Social care: need for and receipt of help



Rachel Whalley1

Summary

- This chapter presents information about the need for and receipt of and payment for social care among adults aged 65 and over. The data from 2011 and 2012 have been combined to provide robust analyses. Chapter 9 presents findings about the provision of informal care among adults aged 16 and over.
- Participants aged 65 and over were asked whether they needed help with a list of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs); these are activities relating to personal care and mobility about the home, and other activities important to living independently.
- Around a quarter of men aged 65 and over reported a need for help with ADLs and/or IADLs (27% and 25% respectively) and around a third of women reported such need (34% and 36%). Help was received by 14% of men for at least one ADL and by 20% for at least one IADL, while 16% of women received help for at least one ADL and 32% for at least one IADL.
- The ADL for which help was needed most often was getting up and down the stairs (21% of men and 29% of women).
- Higher proportions said that they needed help with IADLs than with ADLs. The most frequently mentioned were help with shopping for food (20% of men and 31% of women) and routine housework (20% and 27% respectively).
- For the majority of ADLs the need for help and receipt of help increased with age. This
 was most prominent with help getting up and down stairs, having a bath or shower,
 dressing or undressing and getting in or out of bed.
- Need for help with both ADLs and IADLs was greatest in the North West for both men and women: around one in three men and over two in five women needed help (35% for ADLs and 34% for IADLs among men, 43% for ADLs and 47% for IADLs among women). The lowest level of need was in the South East (20% for ADLs and 19% for IADLs among men, 28% for ADLs and 30% for IADLs among women). There was less regional variation in levels of receiving help with ADLs, and no significant variation in receipt of help with IADLs.
- Those in the lowest quintile of equivalised household income were more likely to need help than those in the highest two income quintiles. There was a similar pattern of need for area deprivation, based on the Index of Multiple Deprivation.
- For each ADL and IADL there was a proportion who reported needing help with the activity, and who did not receive any help with the activity in the last month. This provides some indication of the level of potential unmet need. Fewer men than women reported unmet need for an ADL (22% and 30% respectively), while similar proportions had unmet need for help with IADLs (14% and 15% respectively). Levels of unmet need for ADLs and IADLs increased with age.
- The majority of people aged 65 and over who received help in the last month were helped by an informal helper, rather than a formal one. For ADLs, 75% of men and

- The most frequently mentioned informal helper for ADLs was a spouse/partner, with more men receiving help from their spouse than women (71% and 38% respectively of those receiving help).
- Home care workers were the most frequent providers of formal help with ADLs (for 13% of men and 20% of women), while other formal helpers were more likely to help with IADLs.
- When older people received help from their spouse or partner, this was often for a substantial number of hours. 50% of men and 45% of women who received help from their spouse reported receiving ten or more hours of help in the last week; this included 35% of both men and women receiving 20 or more hours of help.
- The majority of those who received formal help from a home care worker or personal
 assistant received between one and nine hours of care from them in the last week
 (63% of men and 65% of women). Around one in three received ten or more hours of
 care (31% of men and 29% of women).
- 14% of men and 19% of women reported receiving direct payments, 8% and 7% respectively reported a personal budget, and 7% of both men and women reported that they had care arranged by the local authority but neither a personal budget nor direct payments. A large majority reported no local authority involvement in arranging their care (74% of men and 71% of women).
- More women than men reported paying all the costs for the formal care they received (61% compared with 49%). Most of those receiving informal care reported that they made no payment for this.

8.1 Introduction

8.1.1 Background

From 2011, coverage of the Health Survey for England (HSE) has been expanded to include a section on adult social care. The survey now includes questions for older people (aged 65 and over) about their need for care, receipt of care and payment for care, and questions to all adults about their provision of informal care. These questions are now a core module of the survey which is repeated each year, so that consistent data are collected and trends may be monitored in the longer term. This chapter provides findings about the need for, receipt of and payment for social care among older adults, combining data from 2011 and 2012 to provide robust analyses. Chapter 9 presents results about the provision of informal care among all adults.

8.1.2 Social care in England

Care and support enables people to do the everyday things that most take for granted: things like getting out of bed, getting dressed and going to work; cooking meals; seeing friends; caring for their families; and being part of the community.² More specifically, social care involves provision of help with personal care and domestic tasks to help people live as independently as possible. It affects the daily lives of several million people in England. Some 1.1 million receive care arranged by their local authority³ and at least a further 270,000 buy care privately.⁴ While those who need care and support are of all ages, many are older people needing help because of problems associated long-term physical or mental ill-health, disability or problems relating to old age.³

Under successive governments there have been substantial developments in policy on adult social care and how it is funded. In 2005 the Labour Government's Green Paper Independence, Well-being and Choice⁵ set out proposals for the future direction of social care for all adults of all age groups in England, and this was developed further through the 2006 health and social care White Paper Our Health, Our Care, Our Say.⁶ In 2007, the ministerial concordat People First: a shared vision and commitment to the transformation of Adult Social Care set out the ambition to put people first through a radical reform of public services,⁷ and the Department of Health clarified the ambition in Putting People First – the whole story, in 2008.⁸

The current Coalition Government published *A Vision for Social Care*⁹ in 2010 and a White Paper *Caring for our future: reforming care and support*² in July 2012. These include measures which aim to:

- Establish a new capital fund to support the development of specialised housing
- Establish a new national information website
- Introduce a national minimum eligibility threshold
- Extend unpaid carers' rights to an assessment and to support
- Train more care workers to provide high quality care
- Provide further investment in joint funding between the NHS and social care to promote better integrated care.

The government has decided to provide an additional £2 billion through the NHS to be used by local health and care systems, building on the transfer to local authorities for social care over the Spending Review 2010 period which will reach around £1 billion by 2014-15. This is underpinned by a new national minimum eligibility threshold for social care, set at the level operated by the vast majority of local authorities in the current system. This is intended to maintain, and in some places widen, eligibility.¹⁰

The government has also announced that it will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will make available a further £200 million in 2014-15 to accelerate this transformation. From 2015-16 the shared pool will include existing NHS funding for social care and the additional £2 billion mentioned above, alongside further

funds for carers and people leaving hospital who need support to regain their independence. It also includes £350 million of capital funding which will be available for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data between the NHS and local authorities, and to improve facilities for disabled people. ¹⁰

The coalition government also established a Commission on Funding of Care and Support, which reported in July 2011.¹¹ Its main recommendation was for a life-time cap on individual liability to meet care costs. The government published a progress report in July 2012, in which it accepted the principle of a cap on the lines recommended by the Commission but deferred a final decision on implementation to the following Spending Review.¹² It announced in February 2013 a package of reforms,¹³ which it subsequently brought forward by one year. The key reforms are:

- A lifetime cap on the costs an individual will need to pay towards eligible care and support needs, expected to be £72,000 when introduced in 2016;
- An increase in the residential care upper capital threshold above which there is no state
 help towards care home fees where the value of the person's home is taken into account
 in the means test; the threshold is expected to be £118,000 in 2016 compared with the
 current £23,250 threshold;
- For residential care, eligible care costs that count towards the cap are expected to be the difference between the publicly-funded rate for care home fees and so-called 'hotel costs', set at around £12,000 in 2016. Public help with hotel costs will remain means tested.

The vision for a modern system of social care outlined by the government includes a number of key principles. These include personalisation, partnership and plurality. The principle of personalisation envisages a move to the situation where individuals rather than institutions take control of their care. Following assessment of need by local authorities, personal budgets are offered to those whose needs are assessed as eligible for local authority support. These may be taken wholly or partly as direct payments.

Information about care and support should be available for all local people, regardless of whether or not they fund their own care. Local authorities are involved in providing information, assessing care needs and offering a direct payment and/or arranging care services, but local or national bodies may also provide information and support to those seeking care services. Thus the principle of partnership is important, with care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and local authorities. The intention is that this will extend to include wider support services, such as housing.

Parliament is presently considering legislation to reform aspects of adult social care. The Care Bill takes forward proposals set out in the *Caring for our future*² White Paper, including provisions relating to the care and support system and to care standards in health and social care.¹⁴

8.1.3 Data on social care

Despite the importance of adult social care, data on social care are considerably more limited than data on other welfare state services such as health or social security. While the Adult Social Care Survey collects information on user experience and outcomes from different groups of adult social care service users, ¹⁵ there has been a lack of recent survey data on the need for and receipt of social care, particularly in general household settings. Before the HSE data from 2011, the most recent national survey to cover provision of informal care was the 2009/10 Survey of Carers in Households, ¹⁶ updating the 2001/2 General Household Survey coverage of informal care providers. ¹⁷ The most recent to provide detail about receipt of community-based services by older people was the 2001/2 General Household Survey. ¹⁷

Against this background, a module of questions was developed on social care for older people for use in population surveys and economic evaluations. ¹⁸ The HSE now includes in

its core the shorter version of the module developed during the study. The longer version is included in the HSE 2013 and a similar module is included in Wave 6 of the English Longitudinal Survey on Ageing (ELSA), so that in the future more detailed data will become available.¹⁹

It is important to remember that the HSE does not cover people in care homes, and that the module of questions about help needed, receipt of care and payments for care are asked of older people only. The questions asked about provision of informal care to others are asked of all adults, and results are presented in Chapter 9.

8.2 Methods and definitions

8.2.1 Methods

Questionnaire design

Developed in 2009 and 2010, the module of social care questions was first used in the HSE 2011. The aim of the module is to deliver robust data on the need for and receipt of social care services, the characteristics of people providing and receiving informal care, and on people receiving formal care and support. More detailed information about the development of the questions is available in Volume 1, Chapter 5, of the 2011 report.²⁰

An important aim in designing the module was to provide questions on need for and receipt of social care services among the population aged 65 and over in private households; it does not cover those living in care institutions. While social care may be needed by and provided for people of any age, older people constitute by far the largest group receiving care; and robust data are needed as policy is developed for the future funding of social care in old age. Information about social care for children or for adults aged under 65 would be valuable, but the sample size for the HSE (and most general population surveys) does not deliver sufficient numbers of social care recipients in these age groups for robust analyses, and separate development of questions specific to different social care client groups would be needed.

The full social care module that was developed would take more time to administer than is normally available in a survey such as the HSE, where a number of different topics are covered and participant burden – especially for older participants – must be kept to reasonable level. A shorter module was therefore developed as a core module for the HSE, and used in 2011 and 2012.

Questions about personal budgets and direct payments

During the development of the questionnaire it became apparent that people were not always familiar with either the process or the terminology used for social care payment systems; indeed at the time of the development research not all local authorities were using the terms 'personal budget' and 'direct payment' consistently. Although people may not be aware of it, if they receive direct payments their local authority will have allocated a personal budget for them; however, they may have a personal budget without direct payments. The questions therefore presented the options independently, using questions and answer categories as follows:

Local authorities/council/social services offer different ways of arranging payment for people's care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive?

- 1 Direct Payments where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)
- 2 The local authority, council or social services manages the money for you to meet all or some of your social care needs, and you may be able to choose which services to use.
- 3 Neither of these.

Copyright © 2013, The Health and Social Care Information Centre. All rights reserved

Do you have a Personal Budget, sometimes known as an Individual Budget? This is when the local authority/council/social services decides the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.

1 Yes

2 No

Combining the 2011 and 2012 results

The results presented throughout this chapter are based on the combined data from the HSE 2011 and 2012. As the social care questions are only asked of older adults (aged 65 and over), the sample size for analysis using a single year's data can be quite small for certain questions. This limits the level of analysis that can be performed, for example subanalysis by sex or more detailed equivalised household income groups. Combining two years of data alleviates this problem, allowing more robust sub-analysis for most topics. With only two years of data there is little evidence as yet of how social care is changing over time, but in future years it will be possible to look at trends.

8.2.2 Definitions

Measuring need for and receipt of social care: ADLs and IADLs

The need for and receipt of social care is measured using a number of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs are activities relating to personal care and mobility about the home that are basic to daily living, and IADLs are activities which, while not fundamental to functioning, are important aspects of living independently. The ADLs and IADLs used in the HSE were carefully selected to represent a full range of key activities, and which would allow the calculation of an approximation to the Barthel Index (see below). The following are included:

Table 8A							
ADLs	IADLs						
Cotting up and down stairs	Channing for food						
Getting up and down stairs	Shopping for food						
Having a bath or a shower	Doing routine housework or laundry						
Dressing or undressing	Getting out of the house						
Getting in and out of bed	Doing paperwork or paying bills						
Getting around indoors							
Taking medicine							
Using the toilet							
Eating, including cutting up food							
Washing face and hands							

For each ADL and IADL, participants aged 65 and over were asked whether they could carry out the activity on their own, manage on their own with difficulty, only do the activity with help, or could not do it at all. The last three groups have been combined to form a group who have at least some difficulty, and therefore at least potentially need help with the activity. Where 'need' for help is discussed in the chapter, it refers to people in these three categories.

For each ADL and IADL, participants aged 65 and over were then asked whether they had received any help in the last month. For the IADLs relating to shopping, housework and paperwork, participants were asked to exclude help which was provided simply because of the way household responsibilities were divided.

If participants reported that they had received help with any ADLs or IADLs in the last month, they were asked who provided the help. In the short module of questions, ADLs and IADLs were grouped, rather than each one being asked about individually. Thus participants were asked which formal and informal helpers provided care for three groups:

- · Having a bath or shower
- · Any other ADLs for which help was received
- Any IADLs for which help was received.

'Having a bath or shower' was separated from the rest as an activity which required a greater level of intimacy than most; thus there is additional detail about the helpers for this particular activity.

Barthel Index

The Barthel Index provides a measure a person's daily functioning in terms of key ADLs and mobility. Ability to perform each activity is scored, scores are summed and weighted to provide an overall Barthel Index score between zero (maximum disability) and 20 (minimum disability). The index was originally developed as an assessment of functional ability in hospitals to follow progress in rehabilitation,²¹ but is now widely used as an assessment of the ability to live at home with a degree of independence. The computation of the Barthel Index involved a degree of approximation,²² as the questions were not identical to the original questions developed for the measure. The Barthel scores have been grouped into five categories: 0–4, 5–8, 9–12, 13–16 and 17–20.²³

Formal and informal help

Participants who had received help in the last month with ADLs or IADLs were asked who had provided help; the ADLs and IADLs were grouped, as described above. They were shown two show cards, listing formal and informal carers as follows:

Table 8B									
Formal carers	Informal carers								
Home care worker/home help/personal assistant	Husband/wife/partner								
Member of the re-ablement intermediate care staff team	Son/son-in-law								
Occupational therapist/physiotherapist	Daughter/daughter-in-law								
Voluntary helper	Grandchild/great grandchild								
Warden/sheltered housing manager	Brother/sister (including in-laws)								
Cleaner	Niece/nephew								
Council's handyman	Mother/father (including in-laws)								
Other	Other family member								
	Friend								
	Neighbour								

Personal budgets

Personal budgets are an allocation of funding given to users after an assessment, which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or - while still choosing how their care needs are met and by whom - leave councils with the responsibility to commission the services. Alternatively, they can take some combination of the two. As a result, they provide an option for people who do not want to take on the responsibilities of a direct payment.

Direct payments

Direct payments²⁴ are cash payments given to service users in lieu of community care services (following an assessment of needs and allocation of a personal budget), and are intended to give users greater choice in their care. Like commissioned care, they are means-tested and so assume that, in many cases, people will contribute to the cost of their care. The payment must be sufficient to enable the service user to purchase services to meet their assessed needs, and must be spent on services that users need.

8.3.1 Introduction

The analyses of this chapter are based on adults aged 65 and over. These older adults differed from the younger population in a number of ways. Tables 1-4 show the profile of those aged 65 and over, in 5-year age bands within sex, compared with the total adult population and with those aged 16-64, for marital status, home tenure, equivalised household income and Index of Multiple Deprivation (IMD).

8.3.2 Marital status

Older adults were more likely to be married or widowed than younger adults aged under 65. Between 77% and 83% of men and between 60% and 68% of women aged 65-74 were married, compared with 62% of men and 64% of women aged 16-64. Fewer women in the oldest age groups were (still) married (29% aged 80-84, 16% aged 85 and over).

Very few younger adults were widowed (1% of men, 2% of women aged 16-64), but the proportion increased steeply from the age of 65, rising to 47% of men and 76% of women aged 85 and over. This reflects women's greater longevity; the proportion of women who were widowed in any of the five year age bands was similar to the proportion of men ten years older.

Table 8.1

8.3.3 Home tenure

Older adults were much more likely to own their homes outright without a mortgage than those aged 16-64. Almost three-quarters of men and women aged 65 and over owned their homes (74% and 73% respectively), compared with around one in five men and women aged 16-64 (18% and 20% respectively). Conversely, younger adults were much more likely to still be paying a mortgage than older adults (44% of men and 43% of women aged 16-64 compared with 6% of men and 5% of women aged 65 and over).

Most adults who did not own their homes were renting. A similar proportion of adults of all ages rented from the local authority (8% of men and 9% of women aged 16-64 and aged 65 and over). Reflecting the lower levels of home ownership, younger adults were more likely than older adults to be renting from other landlords (28% of men and 27% of women aged 16-64, compared with 11% and 12% aged 65 and over).

Table 8.2

8.3.4 Equivalised household income

The quintiles of equivalised household income are based on the distribution of income for all households. When all households are included in the analysis, by definition approximately one fifth of the sample fall into each quintile. In this chapter, much of the analysis is restricted to adults aged 65 and over, and it should be remembered that the distribution across quintiles is not equal for this age group. Full details of the way that equivalised household income is derived can be found in the Glossary to this report, *Volume 2, Methods and documentation*, Appendix C.

Older adults were more likely to be in lower income households than those aged 16-64. Just under a quarter of those aged 16-64 (24% of men and 22% of women) were in the highest quintile of equivalised household income, compared with much a much lower proportion of those aged 65 and over (between 8% to 12% of men and 6% to 12% of women).

The proportion in the highest quintile decreased in the older age groups to 10% of men and 8% of women aged 85 and over. Older people were more likely to be in the third and fourth lowest income quintiles, and men aged 85 and over, and women aged 70 and over were more likely to be in the lowest quintile. Over a quarter of women aged 85 and over were in the lowest quintile (27%), compared with 17% of men and 19% of women aged 16-64.

Table 8.3

8.3.5 Index of Multiple Deprivation

As with equivalised household income, the quintiles of IMD are based on all households, and the proportion of the older age group in each quintile varies.

There was less variation between older and younger people for IMD than for equivalised household income. For both sexes the proportion of older adults in the most deprived quintile was a little lower (10% to 16% of men, 13% to 16% of women aged 65 and over) than that of younger adults (20% and 19% respectively aged 16-64). Generally the older age groups were over-represented in the higher three quintiles than the younger adults.

Table 8.4

8.4 Need for and receipt of care among older adults

8.4.1 ADLs/IADLs for which help was needed in the last month, by sex

The great majority of people aged 65 and over reported that they were able to do the ADLs examined in this survey on their own without help. This ranged from 96% of men and women being able to wash their face and hands, to 79% of men and 71% of women being able to get up and down stairs on their own. Most of the remainder said that they could manage on their own with difficulty, with much smaller proportions saying that they could only do these activities with help, or could not do them at all. These latter three groups have been combined to form a group who have at least some difficulty, and therefore at least potentially need help.

Generally, higher proportions said that they needed help with IADLs than ADLs. Overall women were more likely to need help than men with both ADLs and IADLs. Figures 8A and 8B show the proportions that experienced at least some difficulty with each ADL and IADL.

The ADL for which help was needed most often by men and women aged 65 and over was getting up and down the stairs (21% and 29% respectively). There was a further group of ADLs for which help was relatively frequently needed, including having a bath or shower (reported by 15% of men and 19% of women), dressing or undressing (14% of both sexes), getting in and out of bed (10% and 13% respectively) and getting around indoors (9% and 12% respectively).

For the remaining ADLs examined here, smaller proportions said that they had at least some difficulty: taking medicines at the right times, going to the toilet, eating including cutting up food, and washing face and hands (each mentioned by 7% or fewer).

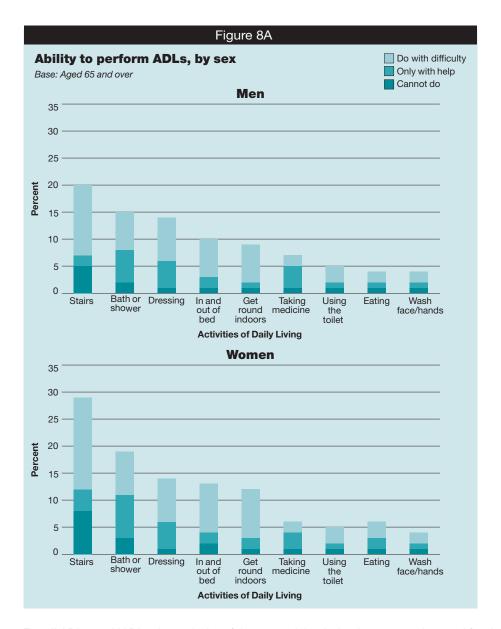
Among the IADLs, more people said that they needed help with shopping for food (20% of men, 31% of women) or routine housework (20% and 27% respectively) than with getting out of the house or doing paperwork and paying bills (16% and 11% of men, 24% and 14% of women).

Table 8.5, Figures 8A, 8B

8.4.2 ADLs/IADLs for which help was received in the last month, by sex

Small proportions of older people – fewer than one in ten - reported that they had received help with any of the ADLs in the last month, and levels of help reported were similar for men and women. Between 4% and 10% of men and women reported help with having a bath or shower, dressing or undressing, taking medication, getting in and out of bed, getting up and down stairs or getting around indoors. Slightly fewer reported help with eating, including cutting up food, using the toilet or washing face and hands.

The proportions who received help with IADLs were higher than for ADLs, and more women than men received help with each IADL. 26% of women received help with shopping for food compared with 14% of men. The same pattern was apparent for housework (21% of women compared with 13% of men), getting out the house (19% and 11%) and doing paperwork and paying bills (12% and 9%). Figures 8C and 8D show the proportions receiving help in the last month for each ADL and IADL.



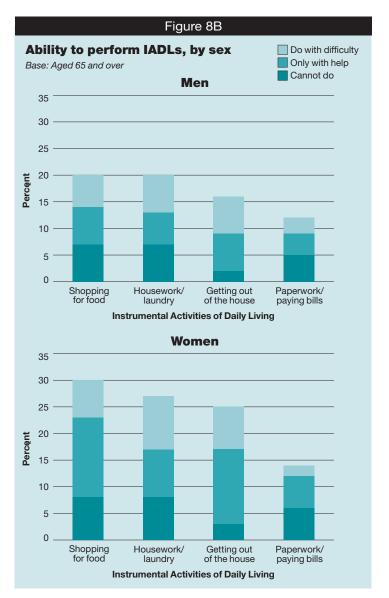
For all ADLs and IADLs the majority of those receiving help also reported a need for that help. However, small proportions who did not need help reported receiving help, and similarly, small proportions who needed help did not receive any. it should be remembered that those reporting need and those reporting receipt of help may not be the same people.

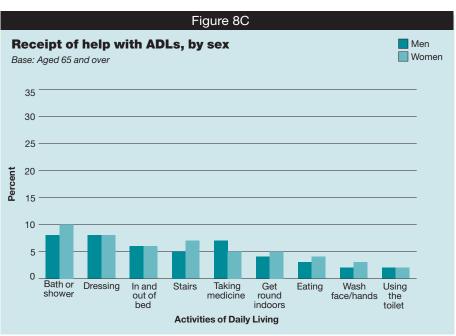
Table 8.6, Figures 8C, 8D

8.4.3 ADLs/IADLs for which help was needed and received, by age

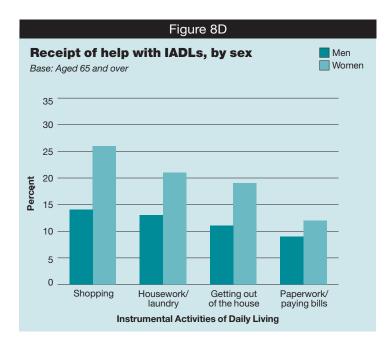
For the majority of ADLs the need for help and the proportions receiving help increased with age. However for most activities there was a gap, with more people reporting needing help than reported receiving help. For example, 29% of women reported needing help with getting up and down stairs but only 7% reported receiving help; the difference was even higher in older age groups (55% of women aged 85 and over needed help and 13% received help). The same pattern was true for men, with 21% needing help and 5% receiving help getting up and down the stairs, and of those aged 85 and over 39% needed help and only 8% received help.

The pattern of increased need for help for the oldest was most prominent with help getting up and down stairs, having a bath or shower, dressing or undressing and getting in or out of bed. 29% of men and 44% of women aged 85 and over reported needing help having a bath or shower, compared with 9% and 8% respectively aged 65-69. The difference between the 80-84 age group and those aged 85 and over was more marked for women than men, as shown in Figure 8E.





The need for help with IADLs also increased sharply with age. Among those aged 85 and over, 42% of men and 67% of women needed help with shopping for food, while 34% and 57% respectively received help with that activity.



In summary, around a quarter of men aged 65 and over reported a need for help with ADLs and/or IADLs (27% and 25% respectively) and just over a third of women aged 65 and over reported such need (34% and 36%). Help was received by 14% of men for at least one ADL and by 20% for at least one IADL, while 16% of women received help for at least one ADL and 32% for at least one IADL.

Tables 8.7, 8.8, Figure 8E

8.4.4 Bladder and bowel incontinence, by age and sex

Questions about bladder and bowel incontinence simply recorded whether or not any problems were experienced, and therefore did not distinguish between those with slight or occasional problems and those with major difficulties. Bladder incontinence was reported by around a quarter of men and women (23% and 26% respectively) and bowel incontinence by 7% of men and 9% of women. Among men, bladder incontinence increased with age, from 16% aged 65-69 to 36% aged 85 and over, while there was little variation with age among women.

Table 8.9

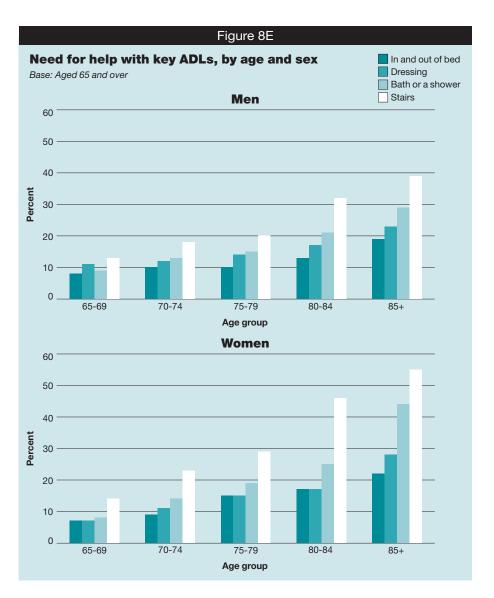
8.4.5 ADLs/IADLs for which help was needed and received, by region

The proportion of those aged 65 and over needing help varied significantly by region. Need for help with both ADLs and IADLs was greatest in the North West for both men and women: around one in three men needed help (35% with ADLs, 34% with IADLs) and over two in five women needed help (43% with ADLs, 47% with IADLs). Conversely, the lowest level of need was in the South East (not including London). Here, only around one in five men needed help (20% for ADLs and 19% for IADLs), while 28% of women needed help with ADLs and 30% with IADLs.

Looking at the regional variations in receipt of help, there was less variation for ADLs. However, levels of receipt were highest in the North West (where 18% of men and 22% of women received help) and the East Midlands (19% of both sexes), these being areas with high levels of need. There was no significant variation across regions for receipt of help with IADLs.

8.4.6 ADLs/IADLs for which help was needed and received, by socio-economic characteristics

The proportion of adults aged 65 and over who needed help with an ADL and/or an IADL in the last month varied significantly by equivalised household income, as shown in Figure 8F. 35% of men and 37% of women in the lowest income group needed help with ADLs, compared with 14%-18% of men and 22%-28% of women in the highest two groups. The equivalent proportions for IADLs were very similar. The gap between men and women narrowed in the lower income groups, particularly for ADLs.



Reflecting the increased levels of need, those in the lowest household income quintiles were also more likely to be receiving help for ADLs or IADLs than those in the highest (20% of men and 17% of women were receiving help with any ADL in the lowest quintile compared with 6%-7% of men in the highest two quintiles and 9%-13% of women in the highest three. There was a similar pattern for IADLs).

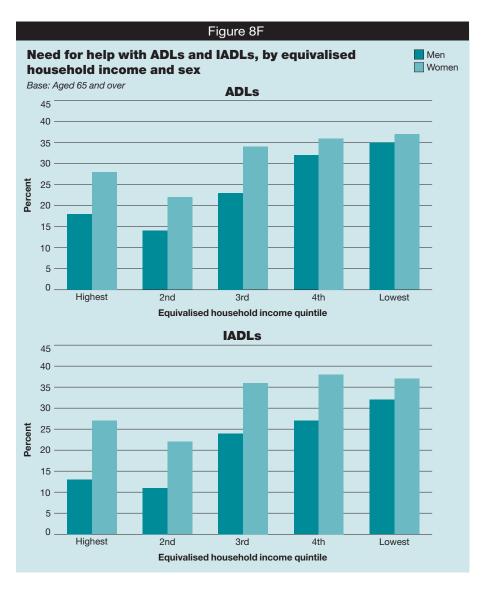
Similarly, a significant pattern can be seen by area deprivation (as defined by the Index of Multiple Deprivation). Men and women in the most deprived areas were twice as likely to need help as those in the least deprived areas: for ADLs, 40% of men and 48% of women in the most deprived IMD quintile compared with 21% and 24% respectively in the least deprived. For IADLs, 39% of men and 50% of women needed help in the most deprived and 17% and 26% respectively in the least deprived quintiles.

Again reflecting the increased level of need, this pattern is also seen for help received with ADLs and/or IADLs. Help with ADLs was received by 21% of men and 25% of women in the most deprived areas and by 11% of men and 12% of women in the least deprived areas. The equivalent proportions for receiving help with IADLs were 32% of men and 41% of women in the most deprived areas, compared with 15% of men and 25% of women in the least deprived areas.

Tables 8.11, 8.12, Figure 8F

8.4.7 Prevalence of unmet need (needing help and receiving none), by age and sex

For each ADL and IADL there was a proportion of people who reported needing help to manage the activity, and who did not receive any help with the activity in the last month. Assuming that those who have at least some difficulty with an activity may need help, this provides some indication of the level of potential unmet need.



Fewer men than women reported unmet need for an ADL (22% and 30% respectively). The activity with the highest level of unmet need was getting up and down the stairs (16% of men and 23% of women). The activities with the lowest levels of unmet need were using the toilet, eating, washing face and hands, and taking medicine (between 2% to 4% of men and women in each case).

Similar proportions of men and women had unmet need for help with IADLs (14% and 15% respectively).

Levels of unmet need for ADLs or IADLs increased with age. Overall, 44% of men and 55% of women aged 85 and over had some unmet need with at least one ADL, compared with 15% of men and women aged 65-69. Results were similar for IADLs: 26% of men and 28% of women in the oldest age group had unmet need for at least one IADL, compared with 10% of men and 8% of women aged 65-69.

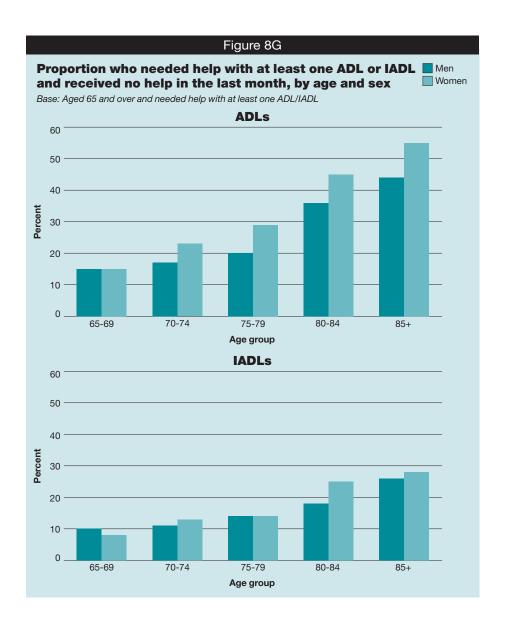
Table 8.13. Figure 8G

8.4.8 Barthel index scores

The Barthel Index is a measure which assesses the ability to perform a number of ADLs and arrives at a single summary score ranging from 0 to 20. A higher score indicates a greater likelihood of being able to live independently at home.

The mean Barthel index score was 18.7 for men and 18.5 for women aged 65 and over. Correspondingly, more than four in five older adults had a score between 17 and 20 (88% of men, 85% of women). The proportion with a score of at least 17 decreased with age, from 92% of men and 90% of women aged 65-69, to 78% of men and 71% of women aged 85 and over.

Table 8.14



8.5 Informal and formal help received

8.5.1 Informal and formal helpers

The majority of people aged 65 and over that received help in the last month were helped by an informal helper, rather than a formal one. For ADLs, 75% of men and 71% of women had informal helpers only, 8% and 13% respectively had formal helpers only, while 8% and 11% respectively had help from both informal and formal helpers. (A small proportion did not identify any helpers from the lists shown to them.) There was a similar picture for IADLs, with 78% of men and 74% of women having only informal helpers.

The proportion receiving only informal help with ADLs declined with age (77% of men aged 65-84 received only informal help, compared with 63% aged 85 and over; for women 82% aged 65-74 received only informal help, compared with 53% aged 85 and over). This pattern was less pronounced for help with IADLs.

The most frequently mentioned informal helper for ADLs was a spouse/partner, with more men receiving help from their spouse than women (71% and 38% respectively); this difference reflects the higher proportion of women who were widowed (see Section 8.3.2). Daughters and sons were the next most frequently mentioned informal helpers, with women more likely than men to mention daughters providing help with ADLs (32% of women, 9% of men). Relatively few mentioned other family members, friends or neighbours.

Informal help with IADLs was most often provided for men by a spouse/partner (46%),

whereas for women help with IADLs was most often provided by a daughter (41%). Other family members, friends and neighbours were more likely to provide help with IADLs than ADLs.

Home care workers were the most frequent providers of formal help with ADLs (for 13% of men and 20% of women), and their use increased with age (from 7% of men aged 65-74 to 30% aged 85 and over, and from 8% to 40% among women of the same ages). Other formal helpers most often provided help with IADLs (13% of men, 17% of women), and there was less variation with age.

Tables 8.15-8.17

8.5.2 Number of hours of care

When older people received help from their spouse or partner, this was often for a substantial number of hours. Around half who received help from their spouse reported receiving ten or more hours of help in the last week (50% of men, 45% of women); this included 35% of both men and women receiving 20 or more hours of help. Daughters also often provided substantial numbers of hours of care, with 28% of men and 31% of women receiving care from a daughter reporting receiving ten or more hours of care in the last week.

The majority of those who received formal help from a home care worker or personal assistant received between one and nine hours of care from them in the last week (63% of men and 65% of women). Around one in three received ten or more hours of care (31% of men and 29% of women).

Tables 8.18, 8.19

8.6 Payment for care

8.6.1 Formal and funded care

Older people that were receiving any formal care, or at least 20 hours per week of informal care, were asked about funding for their care. This included any contribution paid by the local authority, themselves or others.

Among those receiving formal care, or substantial numbers of hours of informal care, similar proportions of men and women reported receiving direct payments (14% and 19% respectively). A much smaller proportion reported that they received a personal budget (8% and 7% respectively), and 7% of both men and women reported that they had care arranged by the local authority but neither a personal budget nor direct payments. This leaves a large majority reporting no local authority involvement in arranging their care (74% of men and 71% of women).

Focusing only on those who were receiving some formal care (whether or not this was combined with informal care), there were higher proportions who reported direct payments (21% of men, 23% of women), personal budgets (14% of men and 8% of women) or local authority arranged care but not direct payments or personal budgets (12% and 9%). It is still the case that 57% of these men and 64% of women reported that they were either receiving unpaid help or privately funding their formal care.

More women than men reported paying all the costs for the formal care they received (61% compared with 49%). Correspondingly, more men than women reported making no payment for the formal care received (35% compared with 26%). A very small group of men and women did not know whether they made a contribution (6% and 4% respectively).

Tables 8.20, 8.22

8.6.2 Informal care

Participants who received 20 or more hours of informal help in the last week were asked whether they paid all or some of the costs for their informal care. Very small proportions mentioned paying all or some of the costs. In most cases, no payment had been made for the care, with this being more likely among men than women (93% and 84% respectively).

This reflects the findings in earlier sections that show the majority of informal help was provided by a spouse, daughter or son.

Tables 8.21

8.7 Discussion

Unmet need

This chapter provides estimates of the prevalence of unmet need. This assumes that those who had at least some difficulty with an activity may need help; if they did not receive any help for that activity this potentially represented unmet need. Using this definition, levels of unmet need were higher in women than men, with 30% and 22% respectively having unmet need with at least one ADL, and 15% and 14% respectively having unmet need with at least one IADL. The activity with the highest levels of unmet need was getting up and down stairs (23% of women and 16% of men).

Levels of unmet need increased with age; for example, 32% of men and 43% of women aged 85 and over had unmet need for help with getting up and down the stairs. While some may have lived in single-storey accommodation, it is likely that others simply had to avoid using the stairs. Although many did receive the help they needed with IADLs, those over 80 were particularly likely not to receive help.

The Barthel Index scores, providing a useful overall summary of functioning with daily tasks, show that most older people living in the community are relatively independent. However, particularly among those aged 80 and over, there are considerable numbers who need significant help and support to continue to live in their own homes. The results from this module of questions highlight particular needs for social care for certain types of activities, for the oldest age groups, and for those living in the lowest income households and deprived areas. This evidence helps to identify priorities for policy development for helping older people remain living independently at home,

Comparisons with other studies

Other recent surveys have estimated receipt of help among older people over 65 years of age in England. A recent analysis of data from the English Longitudinal Study of Ageing (ELSA) 2008 and the General Household Survey (GHS) 2001²⁵ reported that between 3% (ELSA) and 22% (GHS) of older people reported difficulties with shopping. In the HSE, 20% of men and 31% of women reported that they could manage food shopping with difficulty, only do it with help, or could not do it at all. Estimates for need for help with bathing from the earlier studies were 10% (ELSA) and 15% (GHS), whereas the HSE recorded slightly higher levels of need at 15% of men and 19% of women. Possible reasons for differences between the surveys could be due to differences in question sequence and the wording, and resultant differences in the definition of difficulty with performing the task.²⁶ It is also possible, however, that the HSE data, collected some years after these studies, may reflect increasing need over time.

References and notes

- 1 We acknowledge with thanks the contributions to this chapter of Robin Darton, Ruth Hancock, Catherine Henderson, Marcello Morciano, Katharine Sadler, Raphael Wittenberg.
- 2 HM Government. Caring for our future: reforming care and support. Cm 8378, London, 2012. www.official-documents.gov.uk/document/cm83/8378/8378.pdf
- 3 Health and Social Care Information Centre. Community Care Statistics: Social Services Activity, England – 2011-12 – Final Release. HSCIC, Leeds, 2012. www.hscic.gov.uk/catalogue/PUB10291
- 4 Laing & Buisson. *Domiciliary Care UK Market Report 2013*. Laing & Buisson, London, 2013. www.laingbuisson.co.uk/MarketReports/LatestMarketReports/tabid/570/ProductID/564/Default.aspx
- 5 Department of Health. Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England. DH, London, 2005. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Closedconsultations/DH _4116631

- 7 HM Government. Putting People First: a shared vision and commitment to the transformation of Adult Social Care. HMG, London, 2007. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf
- 8 Department of Health. *Putting People First the whole story*. DH, London, 2008. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsands tatistics/Publications/PublicationsPolicyAndGuidance/DH_089665
- 9 Department of Health. A vision for adult social care: Capable communities and active citizens. DH, London, 2010. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH_121508
- 10 HM Treasury. Spending Round 2013. Cm 8639. The Stationery Office, London, 2013. www.gov.uk/government/uploads/system/uploads/attachment_data/file/209036/spending-round-2013-complete.pdf
- 11 Commission on Funding of Care and Support. Fairer Care Funding. The Report of the Commission on Funding of Care and Support. London, 2011. www.dilnotcommission.dh.gov.uk/our-report/
- 12 HM Government. Caring for our future: progress report on funding reform. Cm 8381, London, 2012. www.official-documents.gov.uk/document/cm83/8381/8381.pdf
- 13 Department of Health. *Policy statement on care and support funding reform and legislative requirements*. Department of Health, London, 2013. www.gov.uk/government/publications/policy-statement-on-care-and-support-funding-reform
- 14 Care Bill. www.publications.parliament.uk/pa/bills/lbill/2013-2014/0001/en/14001en.pdf
- Health and Social Care Information Centre. Personal Social Services Adult Social Care Survey, England 2010-2011 (Final Release). HSCIC, Leeds, 2011. http://www.hscic.gov.uk/article/2021/Website-Search?productid=9039&q=personal+social+services+adult+social+care+survey&sort=Relevance&size =10&page=1&area=both#top
- 16 Adult Social Care Team, Health and Social Care Information Centre. Survey of Carers in Households 2009/10. HSCIC, Leeds, 2010. www.hscic.gov.uk/catalogue/PUB02200
- 17 Walker A, Maher J, Coulthard M et al. Living in Britain. Results from the 2000/01 General Household Survey. The Stationery Office, London, 2001. www.ons.gov.uk/ons/rel/ghs/general-household-survey/2001-edition/index.html
- 18 The project was funded by the Nuffield Foundation and the Department of Health, and carried out by NatCen Social Research, the Personal Social Services Research Unit (PSSRU) at the London School of Economics and University of Kent, and the Health Economics Group at the University of East Anglia. A description of the study outcomes and documentation can be found at www.natcen.ac.uk/ourresearch/research/social-care-questions-for-over-65s/
- 19 www.ifs.org.uk/ELSA
- 20 Craig, R et al. Social Care. Chapter 5 in Craig, R., Mindell, J. Health Survey for England 2011: Volume 1 Health, Social Care and Lifestyles. Health and Social Care Information Centre, Leeds, 2012. www.hscic.gov.uk/pubs/hse11report
- 21 Mahoney FI, Barthel DW. Functional evaluation: the Barthel Index. Maryland State Medical Journal. 1965;14: 61-65.
- 22 Darton R, Bäumker T, Callaghan L, Netten A. Evaluation of the Extra Care Housing Initiative: PSSRU Technical Report. PSSRU Discussion Paper No. 2783/2. Personal Social Services Research Unit, University of Kent, Canterbury, 2011. www.pssru.ac.uk/project-pages/extra-care-housing/index.php
- 23 The variables used in this chapter to compute the Barthel Index are:

Getting up and down stairs

Having a bath or a shower

Dressing or undressing

Getting in and out of bed

Getting around indoors

Using the toilet

Eating, including cutting up food

Washing face and hands

Bladder and bowel incontinence.

24 Department of Health. Direct Payments. DH, London, 2009. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Directpayments/index.htm

- Vlachantoni A, Shaw R, Willis R, Evandrou M et al. Measuring unmet need for social care among older people. Briefing 3, ESRC Research Centre for Population Change, Southampton, 2011. http://eprints.soton.ac.uk/200825/1/cpcbriefing-3.pdf
- 26 The difference may arise partly from the detailed description of the activities, as well as different types of questions.

Shopping

HSE: 'shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away'

GHS: 'household shopping' ELSA: 'shopping for groceries'

Bathing:

HSE: 'having a bath or a shower, including getting in and out of the bath or shower'

GHS: 'bath, shower or wash all over'

ELSA: 'bathing or showering'.

- 8.1 Marital status, by age and sex
- 8.2 Home tenure, by age and sex
- 8.3 Equivalised household income, by age and sex
- 8.4 Index of Multiple Deprivation, by age and sex
- 8.5 Ability to perform ADLs/IADLs in the last month, by sex
- 8.6 ADLs/IADLs for which help was received in the last month, by sex and ability to perform activity
- 8.7 ADLs/IADLs for which help was needed and received in the last month, by age and sex
- 8.8 Summary of ADLs/ IADLs for which help was needed and received in the last month, by age and sex
- 8.9 Prevalence of incontinence, by age and sex
- 8.10 Summary of ADLs/ IADLs for which help was needed and received in the last month (observed and age-standardised), by region and
- 8.11 Summary of ADLs/IADLs for which help was needed and received in the last month (agestandardised), by equivalised household income and sex
- 8.12 Summary of ADLs/IADLs for which help was needed and received in the last month (agestandardised), by Index of Multiple Deprivation and sex
- 8.13 Proportion who needed help with ADLs/IADLs, and received no help with them in the last month, by age and sex
- 8.14 Barthel Index scores for the last month, by age and sex
- 8.15 Summary of who provided help with ADLs/IADLs in the last month, by age and sex
- 8.16 Which informal helpers provided help with ADLs/IADLs in the last month, by age and sex
- 8.17 Which formal helpers provided help with ADLs/IADLs in the last month, by age and sex

- 8.18 Number of hours of help in the last week from informal helpers, by sex
- 8.19 Number of hours of help in the last week from formal helpers: home care worker/personal assistant
- 8.20 Receipt of direct payments and personal budgets, by sex
- 8.21 Whether contributed to payment for informal help, by sex
- 8.22 Whether contributed to payment for formal help, by sex

Notes on the tables

- 1. The group on which the figures in the table are based is stated at the upper left corner of the table.
- The data in most tables have been weighted. See Volume 2, Chapter 7 of this report for more detail. Both unweighted and weighted sample sizes are shown at the foot of each table.
- Apart from tables showing age breakdowns, data have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. See Volume 2, Chapter 8.4 of this report for more detail.
- 4. The following conventions have been used in tables:
 - no observations (zero value)
 - 0 non-zero values of less than 0.5% and thus rounded to zero
 - [] used to warn of small sample bases, if the unweighted base is less than 50. If a group's unweighted base is less than 30, data are normally not shown for that group.
- 5. Because of rounding, row or column percentages may not add exactly to 100%.
- 6. 'Missing values' occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses.

		Table	8.1				
Marital status, by age	and	sex					
Aged 16 and over						201	1/2012
	ge gr	oup					Total
1	6-64	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	%	%
Men							
Single	31	5	7	5	4	5	26
Married/living with a partner	62	83	77	70	67	44	64
Divorced/separated	7	8	9	10	6	4	7
Widowed	1	4	7	15	23	47	3
Women							
Single	25	3	3	5	5	4	20
Married/living with a partner	64	68	60	43	29	16	61
Divorced/separated	9	15	13	8	6	4	10
Widowed	2	14	24	44	60	76	9
Bases (unweighted)							
Men	5589	609	493	387	246	177	7501
Women	7075	675	573	441	358	273	9395
Bases (weighted)							
Men	6802	477	387	303	191	142	8302
Women	6840	506	434	359	293	222	8655

	Table	8.2				
and	sex					
					201	1/2012
Age gr	oup					Total
16-64	65-69	70-74	75-79	80-84	85+	
%	%	%	%	%	%	%
18	72	77	76	74	72	28
44	11	4	4	2	3	37
8	6	8	11	9	8	8
28	10	11	8	12	16	25
2	1	0	1	3	2	1
20	74	76	73	71	66	31
43	10	4	2	4	4	35
9	5	9	12	11	10	9
27	10	11	12	13	16	24
1	2	1	1	2	3	1
5577	606	493	386	246	177	7485
7050	672	571	441	359	273	9366
6790	475	387	302	191	142	8286
6816	504	433	359	294	222	8629
	Age gr 16-64 % 18 44 8 28 2 20 43 9 27 1	Age group 16-64 65-69 % % 18 72 44 11 8 6 28 10 2 1 20 74 43 10 9 5 27 10 1 2 5577 606 7050 672 6790 475	Age group 16-64 65-69 70-74 % % % 18 72 77 44 11 4 8 6 8 28 10 11 2 1 0 20 74 76 43 10 4 9 5 9 27 10 11 1 2 1 5577 606 493 7050 672 571 6790 475 387	Age group 16-64 65-69 70-74 75-79 % % % % 18 72 77 76 44 11 4 4 8 6 8 11 28 10 11 8 2 1 0 1 20 74 76 73 43 10 4 2 9 5 9 12 27 10 11 12 1 2 1 1 5577 606 493 386 7050 672 571 441 6790 475 387 302	Age group 16-64 65-69 70-74 75-79 80-84 % % % % % 18 72 77 76 74 44 11 4 4 2 8 6 8 11 9 28 10 11 8 12 2 1 0 1 3 20 74 76 73 71 43 10 4 2 4 9 5 9 12 11 27 10 11 12 13 1 2 1 1 2 5577 606 493 386 246 7050 672 571 441 359	Age group 16-64 65-69 70-74 75-79 80-84 85+ % % % % % % % 18 72 77 76 74 72 44 11 4 4 2 3 8 6 8 11 9 8 28 10 11 8 12 16 2 1 0 1 3 2 20 74 76 73 71 66 43 10 4 2 4 4 9 5 9 12 11 10 27 10 11 12 13 16 1 2 1 1 2 3 5577 606 493 386 246 177 7050 672 571 441 359 273

^a 'Renting from other landlord' includes a small number of cases where the participant was renting, but did not state whether or not the landlord was the local authority.

household income quintile 16-64 65-69 70-74 75-79 80-84 85+ Men % % % % % % % Highest quintile 24 12 12 10 8 10 2 2nd quintile 24 19 13 16 14 12 2 3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 1 Lowest quintile 17 16 16 18 20 25 1 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 <th colspan="9">Table 8.3</th>	Table 8.3											
Equivalised household income quintile Age group 16-64 65-69 70-74 75-79 80-84 85+ 9% 9% 9% 9% 9% 9% 9% 9	Equivalised household income, by age and sex											
Name	Aged 16 and over						201	1/2012				
Quintile 16-64 65-69 70-74 75-79 80-84 85+ Men % % % % % % % Highest quintile 24 12 12 10 8 10 2 2nd quintile 24 19 13 16 14 12 2 3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 2 Lowest quintile 17 16 16 18 20 25 3 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37<		Age gr	oup					Total				
Men % % % % % Highest quintile 24 12 12 10 8 10 2 2nd quintile 24 19 13 16 14 12 2 3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 2 Lowest quintile 17 16 16 18 20 25 3 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573		16-64	65-69	70-74	75-79	80-84	85+					
Highest quintile 24 12 12 10 8 10 2 2nd quintile 24 19 13 16 14 12 2 3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 Lowest quintile 17 16 16 18 20 25 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4 4th quintile 18 27 28 23 18 31 31 4 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	quintile	%	%	%	%	%	%	%				
2nd quintile 24 19 13 16 14 12 2 3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 34 Lowest quintile 17 16 16 18 20 25 3 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743 </td <td>Men</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Men											
3rd quintile 19 28 28 22 24 25 2 4th quintile 15 25 31 34 34 28 1 Lowest quintile 17 16 16 18 20 25 1 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	Highest quintile	24	12	12	10	8	10	22				
4th quintile 15 25 31 34 34 28 Lowest quintile 17 16 16 18 20 25 1 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	2nd quintile	24	19	13	16	14	12	23				
Women 17 16 16 18 20 25 Women Highest quintile 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	3rd quintile	19	28	28	22	24	25	20				
Women 22 12 10 6 9 8 2 2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	4th quintile	15	25	31	34	34	28	18				
Highest quintile 22 12 10 6 9 8 2 2 2 1 2 10 6 9 8 2 2 2 2 2 3 1 8 3 1 5 2 8 2 3 1 8 3 1 5 2 8 2 9 3 7 3 5 2 8 2 2 2 2 4 2 9 2 7 2 2 8 2 3 2 3 2 4 2 9 2 7 2 2 8 2 3 2 3 2 4 2 9 2 7 2 2 8 2 3 2 3 3 3 5 2 8 2 3 3 3 5 2 8 2 3 3 5 2 8 2 3 3 6 2 2 3 6 2 3 7 3 5 2 8 2 3 6 2 3 7 3 5 2 8 2 3 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 7 3 5 2 8 2 3 3 7 3 5 2 8 2 3 3 7 3 5 2 8 2 3 3 7 3 5 2 8 2 3 3 2 4 5 2 7 3 7 3 5 2 8 2 3 3 3 2 4 5 3 7 3 5 2 8 2 3 3 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 8 3 2 4 5 3 7 3 5 2 5 2 3 2 3 2 4 5 3 7 3 5 2 5 2 3 2	Lowest quintile	17	16	16	18	20	25	17				
2nd quintile 23 16 11 10 9 7 2 3rd quintile 18 27 28 23 18 31 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	Women											
3rd quintile 18 27 28 23 18 31 4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	Highest quintile	22	12	10	6	9	8	20				
4th quintile 18 25 29 37 35 28 2 Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	2nd quintile	23	16	11	10	9	7	21				
Lowest quintile 19 20 22 24 29 27 2 Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	3rd quintile	18	27	28	23	18	31	19				
Bases (unweighted) Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	4th quintile	18	25	29	37	35	28	20				
Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743	Lowest quintile	19	20	22	24	29	27	20				
Men 4573 482 369 291 170 114 598 Women 5757 523 434 323 245 150 743												
Women 5757 523 434 323 245 150 745	Bases (unweighted)											
	Men	4573	482	369	291	170	114	5999				
Bases (weighted)	Women	5757	523	434	323	245	150	7432				
· · ·	Bases (weighted)											
Men 5417 378 289 224 132 92 653	Men	5417	378	289	224	132	92	6532				
Women 5465 390 328 260 201 122 676	Women	5465	390	328	260	201	122	6768				

		Tal	ble 8.4				
Index of Multip	le Dep	rivatio	n,ª by a	age an	d sex		
Aged 16 and over						201	1/2012
	A					201	
IMD quintile	Age gr						Total
	16-64	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	%	%
Men							
Least deprived	20	24	24	22	22	17	20
2nd quintile	20	27	23	23	25	37	21
3rd quintile	20	23	22	22	22	22	21
4th quintile	20	16	18	17	18	14	19
Most deprived	20	11	13	16	12	10	19
Women							
Least deprived	20	23	24	20	16	23	21
2nd quintile	20	26	20	27	31	26	21
3rd quintile	21	23	21	21	19	21	21
4th quintile	19	15	22	18	19	18	19
Most deprived	19	13	13	15	16	13	18
Bases (unweighted)							
Men	5591	609	493	387	246	177	7503
Women	7077	675	573	441	359	273	9398
Bases (weighted)							
Men	6805	477	387	303	191	142	8304
Women	6842	506	434	359	294	222	8658

^a The Index of Multiple Deprivation 2010 (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score at the small area level in England.

Table 8.5 Ability to perform ADLs/ IADLs^a in the last month, by sex

Aged 65 and overb 2011/2012

Aged 65 and over						2011/2012
ADLs/IADLs ^a		Ability to	perform ADL/	IADL ^c		
		Can do without help	Can do with difficulty but manage on own	Can do only with help	Cannot do	Can do with difficulty/ only with help/ cannot do
Men						
ADLs						
Getting up and down stairs	%	79	13	2	5	21
Having a bath or a shower	%	85	7	6	2	15
Dressing or undressing	%	86	8	5	1	14
Getting in and out of bed	%	90	7	2	1	10
Getting around indoors	%	91	7	1	1	9
Taking medicine	%	93	2	4	1	7
Using the toilet	%	95	3	1	1	5
Eating, including cutting up food	%	96	2	1	1	4
Washing face and hands	%	96	2	1	1	4
IADLs						
Shopping for food ^d	%	80	6	7	7	20
Doing routine housework or laundry ^d	%	80	7	6	7	20
Getting out of the house	%	84	7	7	2	16
Doing paperwork or paying bills ^d	%	89	3	4	5	11
Women						
ADLs						
Getting up and down stairs	%	71	17	4	8	29
Having a bath or a shower	%	81	8	8	3	19
Dressing or undressing	%	86	8	5	1	14
Getting in and out of bed	%	87	9	2	2	13
Getting around indoors	%	88	9	2	1	12
Taking medicine	%	94	2	3	1	6
Using the toilet	%	95	3	1	1	5
Eating, including cutting up food	%	94	3	2	1	6
Washing face and hands	%	96	2	1	1	4
IADLs						
Shopping for food ^d	%	69	7	15	8	31
Doing routine housework or laundry ^d	%	73	10	9	8	27
Getting out of the house	%	76	8	14	3	24
Doing paperwork or paying bills ^d	%	86	2	6	6	14
_						

a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.
 b Bases for getting up and down stairs are: Unweighted: Men 1907/Women 2314

Weighted: Men 1496/Women 1810

Bases for other ADLs/IADLs vary but are of similar magnitude.

C This table presents row percentages.

d Excluding help because of the way household responsibilities are divided.

ADLs/ IADLs^a for which help was received in the last month, by sex and ability to perform activity

Aged 65 and over 2011/2012

Aged 65 and over			2011/2012
ADLs/IADLs ^a	Ability to	o perform DL	Total
	Can do	Can do with difficulty/ only with help/ cannot do	
	%	%	%
Men			
ADLs			
Getting up and down stairs	0	5	5
Having a bath or a shower	1	7	8
Dressing or undressing	1	7	8
Getting in and out of bed	1	4	6
Getting around indoors	1	3	4
Taking medicine	2	5	7
Using the toilet	0	2	2
Eating, including cutting up food	1	2	3
Washing face and hands	1	1	2
IADLs			
Shopping for food ^b	. 1	13	14
Doing routine housework or laund	dry ^b 1	12	13
Getting out of the house	1	10	11
Doing paperwork or paying bills ^b	2	7	9
Women			
ADLs			
Getting up and down stairs	1	6	7
Having a bath or a shower	1	9	10
Dressing or undressing	1	7	8
Getting in and out of bed	2	4	6
Getting around indoors	1	4	5
Taking medicine	1	4	5
Using the toilet	1	2	2
Eating, including cutting up food	1	3	4
Washing face and hands	1	1	3
IADLs	_		
Shopping for food ^b	2	24	26
Doing routine housework or laund		19	21
Getting out of the house	2	17	19
Doing paperwork or paying bills ^b	2	11	12
Dance (unusiahta -1)C			
Bases (unweighted) ^c	1500	20.0	1007
Men	1509	398 649	1907
Women	1662	648	2310
Bases (weighted) ^c Men	1107	309	1.406
	1187		1496
Women	1283	524	1807

 $^{^{\}rm a}\,$ ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

 $^{^{\}rm b}\,$ Excluding help because of the way household responsibilities are divided.

^C Bases shown here are for getting up and down stairs. The bases for other ADLs/IADLs vary but are of similar magnitude.

Copyright © 2013, The Health and Social Care Information Centre. All rights reserved

Table 8.7

ADLs/ IADLs^a for which help was needed and received in the last month, by age and sex

Aged 65 and over 2011/2012

ADLs/IADLs ^a	oup				Tota	
	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	9
Men						
ADLs						
Getting up and down stairs						
Need help ^b	13	18	20	32	39	2
Received help last month ^c	4	5	5	7	8	
Having a bath or a shower						
Need help	9	13	15	21	29	1
Received help last month	5	7	9	11	13	
Dressing or undressing						
Need help	11	12	14	17	23	1
Received help last month	5	8	9	8	11	
Getting in and out of bed						
Need help	8	10	10	13	19	1
Received help last month	4	6	6	6	8	
Getting around indoors						
Need help	6	8	9	13	17	
Received help last month	2	3	4	5	7	
Taking medicine						
Need help	4	6	7	12	14	
Received help last month	3	7	7	11	13	
Using the toilet						
Need help	4	5	4	5	9	
Received help last month	1	2	3	3	2	
Eating, including cutting up food						
Need help	3	4	4	4	9	
Received help last month	2	3	3	3	2	
Washing face and hands						
Need help	3	4	5	5	7	
Received help last month	1	3	3	2	4	
IADLs						
Shopping for food ^d						
Need help	13	16	18	30	42	2
Received help last month	8	11	14	21	34	
Doing routine housework or laundry						
Need help	13	16	19	29	44	2
Received help last month	7	11	13	21	30	1
Getting out of the house						
Need help	9	13	16	24	38	1
Received help last month	5	9	10	17	26	1
Doing paperwork or paying bills ^d						
Need help	6	10	10	17	27	1
Received help last month	4	7	9	15	21	
Bases (unweighted) ^e						
Men	608	493	387	246	177	191
Bases (weighted) ^e						
Men	476	387	303	191	142	149

a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

Continued...

b 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

C Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

d Excluding help because of the way household responsibilities are divided.

^e Bases shown here are for getting up and down stairs. Bases for other ADLs/IADLs vary but are of similar magnitude.

ADLs/IADLs ^a	Age group					
	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	%
Women						
ADLs						
Getting up and down stairs						
Need help ^b	14	23	29	46	55	29
Received help last month ^c	3	7	8	9	13	7
Having a bath or a shower						
Need help	8	14	19	25	44	19
Received help last month	5	9	10	10	24	10
Dressing or undressing						
Need help	7	11	15	17	28	14
Received help last month	4	7	8	9	16	8
Getting in and out of bed						
Need help	7	9	15	17	22	13
Received help last month	3	6	7	6	11	6
Getting around indoors						
Need help	6	8	14	15	28	12
Received help last month	2	4	6	5	10	5
Taking medicine						
Need help	2	4	6	7	18	6
Received help last month	2	4	5	6	16	5
Using the toilet						
Need help	3	3	5	8	11	5
Received help last month	1	2	2	3	7	2
Eating, including cutting up food						
Need help	4	4	5	6	16	6
Received help last month	2	3	2	3	10	4
Washing face and hands						
Need help	2	2	4	6	9	4
Received help last month	1	2	2	4	7	3
IADLs						
Shopping for food ^d						
Need help	13	23	29	47	67	31
Received help last month	10	20	25	40	57	26
Doing routine housework or laundry	1					
Need help	13	20	27	41	57	27
Received help last month	9	15	23	30	46	21
Getting out of the house						
Need help	9	16	23	39	59	24
Received help last month	6	14	16	31	46	19
Doing paperwork or paying bills ^d						
Need help	5	8	13	22	41	14
Received help last month	4	8	12	19	33	12
·						
Bases (unweighted) ^e						
Women	675	573	441	358	273	2320
Bases (weighted) ^e						
Women	506	434	359	294	222	1815

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

b 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

C Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

^d Excluding help because of the way household responsibilities are divided.

^e Bases shown here are for getting up and down stairs. Bases for other ADLs/IADLs vary but are of similar magnitude.

Copyright © 2013, The Health and Social Care Information Centre. All rights reserved

Table 8.8

Summary of ADLs/ IADLs^a for which help was needed and received in the last month, by age and sex

Aged 65 and over 2011/2012

ADLs/IADLs ^a	Age gr	oup				Tota
	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	%
Men						
ADLs						
Any personal activities						
Needed help ^b	18	23	26	43	51	2
Received help last month ^c	9	12	16	21	23	1-
Having a bath or a shower						
Needed help	9	13	15	21	29	1
Received help last month	5	7	9	11	13	
Other personal activities (excluding having a bath or shower)						
Needed help	17	22	24	39	50	2
Received help last month	9	12	15	19	21	1
IADLs						
Any instrumental activities ^d						
Needed help	16	21	23	38	55	2
Received help last month	10	17	18	32	46	2
Women						
ADLs						
Any personal activities						
Needed help	17	27	35	51	63	3
Received help last month	8	14	17	18	34	1
Having a bath or a shower						
Needed help	8	14	19	25	44	1
Received help last month	5	9	10	10	24	1
Other personal activities (excluding having a bath or shower)						
Needed help	16	25	33	49	60	3
Received help last month	7	11	15	16	27	1
IADLs						
Any instrumental activities ^d						
Needed help	16	27	34	57	74	3
Received help last month	13	25	32	50	66	3
Bases (unweighted) ^e						
Men	608	492	387	246	177	191
Women	675	573	440	357	273	231
Bases (weighted) ^e						
	470	000	000	101	4.40	1.40
Men	476	386	303	191	142	149

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

^b 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

^c Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

 $^{^{\}mbox{\scriptsize d}}$ Excluding help because of the way household responsibilities are divided.

^e Bases shown here are for getting up and down stairs. Bases for other ADLs/IADLs vary but are of similar magnitude.

Table 8.9											
Prevalence of incontinence, by age and sex											
And 05 and 202											
Aged 65 and over					201	1/2012					
Incontinence ^a	Age gr	oup				Total					
	65-69	70-74	75-79	80-84	85+						
	%	%	%	%	%	%					
Men											
Bladder incontinence	16	24	21	34	36	23					
Bowel incontinence	5	10	4	14	10	7					
Women											
Bladder incontinence	24	27	23	27	30	26					
Bowel incontinence	8	8	8	12	12	9					
Bases (unweighted) ^b											
Men	528	409	313	193	117	1560					
Women	587	468	334	263	186	1838					
Bases (weighted) ^b											
Men	411	320	243	151	93	1217					
Women	439	353	273	216	151	1431					

 $^{^{\}rm a}\,$ Those who responded 'prefer not to say' (2%) were excluded from the table.

^b Bases shown here are for those with bladder incontinence. Bases for those with bowel incontinence are slightly different but of a similar magnitude.

Summary of ADLs/ IADLs^a for which help was needed and received in the last month (observed and age-standardised), by region^b and sex

Aged 65 and over 2011/2012

ADLs/IADLs ^a	Region								
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South East	South West
	%	%	%	%	%	%	%	%	%
Men									
Observed									
ADLs									
Needed help ^c	32	35	26	28	22	32	28	20	25
Received help last month ^d	13	18	16	18	15	12	12	13	13
IADLs ^e									
Needed help	28	34	21	26	25	26	30	19	21
Received help last month	23	24	20	21	22	20	19	16	18
Standardised									
ADLs									
Needed help	32	35	25	29	23	32	27	20	26
Received help last month	13	18	16	19	15	12	12	13	14
IADLse									
Needed help	28	34	21	26	25	26	29	19	23
Received help last month	23	24	19	21	22	20	19	16	19
Women									
Observed									
ADLs									
Needed help	29	43	32	33	37	35	36	28	33
Received help last month	11	22	15	18	18	13	17	14	15
IADLse									
Needed help	32	48	36	36	39	36	33	30	32
Received help last month	25	38	35	33	35	31	32	27	31
Standardised									
ADLs									
Needed help	30	43	33	35	37	36	35	28	32
Received help last month	11	22	15	19	18	13	17	14	15
IADLse									
Needed help	34	47	36	38	38	37	32	30	31
Received help last mo nth	26	37	35	35	35	31	32	27	30
Bases (unweighted) ^f									
Men	164	242	204	167	189	241	149	332	222
Women	211	306	249	190	231	239	206	408	278
Bases (weighted) ^f									
Men	81	189	164	128	154	192	144	262	184
Women	104	244	204	148	189	191	190	317	227

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

 $^{^{\}mbox{\scriptsize b}}$ Regions defined as the former Government Office Regions.

c 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

d Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

 $^{^{\}rm e}~$ Excluding help because of the way household responsibilities are divided.

f Bases shown here are for ADLs. The bases for IADLs vary but are of similar magnitude.

Aged 65 and over

ADLs/IADLs ^a	Equivalised household income quintiles					
	Highest	2nd	3rd	4th	Lowest	
	%	%	%	%	%	
Men						
ADLs						
Needed help ^b	18	14	23	32	35	
Received help last month	n ^c 6	7	11	16	20	
IADLs ^d						
Needed help	13	11	24	27	32	
Received help last month	15	9	18	20	25	
Women						
ADLs						
Needed help	28	22	34	36	37	
Received help last month	13	9	13	16	17	
IADLsd						
Needed help	27	22	36	38	37	
Received help last month	25	19	32	33	33	
Bases (unweighted) ^e						
Men	155	225	378	427	240	
Women	157	196	430	506	385	
Bases (weighted) ^e						
Men	22	33	54	61	36	
Women	25	32	69	82	64	

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

b 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

C Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

 $^{^{\}rm d}\,$ Excluding help because of the way household responsibilities are divided.

^e Bases shown here are for ADLs. The bases for IADLs vary but are of similar magnitude.

Summary of ADLs/ IADLs^a for which help was needed and received in the last month (age-standardised), by Index of Multiple Deprivation^b and sex

Aged 65 and over 2011/2012

ADLs/IADLs ^a	IMD quint	tile			
	Least deprived	2nd	3rd	4th	Most deprived
	%	%	%	%	%
Men					
ADLs					
Needed help ^c	21	25	26	31	40
Received help last month	^d 11	13	14	18	21
IADLse					
Needed help	17	21	25	32	39
Received help last month	15	14	21	24	32
Women					
ADLs					
Needed help	24	30	35	39	48
Received help last month	12	13	16	18	25
IADLse					
Needed help	26	31	38	41	50
Received help last month	25	29	33	36	41
Bases (unweighted) ^f					
Men	434	487	422	323	244
Women	511	578	485	423	321
Bases (weighted) ^f					
Men	62	72	62	46	34
Women	82	96	80	69	52

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

b The Index of Multiple Deprivation 2010 (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score at the small area level in England.

c 'Needed help' includes those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it.

d Note that those who received help in the last month may not be the same people as those that need help. See Table 8.13 for summary of those needing help that did not receive help.

^e Excluding help because of the way household responsibilities are divided.

f Bases shown here are for ADLs. The bases for IADLs vary but are of similar magnitude.

Proportion who needed help with ADLs/ IADLs,^a and received no help with them in the last month, by age and sex

Aged 65 and over 2011/2012

Aged 65 and over					201	1/2012
Needed help, and received	Age gr	oup				Total
no help in the last month ^b	65-69	70-74	75-79	80-84	85+	
	%	%	%	%	%	%
Men						
ADLs ^a						
Getting up and down stairs	9	13	15	25	32	16
Having a bath or a shower	4	6	8	10	16	7
Dressing or undressing	6	4	7	10	12	7
Getting in and out of bed	4	5	7	8	11	6
Getting around indoors	4	5	7	9	10	6
Taking medicine	2	1	2	1	5	2
Using the toilet	3	3	3	3	7	3
Eating, including cutting up food	2	2	3	2	6	3
Washing face and hands	3	2	3	3	4	3
Needed help with at least one ADL					•	
but received help with none	15	17	20	36	44	22
IADLs ^a						
Shopping for food ^c	5	6	6	10	13	7
Doing routine housework or laundry	6	6	9	9	18	8
Getting out of the house	5	5	8	8	13	7
Doing paperwork or paying bills ^c	3	4	4	4	7	4
Needed help with at least one IADL						
but received help with none	10	11	14	18	26	14
Women						
ADLs						
Getting up and down stairs	11	17	22	37	43	23
Having a bath or a shower	4	6	10	15	20	9
Dressing or undressing	4	5	8	9	12	7
Getting in and out of bed	5	6	9	11	12	8
Getting around indoors	5	5	8	10	20	8
Taking medicine	1	1	2	2	4	2
Using the toilet	2	2	4	5	6	4
Eating, including cutting up food	2	2	3	4	8	3
Washing face and hands	2	2	3	3	5	3
Needed help with at least one ADL but received help with none	15	23	29	45	55	30
IADLs	15	23	29	40	55	30
Shopping for food ^c	4	6	6	10	13	7
Doing routine housework or laundry		7	6	12	14	8
Getting out of the house	4	4	8	11	16	7
Doing paperwork or paying bills ^c	1	3	3	5	10	4
Needed help with at least one IADL	1				10	4
but received help with none	8	13	14	25	28	15
Bases (unweighted) ^d						
Men	608	491	386	245	175	1905
Women	674	572	440	355	269	2310
Bases (weighted) ^d						
Men	476	386	302	190	140	1494
Women	505	434	358	291	219	1807

 $^{^{\}rm a}\,$ ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

^b Defined as needing help (those who said they could do an activity but with difficulty, those who could only do it with help, and those who were unable to do it) but not receiving any help in the last month for the relevant activity/activities.

 $^{^{\}mbox{\scriptsize C}}$ Excluding help because of the way household responsibilities are divided

d Bases shown here are for getting up and down stairs. Bases for other ADLs/IADLs vary but are of similar magnitude.

	Та	able 8.1	4					
Barthel Index ^a scores for the last month, by age and sex								
Aged 65 and over					201	1/2012		
Barthel Index	Age gr	oup				Total		
score ^a	65-69	70-74	75-79	80-84	85+			
	%	%	%	%	%	%		
Men								
0-4	1	1	1	1	1	1		
5-8	0	1	0	-	-	0		
9-12	1	2	1	2	6	2		
13-16	5	11	9	17	15	10		
17-20	92	86	89	81	78	88		
Mean score	19.0	18.7	18.8	18.4	17.8	18.7		
Standard error of the mean	0.11	0.13	0.13	0.20	0.28	0.07		
Women								
0-4	1	0	1	-	1	1		
5-8	0	0	1	2	-	1		
9-12	1	1	3	3	5	2		
13-16	8	11	11	14	22	12		
17-20	90	88	84	81	71	85		
Mean score	18.9	18.8	18.3	18.2	17.4	18.5		
Standard error of the mean	0.10	0.10	0.18	0.15	0.23	0.06		
Bases (unweighted)								
Men	524	405	308	187	116	1540		
Women	583	465	327	258	181	1814		
Bases (weighted)								
Men	408	317	239	145	92	1201		
Women	436	351	266	212	147	1412		

^a The Barthel Index is an ordinal scale used to measure performance in activities of daily living (ADL). Each performance item is rated on this scale with a given number of points assigned to each level; scores range between 0-20. A higher number is associated with a greater likelihood of being able to live at home with a degree of independence.

Summary of who provided help with ADLs/IADLs^{a,b} in the last month, by age and sex

Aged 65 and over and received help with ADLs/IADLs in the last month

Who provided help	Age gr	Age group					
	65-74	75-84	85+				
	%	%	%	%			
Men							
ADLs ^a							
Ilnformal helpers only	77	77	[63]	75			
Formal helpers only	6	8	[15]	8			
Both formal and informal helpers	5	9	[15]	8			
None of those listed	12	5	[7]	9			
IADLs ^{a,b}							
Informal helpers only	79	76	78	78			
Formal helpers only	10	10	14	11			
Both formal and informal helpers	8	11	8	9			
None of those listed	2	2	-	2			
Waman							
Women ADLsa							
	00	73	53	71			
Informal helpers only	82 2	12	30	13			
Formal helpers only Both formal and informal helpers	_	10	30 15	11			
None of those listed	8	5	2	5			
IADLs ^{a,b}	0	5		5			
Informal helpers only	83	74	65	74			
Formal helpers only	5	10	11	9			
Both formal and informal helpers	_	15	21	14			
None of those listed	, , 5	1	3	3			
None of those listed		<u> </u>					
Bases (unweighted)							
Men – ADLs	116	114	41	271			
Men – IADLs	132	136	77	345			
Women – ADLs	130	137	92	359			
Women – IADLs	205	293	170	668			
Bases (weighted)							
Men – ADLs	92	90	33	215			
Men – IADLs	102	105	61	268			
Women – ADLs	100	115	76	291			
Women – IADLs	159	243	139	541			
a ADI at Astinitias of deily living IADI at least, property potinities of deily living							

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

 $^{^{\}mbox{\scriptsize b}}$ Excluding help because of the way household responsibilities are divided.

^[] Results in brackets should be treated with caution because of the small base size

Which informal helpers provided help with ADLs/IADLs^a in the last month, by age and sex

Aged 65 and over and received help with ADLs/IADLs in the last month

Informal helpers ^b	Age gr		Total	
	65-74	75-84	85+	
	%	%	%	%
Men				
ADLs ^a				
Spouse/partner	76	70	[61]	71
Son	8	9	[12]	9
Daughter	3	12	[15]	9
Other family member	3	2	-	2
Friend/ neighbour	3	1	[5]	2
No informal helper	18	13	[22]	17
IADLs ^{a,c}				
Spouse/partner	62	41	30	46
Son	8	17	25	15
Daughter	14	30	36	25
Other family member	5	11	9	8
Friend/ neighbour	12	12	15	13
No informal helper	12	13	14	13
Women				
ADLs ^a				
Spouse/partner	61	37	11	38
Son	8	18	11	13
Daughter	23	32	42	32
Other family member	12	6	13	10
Friend/ neighbour	6	7	3	6
No informal helper	10	17	32	19
IADLs ^{a,c}				
Spouse/partner	48	19	7	24
Son	17	27	25	24
Daughter	34	43	47	41
Other family member	10	15	18	15
Friend/ neighbour	11	21	17	17
No informal helper	10	11	14	11
4				
Bases (unweighted) ^d				
Men – ADLs	116	114	41	271
Men – IADLs	132	136	77	345
Women – ADLs	130	137	92	359
Women – IADLs	205	293	170	668
Bases (weighted) ^d				
Men – ADLs	92	90	33	215
Men – IADLs	102	105	61	268
Women – ADLs	100	115	76	291
Women – IADLs	159	243	139	541

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

b This table shows the categories of informal helpers who provided help; participants may have been helped by more than one category of person, and therefore percentages do not sum to 100%. Note that participants may also have been helped by more than one person within a category, for instance they may have been helped by more than one friend/neighbour. This is not shown in this table.

^c Excluding help because of the way household responsibilities are divided.

d Bases shown here are for spouse/partner. Bases for other informal helpers vary but are of similar magnitude.

^[] Results in brackets should be treated with caution because of the small base size.

Which formal helpers provided help with ADLs/ IADLs^a in the last month, by age and sex

Aged 65 and over and received help with ADLs/IADLs in the last month

ADES/IADES III tille last	HIOHUI		201	1/2012
Formal helpers ^b	Age gr	oup		Total
	65-74	75-84	85+	
	%	%	%	%
Men				
ADLs ^a				
Home care worker/				
personal assistant/	7	14	[00]	13
home help Other formal helper	4	4	[30] [2]	4
No formal helper	89	83	[2] [70]	84
IADLs ^{a,c}	- 09	00	[/0]	04
Home care worker/				
personal assistant/				
home help	11	5	9	9
Other formal helper	9	17	14	13
No formal helper	81	78	78	79
Women				
ADLs ^a				
Home care worker/ personal assistant/				
home help	8	18	40	20
Other formal helper	3	5	9	5
No formal helper	90	78	55	76
IADLs ^{a,c}				
Home care worker/				
personal assistant/ home help	4	7	11	7
Other formal helper	9	19	22	17
No formal helper	88	75	68	77
140 formal fleiper		13		11
Bases (unweighted) ^d				
Men – ADLs	116	114	41	271
Men – IADLs	132	136	77	345
Women – ADLs	130	137	92	359
Women - IADLs	205	293	170	668
Bases (weighted) ^d				
Men – ADLs	92	90	33	215
Men – IADLs	102	105	61	268
Women – ADLs	100	115	76	291
Women – IADLs	159	243	139	541

^a ADLs: Activities of daily living. IADLs: Instrumental activities of daily living. See Tables 8.5 and 8.6 for individual activities.

^b This table shows the categories of home care worker/personal assistant/home help and other formal helpers who provided help; participants may have been helped by more than one category of helper, and therefore percentages do not sum to 100%. Note that participants may also have been helped by more than one person within a category, for instance they may have been helped by more than one personal assistant. This is not shown in this table.

^c Excluding help because of the way household responsibilities are divided.

d Bases shown here are for home care worker/personal assistant/home help. Bases for other formal helpers vary but are of similar magnitude.

^[] Results in brackets should be treated with caution because of the small base size.

Number of hours of help in the last week from informal helpers, by sex

Aged 65 and over and receiving help from informal helper

2011/2012

Hours in last week ^a	Informal	helper			
week	Spouse/ partner	Daughter	Son	Other family member	Friend/ neighbour
	%	%	%	%	%
Men					
No help in last weel	k 4	6	15	b	[4]
Less than 1 hour	12	10	11	b	[20]
1-9 hours	34	56	60	b	[63]
10-19 hours	15	13	7	b	[12]
20-49 hours	14	13	6	b	-
50 or more hours	21	2	-	b	-
10 or more hours	50	28	13	b	[12]
20 or more hours	35	15	6	b	-
Women					
No help in last weel	k 5	9	13	9	16
Less than 1 hour	12	4	7	11	14
1-9 hours	38	56	57	58	58
10-19 hours	10	16	9	15	7
20-49 hours	14	10	7	7	3
50 or more hours	21	5	7	-	1
10 or more hours	45	31	24	22	11
20 or more hours	35	15	14	7	4
Bases (unweighted))				
Men	214	91	62	29	49
Women	201	283	155	109	122
Bases (weighted)					
Men	169	70	50	22	36
Women	158	230	131	87	98

a If more than one helper in any category provided help (e.g. two daughters), this table includes the person that provided the most hours in the week.

Table 8.19

Number of hours of help in the last week from formal helpers: home care worker/personal assistant

Aged 65 and over and receiving help from formal helper^a 2011/2012

week	Home care orker/ PA
Men	%
No help in last week	6
Less than 1 hour	-
1-9 hours	63
10-19 hours	25
20-49 hours	4
50 or more hours	2
10 or more hours	31
20 or more hours	6
Women	
No help in last week	2
Less than 1 hour	4
1-9 hours	65
10-19 hours	20
20-49 hours	7
50 or more hours	1
10 or more hours	29
20 or more hours	9
Bases (unweighted)	
Men	51
Women	92
Bases (weighted)	
Men	40
Women	74

a If more than one home care worker/personal assistant provided help, this table includes the person that provided the most hours in the week.

 $^{^{\}mbox{\scriptsize b}}$ Data not shown because the base is too small.

^[] Results in brackets should be treated with caution because of the small base size.

Receipt of direct payments and personal budgets, by sex

Aged 65 and over and received help in the last month from formal helper, and/or 20 or more hours help from an informal helper in the last week

2011	,,_
Receipt of social care payment ^a	Total
	%
Men	
All with formal help and/or informal help for 20 or more hours	
Direct payments	14
Personal budget	8
Neither direct payments nor personal budget, but LA arranged care	7
Neither direct payments nor personal budget, no LA involvement in care	74
All with any formal help	
Direct payments	21
Personal budget	14
Neither direct payments nor personal budget, but LA arranged care	12
Neither direct payments nor personal budget, no LA involvement in care	57
Women	
All with formal help and/or informal help for 20 or more hours	
Direct payments	19
Personal budget	7
Neither direct payments nor personal budget, but LA arranged care	7
Neither direct payments nor personal budget, no LA involvement in care	71
All with any formal help	
Direct payments	23
Personal budget	8
Neither direct payments nor personal budget, but LA arranged care	9
Neither direct payments nor personal budget, no LA involvement in care	64
Bases (unweighted) ^b	
Men with formal help and/or informal help for 20+ hours	167
Men with any formal help	91
Women with formal help and/or informal help for 20+ hours	293
Women with any formal help	194
Bases (weighted) ^b	
Men with formal help and/or informal help for 20+ hours	129
Men with any formal help	71
Women with formal help and/or informal help for 20+ hours	242
Women with any formal help	158

^a Receipt of direct payments and personal budgets are not mutually exclusive.

Table 8.21

Whether contributed to payment for informal help, by sex

Aged 65 and over and received help in the last week for 20 or more hours from an informal helper^a 2011/2012

Men Pay all costs Pay some costs	
Pay all costs Pay some costs	%
Pay some costs	
	3
Management and design	1
No payment made	93
Don't know if contribute to payment	2
Women	
Pay all costs	12
Pay some costs	3
No payment made	84
Don't know if contribute to payment	1
Bases (unweighted)	
Men	95
Women	135
Bases (weighted)	
Men	73
Women	113

a Participants who had more than two helpers (formal, or informal and helping for 20 or more hours) were only asked about payments twice. Prioritisation was given as follows: first, to home care workers/personal assistants not arranged through the council, then any other formal helpers, then informal helpers giving 20 or more hours help per week. If further prioritisation was needed for informal helpers, it was as follows: the helper doing most hours, then helpers living in the same household.

 $^{^{\}rm b}\,$ Bases shown here are for direct payments. Other bases are of similar magnitude.

Copyright @ 2013, The Health and Social Care Information Centre. All rights reserved

Table 8.22

Whether contributed to payment for formal help, by sex

Aged 65 and over and received help in the last month from a formal helper^a

TOTTIAL TIEIPEI 2011/2012	
Payment for formal help	Total
	%
Men	
Pay all costs	49
Pay some costs	11
No payment made	35
Don't know if contribute to payment	6
Women	
Pay all costs	61
Pay some costs	8
No payment made	26
Don't know if contribute to payment	4
Bases (unweighted)	
Men	89
Women	183
Bases (weighted)	
Men	70
Women	149

a Participants who had more than two helpers (formal, or informal and helping for 20 or more hours) were only asked about payments twice. Prioritisation was given as follows: first, to home care workers/personal assistants not arranged through the council, then any other formal helpers, then informal helpers giving 20 or more hours help per week. If further prioritisation was needed for informal helpers, it was as follows: the helper doing most hours, then helpers living in the same household.