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Preferences for new models of care

Phase Two: variations and trade-offs

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Executive Summary

April 2024

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Background

The objective of our study was to understand how preferences from different components of care are shaped by individual demographic, socioeconomic and needs-related factors. Building on evidence from the first phase of our study – where we gathered insights from previous research and a series of focus groups – we conducted a survey to understand *variations* in preferences.

We recruited a sample of people aged 50 years or older living in England, drawn from the general population, with the help of a survey agency. The survey included general questions about preferences relating to care and support. Specific questions formed a discrete choice experiment (DCE) to explore how participants would trade-off different features of social care arrangements when thinking about their own (current or future) circumstances, if they were to have high care needs.

Findings

Survey questionnaire

Preference of place to live: A substantial proportion of people would stay living in their own home with appropriate adaptations. When thinking of moving to another home, the order of preference was moving to another house or flat more suitable for their needs, followed by moving to a community setting (i.e., part of a development that includes shared amenities and communal spaces, but independent living spaces, such as a retirement village or sheltered housing).

Information on care: A high proportion of respondents reported that they did not have enough information about choices in relation to care and support services or *where* to find that information. Users of care are more likely to have information about their care choices compared to non-users of care. Findings showed a significant gradient between socioeconomic groups, with people with higher income are more likely to have enough information about their care choices compared to people with lower incomes. Similarly, people from an Asian background were significantly more likely to have enough information about their care choices compared to white British people.

Age of neighbours: There were mixed preferences regarding neighbours of the same age group (versus mixed ages) if living in a development of flats with communal spaces. Older people within our sample, women, people from Asian background and people with higher incomes were more likely to prefer living in community settings with neighbours of mixed ages rather than of same age group, compared to younger people, men, White British and people with lower incomes.

Flexibility of care: A sizeable proportion of people would want to have substantial choice over their care and support services, and to have as much control over their daily routine as possible. There was a significant gradient between socioeconomic groups: people with higher income are more likely to report needing substantial choice over their care and support services, compared to people with lower income. People who already use care have a significant preference for having substantial choice over their care and support services compared to non-users of care.

Community assets: People value having access to community assets and infrastructure when they plan their care, such as having reliable public transport and good access to healthcare facilities, shops, parks and green spaces. There were important variations between groups (gender, ethnic and socioeconomic groups) in the preferences for some community assets such as places of worship, cultural

facilities and green spaces. These need to be considered when planning models of care.

DCE results

Housing setting, provider of care, identity, use of technology devices, access to community services and costs of care significantly influence decisions between different care options. The main factor influencing people's choice is who provides support with the care task (preferred option: receiving support from carers arranged by the local authority), followed (in order of importance) by receiving care from someone who respects their beliefs and values, housing setting (preferred option: own home with appropriate adaptation if required), not using technology devices, lower weekly cost, and closer access to community facilities.

Participants were willing to pay a substantial amount (over £100 per week indicatively) or to live beyond walking distance (over 30-minute walk) to receive care from family members or friends (only) rather than receiving support from carers arranged by their local authority.

Comparison by age. Older people have stronger preferences than younger people (within our sample of people aged 50+) for living in their own homes with appropriate adaptations if required and for not using technology. In contrast, their preferences are likely to be less strong for: receiving care from other options beyond family members or friends; receiving care from someone who respects their beliefs and values; and access to community services. Younger participants are willing to pay to receive care from a source other than their preferred carer or to receive care from someone who respects their beliefs, but they are not willing to accept longer walking times to local amenities for these same changes. For the other attributes, the age group willing to pay more is also willing to accept longer walking times.

Comparison by income. Trends in data showed that the higher the income group, the greater the likelihood that individuals would be willing to pay more for receiving care from someone who respects their beliefs and values, as opposed to not having this characteristic; for receiving support from both family members and carers (or other carer arrangements), in contrast to relying solely on family members or friends; and for living in their own home with appropriate adaptations if needed, compared to considering other options.

Individuals in higher income groups expressed a marginal preference to relocate to another neighbourhood or city, as opposed to continuing to reside in their current neighbourhood. Conversely, those in low-to-medium income groups expressed a slight preference to stay in their current neighbourhood compared to moving to another neighbourhood or city. Moreover, individuals in higher income groups demonstrate a lower likelihood of selecting a care model without technology when compared to individuals in other income groups. However, the willingness to pay (WTP) to live closer to community services is consistent across all income groups.

Comparison by experience of care. Individuals with experience of care are likely to value slightly more any other care arrangement (compared with relying solely on family members or friends), with people willing to pay more to receive support from carers arranged by the local authority (compared to care by family members or friends only). However, the direction of the results was opposite when we consider willingness to accept longer walking times (AWD): those with experience of care are less willing to walk further to local amenities for the same change. Other preferences are comparable across groups, using both WTP and AWD metrics.

Conclusions

Our study provides new, post-COVID evidence on the views of people aged 50 and over about future care preferences that can inform policies for the care of individuals with high care needs. Our study provides novel evidence on the importance people attach to their preferences for care by quantifying their order and strength of preference. The main factor influencing choice is who provides support with the care task. People prefer receiving support from carers arranged by the local authority, suggesting a need to prioritise accessible and well-coordinated publicly funded care services. Also, our findings highlight the significance of enabling older people to maintain independence and control over their lives. Participants in this study preferred care options that would allow them to stay in their own home for as long as possible.

We found differences between age groups in the strength of preferences. For example, older people have stronger preferences than younger people in the sample for continuing to live in their own homes with appropriate adaptations if required and for not using assistive technology. Further research is needed to explore whether these differences between age groups reflect changes in preferences as people age (age effect) or a generational difference (cohort effect).

There were important differences in preferences for some components of care between sociodemographic groups, such as between males and females, and between participants from different ethnic and socioeconomic groups. These differences highlight a need for planning and commissioning of care services to ensure that a range of care models are available to accommodate different preferences. They also highlight the importance of assessment and care management that ascertain and takes account of personal preferences beliefs and values.

There is a noticeable social gradient related to availability and access to information that could indicate inequalities between socioeconomic groups and underscores the importance of targeted outreach and support initiatives to ensure equitable access to care resources. There is also a need to ensure that information on care services is more accessible to people from lower socioeconomic groups.

Importantly, people with experience of care had a significant preference for having substantial choice over their care and support services. When people reach the stage of requiring care support, they value having flexibility in their choices of care, allowing them to maintain as much control and independence as possible over their lives.

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