

Measuring unmet need for social care among older people

Recent spending cuts in the area of adult social care raise policy concerns about the proportion of older people whose need for social care is not met. Such concerns are emphasised in the context of population ageing and other demographic changes. This briefing summarises research published in Population Trends no. 145 which explores the concept of ‘unmet need’ for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), using data on the receipt of support (informal, state or privately paid for). The results show that each of the three different support sectors tend to provide help for different kinds of need, and that worryingly, there is a significant level of ‘unmet need’ for certain activities.

Key Points

- There is significant unmet need for care among older people, regardless of the dataset used.
- Older people have more need for help with basic activities (Activities of Daily Living) than they do with more instrumental activities (Instrumental Activities of Daily Living).
- Help is more likely to be provided from informal sources (such as family) and the state for Activities of Daily Living
- Help with Instrumental Activities of Daily Living is more likely to be privately purchased.
- At least half of older people who need help with bathing are not receiving any help.

Introduction

Meeting older people’s needs for social care has always been important, but never more so than at a time when the proportion of older people is increasing in the population, and the budgets of local councils delivering or paying for care, are facing cuts. Population ageing, resulting in the increasing proportion of older people, has created both opportunities and challenges for individuals

and policy-makers alike. While overall life expectancy has been increasing for both men and women, the number of years we can expect to spend with a limiting illness or disability has also been increasing. At the same time, changes in the composition of the population have been accompanied by important shifts in the policy context of social care provision. These include the increase of overall spending on older people by councils; an increase in the cost of providing

different services; a slight decrease in the overall amount of services provided; and an ‘intensification’ or targeting of council services to a smaller number of persons. Against the combination of demographic trends and changes in the policy environment, local councils have used the concept of need as a tool for targeting their resources. This research builds on this background in order to understand the extent and nature of unmet need for social care in later life.

What is unmet need?

Unmet need can be described as a shortfall between the social care and support a person needs and that which they actually receive. The concepts of ‘need’ and ‘want’ have always been at the centre of policy design and policy provision in modern welfare states, and the extent to which the needs of people are met by the delivery of benefits and services is a key indicator of the effectiveness of a welfare state. At the same time, the definition of need used by policy-makers can validate and prioritise one person’s needs as opposed to another person’s, through the formal assessment and eligibility procedures for a benefit or service.

The conceptualisation of need involves the consideration of a person’s physical, mental and emotional circumstances, which may be affected by their demographic and socio-economic characteristics. Unmet need, by contrast, relates to the amount and nature of support received by a person with needs, as well as the extent to which such support is satisfactory from that person’s perspective. Finally, the support received by a person in need may come from informal sources, such as one’s family or friends; from formal statutory sources, such as the local council; or finally from formal paid sources, such as private domiciliary staff. Figure 1 provides a simplified conceptualisation of unmet need, whereby those falling within the dotted triangle have different levels and types of unmet need. The provision of state support takes place for older people at the highest level of need, described as ‘substantial’ or ‘critical’, following the formal assessment procedure by local councils.

The study

Using data relating to people aged 65 and over, from the 2001-2 General Household Survey (GHS; N= 3,356), and the 2008 English Longitudinal Study of Ageing (ELSA; N=4,916), we explore the receipt of support by older people in relation to specific needs, and the extent to which there is unmet need among older people.

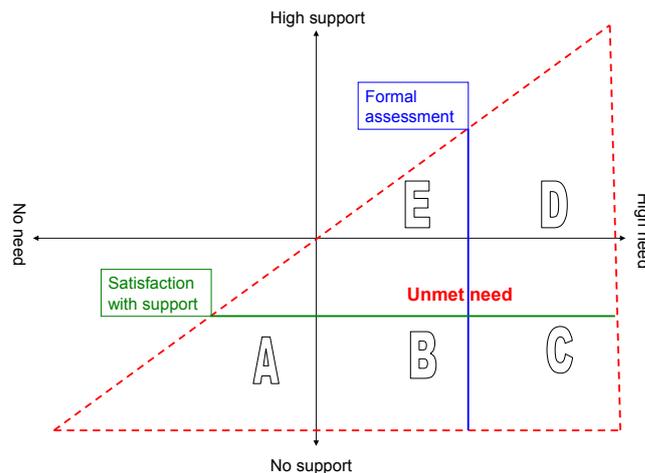


Figure 1: Conceptualising unmet need

The analysis uses the key concepts of difficulty, Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) for understanding need for social care. The tool of ADLs is used in order to evaluate an individual’s ability to perform functional activities independently. ADLs refer to basic functional abilities such as dressing, bathing and eating, whereas IADLs such as doing housework or gardening, are located at a higher level of functioning, require both mental and physical capacity, and can diminish earlier than ADLs. In the GHS dataset, a person is defined as having a ‘need’ when they either (i) are unable to perform a specific task, such as bathing, or (ii) can perform such task only with help, or (iii) can perform such task on their own but experience some degree of difficulty in doing so. In the ELSA dataset, a person is defined as being in need in the same manner as above, however only if they have reported difficulty with at least one ADL or IADL. Finally, a person is defined as having ‘unmet need’ for a task when they have a need as defined above, but do not receive help with it from any source, either formal (state or paid) or informal.

Results

Table 1 shows data from the GHS and ELSA datasets in order to explore need and unmet need for an ADL (bathing) and for an IADL (shopping). The Table shows that between 10-15 per cent reported difficulties with bathing, and between 3-11 per cent reported difficulties with shopping. Among those who received support with bathing, the greatest proportion received it from informal sources and formal state sources, and to a lesser extent from the private sector. The data reflect a significant level of unmet need for bathing, for example at least half of those who reported difficulties with bathing, did not receive any

	GHS 2001-2 data	ELSA 2008 data	GHS 2001-2 data	ELSA 2008 data
	Needs help with bathing	Needs help with bathing	Needs help with shopping	Needs help with shopping
% within total 65+ population	15.3 (n=476)	9.7 (n=454)	22.2 (n=703)	3.2 (n=136)
Receives informal support	37.5	31.7	92.7	85.2
Receives formal state support	8.2	1.6	2.5	(2)
Receives formal paid support	2.7	(3)	3.7	(3)
Does not receive any support	49.9	66	(0)	11.5

Table 1: Percentage of older people with a need, who receive/ do not receive support, GHS and ELSA
 Note: Brackets include unweighted frequencies or cell counts below 5.

kind support. By contrast, between 3-22 per cent reported needing help with shopping, and the vast majority of this group received support from informal sources, and to a lesser extent from formal state or paid sources. The ELSA dataset showed that only 11 per cent of those who needed help with shopping reported not receiving any support, while the GHS data showed no unmet need with respect to this activity.

Discussion and policy implications

The results showed that the level of need among the older population is different depending on the particular activity in question, and also depending on the dataset consulted. We find that the level of unmet need is significant regardless of the ADL or IADL used to indicate need. The receipt of informal care is central to the everyday life of older persons, and this is the case with either ADLs or IADLs, however formal state care appears to be more important in terms of ADLs than formal paid care.

On the one hand, the results reflect the methodological challenge of measuring unmet need, and the diversity in the questions asked by different datasets in relation to need and the receipt of support from different sources. In addition, the results highlight the importance of considering the diversity within the concept itself, relating to the type of difficulty encountered, the level of difficulty encountered and the type of support received in relation to specific needs. In relation to the receipt of formal state care, the results highlight the importance of state support for older people generally, and in relation to ADLs in

particular. These results also raise questions about the future role of statutory support in the face of significant demographic and policy changes.

In addition, this analysis has revealed the difficulty of obtaining data which can be effectively used to understand need and unmet need, the need to include in such surveys older people who may potentially have the greatest need (eg. people suffering from dementia), and the importance of the preferences of older people in terms of their needs being met. The latter issue is crucial vis-à-vis demographic changes which affect the availability of kin to provide care and support. In terms of formal state and paid support, this issue raises questions about the quality of care provided, and the extent to which care and support provision can be adjusted according to the recipient’s preferences.

The analysis highlights the need for more precise data in order to effectively measure the level, and understand the nature, of unmet need for social care among older people. As local councils face both expenditure cuts and reforms in their assessment and delivery procedures, evidence on unmet need is an essential element of the planning of their future provision.

Acknowledgement: This paper is collaborative work between members of the ESRC Centre for Population Change (Grant number RES-625-28-0001) and the EPSRC-funded project The Care Life Cycle (Grant number 8400-508864101), both based at the University of Southampton.

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