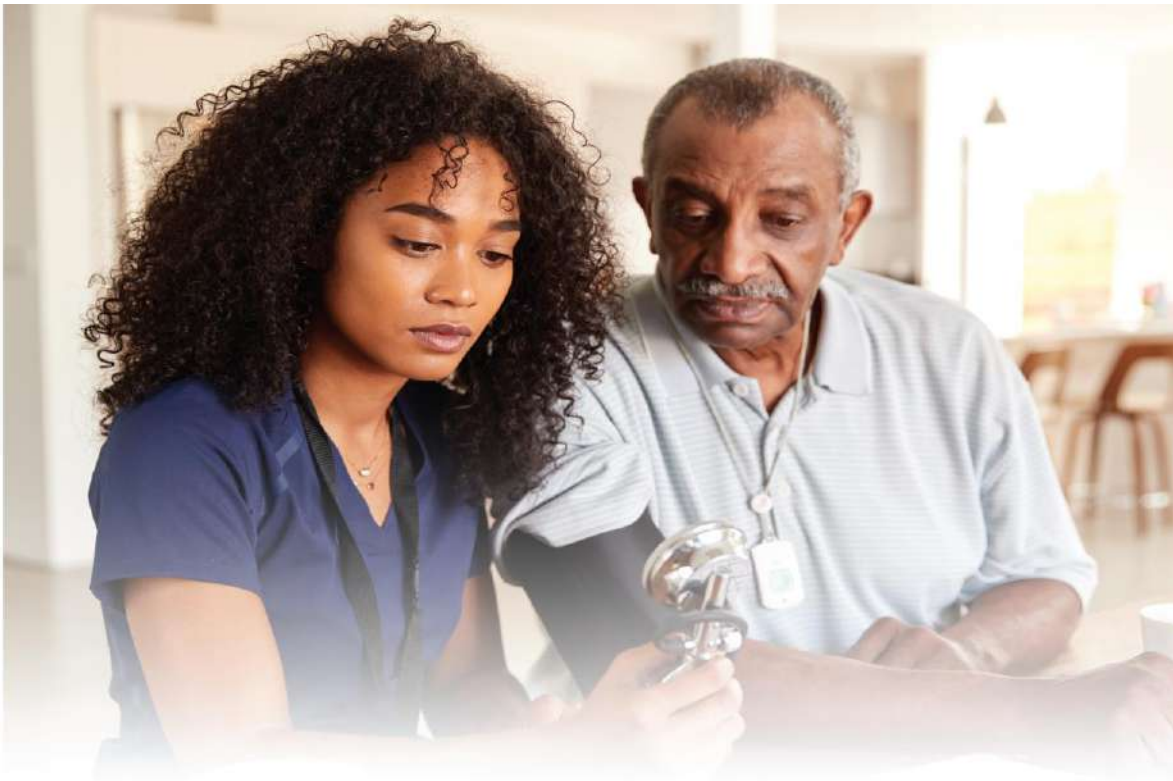




# 'What Will Care Cost You?'

## Consultation Results



**What will care  
cost YOU?**

**What You Said and How Your  
Feedback Will Inform Our Next Steps**



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## 1 Background and Introduction

The Nursing Residential and Home Care Project (the ‘Project’) is part of the Health and Care Transformation Programme within the Isle of Man Government. It builds on the work of the 2018 Council of Ministers report 'Future funding of Nursing and Residential Care' and is tasked with addressing Recommendation 16 of Sir Jonathan Michael’s 2019 ‘Independent Review of the Health and Social Care System on the Isle of Man’:

*'The provision of social care should be considered as part of the current<sup>1</sup> review of future funding of nursing and residential care with the intention of removing disincentives to people requiring care and support remaining in their home. This consideration should specifically include equalisation of the current threshold of financial assistance, a more flexible approach to funding to enable joint commissioning of broader care arrangements in the interests of the service user and provision of 24/7 social care access.'*

This project seeks to find a new way to pay for care that is fairer, provides financial support to more people, and helps them protect more of their assets compared to the current system. It also aims to create a model that allows more people to stay in their own homes for care, as long as it is safe and suitable for their needs.)

In addition, any proposed new model must be affordable for Government, Service Users and the Taxpayer, feasible (i.e. able to be delivered, given the island’s current health and care environment) and sustainable long term – financially and practically.

Two potential new models for funding nursing, residential and home care were selected for more detailed analysis by Tynwald in July 2023. The two options are based on the Jersey ‘threshold and cap’ or ‘Mixed Model’ and the Scottish ‘Free Personal Care’ model. These models were shared with the Public via the ‘What Will Care Cost You?’ Consultation running from November 2023 to January 2024. This report presents the detailed findings of this Consultation.

### 1.1 Consultation Context and Aims

Delivering the project’s objective of finding a more equitable, financially sustainable payment model is extremely challenging given the complexity of the current system (legislation, policy, systems and processes) and the potential political, social and financial implications of implementing a new funding model, for both the Government, Service Users and the general Public.

Members of the Public of working age (even those who do not need care) may be impacted as Taxpayers, given that the money to pay for any additional Government financial contribution to care would need to be raised. Secondly, if eligibility rules should change, people who need care may be entitled to different levels of financial support than they are currently entitled to. Any changes to the system will take time to implement and will need clear rationale, communications and signposting to ensure that people understand any changes regarding how/if their care costs are impacted (and whether they may have different options regarding where and how they choose to receive care).

There are also significant social, ethical and emotional connotations related to defining ‘fairness’ and ‘equity’. This understanding may differ depending on an individual’s or groups’ perspective, belief

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<sup>1</sup> ‘Current’ refers to ‘current’ at the time of writing. The ‘current review’ at the time was 2018 Council of Ministers report 'Future funding of Nursing and Residential Care’.



system, financial means and the different potential impact a new model might have on their situation. Therefore, agreement on what constitutes a ‘fair’ or ‘equitable’ system might be quite different for different people, given what may at times be contradictory and opposing drivers.

Given this complexity, before any model can be agreed, the project team sought feedback from Isle of Man residents on which (if any) new model they preferred and how certain elements of the models might work. They also wanted to explain the potential impact on wider society of paying for a new model so that members of the Public could share their opinion regarding the possibility of paying more for a new model (should Treasury consider raising funds by an increase to tax, some kind of social care levy or some other mechanism<sup>2</sup> that could impact the Public).

The consultation aims agreed by the Nursing, Residential and Home Care Steering Group, the Health and Care Transformation Board<sup>3</sup> and both DHSC Minister Hooper<sup>4</sup> and Treasury Minister Allinson were:

- To inform the Public on the current system for funding of nursing, residential and home care including issues with equity and financial sustainability.
- To explain the two potential future options for funding nursing, residential and home care and their potential impact.
- To listen to positive and negative feedback, ideas and concerns on the proposed models and how to pay for them.

## 1.2 Consultation Approach and Response

### 1.2.1 How and where the Consultation was available

The Project team worked closely with local charities, providers and other Government Departments to identify a diverse mix of places and groups to share online and paper versions of the Consultation. This was to ensure that the Public would see and be able to access the consultation at places convenient to them and in their preferred format. These included:

- An island wide detailed survey via Consultation Hub – accessible via Gov.im website and via QR codes on posters, flyers and emails.
- Paper based simplified questionnaires available at a wide range of sites across the island (e.g. Care Homes, Charities, Wellbeing Partnerships, British Legion, Salvation Army, Hospitals, GP Surgeries, Libraries and Town Halls etc.)
- Focus Groups and/or Q&A sessions held at locations where existing meetings and activities are already taking place (identified through external and Government partners)
- Information Sharing via local Press – radio, newspapers, social media (Government and that of our external partners)
- Information sharing and responding to questions with the team positioned at Information tables in high footfall areas (Social Security Office foyer, Town Hall and Public Library entrances etc.)
- Given the complexity of the subject matter, an animated video and infographics clearly explaining each new model and the current system were also developed and shared on the NRHC Public

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<sup>2</sup> N.B. How a new model might be paid for has not yet been agreed and is not in the remit of the Nursing, Residential and Home Care (NRHC) project team. Treasury will decide how/if a new model might be paid for.

<sup>3</sup> The Health and Care Transformation Board was the Health and Care Transformation (HCT) Programme’s governing body at the time the Consultation was agreed. The Nursing, Residential and Home Care Project is one of the projects in the HCT Programme.

<sup>4</sup> Mr. Hooper was DHSC Minister at the time of the Transformation Committee in September 2024. Minister Christian is DHSC Minister at the time of publishing this report – December 2024 – further to Mr. Hooper’s resignation from the post.



webpages and via the Consultation hub site (both on the Government website), via email to charities and other stakeholders and via the face-to-face public presentations.

### 1.2.2 How Many People Responded

The public consultation and engagement exercise was undertaken between 10 November 2023 and 12 January 2024, generating 1,227 responses. Statistics provided by the Consultation Hub confirmed that the response return rate ranked in the top 10 highest response rates of consultation surveys over the last two years<sup>5</sup>. 96% of respondents completed the survey online (1185) with the remainder submitting via hard copy.

### 1.2.3 Free Text Comments

In addition to the quantitative results there were almost 5000 free text comments made by the Public, which, in itself, indicates the interest and passion that respondents have on this topic. The majority of these comments were incredibly detailed with many explaining the respondent's rationale in selecting certain preferences and others offering alternative suggestions, opinions and views on the practical implementation of any new model. This has taken considerable time to analyse given the small project team, but the team were keen to ensure that where people had taken the time to add their thoughts, their opinions were properly considered and factored into the analysis. Where possible, the project team has tried to highlight key themes emerging from these comments in line with the relevant question and to provide a balanced sample of the comments given.

## 1.3 Publication of Responses

The majority of respondents stated that they were happy for their comments to be published (but not attributed); some did not wish for their responses published. A small number said they were happy for their name to be published, but as these were very much the exception, all comments within this document have been anonymised and only include those people who agreed that they were happy to share their responses.

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<sup>5</sup> Statistic provided by the Consultation Hub team, 22<sup>nd</sup> May 2024.



## 2 Key Findings

The summary table below provides an overview of the high-level key findings.

Topic	Key Findings
Preferred Model	<p>The headline result of the consultation was a marginal preference for free personal care:</p> <ul style="list-style-type: none"> <li>• 48% of respondents opted for the free personal care model.</li> <li>• 45% opted for the mixed model.</li> <li>• 5% continue with the current system; and</li> <li>• 2% not answered.</li> </ul> <p>The overwhelming theme from across the Consultation is a desire for any new model to be fairer, in particular in relation to contributing proportionally to the person’s means and protecting hard earned assets, especially the person’s home.</p>
Respondents	<ul style="list-style-type: none"> <li>• 1,227 people responded to the consultation, with the majority responding online.</li> <li>• 58% of respondents had personal experience with care (either themselves or a family member) at home, in a Residential Home, or a Nursing Home.</li> <li>• Almost 70% of respondents were between 40 and 69 years old (68.7%).</li> <li>• Just over 15% were under 40 years old.</li> <li>• Analysis of respondent demographics suggests some groups may have been over or underrepresented: <ul style="list-style-type: none"> <li>○ Almost 8 times more homeowners responded than tenants.</li> <li>○ Highest response rate: 50 to 59 years old (27.14%).</li> <li>○ Lowest response rate: 16 to 29 years old (3.59%), with 3.26% between 20 and 29 years old.</li> </ul> </li> </ul> <p>Comparisons with 2021 Census data indicate that the 40 to 69 year age group may have been overrepresented whilst those under 30 years old may have been underrepresented. Details in the ‘3.1.1 How Old Are You?’ section below.</p>
Free Personal Care	<ul style="list-style-type: none"> <li>• 75% of respondents Agreed or Strongly Agreed that Free Personal Care should be provided to all, regardless of income or assets.</li> <li>• When asked about their preference among the Free Personal Care, Mixed Model, or the current model: <ul style="list-style-type: none"> <li>○ 48% chose Free Personal Care.</li> <li>○ 45% favoured the Mixed Model.</li> </ul> </li> <li>• Majority support the principle of offering free personal care to everyone.</li> <li>• Difference between models: <ul style="list-style-type: none"> <li>○ Free Personal Care: Everyone receives support from Day 1.</li> <li>○ Mixed Model: Those with greater means pay for their care until they reach a cap, after which they receive free personal care.</li> </ul> </li> </ul>
Mixed Model: Thresholds	<ul style="list-style-type: none"> <li>• Just over half of respondents (56%) felt that people with assets and income over a certain threshold should contribute towards their care costs.</li> <li>• The consultation asked for opinions on three example thresholds: <ul style="list-style-type: none"> <li>○ Below the threshold: State pays for Personal Care costs from Day 1.</li> <li>○ Above the threshold: Individuals pay for their own Personal Care costs from Day 1 until they reach a cap, after which the Government pays.</li> </ul> </li> <li>• Majority found all three proposed thresholds (£100,000, £280,000, £350,000) ‘Unacceptable’ or ‘Highly Unacceptable’. <ul style="list-style-type: none"> <li>○ The highest threshold (£350,000) was considered the least ‘Unacceptable’ or ‘Highly Unacceptable’.</li> </ul> </li> </ul>



## What Will Care Cost You Consultation Findings – Public Report

	<ul style="list-style-type: none"> <li>Low support for all options suggests thresholds may have been pitched too low. <ul style="list-style-type: none"> <li>Many cited that even the highest threshold wouldn't protect their home, a priority in the Consultation.</li> </ul> </li> <li>Comments suggested considering a sliding scale or percentage threshold proportional to an individual's means, rather than a one-tier threshold.</li> </ul>
Mixed Model: Cap	<ul style="list-style-type: none"> <li>A significant majority (83%) agree that the amount individuals should pay towards care should have a limit or 'cap'.</li> <li>Similar to the feedback regarding thresholds, many free text comments referenced introducing a percentage or tiered cap system, linked to a person's level of income and/or assets. They frequently cited fairness and a desire to enable people to protect their home.</li> </ul>
Home Ownership/Value	<ul style="list-style-type: none"> <li>When asked directly about receiving means-tested support, the majority of respondents (64%) voted against using some of the value of their home to pay towards care. This sentiment was strongly echoed in the free text comments throughout the consultation.</li> </ul> <p>See Section 3.5.1/3.5.2 for further in-depth details.</p>
Willingness to Pay	<ul style="list-style-type: none"> <li>The majority of respondents (66%) supported the idea of paying more to the Government to get their preferred model, with many favouring increased funding through taxes and/or National Insurance if it would improve care services.</li> <li>However, significant concerns were raised about the personal financial burden, government efficiency, and fairness of contributions.</li> <li>A number of respondents cited the need to ring-fence any monies raised to ensure they were only spent on care.</li> </ul> <p>See Section 3.7.1 for examples.</p> <p>This might suggest that if some kind of additional tax or levy is introduced to pay for long term care, the monies collected should be allocated specifically to financing long term care and be supported by robust financial management, monitoring and reporting processes to ensure the money is managed efficiently and not redirected to pay for other things.</p>
Eligibility	<ul style="list-style-type: none"> <li>The majority of respondents (64%) felt that people should have lived here and paid into the system for at least 10 years before becoming eligible for financial assistance.</li> <li>Shorter periods received far less support: 5 years (16%), 3 years (3%), and 1 year (1%).</li> </ul> <p>The strong preference for the 10-year duration suggests that the options provided may have been too short. Comments also indicated support for considering an even longer period for eligibility. Future consultations might benefit from including options longer than 10 years.</p>

### 3 Results for Each Question

The quantitative results of each question are provided below.

Please note that values and percentages have been rounded to the nearest whole number and as such, the percentage figures in some of the graphics may not meet 100.

#### Additional Comments

Examples of Additional Comments related to the question topic have also been noted in order to provide more insight into people's opinions in the topic area covered by the question. These comments include those cited directly in the Comments section for that question and in some



instances, where people have commented on the same topic elsewhere, also include those comments so that comments related to the same topic can be considered side by side.

Please note that comments have been cited verbatim which may include any typographical, spelling or grammar errors in the original comment.

### 3.1 About You

#### 3.1.1 How old are you?

##### Key findings

###### Response Rates by Age Group

- Almost 70% of respondents were aged 40 to 70 years.
- 27% were aged 50 to 59 years.
- 23% were aged 60 to 69 years.
- Just over 15% of respondents were under 40 years old.
- Less than 5% were under 30 years old or over 80 years old.

###### 2021 Census Age Group data

- 42% of the population is aged 40 to 70 years.
- 30% are under 30 years old.
- 6% are over 80 years old.

###### Age Group Response Rate Observations

- The 40 to 70 years age group may be overrepresented:
  - 70% of survey respondents versus 42% of the population (as at 2021).
- The under 30 years age group may be underrepresented.
  - Less than 5% of survey respondents versus 30% of the population (as at 2021).
  - However, some of this disparity may be accounted for due to the Census including everyone under 30 years, while the survey only includes those over 16 years.
- High response rate from over 40 years age group may indicate concern for their own or parents' care needs.
- Low response rate from under 30 years age group may indicate less immediate concern for care costs.
- Care costs are relevant for all working-age adults as they impact all taxpayers.
- Future consultations should aim to boost response rates from younger age groups to address potential intergenerational fairness.



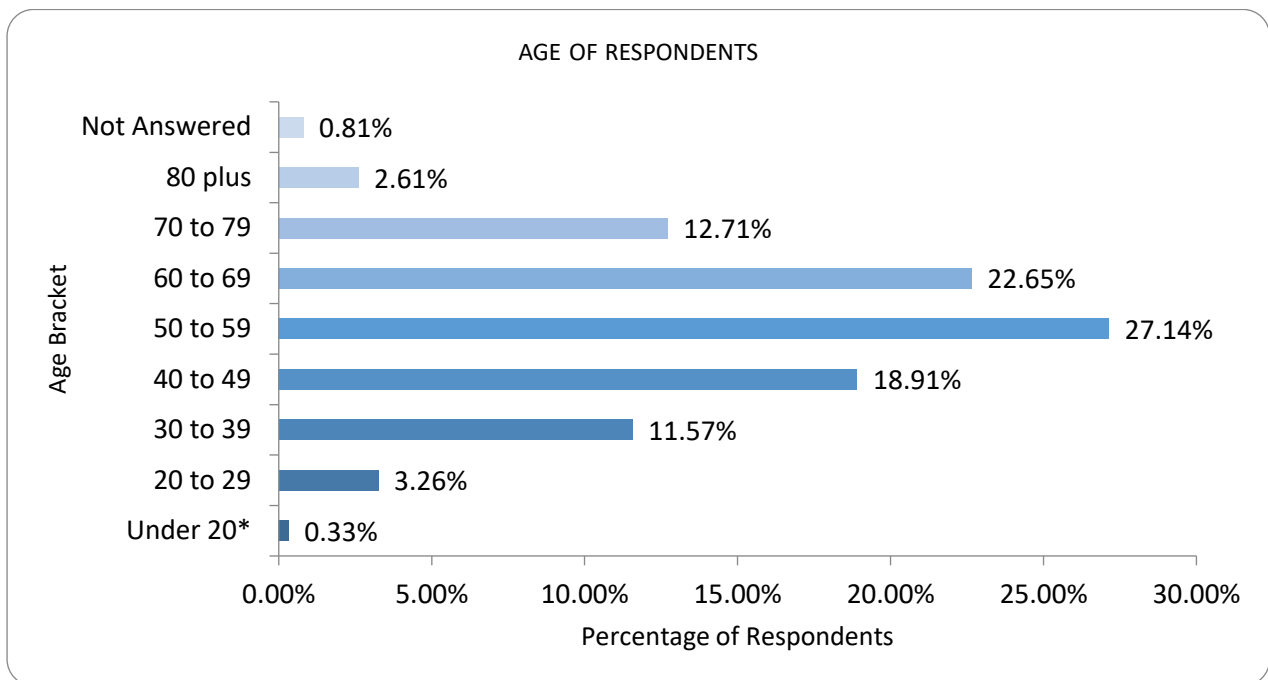


Figure 1: The given age of respondents has been grouped into 10-year periods for visual clarity

### 3.1.2 Into which band does your annual total household income fall, before deductions or stoppages such as tax and Social Insurance contribution?

#### Key findings

- Household income distribution among respondents:
  - £30,000 – £59,999: 38%
  - £60,000 – £99,000: 21%
  - Under £29,999: 20%
  - Over £100,000: 16%
- Majority of respondents are in middle-income brackets.
  - This group shows particular interest in the survey outcome.
- Recurring theme in comments: perceived unfairness for moderate income and asset holders.
  - Many respondents worked hard and made sacrifices to save or buy a home.
  - They have enough not to qualify for income support but not enough to cover care costs without depleting savings or selling their home.
  - Some feel penalized for being financially responsible.
  - Suggestions that they should have spent all their money or not bought a home to qualify for income support and have care paid for later.

#### Additional Comment

- *Paying for care often impacts working class/middle earners more than anybody else... high earners would have no issues paying for care, but a person who worked all their life to purchase his one apartment or small home and has little savings is then forced to sell this and give the majority back to Government in care fees... This would almost encourage me to not have any assets, knowing if I got poorly or became in need of care that I would lose it all.*

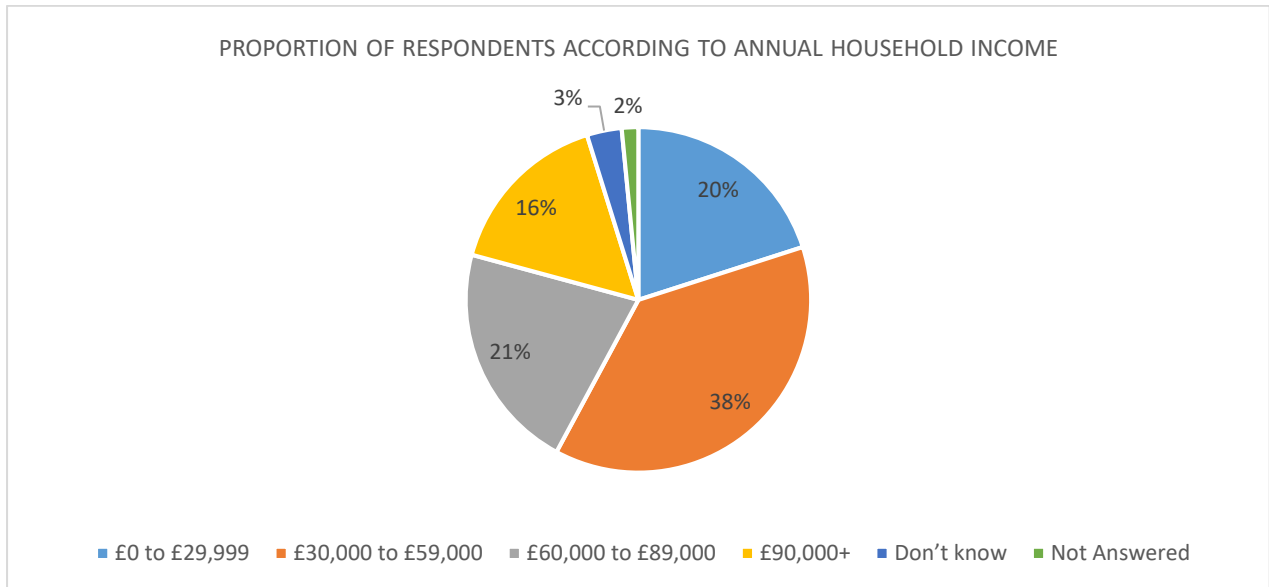


Figure 2: Annual Household Income shown in £30,000 groupings

### 3.1.3 Do you own your own home?

#### Key findings

- Nearly 85% of respondents were homeowners.
  - Just under 50% of these homeowners have a mortgage or loan.
- Just over 11% of respondents were tenants.
- Homeowners outnumber tenants by nearly 8:1 in the survey.
- 2021 census data shows 64% of households are owner-occupied, while 34% are rented.
  - This is a homeowner to tenant ratio of just under 2:1.
- Homeowners are over-represented in the survey by approximately 4 times compared to the census data.
- Possible explanation: Homeowners may have a strong interest in the new payment model to protect their homes, as indicated by comments in the survey.

Comments throughout echo the importance of protecting the family home – examples below.

- *A family shouldn't have to sell their family home to pay for care. Should they have other vacant property then yes, the vacant property should be sold (e.g. holiday home).*
- *Please make it fairer. I have elderly family members who have been extremely upset that after working hard all their lives, they would have had to sell their home...*



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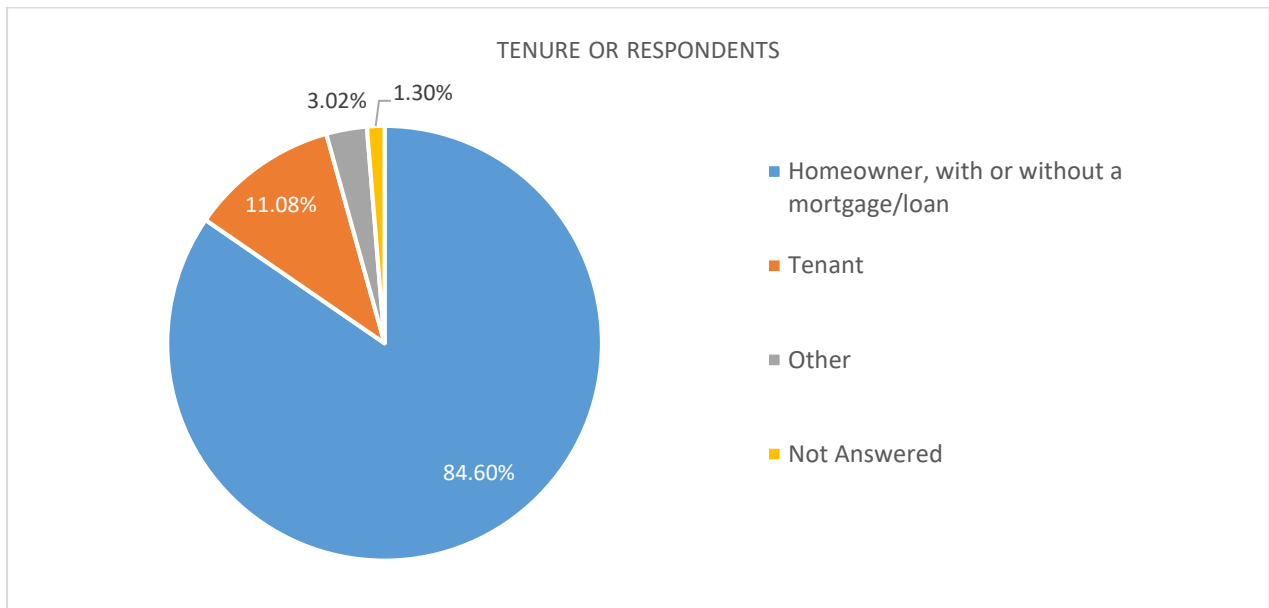


Figure 3

### 3.1.4 How long have you lived on the Isle of Man in total?

#### Key findings

- Over 82% of respondents have lived on the Island all their lives or for at least 20 years.
- An additional 11% have lived on the Island for at least 10 years.

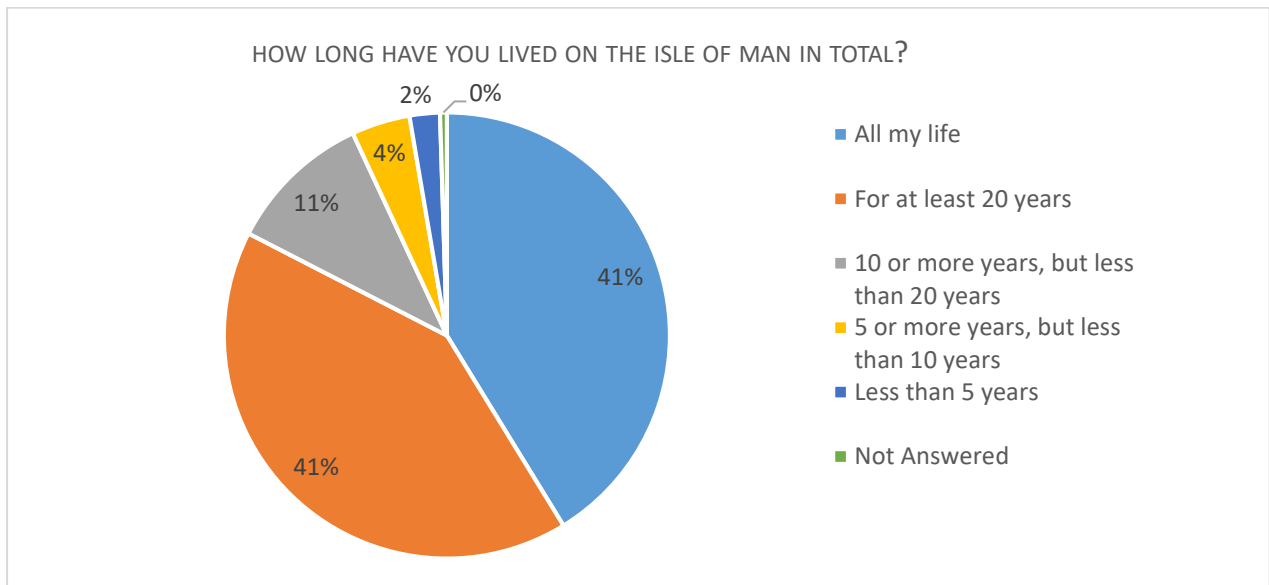


Figure 4



### 3.1.5 How would you describe your working status?

#### Key findings

- Employment status of respondents:
  - 48% work full-time for an employer.
  - 29% are retired.
  - 12% work part-time for at least one employer.
  - 5% are self-employed.

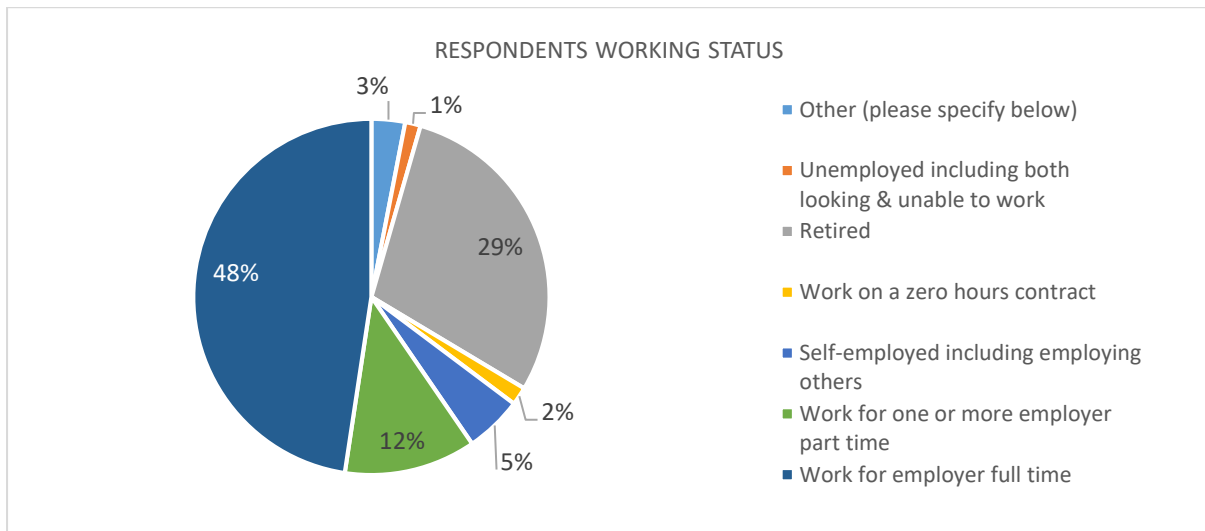


Figure 5

### 3.1.6 Are you responding on behalf of an organisation?

#### Key findings

- There were only 4 respondents who declared they responded on behalf of an organisation.

Option	Total	Percent
Yes	4	0.33%
No	1178	96.01%
Not Answered	45	3.67%

Table 1

## 3.2 Personal Experience of Care

### 3.2.1 Do you have personal experience of you or a family member being cared for at home, in a Residential Home or a Nursing Home?

#### Key findings

- There were 1183 responses to this part of the question.



## What Will Care Cost You Consultation Findings – Public Report

- Of those, 58% have had personal experience of either themselves or a family member being cared for at home, in a Residential Home, or a Nursing Home.

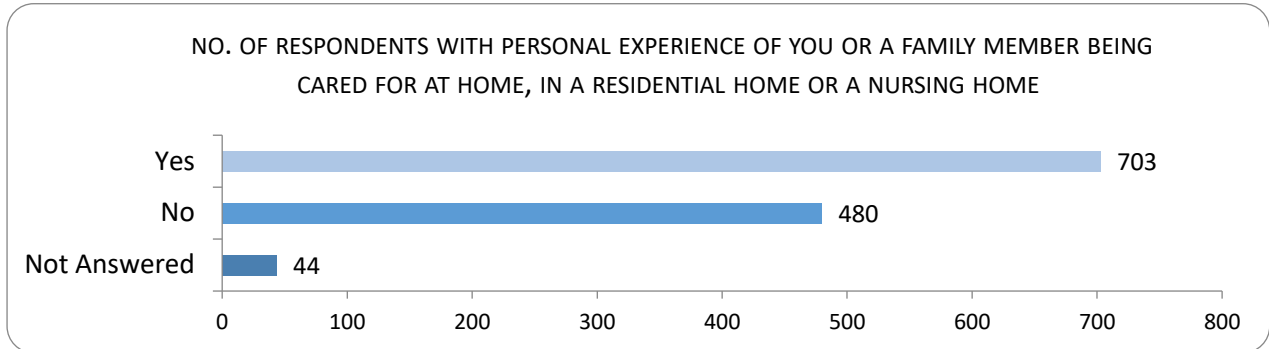


Figure 6

### 3.2.2 What type of care was or is it?

#### Key findings

- There were 714 responses to this part of the question, notably slightly more than the number that had responded yes to the previous question.

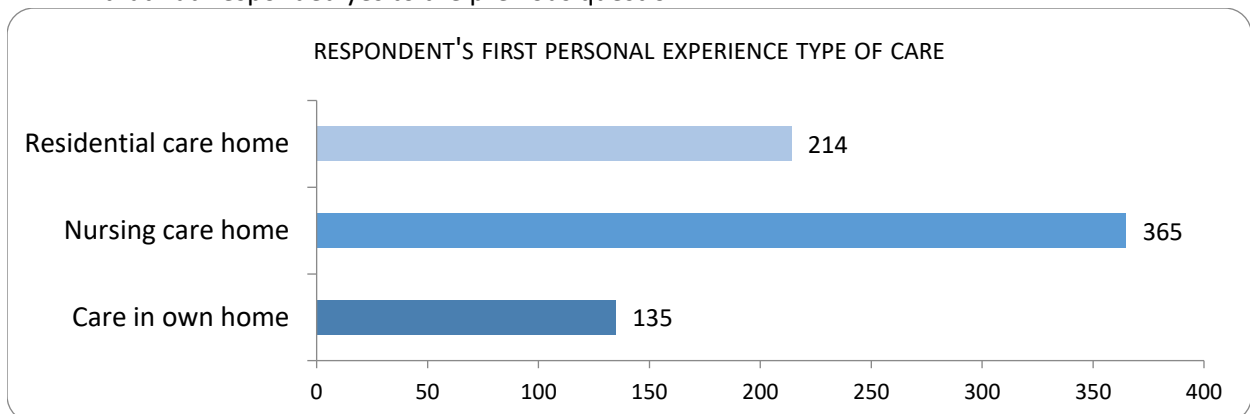


Figure 7

### 3.2.3 How was or is the care paid for?

#### Key findings

- 707 responses were received for this part of the question.
- Majority (58%) reported care was funded 100% by the person needing care or their family.
- Minority (12%) reported care was fully funded by the Government.

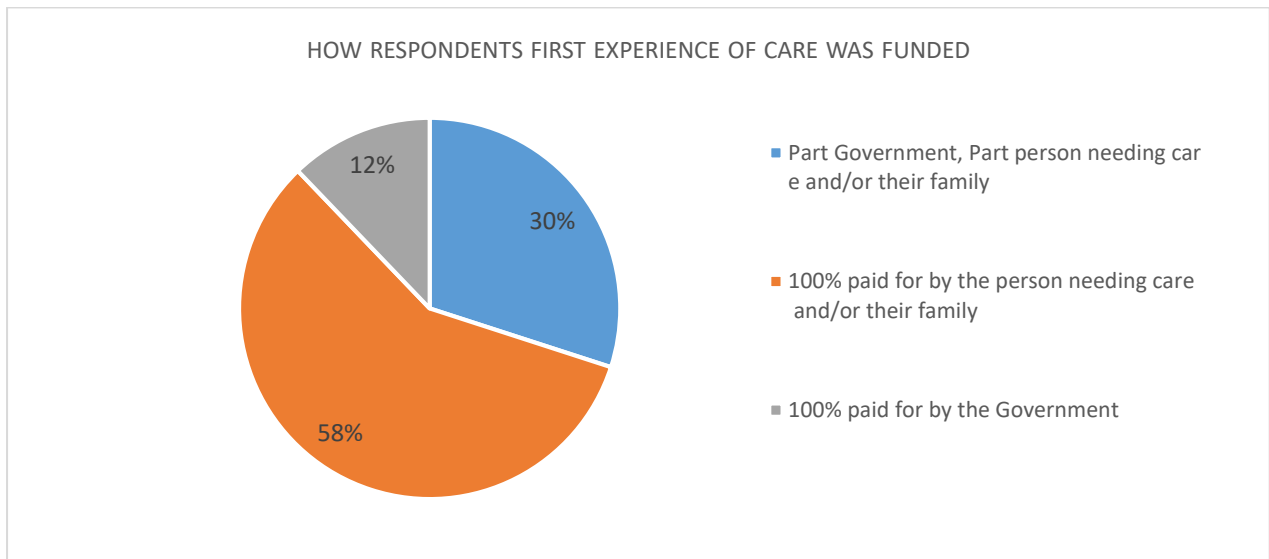


Figure 8: Excluding % 'Not Answered'

3.2.4 Do you think the way that the care received is/was paid for is/was a fair and reasonable balance between your family's financial contribution and that of the Government?

Key findings

- 703 responses were received for this question.
  - 43% of total survey respondents did not answer the question.
  - The question was only applicable to those with personal experience of care (58% of respondents).
  - Nearly 100% of those with care experience responded.
- 75% felt the contribution split between family and Government was unfair.
- 19% felt it was fair.
- 6% did not know.
- Previous question indicated only 12% received 100% Government funding for care.
  - Majority received no financial support from the Government.

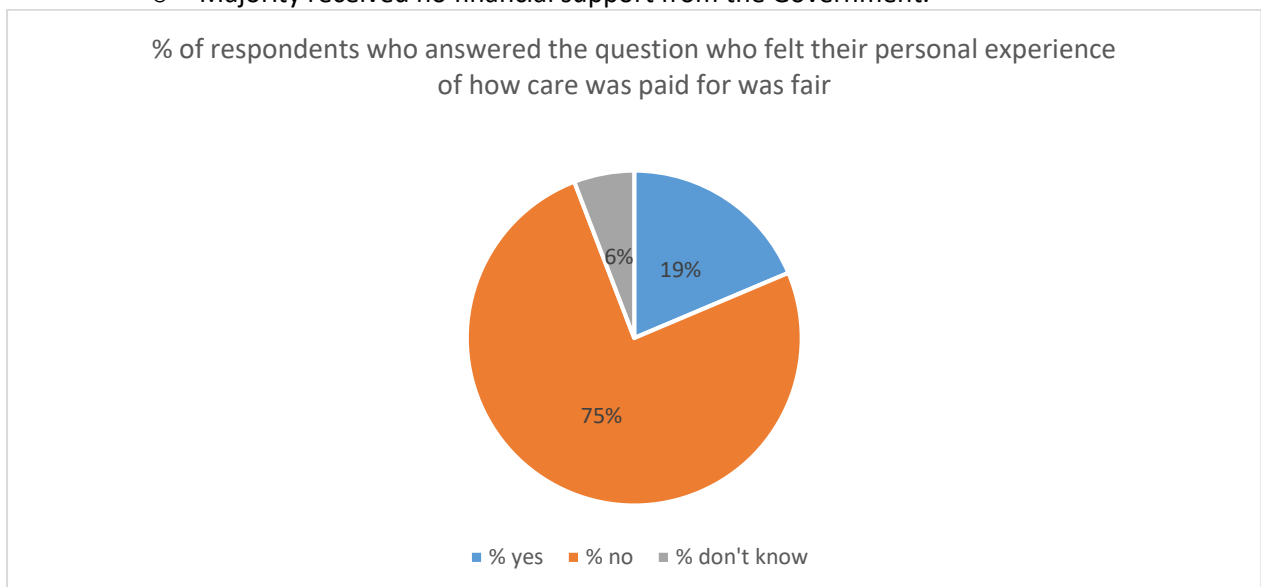


Figure 9: Excluding % 'Not Answered'



### 3.2.5 Do you have another experience with care at home, in a Residential Home or a Nursing Home that you would like to share with us?

#### Key findings

- There were 691 responses to this part of the question.

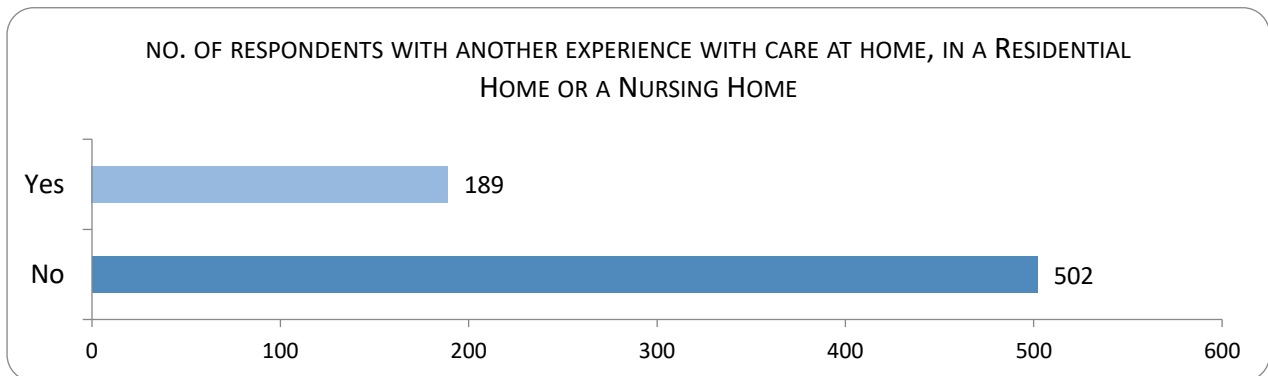


Figure 10

### 3.2.6 What type of care was or is it?

#### Key findings

- 189 responses were received for this part of the question.
- 65% of care experienced was in some kind of care home (nursing or residential).
- 35% of respondents had experience of care at home.
- This may reflect the current balance of care provision on the island, which is predominantly in care homes.

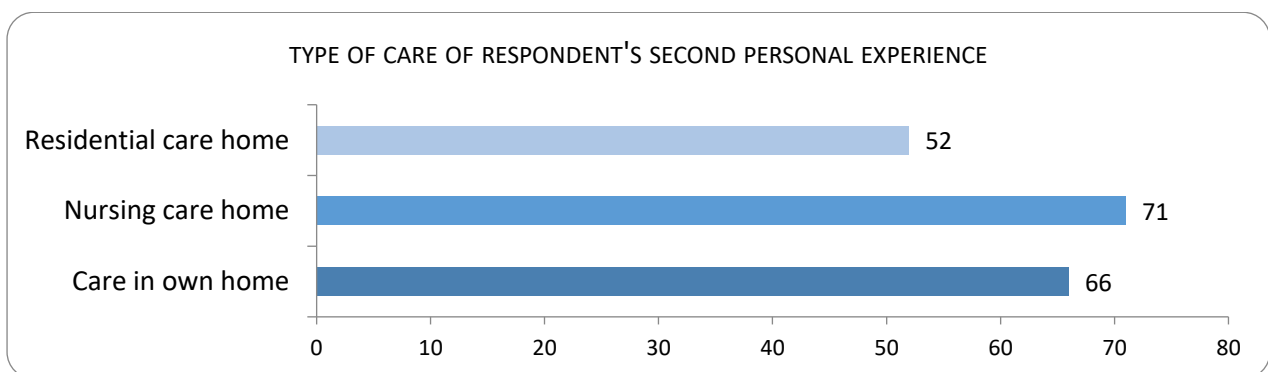


Figure 11



### 3.2.7 How was or is the care paid for?

#### Key findings

- There were 188 responses to this part of the question.

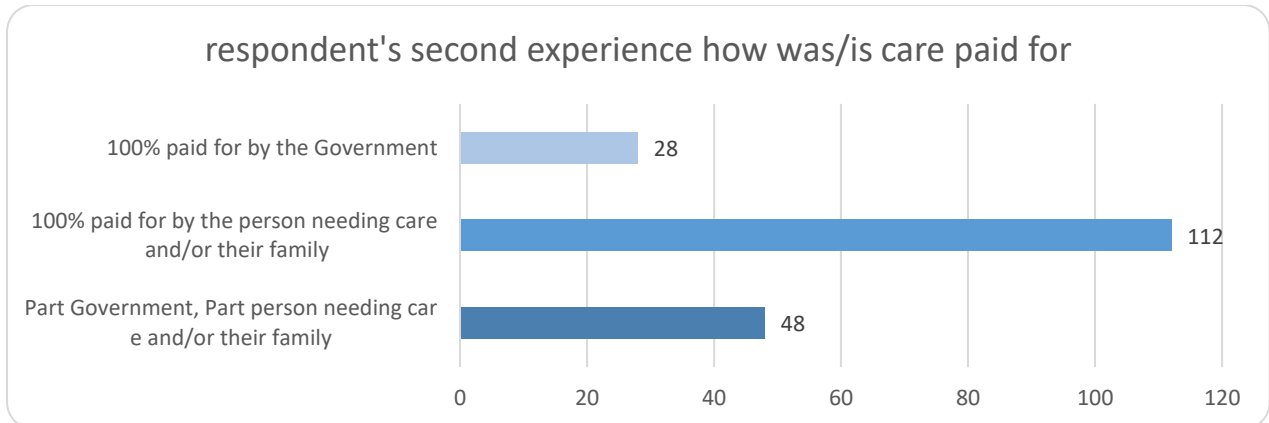


Figure 12

### 3.2.8 Do you think the way that the care received is/was paid for is/was a fair and reasonable balance between your family's financial contribution and that of the Government?

#### Key findings

- 188 responses were received for this part of the question.
- 78% felt the financial contribution from the Government was unfair.
- This sentiment is comparable to the response rates to the first question about care experience for themselves or their family.

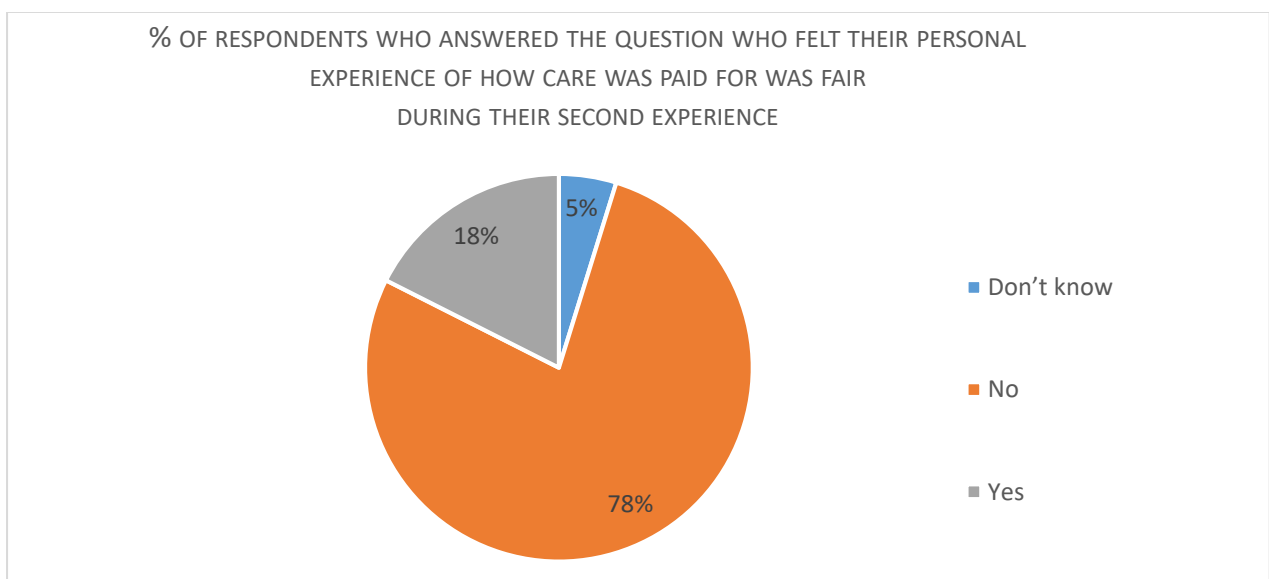


Figure 13: Excluding % 'Not Answered'





### 3.3 Free Personal care

#### 3.3.1 Do you think that Free Personal Care should be provided to all, regardless of the level of their income or assets?

##### Key findings

- 1182 responses were received for this part of the question.
- 75% of respondents agreed or strongly agreed that free personal care should be provided to all.
- 23% disagreed or strongly disagreed with this notion.

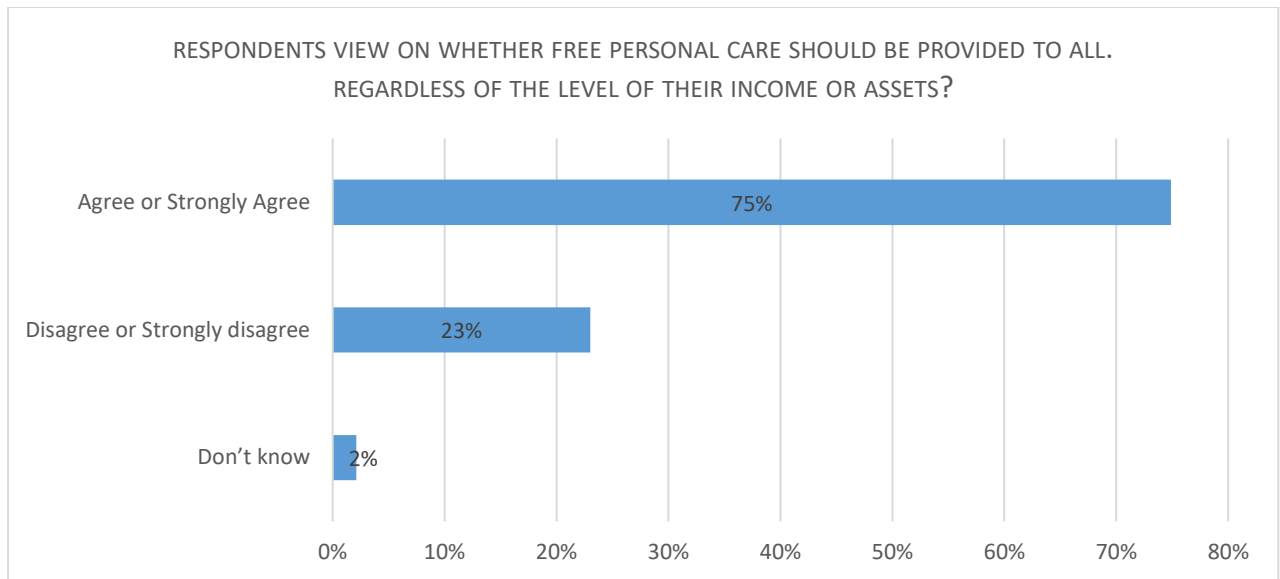


Figure 14: Excluding % 'Not Answered'

##### Additional Comments

Additionally, there were 395 free text comments to this question in addition to related comments elsewhere in the survey. These comments, such as those below, offer a rationale behind the respondents' answers to the above question.

Many reflect a desire for any new system to be fairer and to enable people to protect more of the assets they have saved throughout their lives. The comments also highlight the recurring theme that it is the 'squeezed middle' that are often most negatively impacted. They are not sufficiently below the assets and income line to qualify for support from the Government but do not have sufficient income and assets to be able to afford care without spending everything they have saved throughout their lives.

- *[Free personal care] will free up hospital beds by bed blockers. People whose families refuse to consent to them going into a care home because they don't want to pay. It's also fairer for people who have worked their entire lives.*
- *If you have worked all your life you have paid tax on everything you earn, plus NI etc so paid fully into the system..your care should then be free...[Y]ou then should not have to pay out of money saved or sell your*



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*house which is taking away your children inheritance and everything you have worked for. If never worked and [sic] never paid in you get looked after for free which is totally wrong.*

- *So many examples of people who live rented accommodation, living the high life – nice cars on their drives /multiple holidays/spending as they earn and therefore have nothing left for retirement as they know everything will be paid for in old age. Yet those who are frugal and save throughout their working lives risk losing [sic] their homes in old age.*
- *The current system is unfair and outdated and should be replaced as a priority for Government. The average worker pays into the system with Tax/NI contributions for over 50 years, with higher earners contributing to this pot significantly more than those on income support.*
- *Both my grand mothers [sic] were in the same Residential Home two doors away from each other. My maternal grandmother was forced to sell her modest home that she worked all her life to own... to pay for her care (had never been a burden on social housing etc). My paternal grandmother received her residential place free as she lived in a council house and was receiving benefits all her life. So unfair!*

Some people noted that those with High Net Worth should pay for their care, some suggested a sliding scale and that increasing taxes may discourage workers from moving to the island:

- *People with assets and high net worth should pay for their own care.... The systems are flawed, there are too many super rich not paying for things and not being taxed properly.*
- *While the idea is very appealing, the costs in an ageing demographic are not sustainable – we already have an enormous problem with the public sector overly generous pensions that can't be afforded and this would add another, open-ended, financial burden on our working population. We need to attract workers here not put them off with higher NI or taxes. And we need to ensure we don't end up attracting all the retired from the UK that can't afford care there so move here to get it free!*
- *If the person has the necessary, [sic] assets they should foot their own care bill.*
- *A sliding scale would seem appropriate rather than free for all.*

### 3.3.2 Do you think that financial support should also be provided towards other types of care and support services, such as housework, laundry, shopping, and activities outside of the home?

#### Key findings

- 1176 responses were received for this part of the question.
- 52% agreed or strongly agreed that additional financial support for other care/support activities should be available.
- 38% disagreed.
- 10% didn't know.



## What Will Care Cost You Consultation Findings – Public Report

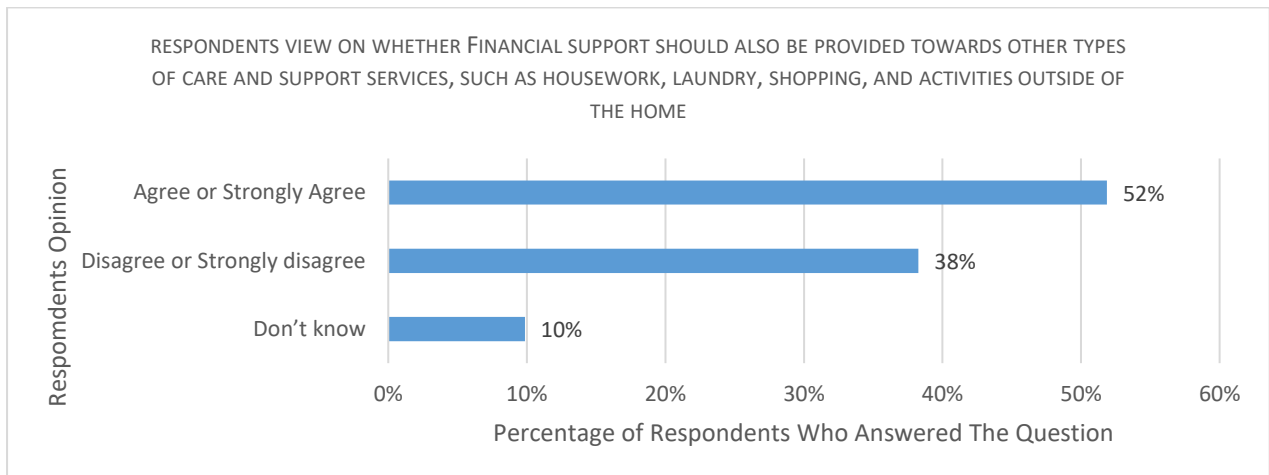


Figure 15: Excluding % 'Not Answered'

### Additional Comments

There were 331 responses to this part of the question in addition to related comments elsewhere in the survey. The difference in opinion of the previous question is reflected in the quotes below with housework, shopping and transport cited frequently as areas where the elderly need support.

- *If a person cannot dress themselves, then it is self-evident they need housework, laundry, shopping and being taken to activities. ...*
- *House work, shopping and laundry especially. Most elderly people cannot change their bedding for example, not their fault, it's part of aging. Our society is seeing little shops close, bank, post offices. Many elderly can no longer drive and getting provisions is impossible. You've got to be really fit and well to get to a bus stop to go into town and get back and carry shopping back, even harder with a walking aid.*
- *A person in a wheelchair with very poor mobility is unable to complete housework or cooking and this can lead to self neglect. The DLA/AA payments do not cover the costs.*

Others said:

- *Anything that is done in this area needs to be means tested.*
- *This try [sic] of care can be provided by family members around their own work commitments.*
- *Only if the person is on income support. These activities would always be expected to be paid by an individual.*

### 3.4 Mixed Model

#### 3.4.1 How acceptable or unacceptable is the mixed model as an option for changing the funding of long term care?

##### Key findings

- 1180 responses were received for this question.
- 54% of respondents found the Mixed Model acceptable or highly acceptable.



- 40% considered it unacceptable or highly unacceptable.

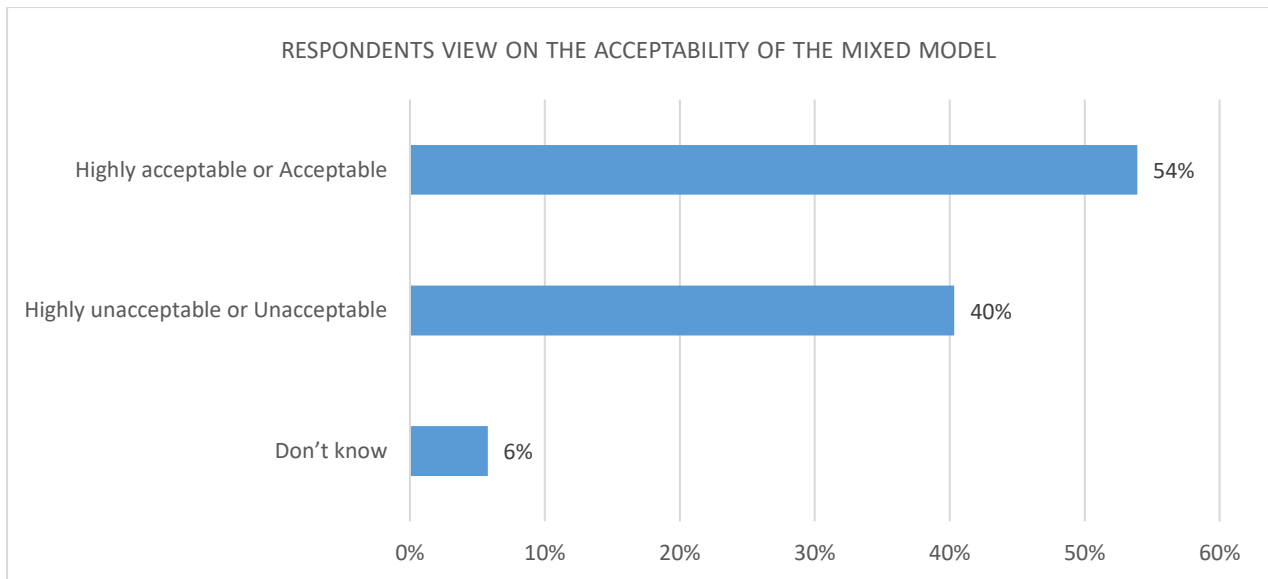


Figure 16: Excluding % 'Not Answered'

### Additional Comments

There were 333 responses to this part of the question in addition to related comments elsewhere in the survey. With a range of viewpoints explaining the rationale behind the response selected and giving additional opinions, such as a sliding scale for thresholds, about how the model could or should be implemented.

#### Viewpoints supporting Mixed Model

- *Difficult to argue, as the devil is in the detail. Full free care is unsustainable, and leads to distortions. Mixed Model is fine in principle, but must give consistent long term messages on both saving for own care and funding from Government later.*
- *I believe all help should be means tested. I understand that people believe they have “paid into the system their whole lives so are entitled to help” however they have to understand the cost of the help they are receiving will far outweigh what they paid in. [I] also fully understand the wish to pass down inheritance to the family, but I don't believe its [sic] fair that the tax payer should fully support people that clearly have the means to pay for the majority of the care they require.*
- *People should be treated equally, and if we cannot afford to give everyone an equal stance then a price cap is probably the next best thing. However, would this also be determined on health and age? How do you justify someone in the care system for 20 years who only pays for 3 years, against someone else who could die in less than the 3 years they claim care.*

#### Viewpoints with suggestions:

- *Acceptable with the caveat that perhaps there should be a sliding scale of assets rather than just a cut-off point so that you are banded such as A – no assets, B – Assets between £100,000 -£250,000, C - £251,000 - £500,000 etc. all associated with a sliding scale of benefits receivable. There should be banding at which there is still no benefits paid, for those who are extremely wealthy until their assets fall within one of the lower bandings.*



- *The Island already faces fiscal challenges and demographic challenges. So, this model is acceptable if the lifetime cap is set at a high enough amount and those with income and assets are excluded. But since the DHSC and Manx Care are already unable to balance their budgets and have to return to Tynwald for extra funding year after year, if this model is adopted, funds should be made available from other parts of Government (and impact the availability of other public services that are deemed less necessary/important). Again, to avoid adding to intergenerational fairness, any exploration of this model should not be funded by additional income tax or levies on younger working people.*

3.4.2 Do you think that someone with income and assets above a certain level (a threshold) should have to use this money to pay for at least some of their own care costs?

**Key findings**

- 1177 responses were received for this part of the question.
- 56% thought it was agreeable or highly agreeable for someone with assets and income above a certain threshold to use some of that money to pay for their own care costs.
- 40% disagreed or highly disagreed.
- These figures generally align with the percentages from the previous question about the acceptability of the mixed model overall.

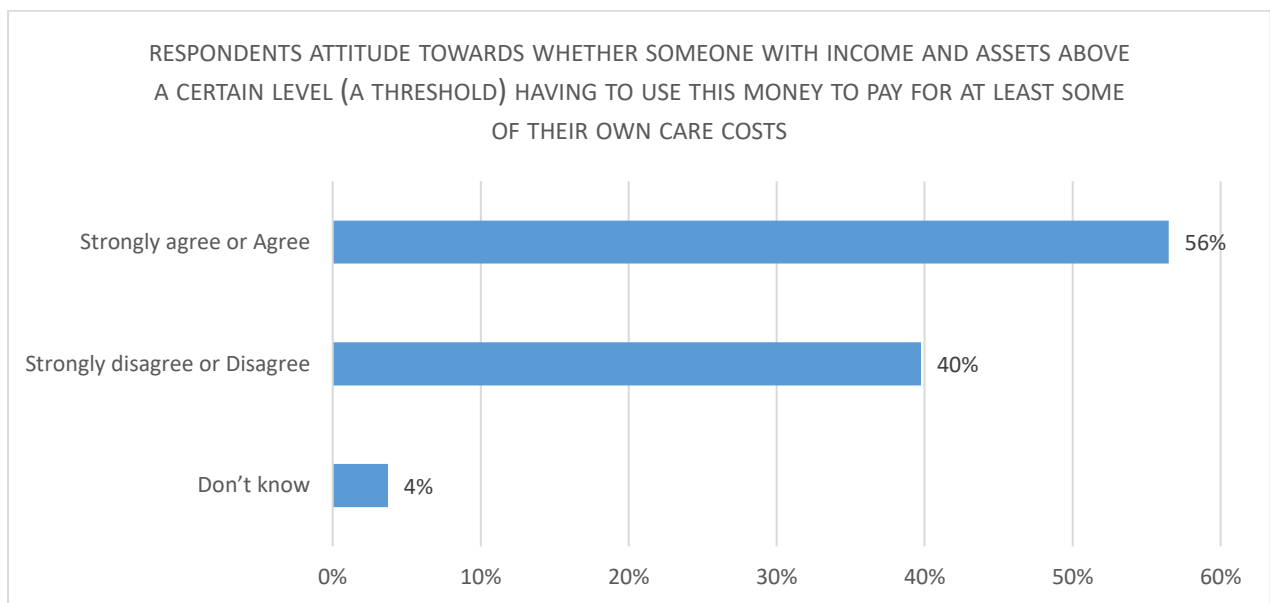


Figure 17: Excluding % 'Not Answered'

**Additional Comments**

There were 317 free text responses to this question in addition to related comments elsewhere in the survey. While the quantitative data shows consistent support for the Mixed Model and threshold, the comments highlight a strong desire for fairness and equity in funding care costs. Many respondents advocate for a system that protects individuals' primary residences and savings, while ensuring that those who can afford to contribute do so in a proportionate and reasonable manner.

- *I think assets should be protected to a point. So a home shouldn't be used as a payment method.*
- *For cash assets only and not requiring an individual to sell their property to fund care costs.*



- *I think liquid assets should be used, but their owned [sic] homes should be left alone*
- *Those with income and assets should contribute through the tax system*
- *It should be the same for everyone.*

3.4.3 How acceptable or unacceptable are the following options for the threshold above which people would be responsible for the full costs of their own long-term care for a period of time?

**Key findings**

- All three example threshold options (£100,000, £280,000, £350,000) were considered more ‘Unacceptable/Highly Unacceptable’ than ‘Acceptable/Highly Acceptable’.
- As the threshold increased, more respondents found the level Acceptable or Highly Acceptable.
  - This suggests a preference for higher thresholds to protect more income/assets.
- Many respondents considered the thresholds too low.
  - Average house prices and typical assets/savings of middle-income earners likely exceeds the highest threshold.
- Suggestions included higher thresholds, a sliding scale, or a tiered system to make thresholds more equitable.
  - Regular review of thresholds was also suggested.
- Indicates agreement with the principle of a threshold, but a higher threshold or sliding scale proportional to means may be worth exploring to guarantee protection for primary residences.

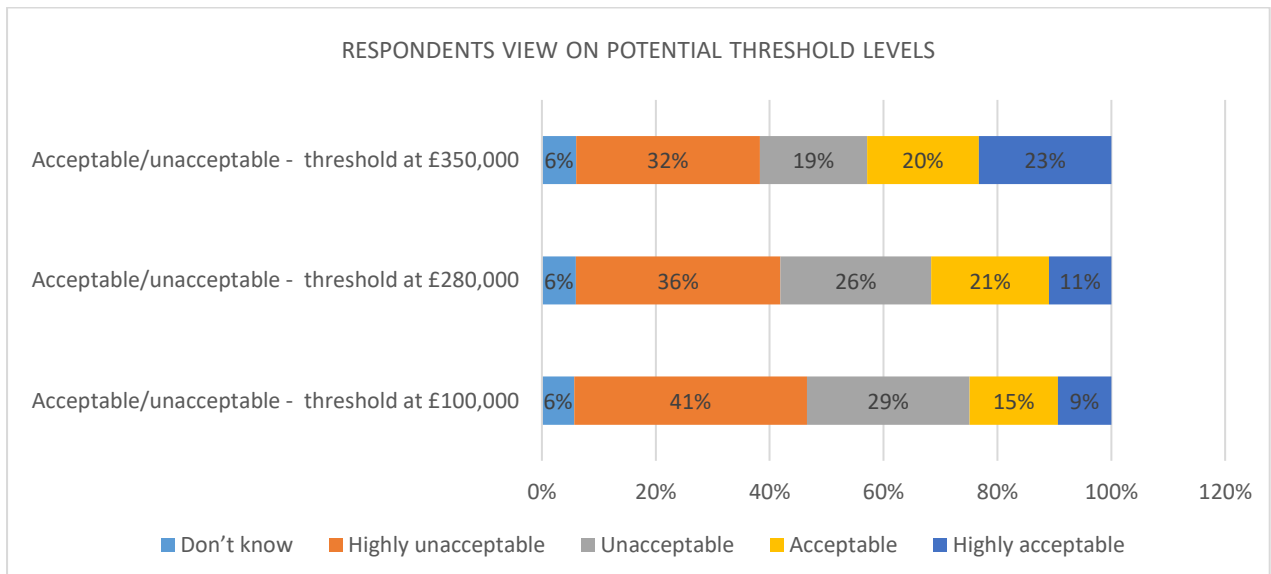


Figure 18: Excluding % 'Not Answered'



### Additional Comments

- *Acceptable with the caveat that perhaps there should be a sliding scale of assets rather than just a cut-off point...*
- *The thresholds ... [do] not reflect the value of the housing market on the Isle of Man. Even based on the £350K example anyone with a property over that amount would still need to sell their home...*
- *Given the average house price the thresholds aren't very high.*
- *The threshold should be higher - at least over £500k. It is normal for a household that has worked all their life, paid off a mortgage in a family home (probably around £350k -£400k on average) and holds some other assets. These are not people that are 'rich', this is average.*
- *I am happy to pay a percentage so long as this percentage is linked to the actual cash not the assets, for example your home.*
- *Income yes, assets no. You can own your own home and still have no money.*
- *The limit should be linked to a realistic level of income and savings and house values and increase each year!*
- *...thresholds should be subject to a regular adjustment and the mid threshold should be based on the average house price plus an additional allowance for savings.*

### 3.4.4 Do you think that there should be a limit to the amount that a person should pay towards their care costs at the point of use over their lifetime (a cap)?

#### Key findings

- Overwhelming majority support for a cap on care costs.
  - 83% either highly agreed or agreed.
  - 13% highly disagreed or disagreed.

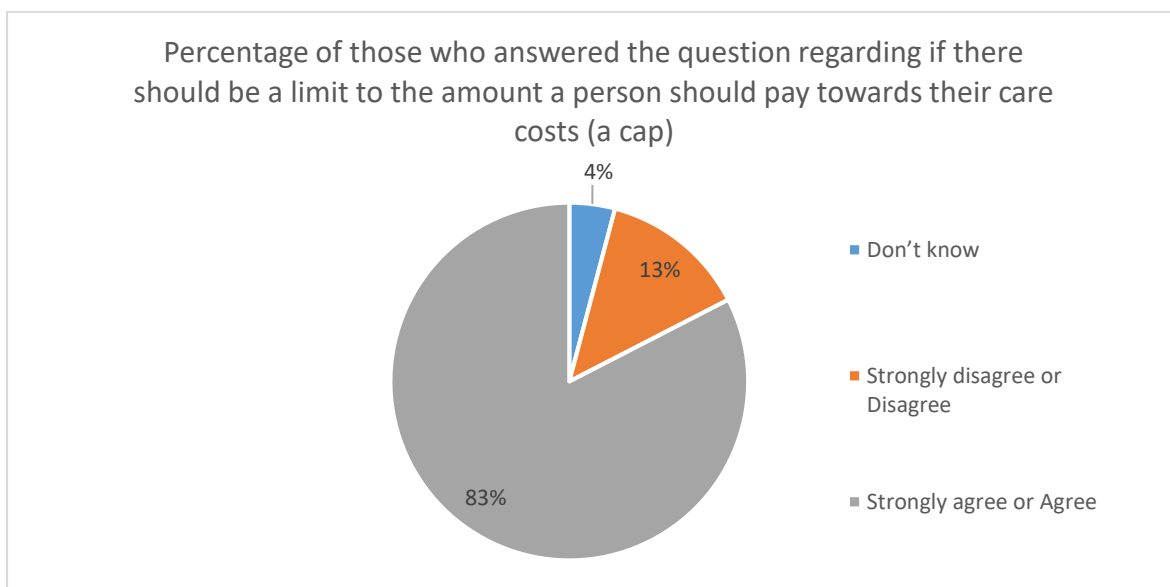


Figure 19: Excluding % 'Not Answered'



### Additional Comments

There were 242 free text responses to this question directly with more related comments noted throughout. In summary, many referenced introducing a percentage or tiered system related to income and assets rather than a set amount. Many commented on fairness, a desire for any system to avoid penalising people who have saved and paid into the system and again a strong desire to enable people to protect their home.

- *The cap should be a percentage of their cash savings/disposable income, not a fixed amount as £100,000 for one person may leave them with nothing whereas for another person this may be a very small percentage.*
- *Ideally a percentage so that the middle class isnt [sic] impoverished*
- *A cap is appropriate ...seems fair and equitable that those with more pay more but not to the point where they have to use everything first*
- *I think this is certainly something that should be part of the discussion but an all-round fairer funding method would be preferable.*
- *It should be a cap, that is fair and not force the sale of property to pay for care.*
- *If the lifetime cap is for everyone then the less affluent are penalised as they still stand to lose everything whereas the more affluent get to keep a decent sum*
- *The cap should be zero. If it's free for one person, it should be free for all.*
- *No cap is acceptable as everyone should be treated fairly. Either everyone pays or no one should.*
- *Combination of a small rise in employer NI with rise in general income tax. A rise in the income tax cap by £10000 for the very wealthy should be included. The cap is currently far too low.*
- *There should be a cap on how much an elderly person has to loose [sic] from their savings. My maternal grandmother in a Nursing Home was forced to sell her house and went through all available funds prior to her death.*

### 3.5 Means-tested financial support and eligibility criteria

3.5.1 Should people that move permanently into a care home and need means-tested support towards the cost of their bed and board in that care home have to use some of the value of their old home to pay for those costs, unless their partner or dependent still lives there?

#### Key findings

- Majority of respondents (64%) were against using some of the value of their home for care costs.
  - Twice as many as those who agreed or strongly agreed (32%).
- Highest percentage response was Strongly Disagree (40%).
  - Indicates strong feelings about protecting the value of their home.
- This sentiment was echoed in comments related to the question.





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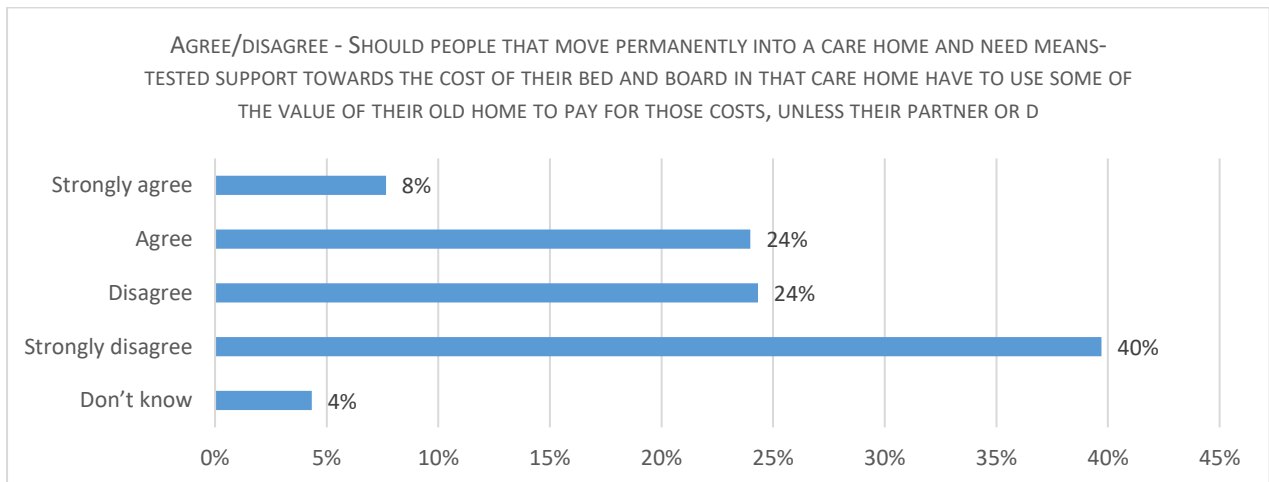


Figure 20: Excluding % 'Not Answered'

### Additional comments

Those who strongly disagreed said:

- *Why should they when they have worked so hard to buy their own home and save money? Why should single people be penalised when married people don't? Why should the hard working members of the population who have paid their NI contributions for years, paid their Tax and built a stable financial background have to see it destroyed by care costs*
- *This will mean selling their home to release capital in many instances, if they recover then where to live?*
- *It is disgraceful that you make people who have worked their entire lives not burdening the system and providing their own home for themselves, have to sell private homes to fund necessary care. This is disgusting treatment.*
- *Unless there are very significant reasons then absolutely not. The post war generation and those since were encouraged to buy their own homes and it was made inspirationally attractive to not be reliant on public sector housing. What was the point if in the end you lose everything you ever worked for?*

Others said:

- *Assuming there is no realistic prospect of the individual returning to their old home I think this is reasonable.*

One respondent highlighted the difference between paying for care versus room & board:

- *It isn't reasonable for people to benefit from owning a home and to have free bed and board elsewhere. If they were at home, they'd have to pay for their bed and board.*

### 3.5.2 How acceptable or unacceptable are these ways of getting the money from a property you own and used to live in as your home to pay for your costs?

#### Key findings

- Selling the property at the time that care is needed (as long as it is not still lived in by a partner or dependent)
- Having a government provided loan against some or all of the value of the property, to be paid back on the death of the owner



- Having a private loan against some or all of the value of the property, to be paid back on the death of the owner (equity release).

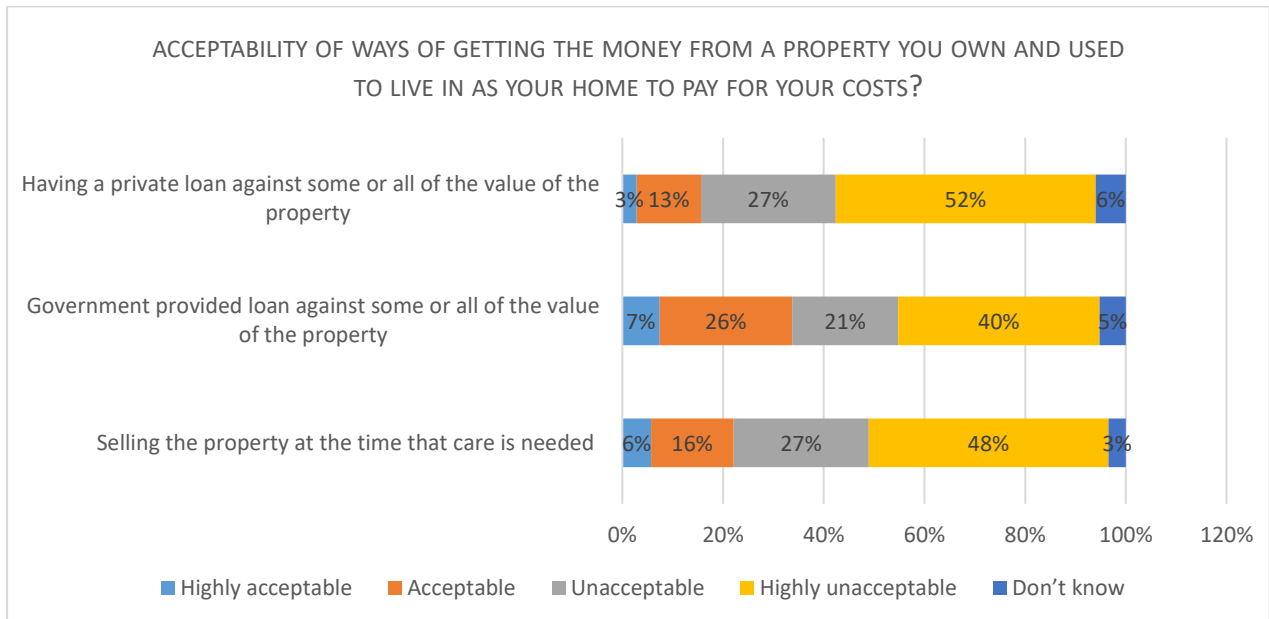


Figure 21: Excluding % 'Not Answered'

In line with the strong feelings expressed in response to the previous question (see 3.5.2), respondents overwhelmingly voted against any of the proposed suggestions for how the value of a property could be used. This again indicates that whilst the principle of those with income/assets above a certain level using some of their funds to pay for some of their care is agreeable (see 3.4.1), respondents' desire to protect their home is paramount.

### Additional Comments

- *Seems unfair to ask people who have worked hard to buy their own home, to then have to pay for care, when does [sic] who haven't, don't have to pay anything.*
- *From experience witnessed this is a major disincentive to asking for help. Also disincentive to have assets/save for retirement.*
- *The current situation is also a massive disincentive to work and own your own home. What's the point if the state takes it away from you...*
- *If the person lived here and paid tax and NI contributions then this person has well-earned all the services he/she requires.*
- *Government loan should have no interest if this is being considered. Private loans should not be considered – too many variables and it will potentially be driven by profits and not care which can lead to high interest rates. Loans may have the potential for questionable choices of care for someone when the relative knows there is a loan to be paid upon death.*

Alternative viewpoints raised include:

- *Equity release is a scam as people are never given the proper value. A Government loan against the property is a good idea as the house can then be rented and income generated to pay for the cost of care.*



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- *Compulsory sale of the property would only be appropriate if the individual was never going to be able to move back into it.*
- *If houses are excluded from means testing then it will incentivise pensioners to buy bigger houses (when the Island actually needs pensioners to downsize)*

### 3.5.3 Do you think the new system should only be for people who've been living on the Isle of Man and paid into it?

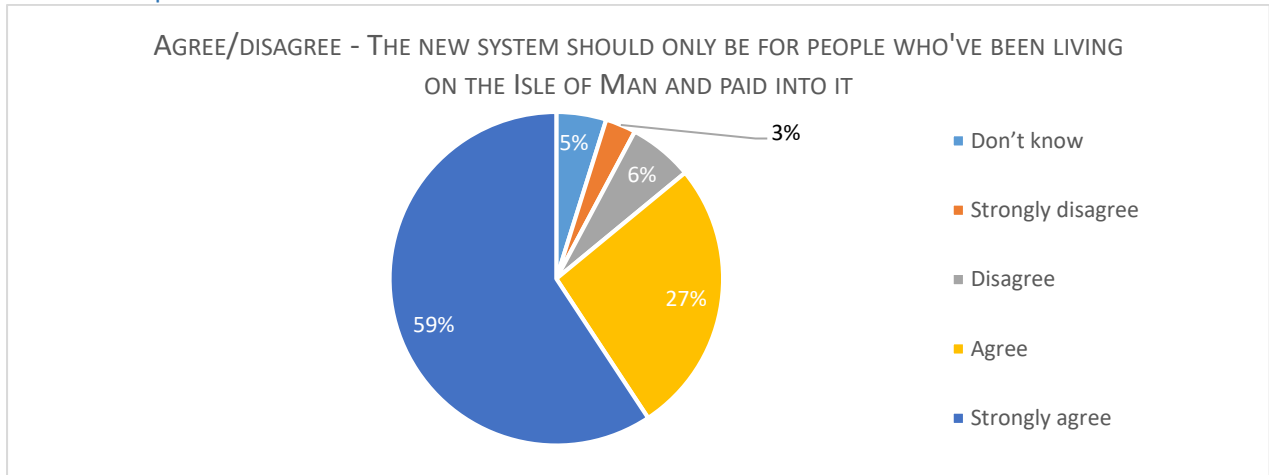


Figure 22: Excluding % 'Not Answered'

#### Key findings

- Substantial majority (86%) felt that only those living on the Island and having contributed should be eligible for any new system.
- Less than 10% disagreed.
- Across all periods of residency, a notable majority supported this notion.
  - Indicates that the idea of eligibility based on living on the Isle of Man and contributing is considered fair and accepted by the majority, regardless of residency duration.

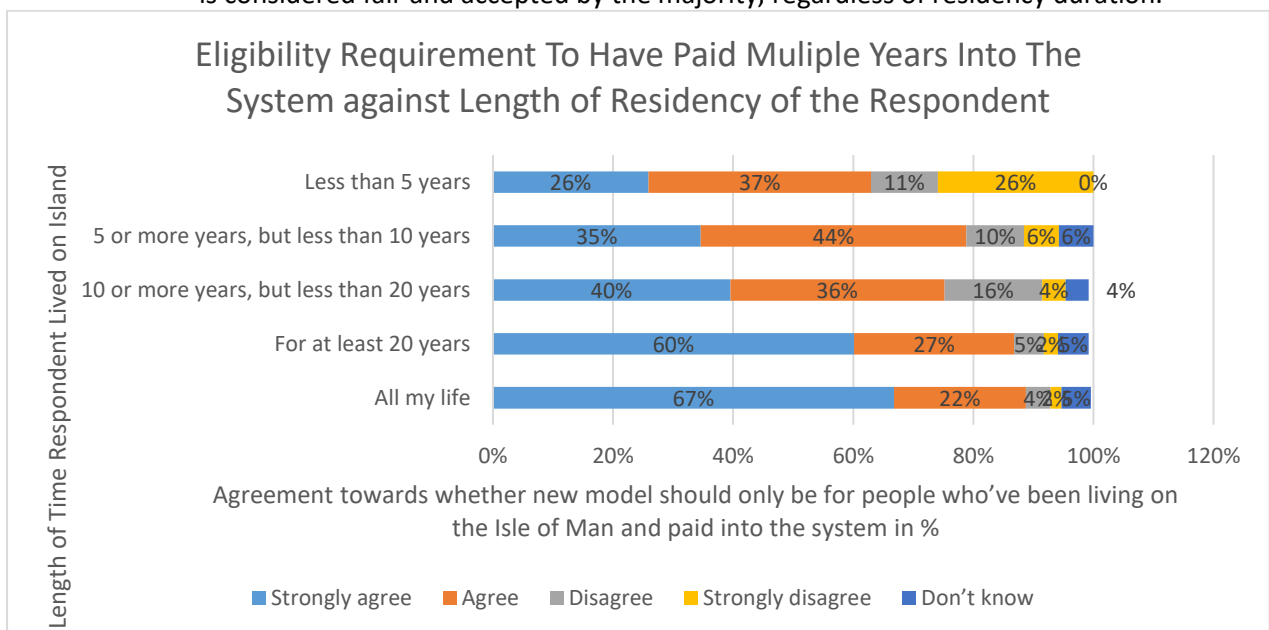


Figure 23: Note- responses of not answered have been removed for visual clarity.



### Additional comments

The majority of additional comments in relation to this question were from those that selected agree or strongly agree and centred heavily on the contribution aspect, period of residency and also notably care tourism, for instance:

- *There should be a minimum term of having lived and paid into the system here*
- *Any care provision should be based on having made active contributions to the IOM economy / living here pre retirement [sic]*
- *Of course make exceptions for HNWI who maybe can 'buy-in' at a premium? This would need to be a significant sum however / contribution to the economy.*

*There should be a minimum term of having lived and paid into the system here*

- *There should be a minimum residency threshold (years) to stop people coming to retire on the island (as they currently do) to then go on and benefit from any proposed new system.*
- *Need to avoid "care tourism". Speak as someone who would benefit from new system without having lived here long myself.*
- *We don't need people moving here if the system proves to be too generous.*
- *We are seeing a high rate of 'care tourists' particularly post-pandemic. Elderly parents coming to live with their adult children on the Island who then cannot cope. This is placing pressure on Manx Care, particularly the hospital. The Isle of Man needs to grow its economically active population. Care tourism must be discouraged through a system where only those who have paid in via taxation/NI are entitled to benefit from it. Otherwise the Island will be overrun by the inform [sic] and ageing.*

These views were not universal and examples of those that disagreed with this sentiment include:

- *There should be an arrangement with the UK, Ireland etc.*
- *Proper provision should be made for those who come from elsewhere. For example, parents of current residents may move here to enable their relatives to assist in their care and be able to visit easily. If they are coming from the UK, they are likely to have been paying into the system there and it doesn't seem right to penalise them. I understand that it might not be appropriate to have them as full members of whatever scheme is implemented but some provision should be made.*

## 3.6 Length of residency in the Isle of Man

### 3.6.1 How long do you think someone should have lived on the Island and paid contributions towards the system for?

#### Key findings

- Majority of respondents chose the longest duration ('at least 10 years') as their preference.
- Significant gap between this option and the smaller numbers for other options:
  - 5 years: 16%
  - 3 years: 3%
  - 1 year: 1%
- Suggests lower options were pitched too low.



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- Comments from the 15% who selected 'Other' reinforced this:
  - Numerical answers ranged from 10 to 75 years, with 20 years being the most popular.
- Future consultation might explore even longer durations.
- Dominant themes in opinion comments: contribution, fairness, residency, and care tourism.

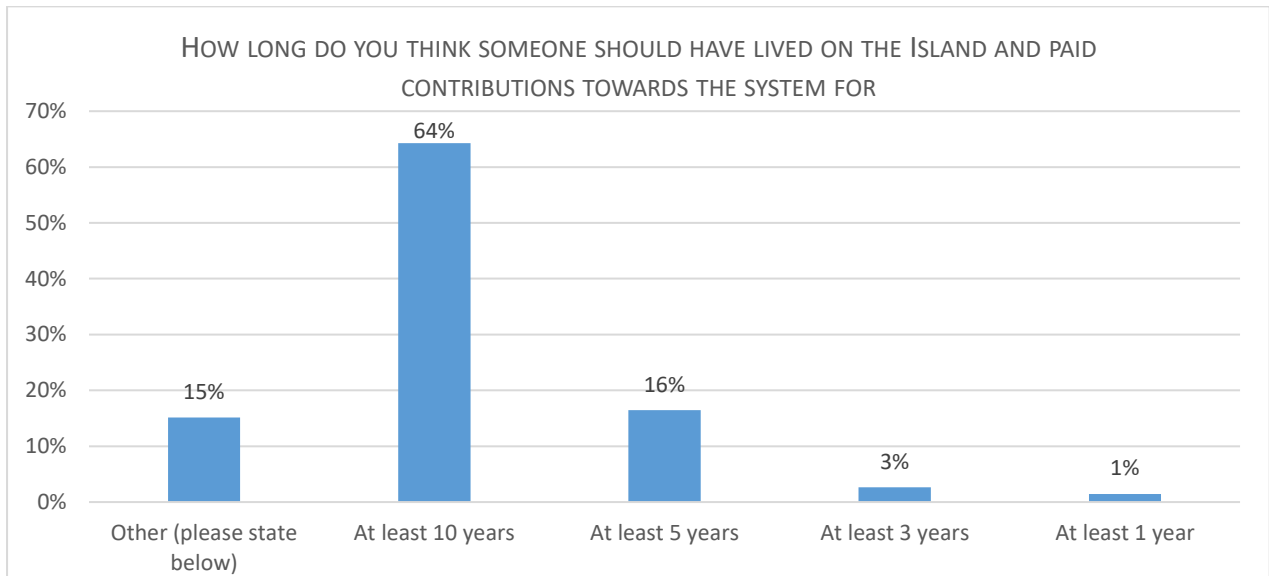


Figure 24: Excluding % 'Not Answered'

The following free text responses are examples of respondent opinion that people should live and contribute to the system for more than 10 years and also noting how to handle the situation when someone needs care but has paid into the system less qualifying years than required.

- *I agree that mixed care should be provided to all.... As long as they have paid Isle of Man national insurance for more than 15 years. As it will help to keep people healthy and in their own homes and away from hospital*
- *The "paying into" criteria (at least 10 years), can be a sliding scale. Full costs if you have paid in for, say, 20 years. Each year less results in a 5% cut in support, up to 10 years.*
- *Free personal care with at least 10 year residency to qualify. Or possibly 35 years qualifying NI on island. And like pensions if less qualifying years a percentage payable towards care for the amount of years unpaid with a maximum cap as in the mixed care costing.*

### 3.7 Raising the money to meet the increasing cost of long-term care

A new, fairer payment model to pay for Nursing, Residential and Home Care for more people that enables more people to receive support for care at home will be expensive. Money to pay for a new model will need to be raised. Treasury will consider the output of this work and will decide how and if they will take any action to raise this money. If they do, it is likely that this additional cost will fall to wider society, for example, the taxpayer.

Whilst raising money or deciding how and if to raise money to pay for a new (or the current) model is not part of the Nursing, Residential and Home Care Project, a question was included to gauge Public



opinion regarding how and if additional money could or should be raised, if required. The outputs of this question, as well as the wider, full consultation results, will be shared with Treasury colleagues.

### 3.7.1 How do you think Government should raise extra income to fund the increased costs?<sup>6</sup>

#### Key findings

- There were 865 responses (70% of respondents) to this question.
- This was a free text only question with no suggested options to select from. All ideas were initiated by respondents.

Key, recurring themes and ideas suggested in this section included using Tax and / or National insurance increases, investing more in prevention and Community level support for care at home, new revenue streams such as taxing unhealthy products or a social care levy and improving Government efficiency. In addition, a number of respondents expressed concerns that any additional money raised could be wasted or could end up being redirected elsewhere and suggested if additional money should be raised, that it should be ring-fenced and protected to ensure it is only spent on paying for long term care. Examples of responses have been grouped in themes below.

#### 3.7.1.1 Raise money through tax and/or NI increases

The largest majority (over 40%) made a specific reference to funding the increased costs through a form of taxation or National Insurance.

- *Taxes should increase for all island residents to reflect the increased need for funds*
- *We should all be paying tax or NI towards costs all our working lives. Therefore not having to find money, sell assets for this.*
- *This should be taken care of at taxation/national insurance stage*
- *General taxation. Probably indirect, VAT, but maybe income tax.*
- *national insurance or similar where it is clear what the funds raised are used for*
- *Increasing income tax and national insurance would be the fairest method*
- *The government must raise NI and also income tax. There would be little opposition from the majority. It would be bold and brave.*
- *[A]s a matter of principle it seems wrong that we have healthcare free at the point of delivery but not care when we are old. In my opinion it should be cradle to grave and I fully appreciate that we will probably all have to pay higher NI to fund all health and care costs. And I'm fine with this.*

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<sup>6</sup> It is the responsibility of the Treasury to consider and determine how this money will be raised.



### 3.7.1.2 Consider New Revenue Streams including increasing tax on products that are harmful to health, charges for missed appointments and prescriptions and a dedicated care tax or levy

A variety of alternative suggestions were put forward by the public, such as the creation of a social care tax, changes to the benefits system, introducing higher taxes on products that are harmful to health and reviewing and capping the cost of care homes.

- *Increase taxes on items that are harmful to health and may cause additional care costs in the future, e.g. vapes, cigarettes, alcohol, fast food and sugar.*
- *a levy on things known to cause ill health such as cigarettes, alcohol, fatty and sugary foods, etc.*
- *significant increased tax on alcohol, cigarettes and larger cars, 4x4s and vans*
- *Charging for missed GP Appointments*
- *Missed doctors appointments and more than 2 or 3 doctors appointments in 2 month [sic]*
- *Charge for missed Doctor or Hospital appointments, without valid reason, or charge for appointments up front and refund after attendance.*
- *A fixed charge for missed appointments at the doctors and hospital should be implemented.*  
*And weight related issues should come with financial penalties.*
- *I think that missed doctors appointments should be paid for.*  
*Also emergency services for self inflicted [sic] treatment eg drink and drugs should be paid for.*
- *Charge everyone £2 for prescriptions, except for life saving medication. This could avoid wastage from repeat prescriptions being delivered to those who do not pay and would mean the majority of the population are paying rather than the small minority that currently do.*
- *charge people for prescriptions if they are above a certain income*
- *introduce a social care tax for the employed, if the care is free at the time of use people wouldn't object to paying into the system*
- *A Social Care Levy/Fee/Tax payable at variable rates depeding [sic] upon income for the lifetime of employment.*
- *A separate care levy to be paid for by all individuals.*
- *Special levy*
- *Make changes to the benefit system there are far too many benefits encouraging people not to work...*
- *There needs to be a full review of the benefits system...We need to ensure that benefits are set at a level which will encourage people to work, this will reduce the demand on benefits and increase the NI and tax payments...There may be a need to increase taxes to enable the funding of the care packages for those who need it.*
- *The costs of care homes including private homes, need to be reviewed and if necessary there needs to be a cap set on the amount they charge.*



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- *...tax raises will only impact economically active citizens. These are not the people with discretionary money available. These are the people trying to save up for a deposit on a home... The dependency on the next generation of the working population is going to be huge. This generation will be paying ridiculous pensions, health care, care home bills. The government needs to increase RATES on homes!! This should be done as a percentage of the value of the home too!!!! ... Otherwise, you risk losing the working population to England and further afield. They want to see more investment in infrastructure and better facilities and entertainment. NOT CARE HOMES.*
- *I appreciate the Government needs to find more money. However, to do a survey which is clearly going to have skewed responses given the current age demographic on the Isle of Man is unfair. The ageing population are the ones who have money but don't need to spend it because they are mortgage-free and benefit from senior citizen status.*

### 3.7.1.3 Increase Tax for Businesses and High Net Worth Individuals but not for Middle Income

Smaller numbers also suggested alternative tax raising methods such as taxing businesses and high net worth individuals.

- *...I also believe businesses should also contribute...The ability to donate voluntarily by individuals and businesses should also be provided as well as a provision to provide a donation in a Will.*
- *Increase tax on businesses or increase income tax on high earners (by a small percent which still makes the IoM more attractive than the UK).*
- *Increase taxes on gambling and gaming companies, enough to still make it attractive to come here*
- *Tax companies adequately...tax high earners adequately, raise NI slightly but not out of reach for the normal level earner;*
- *No Income tax deductions or increase in ENI as this disproportionately affects the middle class whilst the benefits system contributes more for those under threshold and those who can will structure earnings in order to avoid the increase (much like ENI) if this is considered it should be a joint ENI and NI contribution*
- *Increase the tax rate for high worth resident's [sic].*
- *Perhaps a levy on high income individuals*
- *Tax individuals or companies that own second homes. There are a lot of resident's [sic] that are second home owners that rent their properties and don't declare it.*
- *...increasing the threshold above which the very wealthy do not pay any additional tax increasing the top rate of tax*

### 3.7.1.4 Ring-fence any funds raised to pay for care

A recurring theme was for monies raised to be ring fenced and allocated only for care costs.

- *[F]or optimum control it probably should be separately ring fenced and collected as a new specific deduction collected alongside income tax.*
- *My view is that this cost needs to be collected separately, deducted from pay, rather than adding it to the NI contribution so it is placed in a separate fund*





- *an additional levy on National Insurance contributions to a ring fenced fund*
- *An increase of NI but the money being ring-fenced for care provision.*
- *Separate ring fenced levy on everyone.*
- *Through a national insurance levy - must be ring-fenced !!*
- *2/3% levy ring fenced*
- *A specific extra charge on tax / NI that is wholly ringfenced to be used for this scheme.*
- *[M]aybe give people the choice to pay a second type of ITIP that will mean they get a credit against their name when they come to require care. [A]nd if for any reason it is not needed a payment back is made or a credit against any personal pension tax that is paid upon death. [L]ike with the national pension, if you have paid into the second ITIP type for 20 years you get a higher level of credit towards your care.*
- *Why aren't we looking into a system similar to the one in Germany? I would happily pay a slight increase in NI to be ringfenced for my care when I'm older. If something happens and I no longer need that care then the additional money then becomes part of the government pot to be able to provide care for people in income support and other benefits who might not have been working and therefore, not paid into their own care plan.*

### 3.7.1.5 Government Efficiency & Accountability

Approximately half of those that answered yes to the question 'Would you be prepared to pay more to Government to help provide the model you prefer?' mentioned that government savings and efficiencies should be explored as a method of raising funds. Some raised concerns regarding the Government's ability to effectively manage spending.

- *The Government should have more independent audits to ensure money is not wasted needlessly*
- *It should carefully review its expenditure. I think there should be no change in the system until the government's finances are in a more stable position.*
- *I think manx care nhs needs a more private business organisation style. Or the funding needs to be realistic.*
- *I understand that Government will need to raise the income for such costs and appreciate that tax, NI, goods and services will need to increase. At the same time I feel that Government need to be more considerate and careful in how it spends money on things like new projects, infrastructure and to be more financially and commercially robust when embarking and managing large projects.*
- *Stop paying high salaries to MHKs and high paid civil servants. Trim down the chefs to employ more Indians. Increase national insurance payments but not to go into the Manx care pocket.*
- *Spending less on ridiculous projects - Ferry Terminal, Ferry, Promenade etc.*
- *More effective research and due diligence prior to committing to high cost projects and ensuring financial penalties are in place to protect from huge overspend, of which there have been many!*



### 3.7.2 Would you be prepared to pay more to Government to help provide the model you prefer?

#### Key findings

- Majority of respondents (66%) voted in favour of paying more to the Government to support Nursing, Residential, and Home Care.
- 21% answered 'No'.
- 14% responded 'Don't know'.

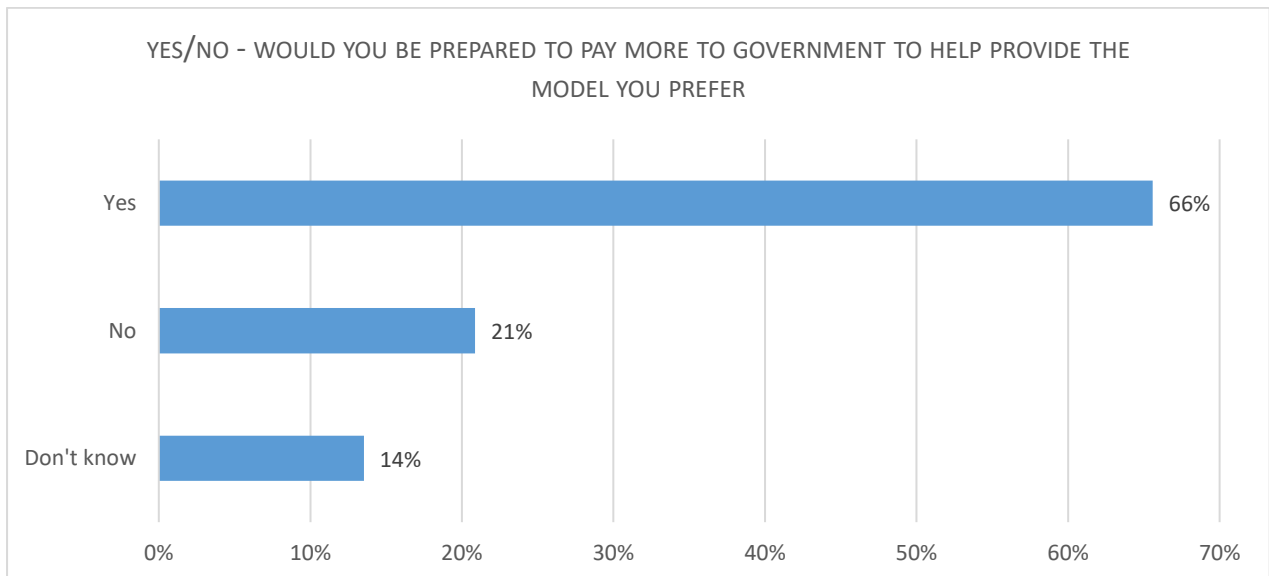


Figure 25: Excluding % 'Not Answered'

In addition to this question there was a free text comment box that received 339 responses. Many of these responses echoed the thoughts given to the previous question (see 3.7.1) and were largely concerned with the principles of fairness of application and the affordability of any increased costs to the Public.

For those that voted 'no', the majority of the comments gave rationales concerned with Government inefficiencies and a sense that they had or were currently contributing a sufficient share.

The reasoning given by those that selected 'don't know' reference concerns over Government inefficiencies as well as a desire to know more detail about what any costs would be.

#### Additional Comments

- *The current low tax regime is not necessarily sustainable to support an ageing population and a Home First approach. There will need to be difficult, but realistic and future-focussed decisions made by Government*
- *I'd rather pay as I go for the state to invest, than have the State appear on my doorstep aged 73 and thrust a lengthy form at me, whilst surveying what assets I hold and it wants to acquire.*
- *As long as a truly progressive and equitable tax regime is in place.*
- *However this has to be an affordable and paid by everyone.*



## What Will Care Cost You Consultation Findings – Public Report

- *Yes, everyone should contribute, but this administration seems particularly good at spending our money in a profligate manner and so government must play it's part.*
- *The young should not have to pay for us old people we have had a good life we must pay for our own care*
- *My household income is already very low - below £35k for 2 adults and 2 children - and we have nothing spare.*
- *Already pay far to [sic] much to government to squander on pointless projects.*

What the responses to both this and the previous question indicate is that while a clear majority of respondents are willing to pay more, this willingness is heavily caveated. Respondents are eager to ensure that any funding is safeguarded, acquired and applied fairly and that the Government fully explores the options available to them to raise these funds from existing funds, maximising its value for money and reducing inefficiencies.

### 3.7.2.1 Willingness to Pay by Demographic Profile

#### Key findings

- Results examined in relation to household income, tenure, and age bracket.
- No shift in preference according to income or tenure.
  - Respondents equally supportive of paying more regardless of tenure or income bracket.
- Majority of all age groups, except 16-19 year olds, supported paying more.
  - Low count of respondents in the 16-19 and under 30 age groups, not representative.
- Future engagement may need to explore this point further with younger age groups.

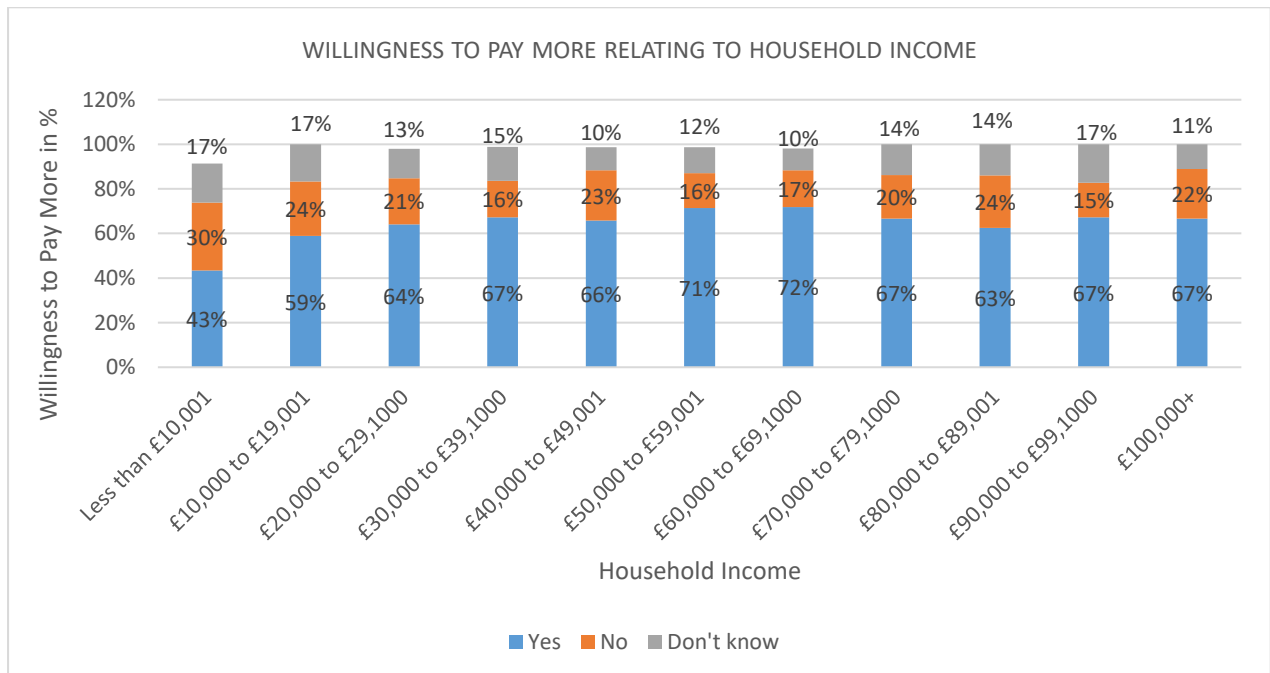


Figure 26: Excluding % 'Not Answered' & 'Don't know'



## What Will Care Cost You Consultation Findings – Public Report

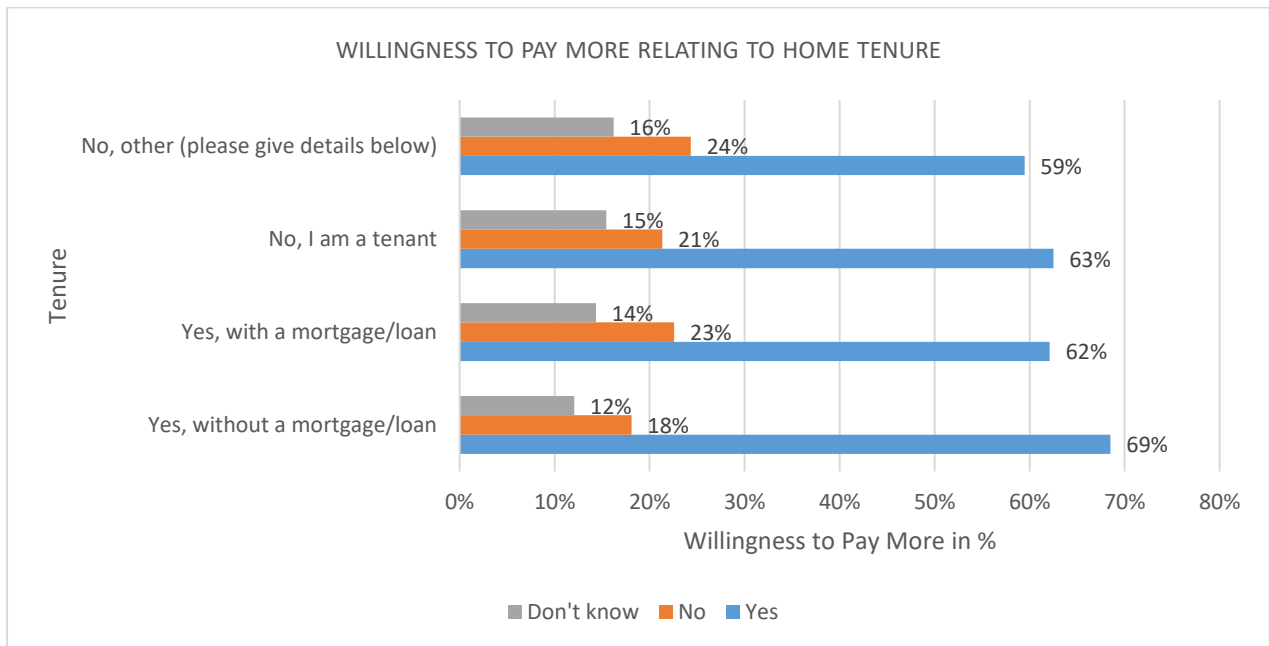


Figure 27: Excluding % 'Not Answered' & 'Don't know'

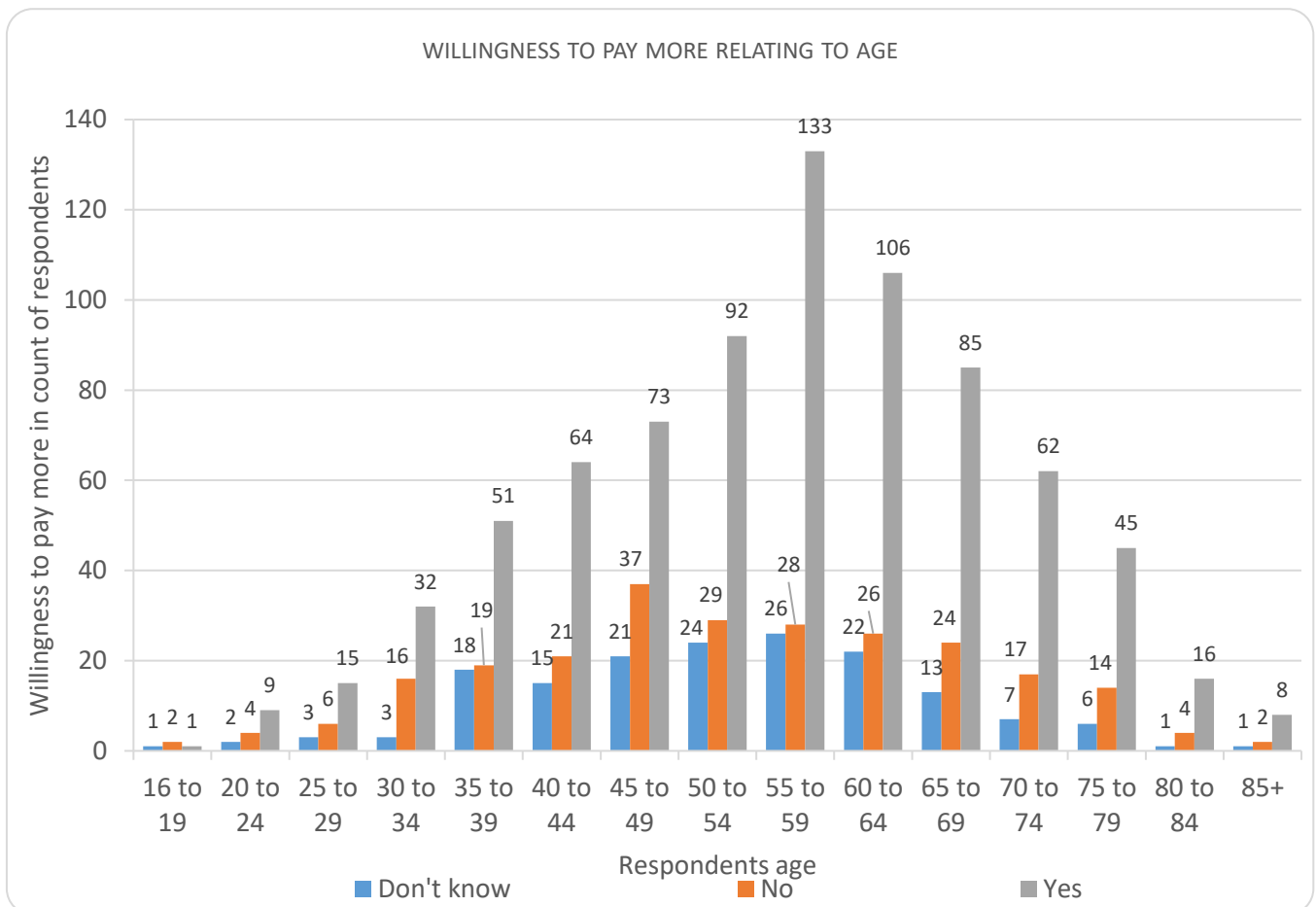


Figure 28: Excluding % 'Not Answered'



### 3.8 Who should the new model apply to?

#### 3.8.1 What are your thoughts about expanding these models to cover paying for care for anyone that has a need for assistance with personal care?

##### Key findings

- There were 708 (58% of respondents) free text comments to this question.
- The overwhelming majority were positive towards expanding these models.
- Many expressed surprise that free personal care was not already available for those with physical disabilities, learning disabilities, and mental health needs.

##### Additional Comments

- *If people need some form of care and have contributed to system then they should be entitled to help . Government has this thing that families should do a lot of things to help loved ones but forget these families are indeed families and only have 24 hours in a day same as anyone else. Plus a lot of sons/daughters don't want to do personnel [sic] care on their parents. Wives [sic]/husbands don't want to loose [sic] their identity and become carer.*
- *I don't think someone should begin there [sic] life with disability and know they would always pay more than there able bodied pier's [sic], it seems as though you are compounding the difficulty of someone who needs additional support from becoming economically active. I also feel it would negatively discriminate against people who need additional care, likely leaving them unmotivated to become more independent and economically active, making it easier for them to stay on benefits and rely on the state.*

However, a large proportion of those indicating that they were in favour of expansion also heavily caveated this support with concerns over rising costs and suggesting that eligibility should be assessed on a case-by-case basis to limit any potentially unessential claims.

- *I am happy to contribute to a system that provides for those most in need. Just need appropriate measures to stop abuse of the system.*
- *Again a necessity for some form of payment towards personal care costs for those who are unable to perform these tasks which may allow a better quality of life and allow people to remain in their homes. Reviewed regularly to ensure the care is both sufficient and continues to be necessary.*
- *As long as the assessments are on actual need rather than presumed need*
- *If robustly assessed and care is needed then it should be available to all requiring care*
- *Robust and strict criteria and assessments need to be undertaken. Otherwise there is a risk of ending up not fit for purpose with people exploiting as the current benefits system.*

Respondents also expressed a lot of concerns about the eligibility criteria of any expansion, in particular, that it access should be limited to a minimum residency period and/or contribution to the funding system.

- *Those that come to the island over a certain age must have insurance to cover these costs*
- *I'm not agreeable for this to be used for anyone who needs it. It should primarily be for the people who have contributed to it.*



## What Will Care Cost You Consultation Findings – Public Report

- *Elderly people requiring care must have made contributions to the system for at least 20 years. Care for other groups should be available for any natural born citizen or has made any contribution*

It was noted, that many of the respondents, whether for or against expanding coverage to other age groups, reflected that a new model should first be rolled out for the over 65s with its impact and affordability considered before any further expansion.

- *Try the chosen model with older people first, and if it works well, expand it for other people requiring care.*
- *This could be very expensive with only a small number of individuals benefitting. Also, I feel there is a responsibility on families to support to an extent. So perhaps this could be introduced in the future, but I would want to get the elderly care in place first to see how the model works.*
- *Maybe in time, once the changes to the current care model have bedded in.*



### 3.9 Choosing a model

#### 3.9.1 After considering all of the questions, which of the models would you choose for funding care in the future?

##### Key findings

- Free Personal Care model was preferred over the Mixed Model by a small margin (3%).
  - 48% preferred Free Personal Care.
  - 45% preferred the Mixed Model.
- Only 5% voted to continue with the existing system.
- Preference for the Free Personal Care Model is marginal.

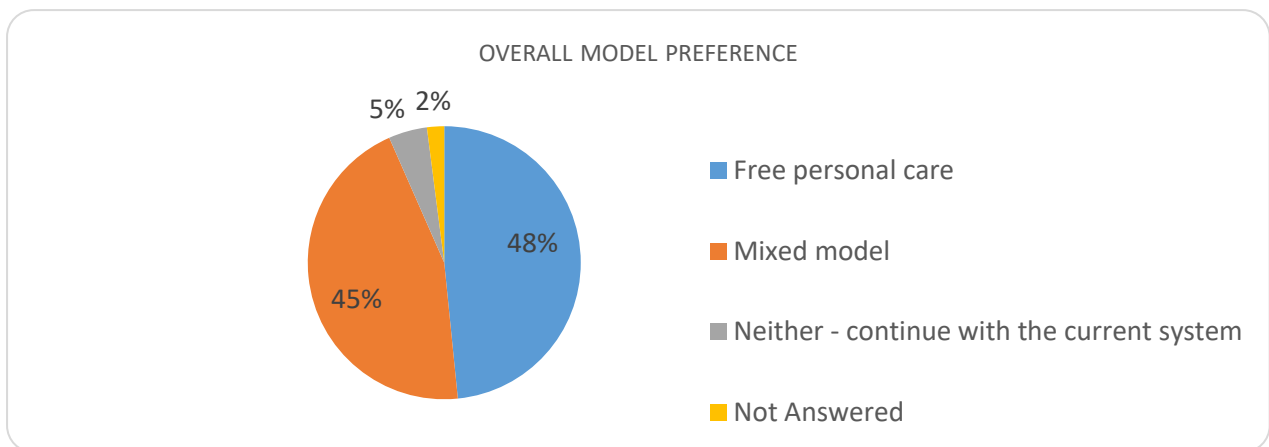


Figure 29

Model Preference was also examined across: age, household income, employment status and tenure.

##### 3.9.1.1 Model Preference by Age

##### Key findings

- Prevailing preference up to the 60-69 age bracket was for the Free Personal Care model.
- The 60-69 age bracket was equally divided between the two models.
- Preference switched to the Mixed Model in the 70-79 age group:
  - 56% supported the Mixed Model.
  - 38% supported Free Personal Care.
- In the 80+ age group:
  - 53% supported the Mixed Model.
  - 38% supported Free Personal Care.
- When considering the count of respondents' preferences, the difference is marginal across all age categories.



## What Will Care Cost You Consultation Findings – Public Report

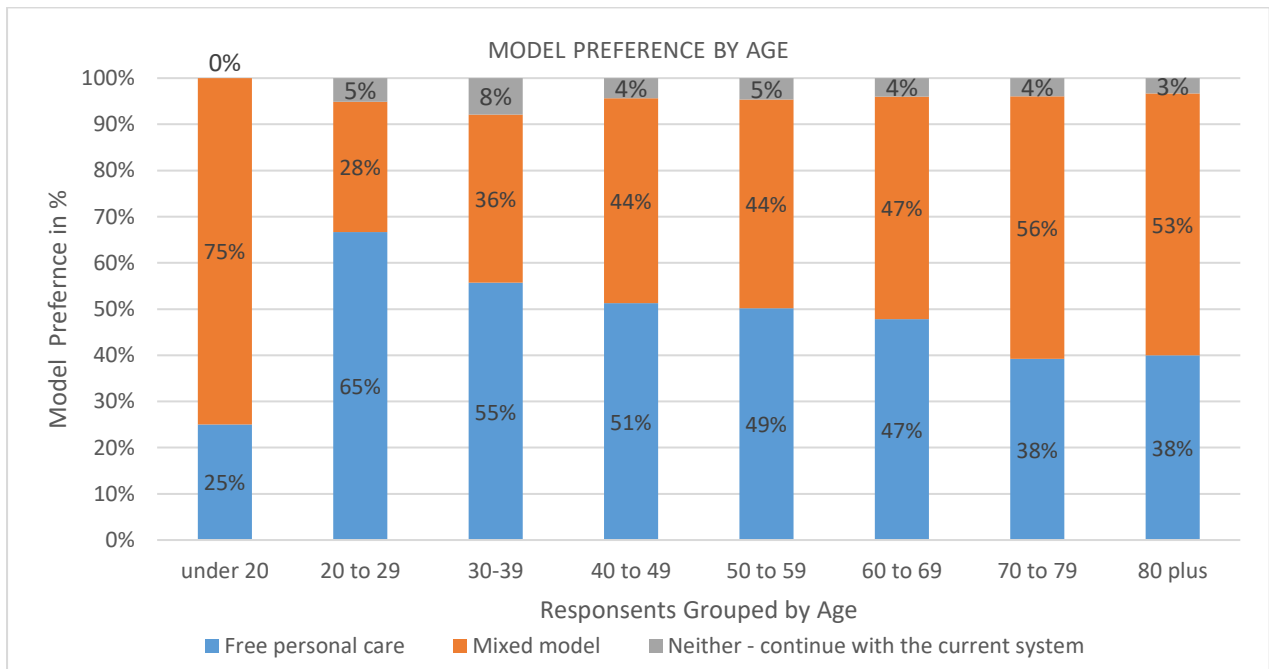


Figure 30: Responses of not answered from age and model preference question have been removed for visual clarity

### 3.9.1.2 Model Preference by Household Income

#### Key findings

- Free Personal Care was the preferred model across most household income brackets.
- Exceptions:
  - Household incomes between £30,000 - £49,000.
  - Household incomes over £100,000.
- No related free text comments for these questions.
- Comments from across the consultation suggest that those with household incomes of £30,000 - £49,000 may be influenced by their levels of disposable income.

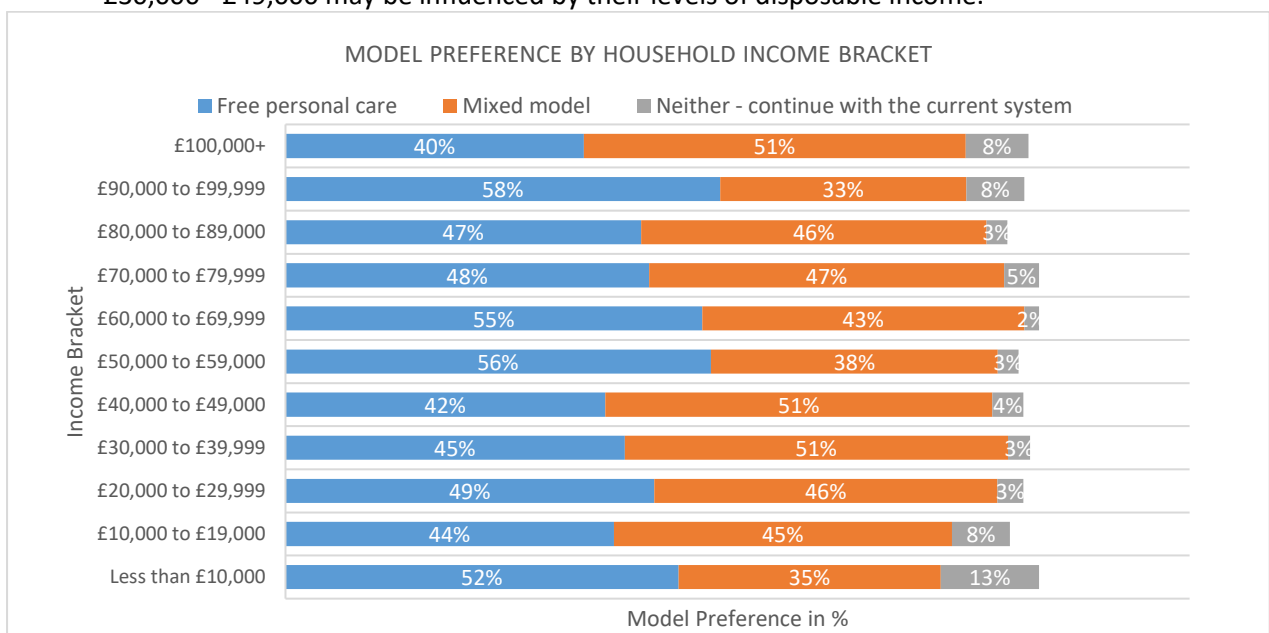


Figure 31: Note- responses of not answered from income and model preference question have been removed for visual clarity.





3.9.1.3 Model Preference by Working Status

Key findings

- No significant difference in model preference according to working status.
  - 44% of employed respondents supported the Mixed Model.
  - 50% of employed respondents supported Free Personal Care.
  - This 6% swing equates to 46 respondents.
- 50% of retired respondents supported the Mixed Model.
  - 45% of retired respondents supported Free Personal Care.
  - This 5% swing equates to 16 respondents.

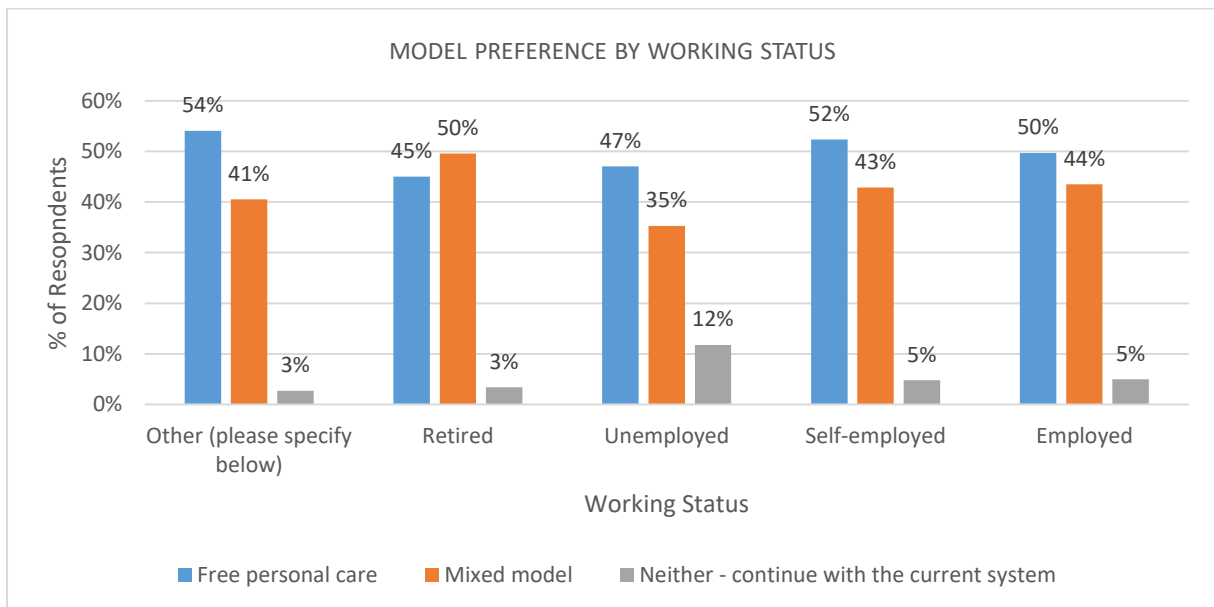


Figure 32: Note- responses of not answered from employment status and model preference question have been removed for visual clarity.

3.9.1.4 Model preference according to home tenure

Key findings

- No meaningful difference in model preference between respondents who own their home without a mortgage/loan and tenants.
- Differences observed in:
  - Homeowners with a mortgage/loan:
    - 52% preferred the Free Personal Care model.
    - 40% preferred the Mixed Model (12% difference).
  - 'Other' category:
    - 51% preferred the Free Personal Care model.
    - 35% preferred the Mixed Model (19% difference).
- Although the count of respondents shows this difference is marginal, it may indicate that the Mixed Model is considered more affordable for those with outstanding mortgage/loan payments, warranting further exploration.



## What Will Care Cost You Consultation Findings – Public Report

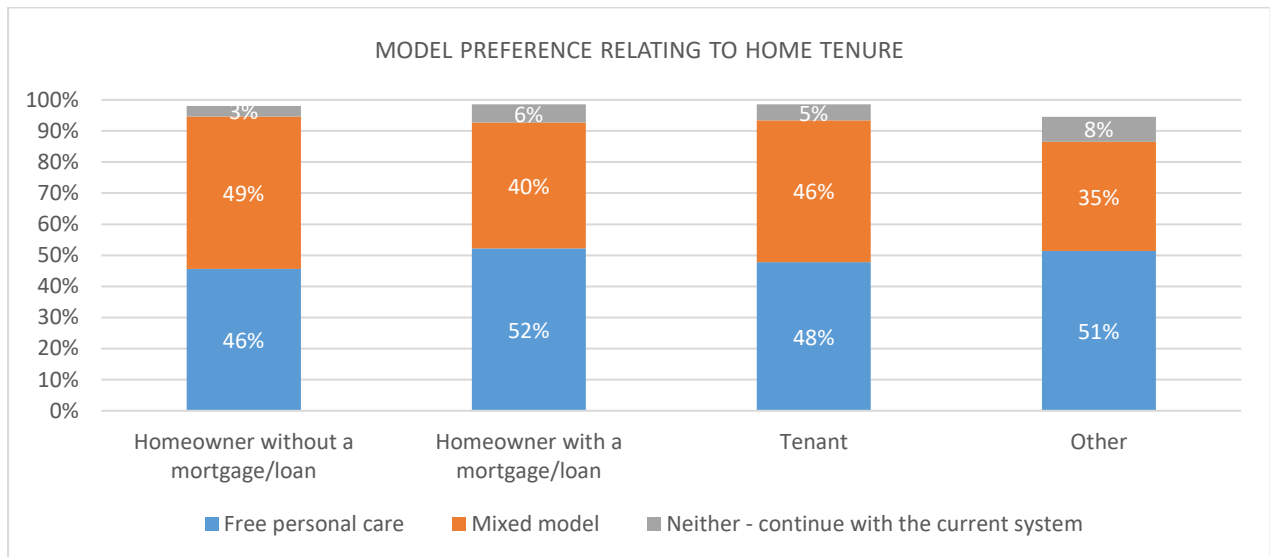


Figure 33

### 3.9.2 If you would like to comment further on any aspect of the long-term care funding, please do so below:

#### Key findings

- 319 responses were received for this question.
- Respondents provided rationale for their overall model preference.
  - Fairness was a strong, recurring theme.
- Reflections on system-level changes to improve current service included:
  - More focus on prevention.
  - Better support for people at home.
  - Need for more Government efficiency and better financial management.
- Themes often mirrored those in earlier questions.

#### Additional Comments

##### 3.9.2.1 Comments surrounding model preference

- *Think about what the population needs. Funding health and social care and education should be the priorities of any government. As Churchill stated in 1943 'from the cradle to the grave'. A social care system that supports the whole population from start to finish.*
- *Both models are good maybe a mixture*
- *None of the above. People should make their own provision.*
- *Mixed model but not how you present it. Only with a very low threshold.*
- *I agree that mixed care should be provided to all, with a lifetime cap of £100,000 on savings / medical insurance. Not assets. A first-time buyer's house is now more than £300,000. As long as they have paid Isle of Man national insurance for more than 15 years. As it will help to keep people healthy and in their own homes and away from hospital*



## What Will Care Cost You Consultation Findings – Public Report

- *[I]f the threshold was a lot lower than £100,000 say capped at £60,000 I think the mixed model would be better so at least everyone could benefit.*

### 3.9.2.2 Fairness – contribution

- *[It] needs to be a fair system to everyone, pay you[r] portion, not expect everyone else to pay for you.*
- *What ever [sic] you do needs to be MUCH fairer than the current system.*
- *No one wants to be in a position where they need care and most people would prefer to stay in their own home for as long as possible. People who have paid into the system all their lives and worked hard for the benefit of the island and contributed to our economic prosperity should be looked after and receive the care they need. Rather than being considered a burden on Treasury's finances people should be respected and support at their time of need. This is how a civilized society should care for it's people.*
- *The assessment and openness to where the burden will fall, needs to be transparent. The burden must not just fall in the young middle earners, in my opinion. I believe all the population will be affected by this so all should contribute in some way...At the present time the people who have made financial provision for themselves and their families are so penalised.*
- *People who have moved here with medical issues intending to get free health care should be given basic emergency care the same as any visitor, but not long-term care without paying for it*

### 3.9.2.3 Fairness - Protect home

- *Obviously the usual whinge that why should people who have saved all there [sic] lives to be able to leave something to their children suffer more than those who have spent it all as they go.*
- *I think it's unfair that because someone has worked incredibly hard throughout their life, they must pay for their care themself...Every person, including yourselves, contributes every month to the government and it feels like we get nothing back...I find it unfair that just because your [sic] over the threshold your [sic] unable to claim for help and support. It is NOT right that you have to sell your house or assets just because you need help.*
- *I can't believe that this has not been looked at and changed earlier, I appreciate not all on low incomes or not working at all have a choice but if someone works hard all their lives to leave someone to their families it is completely unfair and against equal rights for one pocket of society to get this service for free whilst others have to pay the extremely high fees*
- *...I don't think that a property should be considered an asset. Cash in the bank can be used to pay towards care. People renting but with sizeable bank balances would have an advantage as they do with the present system.*
- *If you keep the current system, many people are going to give up trying to better their lives and position because they will potentially loose [sic] it all later*
- *...the biggest unfairness is that you are expected to sell your home and use any assets you have accrued that you wanted to hand on to your children, whilst others get everything free. [T]he current system is no incentive for people to do the right thing.*
- *Let's do something soon to stop vulnerable people and their sometimes vulnerable relatives from loosing [sic], so much money that they can't even pay for their funeral. Let's bring a bit more dignity to the end of life of people in care on the Isle of Man.*



## What Will Care Cost You Consultation Findings – Public Report

### 3.9.2.4 *System Level Changes including investment in Prevention to address wider health issues and costs, more appropriate Housing, more Government run care provision and/or financial market regulation to reduce private care costs.*

- *The options above should include ‘another option’. I would like to see significant investment in preventative health measures, making people healthier for longer and able to live in their own homes for longer.*

*I would like to see more investment in children care and flexible working, allowing families to feel less burnt out so they have the ability to look after their elders.*

*I would like to see financial support options for families to expand their own homes to bring in elderly family members to avoid needing care homes. A standard working week advertised at 30 hours so that people have the time to be able to care for their children and elderly family members.*

*Pumping more money into these very expensive care homes will only make the elderly feel more pressure to give up their own homes and move into care to give their families their homes early.*

- *The current issues faced by the health care service are majorly a result of the issues in the social care service. Increase social care provision to prevent ill health. As currently lack of social care provision = more hospital admissions and delayed discharges = no hospital bed capacity = longer A&E waiting times and longer Ambulance waiting times = sicker patients requiring more interventions and longer hospital stays.*
- *I think sheltered housing, properly supported is a great transition step for many but this housing needs to have facilities for live in carer when individuals need it, therefore 2 bed or carer rooms close at hand.*
- *I would worry about employing staff to perform the personal cares [sic], it is a big enough struggle to find workers for hospital an[d] care homes as it is. Would need to endure [sic] that the carers are paid a good wage.*
- *The Island is too reliant on the private sector for the provision of care, particularly nursing care, and the amount they can charge is not regulated. If more of the provision came under the austerities [sic] of the government, and/or the amount charged by the privated [sic] sector is regulated, this could substantially reduce the cost of provision.*
- *By setting up increased government run home care this would reduce the costs that are being paid to private companies*
- *There is a need for a government run nursing home especially for EMI patients, currently private homes are charging ridiculous fees and are unable to manage challenging patients despite claiming to be specialists EMI units they then request input from Manx care mental health service who provide the very basic information/guidance that the care home should be aware of when claiming to be specialist units. The island has an aging population and private companies are cashing in on the situation without thought to the person or their families.*

### 3.9.2.5 *The need to consider the holistic care picture including doing more to enable living at home, the role of Carers, training and retention of caregivers and the need for more Respite*

- *The government should encourage living at home for as long as possible, through moving funding to domiciliary care, running schemes to rent mobility aids/equipment and encouraging multi-generational living through tax relief and campaigning.*



## What Will Care Cost You Consultation Findings – Public Report

*This should reduce the pressure on residential care systems and in the long run reduce costs as it encourages the population to 'take care of their own'*

*in the long run this could also include additional education on health and social care in PSHE lessons throughout school, to further teach the next generation the importance of home care.*

- *...many patients leave hospital without adequate support because they do not meet the financial criteria for support...this results in many unsafe hospital discharges, or patients not managing in the community resulting in social admission in to hospital. Free support with personal care...would dramatically help towards the hospital bed crisis...keeping people at home safer for longer*
- *Nurses have gone on strike for more pay but we family carers are not recognised on any level, what would happen if we just stopped caring, went on strike?*
- *I commend the need for change but for someone who has lived with a family member in a nursing home, a residential home and now caring for someone at home, the lack of care for me is hurtful...It's not the cost of care but who is delivering the care is the starting point for any reform.*
- *There is a lack of residential care and respite care, some people do not need full nursing care, and there appears a reluctance to just provide residential care, until the client needs full nursing care.*

### 3.9.2.6 *Efficiency and Accountability: Emphasis on better management of existing funds and accountability by Government*

- *Perhaps the government, in particular Treasury should consider spending their budgets more wisely, in particular their subsidies towards MDC...100 million plus has been assigned to them, this would have gone along [sic] way to the care system that we need to look after the residents on the island.*
- *Sort out the wastage that we see in government spending, tax the extremely wealthy people. Not really rocket science but does require some semblance of conviction from a government*
- *Scruntise [sic] how and where government [sic] are spending money and eliminate the waste. Government could be leaner in terms of spend and the number of MHKs for the small population. Increase the tax cap*
- *Again this depends on the government doing what they are supposed to do and not wasting 100s of millions unnecessarily on things due to incompetent decisions and things that should not be being paid for, foreign aid, why give millions of £ of money away when you are scraping the barrel at home, voluntary services that are being paid for and then cutting their budget because there isnt [sic] enough money. Stop wasting the money you have before begging for more.*

### 3.9.2.7 *Difficulty choosing a model with limited financial details*

- *Can we see some financial analysis of these systems before making such decisions?*
- *Unsure as to which would be best*
- *Without more facts and figures it is really difficult to know which model is best for the future individual. I just want to make sure your [sic] not actually worse off. Until I have those details I can't make a decision.*

### 3.9.2.8 *Need to implement change without further delay*



## What Will Care Cost You Consultation Findings – Public Report

- *My closing comment would be that 'we' cannot wait for years for this new process. There needs to be a serious look at the current situation and the provision of some short-term relief to those already struggling.*
- *This reform is long overdue, so well done for introducing it.*
- *Please don't do the usual Government pontification, please get on with it, take note and act on this survey result.*



## 4 Summary

The high response to the Consultation (one of the highest response rates to a consultation in the last 3 years) demonstrates the strength of public opinion that the current system needs to change.

However, the demographic profile of the respondents showed that, whilst the Consultation received a very strong response, certain groups may have been under or overrepresented such as those aged under 30 and non-homeowners. Given that any changes to how we pay for Nursing, Residential and Home Care could affect a wide demographic, considering running additional consultation or considering alternative ways to engage these groups may provide them with another opportunity to provide feedback.

Whilst neither new model received a strong majority preference, combined, the new model options received 93% of respondents' votes, compared to the 5% of respondents who selected the option to continue with the current system (see section 3.9.1).

The overwhelming view expressed throughout the consultation was that the current system is unfair, and any new model needs to be much fairer.

Strong recurring themes included the need to enable people who have worked hard to save and buy their own home to protect their home and more of their assets, rather than penalise them for being frugal or financially responsible throughout their lives, as many feel the current system does.

A number of individuals stated the need to do more to protect middle income earners who had income and assets that set them outside eligibility for income support but not above the risk of spending their life's savings and selling their home to pay for care.

This sentiment came up particularly strongly in relation to the suggested threshold options for the Mixed Model. Most respondents felt that none of the options were sufficiently high to enable them to protect their homes, modest assets and income. Many suggested higher thresholds or thresholds on a sliding scale proportional to a person's income and assets would be more appropriate.

A strong majority believed that a cost limit or 'cap' should be introduced to ensure that no-one would need to spend all their income and sell all their assets. Similar to thresholds, many suggested a % or sliding scale linked to an individual's overall income and assets would be fairer than one standard amount for all.

There was a strong majority belief that people should have lived and paid into the system for at least 10 years before they should be eligible for financial support for care from the Government. Comments responding to this question also suggested at least 10 years of paying into the system, with some responses suggesting even longer.

Section 3.7.2 showed that many respondents would consider paying more to the Government for their preferred model.

However, some comments raised reservations about Government efficiency and accountability when managing public funds. A number of respondents suggested any money raised for care should be ring-fenced to ensure it is protected and can only be used to cover care costs.



Ideas suggested by respondents for how to fund a new, fairer model included raising tax and or National Insurance for everyone, increasing tax on businesses and high net worth individuals, improving Government efficiency and considering new revenue streams such as taxing products that are harmful to health, introducing a new care levy and charging for prescriptions for those above a certain income.

Respondents also suggested holistic system level changes to target prevention, introducing health and social care education in schools and more appropriate housing to support more people to stay well at home and by doing so, reduce the need for nursing home care and social care admissions to hospital. They also highlighted the importance of offering more support to carers and better respite provision to enable carers to continue to support the people they care for in their own homes.

## 5 Next Steps

The Consultation aimed:

- To inform the Public on the current system for funding of nursing, residential and home care including issues with equity and financial sustainability
- To explain the two potential future options for funding nursing, residential and home care and their potential impact
- To listen to positive and negative feedback, ideas and concerns on the proposed models and how to pay for them.

Through the face-to-face, hard copy and online consultation, the project team have informed the Public about the current system and explained the two potential new models. They have listened to, noted and analysed feedback from face-to-face sessions, hard copy and online consultation responses and feedback received directly in emails from members of the Public.

The project team will now act on this feedback as follows:

- Findings and key themes from this consultation will be shared with Government Officers, Ministers and the Public.
- Key themes, suggestions and ideas from the Consultation will be considered in the detailed cost modelling and recommendations being developed for Tynwald.
- This detailed round of modelling will calculate the potential cost of each model (as compared to the cost of retaining the current model) and will include more up-to-date financial and care data from the island. The project team will build additional modelling scenarios to reflect the key themes emerging from the consultation such as: adjustable sliding scale thresholds, options for a percentage or tiered 'cap' system and suggestions for system level changes.
- Feasibility and affordability of implementing a new model will be assessed and shared with Officers and Ministers with suggestions to help address potential affordability or feasibility risks or issues.





## What Will Care Cost You Consultation Findings – Public Report

- Respondent suggestions for raising funds to pay for a new model will be shared with Treasury to consider as they develop options on how and whether to raise funds for a new model.
- Upon the completion of this work, the project team will present its overall findings and recommendations to Tynwald, together with a high-level implementation plan.

If Tynwald agree to the recommendations and consider it affordable and feasible (in light of project findings and Treasury feedback), the Public will be further updated, detailed transition and implementation plans will be developed and, once agreed, implemented.

## 6 Final Thoughts

The strong desire expressed by respondents to address the issues with the current system without further delay is acknowledged. The project team are aware of how many years the Government has sought to address issues with the current system and is personally committed to doing all it can to expedite this work.

At the same time, the importance and challenge of developing a model that works for the island given the complexity of changing the current system and the myriad of sometimes opposing social, emotional, financial and political drivers mean that agreeing and introducing any new model will not be easy and will not happen quickly.

Implementation of any new model and related system changes will need to be thoroughly planned and may need to be phased to ensure that changes work for all of us as service users, families, carers, providers and taxpayers. The project team will endeavour to move at pace whilst ensuring no corners are cut and recommendations and calculations are well considered and developed.



- 7 [Annex 1: Consultation Public Information Document](#)
- 8 [Annex 2: Online Consultation Questions](#)
- 9 [Annex 3: Hardcopy Consultation Questions](#)