



Health Survey for England 2015

Adult social care

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This report examines the need for and receipt and provision of social care among adults in England in 2015. It compares different population groups, by age, sex, income and region.

Key findings

- 21% of men and 30% of women aged 65 and over needed help with at least one Activity of Daily Living (ADL), and 22% and 33% respectively needed help with at least one Instrumental Activity of Daily Living (IADL).
- Overall, 9% of men and 13% of women aged 65 and over had received help with at least one ADL in the last month, and 15% and 26% respectively had received help with at least one IADL.
- 17% of men and 26% of women aged 65 and over had some unmet need with at least one ADL, and 12% and 15% respectively had some unmet need with at least one IADL.
- The proportions of men and women who needed help with ADLs and IADLs increased with age. 18% of adults provided unpaid help or support to other people in the last month. Women were more likely to provide unpaid care than men (20% and 15% respectively).
- 52% of adults provided one to nine hours of unpaid care in the last week and 28% of adults provided 10 or more hours of unpaid care in the last week.

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This report may be of interest to members of the public, policy officials, people working in public health and to commissioners of health and care services to see the need for, receipt and provision of social care in England.

Introduction

Contents

This report presents the need for, receipt and provision of social care among adults aged 65 and over in England. The findings are based on a representative sample of adults aged 16 and over in the general population as part of the annual Health Survey for England. Analysis is presented by age and sex. In addition, provision of unpaid social care is analysed by region and household income.

Detailed tables accompanying this chapter can be accessed via <http://digital.nhs.uk/pubs/hse2015> .

Background

Social care involves provision of help with personal care and domestic tasks to help people live as independently as possible. Care and support enables some 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.¹

In 2015, local authorities received 1.8 million requests for social care and support, 1.3 million (72%) of which were from adults aged 65 and over. This age group accounted for two-thirds (68%) of all adults accessing Long Term Support, 64% of whom required Physical Support - Personal Care Support.²

A central aspect of the policies of successive governments has been to help people maintain their independence in their own homes for as long as possible. The availability of early, preventative interventions has been seen as a means of helping to reduce the need for more intensive levels of support or crisis interventions at a later stage.^{1,3} However, previous governments have identified a range of long-standing issues related to the provision of social care, including a greater focus on reactive rather than preventative services; variations in levels and the quality of services; a lack of good information and advice; and a lack of coordination between health, housing and social care agencies.^{1,3}

A number of factors have been seen as imposing further pressures on the demand for care services. These include the ageing population, other demographic changes such as changes in the birth rate, changes in family structures and migration between urban and rural areas, as well as changes in expectations.⁴ In particular, the growth in the number of people with dementia is expected to exert substantial pressure on care services.^{1,3}

Both the previous and the current administrations have emphasised the importance of the personalisation of services, to help people take greater choice and control over the services they receive and stay as independent as long as possible.^{1,5,6} In April 2015, The Care Act implemented several national strategies to improve care and support in the UK.^{7,8} National eligibility criteria have been introduced to set a standard for local councils to follow; local councils now have a duty to provide deferred payment agreements; carers now have the same right to assessment and support as the individuals they care for; and individuals paying for their own care have the right to access information and advice on the care system.

Methods and definitions

Methods

The current module of social care questions was developed in 2009 and 2010 and first used in the HSE 2011. The aim of the module is to deliver robust data on the need for, receipt and provision of social care services, the characteristics of people providing and receiving unpaid care, and on people receiving formal care and support. More detailed information about the module can be found in the 2011 report.⁹

The module was intended to provide questions on need for, receipt and provision of social care services among the population aged 65 and over in private households; it does not cover those living in care institutions. It focuses on older people, who constitute by far the largest group receiving care; robust data are needed as policy is developed for the future funding of social care in old age. While social care may be needed by and provided for people of any age, and information about social care for children or for adults aged under 65 would be valuable, 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 of the different social care client groups. Consequently, the module of questions about help needed, receipt of care and payments for care are asked of older people only.

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 are shown in Table A.¹⁰

Table A: Summary of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

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

Need for help and unmet need

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 categories have been combined to identify those 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.

If participants indicated that they needed help for any ADL or IADL, they 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.

Unmet need has been identified where participants indicated that they needed help with a particular ADL or IADL (that is, could manage it with difficulty, could only do it with help, or could not do it at all), but had not received any help with it in the last month.¹¹

Provision of unpaid care

All adults aged 16 and over were asked questions about providing unpaid care. Unpaid care is defined as help or support provided to someone because of long-term physical or mental ill-health, a disability or problems relating to old age. It excludes any help given in a professional capacity or as part of a job.

In previous reports unpaid carers had been referred to as 'informal' carers, to make the distinction from formal carers. However, the term 'unpaid' carer is preferred now, to avoid any implication that these carers provide more casual or less important care.

Need for and receipt of care among older adults

Ability to perform ADLs and IADLs in the last month, by sex

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). The majority of people aged 65 and over reported that they were able to complete all of the ADLs and IADLs on their own without help. Where people did have some problems,

they were most likely to say that they could manage on their own with difficulty. Much smaller proportions said that they could only do these activities with help, or could not do them at all, and these three groups have been combined to form a group who have at least some difficulty, and therefore at least potentially need help.

One fifth of men and one third of women aged 65 and over needed help with at least one ADL (21% and 30% respectively). Similar proportions, 22% of men and 33% of women, said that they needed help with at least one IADL .

Table 4

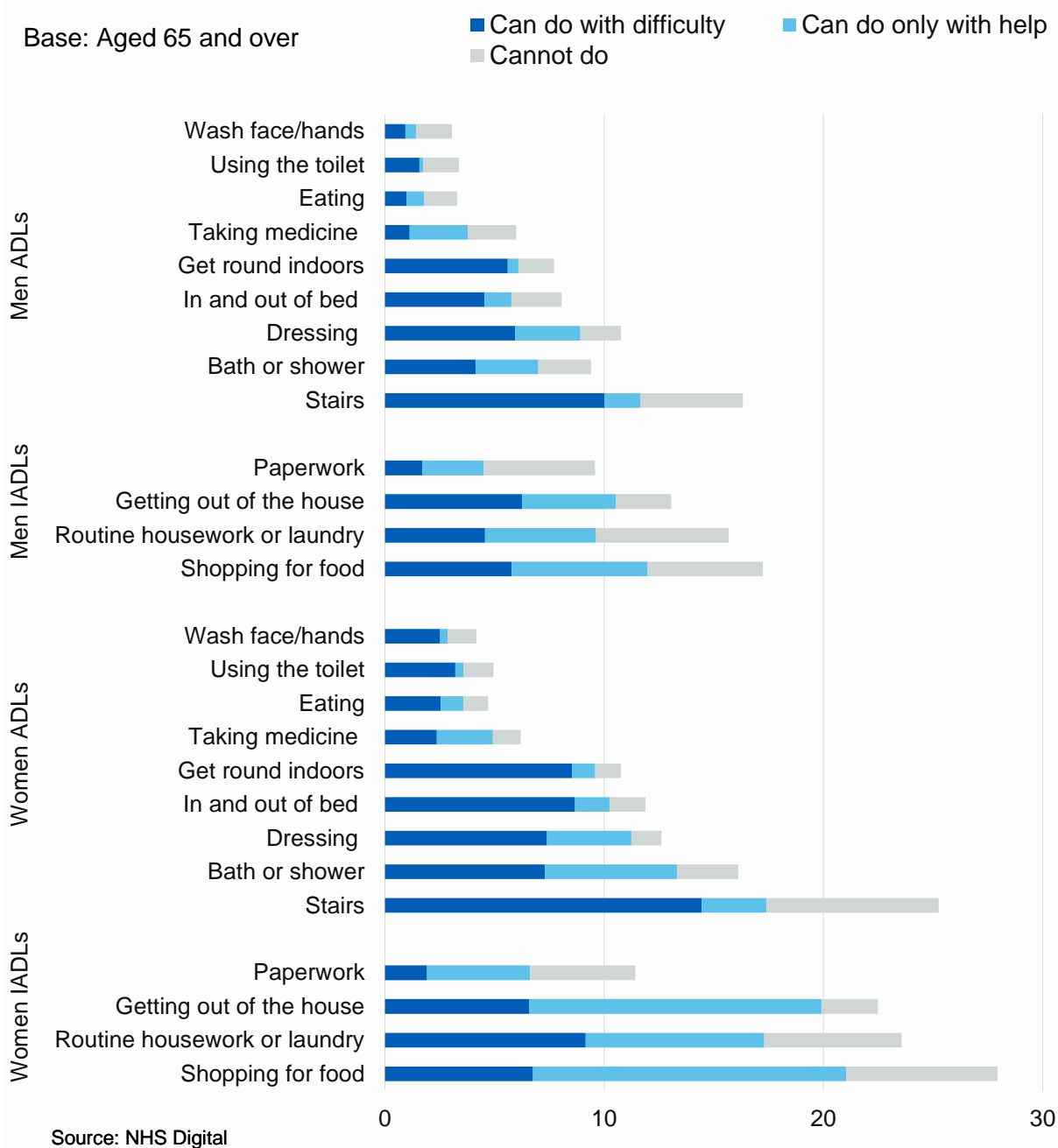
Men and women aged 65 and over most commonly needed help with getting up and down the stairs, followed by having a bath or shower, and dressing and undressing. They were least likely to need help with washing face and hands, eating (including cutting up food), or using the toilet. Women were more likely than men to report needing help with having a bath or shower, getting up and down stairs, getting around indoors and getting in and out of bed. For others, need was at similar levels among men and women.

Figure1, Table 1

Women were more likely to need help than men for all IADLs except paperwork.

Figure 1, Table 1

Figure 1 Ability to perform ADLs and IADLs in the last month, by sex



Need for and receipt of help, by age and sex

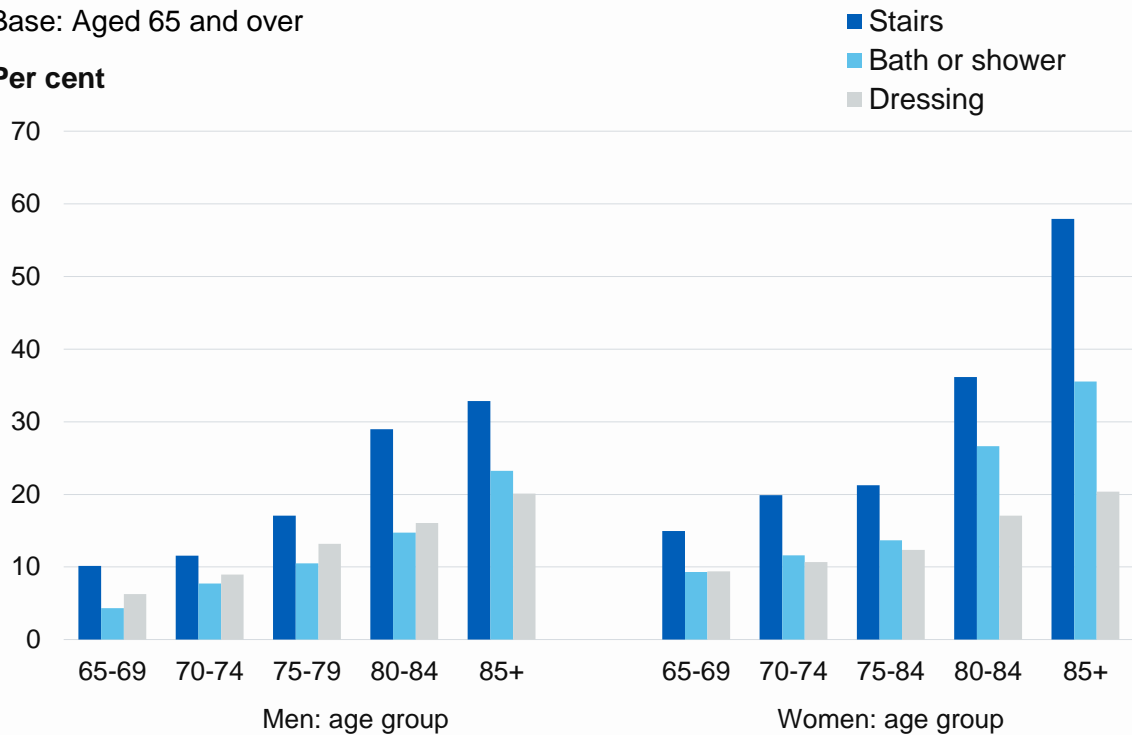
The proportions of men and women who needed help with ADLs and IADLs increased with age. These increases across age groups were particularly marked for the ADLs for which people most frequently needed help; using the stairs, having a bath or shower, dressing and undressing and getting around indoors. Three of these are shown in Figure 2 (dressing and undressing followed a very similar pattern to having a bath or shower, and is not shown separately).

Figure 2, Table 3

Figure 2 ADLs for which help was most frequently needed in the last month, by age and sex

Base: Aged 65 and over

Per cent



Source: NHS Digital

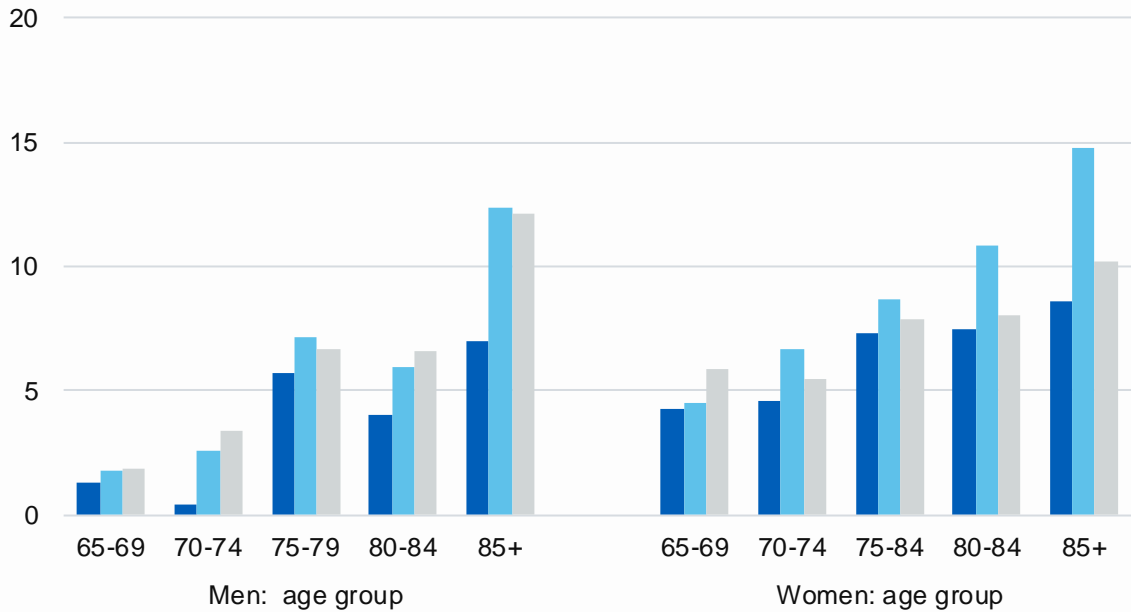
Only adults who said that they needed help with any task were asked whether they received help.¹⁰ Women were more likely than men to have received help with at least one ADL in the last month (13% and 9% respectively). Women were more likely to have received help with IADLs; 15% of men and 26% of women had received help with at least one IADL. As with need, the proportions receiving help with ADLs increased with age. There was a similar pattern for IADLs.

Figure 3, Tables 3

Figure 3 ADLs for which help was received in the last month, by age and sex

Base: Aged 65 and over

Per cent



Source: NHS Digital

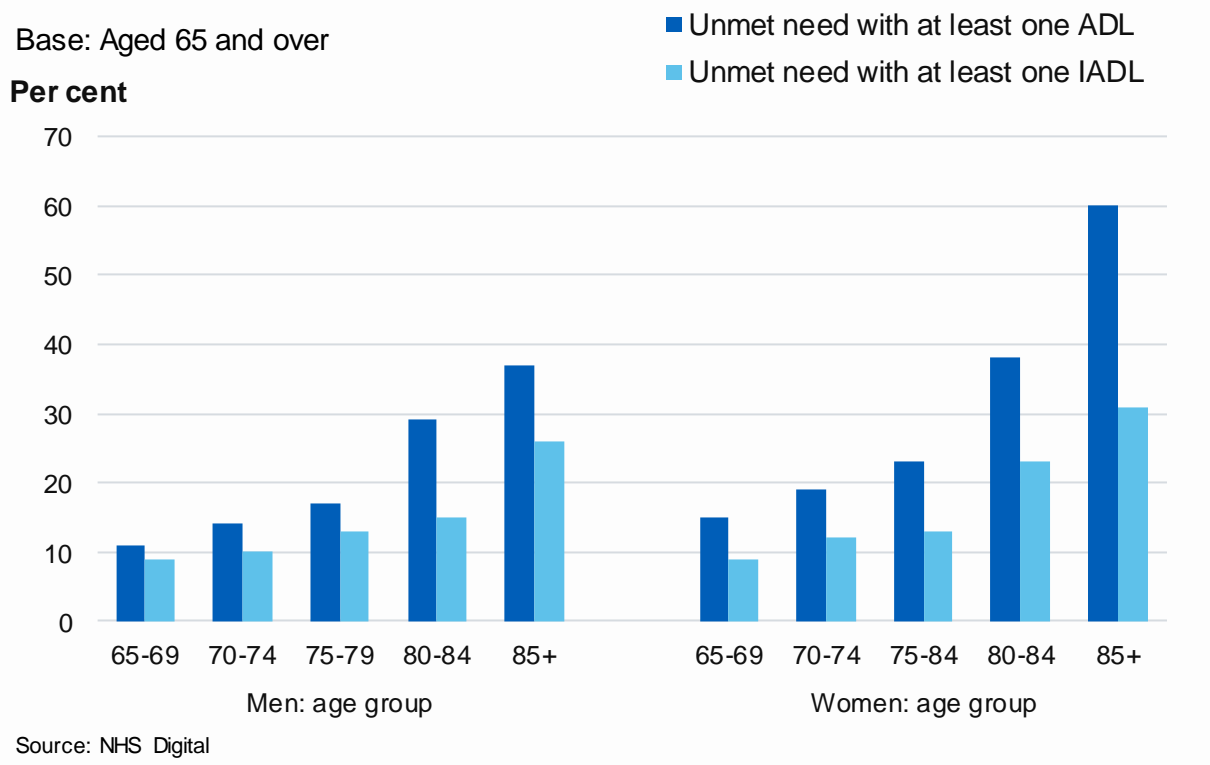
Prevalence of unmet need

Unmet need has been defined as the proportion of adults aged 65 and over who reported being able to manage a particular ADL or IADL with difficulty, only with help, or not at all but who did not receive help with that activity in the last month. The assumption is those who have at least some difficulty with an activity may need help.

17% of men and 26% of women aged 65 and over had some unmet need with at least one ADL, and 12% and 15% respectively had some unmet need with at least one IADL. Unmet need increased with age for ADLs and IADLs; 37% of men and 60% of women aged 85 and over had some unmet need for help with ADLs, and 26% of men and 31% of women had some unmet need for help with any IADLs.

Figure 4, Table 5

Figure 4 Unmet need: proportion who needed help with ADLs/ IADLs, and received no help with them in the last month, by age and sex



The activity with the highest level of unmet need among older people was getting up and down stairs (14% of men and 20% of women overall, including 27% and 49% respectively aged 85 and over).

Table 5

Need for and receipt of care and unmet need, 2011 to 2015

In 2015, men and women aged 65 and over were less likely to report that they needed help with ADLs or IADLs than in 2011. Across the same period, men were less likely to receive help with ADLs; differences across the same period for women were not statistically significant. Both men and women were less likely to receive help with IADLs in 2015 than in 2011.

For ADLs, the decline in the need for help between 2011 and 2015 appears to be greater than the decline in help given. As a result, there has also been a decline in the proportions of adults with unmet need for help. The same is not the case for IADLs, where the need for help has remained similar over time.

Tables 2 and 6

Provision of unpaid care

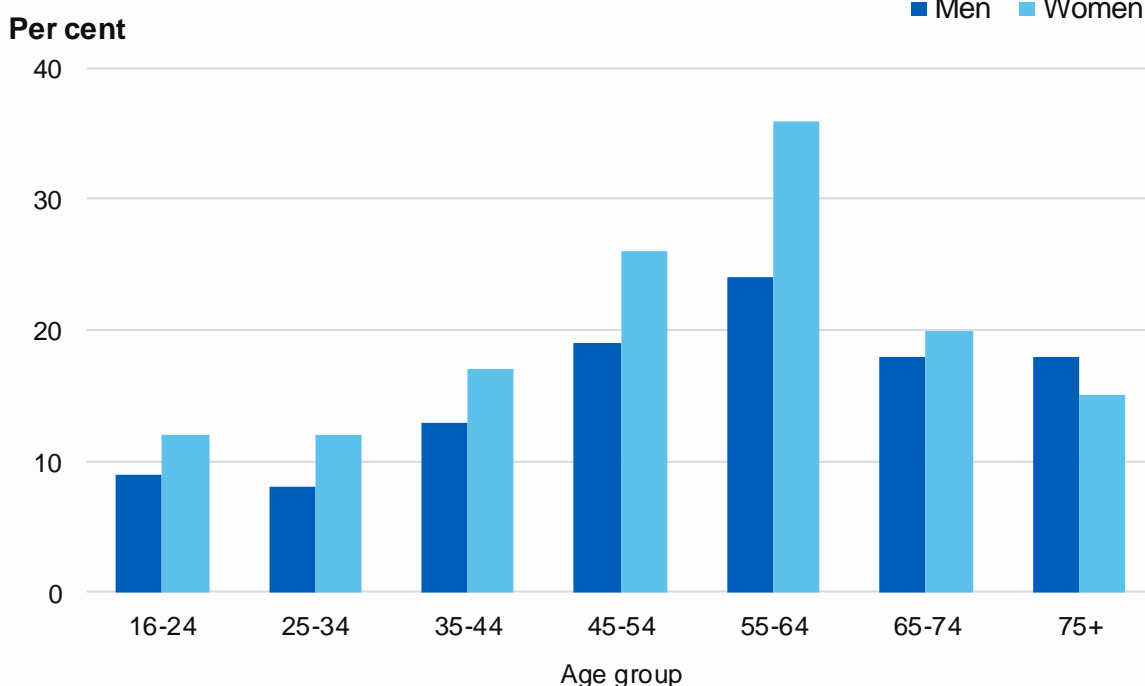
Provision of unpaid care, by age and sex

All adults were asked whether they provided unpaid care or support to other people (of any age). 18% of adults provided unpaid help or support, with women more likely than men to do so (20% and 15% respectively). The proportions providing care varied by age, more so for women than men, as shown in Figure 5 below. The proportions of men and women providing care increased with age and were highest among 55 to 64 year olds, declining thereafter.

Figure 5, Table 7

Figure 5 Provision of unpaid care in the last month, by age and sex

Base: Aged 16 and over



Source: NHS Digital

Most of those who provided unpaid care did so for one person (12% of all men, 15% of all women reported caring for one person, while 4% of men and 5% of women reported caring for two or more people). 85% of men and 80% of women did not currently provide any care. The pattern of care varied with age. Among both men and women, those aged 45 to 64 were most likely to report that they provided unpaid care to two or more people.

Table 7

Provision of unpaid care, by region and household income

Regional data are shown in the table as both observed and age-standardised estimates which take account of the different age distributions in the regions. The small variations in the provision of care across regions were not statistically significant.

The proportions of adults providing care were also similar across different income quintiles

Tables 8, 9

Provision of unpaid care, 2011 to 2015

There has been a very consistent level of provision of unpaid care across the five years of measurement in the HSE. Between 2011 and 2015, 14% to 15% of men and 18% to 20% of women have reported that they provided unpaid care.

Table 10

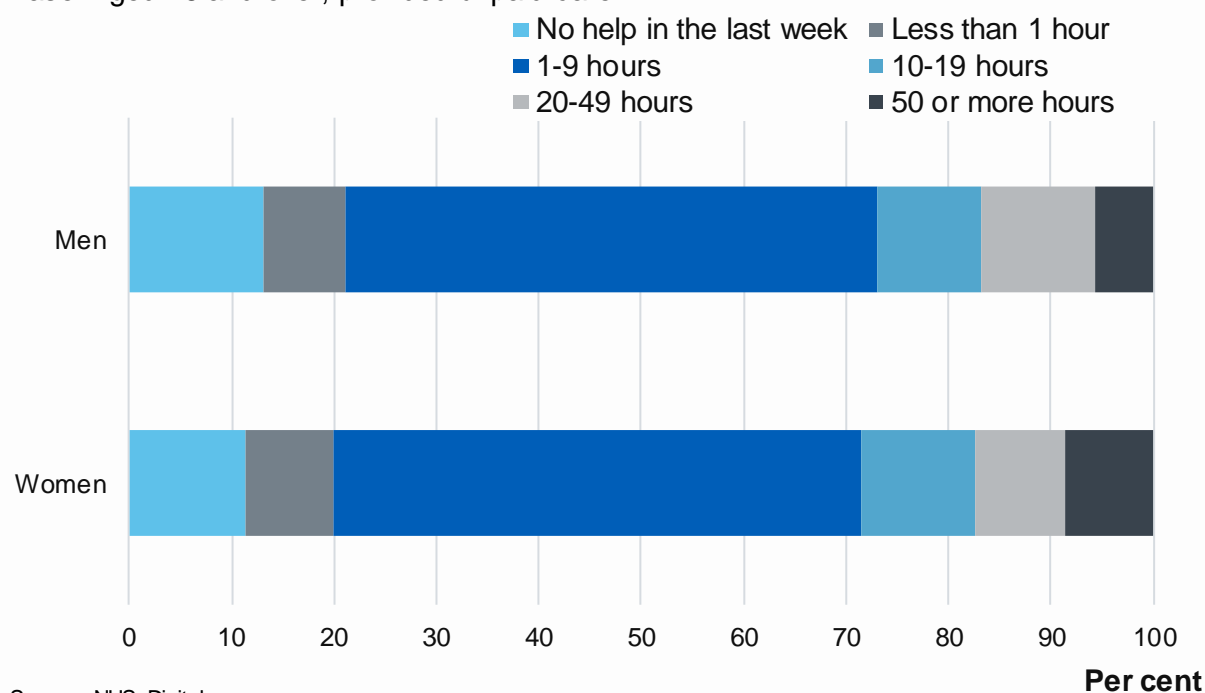
Hours of unpaid care provided in the last week

Half of those who provided help and support said that they did so for between one and nine hours in the last week (52% of adults providing care). However, a substantial proportion of men and women provided more care: 28% provided ten or more hours in the last week, including 17% who provided 20 or more hours, and 7% who provided 50 or more hours. 12% of carers said that they had not provided any care the previous week. Patterns were very similar between men and women.

Figure 6, Table 11

Figure 6 Amount of unpaid care provided in the last week, by sex

Base: Aged 16 and over, provided unpaid care



The number of hours of care provided in the last week has remained broadly similar between 2011 and 2015.

Table 12

Types of unpaid care provided in the last week

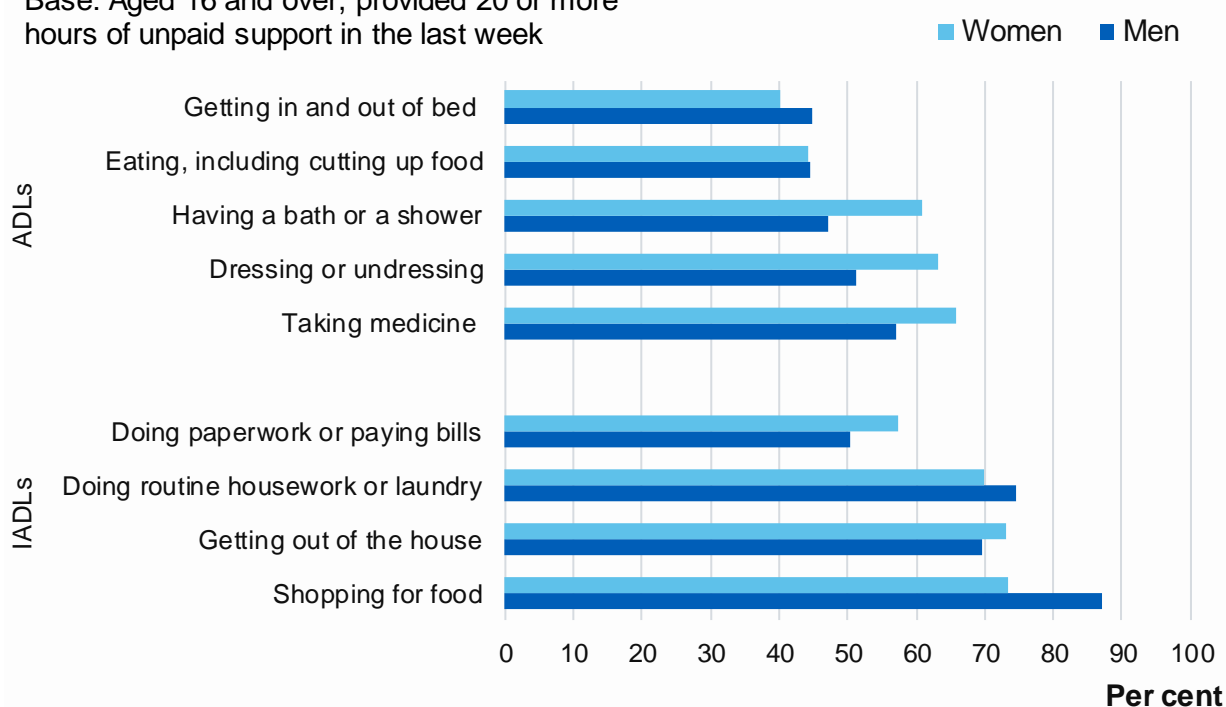
Adults providing help or support for at least 20 hours in the last week were asked which tasks they had helped with. They were shown a list of activities of daily living

and instrumental activities of daily living (ADLs and IADLs, defined above). Generally, help was more likely to be given with IADLs than ADLs, with shopping, most frequently mentioned (79%). Of the ADLs, the most common was helping people take their medicine (62%), followed by help with dressing and bathing or showering (58% and 55% respectively). Going to the toilet and washing face and hands were the least common tasks (30% and 28% respectively). Of the IADLs, the most common tasks for providing help were shopping for food (79%), getting out of the house (72%), and doing housework or laundry (72%).

Figure 7, Table 13

Figure 7 Types of unpaid care provided in the last week

Base: Aged 16 and over, provided 20 or more hours of unpaid support in the last week



Source: NHS Digital

For most types of help, men and women were equally likely to be involved. However, a higher proportion of men helped with getting around indoors, up and down the stairs, and shopping for food.¹²

Discussion

Need for and receipt of help

One fifth of older men and one third of older women needed help with at least one ADL (21% of men and 30% of women), and slightly under half of these received at least some help (9% of men and 13% of women). The majority of older people who needed some kind of help with ADLs had at least some unmet need, even if they were also receiving help with other ADLs. The definition of ‘need’ for help in this analysis includes people who were able to do tasks on their own with difficulty, as well as those who could not do the task without help or were not able to do it at all. Where people

did have some problems, they were most likely to say that they could manage on their own with difficulty compared to the other two categories. Unmet need in this context may include cases where older people were just managing to achieve many of the tasks. However, with increasing age and frailty, their ability to do so is likely to diminish.

The picture was slightly different for IADLs, particularly among women. The proportions of older men and women who reported needing help with at least one IADL were similar to those needing help with ADLs. However, a higher proportion received at least some help with IADLs and fewer reported unmet need.

Provision of unpaid care

Within the month prior to the interview, 18% of adults provided unpaid help or support to other people. Women were more likely to provide unpaid care than men, and adults over 45 were more likely to be providing care than younger adults. Most unpaid carers provided care for one person only, but women aged 45 to 64 were not only among the most likely to be providing care, but also most likely to report caring for more than one person aged 65 years and older.

When individuals had provided help for at least 20 hours in the last week, men and women were equally likely to be involved in most types of help, although there were differences in the type of help they provided.

The proportions of adults providing unpaid care in the community have been constant in recent years. The 2015 HSE was carried out during the implementation of the Care Act 2014⁶ and future surveys may provide evidence about the impact of this legislation on older people needing care and on unpaid carers in the community.

Notes and references

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- ⁹ Craig R, Mindell J (eds). *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
- ¹⁰ The ADLs and IADLs included in the social care module allow an approximation of the Barthel Index, a measure of ability to live independently at home for older people. This is not included in this analysis, but was covered in the 2011 and 2012 HSE reports.
- ¹¹ There was a change to the routing of these questions from 2013 onwards. Originally, all aged 65 and over were asked whether they needed help with each ADL and IADL, and then regardless of their answers they were asked whether they had received help for each. Many participants had neither needed nor received help, and found the repeated questions onerous. Therefore the change in 2013 meant that only those who said they needed help with at least one ADL or IADL were asked about whether they had received help. Analysis indicated that only a very small number of participants who said they did not need help for any ADL or IADL had actually received any help, and this change therefore has a negligible impact on results.
- ¹² But note that help was identified only if it was outwith the usual division of household activities, and is probable that many women counted shopping within their normal responsibilities.

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