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Social Policies and Distributional Outcomes

in a Changing Britain

Social care inequalities in England: evidence briefing

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8 September 2021



Inequalities in social care matter

Adult social care in England is once again high on the political agenda. The government has announced the introduction of a lifetime cap on eligible care costs and a slightly less harsh means-test for publicly-funded care. These are important developments which bear on the inequity of the costs faced by people with modest (or greater) wealth who are unlucky enough to develop a condition with substantial long-term care requirements, such as dementia.

But funding reform of this kind largely ignores major underlying inequalities:

- [in care need](#) and [unmet need](#), in the [receipt and experience of care](#), and in [the burden of unpaid caring](#).

These care inequalities – especially between people living in more and less deprived areas, and between people with different ethnic backgrounds – are the focus of this evidence briefing. They are a crucial aspect of the context for other current policy initiatives, including:

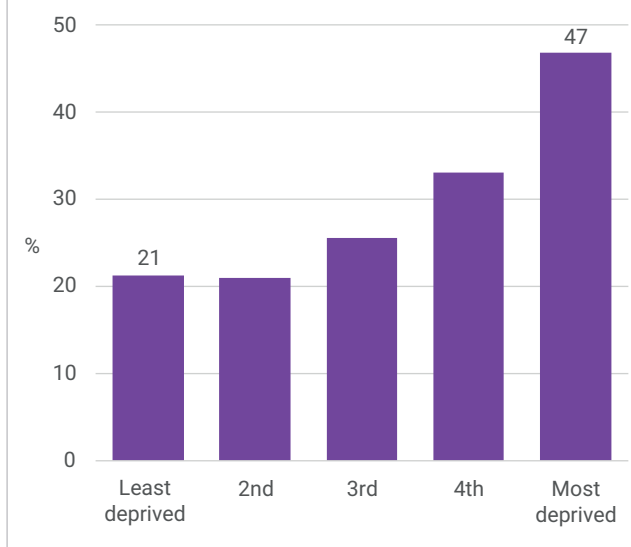
- the adult social care White Paper
- the health inequalities and “levelling up” agendas, reinvigorated in the wake of the pandemic
- the requirement of the Anticipatory Care Framework for GPs to work with social care and other services to identify and intervene with at risk individuals
- the on-going development of Integrated Care Systems at local and regional level
- proposed Care Quality Commission assessments of how local authorities are meeting their adult social care duties set out in the Health and Care Bill
- the delayed National Carers Strategy.

Inequalities in the need for care

The social determinants of *health* have been widely recognised but the framing of the debate on *need for social care* often fails to acknowledge that the very same factors – employment, housing and education, alongside social and community factors – also influence an individual's need for care. Funding formulae for local authorities' social care, service planning and preventative strategies should take into account inequalities in the need for care.

- The need for help with one or more Activities of Daily Living (ADLs, such as dressing) rises with age among older adults, from 19 percent of those aged 65 to 69, to 47 percent of those aged 80 and over. Even after adjusting for differences in age, women are more likely to need help than men. For example, around one in three women aged 75-79 need help with one or more ADLs compared to just over one in five men of the same age.¹
- The likelihood of needing help with one or more ADLs is much higher if you live in a deprived neighbourhood (see Figure 1). More than twice the proportion of over-65s living in a local area ranked in the top fifth in England for deprivation need help with one or more ADLs, compared to those living in the least deprived neighbourhoods.¹
- A similar difference in need is evident between individuals in households on low and high incomes. 32 percent of over-65s in the poorest one-third of households need help with one or more ADLs, compared to 18 percent in the richest one-third of households.¹
- Black/Black British and Asian/Asian British over-65s are significantly more likely than their White counterparts to need help with one or more ADLs, or with one or more Instrumental Activities of Daily Living (IADLs, such as help with paperwork and bills). Asian/Asian British over-65s are also more likely to have a need that meets the threshold recognised in the Care Act.²
- Among working age adults, a slightly higher proportion of White than Black or other ethnic minority groups report a need for care: 19 percent and 14 percent respectively. This suggests fewer Black or other ethnic minority working age adults experience long term health conditions, or that they are more likely to underreport need for care.³

Figure 1: Need for help with one or more Activities of Daily Living by local area deprivation, over 65s, England, 2018

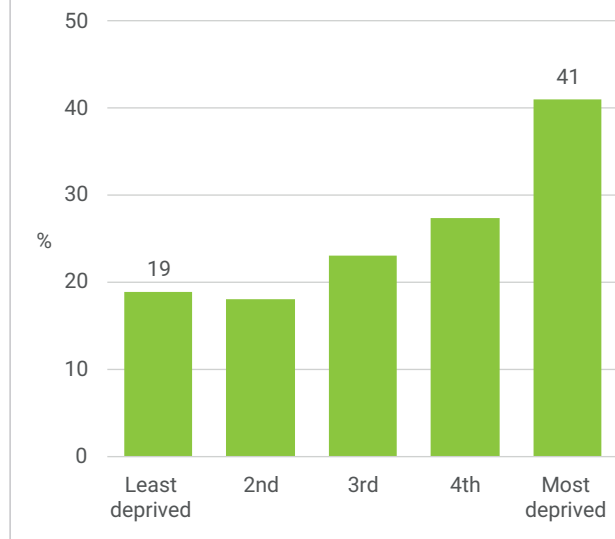


Inequalities in unmet need

When people with care needs neither receive adequate services nor have family and friends who can support them, their needs go unmet. Unmet need is very unequally distributed.

- Older women are at three times greater risk of having an unmet need for help with one or more ADLs than younger men. 48 percent of women aged 80 or over have an unmet need of this kind, compared to 16 percent of men aged 65-69.¹
- People aged 65 plus living in neighbourhoods ranked in the top fifth in England for deprivation are more than twice as likely to have an unmet need for help with one or more ADLs than people living in the least deprived local areas (see Figure 2).¹
- Over the last 10 years, cuts to social care budgets have been concentrated amongst those with moderate needs. In 2012/13, 86 percent of working age adults reporting moderate needs received no care, by 2018/19 this had risen to 91 percent³.
- Although Black and other ethnic minority groups of working age report a lower need for care, of those who do report needing care, just 10 percent receive some help compared to 15 percent for their White counterparts³.

Figure 2: Unmet need for help with one or more Activities of Daily Living by local area deprivation, over 65s, England, 2018



Inequalities in the receipt of formal care

Means-tested entitlements to publicly-funded social care ensures that the least well-off have better access to services than would be the case in the absence of public funding, but inequalities in access persist. Moreover, among those who do receive services, there are worrying inequalities in their experience.

Access

Among family carers and care-recipients who live together:

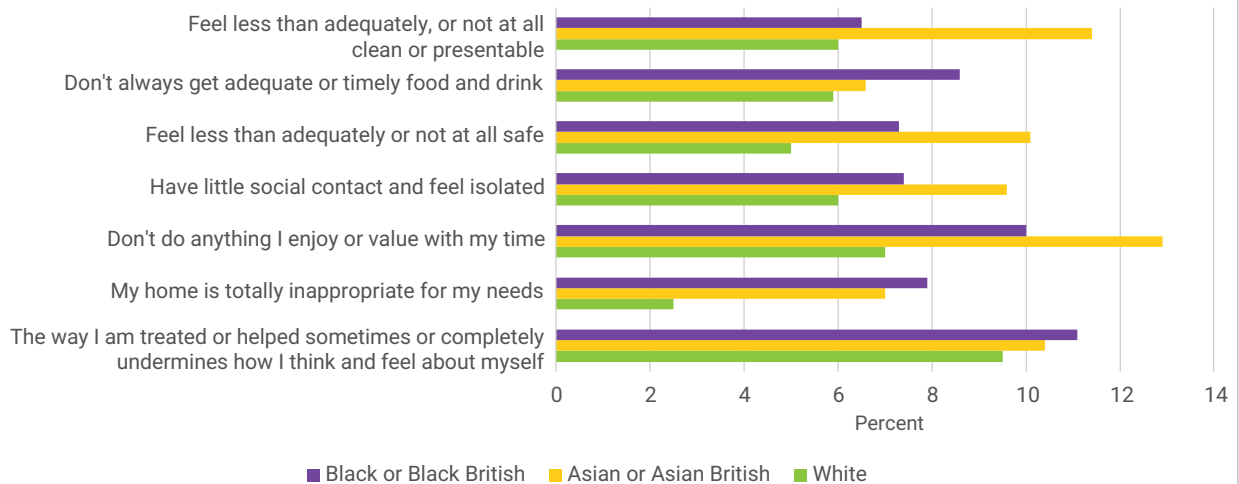
- Those in areas with higher deprivation are less likely to receive services for eligible care needs than those living in less deprived areas. Living in social rented housing is also associated with non-receipt of services.⁴
- Lack of financial resources, in particular inability to pay for services, meant either non-receipt of services or that the services received were less likely to meet care needs because of amount, appropriateness and/or quality.⁵
- People with needs for help with Instrumental Activities of Daily Living (such as help with paperwork and bills) from ethnic minority backgrounds who live with a carer are more likely to receive services than people from White backgrounds but have more difficulties accessing appropriate services, showing the importance of how inequalities in receipt of formal care are measured.^{4,5}
- Unfortunately, the paucity of social care data on working age adults makes it difficult to draw conclusions about inequality in their receipt of services. However, one study found that among 20-64 year olds with a high level of need, people from a Black ethnic minority were 9 percentage points less likely to receive formal care than their White counterparts, even after taking account of a range of other characteristics.⁶

Experience

- Social care users from some ethnic minorities report worse experiences of care than users from a White background (see Figure 3).⁷
- Asian or Asian British care users are much less likely than their White counterparts to: feel safe, feel clean or presentable, have social contact, or to do anything they enjoy or value with their time.
- Black or Black British care users are much less likely than their White counterparts to get adequate or timely food and drink.
- Both Asian/Asian British and Black/Black British are much more likely than the White majority group to feel that their home is totally inappropriate for their needs.
- 11.1 percent of Black/Black British and 10.4 percent of Asian/Asian British care users feel that, “The way I’m helped and treated sometimes, or completely, undermines the way I think and feel about myself”. This compares to 9.5 percent of White care users. The fact that around one in ten care users overall are reporting this experience is an urgent matter of concern in itself, but the differences between ethnic groups is also troubling.

Figure 3

Differences in the experiences of Asian or Asian British, Black or Black British and White adult social care users, England, 2019-20



Inequalities in unpaid caring

The vast majority of social care is provided by unpaid carers (mainly family), but the burdens do not fall equally on different parts of the population. There are also inequalities in the experience of providing care.

Who provides unpaid care

- Providing care for ten hours or more a week is associated with greater impacts on carer's employment and mental and physical health. People living in more deprived local areas are more likely to provide care at this intensity than people living in the least deprived areas (see Figure 4) ⁴.
- Ethnic minority carers, particularly carers from Asian ethnic backgrounds, provide higher hours of care than people from White ethnic backgrounds (See Figure 5) ⁴.

Figure 4: Providing unpaid care for ten hours a week or more by local area deprivation

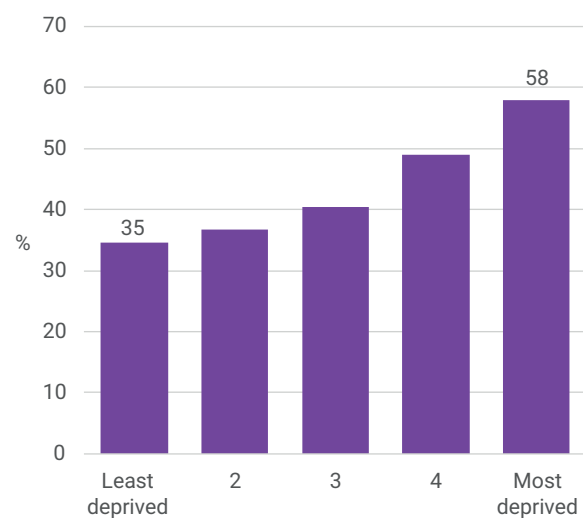
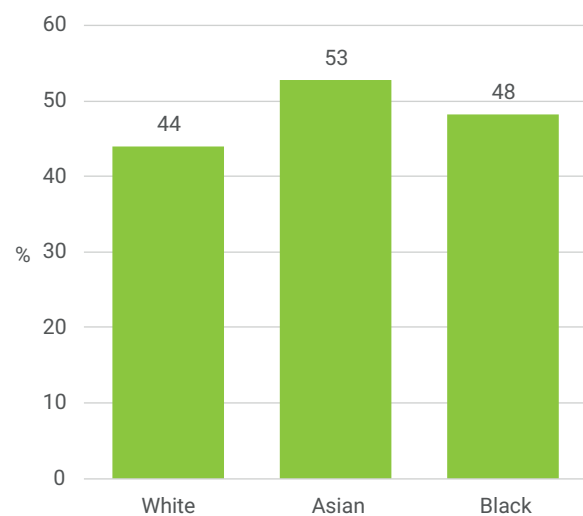


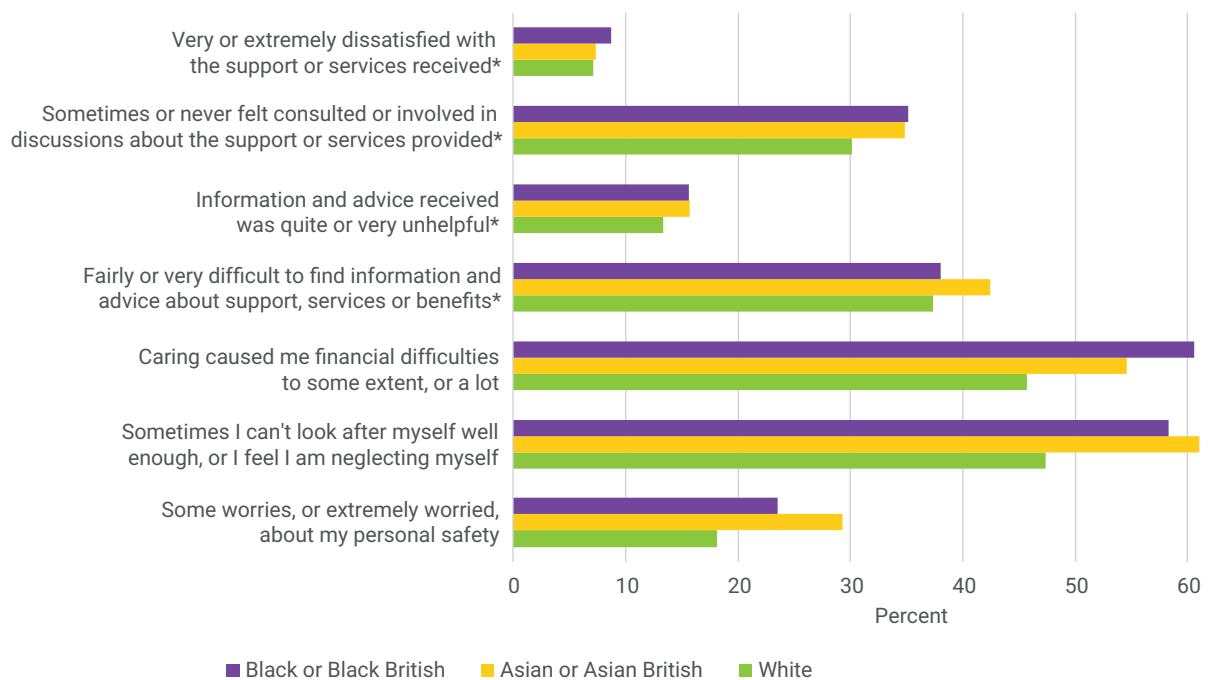
Figure 5: Providing unpaid care for ten hours a week or more by ethnicity



Experience

- Some aspects of the experience of caring seem to be similar for carers of different ethnic backgrounds. For example, similar (albeit low) proportions of White, Asian/Asian British and Black/Black British carers report having as much social contact as they want, having as much control over their daily lives as they want and being able to spend their time doing things they value or enjoy⁸.
- However, other aspects suggest inequalities in the experience of providing care that merit further investigation (see Figure 6)⁸.
- Compared to White carers, higher proportions of Asian/Asian British carers, and of Black/Black British carers, report difficulties with information, advice, support and services.
- Nearly half (47 percent) of all carers report that caring has caused them financial difficulties in the last 12 months 'to some extent' or 'a lot', but this percentage is even higher among Asian/Asian British carers (55 percent) and Black/Black British carers (61 percent).
- 29 percent of Asian/Asian British carers, and 24 percent of Black/Black British carers have some worries, or are extremely worried, about their personal safety.

Figure 6: Differences in the experiences of Asian or Asian British, Black or Black British, and White unpaid carers, England 2018-19



* The percentages shown for these statements are conditional on a preceding filter question about whether the relevant service or advice was received or sought

Challenges

Inequalities permeate every aspect of adult social care in England. Will this be recognised in current policy initiatives? Reforms to the means-test and a cap on lifetime costs will do little or nothing to address overall funding shortfalls or the inequalities outlined in this evidence briefing. What is the strategy for reducing social care inequalities – in underlying need, in unmet need, in access to and experience of services, and in the experience of carers?

Further information

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Research programme: Social Policies and Distributional Outcomes in a Changing Britain

Sources:

- 1 [Health Survey for England 2018](#). Quoted statistics are age-standardised, except where age is itself reported as a variable. Local area deprivation is measured by quintile groups of the Index of Multiple Deprivation (IMD). Authors' calculations based on published tables.
- 2 University of Essex, Institute for Social and Economic Research. (2021). Understanding Society: Waves 1-10, 2009-2019 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 13th Edition. UK Data Service. SN: 6614, <http://doi.org/10.5255/UKDA-SN-6614-14>. Authors' calculations based on microdata analysis.
- 3 Family Resources Survey 2018/19. Calculations based on Office for National Statistics, Social and Vital Statistics Division, NatCen Social Research, Department for Work and Pensions. (2021). Family Resources Survey, 2005/06-2019/20, Households Below Average Income, 1994/95-2019/20 and Pensioners' Income, 2007/08-2019/20: Safe Room Access. [data collection]. 11th Edition. UK Data Service. SN: 7196, <http://doi.org/10.5255/UKDA-SN-7196-12>. Differences between White and ethnic minority groups are statistically significant finding when controlling for age. Need is defined as reporting at least one long term health condition which reduces daily activities.
- 4 University of Essex, Institute for Social and Economic Research. (2018). Understanding Society: Waves 1-8, 2009-2017 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 11th Edition. UK Data Service. SN: 6614, <http://doi.org/10.5255/UKDA-SN-6614-14> Authors' calculations from paired care-recipient-co-resident carer sample microdata as part of "Unmet need for services and unpaid carers" study 2019-2021, CPEC, LSE. Analysis by authors. Funded by NIHR School for Social Care Research (NIHR SSCR).
- 5 Interviews carried out as part of 'Unmet need for services and unpaid carers' study 2019-2021, CPEC, LSE. Analysis by authors. Funded by NIHR School for Social Care Research (NIHR SSCR).
- 6 Burchardt, Jones and Obolenskaya (2018) using Family Resources Survey 2012/13 and 2013/14. *Journal of Social Policy*. <https://doi.org/10.1017/S0047279417000903>
- 7 [Social Care Users Survey 2019-20](#). Authors' calculations based on Annex tables.
- 8 [Survey of Adult Carers in England 2018-19](#). Authors' calculations based on Annex tables.

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