						
Working age	7.4	78.7	7.2	2.0	4.7	806
Retired age	12.7	76.2	2.4	4.0	4.8	126
	8.2	78.3	6.5	2.3	4.7	932
Life stage						
25-39	6.7	78.2	8.9	1.9	4.3	371
40-54	8.7	78.4	6.5	2.3	4.2	310
55-70	10.0	78.9	2.8	2.8	5.6	251
	8.3	78.4	6.4	2.3	4.6	932
Cohabiting/Single						
Married/cohabiting	7.8	78.6	6.5	1.7	5.3	692
Single	9.5	78.0	6.2	3.7	2.5	241
	8.3	78.5	6.4	2.3	4.6	933
Long standing illness/impairment						
None	8.7	77.6	7.8	1.7	4.2	666
Yes, but no impact on activities / no assistance	4.6	80.6	1.9	2.8	10.2	108
Yes, receives assistance	8.5	80.9	0.0	2.1	8.5	47
Yes impacts on activities / no assistance	7.5	80.4	5.6	5.6	.9	107
	8.1	78.4	6.5	2.3	4.7	928
Caring experience						
Current	9.3	78.4	5.5	1.7	5.1	236
Past	6.1	82.6	3.9	1.3	6.1	230
None	9.0	76.1	8.3	3.0	3.6	469
	8.3	78.3	6.5	2.2	4.6	935
Social Class						
I	11.9	76.2	4.8	2.4	4.8	42
II	9.0	72.9	8.6	2.7	6.8	221
III (nm)	10.1	79.9	5.0	1.3	3.8	159
III (m)	3.7	84.5	6.2	2.5	3.1	161
IV	7.8	82.5	4.9	.0	4.9	103
V	6.4	74.5	8.5	4.3	6.4	47
	7.9	78.6	6.5	2.0	4.9	733
Currently in paid work (10hrs+ per week)						
Working	8.0	78.0	7.6	1.6	4.9	577
Not working	8.7	79.0	4.8	3.4	4.2	357
	8.2	78.4	6.5	2.2	4.6	934
Employed or self employed (any hrs per week)						
Employed	8.1	79.4	6.9	1.5	4.1	607
Self employed	7.8	74.4	5.4	4.7	7.8	129
	8.0	78.5	6.7	2.0	4.8	736

	Sell house	State	Children/relatives	Mortgage	Other	N
Experienced unemployment: last 5 years						
Unemployed	8.1	82.3	4.8	3.2	1.6	62
Unemployed in last 5 years	4.8	83.6	6.8	1.4	3.4	146
Not unemployed in last 5 years	9.0	76.9	6.6	2.4	5.1	723
	8.3	78.3	6.6	2.3	4.6	931
Wholly retired						
Retired	10.1	80.7	.8	3.4	5.0	119
Not retired	8.0	78.1	7.2	2.1	4.5	814
	8.3	78.5	6.4	2.3	4.6	933
Household income						
<£8,000	7.4	80.4	5.5	4.9	1.8	163
£8K-£14,999	7.1	80.5	6.5	1.9	3.9	154
£15K-£22,999	8.2	78.9	7.0	1.8	4.1	171
£23K-£28,999	4.5	83.1	7.9		4.5	89
£29K-£34,999	15.9	73.9	4.3	2.9	2.9	69
>£35K	7.0	75.2	8.5	1.6	7.8	129
	7.9	79.0	6.7	2.3	4.1	775
Personal income						
<£8,000	8.7	81.1	4.7	2.4	3.1	127
£8K-£14,999	6.3	82.2	6.3	1.1	4.0	174
£15K-£22,999	9.3	76.7	7.8	0	6.2	129
£23K-£28,999	7.5	79.2	5.7	0	7.5	53
£29K-£34,999	8.3	66.7	16.7	8.3	0	12
>£35K	11.8	67.6	17.6	2.9	0	34
	8.1	79.0	7.2	1.3	4.3	529
Reduced personal income						
<£15,000	7.3	81.2	5.9	2.0	3.6	303
£15K-28,999	9.3	77.0	7.1	0.0	6.6	183
>£29K	11.1	68.9	15.6	4.4	0.0	45
	8.3	78.7	7.2	1.5	4.3	531
Home status						
Own outright	8.2	78.1	5.6	3.0	5.2	233
Mortgage	7.5	80.6	5.0	1.7	5.2	480
Renting	10.1	73.3	10.6	3.2	2.8	217
	8.3	78.3	6.5	2.4	4.6	930
Consist						
Pro-state	.6	93.1	1.9	1.3	3.1	159
Mixed economy	10.3	75.2	6.1	1.3	7.1	310
Pro-self	19.0	56.9	11.8	6.5	5.9	153
Inconsistent	3.4	86.3	6.2	1.7	2.4	292
	7.9	78.8	6.3	2.3	4.7	914
Party affiliation						
Conservative	12.1	71.5	5.3	3.4	7.7	207
Labour	5.7	82.8	6.5	2.3	2.6	384
Liberal Democrat	9.1	78.8	3.0	4.0	5.1	99
Other/none	8.7	76.4	9.1	.8	5.0	242
	8.3	78.2	6.5	2.4	4.6	932

(iii) Chi square statistics:

	Pearson	DoF	p=	Minimum expected frequency
Sex	7.719	4	.102	10.44
Working age status	9.536	4	.049	2.84: 1 (10.0%)<5
Life-stage	11.912	8	.155	5.66
Married, cohabiting/single	7.030	4	.134	5.42
Long-standing illness/impairment	29.105	12	.004	1.06: 6 (30.0%)<5
Caring experience	12.36	8	.136	5.17
Social class	18.433	20	.559	0.86: 12 (40.0%)<5
Currently in paid work (10hrs+ per week)	6.320	4	.177	8.03
Employed or self employed (any hrs per week)	8.901	4	.064	2.63: 1 (10.0%)<5
Unemployed in the last five years	6.565	8	.584	1.40: 4 (26.7%)<5
Currently unemployed/not unemployed	1.994	4	.737	1.39: 3 (30%)<5
Wholly retired	8.071	4	.089	2.68: 1 (10.0%)<5
Household income	23.803	20	.251	1.6: 9 (30.0%)<5
Personal income	24.205	20	.234	0.16: 15 (50.0%)<5
Reduced personal income	17.127	8	.029	0.68: 6 (40.0%)<5
Home status	14.111	8	.079	5.13
Consist	95.172	12	.000	3.52: 2 (10.0%)<5
Party	26.171	12	.010	2.39: 3 (15.0%)<5
Party (Conservative/Labour/Lib-dem only)	19.708	8	.011	2.87: 2 (12.3%)<5

Table A2-5.11: Should an elderly person who must move into a residential or nursing home be made to sell their home? IF YES, should they have to sell if living with a child or other relative in the house?

(i) Frequencies	N	%
Should not be made to sell home, even if living alone	694	73.1
Compulsion if lives alone; unsure/other/can't say/refused if lives with others	32	3.4
Should only be made to sell home if lives alone	129	13.6
No compulsion if lives with others; depends / other if alone	53	5.6
Compulsion if lives alone or with relatives	20	2.1
Unsure or other arrangements both scenarios	8	.8
Can't say	12	1.3
Refused	2	.2
Total	950	100.0

(ii) Crosstabulations (%)?

	Yes	No	N
Sex			
Male	20.1	79.9	438
Female	21.3	78.7	437
	20.7	79.3	875
Working age status			
Working age	20.2	79.8	758
Retired age	24.1	75.9	116
	20.7	79.3	874
Life-stage			
25-39	16.7	83.3	353
40-54	22.1	77.9	289
55-70	25.0	75.0	232
	20.7	79.3	874
Cohabiting/Single			
Married/cohabiting	20.0	80.0	650
Single	22.6	77.4	226
	20.7	79.3	876
Long standing illness/impairment			
None	21.1	78.9	626
Yes, but no impact on activities / no assistance	14.0	86.0	100
Yes, receives assistance	23.4	76.6	47
Yes impacts on activities / no assistance	20.6	79.4	97
	20.3	79.7	870

	Yes	No	N
Caring experience			
Current	22.9	77.1	227
Past	21.4	78.6	210
None	19.0	81.0	437
	20.6	79.4	874
Social Class			
I	27.5	72.5	40
II	24.5	75.5	208
III (nm)	22.6	77.4	146
III (m)	11.0	89.0	154
IV	18.0	82.0	100
V	14.3	85.7	42
	19.7	80.3	690
Currently in paid work (10hrs+ per week)			
Working	19.4	80.6	542
Not working	22.8	77.2	334
	20.7	79.3	876
Employed or self employed (any hrs per week)			
Employed	17.7	82.3	576
Self employed	28.8	71.2	118
	19.6	80.4	694
Experienced unemployment: last 5 years			
Unemployed	28.8	71.2	59
Unemployed in last 5 years	15.7	84.3	140
Not unemployed in last 5 years	21.2	78.8	676
	20.8	79.2	875
Wholly retired			
Retired	21.6	78.4	111
Not retired	20.5	79.5	764
	20.7	79.3	875
Household income			
<£8,000	21.4	78.6	159
£8K-£14,999	23.8	76.2	143
£15K-£22,999	22.0	78.0	164
£23K-£28,999	16.3	83.7	86
£29K-£34,999	14.8	85.2	61
>£35K	23.8	76.2	122
	21.2	78.8	735
Personal income			
<£8,000	23.1	76.9	121
£8K-£14,999	20.0	80.0	165
£15K-£22,999	16.1	83.9	124
£23K-£28,999	9.8	90.2	51
£29K-£34,999	27.3	72.7	11
>£35K	28.6	71.4	35
	19.5	80.5	507
Reduced personal income			
<£15,000	21.3	78.7	286
£15K-28,999	13.8	86.2	174
>£29K	28.3	71.7	46
	19.4	80.6	506
Home status			
Own outright	18.7	81.3	209
Mortgage	19.0	81.0	453
Renting	26.8	73.2	209
	20.8	79.2	871
Consist			
Pro-state	8.5	91.5	153
Mixed economy	21.5	78.5	289
Pro-self	40.3	59.7	144
Inconsistent	16.1	83.9	274
	20.6	79.4	860

	Yes	No	N
Party affiliation			
Conservative	27.4	72.6	197
Labour	15.0	85.0	360
Liberal Democrat	29.8	70.2	94
Other/none	19.8	80.2	222
	20.6	79.4	873

(iii) Chi square statistics: Supports compulsion to sell, even if lives alone?

	Pearson	DoF	p=	Minimum expected frequency
Sex	.189	1	.664	90.40
Working age status	.957	1	.328	24.02
Life stage	6.396	2	.041	48.05
Married, cohabiting/single	.674	1	.412	46.70
Long-standing illness/impairment	2.972	3	.396	9.56
Caring experience	1.517	2	.468	43.25
Social class	13.628	5	.018	7.88
Currently in paid work (10hrs+ per week)	1.442	1	.230	69.01
Employed or self employed (any hrs per week)	7.666	1	.006	23.12
Unemployed in the last five years	4.5449	2	.103	12.27
Currently unemployed/not unemployed	2.547	1	.110	12.20
Wholly retired	.068	1	.794	22.96
Household income	3.870	5	.568	12.95
Personal income	7.250	5	.203	2.15: 1 (8.3%)<5
Reduced personal income	6.496	2	.039	8.91
Home status	6.050	2	.049	43.43
Consist	51.411	3	.000	29.64
Party	17.161	3	.001	19.95
Party (Conservative/Labour/Lib-dem only)	17.129	2	.000	19.64

Table A2-5.12: If supportive of compulsion to sell: Should an elderly person who has sold their house to pay for their residential or nursing home care get better care?

	N	%
Yes	25	14.0
No	146	80.5
Depends/other	6	3.3
Don't know	3	1.6
Refused	1	.6
Total	181	100.0

APPENDIX 3: DESCRIPTIVE ANALYSIS

LONG-TERM CARE INSURANCE

Table A3-6.1 : (i) Frequencies: Who should pay for care for elderly people who...

(a) ...are able to live at home and look after themselves, but need help with everyday tasks like Shopping and Housework?		
	N	%
State should pay for all care required	214	22.5
State support should be means related	678	71.4
Elderly people or their families should pay	35	3.7
Other response	8	.8
Refused	15	1.6
Total	950	100.0
(b) ...are able to live at home but need help looking after themselves, such as with Washing and dressing?		
	N	%
State should pay for all care required	245	25.8
State support should be means related	662	69.7
Elderly people or their families should pay	24	2.6
Other response	9	1.0
Refused/missing	9	1.0
Total	950	100.0
(c) cannot look after themselves and have to move into a Residential or nursing home?		
	N	%
State should pay for all care required	276	29.1
State support should be means related	643	67.7
Elderly people or their families should pay	13	1.4
Other response	6	.7
Refused/missing	11	1.2
Total	950	100.0
(d) SUMMARY: Respondent ever supports state paying for all care required?		
	N	%
Supports state paying for all care at least once	350	36.9
Never supports state paying for all care	599	63.1
Total	950	100.0

(ii) Crosstabulations: Respondent ever supports state paying for all care required? (%)

	Yes	No	N
Sex			
Male	35.3	64.7	468
Female	38.5	61.5	481
	36.9	63.1	949
Working age status			
Working age	38.0	62.0	818
Retired age	30.0	70.0	130
	36.9	63.1	948
Life stage			
25-39	41.9	58.1	377
40-54	33.6	66.4	318
55-70	33.9	66.1	254
	37.0	63.0	949
Cohabiting/Single			
Married/cohabiting	36.0	64.0	703
Single	39.4	60.6	246
	36.9	63.1	949

	Yes	No	N
Long standing illness/impairment			
None	38.0	62.0	677
Yes, but no impact on activities/ no assistance	36.9	63.1	111
Yes, receives assistance	34.7	65.3	49
Yes impacts on activities/ no assistance	31.5	68.5	108
	36.9	63.1	945
Caring experience			
Current	39.3	60.7	239
Past	34.3	65.7	233
None	37.0	63.0	479
	36.9	63.1	951
Social Class			
I	33.3	66.7	42
II	35.1	64.9	225
III (nm)	37.5	62.5	160
III (m)	42.9	57.1	161
IV	30.2	69.8	106
V	25.5	74.5	47
	35.9	64.1	741
Currently in paid work			
Working	36.2	63.8	585
Not working	38.0	62.0	366
	36.9	63.1	951
Employed or self employed			
Employed	37.8	62.2	613
Self employed	26.5	73.5	132
	35.8	64.2	745
Experienced unemployment: last 5 years			
Currently unemployed	41.3	58.7	63
Unemployed in last 5 years	39.2	60.8	148
Not unemployed in last 5 years	36.1	63.9	737
	36.9	63.1	948
Wholly retired			
Retired	34.7	65.3	121
Not retired	37.2	62.8	829
	36.8	63.2	950
Household income			
<£8,000	36.9	63.1	168
£8K-£14,999	32.3	67.7	155
£15K-£22,999	35.5	64.5	172
£23K-£28,999	41.8	58.2	91
£29K-£34,999	34.8	65.2	69
>£35K	39.4	60.6	132
	36.5	63.5	787
Personal income			
<£8,000	33.1	66.9	130
£8K-£14,999	32.6	67.4	175
£15K-£22,999	43.2	56.8	132
£23K-£28,999	52.8	47.2	53
£29K-£34,999	23.1	76.9	13
>£35K	22.9	77.1	35
	36.4	63.6	538
Reduced personal income			
<£15K	32.7	67.3	306
£15K-£28,999	45.9	54.1	185
>£29K	23.4	76.6	47
	36.4	63.6	538
Home status			
Own outright	38.0	62.0	237
Mortgage	35.0	65.0	486
Renting	38.9	61.1	221
	36.7	63.3	944

	Yes	No	N
Consist			
Pro-state	83.1	16.9	160
Mixed economy	27.8	72.2	317
Pro-self	10.8	89.2	157
Inconsistent	35.5	64.5	296
	36.9	63.1	930
Party affiliation			
Conservative	34.7	65.3	213
Labour	40.8	59.2	385
Liberal Democrat	31.0	69.0	100
Other/none	34.4	65.6	169
	36.7	63.3	945

(iii) Chi square statistics: Respondent ever supported state paying for all care required? (%)

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.047	1	.306	172.6
Working age status	3.098	1	.078	48.0
Life-stage	6.508	2	.039	93.95
Married, cohabiting/single	.928	1	.335	90.73
Long standing illness/impairment	1.791	3	.617	18.10
Caring experience	1.265	2	.531	86.00
Social class	7.444	5	.190	15.08
Currently in paid work (10hrs+ per week)	.292	1	.589	135.09
Employed or self employed (any hrs per week)	6.065	1	.014	47.31
Unemployed in the last five years	1.056	2	.590	23.26
Currently unemployed/not unemployed	.541	1	.462	23.28
Wholly retired	.271	1	.603	44.58
Household income	2.946	5	.708	25.16
Personal income	14.295	5	.014	4.74: 1 (8.3%)<5
Reduced personal income	12.535	2	.002	17.12
Home status	1.251	2	.535	81.0
Consist	204.339	3	.000	57.9
Party	6.141	3	.105	36.45
Party (Conservative/Labour/Lib-dem only)	4.258	2	.119	37.54

Table A3-62: IF SUPPORTS STATE PAYING FOR CARE FOR ALL OLDER PEOPLE IN AT LEAST ONE CIRCUMSTANCE: Should the state pay for the care of all elderly people even if it would mean that taxes would have to go up by, say

	...£100 per year for the average person?			IF YES, £500 per year for the average person?			
	N	%	Valid %		N	%	Valid %
Yes	293	30.8	83.5	Yes	166	17.5	56.7
				No	71	7.5	24.4
				Other/depends	36	3.8	12.2
				Don't know	18	1.9	6.2
				Refused	2	.2	.5
No	26	2.7	7.5				
Other/depends	10	1.1	2.9				
Don't know	8	.9	2.3				
Refused	13	1.4	3.7				
N	350	36.9	100.0	N	293	30.8	100.0
Missing	599	63.1		Missing	657	69.2	
Total N	950	100		Total N	950	100.0	

Table A3-63: Would you like to see more or less state spending on care for older people? If you say "much more" spending it might require a tax increase to pay for it.

(i) Frequencies

	N	%	Valid %
Much more	192	20.3	20.8
More	621	65.4	67.2
Same as now	103	10.9	11.2
Less	7	.7	.8
Don't know	22	2.3	
Refused	4	.4	
Total	950	100.0	100.0 (N=924)

(ii) Crosstabulations (%)

	Much more	More	Same as now	Less	N
Sex					
Male	19.7	66.6	12.4	1.3	458
Female	21.8	67.9	10.1	0.2	467
	20.8	67.2	11.2	0.8	925
Working age status					
Working age	21.2	67.2	11.2	0.4	793
Retired age	18.5	66.9	11.5	3.1	130
	20.8	67.2	11.3	0.8	923
Life stage					
25-39	18.3	68.1	13.0	0.6	361
40-54	25.1	65.9	9.0	0.0	311
55-70	19.6	67.6	11.2	1.6	249
	20.9	67.2	11.2	0.7	922
Cohabiting/Single					
Married/cohabiting	20.1	67.4	11.8	0.7	688
Single	23.2	66.2	9.7	0.8	237
	20.9	67.1	11.2	0.8	925
Long standing illness/impairment					
None	20.4	67.4	11.4	0.8	657
Yes, but no impact on activities / no assistance	20.6	65.4	14.0	0.0	107
Yes, receives assistance	24.5	65.3	10.2	0.0	49
Yes impacts on activities / no assistance	19.8	70.8	7.5	1.9	106
	20.6	67.5	11.2	0.8	919
Caring experience					
Current	21.3	68.1	10.6	0.0	235
Past	17.0	71.6	10.9	0.4	229
None	22.4	64.7	11.5	1.3	459
	20.8	67.3	11.2	0.8	923
Social Class					
I	17.9	69.2	12.8	0.0	39
II	17.7	66.8	14.1	1.4	220
III (rm)	19.0	68.0	13.1	0.0	153
III (m)	26.8	63.1	9.6	.6	157
IV	18.1	71.4	9.5	1.0	105
V	14.9	80.9	4.3	0.0	47
	19.8	68.0	11.5	0.7	721
Currently in paid work (10hrs+ per week)					
Working	19.2	68.5	12.0	0.4	568
Not working	23.4	65.4	9.9	1.4	355
	20.8	67.3	11.2	0.8	923
Employed or self employed (any hrs per week)					
Employed	20.7	67.4	11.2	0.7	599
Self employed	15.7	70.1	13.4	0.8	127
	19.8	67.9	11.6	0.7	726

	Much more	More	Same as now	Less	N
Experienced unemployment: last 5 years					
Currently unemployed	27.4	69.4	3.2	0.0	62
Unemployed in last 5 years	20.4	69.7	9.9	0.0	142
Not unemployed in last 5 years	20.4	66.8	11.9	1.0	717
	20.8	67.4	11.0	0.8	921
Wholly retired					
Retired	18.3	68.3	10.0	3.3	120
Not retired	21.3	67.0	11.3	0.4	804
	20.9	67.2	11.1	0.8	920
Household income					
<£8,000	24.4	65.9	7.9	1.8	164
£8K-£14,999	15.7	72.5	10.5	1.3	153
£15K-£22,999	22.3	65.7	12.0	0.0	166
£23K-£28,999	20.9	64.8	13.2	1.1	91
£29K-£34,999	20.6	67.6	11.8	0.0	68
>£35K	17.7	68.5	13.1	0.8	130
	20.3	67.6	11.1	0.9	772
Personal income					
<£8,000	17.2	75.8	7.0	0.0	128
£8K-£14,999	21.6	65.5	12.3	0.6	171
£15K-£22,999	17.1	69.0	14.0	0.0	129
£23K-£28,999	23.1	61.5	15.4	0.0	52
£29K-£34,999	8.3	66.7	25.0	0.0	12
>£35K	11.4	77.1	8.6	2.9	35
	18.6	69.3	11.8	0.4	527
Reduced personal income					
<£15,000	19.7	69.9	10.0	0.3	299
£15K-28,999	18.8	66.9	14.4	0.0	181
>£29K	10.9	73.9	13.0	2.2	46
	18.6	69.2	11.8	0.4	526
Home status					
Own outright	16.9	69.7	11.7	1.7	231
Mortgage	21.0	68.1	10.7	0.2	476
Rented	23.9	63.4	11.7	0.9	213
	20.7	67.4	11.2	0.8	920
Consist					
Pro-state	41.0	55.8	2.6	0.6	156
Mixed economy	13.1	72.9	14.1	0.0	306
Pro-self	11.8	63.4	22.2	2.6	153
Inconsistent	23.7	68.7	6.9	0.7	291
	21.1	67.0	11.1	0.8	906
Party affiliation					
Conservative	11.5	69.7	17.8	1.0	208
Labour	26.5	66.3	6.9	0.3	377
Liberal Democrat	23.0	63.0	14.0	0.0	100
Other/none	21.5	66.9	11.2	0.4	238
	20.8	67.2	11.3	0.8	923

(iii) Chi-square statistics: much more, more, same or less

	Pearson	DoF	p=	Minimum expected frequency
Sex	2.921	2	.232	54.96
Working age status	1.243	2	.537	15.63
Life-stage	7.760	4	.101	30.15
Married, cohabiting/single	1.435	2	.488	28.44
Long-standing illness/impairment	2.156	6	.905	5.91
Caring experience	1.019	4	.403	27.29
Social class	12.808	10	.235	4.81: 1 (5.6%) < 5
Currently in paid work (10hrs+ per week)	2.269	2	.322	42.77
Employed or self employed (any hrs per week)	1.935	2	.380	14.42
Unemployed in the last five years	4.179	2	.124	7.55
Currently unemployed/not unemployed	5.126	4	.275	7.45
Wholly retired	0.976	2	.614	14.52
Household income	6.020	10	.814	8.19
Personal income	10.544	10	.394	1.46
Reduced personal income	3.863	4	.425	5.60
Home status	4.522	4	.340	25.79
Consist	89.127	6	.000	18.09
Party	31.447	6	.000	12.03
Party (Conservative/Labour/Lib-dem only)	30.604	4	.000	11.68

Table A3-6.4: Which of these is the best way that care for elderly people should be paid for?

(i) Frequencies

	N	%	Valid %
State should pay for care for all whatever their income	225	23.7	24.8
State should pay for basic services, and people who can afford to should be able to pay for better care	457	48.1	50.4
State should pay for care for those who cannot afford it, and everyone else should make their own arrangements	225	23.7	23.7
Everyone should make their own arrangements for paying	16	1.7	
Other	14	1.5	
Don't know	8	.8	
Refused	6	.6	
Total	950	100.0	

(ii) Crosstabulations: State all, state basic or means tested?(%); State pay for...

	All	Basic for all	For poor only	N
Sex				
Male	26.4	48.4	25.1	450
Female	23.2	52.3	24.5	457
	24.8	50.4	24.8	907
Working age status				
Working age	25.5	50.1	24.4	783
Retired age	20.5	52.5	27.0	122
	24.9	50.4	24.8	905
Life-stage				
25-39	25.8	52.2	21.9	360
40-54	25.1	47.5	27.4	303
55-70	23.0	51.0	25.9	243
	24.8	50.3	24.8	906
Cohabiting/Single				
Married/cohabiting	23.5	51.6	24.9	668
Single	28.3	46.8	24.9	237
	24.8	50.4	24.9	905
Long standing illness/impairment				
None	25.1	50.2	24.8	646
Yes, but no impact on activities / no assistance	20.8	54.7	24.5	106
Yes, receives assistance	27.1	41.7	31.3	48
Yes impacts on activities / no assistance	25.0	51.9	23.1	104
	24.7	50.4	24.8	904

	All	Basic for all	For poor only	N
Caring experience				
Current	25.7	48.7	25.7	226
Past	20.0	57.3	22.7	225
None	26.8	47.8	25.4	456
	24.8	50.4	24.8	907
Social Class				
I	19.0	54.8	26.2	42
II	25.7	48.6	25.7	214
III (nm)	21.1	55.9	23.0	152
III (m)	28.2	51.3	20.5	156
IV	24.5	51.0	24.5	102
V	26.7	35.6	37.8	45
	24.8	50.6	24.6	711
Currently in paid work				
Working	24.5	51.7	23.8	559
Not working	25.3	48.3	26.4	348
	24.8	50.4	24.8	907
Employed or self employed				
Employed	25.4	51.0	23.5	586
Self employed	23.3	48.1	28.7	129
	25.0	50.5	24.5	715
Experienced unemployment: last 5 years				
Currently unemployed	31.7	31.7	36.7	60
Unemployed in last 5 years	28.2	52.8	19.0	142
Not unemployed in last 5 years	23.6	51.4	25.0	703
	24.9	50.3	24.9	905
Wholly retired				
Retired	27.2	51.8	21.1	114
Not retired	24.5	50.2	25.3	793
	24.8	50.4	24.8	907
Household income				
<£8,000	27.6	42.3	30.1	163
£8K-£14,999	23.3	55.3	21.3	150
£15K-£22,999	27.1	48.2	24.7	166
£23K-£28,999	23.5	47.1	29.4	85
£29K-£34,999	18.8	65.6	15.6	64
>£35K	17.3	57.5	25.2	127
	23.7	51.3	25.0	755
Personal income				
<£8,000	22.0	52.0	26.0	123
£8K-£14,999	20.9	56.4	22.7	172
£15K-£22,999	29.1	53.5	17.3	127
£23K-£28,999	34.6	40.4	25.0	52
£29K-£34,999	7.7	61.5	30.8	13
>£35K	6.5	61.3	32.3	31
	23.4	53.5	23.2	518
Reduced personal income				
<£15K	21.4	54.6	24.1	295
£15K-£28,999	30.9	50.0	19.1	178
>£29K	6.8	61.4	31.8	44
	23.4	53.6	23.0	517
Home status				
Own outright	23.5	47.8	28.8	226
Mortgage	24.5	52.4	23.2	462
Renting	26.2	49.5	24.3	214
	24.6	50.6	24.8	902
Consist				
Pro-state	100.0			160
Mixed economy		100.0		317
Pro-self			100.0	142
Inconsistent	22.4	48.8	28.8	281
	24.8	50.4	24.8	900

	All	Basic for all	For poor only	N
Party affiliation				
Conservative	162	57.4	26.5	204
Labour	31.3	41.0	27.8	371
Liberal Democrat	19.4	62.2	18.4	98
Other/none	23.4	56.3	20.3	158
	24.7	50.4	24.9	905

(iii) Chi square statistics

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.667	2	.435	111.63
Working age status	1.504	2	.471	30.20
Life-stage	3.345	4	.502	60.35
Married, cohabiting/single	2.410	2	.300	58.66
Long standing illness/impairment	2.920	6	.819	11.84
Caring experience	6.304	4	.178	55.82
Social class	10.018	10	.439	10.34
Currently in paid work (10hrs+ per week)	1.156	2	.561	86.33
Employed or self employed (any hrs per week)	1.521	2	.468	31.57
Unemployed in the last five years	11.985	4	.017	14.92
Currently unemployed/not unemployed	9.365	2	.009	14.83
Wholly retired	1.089	2	.580	28.28
Household income	17.255	10	.069	15.17
Personal income	16.660	10	.082	3.01:2 (11.1%)<5
Reduced personal income	13.759	4	.008	10.13
Home status	2.979	4	.561	52.67
Consist	[n/a]			
Party	30.517	6	.000	24.18
Party (Conservative/Labour/Lib-dem only)	27.379	4	.000	24.46

Table A3-6.5: Public attitudes towards state and individual responsibilities for care for elderly people.

(i) Frequencies:	a. People should be <u>expected to pay costs of their care in old age</u> , instead of relying on the state to pay		b. The <u>state should be responsible</u> for providing care for elderly people		c. The <u>state cannot afford to</u> provide adequate care for all elderly people		d. <u>Young people can make better arrangements</u> for their own care in old age as they have more choice		e. The <u>state used to provide a better standard of care</u> for elderly people	
	N	%	N	%	N	%	N	%	N	%
Strongly agree	103	10.9	532	56.0	89	9.4	257	27.1	201	21.1
Somewhat agree	377	39.7	315	33.2	235	24.7	395	41.6	223	23.5
Neither	96	10.1	44	4.7	79	8.3	109	11.5	126	13.3
Somewhat disagree	211	22.2	50	5.3	260	27.4	103	10.9	193	20.4
Strongly disagree	155	16.3	6	.6	261	27.4	63	6.6	63	6.6
Don't know	7	.7	0	.0	26	2.7	21	2.3	143	15.1
Refused	1	.1	2	.2	1	.1	1	.1	1	.1
	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0
(ii) Summary:	N	%	N	%	N	%	N	%	N	%
Agree	480	50.6	847	89.2	324	34.1	653	68.7	424	44.6
Neither	96	10.1	44	4.7	79	8.3	109	11.5	126	13.3
Disagree	366	38.5	56	5.9	521	54.9	166	17.4	256	27.0
N	942	99.2	947	99.7	923	97.2	927	97.6	806	84.8
Not answered	8	.8	2	.3	26	2.8	22	2.4	144	15.2
Total	950	100.0	950	100.0	950	100.0	950	100.0	950	100.0

Table A3-6.6: People should be expected to pay costs of their care in old age, instead of relying on the state to pay

(i) Crosstabulations (%)

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N
Sex						
Male	12.3	39.1	10.1	21.3	17.2	465
Female	9.8	40.8	10.3	23.4	15.7	478
	11.0	40.0	10.2	22.4	16.4	943
Working age status						
Working age	10.9	40.1	9.4	23.1	16.5	810
Retired age	11.6	38.8	15.5	17.8	16.3	129
	11.0	39.9	10.2	22.4	16.5	939
Life stage						
25-39	8.3	43.0	9.9	25.1	13.6	374
40-54	14.0	37.9	9.9	20.4	17.8	314
55-70	11.1	37.9	11.5	20.6	19.0	253
	10.9	40.0	10.3	22.3	16.5	941
Cohabiting/Single						
Married/cohabiting	12.9	39.7	9.8	21.8	15.8	697
Single	5.3	41.0	11.5	23.8	18.4	244
	10.9	40.1	10.2	22.3	16.5	941
Long standing illness/impairment						
None	11.9	40.8	9.1	23.0	15.2	671
Yes, but no impact on activities/ no assistance	12.6	37.8	11.7	25.2	12.6	111
Yes, receives assistance	10.2	36.7	12.2	12.2	28.6	49
Yes impacts on activities/ no assistance	4.7	36.4	14.0	21.5	23.4	107
	11.1	39.8	10.1	22.5	16.5	928
Caring experience						
Current	10.6	40.3	8.1	19.9	21.2	236
Past	13.0	35.9	11.3	22.5	17.3	231
None	10.1	41.9	10.7	23.6	13.7	475
	10.9	40.0	10.2	22.4	16.5	942
Social Class						
I	16.7	50.0	7.1	19.0	7.1	42
II	14.7	38.4	11.2	21.4	14.3	224
III (rm)	11.3	49.4	8.8	16.9	13.8	160
III (m)	8.2	35.2	11.3	25.2	20.1	159
IV	8.5	44.3	6.6	25.5	15.1	106
V	10.6	34.0	12.8	29.8	12.8	47
	11.5	41.3	9.9	22.2	15.0	738
Currently in paid work						
Working	12.0	41.3	9.6	23.2	13.8	581
Not working	9.1	38.0	11.1	21.1	20.8	361
	10.9	40.0	10.2	22.4	16.5	942
Employed or self employed						
Employed	11.3	40.2	10.2	23.8	14.4	609
Self employed	12.9	46.2	8.3	14.4	18.2	132
	11.6	41.3	9.9	22.1	15.1	741
Experienced unemployment: last 5 years						
Currently unemployed	4.8	39.7	6.3	25.4	23.8	63
Unemployed in last 5 years	5.4	41.5	10.9	23.8	18.4	147
Not unemployed in last 5 years	12.6	39.8	10.4	21.9	15.3	731
	10.9	40.1	10.2	22.4	16.4	941

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N
Wholly retired						
Retired	9.8	36.1	13.1	20.5	20.5	122
Not retired	11.1	40.6	9.8	22.7	15.9	820
	10.9	40.0	10.2	22.4	16.5	942
Household income						
<£8,000	5.4	35.9	8.4	26.9	23.4	167
£8K-£14,999	9.1	44.8	11.0	19.5	15.6	154
£15K-£22,999	12.4	42.9	9.4	22.9	12.4	170
£23K-£28,999	11.1	38.9	11.1	21.1	17.8	90
£29K-£34,999	20.0	42.9	5.7	27.1	4.3	70
>£35K	16.8	37.4	10.7	23.7	11.5	131
	11.5	40.4	9.6	23.4	15.1	782
Personal income						
<£8,000	9.9	44.3	7.6	26.7	11.5	131
£8K-£14,999	11.6	44.8	12.8	18.6	12.2	172
£15K-£22,999	6.1	43.2	9.8	25.8	15.2	132
£23K-£28,999	24.1	25.9	3.7	27.8	18.5	54
£29K-£34,999	21.4	57.1	7.1	14.3	-	14
>£35K	22.2	36.1	13.9	22.2	5.6	36
	12.1	42.1	9.8	23.4	12.6	539
Reduced personal income						
<£15K	10.9	44.6	10.6	22.1	11.9	303
£15K-£28,999	11.4	37.8	8.1	26.5	16.2	185
>£29K	22.9	43.8	10.4	18.8	4.2	48
	12.1	42.2	9.7	23.3	12.7	536
Home status						
Own outright	12.0	37.6	11.5	19.2	19.7	234
Mortgage	12.2	42.1	9.5	22.2	13.9	482
Renting	7.2	38.3	10.4	26.1	18.0	222
	11.0	40.1	10.2	22.4	16.3	938
Consist						
<i>Pro-state</i>	-	-	-	46.3	53.8	160
<i>Mixed economy</i>	12.9	67.5	19.6	-	-	317
<i>Pro-self</i>	33.1	66.9	-	-	-	157
<i>Inconsistent</i>	3.4	17.3	10.8	45.4	23.1	295
	11.1	39.8	10.1	22.4	16.6	929
Party affiliation						
Conservative	17.1	49.8	5.7	20.4	7.1	211
Labour	7.6	37.4	10.5	20.9	23.6	382
Liberal Democrat	18.0	29.0	14.0	27.0	12.0	100
Other/none	7.8	40.4	11.4	24.5	15.9	245
	10.9	40.1	10.0	22.4	16.6	938

(ii) Chi square statistics: Strongly Agree, Somewhat Agree, Neither, Disagree, Strongly Disagree

	Pearson	DoF	p=	Minimum expected frequency
Sex	2.235	4	.693	47.34
Working age status	5.569	4	.234	13.19
Life-stage	12.394	8	.134	26.08
Married, cohabiting/single	11.180	4	.025	24.89
Long standing illness/impairment	20.007	12	.067	4.96: 1 (5.0%)<5
Caring experience	10.533	8	.230	23.54
Social class	23.730	20	.254	4.15: 3 (10%)<5
Currently in paid work (10hrs+ per week)	9.918	4	.042	36.79
Employed or self employed (any hrs per week)	6.885	4	.142	13.00
Unemployed in the last five years	12.613	8	.126	6.43
Currently unemployed/not unemployed	5.823	4	.213	6.42
Wholly retired	3.494	4	.479	12.43
Household income	36.227	20	.014	6.71
Personal income	33.958	20	.026	1.38: 7 (23.3%)<5
Reduced personal income	13.215	8	.105	4.66: 1 (6.7%)<5
Home status	11.589	8	.171	22.72
Consist	[n/a]			
Party	58.909	12	.000	10.02
Party (Conservative/Labour/Lib-dem only)	53.137	8	.000	9.52

(iii) Chi square statistics: People should be expected to pay costs of their care in old age, instead of relying on the state to pay (Agree, Neither, Disagree)

	Pearson	DoF	p=	Minimum expected frequency
Sex	.042	2	.979	47.29
Working age status	4.959	2	.084	13.19
Life-stage	.753	4	.945	26.08
Married, cohabiting/single	2.945	2	.229	24.89
Long standing illness/impairment	6.614	6	.358	4.97: 1 (8.3%)<5
Caring experience	2.622	4	.623	23.54
Social class	16.407	10	.089	4.15: 2 (11.1%)<5
Currently in paid work (10hrs+ per week)	3.601	2	.165	38.83
Employed or self employed (any hrs per week)	2.480	2	.289	13.00
Unemployed in the last five years	4.495	4	.343	6.33
Currently unemployed/not unemployed	2.937	2	.230	6.33
Wholly retired	2.042	2	.360	12.43
Household income	15.059	10	.130	6.63
Personal income	14.755	10	.141	1.38: 2 (11.1%)<5
Reduced personal income	7.985	4	.092	4.66
Home status	5.635	4	.228	22.72
Consist	[n/a]			
Party	60.620	6	.000	10.01
Party (Conservative/Labour/Lib-dem only)	29.418	4	.000	9.51

Table A3-6.7: The state cannot afford to provide adequate care for all elderly people

(i) Crosstabulations (%)

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N
Sex						
Male	10.0	22.2	6.7	24.2	37.0	451
Female	9.3	28.5	10.4	31.9	19.9	473
	9.6	25.4	8.5	28.1	28.2	924
Working age status						
Working age	8.9	24.8	8.4	28.9	28.9	795
Retired age	13.7	29.0	8.9	24.2	24.2	124
	9.6	25.4	8.5	28.3	28.3	919
Life stage						
25-39	9.3	23.2	12.5	28.6	26.4	367
40-54	8.1	29.4	4.9	26.9	30.7	309
55-70	12.1	23.4	7.3	29.4	27.8	248
	9.6	25.3	8.5	28.2	28.2	924
Cohabiting/Single						
Married/cohabiting	10.9	26.4	6.7	30.2	25.7	685
Single	5.8	22.5	13.8	22.5	35.4	250
	9.6	25.4	8.5	28.2	28.2	925
Long standing illness/impairment						
None	9.7	24.5	8.2	28.6	29.0	658
Yes, but no impact on activities/ no assistance	8.3	27.8	9.3	33.3	21.3	108
Yes, receives assistance	12.5	20.8	8.3	22.9	35.4	43
Yes impacts on activities/ no assistance	9.7	31.1	9.7	22.3	27.2	103
	9.7	25.4	8.5	28.1	28.2	917
Caring experience						
Current	11.1	26.1	7.7	22.6	32.5	234
Past	11.0	24.2	7.9	30.8	26.0	227
None	8.2	25.7	9.3	29.6	27.2	463
	9.6	25.4	8.5	28.1	28.2	924
Social Class						
I	12.5	27.5	0.0	10.0	50.0	40
II	15.1	26.5	7.8	26.5	24.2	219
III (nm)	11.0	29.9	5.2	35.1	18.8	154
III (m)	5.8	21.3	9.7	31.6	31.6	155
IV	3.8	23.1	11.5	33.7	27.9	104
V	4.3	23.9	8.7	30.4	32.6	46
	9.7	25.5	7.8	29.8	27.2	718
Currently in paid work						
Working	9.5	26.4	8.6	30.1	25.5	569
Not working	9.9	23.9	8.5	25.1	32.7	355
	9.6	25.4	8.5	28.1	28.2	924
Employed or self employed						
Employed	10.5	25.0	8.1	30.7	25.8	593
Self employed	6.9	27.5	6.9	26.0	32.8	131
	9.8	25.4	7.9	29.8	27.1	724
Experienced unemployment: last 5 years						
Currently unemployed	1.7	11.9	15.3	28.8	42.4	59
Unemployed in last 5 years	6.2	26.0	8.9	24.7	34.2	146
Not unemployed in last 5 years	11.0	26.5	7.8	28.8	25.9	718
	9.6	25.5	8.5	28.2	28.3	923

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N
Wholly retired						
Retired	11.3	27.0	7.0	25.2	29.6	115
Not retired	9.4	25.3	8.7	28.6	28.0	807
	9.7	25.5	8.5	28.2	28.2	922
Household income						
<£8,000	7.3	23.2	8.5	30.5	30.5	164
£8K-£14,999	5.2	29.4	8.5	31.4	25.5	153
£15K-£22,999	7.8	25.7	9.6	29.9	26.9	167
£23K-£28,999	12.5	23.9	5.7	30.7	27.3	88
£29K-£34,999	15.2	31.8	7.6	21.2	24.2	66
>£35K	19.8	29.0	6.9	20.6	23.7	131
	10.4	26.8	8.1	28.1	26.7	769
Personal income						
<£8,000	6.3	31.3	13.3	35.2	14.1	128
£8K-£14,999	6.4	26.2	11.0	32.0	24.4	172
£15K-£22,999	11.5	25.2	4.6	28.2	30.5	131
£23K-£28,999	15.7	29.4	5.9	13.7	35.3	51
£29K-£34,999	8.3	33.3	8.3	8.3	41.7	12
>£35K	22.9	28.6	8.6	25.7	14.3	35
	9.6	27.8	9.3	29.1	24.2	529
Reduced personal income						
<£15K	6.3	28.0	12.0	33.3	20.3	300
£15K-£28,999	12.8	26.7	4.4	24.4	31.7	180
>£29K	19.1	29.8	6.4	21.3	23.4	47
	9.7	27.7	8.9	29.2	24.5	527
Home status						
Own outright	10.0	25.8	7.4	26.6	30.1	229
Mortgage	11.6	26.6	7.4	29.1	25.3	474
Renting	5.1	22.7	12.5	27.8	31.9	216
	9.7	25.5	8.6	28.2	28.1	919
Consist						
Pro-state	1.9	9.7	3.2	29.2	55.8	154
Mixed economy	13.2	31.8	10.3	27.7	17.0	311
Pro-self	19.4	32.9	5.8	27.1	14.8	155
Inconsistent	5.2	20.6	11.5	29.6	33.1	287
	9.8	24.7	8.7	28.4	28.3	907
Party affiliation						
Conservative	15.8	35.9	6.7	27.3	14.4	209
Labour	5.9	21.2	8.1	26.6	38.2	372
Liberal Democrat	16.0	24.0	8.0	30.0	22.0	100
Other/none	7.5	22.9	11.3	30.8	27.5	240
	9.7	25.3	8.6	28.2	28.2	921

(ii) Chi square statistics:

Strongly Agree, Somewhat Agree, Neither, Somewhat Disagree, Strongly Disagree

	Pearson	DoF	p=	Minimum expected frequency
Sex	36.493	4	.000	38.56
Working age status	5.050	4	.282	10.52
Life-stage	19.212	8	.014	21.20
Married, cohabiting/single	25.917	4	.000	20.50
Long standing illness/impairment	8.760	12	.723	4.08: 2 (10%)<5
Caring experience	8.241	8	.410	19.41
Social class	46.403	20	.001	3.12: 4 (13.3%)<5
Currently in paid work (10hrs+ per week)	6.473	4	.167	30.35
Employed or self employed (any hrs per week)	4.641	4	.326	10.31
Unemployed in the last five years	23.460	8	.003	4.99: 1 (6.7%)<5
Currently unemployed/not unemployed	16.664	4	.002	4.99: 1 (10%)<5
Wholly retired	1.335	4	.855	9.73
Household income	30.049	20	.069	5.32
Personal income	41.283	20	.003	1.11: 9 (30%)<5
Reduced personal income	27.422	8	.001	4.19: 2 (13.3%)<5
Home status	15.571	8	.049	18.57
Consist	138.382	12	.000	13.41
Party	63.947	12	.000	8.58
Party (Conservative/Labour/Lib-dem only)	56.260	8	.000	7.64

(iii) Chi square statistics:

Agree, Neither, Disagree

	Pearson	DoF	p=	Minimum expected frequency
Sex	9.313	2	.010	38.60
Working age status	4.703	2	.095	10.59
Life-stage	13.536	4	.009	21.19
Married, cohabiting/single	14.550	2	.001	20.43
Long standing illness/impairment	2.364	6	.883	4.08: 1 (8.3%)<5
Caring experience	1.163	4	.884	19.41
Social class	19.938	10	.030	3.19: 2 (11.1%)<5
Currently in paid work (10hrs+ per week)	.458	2	.795	30.35
Employed or self employed (any hrs per week)	.337	2	.845	10.31
Unemployed in the last five years	16.000	4	.003	5.08
Currently unemployed/not unemployed	14.554	2	.001	5.07
Wholly retired	.785	2	.675	9.72
Household income	15.333	10	.120	5.31
Personal income	13.719	10	.186	1.20: 4 (22.2%)<5
Reduced personal income	12.139	4	.016	4.19: 1 (11.1%)<5
Home status	10.206	4	.037	18.59
Consist	102.316	6	.000	13.47
Party	41.052	6	.000	8.57
Party (Conservative/Labour/Lib-dem only)	35.315	4	.000	7.62

Table A3-6.8: Beliefs about how care should be funded – “CONSIST” variable from
a) the best way care should be paid for and
b) people should be expected to pay for some of their care in old age.

(i) Frequencies

	N	%
Pro-state	160	16.9
Mixed economy	317	33.4
Pro-self	157	16.5
Inconsistent	296	31.1
N	930	97.9
Missing	20	2.1
Total	950	100.0

(ii) Crosstabulations(%)

	Pro-state	Mixed economy	Pro-self	Inconsistent	N
Sex					
Male	17.7	32.7	17.3	32.3	462
Female	16.6	35.6	16.4	31.3	469
	17.2	34.2	16.9	31.8	931
Working age status					
Working age	17.9	33.5	16.8	31.8	799
Retired age	13.2	37.2	17.1	32.6	129
	17.2	34.1	16.8	31.9	928
Life-stage					
25-39	19.3	36.1	15.2	29.3	368
40-54	16.4	30.5	19.6	33.4	311
55-70	15.6	35.2	16.0	33.2	250
	17.3	34.0	16.9	31.8	929
Cohabiting/Single					
Married/cohabiting	15.8	34.4	17.6	32.1	688
Single	21.5	33.1	14.9	30.6	242
	17.3	34.1	16.9	31.7	930
Long standing illness/impairment					
None	17.1	34.7	17.2	31.0	622
Yes, but no impact on activities / no assistance	14.7	36.8	15.6	33.9	109
Yes, receives assistance	20.8	29.2	20.8	29.2	48
Yes impacts on activities / no assistance	18.1	30.5	15.2	36.2	105
	17.1	34.1	17.0	31.8	924
Caring experience					
Current	17.2	30.2	17.7	34.9	232
Past	13.9	37.8	13.5	34.8	230
None	18.8	34.3	18.1	28.8	469
	17.2	34.2	16.9	31.8	931
Social Class					
I	14.3	47.6	16.7	21.4	42
II	18.0	35.6	19.4	27.0	222
III (nm)	13.5	41.9	16.1	28.4	155
III (m)	20.3	31.0	12.7	36.1	158
IV	15.2	28.6	20.0	36.2	105
V	14.9	23.4	19.1	42.6	47
	16.7	34.8	17.1	31.3	729
Currently in paid work					
Working	16.8	35.2	17.3	30.6	571
Not working	17.8	32.3	16.2	33.7	359
	17.2	34.1	16.9	31.8	930
Employed or self employed					
Employed	17.5	34.6	16.2	31.7	599
Self employed	13.6	36.4	20.5	29.5	132
	16.8	34.9	17.0	31.3	731

	Pro-state	Mixed economy	Pro-self	Inconsistent	N
Experienced unemployment: last 5 years					
Currently unemployed	24.2	21.0	21.0	33.9	62
Unemployed in last 5 years	24.2	21.0	21.0	33.9	145
Not unemployed in last 5 years	19.3	34.5	14.5	31.7	721
	16.4	35.1	17.1	31.5	928
Wholly retired					
Retired	17.3	34.1	16.9	31.7	
Not retired	19.2	33.3	14.2	33.3	120
	16.9	34.2	17.3	31.6	810
	17.2	34.1	16.9	31.8	930
Household income					
<£8,000	20.0	23.6	17.0	39.4	165
£8K-£14,999	14.5	39.5	13.8	32.2	152
£15K-£22,999	14.3	32.1	19.6	33.9	168
£23K-£28,999	19.8	25.3	22.0	33.0	91
£29K-£34,999	11.9	43.3	17.9	26.9	67
>£35K	13.7	42.7	15.3	28.2	131
	15.9	33.7	17.3	33.1	774
Personal income					
<£8,000	13.6	32.0	18.4	36.0	125
£8K-£14,999	11.7	39.2	18.1	31.0	171
£15K-£22,999	20.0	35.4	13.1	31.5	130
£23K-£28,999	31.5	27.8	20.4	20.4	54
£29K-£34,999	0.0	61.5	23.1	15.4	13
>£35K	5.9	44.1	17.6	32.4	34
	15.6	36.2	17.3	30.9	527
Reduced personal income					
<£15K	12.8	36.0	18.2	33.0	297
£15K-£28,999	23.2	33.5	15.1	28.1	185
>£29K	4.3	48.9	19.1	27.7	47
	15.7	36.3	17.2	30.8	529
Home status					
Own outright	17.1	33.8	17.9	31.2	234
Mortgage	16.5	36.3	16.9	30.4	474
Renting	18.3	30.1	16.0	35.6	219
	17.0	34.2	16.9	31.8	927
Party affiliation					
Conservative	11.0	44.0	21.5	23.4	209
Labour	22.5	25.7	18.3	33.4	377
Liberal Democrat	13.0	39.0	15.0	33.0	100
Other/none	16.2	36.5	11.6	35.7	241
	17.3	34.1	16.9	31.7	927

(iii) Chi-square statistics	Pearson	DoF	p=	Minimum expected frequency
Sex	.923	3	.820	77.91
Working age status	1.899	3	.594	21.69
Life-stage	6.304	6	.390	42.25
Married, cohabiting/single	4.310	3	.230	40.85
Long standing illness/impairment	3.539	9	.939	8.16
Caring experience	8.889	6	.180	38.79
Social class	20.657	15	.148	7.03
Currently in paid work (10hrs+ per week)	1.501	3	.682	60.61
Employed or self employed (any hrs per week)	2.396	3	.494	22.21
Unemployed in the last five years	6.971	6	.324	10.49
Currently unemployed/not unemployed	5.988	3	.112	10.48
Wholly retired	1.031	3	.794	20.26
Household income	24.476	15	.057	10.65
Personal income	27.548	15	.025	2.02:4(16.7%)<5
Reduced personal income	16.479	6	.011	7.37
Home status	3.552	6	.737	37.09
Party	40.323	9	.000	16.94
Party (Conservative/Labour/Lib-dem only)	32.623	6	.000	17.64

Table A6-69: Should people be able to buy insurance to cover the cost of care they might need in old age?

(i) Frequencies		N	%
Yes		736	77.5
No		104	11.0
Depends		89	9.4
Don't know		19	2.0
Refused		1	.1
Total		950	100.0

(ii) Crosstabulations (%)				
	Yes	No	Depends	N
Sex				
Male	77.2	12.8	10.0	461
Female	81.2	9.6	9.2	468
	79.2	11.2	9.6	929
Working age status				
Working age	78.5	11.9	9.6	800
Retired age	82.9	7.0	10.1	129
	79.1	11.2	9.7	929
Life-stage				
25-39	83.2	9.5	7.3	369
40-54	76.8	15.3	8.0	314
55-70	76.3	8.6	15.1	245
	79.2	11.2	9.6	928
Cohabiting/Single				
Married/cohabiting	80.6	10.3	9.1	689
Single	74.8	14.0	11.2	242
	79.1	11.3	9.7	931
Long standing illness/impairment				
None	80.4	11.6	8.0	663
Yes, but no impact on activities / no assistance	77.6	9.3	13.1	107
Yes, receives assistance	72.9	18.8	8.3	48
Yes impacts on activities / no assistance	76.2	6.7	17.1	105
	79.2	11.2	9.6	923
Caring experience				
Current	79.1	12.8	8.1	235
Past	74.4	13.2	12.3	227
None	81.4	9.6	9.0	468
	79.1	11.3	9.6	930
Social Class				
I	88.1	4.8	7.1	42
II	81.0	11.6	7.4	216
III (nm)	80.5	12.6	6.9	159
III (m)	74.2	15.7	10.1	159
IV	82.9	8.6	8.6	105
V	76.1	6.5	17.4	46
	79.8	11.6	8.7	727
Currently in paid work				
Working	79.9	11.7	8.4	572
Not working	78.2	10.4	11.5	357
	79.2	11.2	9.6	929
Employed or self employed				
Employed	79.7	12.2	8.1	606
Self employed	79.4	9.5	11.1	126
	79.6	11.7	8.6	732
Experienced unemployment: last 5 years				
Currently unemployed	74.2	14.5	11.3	62
Unemployed in last 5 years	77.2	11.7	11.0	145
Not unemployed in last 5 years	79.9	10.9	9.1	722
	79.1	11.3	9.6	929

	Yes	No	Depends	N
Wholly retired				
Retired	83.3	6.7	10.0	120
Not retired	78.5	11.9	9.6	810
	79.1	11.2	9.7	930
Household income				
<£8,000	76.2	15.2	8.5	164
£8K-£14,999	79.9	9.7	10.4	154
£15K-£22,999	77.8	10.5	11.7	171
£23K-£28,999	78.0	11.0	11.0	91
£29K-£34,999	80.9	8.8	10.3	68
>£35K	87.7	6.9	5.4	130
	79.8	10.7	9.5	778
Personal income				
<£8,000	80.8	11.5	7.7	130
£8K-£14,999	81.5	9.2	9.2	173
£15K-£22,999	76.0	14.0	10.1	129
£23K-£28,999	79.2	17.0	3.8	53
£29K-£34,999	83.3	8.3	8.3	12
>£35K	94.3		5.7	35
	80.6	11.1	8.3	532
Reduced personal income				
<£15K	81.5	10.3	8.3	302
£15K-£28,999	77.0	14.8	8.2	183
>£29K	91.5	2.1	6.4	47
	80.8	11.1	8.1	532
Home status				
Own outright	78.3	11.7	10.0	230
Mortgage	79.1	12.3	8.6	479
Renting	79.7	8.3	12.0	217
	79.0	11.2	9.7	926
Consist				
Pro-state	63.5	26.3	10.3	156
Mixed economy	84.7	5.7	9.6	314
Pro-self	87.7	5.2	7.1	155
Inconsistent	76.2	12.4	11.4	290
	78.9	11.3	9.8	915
Party affiliation				
Conservative	88.3	2.9	8.7	206
Labour	71.9	17.3	10.8	381
Liberal Democrat	83.0	9.0	8.0	100
Other/none	80.7	9.9	9.5	243
	79.0	11.3	9.7	930

(iii) Chi-square statistics	Pearson	DoF	p=	Minimum expected frequency
Sex	2.716	2	.257	44.16
Working age status	2.682	2	.262	12.50
Life-stage	19.013	4	.001	23.50
Married, cohabiting/single	3.729	2	.155	23.39
Long standing illness/impairment	14.724	6	.023	4.63: 1 (8.3%)
Caring experience	5.826	4	.213	21.72
Social class	12.735	10	.239	3.69: 3 (16.7%) <5
Currently in paid work (10hrs+ per week)	2.637	2	.268	34.20
Employed or self employed (any hrs per week)	1.752	2	.416	10.84
Unemployed in the last five years	1.640	4	.802	5.94
Currently unemployed/not unemployed	1.023	2	.600	5.93
Wholly retired	2.834	2	.242	11.61
Household income	10.419	10	.404	6.47
Personal income	10.660	10	.385	0.99: 5 (27.8%) <5
Reduced personal income	6.989	4	.136	3.80: 1 (11.1%) <5
Home status	4.077	4	.396	21.09
Consist	55.057	6	.000	15.25
Party	31.918	6	.000	9.68
Party (Conservative/Labour/Lib-dem only)	30.162	4	.000	9.75

Table A3-6.10: Reasons given for specific view on availability of long term care insurance

(i) Total sample percentages

	Yes – insurance should be available N=736 % of sample=77.5			Depends – whether insurance should be available N=89 % of sample=9.4			No – Insurance should not be available N=104 % of sample=11.0				Not answered N=20 % of sample=2.1	
	For this reason	Not for this reason	No reason given	For this reason	Not for this reason	No reason given	For this reason	Not for this reason	Don't know	Reason refused	Don't know	Refused
To get better care	1.0	76.5	0.1	0	92	0.2					2.0	0.1
Freedom of choice	22.6	54.8	0.1	2.9	63	0.2					2.0	0.1
If they can afford it	23.2	54.3	0.1	6.1	32	0.2					2.0	0.1
To protect the future	35.7	31.7	0.1	0.5	8.8	0.2					2.0	0.1
As state cannot afford care for all	9.3	68.1	0.1	0.3	8.9	0.2					2.0	0.1
As state won't pay for care for all	3.7	73.7	0.1	0.4	8.8	0.2					2.0	0.1
To spread the cost of care	1.6	75.9	0.1	0	92	0.2					2.0	0.1
So you won't be a burden	6.4	71.1	0.1	0.1	9.1	0.2					2.0	0.1
Other reason	3.6	73.8	0.1	1.5	7.7	0.2					2.0	0.1
As state should pay for care							8.8	1.8	0.3	0.2	2.0	0.1
As it will lead to the privatisation of care							1.7	8.9	0.3	0.2	2.0	0.1
As it is not affordable							0.5	10.0	0.3	0.2	2.0	0.1

Note: Total in each row=950; Respondents could give up to three responses

(ii) Frequencies: respondents in each group (yes to insurance; depends to insurance; no to insurance) giving reason for their view

(a) Full or qualified support	Yes to insurance		Depends to insurance		Yes or depends to insurance	
	N	Valid %	N	Valid %	N	Total %
To protect the future	339	46.1	4	5.0	344	41.7
If they can afford it	221	30.0	57	64.3	279	33.8
Freedom of choice	215	29.2	28	31.1	243	29.4
As state cannot afford care for all	88	12.0	3	3.2	91	11.0
So you won't be a burden	60	8.2	1	1.1	61	7.5
As state won't pay for care for all	35	4.8	4	4.6	39	4.7
Other reason	34	4.6	15	16.5	49	5.9
To spread the cost of care	15	2.0	0	0	15	1.8
To get better care	9	1.3	0	0	9	1.1
Total	736	100	89	100	825	100

(b) Against insurance	No to insurance	
	N	Total %
State should pay for care	83	79.9
It will lead to privatisation of care	16	15.3
As it is not affordable	5	4.5
N	104	100

Note: respondents could give up to three responses

Table A3-6.11: Do you think that people should be required by law to pay for private insurance which would cover the costs of any special help or care they may need when they are elderly?

(i) Frequencies

	N	%
Yes	139	14.7
No	762	80.2
Don't know	45	4.8
Refused	3	3
Total	950	100.0

(ii) Crosstabulations (%)

	Yes	No	Don't know	N
Sex				
Male	16.3	80.5	3.2	467
Female	13.2	80.6	6.3	479
	14.7	80.5	4.8	946
Working age status				
Working age	12.6	82.9	4.4	815
Retired age	27.7	65.4	6.9	130
	14.7	80.5	4.8	945
Life stage				
25-39	11.0	84.5	4.5	374
40-54	10.7	84.0	5.3	318
55-70	25.2	70.1	4.7	254
	14.7	80.4	4.9	946
Cohabiting/Single				
Married/cohabiting	15.0	80.6	4.4	701
Single	14.2	80.1	5.7	246
	14.8	80.5	4.8	947
Long standing illness/impairment				
None	13.5	82.0	4.5	674
Yes, but no impact on activities/ no assistance	18.2	74.5	7.3	110
Yes, receives assistance	20.4	73.5	6.1	49
Yes impacts on activities/ no assistance	15.0	81.3	3.7	107
	14.6	80.6	4.8	940

	Yes	No	Don't know	N
Caring experience				
Current	14.7	79.4	5.9	238
Past	13.7	82.4	3.9	233
None	15.2	80.2	4.6	475
	14.7	80.5	4.8	946
Social Class				
I	24.4	73.2	2.4	41
II	15.6	80.0	4.4	225
III (nm)	7.5	85.0	7.5	160
III (m)	18.6	80.1	1.2	161
IV	12.1	84.1	3.7	107
V	15.6	77.8	6.7	45
	14.5	81.2	4.3	739
Currently in paid work				
Working	12.2	83.0	4.8	583
Not working	18.7	76.6	4.7	364
	14.7	80.6	4.8	947
Employed or self employed				
Employed	13.9	81.7	4.4	611
Self employed	15.9	80.3	3.8	132
	14.3	81.4	4.3	743
Experienced unemployment: last 5 years				
Currently unemployed	12.7	82.5	4.8	63
Unemployed in last 5 years	10.3	86.3	3.4	146
Not unemployed in last 5 years	15.9	79.1	5.0	736
	14.8	80.4	4.8	945
Wholly retired				
Retired	27.5	65.0	7.5	120
Not retired	12.8	82.8	4.4	826
	14.7	80.5	4.8	946
Household income				
<£8,000	13.8	83.8	2.4	167
£8K-£14,999	13.6	78.6	7.8	154
£15K-£22,999	13.9	83.2	2.9	173
£23K-£28,999	13.2	86.8	0.0	91
£29K-£34,999	17.4	73.9	8.7	69
>£35K	16.0	80.2	3.8	131
	14.4	81.5	4.1	785
Personal income				
<£8,000	6.2	86.0	7.8	129
£8K-£14,999	11.4	82.3	6.3	175
£15K-£22,999	12.8	85.7	1.5	133
£23K-£28,999	18.9	81.1	0.0	53
£29K-£34,999	15.4	76.9	7.7	13
>£35K	23.5	67.6	8.8	34
	12.1	82.9	5.0	537
Reduced personal income				
<£15K	9.2	83.9	6.9	305
£15K-£28,999	14.5	84.4	1.1	186
>£29K	21.3	70.2	8.5	47
	12.1	82.9	5.0	538
Home status				
Own outright	21.5	73.8	4.6	237
Mortgage	11.1	83.7	5.2	485
Renting	14.9	80.5	4.5	221
	14.6	80.5	4.9	943
Consist				
Pro-state	3.8	93.1	3.1	160
Mixed economy	16.5	77.5	6.0	316
Pro-self	31.4	62.8	5.8	156
Inconsistent	10.1	86.1	3.7	296
	14.8	80.5	4.7	928

	Yes	No	Don't know	N
Party affiliation				
Conservative	21.2	74.1	4.7	212
Labour	10.1	86.0	3.9	385
Liberal Democrat	16.0	80.0	4.0	100
Other/none	15.8	78.1	6.1	247
	14.7	80.6	4.7	944

(iii) Chi square statistics:

	Pearson	DoF	p=	Minimum expected frequency
Sex	6.196	2	.045	22.21
Working age status	23.046	2	.000	6.19
Life-stage	30.963	4	.000	12.35
Married, cohabiting/single	.692	2	.707	11.69
Long standing illness/impairment	5.667	6	.462	235: 1 (8.3%)<5
Caring experience	1.401	4	.844	11.08
Social class	19.807	10	.031	1.78: 3 (16.7%)<5
Currently in paid work (10hrs+ per week)	7.593	2	.022	17.30
Employed or self employed (any hrs per week)	.429	2	.807	5.69
Unemployed in the last five years	4.290	4	.368	3.00: 1 (11.1%)<5
Currently unemployed/not unemployed	.218	2	.897	3.06: 1 (16.7%)<5
Wholly retired	21.640	2	.000	5.71
Household income	16.388	10	.089	2.81: 2 (11.1%)<5
Personal income	20.497	10	.025	0.65: 5 (27.8%)<5
Reduced personal income	16.352	4	.003	2.36: 1 (11.1%)<5
Home status	13.838	4	.008	10.78
Consist	61.044	6	.000	7.40
Party	16.237	6	.013	4.66: 1 (8.3%)<5
Party (Conservative/Labour/Lib-dem only)	14.599	4	.006	4.16: 1 (11.1%)<5

(iv) Chi square statistics: 'Yes' and 'No' responses only

	Pearson	DoF	p=	Minimum expected frequency
Sex	1.337	1	.248	69.27
Working age status	21.913	1	.000	18.69
Life-stage	30.684	2	.000	37.38
Married, cohabiting/single	.045	1	.832	36.01
Long standing illness/impairment	3.615	3	.306	7.04
Caring experience	.306	2	.858	34.56
Social class	11.248	5	.047	6.05
Currently in paid work (10hrs+ per week)	7.582	1	.006	53.47
Employed or self employed (any hrs per week)	.323	1	.570	18.93
Unemployed in the last five years	3.565	2	.168	9.33
Currently unemployed/not unemployed	.216	1	.642	9.26
Wholly retired	19.848	1	.000	17.12
Household income	1.491	5	.914	9.45
Personal income	10.640	5	.059	1.53: 2 (16.7%)<5
Reduced personal income	7.026	2	.030	5.47
Home status	13.661	2	.001	32.46
Consist	58.002	3	.000	22.78
Party	14.476	3	.002	14.83
Party (Conservative/Labour/Lib-dem only)	14.394	2	.001	14.37

Table A3-6.12: IF STATES SHOULD NOT BE COMPULSARY OR DON'T KNOW: What about people in work—should they, or their employer be required by law to pay for private insurance to cover costs of any care or help they may need when they are elderly?

(i) Frequencies

	N	%	Valid %
Yes— <u>both</u> individuals and employers	138	14.5	17.0
Yes—employers only	68	7.2	8.4
Yes—individuals only	26	2.7	3.2
No—should not be required	534	56.2	65.9
Don't know	41	4.3	5.0
Refused	4	.4	.5
Missing (previously stated compulsory)	139	14.7	
Total	950	100.0	100.0 (N=811)

(ii) Crosstabulation: Relationship between attitude to compulsion and attitude to compulsion for those in work (%)

<u>By law must buy?</u>	<u>If in work must buy?</u>						N
	Yes employers and individuals	Yes employers only	Yes individuals only	No should not be required	Don't know	Refused	
No	16.5	8.0	2.5	69.0	3.7	.3	762
Don't know	24.4	15.6	13.3	17.8	28.9	.0	45
Refused	33.7	0.0	0.0	0.0	0.0	66.7	3
Total	17.0	8.4	3.1	65.9	5.1	0.5	810

(iii) Crosstabulations: Compulsory insurance, at least for those in work (%)

	Yes	No	N
Sex			
Male	42.5	57.5	449
Female	39.5	60.5	456
	41.0	59.0	905
Working age status			
Working age	39.1	60.9	781
Retired age	54.1	45.9	122
	41.1	58.9	903
Life stage			
25-39	39.1	60.9	361
40-54	36.5	63.5	299
55-70	49.4	50.6	243
	41.1	58.9	903
Cohabiting/Single			
Married/cohabiting	40.2	59.8	671
Single	43.2	56.8	234
	41.0	59.0	905
Long standing illness/impairment			
None	39.6	60.4	642
Yes, but no impact on activities/ no assistance	43.4	56.6	106
Yes, receives assistance	48.9	51.1	47
Yes impacts on activities/ no assistance	44.8	52.2	105
	41.1	58.9	900
Caring experience			
Current	45.4	54.6	229
Past	37.7	62.3	223
None	40.5	59.5	452
	41.0	59.0	904
Social Class			
I	38.5	61.5	39
II	37.2	62.8	215
III (nm)	31.2	68.8	154
III (m)	40.9	59.1	159
IV	46.1	53.9	102
V	37.8	62.2	45
	38.1	61.9	714

	Yes	No	N
Currently in paid work			
Working	37.2	62.8	559
Not working	47.1	52.9	346
	41.0	59.0	905
Employed or self employed			
Employed	38.4	61.6	591
Self employed	37.3	62.7	126
	38.2	61.8	717
Experienced unemployment: last 5 years			
Currently unemployed	49.2	50.8	61
Unemployed in last 5 years	31.9	68.1	141
Not unemployed in last 5 years	42.2	57.8	701
	41.1	58.9	903
Wholly retired			
Retired	50.0	50.0	116
Not retired	39.7	60.3	789
	41.0	59.0	905
Household income			
<£8,000	48.1	51.9	160
£8K-£14,999	45.8	54.2	144
£15K-£22,999	41.8	58.2	165
£23K-£28,999	33.7	66.3	89
£29K-£34,999	44.8	55.2	67
>£35K	29.5	70.5	129
	41.1	58.9	754
Personal income			
<£8,000	35.5	64.5	124
£8K-£14,999	40.6	59.4	165
£15K-£22,999	36.2	63.8	127
£23K-£28,999	34.0	66.0	53
£29K-£34,999	36.4	63.6	11
>£35K	40.0	60.0	35
	37.5	62.5	515
Reduced personal income			
<£15K	38.3	61.7	290
£15K-£28,999	35.6	64.4	180
>£29K	39.1	60.9	46
	37.4	62.6	516
Home status			
Own outright	41.5	58.5	224
Mortgage	36.7	63.3	469
Renting	50.5	49.5	208
	41.1	58.9	901
Consist			
Pro-state	21.7	78.3	152
Mixed economy	44.6	55.4	303
Pro-self	60.0	40.0	150
Inconsistent	37.9	62.1	282
	41.1	58.9	887
Party affiliation			
Conservative	40.5	59.5	200
Labour	36.4	63.6	374
Liberal Democrat	44.3	55.7	97
Other/none	47.2	52.8	231
	40.9	59.1	902

(iv) Chi square statistics:

	Pearson	DoF	p=	Minimum expected frequency
Sex	0.879	1	.349	184.07
Working age status	9.868	1	.002	50.12
Life-stage	10.177	2	.006	99.57
Married, cohabiting/single	.613	1	.434	95.93
Long standing illness/impairment	2.630	3	.452	19.32
Caring experience	2.916	2	.233	91.52
Social class	6.488	5	.262	14.86
Currently in paid work (10hrs+ per week)	8.66	1	.003	141.84
Employed or self employed (any hrs per week)	.054	1	.816	48.15
Unemployed in the last five years	6.927	2	.031	25.06
Currently unemployed/not unemployed	1.812	1	.178	25.01
Wholly retired	4.461	1	.035	47.55
Household income	14.234	5	.014	27.55
Personal income	1.366	5	.928	4.12: 1 (8.3%)<5
Reduced personal income	.415	2	.812	17.21
Home status	11.375	2	.003	85.42
Consist	48.376	3	.000	61.72
Party	7.445	3	.059	39.68
Party (Conservative/Labour/Lib-dem only)	2.428	2	.297	37.59

Table A3-6.13: Before today, did you know that people could buy private insurance which would cover the cost of any special help or care they may need when they are elderly?

(i) Frequencies

	N	%
Yes	482	50.7
No/unsure/don't know	466	49.0
Refused	2	0.3
Total	950	100.0

(ii) Crosstabulations

	Yes	No/unsure/don't know	N
Sex			
Male	55.5	44.5	467
Female	46.3	53.8	480
	50.8	49.2	947
Working age status			
Working age	49.4	50.6	817
Retired age	59.7	40.3	129
	50.8	49.2	946
Life-stage			
25-39	44.1	55.9	376
40-54	50.8	49.2	317
55-70	60.9	39.1	253
	50.8	49.2	946
Cohabiting/Single			
Married/cohabiting	51.0	49.0	702
Single	50.4	49.6	246
	50.8	49.2	948
Long standing illness/impairment			
None	48.4	51.6	675
Yes, but no impact on activities / no assistance	58.6	42.4	111
Yes, receives assistance	55.1	44.9	49
Yes impacts on activities / no assistance	57.4	43.6	108
	51.0	49.0	943

	Yes	No/unsure/don't know	N
Caring experience			
Current	54.6	45.4	238
Past	54.5	45.5	233
None	47.3	52.7	476
	50.9	49.1	947
Social Class			
I	76.2	23.8	42
II	59.3	40.7	226
III (nm)	45.0	55.0	160
III (m)	51.2	48.8	162
IV	44.3	55.7	106
V	40.4	59.6	47
	52.1	47.9	743
Currently in paid work			
Working	50.0	50.0	584
Not working	52.3	47.7	363
	50.9	49.1	947
Employed or self employed			
Employed	53.7	46.3	613
Self employed	43.9	56.1	132
	51.9	48.1	745
Experienced unemployment: last 5 years			
Currently unemployed	47.6	52.4	63
Unemployed in last 5 years	47.3	52.7	148
Not unemployed in last 5 years	51.8	48.2	736
	50.8	49.2	947
Wholly retired			
Retired	62.5	37.5	120
Not retired	49.2	50.8	827
	50.9	49.1	947
Household income			
<£8,000	48.2	51.8	168
£8K-£14,999	42.6	57.4	155
£15K-£22,999	43.9	56.1	171
£23K-£28,999	50.5	49.5	91
£29K-£34,999	65.2	34.8	69
>£35K	62.1	37.9	132
	50.3	49.7	786
Personal income			
<£8,000	42.0	58.0	131
£8K-£14,999	44.0	56.0	175
£15K-£22,999	50.8	49.2	132
£23K-£28,999	66.0	34.0	53
£29K-£34,999	33.3	66.7	12
>£35K	76.5	23.5	34
	49.2	50.8	537
Reduced personal income			
<£15K	43.1	56.9	306
£15K-£28,999	54.8	45.2	186
>£29K	64.6	35.4	48
	49.1	50.9	540
Home status			
Own outright	62.3	37.7	236
Mortgage	50.4	49.6	486
Renting	39.4	60.6	221
	50.8	49.2	943
Consist			
Pro-state	57.9	42.1	159
Mixed economy	50.8	49.2	317
Pro-self	42.3	57.7	156
Inconsistent	52.0	48.0	296
	51.0	49.0	928

	Yes	No/unsure/don't know	N
Party affiliation			
Conservative	55.4	44.6	213
Labour	46.5	53.5	385
Liberal Democrat	61.0	39.0	100
Other/none	49.8	50.2	247
	50.9	49.1	945

(iii) Chi square statistics:

	Pearson	DoF	p=	Minimum expected frequency
Sex	8.034	1	.005	229.80
Working age status	4.675	1	.031	63.41
Life-stage	16.919	2	.000	124.36
Married, cohabiting/single	.025	1	.873	120.92
Long standing illness/impairment	6.406	3	.093	24.01
Caring experience	5.043	2	.080	114.41
Social class	22.856	5	.000	20.12
Currently in paid work (10hrs+ per week)	.491	1	.483	178.24
Employed or self employed (any hrs per week)	4.120	1	.042	63.43
Unemployed in the last five years	1.256	2	.534	31.00
Currently unemployed/not unemployed	.281	1	.596	30.97
Wholly retired	7.402	1	.007	58.92
Household income	20.346	5	.001	34.32
Personal income	22.088	5	.001	5.90
Reduced personal income	11.409	2	.003	23.56
Home status	24.050	2	.000	108.74
Consist	7.842	3	.049	76.49
Party	8.918	3	.030	49.10
Party (Conservative/Labour/Lib-dem only)	8.759	2	.013	48.71

Table A3-6.14: Are you covered by a private health insurance scheme that allows you to get medical treatment?

(i) Frequencies

	N	%
Yes	203	21.3
No	744	78.3
Don't know	2	.2
Refused	2	.2
Total	950	100.0

(ii) Crosstabulations (%)

	Yes	No	N
Sex			
Male	21.5	78.5	466
Female	21.4	78.6	481
	21.4	78.6	947
Working age status			
Working age	22.5	77.5	814
Retired age	13.8	86.2	130
	21.3	78.7	944
Life-stage			
25-39	19.9	80.1	376
40-54	24.8	75.2	315
55-70	19.0	81.0	253
	21.3	78.7	944
Cohabiting/Single			
Married/cohabiting	25.4	74.6	700
Single	9.8	90.2	246
	21.4	78.6	946

	Yes	No	N
Long standing illness/impairment			
None	23.7	76.3	675
Yes, but no impact on activities/ no assistance	19.8	80.2	111
Yes, receives assistance	18.4	81.6	49
Yes impacts on activities/ no assistance	11.2	88.8	107
	21.5	78.5	944
Caring experience			
Current	18.5	81.5	238
Past	21.5	78.5	233
None	22.7	77.3	475
	21.4	78.6	946
Social Class			
I	42.9	57.1	42
II	29.8	70.2	225
III (nm)	29.4	70.6	160
III (m)	18.8	81.3	160
IV	14.2	85.8	106
V	4.4	95.6	45
	24.3	75.7	738
Currently in paid work			
Working	25.5	74.5	584
Not working	14.6	85.4	362
	21.4	78.6	946
Employed or self employed			
Employed	24.1	75.9	611
Self employed	25.8	74.2	132
	24.4	75.6	743
Experienced unemployment: last 5 years			
Currently unemployed	4.8	95.2	63
Unemployed in last 5 years	11.5	88.5	148
Not unemployed in last 5 years	24.9	75.1	735
	21.5	78.5	946
Wholly retired			
Retired	18.2	81.8	121
Not retired	21.9	78.1	825
	21.5	78.5	946
Household income			
<£8,000	2.4	97.6	167
£8K-£14,999	8.4	91.6	155
£15K-£22,999	20.9	79.1	172
£23K-£28,999	27.5	72.5	91
£29K-£34,999	31.9	68.1	69
>£35K	54.5	45.5	132
	21.9	78.1	786
Personal income			
<£8,000	17.6	82.4	131
£8K-£14,999	15.4	84.6	175
£15K-£22,999	24.2	75.8	132
£23K-£28,999	41.5	58.5	53
£29K-£34,999	58.3	41.7	12
>£35K	76.5	23.5	34
	25.5	74.5	537
Reduced personal income			
<£15K	16.1	83.9	305
£15K-£28,999	29.2	70.8	185
>£29K	70.2	29.8	47
	25.3	74.7	537
Home status			
Own outright	20.6	79.4	238
Mortgage	28.2	71.8	485
Renting	7.3	92.7	220
	21.4	78.6	943

	Yes	No	N
Consist			
Pro-state	17.5	82.5	160
Mixed economy	26.2	73.8	317
Pro-self	20.5	79.5	156
Inconsistent	19.0	81.0	294
	21.5	78.5	927
Party affiliation			
Conservative	32.9	67.1	213
Labour	14.6	85.4	383
Liberal Democrat	25.0	75.0	100
Other/none	21.0	79.0	248
	21.5	78.5	944

(iii) Chi square statistics:

	Pearson	DoF	P=	Minimum expected frequency
Sex	.000	1	.986	99.89
Working age status	4.988	1	.026	27.68
Life-stage	3.481	2	.175	53.87
Married, cohabiting/single	26.624	1	.000	52.53
Long standing illness/impairment	9.102	3	.028	10.56
Caring experience	1.707	2	.426	49.75
Social class	32.072	5	.000	10.19
Currently in paid work (10hrs+ per week)	15.732	1	.000	77.30
Employed or self employed (any hrs per week)	.170	1	.680	32.16
Unemployed in the last five years	24.312	2	.000	13.52
Currently unemployed/not unemployed	11.142	1	.001	13.50
Wholly retired	.884	1	.347	25.97
Household income	141.788	5	.000	15.10
Personal income	74.237	5	.000	3.06: 1 (83%)<5
Reduced personal income	27.564	2	.000	21.70
Home status	39.688	2	.000	47.13
Consist	6.780	3	.079	33.49
Party	27.798	3	.000	21.50
Party (Conservative/Labour/Lib-dem only)	27.564	2	.000	21.70

Table A3-6.15: Are you covered by a private health insurance scheme, that is an insurance scheme that allows you to get medical treatment? IF YES Who pays for it?

(i) Frequencies

	N	%	Valid %
All paid for by <u>self</u> (or partner)	88	9.3	9.4
Paid at least in part by own or partner's employer	103	10.9	11.0
No PHI	744	78.3	79.5
Don't know/didn't say if PHI	4	.4	
Refused who pays	11	1.2	
Total	950	100	100.0
			(N=935)

(ii) Crosstabulations

	PHI paid for by self	PHI at least part paid by employer	No PHI	N
Sex				
Male	8.0	13.0	79.0	463
Female	10.8	9.1	80.1	472
	9.4	11.0	79.6	935
Working age status				
Working age	9.3	12.4	78.3	806
Retired age	10.2	2.3	87.5	128
	9.4	11.0	79.6	934
Life-stage				
25-39	7.2	12.3	80.5	374
40-54	10.3	13.2	76.5	310
55-70	11.6	6.0	82.3	249
	9.4	10.9	79.6	933
Cohabiting/Single				
Married/cohabiting	10.3	13.9	75.8	689
Single	6.9	2.8	90.2	246
	9.4	11.0	79.6	935
Long standing illness/impairment				
None	9.9	12.8	77.3	666
Yes, but no impact on activities / no assistance	9.1	10.0	80.9	110
Yes, receives assistance	8.2	10.2	81.6	49
Yes impacts on activities / no assistance	8.2	2.8	88.8	107
	9.5	11.2	79.3	932
Caring experience				
Current	8.1	9.4	82.6	235
Past	9.5	11.3	79.2	231
None	10.0	11.9	78.1	470
	9.4	11.1	79.5	936
Social Class				
I	11.6	32.6	55.8	43
II	11.7	17.1	71.2	222
III (nm)	15.2	13.3	71.5	158
III (m)	6.3	11.9	81.8	159
IV	8.7	3.8	87.5	104
V	4.4	0.0	95.6	45
	10.4	13.1	76.5	731
Currently in paid work				
Working	10.0	15.0	75.0	580
Not working	8.5	4.5	87.0	355
	9.4	11.0	79.6	935
Employed or self employed				
Employed	9.4	13.9	76.7	605
Self employed	16.2	8.5	75.4	130
	10.6	12.9	76.5	735
Experienced unemployment: last 5 years				
Currently unemployed	1.6	1.6	96.8	62
Unemployed in last 5 years	7.4	4.1	88.5	148
Not unemployed in last 5 years	10.5	13.3	76.2	724
	9.4	11.0	79.6	934
Wholly retired				
Retired	16.1	0.0	83.9	118
Not retired	8.5	12.6	78.9	816
	9.4	11.0	79.6	934
Household income				
<£8,000	1.8	0.0	98.2	116
£8K-£14,999	7.1	.6	92.2	154
£15K-£22,999	6.5	13.5	80.0	170
£23K-£28,999	12.5	12.5	75.0	88
£29K-£34,999	14.5	17.4	68.1	69
>£35K	15.6	37.5	46.9	128
	8.5	12.3	79.2	775

	PHI paid for by self	PHI at least part paid by employer	No PHI	N
Personal income				
<£8,000	93	70	83.7	129
£8K-£14,999	5.7	92	85.1	174
£15K-£22,999	10.6	13.6	75.8	132
£23K-£28,999	7.5	34.0	58.5	53
£29K-£34,999	16.7	41.7	41.7	12
>£35K	25.0	50.0	25.0	32
	94	15.4	75.2	532
Reduced personal income				
<£15K	7.3	8.3	84.5	303
£15K-£28,999	9.7	19.5	70.8	185
>£29K	23.9	45.7	30.4	46
	9.6	15.4	75.1	534
Home status				
Own outright	11.6	6.9	81.5	232
Mortgage	11.6	16.2	72.2	482
Renting	2.3	4.6	93.2	219
	9.4	11.1	79.4	933
Consist				
Pro-state	8.8	8.2	83.0	159
Mixed economy	12.3	12.3	75.5	310
Pro-self	9.0	11.0	80.0	155
Inconsistent	7.2	11.0	81.8	291
	9.5	10.9	79.6	915
Party affiliation				
Conservative	13.3	19.0	67.8	211
Labour	5.8	7.4	86.7	377
Liberal Democrat	12.0	13.0	75.0	100
Other/none	10.3	9.1	80.7	243
	9.3	11.1	79.6	931

(iii) Chi square statistics:

	Pearson	DoF	p=	Minimum expected frequency
Sex	5.140	2	.077	43.58
Working age status	11.407	2	.003	12.06
Life stage	11.770	4	.019	23.49
Married, cohabiting/single	27.227	2	.000	23.15
Long standing illness/impairment	10.371	6	.110	4.68: 1 (8.3%)<5
Caring experience	1.937	4	.747	21.72
Social class	44.393	10	.000	4.47: 2 (11.1%)<5
Currently in paid work (10hrs+ per week)	26.585	2	.000	33.41
Employed or self employed (any hrs per week)	7.029	2	.030	13.80
Unemployed in the last five years	25.106	4	.000	5.84
Currently unemployed/not unemployed	13.264	2	.001	5.82
Wholly retired	21.612	2	.000	11.12
Household income	156.611	10	.000	5.88
Personal income	8.2441	10	.000	1.13: 5 (27.8%)<5
Reduced personal income	67.321	4	.000	4.39: 1 (11.1%)<5
Home status	39.940	4	.000	20.95
Consist	6.869	6	.333	14.74
Party	33.471	6	.000	9.34
Party (Conservative/Labour/Lib-dem only)	31.288	4	.000	9.01

APPENDIX 4

RESEARCH MATERIALS:

1. Letter of information to sampled households: survey one
2. Respondents selection form: survey one
3. Survey one
4. Letter of information to sample households: survey two
5. Respondent information form: survey two
6. Survey two
7. Occupational coding



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October 1995

Dear Sir/Madam

National Survey on the Care of Older People

We would like to ask for your help with an important research study which is being carried out by the University of Leicester. The survey looks at people's views about care for older people, and how it should be paid for. This is a very important topic at the moment. The numbers of older people in the population are increasing and there is much discussion about how the country should provide good quality care for future generations. Because it is important to plan for the future now, we are interested in getting the views of men and women of all ages.

We have asked Social and Community Planning Research (SCPR), an independent research institute, to help us carry out our national survey. A representative from SCPR will call on you within the next few weeks. All SCPR interviewers carry identity cards.

Your household has been picked at random for an interview. Taking part is voluntary, but we hope that you will agree as it is important that we talk to everyone who has been chosen. **Even if you think you know nothing about care for the elderly, your views will still be valuable to us.** Most interviews will take about 40 minutes, and a time which is convenient to you can be arranged with the interviewer.

SCPR takes great care to safeguard the information you give. Nothing you tell the interviewer will be passed on in any way which would identify you personally. Only the survey team will know who has been interviewed and will not, in any circumstances, give names and addresses to any other organisation or anyone else. No-one will try to sell you anything as a result of taking part; the study is for research purposes only. The interviewer will be able to tell you more about the steps we take to maintain confidentiality.

I do hope that you will be able to help us with our survey on this important topic. The results will be of great value, and we hope that you will find it interesting to take part. If you have any questions you would like to ask, you can telephone Harriet Clarke at the University of Leicester on 0116 252 5434, or Bob Erens at SCPR on 0171 250 1866.

Yours sincerely

Gillian Parker

Professor Gillian Parker



THE QUEEN'S
ANNIVERSARY PRIZES

1994

P1499

HH N°:

FINANCIAL PLANNING SURVEY

ADDRESS RECORD FORM (ARF)

October 1995

ADDRESS:

SELECTION LABEL FOR DWELLING UNITS & PERSONS:

(Label for selecting 3 dwelling units out of number between 4 and 12 and for selecting 1 person out of number between 2 and 12.)

SN 01-05
CN 06-07
FA 08
POINT 09-10
REGION 11

RESP. NAME: _____

RESP. TEL NO: _____

No telephone 2

Number refused/ex-directory 3

INTERVIEWER NAME: _____

INTERVIEWER NO:

12-15

CALLS RECORD (Note all calls, even if no reply)

TNC 16-17

VISIT/CALL NUMBER

TIME OF DAY:

Up to noon
1201-1400
1401-1700
1701-1900
1900 or later

	01	02	03	04	05	06	07	08	09	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE:

i) Day (Mon = 1, Tues = 2 etc)

ii) Date

iii) Month

EXACT TIME OF CALL

(24 hour clock)

NOTES:

ALWAYS RETURN ARF SEPARATELY FROM QUESTIONNAIRE

REFUSAL TO OFFICE (BY PHONE OR LETTER)

(only use if instructed by Field Office)

10 END

*

1. IS THIS ADDRESS TRACEABLE, RESIDENTIAL AND OCCUPIED?

Yes

A GO TO Q3

No

B ANSWER Q2

2. IF NO AT Q1 WHY NOT?

Insufficient address (call office before returning)

Not traced (call office before returning)

Not yet built/not yet ready for occupation

Derelict/demolished

Empty

Business/industrial only (no private dwellings)

Institution only (no private dwellings)

Weekend or holiday home

Other (please give details) _____

01

02

03

04

05

06

07

08

09

END

*

3. IF YES AT Q1 ESTABLISH NUMBER OF OCCUPIED DWELLING UNITS COVERED BY ADDRESS:

IF NECESSARY, ASK:

i) Can I just check, is this *house/bungalow* occupied as a single dwelling, or is it split up into flats or bedsitters?

ii) How many of those *flats/bedsitters* are occupied at the present time?

NUMBER OF
OCCUPIED UNITS

ANSWER Q4

20

No contact made
with any adult

Information
refused

21

22

GO TO Q19

*

4. INTERVIEWER SUMMARY:

CODE:

1 unit only

2-3 units

4-12 units

13+ units

A GO TO Q9

B GO TO Q8b)

C GO TO Q5

D GO TO Q7

IF 4-12 HOUSEHOLDS, COMPLETE Qs 5, 6 and 8a)

5. LIST ALL HOUSEHOLDS AT ADDRESS

- in flat/room number order
- or ■ from bottom to top of building, left to right, front to back

LOCATION WITHIN ADDRESS	'DU' CODE
	01
	02
	03
	04
	05
	06

LOCATION WITHIN ADDRESS	'DU' CODE
	07
	08
	09
	10
	11
	12

6. LOOK AT SELECTION LABEL ON FRONT OF ARF, AND SELECT THREE HOUSEHOLDS. RING IN THE GRID ABOVE 'DU' CODE OF EACH SELECTED HOUSEHOLD. REPEAT THEIR DETAILS AT Q8a).

IF 13+ HOUSEHOLDS, COMPLETE Qs 7 & 8a)

7. To select THREE households USE LOOK-UP 'CHART B' ON BACK OF ARF; then enter their details at Q8a.

ALL CASES WHERE 4 HOUSEHOLDS OR MORE

8a) AT Q8b) REPEAT LOCATION OF THE 3 SELECTED HOUSEHOLDS AND ENTER THE 'DU' CODE OF EACH.

8b) IF 2-3 HOUSEHOLDS

LIST THESE HOUSEHOLDS BELOW:

- in flat/room number order, or
- from bottom to top of building, left to right, front to back

HOUSEHOLD NUMBER	DESCRIPTION	'DU' CODES FROM Q5 (IF RELEVANT)
1		
2		
3		



ALWAYS USE THIS HOUSEHOLD NUMBER ON:

- i) "Additional Dwelling Unit" ARFs.
- ii) All documents relating to a household

ATTEMPT INTERVIEW AT ALL SELECTED DWELLING UNITS.

USE THIS FORM FOR HOUSEHOLD NUMBER 1 (STARTING AT Q.9).

COMPLETE SEPARATE YELLOW "ADDITIONAL DWELLING UNIT" ARFS FOR HOUSEHOLDS NUMBER 2 & 3.

9. **ALL**
SEEK CONTACT WITH RESPONSIBLE PERSON AGED 16+ AT ADDRESS AND INTRODUCE SURVEY.

Contact made
Contact not made with responsible person

A	GO TO Q10	
23	GO TO Q19	*

10. **IF CONTACT MADE**
ASK: Including yourself, how many people between the ages of 25 and 70 live in this house/flat/part of the accommodation?

No. of people aged 25-70

<input type="text"/>	GO TO Q11	25
24	GO TO Q19	*

Information refused

INCLUDE

- PEOPLE WHO NORMALLY LIVE AT ADDRESS WHO ARE AWAY FOR UNDER 6 MONTHS
- PEOPLE AWAY ON WORK FOR WHOM THIS IS THE MAIN ADDRESS
- BOARDERS AND LODGERS

EXCLUDE

- PEOPLE AGED 25-70 WHO LIVE ELSEWHERE TO STUDY OR WORK
- SPOUSES WHO ARE SEPARATED AND NO LONGER RESIDENT
- PEOPLE AWAY FOR 6 MONTHS OR MORE

11. **IF INFORMATION OBTAINED**
INTERVIEWER SUMMARY

No-one in household aged 25-70

1 person only aged 25-70

2-12 persons aged 25-70

13+ persons aged 25-70

31	END	*
A	GO TO Q15	
B	GO TO Q12	
C	GO TO Q14	

12. **IF 2-12 PERSONS**
ASK FOR FIRST NAME OR INITIAL OF EACH PERSON. LIST IN ALPHABETICAL ORDER.

FIRST NAME/INITIAL	PERSON NO.
	01
	02
	03
	04
	05
	06

FIRST NAME/INITIAL	PERSON NO.
	07
	08
	09
	10
	11
	12

13. LOOK AT SELECTION LABEL ON FRONT OF ARF

i) SELECT ONE PERSON

ii) ENTER 'PERSON NO' OF SELECTED PERSON:

iii) GO TO Q15

IF 13+ PERSONS

14. i) USE LOOK-UP "CHART A" ON BACK OF ARF TO SELECT ONE PERSON.

ii) GO TO Q15

15. **ALL (Q11 A-C)**
RECORD FULL NAME OF SELECTED PERSON ON FRONT OF ARF

16. **OUTCOME OF INTERVIEW ATTEMPTS**
CODE ONE ONLY

Interview obtained: - Full

- Partial

51

52

GO TO Q19

*

No interview obtained

(RING CODE BELOW AND RECORD DETAILS IN BOX)

- No contact with selected person after 4+ calls

- Personal refusal by selected person

- Proxy refusal (on behalf of selected person)

- Broken appointment, no recontact

- Ill at home during survey period

- In hospital during survey period

- Selected person senile/incapacitated

- Inadequate English

- Away during survey period

- Other reason

71

72

73

74

75

76

77

78

79

80

GO TO Q17

*

- Serial number re-allocated to another interviewer

- Re-issue not covered at final cut-off

81

82

END

IF NO INTERVIEW OBTAINED

17. **RECORD FULL REASON FOR OUTCOME CODES 71-80**

GO TO Q18

18a) **RECORD ANY INFORMATION YOU CAN ABOUT THE**
NON-RESPONDENT'S GENDER

Male 1

Female 2

Couldn't find out 8

32

b) **...AND AGE**

25 - 34 1

35 - 49 2

50 - 70 3

Couldn't find out 8

1

2

3

8

GO TO Q19

33

OBSERVATION SHEET

ALL EXCEPT DEADWOOD/INELIGIBLE (OUTCOME CODES 01-09, 31)

19. TYPE OF AREA

Code one
only

Urban/city centre	1
Small country town centre	2
Suburban residential	3
Rural residential/village centre	4
Rural (agricultural with isolated dwellings or small hamlets)	5

20. PREDOMINANT RESIDENTIAL BUILDING TYPE

Code one
only

Houses: - terraced	01
- semi-detached	02
- detached	03
- mixed	04
Low rise flats (5 storey blocks or less)	05
High rise flats (blocks over 5 storeys)	06
Flats with commercial (flats/maisonettes over parades of shops)	07
Flats - mixed (high and low rise)	08
Mixed houses and flats	09

21. HOUSEHOLD DWELLING TYPE

Code one
only

Whole house/bungalow: - detached	01
- semi-detached	02
- terraced	03
Purpose built flat/maisonette: - basement - 3rd floor	04
- 4th floor or higher	05
Converted flat/maisonette, part-house/rooms in house	06
Dwelling with business premises	07
Caravan/houseboat	08
Other (specify) _____	09

22. ETHNIC MIX OF AREA

CODE ONE ONLY

Predominantly white	1
Predominantly black/brown	2
Mixed	3

SPECIAL NOTE

THE FOLLOWING
IMAGE IS OF POOR
QUALITY DUE TO THE
ORIGINAL DOCUMENT.

THE BEST AVAILABLE
IMAGE HAS BEEN
ACHIEVED.

**LOOK-UP CHART A
(FOR 13+ PERSONS AGED 25-70)**

IF THERE ARE	13	PERSONS SELECT NUMBER	12
	14		8
IF THERE ARE	15	PERSONS SELECT NUMBER	11
	16		7
	17		13
	18		3
	19		14
IF THERE ARE	20	PERSONS SELECT NUMBER	2
	21		14
	22		8
	23		13
	24		5
IF THERE ARE	25	PERSONS SELECT NUMBER	12
	26		6
	27		17
	28		17
	29		2
IF THERE ARE	30	PERSONS SELECT NUMBER	21
	31		10
	32		26
	33		8
	34		22
IF THERE ARE	35		8

IF THERE ARE MORE THAN 35 PERSONS, PLEASE CONTACT THE OFFICE

**LOOK-UP CHART B
(FOR 13+ DWELLING UNITS)**

IF THERE ARE:	13	DWELLING UNITS SELECT	8, 11 & 4
	14		7, 6 & 5
	15		8, 9 & 5
	16		9, 16 & 11
	17		11, 9 & 16
IF THERE ARE:	18	DWELLING UNITS SELECT	11, 6 & 18
	19		13, 18 & 7
	20		17, 1 & 4
	21		16, 10 & 2
	22		16, 4 & 22
	23		19, 3 & 22
	24	DWELLING UNITS SELECT	10, 19 & 14
IF THERE ARE:	25		23, 15 & 4
	26		22, 20 & 17
	27		14, 24 & 25
	28		2, 17 & 25
	29		19, 18 & 4
	30		28, 7 & 20

IF THERE ARE MORE THAN 30 DWELLING UNITS, PLEASE CONTACT THE OFFICE

P1499

October 1995
TYPE: W

SURVEY ON CARE FOR ELDERLY PEOPLE

S-DIGIT S/NO.

WRITE IN
SERIAL NUMBER:

--	--	--	--	--	--	--

201-05

CN02 206-07

Batch 208-12

NOTE TIME
AT START:

--	--	--	--

(24 hour clock)

S-DIGIT BATCH/NO.

PERSONAL AND HOUSEHOLD DETAILS

ALL

Before talking about care of elderly people.

I would like to ask a few questions
about you and your household. First, what was
your age last birthday?

TAB IF NOT ANSWERED
OR REFUSED

WRITE IN YEARS

--	--

RANGE

25-70

213-4

99 = N/A or
Refused

INTERVIEWER TO CHECK:

Respondent is aged:

Under 25

A END

25 - 70

B ANSWER Q2

71 or over

C END

IF 213-14/25-70

INTERVIEWER: CODE SEX OF RESPONDENT

215/9 = N/A

Male 1

215

Female 2

Can I check, are you ... READ OUT...

...married or living as married. 1

216

CODE ONE ONLY

or, separated. 2

PRIORITY CODE

widowed, 3

divorced, 4

or single? 5

216/9 = N/A

IF 213-14/25-70

4. Including yourself, how many people are there in your household? By household, I mean people who use the same living room as you or share at least one meal a day with you. 99=NA

(TAB IF N/A)

WRITE IN NUMBER

ASK Q5

217-4

OR CODE: Lives alone

01 GO TO Q6

IF 217-18 | => 02

5. I would like to ask a few questions about the others in your household.

INTERVIEWER: LIST PERSONS OTHER THAN RESPONDENT IN GRID AND COMPLETE a) - e)

a) RING PERSON NUMBER

b) Sex

9=NA Male
Female

c) Relationship to Respondent

Spouse/partner
Son-daughter (inc. adopted/step/in-law)
Parent (inc. step/in-law)
Brother/sister (inc. half/in-law)
Grandparent
Grandchild
Other relative
Non-relative

NA=9

02	03	04	05	06	07	08	09
219-23	224-28	229-33	234-38	239-43	244-48	249-53	254-58
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

d) Age last birthday WRITE IN:

IF => 16 at

e) IF AGED 16 OR OVER, CODE

ACTIVITY STATUS:

Paid work (full-time 30+ hrs)
Paid work (part-time <30 hrs)
Unemployed & seeking work/temp
sick & out of work/waiting to take
up work already obtained
Permanently sick/disabled
Full-time education
Government programme
Not working for domestic reasons
Retired
Other

Q=NA

IF 213-14/25-70

6. (Apart from people you've just mentioned who live in your household), Have you had any (other) children, including stepchildren, who grew up in your household? INCLUDE CHILDREN NO LONGER LIVING

259-60/99 = NA

WRITE IN NUMBER

OR CODE: None

00

259-60

HEALTH AND CARE HISTORY

IF 213-14/25-70

Over the last 12 months, would you say your health has on the whole been....READ OUT...
CODE ONE ONLY

308/9 = N/A

- ...good. 1
- fairly good. 2
- or. not good? 3
- Can't say 8

308

a) Do you have any long-standing illness, disability or infirmity? By long-standing, I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time.

LONG-STANDING = 6+ MONTHS

309/9 = N/A

Yes
No

- | | |
|---|-----------|
| 1 | ASK b) |
| 2 | GO TO Q11 |

309

IF 309/1

b) What is the name of your condition - what does the doctor call it?
WRITE IN. DO NOT PROBE

NO CODES REQUIRED

c) Does this illness or disability limit your activities in any way?

310/9 = N/A

- Yes 1
- No 2

310

3a) Do you need any special help or care because of this condition/illness/disability?

311/9 = N/A

Yes
No

- | | |
|---|-----------|
| 1 | ASK b) |
| 2 | GO TO Q10 |

311

IF 311/1

b) Who gives you this special help or care? PROBE: Who else?
CODE ALL THAT APPLY

UP TO
7 ANSWERS

312-313/99 = N/A

- Spouse/partner 01
- Child (inc. adopted/step/in-law) 02
- Foster child 03
- Own parent 04
- Parent in law 05
- Grandparent 06
- Grandchild 07
- Brother/sister (inc step/half/in-law) 08
- Other relative 09
- Friend or neighbour 10
- Employer/colleague 11
- Social services/health services/charity/vol organ (incl doctor/nurse) 12
- Other (SPECIFY) RECODE / FINAL LIST + SN 13

312-25

10a)

IF 309/1

Can I check, do you have any other long-standing illness, disability or infirmity?

326/9 = N/A

Yes

1 ASK b)

No

2 GO TO Q14

IF 326/1

- b) What is the name of your condition - what does the doctor call it? WRITE IN.
DO NOT PROBE

No CODES REQUIRED

- c) Does this illness or disability limit your activities in any way?

327/9 = N/A

Yes

1

No

2

- d) Do you need any special help or care because of this condition/illness/disability?

328/9 = N/A

Yes

1 ASK e)

No

2 GO TO Q14

IF 328/1

- e) Who gives you this special help or care? PROBE: Who else?
CODE ALL THAT APPLY

UP TO 7 ANSWERS

329-330/99 = N/A

- Spouse/partner
Child (inc. adopted/step/in-law)
Foster child
Own parent
Parent in law
Grandparent
Grandchild
Brother/sister (incl. step/half/in-law)
Other relative
Friend or neighbour
Employer/colleague
Social services/health services/charity/vol organ
(incl. doctor/nurse)
Other (SPECIFY) RECODE/FINAL LIST + SN

01

02

03

04

05

06

07

08

09

10

11

12

13

GO TO Q14

329

-A2

IF 309/2

- 1a) Have you ever had any long-standing illness, disability or infirmity? By long-standing, I mean anything that has troubled you over a period of time.

LONG-STANDING = 6+ MONTHS

343/9 = N/A

Yes

1 ASK b)

343

No

2 GO TO Q14

IF 343/1

- b) What was the name of your condition - what did the doctor call it?

WRITE IN. DO NOT PROBE

NO CODES REQUIRED

12. Did this illness or disability limit your activities in any way?

344/9 = N/A

Yes

1

344

No

2

- 13a) Did you need any special help or care because of this condition/illness/disability?

345/9 = N/A

Yes

1 ASK b)

345

No

2 GO TO Q14

IF 345/1

- b) Who gave you that special help or care? PROBE: Who else? CODE ALL THAT APPLY

UP TO 7

ANSWERS

346-347/99 = N/A

Spouse/partner

01

346-59

Child (inc. adopted/step-in-law)

02

Foster child

03

Own parent

04

Parent-in-law

05

Grandparent

06

Grandchild

07

Brother/sister (inc. step/half/in-law)

08

Other relative

09

Friend or neighbour

10

Employer/colleague

11

Social services/health services/charity/vol organ

(incl. doctor/nurse)

12

Other (SPECIFY) RECODE \ FINAL LISTEN 13

IF 213-14/25-70

ALL

14. Some people have extra family responsibilities because they look after someone who is sick, disabled or elderly. I am not talking about professional carers, but about people who take on caring responsibilities for family, friends, or neighbours.

INTERVIEWER TO CODE FROM Q4 (page 2):

CHECK 217-18/01

Resp lives alone (code 01)

1 GO TO Q16

CHECK 217-18/02 Resp lives with others

2 ASK Q15

IF 408/2

15. May I check, is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend)?

409/9 = N/A (TAB IF N/A)

Yes 1 GO TO Q17

No 2 ASK Q16

3 No in office

IF 409/2^{or 3} OR 408/1

16. Can I just check, have you ever had anyone living with you who was sick, disabled or elderly whom you looked after or gave special help to?

410/9 = N/A (TAB IF N/A)

Yes 1 ASK Q17

No 2 GO TO Q18

IF 409/1 OR 410/1

17. Do/Did you look after or help one sick, disabled or elderly person living with you, or is/was it more than one?

411/9 = N/A

One only 1

More than one 2

IF 213-14/25-70

18. And how about people not living with you? Do you provide some regular unpaid service or help for any sick, disabled or elderly relative, friend or neighbour not living with you?

412/9 = N/A (TAB IF N/A)

Yes 1 GO TO Q20

No 2 ASK Q19

IF 412/2

19. Have you ever provided some unpaid regular service or help for any sick, disabled or elderly relative, friend or neighbour not living with you?

413/9 = N/A

(TAB IF N/A)

Yes 1 ASK Q20

No 2 GO TO Q21

IF 412/1 OR 413/1

20. Do/Did you look after or help one person living elsewhere or is/was it more than one?

414/9 = N/A

One only 1

More than one 2

3 = same person

IF 213-14/25-70

21. INTERVIEWER: CHECK Q15-Q19 AND CODE:

CHECK 409/1, 410/1, 412/1 or 413/1

ANY

+ MAY BE ADJUSTED

(any code 1 at Q15, Q16, Q18, Q19)

Resp has not provided care15, Q16, Q18, Q19 all coded 2)

1 ASK Q22

2 GO TO Q28 (page 9)

CHECK ALL

409/2 or 9

410/2 or 9

412/2 or 9

413/2 or 9

IF 415/1

QMS 418-17
 IF 414/2^{OR 3} OR 411/2
 OR 411/1 AND 414/1

- 22 Who is it you look(ed) after or help(ed)?
 INTERVIEWER: IF MORE THAN 2, RECORD FOR 1ST AND
 2ND DEPENDANTS ONLY

416-417/99 = N/A
 (418 419/99 = N/A)

TAB IF BLANK

	1st	2nd	
Spouse/partner	01	01	416-17
Own/adopted/step child	02	02	418-19
Foster child	03	03	
Parent	04	04	
Parent-in-law	05	05	
Grandparent	06	06	
Grandchild	07	07	
Other relative	08	08	
Friend or neighbour	09	09	
Client (if respondent is voluntary worker)	10	10	
Other (SPECIFY) <u>RECODE / FINAL LIST + SN</u>	11	11	

- 23 CARD B. What kind of things do/did you usually do
 for ___ (DEPENDANT) (ADD IF DEPENDANT IS/WAS
 IN HHOLD: over and above what you would normally do
 ifor someone living with you/a child of his/her age)?
 PROMPT FIRST ITEM AS EXAMPLE: "Do did you help
 with personal care"?
 PROBE: What else?
 CODE ALL THAT APPLY

420-421/99 = N/A (435-437/99 = N/A)

- Help with personal care (eg. dressing bathing washing shaving
 cutting nails feeding using the toilet)
 Physical help (eg. with walking getting up and down stairs
 getting into and out of bed)
 Help with paperwork or financial matters (eg. writing letters
 sending cards filling in forms dealing with bills banking)
 Other practical help (eg. preparing meals doing his/her shopping
 laundry housework gardening decorating household repairs
 taking to doctor or hospital)
 Keeping him/her company (eg. visiting sitting with reading to
 talking to playing cards or games)
 Taking out (eg. taking out for a walk or a drive taking to see
 friends or relatives)
 Giving medicines (eg. making sure he/she takes pills giving
 injections changing dressings)
 Keeping an eye on him or her (eg. calling in to check he/she is
 alright)
 Other help (SPECIFY) RECODE / FINAL LIST + SN

1st	2nd
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

QMS 438-55
 IF 414/2^{OR 3} OR 411/2
 OR 411/1 AND 414/1

420-37

438-55

TAB IF BLANK

24a) Apart from professional help, is/was there anyone else who helps/helped to look after (DEPENDANT) - for example another member of your household or family, a relative or friend, or some kind of paid helper?

456/9 = N/A
(457/9 = N/A)

IF 456/1 OR 457/1

b) Can I just check, do/did any of these people (including anyone in your household) spend more time looking after him/her than you do/did?

458/9 = N/A
(459/9 = N/A)

IF 415/1

25. Looking after someone who is sick, disabled or elderly can affect people in different ways - for example, it can affect their finances or their health. Overall, would you say that looking after (DEPENDANT 1) was good or bad for your own physical health? RECORD AT a) BELOW. REPEAT QUESTION FOR b)-e). DO NOT PROMPT WITH PRE-CODES

9 = N/A

		Good	Bad	1st dependent		
				Neither/ no effect	Can't say/ mixed effect/ not applicable	
a)	was 460-464					460
b)	Physical health?	1	2	3	8	461
c)	Emotional health?	1	2	3	8	462
d)	Family life?	1	2	3	8	463
e)	Job opportunities?	1	2	3	8	464
	Household's finances?	1	2	3	8	

IF 411/2 OR 414/2 OR 411/1 AND 414/1

26. IF DEPENDANT 2, ASK: (OTHERS GO TO Q27)
Overall, would you say that looking after (DEPENDANT 2) was good or bad for your own physical health? RECORD AT a) BELOW. REPEAT QUESTION FOR b)-e). DO NOT PROMPT WITH PRE-CODES.

9 = N/A

		Good	Bad	2nd dependent		
				Neither/ no effect	Can't say/ mixed effect/ not applicable	
a)	was 465-469					465
b)	Physical health?	1	2	3	8	466
c)	Emotional health?	1	2	3	8	467
d)	Family life?	1	2	3	8	468
e)	Job opportunities?	1	2	3	8	469
	Household's finances?	1	2	3	8	

IF 415/1

27. INTERVIEWER TO CODE: WHEN ASKING Q25-26:
CODE ALL THAT APPLY - ONLY 1 COL.

470/9 = N/A

Dependant 1 was in room 1
Dependant 2 was in room 2
Dependant 1/2 not in room 3
Dependant 1+2 in room 4
1 dep in room / 1 dep not in room 5

IF 411/2 OR 414/2 OR 411/1 AND 414/1

	1st	2nd	
Yes	1	1	→ ASK b)
No	2	2	GO TO Q25
Don't know	8	8	

456

457

458

459

IF 213-14/25-70

Has anyone (else) that you know well looked after or given special care or help to someone who is sick, disabled or elderly?

SOS/9 = N/A

EXCLUDE
PROFESSIONAL
CARERS

Yes 1 ASK b)
No 2 GO TO Q30

S08

IF S08/1

1) Who is/was that? PROBE: Who else?
CODE ALL THAT APPLY

CODE THE CARER

UP TO 7 ANSWERS

S09-SIC/99 = N/A

Spouse/partner 01
Child (inc. adopted/step/in-law) 02
Foster child 03
Own parent 04
Parent-in-law 05
Grandparent 06
Grandchild 07
Brother/sister (inc step/half/in-law) 08
Other relative 09
Friend or neighbour 10
Employer colleague 11

S09-22

Other (SPECIFY) NECCDE / FINAL LISTEN 12

29 Overall, would you say the effect of looking after that person was good or bad for the carer's own physical health? RECORD AT a) BELOW. REPEAT QUESTION FOR b)-e). DO NOT PROMPT WITH PRE-CODES.

9 = N/A
Cons 523-527

		Good	Bad	Neither/ no effect	Can't say/ mixed effect/ not applicable	
a	Physical health?	1	2	3	8	523
b	Emotional health?	1	2	3	8	524
c	Family life?	1	2	3	8	525
d	Job opportunities?	1	2	3	8	526
e	Household's finances?	1	2	3	8	527

IF 213-14/25-70

ATTITUDES

AEC

- 30 (As you know,) Some elderly people need special care day-to-day because they have a health problem or are frail. There is a lot of discussion these days about who should provide help and care for elderly people, and I would like to ask what you think about this.

TAB Q30 (a)(b) or (c)
IF BLANK

- a) Some elderly people are able to live at home and look after themselves, but need help with everyday tasks like shopping and housework - do you think the state should pay for this sort of help, or should elderly people pay for it themselves?
CODE ONE ONLY

528/9 = N/A

State should pay
People should pay for themselves
Other/Depends/Both
Can't say

1	ASK b)
2	GO TO c)
3	GO TO d)
8	GO TO c)

528

IF 528/1

- b) Should the state pay for this type of help for all elderly people whatever their income, or should it only pay for those who can't afford to pay for themselves?
CODE ONE ONLY

529/9 = N/A

Pay for everyone
Only pay for those who can't afford it
Other/Depends
Can't say

TAB IF N/A

4	GO TO Q31
5	GO TO Q31
6	GO TO d)
8	GO TO Q31

529

IF 528/2 or 8

- c) Do you think the state should pay for this type of help for elderly people who can't afford to pay for themselves?
CODE ONE ONLY

530/9 = N/A

TAB IF N/A

Yes
No
Other/Depends
Can't say

1	GO TO Q31
2	GO TO Q31
3	ASK d)
8	GO TO Q31

530

IF 528/3 or 529/6 or 530/3

- d) Why do you say that? What does it depend on?
PROBE: What else?
CODE ALL THAT APPLY

ANYTHING TO DO WITH MONEY
SHOULD BE CODED AS 1

531/9 = N/A

Depends on their finances/if they can afford it/
have a lot of money people should pay part/all of cost themselves

Relatives/friends should help/pay for help

Other (SPECIFY) RECODE IF N/A

LIST + SN

CHARITIES SHOULD HELP/PAY FOR
HELP

1

2

3

4

531

IF 213-14/25-70

- 11a) Other elderly people are able to live at home but need help looking after themselves, such as with washing and dressing - do you think the state should pay for this type of special help, or should elderly people pay for this type of help themselves?
CODE ONE ONLY

S34/9 = N/A

TAB IF N/A

State should pay
People should pay for themselves
Other/Depends/Both
Can't say

1	ASK b)
2	GO TO c)
3	GO TO d)
8	GO TO c)

S34

IF S34/1

- b) Should the state pay for this type of help for all elderly people whatever their income, or should it only pay for those who can't afford to pay for themselves?
CODE ONE ONLY

S35/9 = N/A

TAB IF N/A

Pay for everyone
Only pay for those who can't afford it
Other Depends
Can't say

4	GO TO Q32
5	
6	GO TO d)
8	GO TO Q32

S35

IF S34/2 or 8

- c) Do you think the state should pay for this type of help for elderly people who can't afford to pay for themselves?
CODE ONE ONLY

S36/9 = N/A

TAB IF N/A

Yes
No
Other Depends
Can't say

1	GO TO Q32
2	
3	ASK d)
8	GO TO Q32

S36

IF S34/3 or S35/6 or S36/3

- d) Why do you say that? What does it depend on?
PROBE: What else?
CODE ALL THAT APPLY

S37/9 = N/A

Depends on their finances/if they can afford it:
have a lot of money/people should pay part/all of cost themselves

Relatives/friends should help/pay for help

Other (SPECIFY) RECODE / FINAL LIST
+ SN

CHARITIES SHOULD HELP / PAY FOR HELP

1
2
3
4

See Q30d

S37-9

IF 213-14 | 25-70

- 32a) And some elderly people cannot look after themselves and have to move into a residential or nursing home - do you think the state should pay for the cost of the residential or nursing home, or should elderly people pay for themselves?
CODE ONE ONLY

Residential home
= old people's home

540/9 = N/A

State should pay

People should pay for themselves

TAB IF
N/A

Other/Depends/Both

Can't say

1 ASK b)

2 GO TO c)

3 GO TO d)

8 GO TO c)

540

IF 540/1

- b) Should the state pay for all elderly people whatever their income, or should it only pay for those who can't afford to pay for themselves?
CODE ONE ONLY

541/9 = N/A

Pay for everyone

Only pay for those who can't afford it

TAB IF
N/A

Other/Depends

Can't say

4 GO TO Q33

6 GO TO d)

8 GO TO Q33

541

IF 540/2 or 8

- c) Do you think the state should pay the cost of the residential or nursing home for elderly people who can't afford to pay for themselves?
CODE ONE ONLY

TAB IF N/A

542/9 = N/A

Yes

No

Other/Depends

Can't say

1 GO TO Q33

3 ASK d)

8 GO TO Q33

542

IF 540/3 or 541/6 or 542/3

- d) Why do you say that? What does it depend on?
PROBE: What else?
CODE ALL THAT APPLY

SEE Q30D

Depends on their finances/if they can afford it/
have a lot of money/people should pay part/all of cost themselves

1

Relatives/friends should help/pay for help

2

Other (SPECIFY) RECODE / FINAL LIST + SN

3

543/9 = N/A

CHARITIES SHOULD HELP/PAY FOR HELP

4

543-45

33a) IF 213-14/25-70
 INTERVIEWER TO CODE:
 (IF) CHECK ANY 529/4 or 535/4 or 541/4
 Any code 4 at Q30b), Q31b) OR Q32b)
 (ELSE) No code 4 at Q30b), Q31b), AND Q32b)

1	ASK b)
2	GO TO Q34

546

IF 546/1

b) (In some circumstances.) You said that the state should pay for special care or help for all elderly people whatever their income. Do you think the state should pay for the care of all elderly people even if it would mean that taxes would have to go up by, say, £100 per year for the average person?

547/9 = N/A

Yes
 No
 Other/depends
 Don't know

1	ASK c)
2	GO TO Q34
3	
8	

547

IF 547/1

c) What if it would mean a bigger tax increase - do you think the state should pay for all elderly people if it meant a tax increase of £500 per year for the average person?

545/9 = N/A

Yes
 No
 Other/depends
 Don't know

1
 2
 3
 8

548

IF 213-14/25-70

34a) We have been talking about who should be responsible for the costs of care for elderly people. Do you think that people should be able to buy insurance policies which would cover the cost of any care they might need when they get older?

549/9 = N/A

Yes
 No
 Depends
 Don't know

1	ASK b)
2	GO TO c
3	ASK b)
8	GO TO Q35

549

IF 549/1 or 3

c) Why do you say that? PROBE What other reason? CODE ALL THAT APPLY DO NOT PROMPT

TO GET BETTER CARE

Freedom of choice: it's up to the person

550/9 = N/A

People who have the money/can afford it should be able to

People want to safeguard/protect themselves for the future

State cannot afford to provide care for everyone

State won't provide care for everyone

Other (SPECIFY) RECODE / FINAL LIST + SN

SPREAD THE COSTS AS FAR AS POSSIBLE TO PAY OVER TIME / WHILE WORKING (THAN TO PAY A LUMP SUM WHEN CARE NEEDED)

0	GO TO Q35
1	
2	
3	
4	
5	
6	* 8
7	

550-

IF 549/2 CARE COSTS TOO EXPENSIVE TO PAY WHEN NEEDED

c) Why not? PROBE: What other reason? CODE ALL THAT APPLY

State should pay for care

Other (SPECIFY) RECODE / FINAL LIST + SN

553/9 = N/A

Can't say

- 1 - INCLUDES ALL REFS TO HAVING ALREADY PAID SS3-SS TAX & / OR NAT. INSUR.
- 2 - 3 - NOT EVERYONE CAN AFFORD IT
- 8 - 4 - COULD LEAD TO PRIVATISATION OF CARE

* 8 PROTECTING ONESELF AGAINST BECOMING A BURDEN TO OTHERS / SO THAT OTHERS (E.G. CHILDREN/RELATIVES) DON'T HAVE TO PAY / CARE FOR PERSON / MAINTAINING INDEPENDENCE

IF 213-14/25-70

- 35a) Do you think people should be required by law to pay for private insurance which would cover the costs of any special help or care they may need when they are elderly?

556/9 = N/A

Yes

1 GO TO Q36

No

2

Don't know

8

ASK b)

9

→ to b)

556

IF 556/2 or 8,9

- b) What about people in work - do you think they, or their employer, should be required by law to pay for private insurance to cover the costs of any care or help they may need when they are elderly? IF YES: Who should pay - the people in work or their employer?

CODE ONE ONLY

557/9 = N/A

Yes: - both individuals and employers

1

- employers only

2

- individuals only

3

No, should not be required

4

Don't know

8

557

IF 213-14/25-70

- 36a) (Before today.) Did you know that people could buy private insurance which would cover the cost of any special help or care they may need when they are elderly?

558/9 = N/A

Yes

1

No/unsure/don't know

2

558

- b) **CARD C.** Of the statements on this card, which do you think is the best way that care for elderly people should be paid for?
CODE ONE ONLY

559/9 = N/A

State should pay for care for all elderly people, whatever their income

1

State should pay for basic services, and people who can afford to should be able to pay for better care

2

State should only pay for care for those who cannot afford it, and everyone else should make their own arrangements

3

Everyone should make their own arrangements for paying for care

4

Other (SPECIFY) RECODE / FINAL LIST + SN

5

Don't know

8

559

IF 213-14125-70

37

Now I'd like to ask about some other benefits and services paid for by the state.

CARD D. First, I am going to read out some things the state spends money on. For each one, please tell me whether you would like to see more or less state spending in this area, using the answers on this card. Remember that if you say "much more" spending, it might require a tax increase to pay for it. Would you like to see more or less state spending on...**READ OUT ONE BY ONE AND CODE FOR EACH.**

9 = N/A on 560-568

	Spend <u>much more</u>	Spend <u>more</u>	Spend the <u>same as now</u>	Spend <u>less</u>	Spend <u>much less</u>	D.K	
a) Health?	1	2	3	4	5	8	560
b) The police and law enforcement?	1	2	3	4	5	8	561
c) Education?	1	2	3	4	5	8	562
d) The military and defence?	1	2	3	4	5	8	563
e) Special care for older people?	1	2	3	4	5	8	564
f) The environment?	1	2	3	4	5	8	565
g) Old age pensions?	1	2	3	4	5	8	566
h) Unemployment benefits?	1	2	3	4	5	8	567
i) Public transport?	1	2	3	4	5	8	568

38

Thinking about pensions do you think that pensions should be the same for everyone or should people who can afford it be able to pay for better pensions?

CN06

608/9 = N/A

Same for everyone 1
Able to pay for better 2
Don't know. 8

608

IF 213-14/25-70

- 39a) CARD E. Looking at this card, who do you think should be mainly responsible for ensuring that people have an adequate retirement pension?
CODE ONE ONLY

609/9 = N/A

Mainly the state

Mainly employers

Shared equally

Some other arrangement

Don't know

1 } 2 } 3 }	GO TO Q40
-------------------	-----------

4 ASK b)

8 GO TO Q40

609

IF 609/4

- b) What other kind of arrangement is that?

610/9 = N/A

Individuals make their own arrangements

Other (SPECIFY) RECODE / FINAL LIST + SN

1

2

610

IF 213-14/25-70

- 40a) Would you say that the state pension for a retired couple nowadays is, on its own ... READ OUT ...

611/9 = N/A

...more than enough for their basic needs.

just enough for their basic needs.

or, less than enough for their basic needs?

Don't know

1

2

3

8

611

- b) And would you say the state pension for a retired couple should, on its own, be ... READ OUT ...

...more than enough for their basic needs

just enough for their basic needs

or, less than enough for their basic needs?

Don't know

1

2

3

8

612

612/9 = N/A

SPARE

613

IF 213-14/25-70

CARD F I am now going to read out a list of statements about state spending on care for elderly people. Please tell me how much you agree or disagree with each statement, using the answers on this card. **READ OUT ONE BY ONE AND CODE FOR EACH.**

NB: CARE. NOT PENSIONS

9 = N/A 614-618

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Neither</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>DK</u>	
a) ↓ People should be expected to pay some of the costs of their own care in old age. instead of relying on the state to pay.	1	2	3	4	5	8	614
b) ↓ The state should be responsible for providing care for elderly people.	1	2	3	4	5	8	615
c) ↓ The state cannot afford to provide adequate care for all elderly people.	1	2	3	4	5	8	616
d) ↓ Young people nowadays can make better arrangements for their own care in old age because they have more choice	1	2	3	4	5	8	617
e) ↓ The state used to provide a better standard of care for elderly people than it does nowadays.	1	2	3	4	5	8	618

- 42a) IF 213-14/25-70
Generally speaking, do you think of yourself as a supporter of any one political party?

619/9 = N/A

TAB IF BLANK

Yes
No
Don't know

1 GO TO d)
2 ASK b)
8

619

- b) IF 619/2 or 8
Do you think of yourself as a little closer to one political party than to the others?

620/9 = N/A

Yes
No
Don't know

1 GO TO d)
2 ASK c)
8

620

- c) IF 620/2 or 8
If there were a general election tomorrow, which political party do you think you would be most likely to support?
CODE ONE ONLY

621-622/99 = N/A

Conservative
Labour
Liberal Democrat/Liberal/SLD
Green Party
Plaid Cymru
None
Refused/unwilling to say
Don't know

01
02
03
04
05
06
07
09
97
98

} GO TO Q43

621-22

Other (SPECIFY) LEAVE

- d) IF 619/1 or 620/1
Which party do you think of yourself as a supporter of/as closer to? CODE ONE ONLY

623/9 = N/A

Conservative
Labour
Liberal Democrat/Liberal/SLD
Green Party
Plaid Cymru

1
2
3
4
5
6
7

} Go To Q42e

7 Go to Q43

623

Other (SPECIFY) LEAVE

Refused/unwilling to say

- e) IF 623/1-6
How strongly would you say you support ... (PARTY).
Would you call yourself a ... READ OUT ...

624/9 = N/A

...very strong supporter, 1
fairly strong supporter, 2
or, not very strong supporter? 3
Don't know/varies 8

624

SITUATIONS

IF 213-14/25-70

43. ~~SEE~~ I'd now like to ask your views about some actual situations in which elderly people might need special help or care. There are no right or wrong answers - I'd just like you to tell me what you think people should do in each of the situations I read out.

CARD G. First, from this card, who do you think the person should seek help from first in each of the situations I read out.

READ OUT ONE BY ONE AND CODE FOR EACH

625/9 = N/A

626/9 = N/A

627/9 = N/A

628/9 = N/A

	State provided help	Privately paid for help	Family/ Relatives	Friends	Other	DK	
a) An elderly woman who can manage well living alone but needs help everyday with getting up and going to bed.	1	2	3	4	5	8	625
b) An elderly woman who lives alone and who has to stay in bed all day for the next few months following a hip operation.	1	2	3	4	5	8	626
c) An elderly man who can move about well and who lives alone, but who gets confused and needs someone to check several times a day that everything is safe.	1	2	3	4	5	8	627
d) An elderly man who is permanently in a wheelchair and who lives in a specially adapted flat. He needs help each day when he leaves the flat.	1	2	3	4	5	8	628

44. Suppose someone has enough money to help an elderly relative who cannot look after him/herself. Which of these three types of help do you think would be best ...READ OUT.
CODE ONE ONLY

...to pay for the relative to go into a residential or nursing home. 1

to pay for someone to help, in the relative's own home. 2

or, to help the relative themselves? 3

Can't say/depends 8

NONE OF THESE 7

SPARE
130

629/9 = N/A

629

IF 213-14/25-70

45. Are there any circumstances in which it is reasonable to refuse to provide personal help for a sick or elderly relative?

631/9 = N/A

Yes

1 ASK Q46

No

2 GO TO Q47

Don't know

3 ASK Q46

62

IF 631/1 or 3

46. Under what circumstances might it be reasonable to refuse such help? PROBE: What else?

CODE ALL THAT APPLY

DO NOT PROMPT

UP TO 7

ANSWERS

632-633/99 = N/A

If the helper is sick or disabled

01

If the helper has other family responsibilities

02

If the helper has other responsibilities/commitments
(eg. work, job, career)

03

If the helper doesn't want to

04

If the helper is unable/not capable of providing
the help needed

05

If the helper lives too far away

06

If the elderly relative did not want to be helped

07

If the helper and the elderly relative do not get on well

08

Other (SPECIFY) RECODE / FINAL LIST + SN

09

Can't say

98

10 IF ELDERLY RELATIVE
CAN AFFORD TO PAY
FOR THEIR OWN HELP

6245

HELPER NOT ABLE TO AFFORD IT.
HELPER DOES NOT HAVE
SUFFICIENT SKILLS/RELATIVE TOO
SICK/DISABLED FOR HELPER
TO MANAGE

IF 213-14/25-70

- 47a) If an elderly person who has become very frail and can only move around with help, can no longer live alone, should he/she move into a residential or nursing home or go and live with relatives?

646/9 = N/A

Should move into home

Live with relatives

Depends

Don't know

1	ASK b)
2	} GO TO Q48
3	
8	

646

IF 646/1

- b) Are there any circumstances in which the elderly person should live with relatives?

647/9 = N/A

Yes

No

Don't know

1	ASK c)
2	GO TO Q48
8	

647

IF 647/1

- c) What circumstances would they be?

PROBE: What else?

CODE ALL THAT APPLY

DO NOT PROMPT

648-649/9 = N/A

- If the elderly person wants to live with the relatives 01
- If the relatives are willing or want the elderly person to live with them 02
- If the living arrangements are suitable (e.g. there is enough space) 03
- If it would not impose too much on the relatives if they can cope 04
- If the relatives have enough money if the elderly person does not have enough money to live in a residential home 05
- If the elderly person is not too sick and is of sound mind 06
- If it is only on a temporary basis 07
- If no alternative because a residential home is unsuitable or too far away 08
- Other (SPECIFY) RECODE / FINAL LIST + SN 09
- Can't say 98

UP TO

5 ANSWERS

648-5

IF 213-14/25-70

- 48) Sometimes elderly people may need, or want, extra money for a special purpose - I'm going to describe some possible situations and I'd like you to tell me what you think the people involved should do

If an elderly person wants to go into a private residential or nursing home to live but can only afford part of the price, do you think that relatives should offer the rest of the money that's needed?

658/9 = N/A

Yes 1

No 2

Depends 3

Don't know 8

658

IF 213-14/25-70

- 49 CARD H Now a different situation: think of an elderly couple who live in their own home which is worth £100,000. They need help with everyday tasks such as dressing, cooking and cleaning. They have no spare income to pay for this help. Of the ways shown on this card, how do you think this help should be paid for?
CODE ONE ONLY.

671/9 = N/A They should sell the house and use the money from the sale to pay for residential or nursing home care 1

The state should pay for any help they need 2

Their children should pay for any help they need 3

They should take out another mortgage on the house and use the borrowed money to pay for care in their own home 4

Other (SPECIFY) RECODE \ FINAL LIST + SN 5

Can't say 8

671 CHILDREN/RELATIVES TO PAY IF THEY CAN AFFORD TO

- 50a) CARD H Now suppose their home was worth £50,000. How do you think the help should be paid for then?
CODE ONE ONLY

672/9 = N/A They should sell the house and use the money from the sale to pay for residential or nursing home care 1

The state should pay for any help they need 2

Their children should pay for any help they need 3

They should take out another mortgage on the house and use the borrowed money to pay for care in their own home 4

Other (SPECIFY) RECODE \ FINAL LIST + SN 5

Can't say 8

672 CHILDREN/RELATIVES TO PAY IF THEY CAN AFFORD TO

- b) CARD H And what if their home was worth £25,000. How should the help be paid for then?
CODE ONE ONLY

673/9 = N/A They should sell the house and use the money from the sale to pay for residential or nursing home care 1

The state should pay for any help they need 2

Their children should pay for any help they need 3

They should take out another mortgage on the house and use the borrowed money to pay for care in their own home 4

Other (SPECIFY) RECODE \ FINAL LIST + SN 5

Can't say 8

673 CHILDREN/RELATIVES TO PAY IF THEY CAN AFFORD TO

IF 213-14/25-70

Now think of an elderly person who is too difficult to care for at home and must live in a residential or nursing home. There is no-one else living in their house. The elderly person would like to leave it to their child or another relative. Do you think the person should be made to sell their house to pay for the costs of the residential or nursing home?

708/9 = N/A

Other (SPECIFY) RECODE \ FINAL LIST + SN

Yes
No
Can't say

1	ASK Q52
2	GO TO Q55
3	ASK Q52
8	

708

IF 708/1, 3 or 8, 9

What if the person has a child or other relative living in their house - in those circumstances should they be made to sell their house to pay for the residential or nursing home?

709/9 = N/A

Other (SPECIFY) RECODE \ FINAL LIST + SN

Yes
No
Can't say

4	GO TO Q54
5	ANSWER Q53
6	
8	

709

4 DEPENDS (E.G. ON VALUE OF THE HOUSE)
5 WHEN SELLING OF HOUSE IS QUANTIFIED E.G. ONLY SOME OF THE MONEY SHOULD BE INVESTED & SOME USED ETC.

7 DEPENDS (E.G. ON THE RELATIVES FINANCES) CIRCUMSTANCES

IF 709/5, 6 or 8, 9

INTERVIEWER TO CHECK Q51:

CHECK 708/1

Q51 coded 1

CHECK 708/2, 3 or 8, 9

Q51 coded 2, 3 8

1	ASK Q54
2	GO TO Q55

710

IF 710/1 or 709/4

Do you think an elderly person who has sold their house to pay for the cost of their residential or nursing home should get better care than an elderly person who has no house to sell and no savings to pay for themselves?

711/9 = N/A

Yes, person who sold should get better care 1
No, person who sold should not get better care 2
Depends/other 3
Don't know 8

711

IF 213-14 | 25-70

- 55a) CARD I Now a few questions about saving money. There are many different reasons why people save money for the future. Think of a married couple in their 40s who are saving some of their income each month. This card shows three reasons why they might be saving money - which of these do you think is the most important reason?

CODE ONE ONLY AT a) BELOW

- b) And which is the next most important reason?
CODE ONE ONLY AT b) BELOW

712/9 = N/A

713/9 = N/A

To leave to their children

For their own old age

, To pay for care which their elderly parents might need in the future

Don't know

NONE OF THESE

CONSISTENCY CHECK
2 DIFFERENT CODES USED

a) Most important	b) Second most important
1	1
2	2
3	3
8	8
7	7

712

713

- 56a) CARD J Now what about a married couple who are close to retirement and have adult children. Which of these do you think is the most important reason for them to save money?

CODE ONE ONLY AT a) BELOW

- b) And which is the next most important reason?
CODE ONE ONLY AT b) BELOW

714/9 = N/A

715/9 = N/A

To leave to their children and grandchildren

To provide for care in their own old age

To pay for care which their elderly parents need

Don't know

NONE OF THESE

CONSISTENCY CHECK
2 DIFFERENT CODES USED

a) Most important	b) Second most important
1	1
2	2
3	3
8	8
7	7

714

715

- 57a) CARD J Suppose a retired couple have sold their home and moved to a smaller house, giving them £20,000 to invest. Which of these do you think is the most important reason for them to invest this money?

CODE ONE ONLY AT a) BELOW

- b) And which is the next most important reason?
CODE ONE ONLY AT b) BELOW

716/9 = N/A

717/9 = N/A

To leave to their children and grandchildren

To provide for care in their own old age

To pay for care which their elderly parents need

Don't know

NONE OF THESE

CONSISTENCY CHECK
2 DIFFERENT CODES USED

a) Most important	b) Second most important
1	1
2	2
3	3
8	8
7	7

716

717

SPARE

718-27

1F 213-14 | 25-70

CARD K. How much do you think it costs to keep
a person in a private nursing home at the moment?
Just say which number from this card applies.

728/9 = N/A

- | | |
|---------------|---|
| £190 per week | 1 |
| £260 per week | 2 |
| £330 per week | 3 |
| £400 per week | 4 |
| Don't know | 8 |

728

CARD L. And how much do you think it costs for
an elderly person to get private nursing care
in their own home?

729/9 = N/A

- | | |
|-------------|---|
| £3 per hour | 1 |
| £5 per hour | 2 |
| £7 per hour | 3 |
| £9 per hour | 4 |
| Don't know | 8 |

729

CARD L. And what about the cost of
private home help?

730/9 = N/A

- | | |
|-------------|---|
| £3 per hour | 1 |
| £5 per hour | 2 |
| £7 per hour | 3 |
| £9 per hour | 4 |
| Don't know | 8 |

730

IF 213-14/25-70

HOUSING

61. I would now like to ask a few more questions about you and your household.
Would I be right in describing this accommodation as a ...READ OUT
ONE WHICH YOU THINK APPLIES...

731 \ 9 = N/A

- ...whole detached house or bungalow 1
- whole semi-detached house or bungalow 2
- whole terraced house 3
- self-contained purpose-built flat/maisonette 4
- self-contained converted flat/maisonette/rooms in house 5
- room(s) in house - not self-contained 6
- Other (SPECIFY) RECODE OR LEAVE 7

731

62. How long have you been in your present home... READ OUT...

732 \ 9 = N/A

- ...less than 1 year. 1
- 1-2 years. 2
- 3-5 years 3
- 6-10 years. 4
- 11-20 years. 5
- or more than 20 years? 6

732

63. Does your household own or rent this accommodation?
PROMPT AS NECESSARY AND CODE ONE ONLY

733-734/99 = N/A

- Owens - outright
- Owens - with mortgage/loan
- Rents - local authority/new town
- Rents - housing association
- Rents - privately, unfurnished
- Rents - privately, furnished
- Rents - from employer
- Rents - other with payment (SPECIFY) RECODE OR LEAVE
- Lives rent free

01	GO TO Q66
02	
03	ASK Q64
04	GO TO Q65
05	
06	
07	
08	
09	

733-34

IF 733-34/03

How likely is it that you, or the person responsible for paying the rent, will buy this (house/flat) at some time in the future? Would you say it was...**READ OUT...**

735/9 = N/A

...very likely,

quite likely,

quite unlikely,

or, very unlikely?

(Not allowed to buy)

Don't know

1	GO TO Q67
2	
3	ASK Q65
4	
5	
8	

735

IF 735/3-5 or 8 or 733-34/04-09

At present, if you had a free choice, would you prefer to rent accommodation or to buy it?

736/9 = N/A

Prefer to rent

Prefer to buy

Neither/no preference/don't know

1	GO TO Q67
2	
8	

736

IF 733-34/01 or 02

CARD M. Apart from providing a place to live, people may have different opinions about owning their home.

Looking at this card, please tell me which ones come closest to your feelings about owning a home.

PROBE: Which others?

CODE ALL THAT APPLY AT a) BELOW.

IF 737-738 CODED (738 NOT BLANK)

IF MORE THAN ONE ANSWER AT a), ASK: And which of those would you say is the most important reason for owning your home?

RECORD AT b) BELOW. CODE ONE ONLY

737/9 = N/A

743/9 = N/A

- It is an investment for my future
- It is cheaper to buy than to rent
- Buying means I'm freer to make decisions about how to live
- It is security for my old age
- I will be able to sell it to buy another home in the future
- It is something of value which I can pass on to my family
- Don't know

(a)	(b)
All	Most important (CODE ONE)
1	1
2	2
3	3
4	4
5	5
6	6
8	-

737-42

743

CHECK CODE AT
743 APPEARS AT
737-742.

WORK AND EDUCATION

67. IF 213-14/25-70
The next few questions are about any jobs you might have or have had.

CARD N. Which of these descriptions applies to what you were doing last week, that is, in the seven days ending last Sunday? PROBE: Which others?

CODE ALL THAT APPLY IN COLUMN 1

IF ONLY ONE CODE AT COLUMN 1, TRANSFER IT TO COLUMN 2

IF MORE THAN ONE CODE AT COLUMN 1, TRANSFER HIGHEST ON LIST TO COLUMN 2

COLUMN 1

COLUMN 2
ECONOMIC
POSITION
(ONE CODE)

744/9 = N/A

751/9 = N/A IF 744²⁹

UP TO 7
ANSWERS
COLUMN 1

In full-time education (not paid for by employer, including on vacation)

A

A

744-50

On government training/employment programme (eg Employment Training Youth Training)

B

B

751

In paid work (or away temporarily) of at least 10 hours a week

C

C

Waiting to take up paid work already accepted

D

D

Unemployed and registered at a benefit office

E

E

Unemployed, not registered, but actively looking for a job

F

F

Unemployed, wanting a job (of at least 10 hours a week) but not actively looking for a job

G

G

Permanently sick or disabled

H

H

Wholly retired from work

J

J

Looking after the home

K

K

Doing something else (SPECIFY)

L

L

RECODE/FINAL LIST + IN
PART TIME EDUCATION

M

M

SPECIAL NOTE

THE FOLLOWING
IMAGE IS OF POOR
QUALITY DUE TO THE
ORIGINAL DOCUMENT.

THE BEST AVAILABLE
IMAGE HAS BEEN
ACHIEVED.

F 213-14/25-70

INTERVIEWER: CHECK COLUMN 1 AT Q67:

CHECK 744-50/C

Respondent presently in paid work (code C)

Respondent waiting to take up paid work (code D)

CHECK 744-50/D

CHECK
744-50/1

All others

NOT CORRECT

F 752/3

Have you previously been in paid work for at least 10 hours a week?

753/9 = N/A

Yes

1 ASK Q70

753

No

2 GO TO Q83 (p.32)

F 753/1

When were you last in paid work for at least 10 hours a week?

754/9 = N/A

Within the past 12 months

Over 1 year, up to 5 years ago

Over 5, up to 10 years ago

Over 10, up to 20 years ago

Over 20 years ago

Never had a job of 10+ hours a week

Can't say

1 ASK Q71

754

2

3

4

5

6

8

GO TO Q83
(page 32)

IF 754/1 or 2 or 752/1 or 2

ASK ABOUT PRESENT JOB IF IN WORK, LAST JOB IF NOT IN WORK.

FUTURE JOB IF JOB OBTAINED

What (is/was) the name or title of your (last/future) job?

WRITE IN

OUC

SOC

3-DIGIT

755-757

STATUS

2-DIGIT

758-59

SPARE

760-61

760-61

SEE 760 761

SC 777

What kind of work (do/will/did) you do most of the time?

IF RELEVANT: What kind of tools or machinery

(do/will/did) you use?

WRITE IN

What training or qualifications are needed for that job?

WRITE IN

(Are/Were/Will) you (be)...

....an employee

or, self-employed?

1 GO TO Q74

762

2 ASK Q73

762/9 = N/A

73. IF 762/2
(Do/Did/Will) you have any employees?
IF YES: How many?

763/9 = N/A

No, none
Yes: 1-24
25 or more
Can't say

1
2 } GO TO Q80
3
8 }

763

74. IF 762/1
(Do/Did/Will) you directly supervise or (are you/will you be/were you) directly responsible for the work of any other people? IF YES: How many?

764/9 = N/A

No, none
Yes: 1-24
25 or more
Can't say

1
2
3
8

764

75. CARD P. Which of the types of organisation on this card (do/will/did) you work for in this job?

765/9 = N/A

Private firm or company
Local Authority/Local Education Authority
Central government/civil service
Nationalised industry
Health Authority/NHS Hospital
Charity/voluntary organisation

Other (SPECIFY) RECODE/FINAL LISTEN

1 ASK Q76

2 }
3 } GO TO Q76b.
4 }
5 }
6 }

7 ASK Q76

765

- 76a. IF 765/1 ^{OK} 7,9
What industry (is/was) this job in? PROBE IF
NECESSARY: What (is/was) made or done at the
place where you (will) work(ed)? WRITE IN

SIC

766-67

2-D 6 T

- * IF 765/1-7,9
b: Including yourself, how many people (are/were)
employed at the place where you (will) usually work(ed)?
(Is/Was) it...READ OUT...

768/9 = N/A

...under 25
or, 25 or more?
Can't say

1
2
8

768

77. IF 762/1
About how many hours a week (do/did/will)
you normally work in your (last) job?

769/9 = N/A

Less than 10 hours a week
10-15 hours a week
16-23 hours a week
24-29 hours a week
30 or more hours a week
Varies too much to say
Can't say

1
2
3
4
5
6
8

769

~~11-23-14-25-70~~
INTERVIEWER CHECK Q68 (Page 29):

CHECK 752/1

Respondent presently in paid work (code 1)

CHECK 752/2 or 3

All others (code 2 or 3)

1 ASK Q79

2 GO TO Q83

770

IF 770/1

For how long have you been continuously employed by your present employer?

EXCLUDE SHORT BREAKS
OF ONE MONTH OR LESS

771/9 = N/A

Less than 1 year 1
1 year, less than 5 years 2
5 years, less than 10 years 3
10 years, less than 20 years 4
20 years or more 5
Can't say 8

771

Can I check, in your present job, are you employed...READ OUT...

772/9 = N/A

...permanently

or, temporarily or on a fixed term contract?

Other (SPECIFY) RECODE \ OR LEAVE

1

2 GO TO Q81

3

772

~~11-23-14-25-70~~
INTERVIEWER: CHECK Q68 (Page 29):

CHECK 752/1

Respondent presently in paid work (code 1)

CHECK 752/2 or 3

All others (codes 2 or 3)

1 ASK Q81

2 GO TO Q83

773

IF 752/1

CARD Q Which of these letters best represents your own gross earnings in this job - that is, before deduction of income tax and national insurance? CODE ONE ONLY

774-775/9 = N/A

Less than £3,999 pa Q
£4,000-£5,999 pa T
£6,000 -£7,999 pa O
£8,000 - £9,999 pa K
£10,000-£11,999 pa L
£12,000-£14,999 pa B
£15,000-£17,999 pa Z
£18,000 -£19,999 pa M
£20,000 - £22,999 pa F
£23,000 - £25,999 pa J
£26,000 - £28,999 pa D
£29,000- £31,999 pa H
£32,000 - £34,999 pa C
£35,000 pa or more G
Refused 97
Don't know 98

774-75

IF 752/1

- 82a) How likely or unlikely is it that you will leave this employer (job) over the next year for any reason? Would you say it is...READ OUT...

808/9 = N/A

...very likely,
quite likely
not very likely
or, not at all likely?
Can't say

1	ASK b)
2	
3	} GO TO Q83
4	
8	

808

IF 808/1 or 2

- b) Why do you think it is likely that you will leave?

PROBE: What other reason?

CODE ALL THAT APPLY

UP TO 3 ANSWERS

809 - 810/99 = N/A

Firm will close down	01
I will be declared redundant	02
I will reach my normal retirement age	03
I will take early retirement	04
My contract of employment will end	05
I will decide to leave and work for another employer	06
I will decide to leave and work for myself as self-employed	07
I will leave to look after home/children/relative	08
Other reason (SPECIFY) <u>RECODE / FINISH LIST + SN</u>	09
Can't say	98

809-14

IF 213-14/25-70

- 83 INTERVIEWER: CHECK COLUMN 1 AT Q67 (page 28):

CHECK 744-50 | E, F or G

Resp presently unemployed (code E, F, G)

CHECK 744-50 | NOT E, F or G All others

1	GO TO Q85
2	ASK Q84

815

IF 815/2

- 84a) (Can I just check.) During the last five years, that is since October 1990, have you been unemployed and seeking work for any period?

816/9 = N/A

Yes

No

1	ASK b)
2	GO TO Q86

816

IF 816/1

- b) For how long in total have you been unemployed and seeking work over the past 5 years?

817/9 = N/A

Less than 1 month
1 month, less than 6 months
6 months, less than 1 year
1 year, less than 3 years
3 years, less than 5 years
(The entire period/5 years)
Can't say

1	} GO TO Q86
2	
3	
4	
5	
6	
8	

817

IF 815/1

You said you were unemployed at present - how long has this present period of unemployment and seeking work lasted so far?

818/9 = N/A

Less than 1 month
1 month, less than 6 months
6 months, less than 1 year
1 year, less than 3 years
3 years, less than 5 years
5 years or more
Can't say

1	} ASK b)
2	
3	
4	
5	
6	GO TO c)
8	ASK b)

818

IF 818/1 - 5 or 8

For how long in total have you been unemployed and seeking work over the past 5 years?

819/9 = N/A

Less than 1 month
1 month, less than 6 months
6 months, less than 1 year
1 year, less than 3 years
3 years, less than 5 years
(The entire period/5 years)
Can't say

1
2
3
4
5
6
8

819

IF 815/1

How confident are you that you will find a job to match your qualifications within the next 6 months or so? Are you...READ OUT...

820/9 = N/A

very confident.
quite confident.
not very confident.
or, not at all confident?
Don't know

1
2
3
4
8

820

Although it may be difficult to judge, how long from now do you think it will be before you find an acceptable job?

WRITE IN NUMBER OF MONTHS

2 DIGITS

--	--

821-22

821-822/99 = N/A

98 = D/K

TAB IF BLANK

IF 213-14/25-70

ALL

86a) INTERVIEWER: CHECK COLUMN 1 AT Q67 (page 28):

CHECK 744-50 | J

Respondent wholly retired (code J)

1	ASK b)
2	GO TO Q88

823

All others

IF 823/1 CHECK 744-50 | NOT J

b) At what age did you retire from work?

ENTER AGE IN YEARS

--	--

824-25/99 = N/A

824-25

c) Do you receive a pension from any past employer?

Yes 1

No 2

Don't know 8

826/9 = N/A

826

d) And do you receive a pension from any private arrangement you have made in the past, that is apart from the state pension or one arranged through an employer?

Yes 1

No 2

Don't know 8

827/9 = N/A

827

IF 213-14/25-70

87a) INTERVIEWER: CHECK Q1a)(page 1):

CHECK 213-14/=>60 and 215/2 or
213-14/=>65 and 215/1

Respondent is aged 60-(woman)/65-(man)

1	ASK b)
2	GO TO Q88

828

IF 828/1 CHECK 213-14/25-59

b) On the whole, would you say the present state pension is ... READ OUT ...

... on the low side. 1

reasonable. 2

or, on the high side? 3

Don't know 8

829/9 = N/A

829

c) Do you expect your state pension in a year's time to purchase ... READ OUT ...

... more than it does now. 1

about the same. 2

or, less than it does now? 3

Don't know 8

830/9 = N/A

830

IF 215-14/1-1-1

ALL

INTERVIEWER CHECK Q3 (Page 1)

CHECK 216/1

Respondent is married/living as married (code 1)

CHECK 216/2-5, 9.

All others

1	ASK Q89
2	GO TO Q99 (p.38)

831

IF 831/1

Now I would like to ask some questions about any jobs your husband/wife/partner has or may have had.

CARD N. Which of these descriptions applies to what your husband/wife/partner was doing last week, that is, in the seven days ending last Sunday?

PROBE: Which others?

CODE ALL THAT APPLY IN COLUMN 1

IF ONLY ONE CODE AT COLUMN 1, TRANSFER IT TO COLUMN 2

IF MORE THAN ONE CODE AT COLUMN 1, TRANSFER HIGHEST ON LIST TO COLUMN 2

UP TO 3

ANSWERS COLUMN 1

832/9 = N/A

835/9 = N/A

IF 832/9 = N/A

- In full-time education (not paid for by employer, including on vacation)
- On government training/employment programme (eg Employment Training, Youth Training)
- In paid work (or away temporarily) of at least 10 hours a week
- Waiting to take up paid work already accepted
- Unemployed and registered at a benefit office
- Unemployed, not registered, but actively looking for a job
- Unemployed, wanting a job (of at least 10 hours a week) but not actively looking for a job
- Permanently sick or disabled
- Wholly retired from work
- Looking after the home
- Doing something else (SPECIFY)

COLUMN 1	COLUMN 2 ECONOMIC POSITION (ONE CODE)
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
J	J
K	K
L	L
M	M

832-34

835

RECODE/FINAL LIST + SN

PART TIME EDUCATION

IF 831/1

INTERVIEWER: CHECK COLUMN 1, Q89:

CHECK 832-34/C

Respondent's partner presently in paid work (code C)

CHECK 832-34/D Respondent's partner waiting to take up paid work (code D)

CHECK 832-34/NOT COR'D

All others

1	GO TO Q93
2	
3	ASK Q91

836

IF 836/3

91. Has your husband/wife/partner previously been in paid work for at least 10 hours a week?

837/9 = N/A

Yes
No

1	ASK Q92
2	GO TO Q99 (P.38)

837

IF 837/1

92. When was he/she last in paid work for at least 10 hours a week?

838/9 = N/A

Within the past 12 months
Over 1 year, up to 5 years ago
Over 5, up to 10 years ago
Over 10, up to 20 years ago
Over 20 years ago
Never had a job of 10+ hours a week
Can't say

1	ASK Q93
2	
3	} GO TO Q99 (Page 38)
4	
5	
6	
8	

838

IF 838/1 or 2 or 836/1 or 2

ASK ABOUT PRESENT JOB IF IN WORK, LAST JOB IF NOT IN WORK.
FUTURE JOB IF JOB OBTAINED

- 93a) What (is/was) the name or title of his/her (last/future) job?
WRITE IN

COC	
SOC	3-DIGIT
STATUS	2-DIGIT
SPARE	

839-41

842-43

844-45

- b) What kind of work (does/will/did) he/she do most of the time?
IF RELEVANT: What kind of tools or machinery (does/did/will) he/she use?
WRITE IN

- c) What training or qualifications are needed for that job?
WRITE IN

94. (Is/Was/Will) he/she (be)...

846/9 = N/A

....an employee
or, self-employed?

1	GO TO Q96
2	ASK Q95

846

IF 846/2

95. (Does/did/will) he/she have any employees?
IF YES: How many?

847/9 = N/A

No, none
Yes: 1-24
25 or more
Can't say

1	} GO TO Q99 (Page 38)
2	
3	
8	

847

IF 846/1

(Does/did/will) he/she directly supervise or (is/was/will) he/she (be) directly responsible for the work of any other people? IF YES: How many?

848/9 = N/A

No, none 1
Yes: 1-24 2
25 or more 3
Can't say 8

848

CARD P. Which of the types of organisation on this card (does/did/will) he/she work for in this job?

849/9 = N/A

Private firm or company
Local Authority/Local Education Authority
Central government/civil service
Nationalised industry
Health Authority/NHS Hospital
Charity/voluntary organisation
Other (SPECIFY) RECODE/OR LEAVE

1	ASK Q98
2	} Q 98b GO TO Q98
3	
4	
5	
6	
7	ASK Q98

849

IF 849/1 or 7, a

What industry (is/was) this job in? PROBE IF NECESSARY:

What (is/was) made or done in the place where he/she (will) works(ed)?

WRITE IN

SIC

850-51

2-DIGIT

IF 849/1-7 or 9

Including your husband/wife/partner, how many people (are/were) employed at the place where s/he (will) usually works(ed)?

(Is/Was) it...READ OUT...

852/9 = N/A

...under 25 1
or 25 or more? 2
Can't say 8

852

SPARE

855-60

IF 213-14/25-70

38

~~AL~~

99 Now a few questions about your education. How old were you when you finished your continuous full-time education?

861-862/99 = N/A

14 or under 01
15 02
16 03
17 04
18 05
19 or over 06
(No formal education) 07
(Currently in full-time education) 08

861-2

100. CARD R. Do you have any of the qualifications shown on this card? Please start at the top of the list and tell me the first one you come to that you have passed.

CODE FIRST TO APPLY

THIS IS B-BANK

863/9 = N/A

Degree (or degree level qualification)

Teaching qualification

HNC/HND

BEC/TEC Higher. BTEC Higher

City and Guilds Full Technological Certificate

Nursing qualification (SRN, SCM, RGN, RM RHV, Midwife)

A levels, SCE Higher

ONC/OND

BEC/TEC/BTEC not Higher

SCOTBEC/TEC or SCOTVEC not Higher

Higher School Certificate

City and Guilds Advanced/Final

'O' level passes (Grades A-C if after 1975)

GCSE (grades A-C)

CSE (Grade 1)

SCE Ordinary (Bands A-C)

Standard Grade (Levels 1-3)

SLC Lower

SUPE Lower or Ordinary

School Certificate or Matric

City and Guilds Craft/Ordinary Level

CSE Grades 2-5

GCE 'O' level Grades D&E (if after 1975)

GCSE (Grades D,E,F,G)

SCE Ordinary (Bands D& E)

Standard Grade (Level 4,5)

Clerical or commercial qualifications

Apprenticeship

CSE Ungraded

Other qualifications (SPECIFY) RECODE/FINAL LIST + SN

No qualifications

863

PERSONAL AND HOUSEHOLD FINANCES

CN09

I would like to ask some questions about state benefits.

CARD S. Would you please look at this card and tell me if you (or your husband/wife/partner) presently receive any of these state benefits? IF YES: Which ones? PROBE: Which others? RECORD AT a) BELOW. CODE ALL THAT APPLY.

CARD S. And have you (or your husband/wife/partner) received any (other) of these benefits in the last five years? IF YES: Which benefits? PROBE: Which others?

RECORD AT (b) BELOW. CODE ALL THAT APPLY.

CHECK NO CODES
DUPLICATED
AT (B)

CLM A UP TO
6 ANSWERS

908-909/99=N/A

920-921/99=N/A

	(a) Presently	(b) 5 years
(NONE OF THESE)	00	00
Child benefit	01	01
Maternity benefit or allowance	02	02
One-parent benefit	03	03
Family credit	04	04
State retirement or widow's pension	05	05
State supplementary pension	06	06
Community charge rebate/poll-tax rebate/council tax rebate	07	07
Invalidity/incapacity or disabled pensioner benefit	08	08
Attendance/invalid care/mobility allowance	09	09
State sickness or injury benefit	10	10
Unemployment benefit	11	11
Income support	12	12
Housing benefit (rate or rent rebate)	13	13
Other state benefit (SPECIFY) <u>RECODE \ FINAL LIST + SN</u>	14	14
Other state benefit (SPECIFY) <u>RECODE \ FINAL LIST + SN</u>	15	15
Can't say	-	98

SPARE

932-40

IF 213-14/25-70

102. CARD Q. Can I just check, what is the total income of your household from all sources before tax? As well as any earnings, take account of any benefits, pensions, interest, or any other income you receive. Just tell me which letter from the card applies.

CODE ONE ONLY

941-942/99 = N/A

Less than £3,999 pa	Q
£4,000-£5,999 pa	T
£6,000 - £7,999 pa	O
£8,000 - £9,999 pa	K
£10,000-£11,999 pa	L
£12,000-£14,999 pa	B
£15,000-£17,999 pa	Z
£18,000 -£19,999 pa	M
£20,000 - £22,999 pa	F
£23,000 - £25,999 pa	J
£26,000 - £28,999 pa	D
£29,000- £31,999 pa	H
£32,000 - £34,999 pa	C
£35,000 pa or more	G
Refused	97
Don't know	98

944

- 103a Can I just check, are you covered by a private health insurance scheme, that is an insurance scheme that allows you to get private medical treatment?

943/9 = N/A

Yes
No
Don't know

1	ANSWER b)
2	GO TO Q104
3	

943

- b) INTERVIEWER: CHECK COLUMN 1 AT Q67 (page 28):

CHECK 744-50 | C

Respondent presently in paid work (code C)

CHECK 744-50 | NOT C

All others

1	GO TO d)
2	ANSWER c)

944

- c) INTERVIEWER: CHECK COLUMN 1 AT Q89 (page 35):

CHECK 832-34 | C

Partner presently in paid work (code C)

CHECK 832-34 | NOT C

All others

1	ASK d)
2	GO TO Q104

945

- d) Does your employer (or your husband's/wife's/partner's employer) pay any of the cost of this private health insurance scheme?

CODE ONE ONLY

946/9 = N/A

Yes - all the cost	1
- At least half the cost	2
- Less than half the cost	3
No, none paid by employer	4
Don't know	8

946

LF 213-14/25-70

CARD T. Which of the phrases on this card would you say comes closest to your feelings about your household's income these days?

CODE ONE ONLY

Living comfortably on present income 1

Coping on present income 2

Finding it difficult on present income 3

Finding it very difficult on present income 4

Don't know/other 8

947/92 = N/A

947

Looking back over the last year, would you say your household's income has ...READ OUT...

... fallen behind prices. 1

kept up with prices. 2

or, risen by more than prices? 3

Don't know 8

948/9 = N/A

948

And looking forward to the year ahead, do you expect your household's income will... READ OUT...

...fall behind prices. 1

keep up with prices. 2

or, go up by more than prices? 3

Don't know 8

949/9 = N/A

949

CARD U. Suppose your monthly outgoings were much lower. how do you think you would use the extra money? Using the answers from this card, how likely is it that you would...READ OUT ONE BY ONE AND CODE FOR EACH...

950-957/9 = N/A

	Very likely	Fairly likely	Not very likely	Not at all likely	Can't say
Buy new things for your home?	1	2	3	4	8
Make improvements to your present home?	1	2	3	4	8
Save the money in a bank or building society?	1	2	3	4	8
Invest the money in a pension or some sort of savings plan?	1	2	3	4	8
Buy stock, shares or unit trusts?	1	2	3	4	8
Spend more on yourself or your family?	1	2	3	4	8
Spend more on day to day needs?	1	2	3	4	8
IF HOME OWNER: Move house and get a bigger mortgage?	1	2	3	4	8

950

951

952

953

954

955

956

957

IF 213-14/25-70

108. CARD V To which of these groups do you consider you belong?

958-959/99 = N/A

White 01
 Black: - Caribbean 02
 - African 03
 Asian: - Indian 04
 - Pakistani 05
 - Bangladeshi 06
 - Chinese 07
 Other (SPECIFY) RECODE \ OR LEAVE 08
 (Prefer not to say) 97

958-9

- 109a) Does your household have a telephone here?

960/9 = N/A

Yes 1 ASK b)
 No 2 GO TO Q110

960

IF 960/1

- b) A certain number of interviews on any survey are checked to make sure that people were satisfied with the way the interview was carried out. In case we need to contact you again it would be helpful if we could have your telephone number. ENTER PHONE NUMBER ON ARF AND CODE:

961/9 = N/A

Number provided 1
 Number not provided 2

961

IF 213-14/25-70

- 110 Thank you very much for helping us with this survey. It has been most useful. If at any time in the future we wanted, as part of our research, to come back and talk to you again, would you be willing for us to do this?

962/9 = N/A

Yes 1
 No 2

962

- 111a) TIME INTERVIEW ENDED:

2 DIGITS 2 DIGITS
 [] [] [] []

24 hour clock

99 99 = N/A

- b) DURATION OF INTERVIEW:

2 DIGITS
 [] [] MINUTES 963-64

99 = N/A

- c) DATE OF INTERVIEW:

4 DIGITS
 D D M M Y Y
 [] [] [] [] 9 5 965-70

- d) INTERVIEWER NUMBER

4 DIGITS
 [] [] [] [] 971-74

- e) INTERVIEWER NAME



UNIVERSITY OF LEICESTER

FACULTY OF MEDICINE · NUFFIELD COMMUNITY CARE STUDIES UNIT
22 - 28 PRINCESS ROAD WEST · LEICESTER LE1 6TP · ENGLAND

DEPARTMENT OF
EPIDEMIOLOGY
AND PUBLIC
HEALTH

June 1996

Dear Sir/Madam

National Survey on the Care of Elderly People

Last year, in autumn 1995, you very kindly agreed to take part in an important survey looking at people's views about care for older people, and how it should be paid for. The survey was carried out by Social and Community Planning Research (SCPR), an independent research institute, on behalf of the University of Leicester. We are pleased to tell you that the 1995 survey was very successful and we are most grateful to everyone who agreed to be interviewed.

In light of the new proposals on the financing of care for the elderly put forward by the government, we would like to find out what the people we interviewed last year now think. So this summer we are returning to you to ask for your help once again.

Within the next few weeks the interviewer who met you last year will either phone or call on you in person to ask for your help and to arrange a convenient time for the interview. Taking part is voluntary, but we hope that you will agree to be interviewed again as it is important that we talk to everyone in order to get a true picture of what the general population thinks.

As with all our surveys, the questionnaires are anonymous and no-one will be named or identified in any way. Only the survey team will know who has been interviewed and will not, in any circumstances, give your name and address to any other organisation or anyone else. No-one will try to sell you anything as a result of taking part; the study is for research purposes only.

We do hope that you will be able to help us for a second time on this important topic. The results will be of great value, and we think that you will find it interesting to take part. If you have any questions you would like to ask, you can telephone Harriet Clarke at the University of Leicester on 0116 252 5434, or Rachel Turner or Bob Erens at SCPR on 0171 250 1866.

Yours sincerely

Gillian Parker

Professor Gillian Parker

P1499/2

NATIONAL SURVEY ON THE CARE OF ELDERLY PEOPLE

JUNE 1996

STAGE 2

ADDRESS RECORD FORM (ARF)

NAME AND ADDRESS

FROM STAGE 1

CARD No 10

SN 01-05

CN 06-07

FA 08

POINT 09-10

REGION 11

INTERVIEWER NAME

INTERVIEWER No.

12-15

CALLS RECORD (Note all calls. even if no reply)

TNC 16-17

CALL NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
TIME OF DAY:												
Up to noon	1	1	1	1	1	1	1	1	1	1	1	1
1201-1400	2	2	2	2	2	2	2	2	2	2	2	2
1401-1700	3	3	3	3	3	3	3	3	3	3	3	3
1701-1900	4	4	4	4	4	4	4	4	4	4	4	4
1900 or later	5	5	5	5	5	5	5	5	5	5	5	5
DATE:												
i) Day (Mon = 1, Tues = 2 etc)												
ii) Date												
iii) Month												
EXACT TIME OF CALL (24 hour clock)												

NOTES:

ALWAYS RETURN ARF SEPARATELY FROM QUESTIONNAIRE

COMPLETE AS FAR AS FINAL OUTCOME

RING
FINAL
OUTCOME
CODE

1. IS THIS ADDRESS TRACEABLE, RESIDENTIAL AND OCCUPIED?

Yes A GO TO Q3
No B ANSWER Q2

IF NO AT Q1

2. WHY NOT?

Derelict/demolished

Empty

Business/industrial only (no private dwellings)

Institution only (no private dwellings)

Other (please give details) _____

3. DOES NAMED PERSON STILL LIVE AT ADDRESS?

Yes A GO TO Q5
No B GO TO Q4
Don't know C

IF 'NO' OR 'DON'T KNOW' AT Q3

4. GIVE REASON:

- Named person dead

- Moved - no follow-up address

- Moved in area - follow-up address given (ENTER AT Q7 BELOW)

- Moved out of area - follow-up address given (ENTER AT Q7 BELOW)

- No contact with anyone at address after 4+ calls

- Complete refusal of information about occupants

Other (PLEASE GIVE DETAILS) _____

5. DID YOU CARRY OUT AN INTERVIEW WITH THE NAMED PERSON ?

Yes A RING CODE →
No B ANSWER Q6

IF NO AT Q.5

6. WHY NOT?

- Office refusal ('phone or letter)

- No contact with named person after 4+ calls

- Personal refusal by named person

- Broken appointment - no recontact

- Ill at home during survey period

- Away/in hospital during survey period

- Named person senile/incapacitated

- Proxy refusal on behalf of named person

- Other (PLEASE GIVE DETAILS) _____

7. INTERVIEWER WRITE IN NEW ADDRESS
AND TELEPHONE NUMBER OF MOVER:

IF NEW ADDRESS IN AREA:

record details and outcome on this ARF

IF NEW ADDRESS NOT IN AREA:

return ARF to Field Office.

Tel no: _____

18-
04
05
06 *EN
07
08

12
13
aa
14
21
22
16

51

70
71
72
73
74
75
76
77
79

P1499/2

**SURVEY ON CARE OF ELDERLY PEOPLE
STAGE 2 QUESTIONNAIRE**

June 1996

WRITE IN SERIAL NUMBER:

--	--	--	--	--	--

1101-05

NOTE TIME AT START:

--	--	--	--

(24 hour clock)

CNo11 1106-07

Batch 1108-12

INTERVIEWER: COPY X1 - X4 FROM ARF LABEL THEN ASK Q1

	D	D	M	M	Y	Y					
X1. Date of previous interview					9	5	TAB IF BLANK (DPI)	13-16			
X2. Activity status at stage 1	<u>In paid work</u> - employee - self-employed Other						1 2 3	TAB IF BLANK	17		
X3. Number of household members at stage 1	WRITE IN NUMBER						<table border="1"> <tr> <td></td> <td></td> </tr> </table>			TAB IF BLANK	18-19
	OR CODE: Lived alone						01				
X4. Partner's status at stage 1	<u>In paid work</u> - employee - self-employed Other No partner						1 2 3 4	TAB IF BLANK	20		

BACKGROUND

- 1a) **ALL**
We are carrying out this second interview in order to find out how you think elderly people should be cared for. First, I would like to check whether your circumstances have changed since we interviewed you on _____ (DPI).

INTERVIEWER: CODE FROM X2

1117/1 or 2
Resp was in paid work (code 1 or 2)
1117/3
Others (code 3)

A	ASK b)
B	GO TO Q3

- b) **IF 1117/1 or 2**
According to our records, you were in paid work at the time of the last interview. Can I check, are you still in the same job?

1121/9 = N/A

Yes	1 GO TO Q3
No	2 ASK Q2

- 2a) **IF 1121/2**
What is the main reason you left that job?
CODE ONE ONLY

1122/9 = N/A

Business failed/firm closed down	01
Laid off/redundant	02
Dismissed	03
Left of own accord:- for another/better job	04
- for another reason	05
Retirement/early retirement	06
End of seasonal/temporary/short-term/fixed-term job or contract	07
Other (WRITE IN) <u>RECODE / LEAVE</u>	08

- b) Since our interview on _____ (DPI), has your own income... **READ OUT...**

1124/9 = N/A

... increased,	1
decreased,	2
or stayed about the same?	3

3. **CARD A.** (Can I just check,) which of these descriptions applies to what you were doing last week, that is, in the seven days ending last Sunday? **PROBE:** Which others?
CODE ALL THAT APPLY IN COLUMN 1. IF ONLY ONE CODE AT COLUMN 1, TRANSFER IT TO COLUMN 2. IF MORE THAN ONE CODE AT COLUMN 1, TRANSFER HIGHEST ON LIST TO COLUMN 2.

CHECK CODE
 HERE IS HIGHEST
 CODE PRESENT
 AT 1126-28
 COLUMN 2
 (ONE CODE)

	COLUMN 1	COLUMN 2 (ONE CODE)
In full-time paid education (not paid for by employer, including on vacation)	A	A
On government training/employment programme (eg Employment Training, Youth Training)	B	B
In paid work (or away temporarily)	C	C
Waiting to take up paid work already accepted	D	D
Unemployed and registered at a benefit office	E	E
Unemployed, <u>not</u> registered, but actively looking for a job	F	F
Unemployed, wanting a job but not actively looking for a job	G	G
Permanently sick or disabled	H	H
Wholly retired from work	J	J
Looking after family/home	K	K
Doing something else (SPECIFY) <u>RECODE /</u> <u>LEAVE</u>	L	L

4a) **INTERVIEWER: CODE SEX OF RESPONDENT**

Male 1
 Female 2
 TAB IF BLANK

b) Can I just check, what was your age last birthday?

1131-32/99 = N/A

2 DIGITS

WRITE IN YEARS:

--	--

c) Are you ...**READ OUT** ...

CODE ONE ONLY

PRIORITY CODE

1133/9 = N/A

... married or living as married,

or separated, widowed, divorced or single?

1 ANSWER Q5

2 GO TO Q9

5. **IF 1133/1**
INTERVIEWER TO CODE FROM X4:

1120/1 or 2
 Partner was in paid work (code 1 or 2)

1120/3
 Partner in other activity (code 3)

1120/4
 No partner (code 4)

A ASK Q6

B GO TO Q8

C GO TO Q9

- 6a) IF 1120/1 or 2
According to our records, your husband/wife/partner was in paid work at the time of our last interview. Can I check, is s/he still in the same job?

1134/9 = N/A

Yes	1	GO TO Q9
No	2	ASK b)

34

- b) IF 1134/2
What is the main reason s/he left that job?

CODE ONE ONLY

Business failed/firm closed down	01
Laid off/redundant	02
Dismissed	03
Left of own accord:- for another/better job	04
- for another reason	05
Retirement/early retirement	06
End of seasonal/temporary/short-term/fixed-term job or contract	07
Other (WRITE IN) <u>RECODE / LEAVE</u>	08
Can't say	98

35-36

7. Since our interview on _____ (DPI), has his/her income ... READ OUT...

1137/9 = N/A

... increased,	1
decreased,	2
or stayed about the same?	3
Don't know	8

37

8. IF 1120/3 or 1134/2
CARD A. Can I just check, which of these descriptions applies to what your husband/wife/partner was doing last week, that is, in the seven days ending last Sunday? **PROBE:** Which others? **CODE ALL THAT APPLY IN COLUMN 1.**
IF ONLY ONE CODE AT COLUMN 1, TRANSFER IT TO COLUMN 2.
IF MORE THAN ONE CODE AT COLUMN 1, TRANSFER HIGHEST ON LIST TO COLUMN 2

CHECK CODE HERE
IS HIGHEST CODE
PRESENT AT 1138-41

	COLUMN 1	COLUMN 2 (ONE CODE)
In full-time paid education (not paid for by employer, including on vacation)	A	A
On government training/employment programme (eg Employment Training, Youth Training)	B	B
In paid work (or away temporarily)	C	C
Waiting to take up paid work already accepted	D	D
Unemployed and registered at a benefit office	E	E
Unemployed, not registered, but actively looking for a job	F	F
Unemployed, wanting a job but not actively looking for a job	G	G
Permanently sick or disabled	H	H
Wholly retired from work	J	J
Looking after home	K	K
Doing something else (SPECIFY) <u>RECODE / LEAVE</u>	L	L
(Partner no longer in household)	X	X

Col.1

38-41

Col.2

42

9a) **ALL** INTERVIEWER TO CODE FROM X3 (page 1):

2 DIGITS

WRITE IN NUMBER LIVING IN HOUSEHOLD AT STAGE 1:

OR CODE: Lived alone

--	--

ASK b)

01 GO TO Q10

b) IF 1143-44/>01
At the time of our last interview, you said there were _____ (NUMBER OF PEOPLE AT a) living in your household including yourself. Can I just check, has anyone left your household since then?

1145/9 = N/A Yes
No

1 ASK c)

2 GO TO Q10

c) IF 1145/1
Who left? ENTER LEAVERS IN GRID BELOW, (COMPLETE Q11a-c), THEN ASK Q10.

10a) IF 1143-1144/01 or 1145/2
(At the time of our last interview, you were living alone)
Has anyone joined your household since then?

Yes 1 ASK b)

No 2 GO TO Q12

b) IF 1146/1
Who has joined your household?
ENTER JOINERS IN GRID BELOW, (COMPLETE Q11a-e), THEN GO TO Q12

11a)

Code: Left h/hold
9 = N/A Joined h/hold

b)

Sex Male
9 = N/A Female

c)

Relationship to Respondent
Spouse/partner
9 = N/A Son/daughter (inc. adopted/step/in-law)
Parent (inc. step/in-law)
Brother/sister (inc. half/in-law)
Grandparent
Grandchild
Other relative
Non-relative

d)

Age last birthday WRITE IN:
99 = N/A

e)

IF AGED 16 OR OVER, CODE
ACTIVITY STATUS:
ONE CODE ONLY
Paid work (full-time 30+ hrs)
Paid work (part-time <30 hrs)
Unemployed & seeking work/temp sick & out of work/waiting to take up work
Permanently sick/disabled
Full-time education
Government programme
Not working for domestic reasons
9 = N/A Retired
Other

CNo12

47	53	59	65	71	08	14	20
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
48	54	60	66	72	09	15	21
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
49	55	61	67	73	10	16	22
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
50-1	56-7	62-3	68-69	74-5	11-12	17-8	23-4
52	58	64	70	76	13	19	25
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

PENSION HISTORY

ALL

As you know this survey is about people's views about financial planning for later life. First, I'd like to ask you about pensions.

- 12a) How much thought have you given, would you say, to making arrangements for an income when you retire? Would you say you have given it ... **READ OUT ...**

1226/9 = N/A

... a lot of thought

some thought

very little thought

or, not thought about it at all?

- | | |
|---|-----------|
| 1 | |
| 2 | ASK b) |
| 3 | |
| 4 | GO TO Q13 |

25

- b) IF 1226/1-3
At about what age did you first start to think about pensions and plans for your retirement income in general?

READ OUT IF NECESSARY

1227/9 = N/A

- | | |
|-----------|---|
| Under 25 | 1 |
| 25 - 30 | 2 |
| 31 - 40 | 3 |
| 41 - 50 | 4 |
| 51 - 60 | 5 |
| Over 60 | 6 |
| Can't say | 8 |

27

- c) IF 1226/1-3
Do you feel you have done as much as you need to at present, or not as much as you should have done?

1228/9 = N/A

- As much as need to
- Not as much as should have
- Can't say

- | | |
|---|-----------|
| 1 | ASK d) |
| 2 | |
| 8 | GO TO Q13 |

28

- d) IF 1228/1-2
Why do you say that?
PROBE FULLY

29-38

01 = Ans GIVEN
99 = N/A

ALL

13. There are many pension arrangements available.
Have you heard of ... **READ OUT ONE BY ONE AND CODE FOR EACH ...**

1239/9 = N/A
1240/9 = N/A
1241/9 = N/A

Yes, heard of	No never heard of	Don't know
---------------------	-------------------------	---------------

- a) ... the State Basic Pension? 1 2 8
- b) ... the State Earnings Related Pension Scheme, or SERPS? 1 2 8

Have you heard of ...

- c) ... Employer or Company Pension Schemes, which
are run by employers for their employees? 1 2 8
- d) Personal or Private Pension Plans, which are
usually arranged by individuals for themselves? 1 2 8

1242/9 = N/A

- ✓
- 14a) **CARD B** Firstly I'd like to ask you about Employers or
Company Pension Schemes. This card gives a
brief description of what an employer's or
company pension scheme is. (**ALLOW RESP. TIME
TO READ CARD.**) May I check, are you currently
drawing a pension from any of your previous
employers' pension schemes?

1243/9 = N/A

Yes

1 ASK b)

No

2 GO TO c)

- IF 1243/1
- b) When did you start drawing that (those) pension(s)?
**IF MORE THAN ONE EMP. PENSION, GIVE DATE
FOR EARLIEST**

1244-45/99 = N/A MONTH

1246-47/99 = N/A YEAR

ENTER MONTH AND YEAR

M	M

Y	Y

Don't know

98

98

ALL

- c) **INTERVIEWER CHECK Q3 (COLUMN 1, PAGE 3):**

Respondent is in paid work (code C)

1 ASK d)

All others

2 GO TO Q22 (p. 11)

IF 1248/1

- d) You said you are currently in paid work.
Can I check, are you working ... **READ OUT...**

1249/9 = N/A

... as an employee,

1 ASK Q15

or self-employed?

2 GO TO Q22 (p. 11)

- 15a) IF 1249/1
Does your current employer provide a pension scheme that employees can join?

1250/9 = N/A

Yes	1	ASK b)
No	2	GO TO Q22 (p.11)
Don't know	8	GO TO c)

- b) IF 1250/1
Are you personally a member of, or making contributions to, the scheme?

1251/9 = N/A

Yes	1	GO TO Q17
No	2	GO TO Q16
Don't know	8	ASK c)

- c) IF 1250/8 OR 1251/8
May I just check, thinking about your payslips, do you have any deductions from your pay other than for National Insurance and Income Tax?

1252/9 = N/A

Yes	1	ASK d)
No	2	GO TO Q22 (page 11)
Don't know	8	

- d) IF 1252/1
Are any of these deductions for contributions to a pension scheme?

1253/9 = N/A

Yes	1	ASK e)
No	2	GO TO Q22 (page 11)
Don't know	8	

- e) IF 1253/1
Is this pension scheme one that is organised ...
READ OUT ...

... by your employer for you and other employees
or, by your employer just for you
or, did you set up the pension arrangement for yourself?

(Don't know)

1254/9 = N/A

1	GO TO Q17
2	
3	GO TO Q22
8	(page 11)

16a) IF 1251/2
Are you eligible to join the scheme?

1255/9 = N/A

Yes	1 ASK b)
No	2 GO TO c)
Don't know	8 ASK b)

b) IF 1255/1 ~~or~~ 8
Why have you not joined (or tried to join) the scheme?
PROBE FULLY, THEN GO TO Q22

1256-57/99 = N/A

GO TO Q22
(page 11)

c) IF 1255/2
Why are you not eligible to join the scheme?
PROBE FULLY, THEN GO TO Q22

1266-67/99 = N/A

GO TO Q22
(page 11)

17. IF 1251/1 ~~or~~ 1254/1 ~~or~~ 2
Thinking back to when you entered your current employer's scheme, was membership compulsory or could you have chosen not to join?

1308/9 = N/A

Compulsory	1
Could have chosen not to join	2
Can't remember/Don't know	8

18. **CARD C** Which of the statements on this card best describes the contributions made by you to your employer's scheme?

The scheme is contributory. That is, contributions to it are taken off your pay each week or month 1

1309/9 = N/A

The scheme is called non-contributory, but you do pay something to make additional provisions for yourself or your dependants 2

The scheme is non-contributory. No-one takes money off your pay each week or month 3

Don't know 8

19. IF 1251/1 or 1254/1 or 2
In order to increase their final pension, some people who are members of an employer's pension scheme pay extra contributions, known as Additional Voluntary Contributions or 'AVCs', or Free Standing Additional Voluntary Contributions or FSAVCs. Do you pay AVCs or FSAVCs?

1310/9 = N/A

Yes	1
No	2
Don't know	8

10

20. **CARD D** Which of these benefits does the scheme provide that you are, or could be entitled to get ... **READ OUT ONE BY ONE AND CODE FOR EACH ...**

1311/9 = N/A

1312-17/9 = N/A

- | | | Yes | No | Don't know | |
|----|--|-----|----|------------|----|
| a) | ... a pension on retirement? | 1 | 2 | 8 | 11 |
| b) | ... the choice of taking some of your pension as a tax-free lump sum? | 1 | 2 | 8 | 12 |
| c) | ... an automatic tax-free lump sum on retirement? | 1 | 2 | 8 | 13 |
| d) | ... a guaranteed pension payable if you are forced to retire early due to an accident or sickness? | 1 | 2 | 8 | 14 |
| e) | ... a regular pension payable to your dependants should you die before you retire? | 1 | 2 | 8 | 15 |
| f) | ... a lump sum payable to your dependants should you die before you retire? | 1 | 2 | 8 | 16 |
| g) | ... a pension for a widow or widower if you die first, after retirement? | 1 | 2 | 8 | 17 |

21. **INTERVIEWER TO CODE:** Were pension documents referred to in Q20?

1318/9 = N/A

Yes	1
No	2

18

22. **ALL** May I just check, (apart from your current employer's scheme that we have just been talking about) have you ever belonged to a pension scheme run by any previous employer?

NB: IF DRAWING PENSION(S) FROM PREVIOUS EMPLOYER SCHEME(S), RING CODE 1 HERE.

1319/9 = N/A

Yes

No

Don't know

1 ASK Q23

2

GO TO Q25

8

IF 1319/1

23. In total, (apart from your current employer's scheme that we have already talked about), how many previous employer's pension schemes have you been a member of?

1320-21/99 = N/A

ENTER TOTAL NUMBER :

2 DIGITS

--	--

20-21

- 24a) For how many years were you a member of, or contributing to that scheme? ENTER 98 if can't remember.

NB. IF MORE THAN ONE PREVIOUS SCHEME, ASK ABOUT SCHEME YIELDING LARGEST PENSION

ENTER NUMBER OF YEARS:

2 DIGITS

--	--

22-23

1322-23/99 = N/A

- b) **CARD E** Which of the following statements best describes what happened to the pension rights you built up in that previous employer's scheme?

CODE ONE ONLY

1324-25/99 = N/A

I am now drawing that pension

01

All (or part) of my pension was frozen, that is, left with the previous employer to be paid when I retire

02

All (or part) of my rights were transferred to my current employer's scheme

03

All of my rights were transferred to a Personal Pension

04

All of my contributions were returned to me in cash

05

Part of my contributions were returned to me in cash

06

I got nothing, and will get nothing

07

(NOT ON CARD)

Contributions frozen until (eligible to) join new employer's scheme

08

Continuation of same scheme (eg. Civil service, teachers, nurses)

09

Other (SPECIFY) RECODE / LEAVE

10

Don't know/Can't remember

98

ALL

25. **CARD F** Now I'd like to ask you a few questions about Personal or Private Pension Plans or schemes. This card explains what we mean by a Personal Pension Plan. (ALLOW RESP. TIME TO READ CARD)

May I check, are you currently drawing any pension from a Personal or Private Pension plan?

Yes, from one

1

ASK Q26

Yes, from more than one

2

No

3

GO TO Q27

Don't know

8

1329/9 = N/A

IF 1329\1 OR 2

- 26a) When did you start drawing this private pension?

ENTER EARLIEST, IF MORE THAN ONE

ENTER DATE: M M Y Y

1330-31/99 = N/A MONTH
1332-33/99 = N/A YEAR

- b) How much pension are you getting? Is that per week, per month or per year?

ENTER AMOUNT AND CODE FREQUENCY

5 DIGITS

AMOUNT £

--	--	--	--	--

TOTAL FOR ALL PPPs, IF MORE THAN ONE

Refused 99997

Don't know 99998

1334-38/99999 = N/A

AND: PER: Week

1

Calendar month

2

Year

3

Other (SPECIFY) RECODE / LEAVE

4

- c) For how many years were contributions of any kind being made into this arrangement?

ENTER NUMBER OF YEARS

2 DIGITS

--	--

OR CODE: Don't know

98

1340-41/99 = N/A

27. **ALL** Do you currently have, or are you making contributions to, a Personal Pension Plan?

INCLUDE IF RESP IS CONTRIBUTING AND/OR DSS REBATES BEING CONTRIBUTED. EXCLUDE IF NO CONTRIBUTIONS BEING MADE BUT FUND IS STILL HELD (THIS WOULD BE COVERED BY Q35)

*NB: IF RESP. CURRENTLY CONTRIBUTING TO/HAS MORE THAN ONE PPP, ASK Q28-Q33 ABOUT PLAN YIELDING LARGEST PENSION.

Yes, one only

1

ASK Q28

Yes, two (or more)*

2

No

3

GO TO Q35

Don't know

8

(page 15)

1342/9 = N/A

28. IF 1342/1 or 2 What made you decide to take out a Personal Pension Plan?

PROBE AND RECORD IN FULL

01 = Ans GIVEN

99 = N/A

43-52

- 29a) Are you buying your pension with one large or lump sum or by a series of contributions?

Lump sum

1

Series of contributions

2

Both

3

Don't know

8

1353/9 = N/A

- b) In what year did you set up this personal pension plan?

ENTER YEAR:

1	9	Y	Y
---	---	---	---

1354-55/99 = N/A

OR CODE: Don't know/Can't say

98

54-55

SDART
56-57

30. IF 1342/1 or 2
Have you chosen to make any additional contributions to your Personal Pension Plan?

INCLUDES ADDITIONAL LUMP
SUM OR EXTRA OF LARGER
REGULAR CONTRIBUTION

Yes, making at present

1 GO TO Q32

Yes, but not making at present

2

No

3 ASK Q31

Don't know

8

1359/9 = N/A

31. IF 1359/2, 3 or 8
Do you think you might make any additional contributions in the future?

INCLUDES ADDITIONAL LUMP
SUM OR EXTRA OR LARGER
REGULAR CONTRIBUTION

Yes

1

No

2

Depends

3

Don't know

8

1360/9 = N/A

55

60

SPARE
61-62

- 32a) IF 1342/1 or 2
INTERVIEWER CHECK Q14d) (page 7) AND CODE:

Resp. is an employee (Code 1)

1 ASK b)

1363/9 = N/A

All others (Code 2 or blank)

2 GO TO Q33

- b) IF 1363/1
Does your current employer make any contributions to your Personal Pension Plan?

Yes

1

No

2

Don't know

8

1364/9 = N/A

63

64

- c) Did your employer arrange, or help to arrange, your Personal Pension Plan?

Yes

1

No

2

Don't know

8

1365/9 = N/A

65

IF 1342/1 OR 2

CARD D (AGAIN)

33. Which of these benefits does the scheme provide for that you are, or could be entitled to get ... **READ OUT ONE BY ONE AND CODE FOR EACH...**

		Yes	No	Don't know
a)	1366-72/9 = N/A ... a pension on retirement?	1	2	8
b)	... the choice of taking some of your pension as a tax-free lump sum?	1	2	8
c)	... an automatic tax-free lump sum on retirement?	1	2	8
d)	... a guaranteed pension payable if you are forced to retire early due to an accident or sickness?	1	2	8
e)	... a regular pension payable to your dependants should you die before you retire?	1	2	8
f)	... a lump sum payable to your dependants should you die before you retire?	1	2	8
g)	... a pension for a widow or widower if you die first, after retirement?	1	2	8

34. **INTERVIEWER TO CODE:** Were pension documents referred to in Q33?

1373/9 = N/A

Yes	1
No	2

ALL

35. (Apart from the personal pension scheme that we have just been talking about). Have you ever had, or contributed to, a Personal or Private Pension plan in the past?

NB: IF RESP. IS DRAWING A PRIVATE PENSION (Q25 CODE 1 OR 2, RING CODE 1 HERE)

1408/9 = N/A

Yes	1	ASK Q36
No	2	
Don't know	8	GO TO Q37

IF 1408/1

- 6a) **CARD G** Looking at this card and thinking about that scheme, which of these statements best describes your current position in that scheme?

CODE ONE ONLY

I have transferred my contributions into an occupational pension scheme
1409-10/99 = N/A

I have taken some of my contributions out in the form of a tax-free lump sum or an annuity

I am no longer contributing but have kept the money in the scheme

I am not making any contributions myself, over and above any rebated National Insurance contributions made by DSS on my behalf

I am no longer contributing because the pension is fully paid up

I am currently drawing this pension

Other (SPECIFY) RECODE / LEAVE

Don't know

01

02

03

ASK b)

04 GO TO d)

05

06

07

98

GO TO c)

IF 1409-10/01-03

- b) Why did you decide to do that, that is ... (QUOTE: transfer your contributions/take out your contributions/stop contributing)?
PROBE FULLY

01 = ANSWER GIVEN

99 = N/A

IF 1409-10/01-03, 05-07, OR 98

- c) When was a contribution last paid into that scheme?

1421-22/99 = N/A MONTH

1423-24/99 = N/A YEAR

ENTER DATE:

M

M

Y

Y

--	--

--	--

OR CODE: Can't remember

98

98

IF 1409-10/04

- d) When did you first join that scheme?

1425-26/99 = N/A MONTH

1427-28/99 = N/A YEAR

M

M

Y

Y

--	--

--	--

OR CODE: Can't remember

98

98

ALL

37a) **CARD H** This card gives some information about the State Basic Pension. **ALLOW RESP. TIME TO READ CARD**
Do you expect to receive the State Basic Pension when you reach retirement age?
IF YES, PROBE: Definitely or probably?

1429/9 = N/A

- Yes, definitely 1
- Yes, probably 2
- No, definitely not 3
- Don't know/Can't say 8

b) Why do you say that?
PROBE FULLY

01 = Ans GIVEN

99 = N/A

c) Do you think you have been contributing towards getting a State Basic pension either through paying National Insurance or by having National Insurance credited to your record?

1438/9 = N/A

Yes	1	ASK d)
No	2	GO TO Q38
Don't know	8	

d) **IF 1438/1**
For how many years in total have you contributed, or had contributions credited to National Insurance for the State Basic Pension?

**APPROXIMATION
ACCEPTABLE**

ENTER YEARS

2 DIGITS

--	--

OR CODE: Don't know 98

CNO:

30-37

38

39-40

ALL

- 18a) **CAHDJ** The last type of pension I'd like to talk about is the State Earnings Related Pension or SERPS. This card explains what SERPS is. **ALLOW RESP. TIME TO READ CARD**
Do you expect to receive any Additional Pension through SERPS when you reach retirement age?
IF YES, PROBE: Definitely or probably?

Yes, definitely 1

Yes, probably 2

No, definitely not 3

Don't know/Can't say 8

1441/9 = N/A

- b) Have you ever, or are you currently, building up an Additional Pension under the State Earnings Related Pension Scheme - SERPS?

EXPLAIN IF NECESSARY: THROUGH PAYING **FULL** CONTRIBUTIONS. THE AMOUNT DEPENDS ON HOW MUCH YOU EARN.

1442/9 = N/A

Yes 1 ASK Q39

No 2
GO TO Q40

Don't know 8

IF 1442/1

39. For how many years in total have you been (were you) building up an Additional Pension through SERPS?

1443-44/99 = N/A

2 DIGITS

ENTER TOTAL NUMBER OF YEARS:

NB: SERPS BEGAN IN 1978, SO CHECK IF RESP. SAYS 18 YEARS OR MORE

OR CODE: Don't know 98

ALL

- 10a) **INTERVIEWER CHECK Q4c) PAGE 3 AND CODE:**

Respondent is married or living as married (Code 1)

1 ASK b)

Respondent has no partner (Code 2)

2 GO TO Q49
(page 22)

1445/9 = N/A

IF 1445/1

- b) May I just check, is your wife/husband/partner currently getting a pension of any kind?

Yes 1 ASK Q41

No 2 GO TO Q42

1446/9 = N/A

- IF 1446/1
41. Is your wife/husband/partner currently drawing money from any of these types of pension schemes ... **READ OUT ONE BY ONE AND CODE FOR EACH...**

		Yes	No	Don't know	
(a)	1448-52/9 = N/A ... the State Basic Pension?	1	2	8	48
(b)	...the State Additional Pension, or SERPS?	1	2	8	49
(c)	...an Employer or company pension?	1	2	8	50
(d)	...any other kind of Personal or private pension?	1	2	8	51
(e)	...any other type of pension? (SPECIFY) <u>RECODE / LEAVE</u>	1	2	8	52

- IF 1445/1
42. How much do you know about the arrangements your wife/husband/partner has (had) made for a pension or for retirement income; would you say you know ...**READ OUT... CODE ONE ONLY**

1453/9 = N/A	...all the details of his/her arrangements	1	53
	or, something about them	2	
	or, not very much about them	3	
	or nothing about them?	4	
	(Partner has not made any arrangements)	5	

43. Is your wife/husband/partner currently a member of, or does he/she contribute to, any of these types of pension ... **READ OUT ONE BY ONE AND CODE FOR EACH**

		Yes	No	Don't Know	
(a)	1454-58/9 = N/A ...the State Basic Pension?	1	2	8	54
(b)	...the State Additional pension or SERPS?	1	2	8	55
(c)an Employer or Company pension?	1	2	8	56
(d)	... another kind of Personal or Private pension plan?	1	2	8	57
(e)	...any other kind of pension arrangement? (SPECIFY) <u>RECODE / LEAVE</u>	1	2	8	58

44. **INTERVIEWER CHECK Q41 (c)-(e) AND Q43 (c)-(e)** 1450-52/1 or 1454-58/1

ANY CODE 1 for (c)-(e) AT Q41 OR Q43: (wife/husband/partner is either drawing or paying into a non-state pension)

NO CODE 1 for (c)-(e) AT Q41 AND Q43:

(wife/husband/partner is not currently drawing or paying into a non-state pension)

1450-52/2 or 8 ONLY
OR 1454-58/2-8 ONLY

1 ASK Q45

2 GO TO Q47

IF 1459/1

USE PAST TENSE IN ITALICS IF PARTNER
CURRENTLY DRAWING PENSION

45. Does (*Did*) your wife's/husband's/partner's pension scheme(s) include any of the following benefits ... **READ OUT ONE BY ONE AND CODE FOR EACH ...**

		Yes	No	Don't Know	
a)	1460-66/9 = N/A ... a pension when he/she retires?	1	2	8	60
b)	... the choice of taking some of his/her pension as a tax-free lump-sum?	1	2	8	61
c)	... an automatic tax free lump sum on retirement?	1	2	8	62
d)	... a guaranteed pension payable if he/she is (<i>had been</i>) forced to retire early due to an accident or sickness?	1	2	8	63
e)	... a regular pension payable to his/her dependants should s/he die (<i>if s/he had died</i>) before he/she retires (<i>retired</i>)?	1	2	8	64
f)	... a lump sum payable to his/her dependants should s/he die (<i>if s/he had died</i>) before he/she retires (<i>retired</i>)?	1	2	8	65
g)	... provision of a pension for you if he/she dies first, after retirement?	1	2	8	66

46. **INTERVIEWER TO CODE:** Did partner answer any of Q45a-g)?

1467/9 = N/A

Partner answered some/all of Q45	1	67
Partner did not answer/was not present	2	
Partner present but did not answer	3	

IF 1445/1

- 47a) Thinking about pensions and retirement income in particular, do you and your (husband/wife/partner) share the decisions about those sorts of things equally, or does one of you tend to take the lead?

IF ONE TAKES LEAD: PROBE: Who?

1468/9 = N/A

Share equally	1	68
Respondent takes lead	2	
Partner takes lead	3	
Other (SPECIFY) <u>RECODE / LEAVE</u>	4	
Can't say	8	

- b) Thinking about money matters in general, would you say that you and your *wife/husband/partner* share responsibility for managing things equally, or does one of you usually tend to take the lead?

IF ONE TAKES LEAD: PROBE: Who?

1469/9 = N/A

Share equally	1	69
Respondent takes lead	2	
Partner takes lead	3	
Other (SPECIFY) <u>RECODE / LEAVE</u>	4	
Can't say	8	

48. IF 1445/1
CARD K. People organise their household finances in different ways. Which of the methods on this card comes closest to the way you organise yours? It doesn't have to fit exactly - just choose the nearest one. You can just tell me which number applies.
CODE ONE ONLY

CNo1-

1470/9 = N/A

- I look after all the household money except my partners personal spending money 1
- My partner looks after all the household's money except my personal spending money 2
- I am given a housekeeping allowance My partner looks after the rest of the money 3
- My partner is given a housekeeping allowance I look after the rest of the money 4
- We share and manage our household finances jointly 5
- We keep our finances completely separate 6
- Some other arrangement (SPECIFY)
RECODE / LEAVE 7

70

SAVINGS AND PRIORITIES

ONLY

CNp14

ALL

49a) As well as contributing to pensions, people sometimes have other savings or investments to provide a lump sum or income in the future. Apart from any pension, are you currently putting money away on a regular basis as a form of savings?

1471/9 = N/A

Yes	1 ASK b)
No	2 GO TO Q50

71

IF 1471/1

b) For how long have you been doing this?

1472-73/99 = N/A

Less than 3 months	01
3, less than 6 months	02
6, less than 12 months	03
1 year, less than 2 years	04
2, less than 5 years	05
5, less than 10 years	06
10 years or more	07
Can't say	98

72-73

ALL

51. **CARD N.** Which of these statements comes nearest to how you feel about saving and investing for the future. By saving and investing for the future, I mean other than for everyday bills and expenses or holidays. Just read out the number next to the statement that is nearest to how you feel.

CODE ONE ONLY

1632-33 / 99 = N/A

I would love to save but just can't manage it at the moment

I try to save something regularly, even if it is only a small amount

I save money as and when I have any to spare

I save regularly but have no particular plans for what the money will be spent on

I save regularly and have clear plans for what the money will be spent on

I don't see any point in saving for the future when we don't know what the future will bring

Other (SPECIFY) RECODE / LEAVE

Can't say

01

02

03

04

05

06

07

08

ASK Q52

GO TO Q55

ASK Q52

2-3

CNOdb

IF 1632-33/01-05 OR 07-08

- 52a) **CARD M (AGAIN).** This card shows some of the reasons why people save money. What (is/would be) your main priority for saving at the moment (if you were able to)?

RING 1 IN GRID BELOW FOR MAIN PRIORITY

- b) And what would be next? RING 2 IN GRID BELOW FOR NEXT PRIORITY

- c) And what next? RING 3 IN GRID BELOW FOR THIRD PRIORITY

1634-46 = ONLY CODE 1 ONCE

ONLY CODE 2 ONCE

ONLY CODE 3 ONCE

To pay everyday bills and expenses

House maintenance and decoration

Home improvements

Holidays

House purchase/deposit

Children's future

Grandchildren's future

To 'pass on' to children or grandchildren

To provide money in retirement

For your own care in old age'

'For a rainy day'/no specific reason

Other (SPECIFY) RECODE / LEAVE

Can't say

PRIORITY

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

34 3

35 3

36 3

37 3

38 3

39 3

40 4

41 4

42 4

43 4

44 4

45 4

46 4

1634/9 = N/A (WHOLE QUESTION)

ADD CODES

NO CODE 1 BUT CODES 2+3 PRESENT / 1646 = 4
 " " 2 " " 1+3 PRESENT / " = 5
 " " 3 " " 1+2 " / " = 6

IF CODES 7-9
 ARE PRESENT
 DATA NOT REQUIRED
 ON A THIRD COLUMN

IF 1632-33/01-05 or 07-08

53. **CARD M (AGAIN).** If you were able to save money in 10 years time, what do you think would be your main reason for doing so?

CODE ONE ONLY

1647-48/99 = N/A

To pay everyday bills and expenses	01
House maintenance and decoration	02
Home improvements	03
Holidays	04
House purchase/deposit	05
Children's future	06
Grandchildren's future	07
To 'pass on' to children or grandchildren	08
To provide money in retirement	09
For your own care in old age	10
'For a rainy day'/no specific reason	11
Other (SPECIFY) <u>RECODE / LEAVE</u>	12
Can't say	98

CN-
CNo16

47-48

54. **CARD M (AGAIN).** And, if you were able to save money in 20 years time, what do you think would be your main reason for doing so?

CODE ONE ONLY

1649-50/99 = N/A

To pay everyday bills and expenses	01
House maintenance and decoration	02
Home improvements	03
Holidays	04
House purchase/deposit	05
Children's future	06
Grandchildren's future	07
To 'pass on' to children or grandchildren	08
To provide money in retirement	09
For your own care in old age	10
'For a rainy day'/no specific reason	11
Other (SPECIFY) <u>RECODE / LEAVE</u>	12
Can't say	98

49-50

ALL

55. If you were forced to put away £50 a month now, what would you have to cut back on to do so?

PROBE: What else?

CODE ALL THAT APPLY

1651-52/99 = N/A

Other savings	01
Entertainment/leisure activities	02
Car/travel expenses	03
Holidays	04
Cigarettes/tobacco	05
Alcohol/drink	06
Electricity, gas, etc	07
Clothing	08
Food	09
Other (SPECIFY) <u>RECODE / LEAVE</u>	10
Can't say	98

51-60

CNalt

ALL

56a) Now a few questions about insurance policies.

INTERVIEWER: CHECK Q3, Column 1 (page 3)

IF 1126-28/C

Resp is presently in paid work (code C)

1 ASK b)

1661/q = N/A

IF 1126-28/A-B
0-L

All others

2 GO TO Q57

61

IF 1661/1

b) Do you have any insurance to cover loss of pay if you are taken ill and have to give up work for a period?

NOTE: NOT EMPLOYER'S SICK PAY

Yes 1

1662/q = N/A

No 2

Don't know 8

62

57a) Do you have any insurance that will pay a lump sum if you get a critical illness such as cancer, stroke or multiple sclerosis?

1663/q = N/A

Yes 1

No 2

Don't know 8

63

b) Do you have any insurance that will pay out a lump sum or specific benefits to pay for long-term care in old age?

1664/q = N/A

Yes 1

No 2

Don't know 8

64

c) Do you (or your husband/wife/partner) have any insurance covering your home contents, furniture or personal possessions?

1665/q = NA

Yes 1

No 2

Don't know 8

65

ALL

58. **CARD Q.** Do you have any insurance policies which cover you for any of the things shown on this card?

PROBE: Which others?

CODE ALL THAT APPLY

MAX. 5 CODES

1666 - 67/99 = N/A

- No, none of these 00
- Personal accident 01
- Private medical 02
- Permanent health insurance 03
- Friendly society sickness benefit 04
- To provide cover while in hospital 05
- Any other sickness insurance 06
- Critical illness 07
- Nursing home/long-term care 08
- Redundancy/unemployment policy 09
- Other (SPECIFY) RECODE / LGANE 10
- Don't know 98

59a) Does you household own or rent this accommodation?

PROMT AS NECESSARY AND CODE ONLY ONE

1676 - 77 / 99 = N/A

- Owens - outright 01
- Owens - with mortgage/loan 02
- Rents - local authority/new town 03
- Rents - housing association 04
- Rents - privately, unfurnished 05
- Rents - privately, furnished 06
- Rents from employer 07
- Rents - other with payment RECODE / LGANE (SPECIFY) 08
- Lives rent free 09

IF 1676 - 77 / 03 - 09

b) How likely do you think it is that you will buy a home some time in the future? Would you say it is ... **READ OUT...**

1678 / 9 = N/A

- very likely, 1
- fairly likely, 2
- quite unlikely 3
- or very unlikely? 4
- Don't know 8

60. Can I check, what would you say is the current market value of your home?

1708 - 13 / 999999 = N/A

**APPROXIMATION
ACCEPTABLE**

WRITE IN £

--	--	--	--	--	--

OR CODE: Can't say 999998

6 DIGITS

Not

08-16

IF 1676-77/01 or 02 or 1678/1 or 2

- 61a) **CARD P.** Apart from providing a place to live, people may have different opinions about owning their home. Looking at this card, please tell me which of these statements comes closest to your feelings about owning a home.

Card

PROBE: Which others?

CODE ALL THAT APPLY AT a) BELOW.

- b) **IF MORE THAN ONE ANSWER AT a), ASK:** And which of those would you say is the most important reason for owning your own home? **RECORD AT b) BELOW. CODE ONE ONLY.**

1714/9 = N/A (Q61A)
1720/9 = N/A (Q61B)

Q 61 b

CODE MUST APPEAR
AT Q 61 A

(a) (b)
(All) (One only)

It is an investment for my future	1	1
It is cheaper to buy than to rent	2	2
Buying means I'm freer to make decisions about how to live	3	3
It is security for my old age	4	4
I will be able to sell it to buy another home in the future	5	5
It is something of value which I can pass on to my family	6	6
EXCLUSIVE (None of these)	7	-
CODES Don't Know	8	-

19

20

- 62a) Many older people bought their homes expecting to be able to pass them on to their children or other close family. Do you think people of your generation still think in this way?

1721/9 = N/A

Yes	1	GO TO Q63
No	2	ASK b)
Don't know	8	GO TO Q63

21

IF 1721/2

- b) Why do you say that? **PROBE FULLY**

1721-22/01 = ANSWER PRESENT
1721-22/99 = N/A

22-25

63a) IF 1676-77/01 OR 02 OR 1678/1 OR 2
INTERVIEWER TO CHECK Q59 (Page 27):TAB IF
BLANK

1676-77/01 OR 02

Resp owns home (codes 01 or 02)

All others

- | | |
|---|-----------|
| 1 | ASK b) |
| 2 | GO TO Q64 |

26

IF 1726/1

b) Did you personally buy your home expecting to be able to pass it on to your children, or to other close family?

1727/9 = N/A

- | | | |
|------------|---|-----------|
| Yes | 1 | ASK c) |
| No | 2 | GO TO Q64 |
| Don't know | 8 | |

27

c) IF 1727/1
Do you still think in this way?

1728/9 = N/A

- | | | |
|------------|---|-----------|
| Yes | 1 | GO TO Q64 |
| No | 2 | ASK d) |
| Don't know | 8 | GO TO Q64 |

28

IF 1728/2

d) Why do you say that? PROBE FULLY

1729-30/01 = ANSWER PRESENT

1729-30/99 = N/A

29-32

ALL

64a) At present, how confident do you feel that you will have enough money to live on after you retire - do you feel... READ OUT...

1733/9 = N/A

- ...very confident,
fairly confident,
not very confident,
or not at all confident?
Can't say

- | | |
|---|-----------|
| 1 | GO TO Q65 |
| 2 | |
| 3 | ASK b) |
| 4 | |
| 8 | GO TO Q65 |

33

IF 1733/3

b) Why do you say that? PROBE FULLY

1734-35/01 = ANSWER PRESENT

1734-35/99 = N/A

34-49

ALL

- 65a) During the past year, have you been feeling more confident or less confident about the financial provision you have made, or are making, for your retirement?

1742/9 = N/A

More confident

1

ASK b)

42

Less confident

2

No different

7

GO TO Q66

43-
52

Don't know

8

IF 1742 / 1 or 2

- b) Why do you say that? PROBE FULLY

1743-44 / 01 = ANSWER PRESENT

1743-44 / 99 = N/A

43

ALL

66. Thinking about all the types of income you expect to have after you (and your partner both) retire, do you think you will be worse off or better off than you are now?

PROBE: Is that a lot (worse/better) off, or somewhat (worse/better) off?

After retirement, expect to be:

A lot worse off than now

1

53

Somewhat worse off than now

2

About the same

3

Somewhat better off than now

4

A lot better off than now

5

Can't say

8

1753/9 = N/A

67. (IF HAS PARTNER ADD: Suppose you were living on your own after you retire) Do you think the income you expect to get will be enough by itself to manage on, or not really enough to manage on?

1754/9 = N/A

Enough to manage on

1

54

Not enough

2

Can't say

8

INSURING FOR LONG-TERM CARE

ALL

68a)

So far we have been talking about pensions and other types of income people have after retirement. Now I would like to talk about the need for care in later life.

Out of one hundred people who are 85 years old and able to live at home, how many do you think need help with cleaning and shopping?

IF 'Can't say', PROBE: Can you just tell me your best guess?

1755-57 / 999 = N/A

ENTER NUMBER

3 DIGITS

--	--	--

OR CODE: Can't say

998

- b) Thinking about older people who need help at home with cleaning and shopping, how likely do you think it is that you will need this sort of help when you are 85... READ OUT...

1758 / 9 = N / A

...very likely,

fairly likely,

not very likely,

or not at all likely?

Don't know

1	
2	GO TO d)
3	
4	ASK c)
8	GO TO d)

- c) Why do you say that? PROBE FULLY

IF 1758 / 4

1759-60 / 01 = ANSWER PRESENT
1759-60 / 99 = N/A

ALL

- d) When you are older, if you do need help with cleaning and shopping, how do you think that would be paid for? PROBE FULLY

1808-09 / 01 = ANSWER PRESENT
1808-09 / 99 = N/A

CNo17

55-57

58

59-68

CNo18

08-17

ALL

2a)

At present, it costs about £25 a week for five hours private help with cleaning and shopping. This would be £1,300 a year. If you needed help of this sort when you are older, do you think you would be able to pay for one year's help out of your planned pension and savings?

18 18 / 9 = N/A

Yes

1 ASK b)

No

2

Don't know

3 GO TO Q70

16

IF 1818 / 1

b)

And would you be able to pay for two year's help, which would cost about £2,600?

1819 / 9 = N/A

Yes

1

No

2

Don't know

3

19

ALL

70a)

Out of one hundred people who are 85 years old and able to live at home how many do you think need help with things like washing, dressing and getting in and out of bed? IF 'Can't say', PROBE: Can you just tell me your best guess?

3 014173

ENTER NUMBER:

--	--	--

20-22

1820-22 / 999 = N/A

OR CODE: Can't say

998

b)

And, how likely do you think it is that by the time you are 85 you will need any help with personal things like washing, dressing and getting in and out of bed ... READ OUT...

1823 / 9 = N/A

...very likely,

1

fairly likely,

2

not very likely,

3

or not at all likely?

4

Don't know

8

GO TO d)

ASK c)

GO TO d)

23

IF 1823 / 4

c) Why do you say that? PROBE FULLY

1824-25 / 01 = ANSWER PRESENT
1824-25 / 99 = N/A

24-33

ALL

d)

When you are older, if you do need help with things like washing, dressing and getting in and out of bed, how do you think that would be paid for? PROBE FULLY

1834-35 / 01 = ANSWER PRESENT
1834-35 / 99 = N/A

34-43

ALL

- 71a) At present it costs about £140 for 20 hours a week private help at home for washing, dressing and so on. That would be about £7,000 a year. If you needed help of this sort, do you think you would be able to pay for one year's help out of your planned pension and savings?

1844/9 = N/A

Yes	1	ASK b)
No	2	GO TO Q72
Don't know	8	

44

IF 1844/1

- b) And would you be able to pay for two years' help which would cost about £14,000?

1845/9 = N/A

Yes	1
No	2
Don't know	8

45

ALL

- 72a) Out of one hundred people who are 85 years old, how many do you think need to live in a residential or nursing home? IF 'Can't say',
PROBE: Can you just tell me your best guess?

1846-48/999 = N/A

ENTER NUMBER :

46-48

OR CODE: Can't say

998

- b) How likely do you think it is that by the time you are 85 you will need to go into a residential or nursing home... READ OUT...

1849/9 = N/A

...very likely,
fairly likely,
not very likely,
or not at all likely?
Don't know

1
2 GO TO d)
3
4 ASK c)
8 GO TO d)

49

IF 1849/4

- c) Why do you say that? PROBE FULLY.

1850-51/01 = ANSWER PRESENT
1850-51/99 = N/A

50-59

ALL

- d) If you had to go into a residential or nursing home some time in the future, how do you think that would be paid for?
PROBE FULLY

1860-61/01 = ANSWER PRESENT
1860-61/99 = N/A

60-69

- 73a) **ALL** It currently costs up to £19,000 a year to live in a residential or nursing home. Supposing you had to go into a home, do you think you would be able to pay for one year's care out of your planned pension and savings?

$$1870/9 = N/A$$

Yes	1	ASK b)
No	2	GO TO Q74
Don't know	8	

CNo18

70

$$1F 1870/1$$

- b) And would you be able to pay for two year's care, which would cost about £38,000?

Yes	1
No	2
Don't know	8

71

ALL

- 74a) Do you think the state should ever pay the costs for elderly people who need to live in a residential or nursing home?

Yes/sometimes/depends

$$1872/9 = N/A$$

Yes/sometimes/depends	1	GO TO c)
No	2	ASK b)
Don't know	8	GO TO Q75

72

$$1F 1872/2$$

- b) Do you think the state should pay for people who cannot pay for themselves?

The state should pay for those who cannot afford to pay for themselves

The state should not pay for anyone

Don't know

1	} GO TO Q75
2	
8	

73

$$1F 1872/1$$

- c) Should the state pay for everyone, regardless of their income?

Yes	1
No	2
Don't know	8

74

ALL

- 75a) Suppose you have a house to pass on, but you need to live in a residential or nursing home when you are older. Would you expect the state to pay for your care?

$$1875/9 = N/A$$

Yes	1	ASK b)
No	2	GO TO Q76
Don't know	8	

75

$$1F 1875/1$$

- b) Why do you say that?
PROBE FULLY

$$1908-09/01 = \text{ANSWER PRESENT}$$

$$1908-09/99 = N/A$$

CNo19

08-17

ALL

- 76a) There are several ways to insure for care in old age. One way is to make regular payments every month until you need care yourself. This insurance would pay care costs for as long as they were needed. How much you pay for this insurance depends on your age when you start to make your monthly payments. Someone your age would need to pay about £__ per month. (INTERVIEWER: QUOTE CORRECT FIGURE FOR RESPONDENT'S AGE. Do you think this is a good idea or a bad idea?)

1918/9 = N/A

CNC 19

18

AGE	COST PER MONTH	
	Men	Women
Less than 40	£30	£40
40-49	£40	£50
50-59	£55	£65
60+	£85	£100

Good idea 1

Bad idea 2

Don't know 8

- b) Why do you say that?
PROBE FULLY

1919 - 20/01 = ANSWER PRESENT
1919 - 20/99 = N/A

19-25

- 77a) Would you take out insurance of this sort at the moment?

1929 / 9 = N/A

Yes 1

No 2

Can't afford it 3

Maybe/depends/can't say 8

29

- b) Why do you say that?
PROBE FULLY

1930 - 31/01 = ANSWER PRESENT
1930 - 31/99 = N/A

30-39

78a)

Very little is known about how likely people are to need care in old age. But suppose I told you that one in four people need to go into a residential or nursing home by the time they are 85. Knowing this, would you take out private insurance of this sort at the moment if you could afford it?

1940/9 = N/A

Yes 1

No 2

Maybe/depends/can't say 8

40

b) Why do you say that?
PROBE FULLY

41-49

1941-42/01 = ANSWER PRESENT

1941-42/99 = N/A

79. INTERVIEWER CHECK Q78a)

1940/1
IF CODE 1 AT Q78a)1940/2 or 8
IF CODE 2 OR 8 AT Q78a)

1 GO TO Q82

2 ASK Q80

50

80.

Now, suppose I told you that one in every two people need to go into a home by the time they are 85. In those circumstances, would you take out private insurance of this sort at the moment if you could afford it?

1951/9 = N/A

Yes

No

Maybe/depends/can't say

1 GO TO Q82

2 ASK Q81

8

51

81.

And finally, suppose I told you that three out of four people need to go into a home by the time they are 85. In those circumstances, would you take out private insurance of this sort at the moment if you could afford it?

Yes 1

No 2

Maybe/depends/can't say 8

52

ALL

- 82a) **CARD Q.** At the moment, elderly people who need to live in a residential or nursing home have to pay most of the costs of care themselves if they have assets worth more than £10,000. By 'assets' I mean things like stocks and shares, savings, and the value of their home if they own it. If their assets are worth less than £10,000, the state will pay for their care. Option A on this card explains the current system of paying for care. Do you think the current system is a good idea or a bad idea?

1953/9 = N/A

Good idea 1
Bad idea 2
Don't know 8

- b) Why do you say that?
PROBE FULLY

1954-55/01 = ANSWER PRESENT
1954-55/99 = N/A

- 83a) **CARD R.** Some people have said that a person who takes out private insurance to cover their care costs should be allowed to pass on more of their assets to their children or family. For example, a person who paid £6,000 for private insurance when they retired, would be allowed to pass on assets worth £60,000. The way this would work is Option B on this card. Do you think Option B is a good idea or a bad idea?

1964/9 = NA

Good idea 1
Bad idea 2
Don't know 8

- b) Why do you say that?
PROBE FULLY

1965-66/01 = ANSWER PRESENT
1965-66/99 = N/A

- c) Do you think you would be able to pay a lump sum of £6,000 for private insurance when you retire?

1975/9 = N/A

Yes 1
No 2
Don't know 3

CNC

CNC19

53

54-63

64

65-74

75

The actual or symbolic presence of an object elicits a generally favourable or unfavourable evaluative reaction, the attitude toward the object. This attitude, in turn, predisposes cognitive, affective and conative responses to the object, responses whose evaluative tone is consistent with the overall attitude.

Azjen (1988), pp. 22-23

The psychologist and the social policy researcher, then, both have interests in beliefs, emotional responses, and behavioural intentions. Psychologists have specifically looked to identify internal processes that account for relationships between attitudes, and between attitudes and behaviour.

Consistency, attitudes and behaviour

Whilst research in the 1960s provided evidence for the hierarchical model described above, there was already concern emerging about the level, and meaning, of consistency both within and between attitudes. For example, Heider (1958) developed his 'balance theory' that assumed people have a preference for consistency, and that their beliefs and attitudes tend toward this. If an inconsistency arises, such as a favoured individual performing a disapproved of act, reorganisation of attitudes would occur to retain balance. Building on this work, Festinger (1957) put forward his theory of 'cognitive dissonance' that developed from his examination of how people respond to inconsistency amongst cognitions. Inconsistency was found to be experienced as unpleasant, and so this motivated individuals to modify their attitudes and their behaviours. Bem (1967) has alternatively argued that individuals attribute attitudes to themselves that are consistent with their actions. Each of these theories potentially offers ways of thinking about relationships between stated attitudes to individual responsibility for long-term care finance and having successfully made other financial arrangements, such as pensions and savings.

Psychologists have considered the functional role of consistency, in providing a stable base from which to act effectively and in providing a coherent framework that can be used to understand and predict events (including ourselves and our own future behaviour). This research is concerned with an 'attitude object' - long-term care finance - with which many of our respondents are likely have little or no familiarity. Thus the concept of consistency might be important when examining relationships between long-term care finance attitudes and those that are likely to be more central to their evaluative framework.

RESPONSIBILITY FOR CARE

- 88a) **ALL** Now a few questions about caring for older people.
Can I just check, are your parents still alive?

CN62C

INCLUDE STEP PARENTS

20 20/9 = N/A

Yes, both
Yes, mother only
Yes, father only
No, neither
Can't say

1 ASK b)

2

3

4

8

GO TO Q89

20

- b) **IF 2020/1** And do your parents live together?

Yes 1
No 2

21

89. **ALL** People sometimes provide practical help and care for their parents. Things like housework, shopping or gardening or more personal things like bathing, dressing or helping them in and out of bed.

- a) Have you ever had to provide help or care of this sort for your parents for more than a few weeks?
IF YES AND PARENT(S) STILL ALIVE: Are you giving this help now or was this in the past?

2022/9 = N/A

No, never provided
Yes, in past
Yes, now

1

ASK b)

2

3

GO TO Q90

22

- b) **IF 2022 /1 OR 2**
INTERVIEWER CHECK Q88a):

2020 /1-3
Mother and/or father still alive (code 1,2,3)
2020 /4,8,9
Neither parent still alive (code 4,8)

1 ASK c)

2

GO TO Q93 (p.41)

23

- c) **IF 2023 /1** At some stage in the future, do you think that you will have to provide help or care of this sort (again) for your (parents/mother/father)? I mean for more than a few weeks.

Yes 1
No 2
Not sure 3

24

90. People feel different things about providing care for their parents.

IF 2020/1 or 2 and 2022/3 or 2023/1

IF MOTHER STILL ALIVE, ASK: (OTHERS GO TO b)

- a) **CARD S** Here is a list of statements people have said on this subject. Looking at this card, can you tell me which of these statements comes closest to your own view about caring for your mother?

RECORD AT a) BELOW

IF 2020/1 or 3 AND 2022/3 or 2023/1

IF FATHER STILL ALIVE, ASK: (OTHERS GO TO Q91)

- b) **CARD S** Looking at this card, can you tell me which of these statements comes closest to your own view about caring for your father?

RECORD AT b) BELOW

	a) Mother	b) Father
I could not provide care for my mother/father under any circumstances as we do not get on.	1	1
If I could afford it I would pay for someone else to provide care for my mother/father.	2	2
I could provide some type of care for my mother/father but I would not want to be completely responsible for her/him.	3	3
I would want to provide care for my mother/father if circumstances allowed it.	4	4
I would provide care for my mother/father in any circumstances.	5	5
Other (SPECIFY) <u>NEED / LEAVE</u>	6	6

25

26

91a)

IF 2020/1-3 AND 2022/3 or 2023/1

Sometimes it is possible to pay for care, for example, by paying for a home help or a place in a residential or nursing home. If you could afford it, do you think the best way to help your (parents/mother/father) would be to care for (them/her/him) yourself or to pay for someone else to provide the care?

Pay for care if could afford it	1
Provide it yourself	2
Both/mixture of payment and care by respondent	3
Other (SPECIFY) <u>NEED / LEAVE</u>	4

27

- b) Why do you say that?
PROBE FULLY

2028-29 / 01 = ANSWER PRESENT
2028-29 / 99 = N/A

28-37

92.

IF 2020/1-3 and 2022/3 or 2023/1
 Suppose that your (parents/mother/father) had insurance which would pay
 for any care they might need. How would this change the way you think about
 caring for your (parents/mother/father) in (their/her/his) old age?
 PROBE FULLY

2038-39/01 = ANSWER PRESENT
 2038-39/99 = N/A

ALL

93.

Can I just check, do you have any children?

2048/1 = N/A

Yes

1 ASK Q94

No

2 GO TO Q98 (p. 43)

4E

94.

IF 2048/1
CARD T. People have different feelings about their
 own children caring for them in their old age. Looking at
 this card, can you tell me which of these statements comes closest
 to your own view about your children caring for you in your old age?
 CODE ONE ONLY

2049/9 = N/A

I would not want my children to provide care for me
 under any circumstances.

1

I would want my children to provide some care
 but would not want them to be completely
 responsible for me.

2

If they could afford it I would prefer my children
 to pay for someone else to care for me.

3

I would want my children to provide care for me if
 their circumstances allowed it.

4

I would want my children to provide care for me in
 any circumstances.

5

Other (SPECIFY) RECODE / LEAVE

6

4F

95a)

Suppose you did need help or care from your children when you are older,
 would you prefer your children/child to look after you themselves or
 for them to pay for someone else to look after you, if they could afford it?
 CODE ONE ONLY

Children to pay for care, if could afford it

1

Children to provide care themselves

2

Mixture of payment and care

3

Other (SPECIFY) RECODE / LEAVE

4

50

b)

Why do you say that?
 PROBE FULLY

2051-52/01 = ANSWER PRESENT
 2051-52/99 = N/A

51-60

IF 2048|1

96. Suppose you had insurance which would pay for any care that you might need, either in your own home or in a residential or nursing home. How would this change your views about your children caring for you in your old age?

PROBE FULLY

2061-62|01 = ANSWER PRESENT

2061-62|99 = N/A

61-70

- 97a) **CARD U.** Thinking about financial and practical help between parents and children, which of these statements comes closest to your own view of what should happen?

CODE ONE ONLY

Children should help their parents as much as their
parents help them 1

Parents should expect to give more help to their children
than they receive back from them 2

Children should expect to give more help to their parents
than they receive from them 3

Can't say 8

71

- b) **CARD V.** Thinking about financial and practical help between parents and children, which of these statements comes closest to your own view of what actually happens at the moment?

CODE ONE ONLY

Children help their parents as much as their parents help them 1

Parents give more help to their children than they receive back from them 2

Children give more help to their parents than they receive from them 3

Can't say 8

72

- c) Do you think that the situation has changed over recent generations?

Yes 1 ASK d)

No 2 GO TO Q98

Can't say 8

73

IF 2073|1

- d) In what way has the situation changed?

PROBE FULLY

2108-09|01 = ANSWER PRESENT

2108-09|99 = N/A

CNo21
08-17

ALL

98a)

Do you expect to be able to pass on money or a house or other things to your husband/wife/ partner or children or anyone else after you die?

IF YES: Who? PROBE: Who else?

CODE ALL THAT APPLY

EXCLUSIVE CODE

MAX 6 CODES

2118-19/99 = N/A

Yes: -husband/wife/partner

-children

-brother/sister

-cousins

-other family members

-other people, non-family

-charity

Other (SPECIFY) RECODE / LEAVE

Can't say

No

01

ASK b)

02

03

04

06

07

08

09

10

98

GO TO Q99

18-21

IF 2118-2119/01

b) Do you expect to be able to pass on money, or a house or other things to your husband/wife/partner or children or anyone else before you die?

IF YES: To who? PROBE: Who else?

CODE ALL THAT APPLY

MAX 7 CODES

Yes: -husband/wife/partner

-children

-brother/sister

-cousins

-other family members

-other people, non-family

-charity

Other (SPECIFY) RECODE / LEAVE

Can't say

No

01

GO TO Q100

02

03

04

06

07

08

09

10

98

ASK c)

30-43

IF 2130-43/02-98

c) What sort of things might you pass on before you die?

PROBE: What else?

CODE ALL THAT APPLY

MAX 4 CODES

Home/property

Money

Stocks and shares

Jewellery

Other goods

Other (SPECIFY) RECODE / LEAVE

Can't say

01

02

03

04

05

06

98

GO TO Q100

44-51

99a)

IF 2118-29/02-10 or 98
Do you think you would pass everything on after you
die or might you pass things on before that?
CODE ONE ONLY

Pass on everything after death

1 GO TO Q100

Pass on some things before death and some after

2
ASK b)Pass on everything before death

3

Don't know/not yet decided

4 GO TO Q100

IF 2152/2 or 3

b)

What sort of things might you pass on before you die?

PROBE: What else?

CODE ALL THAT APPLY

House/property 01

Money 02

Stocks and shares 03

Jewellery 04

Other goods 05

Other (SPECIFY) RECODE / LEAVE 06

Can't say 98

53-60

ALL

100.

Have you made a will?

2161/9 = N/A

Yes 1

No 2

Doing so at moment 3

Can't say 8

61

101.

Since our interview with you last year, have you given any
thought to this issue of caring for older people?

IF YES: A lot of thought or a little thought?

2162/9 = N/A

No, none

1 GO TO Q103

Yes, a lot

2
ASK Q102

Yes, a little

3

62

102.

Has this changed any plans you may have about
paying for care in old age?

PROBE FULLY

IF 2162/2 or 3

2163-64/01 = ANSWER PRESENT

2163-64/99 = N/A

63-72

ALL

103. Have you seen on television or read in the newspapers any of the recent suggestions politicians have been making about how care of the elderly should be paid for?

Yes 1
No 2

05

2208/9 = N/A

- 104a) TIME INTERVIEW ENDED

NOT KEYED

--	--	--	--

24 hour clock

- b) DURATION OF INTERVIEW

3 DIGITS

--	--	--

Minutes

09-11

- c) DATE OF INTERVIEW

D	D	M	M		
				9	6

TAB IF BLANK

12-15

- d) INTERVIEWER NUMBER

--	--	--	--	--	--

TAB IF BLANK.

16-19

- e) INTERVIEWER NAME

OCCUPATION CODING

Occupation coding

The scheme used by SCPR is based on the "Classification of Occupations 1980" (OPCS/HMSO), as used for the 1981 Census (referred to as CO1980).

Normally both an occupation code and an employment status code are recorded for each occupation. These are then referred to a computerised look-up table which contains the information set out in Appendix B1 of CO1980. This table supplies the correct SEG and social class codes and sets these permanently on the data record. The table also performs an editing function by signalling any invalid code or code combination.

Occupation codes: Those in CO1980 are formed from the 161 categories of condensed KOS followed by a 1 or 2 digit suffix. In order to make these codes more convenient for processing, SCPR records the suffix as 2 digits with a leading zero where necessary. The code is thus always 5 numeric digits, eg:

<u>CO1980</u>	<u>SCPR</u>
009.3	00903
019.0	01900
095.10	09510

It has also been necessary to re-number four codes in CO1980:

<u>CO1980</u>	<u>SCPR</u>	<u>Description</u>
-.1	99801	Foreman (engineering and allied)
-.2	99802	Trainee craftsman (ditto)
-.1	99901	Inadequately described
-.2	99902	Not stated

Employment status codes

- 01 self-employed (25 + employees)
- 02 self-employed (1-24 employees)
- 03 self-employed (no employees)
- 04 self-employed (NA how many employees)
- 05 manager (establishment of 25 + employees)
- 06 manager (establishment of 1-24 employees)
- 07 manager (NA size of establishment)
- 08 foreman/supervisor
- 09 other employee
- 10 employee (NA if manager/foreman/other)
- 11 NA/insufficient information to code more specifically

These codes are not normally of interest in themselves, but are relevant, together with occupation code, in deriving SEG and social class.

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