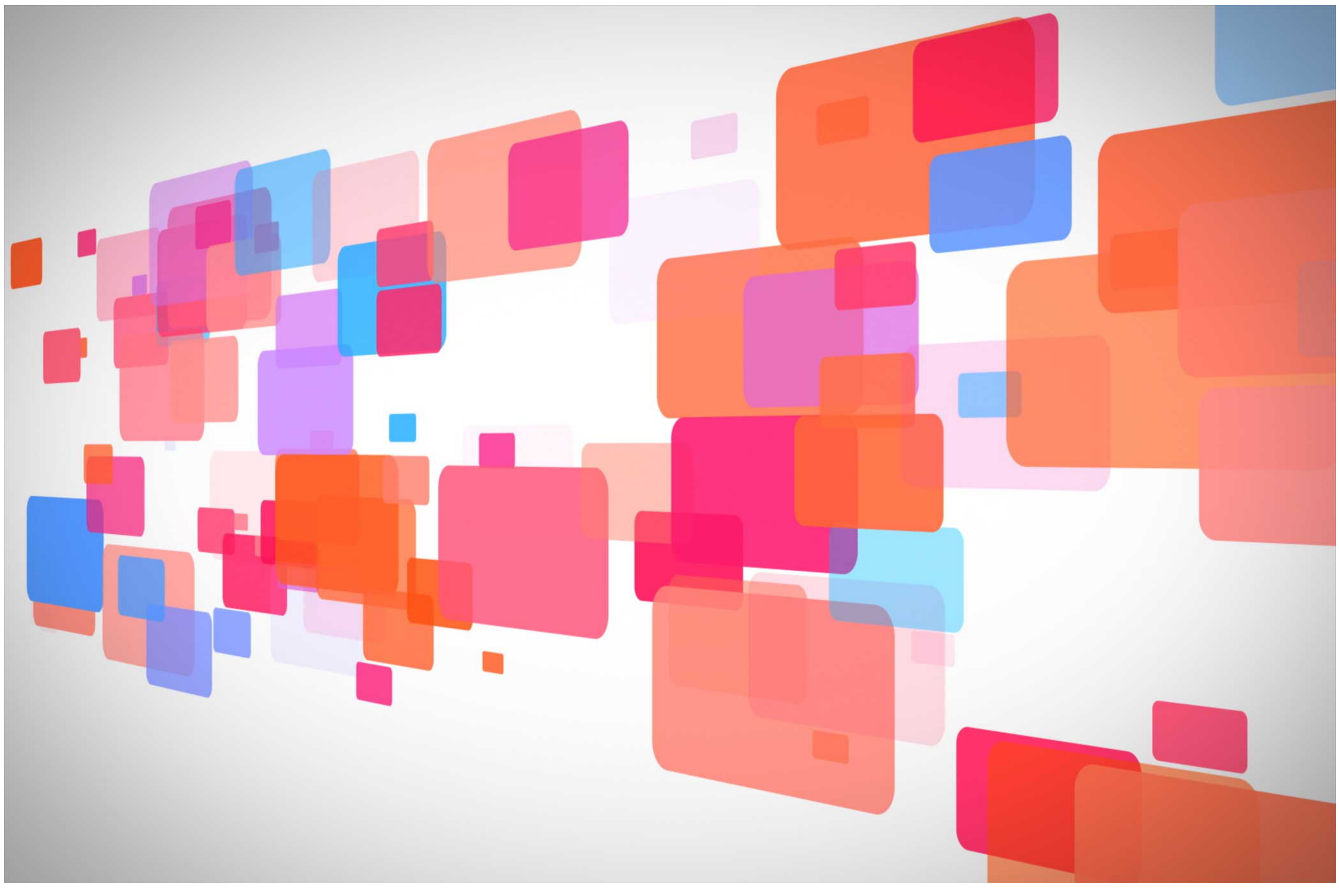

The Bigger Picture

Understanding disability and care in England's older population

THE STRATEGIC SOCIETY CENTRE
ANALYSIS • EVIDENCE • POLICY

advice and support for older age
Independent Age

James Lloyd and Andy Ross

November 2014

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- Office for National Statistics.

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Executive Summary

The Bigger Picture analysed data from: **Census 2011**; **Department for Work and Pensions** data for 2011 on receipt of certain benefits, such as Attendance Allowance; **Health and Social Care Information Centre** data drawn from local authority adult social care 'activity returns' for 2011-12; and the **English Longitudinal Study of Ageing** (2012-2013).

The data was analysed as appropriate at a national (England), regional ('Government Office Region') and local authority level.

The research explored the characteristics and lives of various groups including: the whole 65+ population in England; older people whose day-to-day activities are limited by a longstanding health condition or disability; older people who receive paid or unpaid care; and, older carers.

Census 2011 recorded **8,660,529 individuals aged 65 and over in England, of whom 8,369,594 live at home** in the community.

The older population with limited day-to-day activities

Around half of the 65+ population in England (4.3 million people) reported their day-to-day activities were limited by a longstanding health condition or disability, rising to 70% of those aged 85+ (830,000 people). Most people in this limited activities group lived at home, with the Census 2011 recording that only **278,513 (6.5%) lived in a communal residential or nursing home**.

Using the standardised 'Activity of Daily Living' (ADL) measure of difficulties with self-care, The Bigger Picture found that across England **just over 2 million older people living at home reported difficulty with at least one aspect of self-care**, with the most common difficulties being dressing (around 1.4 million) and bathing (around 1.1 million). **Around 6.7% of the older population living at home experienced three or more ADL difficulties (approximately 560,000 people).**

Analysis of ELSA found that 49% of the 4 million older people with limited day-to-day activities who lived at home had high blood pressure or hypertension, 45% had high cholesterol, 60% had arthritis, and around half of this group reported severe difficulty walking one quarter of a mile unaided.

Significant income and wealth inequalities among older people with limited day-to-day activities exist both within and between different regions. In the North East, median total household wealth in this group was around £100,000, whereas the equivalent figure for the South East was £265,000.

Around 54% of older people with limited day-to-day activities in England reported having an Internet connection at home, although this varied from around 45% in Yorkshire and the

Humber to nearly two-thirds in the South East. However, 59% of this group across England reported they never use the Internet.

Receipt of care

Around **2.3 million older people living at home received some form of care**. Most relied solely on unpaid care, but up to 850,000 received some form of paid care or help at home. Importantly, **6.9% (160,000 people) of older people who received some form of paid or unpaid care or help at home reported that their overall care and support only sometimes or hardly ever met their needs, i.e. they had unmet need**. Older people receiving unpaid care also had low incomes – in all regions, median income including disability benefits was less than £300 per week – suggesting only **limited scope to pay for formal home care privately.**

Of the 6.7% of the older population living at home in England who reported difficulty undertaking three or more ADLs, around 57% of this group were female, and 40% lived alone. Analysis found that **around 70,000 older people in England in this 3+ ADLs group did not receive any care**, and could therefore be classed as experiencing **substantial unmet need**.

Publicly funded support

The principal forms of publicly funded support to older people living with a disability are **universal disability benefits**, and **means tested local authority care and support**.

Across England, around **1.48 million older people received Attendance Allowance (AA), and 830,000 receive Disability Living Allowance (DLA)** in 2011 – including some older people in care homes. Overall, the number of **older people receiving disability benefits was equivalent to 53.7% of the older population with limited day-to-day activities** (2.30 million people).

Around 740,000 older people received some form of local authority funded care and support in 2011-12, whether a funded place in a care home, day care in the community or adaptations to a person's home. This is equivalent to around **17% of the older population with limited day-to-day activities**.

Among older people with limited day-to-day activities, Census 2011 found that 4,019,419 lived at home. Within this group, we can estimate that around **570,000 older people at home received some form of local authority community funded services, representing 14% of people aged 65+ living at home with limited day-to-day activities**. This included around **310,000 who received local authority funded home care, representing 8%** of this group.

However, **significant variations can exist at a local level**. For example, in the Eastern region, the percentage of older people living at home with limited day-to-day activities who received community support varied by over 20% among different local authorities.

Older carers

Census 2011 recorded, 1,192,608 older people in England (13.8% of the older population) who provided unpaid care, including **458,010 (5.3% of the older population) who provided 50+ hours of unpaid care per week**. The Census also reveals that 56% of older carers in England were female, and over 40% were aged between 65 and 70.

Nearly half of older carers reported high blood pressure or hypertension, cholesterol and arthritis. **Around 20% of older carers experienced self-care (ADL) difficulties themselves**, for example, as many as 13% reported difficulty dressing.

Analysis of ELSA revealed that around 85% of older carers owned a mobile phone, and 70% reported having an Internet connection at home. However, although around 40% of older carers reported using the Internet everyday, a similar proportion reported that they never use the Internet.

Using HSCIC data, we can estimate that in 2011-2012, **around 80,000 older carers received local authority services, equivalent to around 17% of older carers providing 50+ hours of care per week**. Although some older carers providing 50+ hours of care per week may be able to cope with their own private resources and other family support, this suggests that **at least 380,000 older carers in England were providing 50+ hours of care per week without receiving any local authority services**.

Among those older carers looking after someone for 20 or more hours per week, around 40% reported that if they wanted a break for a few hours, someone else would have to look after the person they care for. However, within this group, 20% reported that **they do not have someone else they could rely on to look after the person, whether at home or elsewhere. This equates to around 30,000 older carers across England**.

1.Introduction

1.1. Background to the project

This report sets out the results of **quantitative research into disability and care in England's older population**.

The next decade will see unprecedented challenges to England's local authority care system:

- **Rising demand** – population ageing is forecast to result in a rising prevalence of disability, demand for social care and local authority support;
- **Public spending** – in the wake of the post-2008 financial crisis, the government has set out a deficit reduction programme involving reductions in local authority budgets, with implications for spending on adult social services.

However, despite such pressures, England's local authority care system is subject to significant **new policy initiatives and ambitions**.

In particular, a consistent objective of ongoing legislative and policy change is the transformation of the health and social care systems toward an '**all in' system that enlarges the target population for statutory bodies**:

- **Care Act (2014)** – this legislative reform represents the biggest legal change for England's local authority care system in several decades. It places specific new duties on councils to target those experiencing unmet need, carers and other groups who are currently independent of the local authority care system;
- **'Capped cost' funding reforms** – one of the specific aims of these changes to the funding of social care is to encourage those who are currently outside of the local authority care system to present themselves for assessment to their council;
- **Health and social care reform** – several strands of reform to health and social care policy, notably Health and Wellbeing Boards and the Better Care Fund, are driving statutory bodies to focus on all individuals living in the community with functional impairments rather than just those in receipt of local authority support.

More than any other policy initiative, it is the Care Act that seeks to enlarge the population of focus for local authorities in England. Clause 2 of the Act – "**preventing need for care and support"** – requires a local authority to arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- Contribute towards **preventing or delaying the development of needs for care and support among adults in its area**;
- **Reduce the needs for care and support of adults** in its area;
- **Reduce the needs for support of carers** in its area.

In this way, the Care Act places a duty on local authorities to consider preventative

interventions in relation to the **entirety of local populations, rather than just those individuals who meet the council's needs eligibility threshold,** or may be likely to become eligible.

1.2. Aims and objectives

Despite the overall cost of state support to older people living with a disability amounting to tens of billions of pounds each year, it has traditionally been **difficult to understand in overview the entirety of disability, need for care, provision of support and unmet need**.

In response to these new demands placed on England's care system, **The Bigger Picture** therefore aimed to:

- Provide a **detailed description of functional disability, formal care and unpaid caring** among England's older population at a **local, regional and national level**;
- '**Paint a picture**' of the lives of older people providing unpaid care or experiencing limited day-to-day activities, in order to help service commissioners and providers;
- Provide new **insights into patterns of disability, health conditions and care** among the older population relevant to service planning and design;
- **Improve general understanding of disability and care** in the older population in England through publishing the integrated data assembled for the project as an '**open data**' source that can be used by local authorities, services providers and users, citizens and the media.

1.3. The Bigger Picture: Understanding disability and care in England's older population

The next chapter of this report sets out the data used in the research, and methodology employed. **Chapter 3** provides a snapshot of disability and care in the older population in England, identifying key results.

Chapter 4 looks in detail at the lives of older people with limited day-to-day activities, from their health characteristics to their living situation. **Chapter 5** explores the characteristics of older people receiving unpaid and paid care including the overall adequacy of their care, as well as older people with substantial levels of disability who experience difficulty undertaking three or more 'activities of daily living'.

Chapter 6 explores the interaction of older people experiencing limited day-to-day activities with public support, i.e. disability benefits and the local authority care and support system. **Chapter 7** examines the prevalence of unpaid older carers and the outcomes they experience, as well as the extent of local authority support for them.

Appendix A sets out information for analysts seeking to use the data analysed for The Bigger Picture. **Appendix B** set outs estimates of the proportion of older people with a disability who will be above or below the new, local authority means tests to be implemented in England in 2016.

2.Data and methodology

This chapter reviews the data and methodology used for The Bigger Picture.

Key points:

- **The Bigger Picture analysed data from: Census 2011; Department for Work and Pensions data for 2011 on entitlement and receipt of relevant benefits, such as Attendance Allowance; Health and Social Care Information Centre data drawn from local authority adult social care 'activity returns' for 2011-12; and, the English Longitudinal Study of Ageing (2012-2013).**
- **The data was analysed as appropriate at a national (England), regional ('Government Office Region') and local authority level.**
- **The research analysed the characteristics and lives of various groups including: the whole 65+ population in England; older people whose day-to-day activities were limited by a longstanding health condition or disability; older people who received paid care or unpaid care; and, older carers.**

2.1. Overview

The Bigger Picture comprises **descriptive quantitative analysis**, examining separately and together, data from four different sources:

- **Census 2011**;
- **Department for Work and Pensions** data for 2011 on receipt of relevant benefits, such as Attendance Allowance;
- **Health and Social Care Information Centre** data drawn from local authority adult social care 'activity returns' for 2011-12;
- **English Longitudinal Study of Ageing**, which interviewed respondents during 2012-13.

This data was used even when more recent data was potentially available – for example, on receipt of disability benefits - in order for the research to provide an accurate 'snapshot' of care and support in England during a single period, which captures the interaction of different systems of formal and informal support.

Data was analysed, as appropriate, at **three geographical levels**:

- **National** - England;
- **Regional** – the Government Office Regions;
- **Local** – at the level of individual local authority areas.

The **Government Office Regions** (GORs) are:

- North East (NE);
- North West (NW);

- Yorkshire and The Humber (YH);
- East Midlands (EM);
- West Midlands (WM);
- East of England (E);
- London (L);
- South East (SE);
- South West (SW).

The rest of this chapter describes the data in more detail, and how the data was used.

2.2. Census 2011

The Bigger Picture used Census 2011 data relating to:

- Age;
- Day-to-day limited activities;
- Unpaid care;
- Levels of deprivation;
- Residence in different types of 'communal establishment'.

In addition to Census 2011 data, the research used data from **Census 2001** relating to age and individuals with limited day-to-day activities, in order to explore changes over time.

All Census data was accessed via Nomis, a web-based database of labour market statistics run by the University of Durham on behalf of the Office for National Statistics.

Census data was analysed at a national, regional and local level.

2.3. Department for Work and Pensions

The analysis for The Bigger Picture used a range of 'administrative' data produced by the Department for Work and Pensions (DWP) in relation to the total number of individuals receiving:

- Pension Credit;
- Disability Living Allowance;
- Attendance Allowance;
- Carer's Allowance.

The research also used data collected by DWP on the characteristics of individuals receiving these benefits, such as gender, age group, duration of claim, main disabling condition and type of award, e.g. higher or lower-rate Attendance Allowance.

All DWP data was accessed via the DWP online statistics tabulation tool.

DWP data was analysed at a national, regional and local level.

2.4. Health and Social Care Information Centre

The Bigger Picture used 2011-2012 data published by the national Health and Social Care Information Centre (HSCIC) taken from local authority administrative systems used to record the process of assessing eligibility to state-funded social care and providing services where people are eligible. The research used data from the Referrals, Assessments and Packages of Care (RAP) return and the Adult Social Care Combined Activity (ASC-CAR) return.

Specifically, the HSCIC data analysed for the research related to numbers of:

- Local authority assessments;
- Individuals receiving different types of local authority community support, as well as funding for residential or nursing care;
- Carer assessments;
- Carers receiving information or services.

HSCIC data was analysed at a national, regional and level.

It should be noted that the data provided to HSCIC for 2011-2012 by some local authorities **was fully or partially incomplete**, i.e. the authorities in question did not return data for some of their adult social services activities.

2.5. English Longitudinal Study of Ageing

The Bigger Picture analyses data from Wave 6 (2012-2013) of the English Longitudinal Study of Ageing (ELSA), which is a longitudinal, multidisciplinary social survey undertaken every two years, of a representative sample of the English population aged 50 and older. The Bigger Picture only used data for those aged 65 and over.

ELSA was designed to understand the unfolding dynamics of ageing and the relationships between economic circumstances, social and psychological factors, health, cognitive function and biology as people move through retirement into older age. The sample first assessed in 2002 included more than 11,000 participants, and they have been re-interviewed every two years since then.

Only individuals who live in non-institutional settings participate in the ELSA sample, i.e. it is essentially representative of older people who live ‘at home’ in the community.

ELSA data are designed to be used for the investigation of a broad set of topics relevant to understanding the ageing process. These include:

- Health trajectories, disability and healthy life expectancy;
- The determinants of economic position in older age;
- The links between economic position, physical health, cognition and mental health;
- Household and family structure, social networks and social supports.

Unlike other data used in this study, ELSA is not a whole population study, but is instead a randomly selected sample of individuals. Therefore, whilst it provides very accurate estimates

associated with the lives of all 50+ year olds living in private residences in England, these nevertheless remain estimates. As a consequence, any differences in estimates across regions have to be assessed using statistical tests, particularly if the sample being analysed is small (e.g. unpaid care recipients). The results of these tests are presented in footnotes.

For the purposes of The Bigger Picture, ELSA data was analysed at a national level, and at a regional (GOR) level where sample sizes in relation to specific groups allowed this.

2.6. Groups of interest

The Bigger Picture examined data for several specific groups of interest, related to disability and care in England's older population. These groups comprise:

- **The 65+ population**

This is all individuals aged 65 and over in England – just over 8.5 million people. This group is variously analysed at a national, regional and local level, and considered in relation to all older people, and just those living in their own home.

- **65+ with limited day-to-day activities**

These are the 4.3 million older people with a longstanding health condition or disability, which limits their day-to-day activities in some way.

In **Census data**, these are individuals who report that their day-to-day activities are limited because of a health problem, or disability including those relating to old age. This group is then further subdivided into individuals who live in a 'communal establishment' such as a care home, and those who do not, i.e. they live 'at home'.

In **ELSA**, these are individuals who report a longstanding illness, disability or infirmity that limits their activities in any way, OR difficulties with one or more 'activities of daily living' (activities to do with self-care such as getting dressed or washed).

The following table shows that using these definitions, for each GOR, the relevant prevalence is similar, suggesting these are likely to be comparable groups.

Question	Source	NE	YH	NW	WM	EM	E	SE	L	SW
% with Long-term Health Problem or Disability: Day-to-day activities limited not living in communal managed establishment	Census	52.4%	48.9%	49.9%	49.2%	47.6%	43.8%	40.5%	47.4%	43.3%
Self-reported long-standing limiting illness, disability or infirmity OR 1+ ADL difficulty	ELSA	54.6%	43.2%	46.9%	46.4%	46.7%	41.8%	39.1%	40.6%	34.9%

On this basis, the research makes descriptive statements using estimates derived from ELSA data about the day-to-day limited activities group within Census data at a national and regional level. Although it should be noted that despite a similar overall prevalence and definition, given the slight difference in the way the populations are defined there is likely to remain some small differences between the two groups. Nevertheless we expect these

differences to be minimal.

Older people with limited day-to-day activities were examined at a local, regional and national level using Census data, and at a regional and national level using ELSA data.

Unpaid carers

These are older people who report that they provided unpaid 'informal' care to a family member, other relative or friend, and number around 1.2 million across England.

In Census data, information on this group was analysed at a local, regional and national level. In ELSA data, this group was analysed at a regional and national level.

Older people receiving paid and unpaid care

Using ELSA data, the research examined the characteristics of individuals aged 65+ living at home, who are in receipt of unpaid and paid care, who number around 2 million across England. Unpaid care recipients were analysed at a national and regional level, and paid care recipients were analysed at a national level.

Three or more ADL difficulties

The Bigger Picture seeks to explore the characteristics of older people who may be eligible for local authority funding for care and support – estimated to be around 560,000 in number.

In England, the local authority care system in England applies a framework for assessing levels of need called 'Fair Access to Care Services' (FACS). Using this framework, local authorities determine eligibility for support on the basis of need by allocating individuals to one of four needs levels: Low; Moderate; Substantial; and, Critical.

The government has announced that from April 2015, a minimum eligibility threshold will apply across England equivalent to '**Substantial**' on the current FACS scale.[1]

It is not possible to define a precise, multi-dimensional measure equivalent to 'Substantial needs' using a social survey such as ELSA. This is because the FACS framework does not comprise a purely objective assessment of disability, such as the standardised 'Activity of Daily Living' (ADL) measure. Rather, it is a subjective assessment of need for paid care, taking account of the availability of unpaid care, a person's ability to live independently and assessed risks to their wellbeing.

However, for the purposes of The Bigger Picture, analysis was undertaken into the characteristics of ELSA respondents reporting difficulties with **three or more Activities of Daily Living (ADL)**. These are individuals with significant difficulty caring for themselves and who could – depending on other factors – be reasonably expected to meet the minimum eligibility threshold to be implemented in 2015, at an equivalent level to 'Substantial'.

[1] See DH (2013) Press release: "Social care users will be guaranteed a minimum level of council help under new plans", London

The ADLs recorded in ELSA comprise:

- Dressing, including putting on shoes and socks;
- Bathing or showering;
- Getting in or out of bed;
- Walking across a room;
- Eating, such as cutting up food;
- Using the toilet, including getting up or down.

2.7. Analysis

The Bigger Picture is a descriptive-only study, and no statistical modelling was undertaken beyond assessing differences across areas. The results comprise:

- Numbers of individuals with specific characteristics, e.g. the number of carers aged 70-74;
- Percentage of individuals in specific groups with a defined characteristic, e.g. the proportion of individuals receiving paid care who report arthritis.

As such, the key research strategies deployed for The Bigger Picture comprise:

- Comparing DWP 'take-up' and HSCIC 'activity' data at a local authority level to relevant population groups identified in the Census;
- Exploring the characteristics of target groups in ELSA data – such as unpaid carers - at a national and regional level, in order to provide an indicative picture of these groups at a local authority level using information on their distribution drawn from Census data.

It is important to note that analysis of regional averages using ELSA will inevitably mask underlying differences that exist between local authority areas within regions, and that not all local authority areas within a GOR will conform to ELSA estimates for that region. For example, the use of public transport among older people in Kensington and Chelsea may be very different to the older population of Newham, despite both areas being within the same GOR (London).

However, although significant variations exist within different GOR areas, across key domains explored in ELSA for this study – notably income and wealth - these variations are often narrower than within England as a whole, and so the presentation of ELSA data at a regional level can be of greater use to local-level stakeholders than national-level data.

In addition, local-level stakeholders are usually better placed to be able to interpret regional averages and how the population profile for their local authority area may differ from the average for their region, rather than the national average.

3. Disability and care in the older population

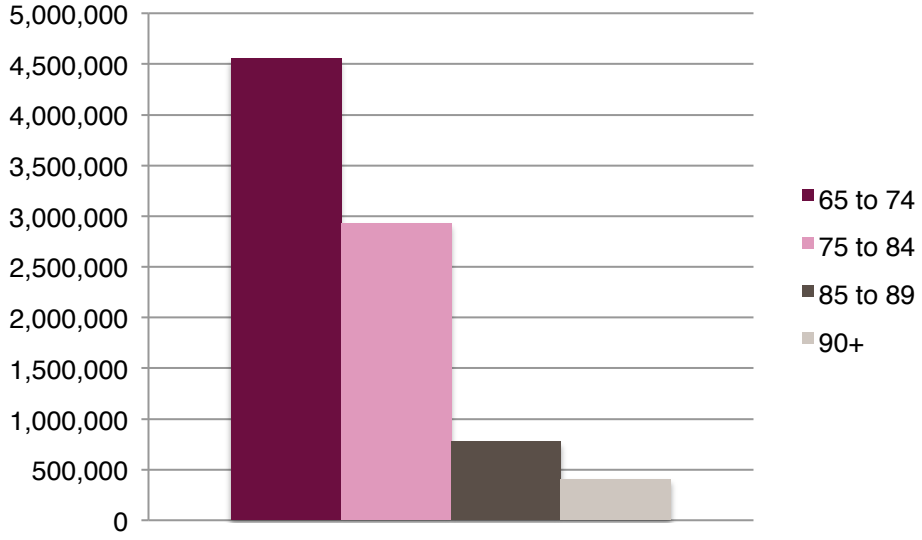
This chapter looks at disability and care across England's whole older population.

Key points:

- **Census 2011 recorded 8,660,529 individuals aged 65 and over in England, of whom 8,369,594 lived at home in the community.**
- **Around half of the 65+ population in England (4.3 million people) reported their day-to-day activities were limited by a longstanding health condition or disability, rising to 70% of those aged 85+ (830,000 people).**
- **Across England, using the standardised 'Activity of Daily Living' (ADL) measure of difficulties with self-care, we can estimate that just over 2 million older people living at home had difficulty with at least one aspect of self-care, with the most common difficulties being dressing (around 1.4 million people) and bathing (around 1.1 million people). Around 6.7% of the older population living at home experienced three or more ADL difficulties (approximately 560,000 people).**
- **Around 2.3 million older people living at home received some form of care, comprising an estimated 2.1 million who received unpaid care (24% of the older population), and 850,000 who received paid care or help at home (10% of the older population) – although these groups overlap.**
- **According to Census 2011, around 13.8% of England's older population provided unpaid care, including 458,010 (5.3% of the older population) who provided 50+ hours of unpaid care per week.**

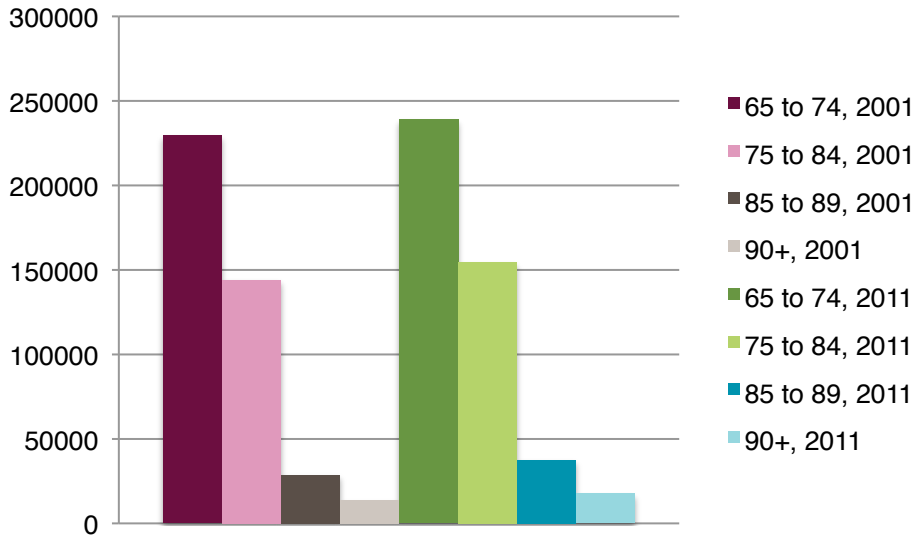
3.1. England's older population

Census 2011 recorded 8,660,529 individuals aged 65 and over in England during 2011, of whom 8,369,594 lived at home in the community. The 65+ population in England in 2011 included more than one million people aged 85 and over, as the following chart shows:



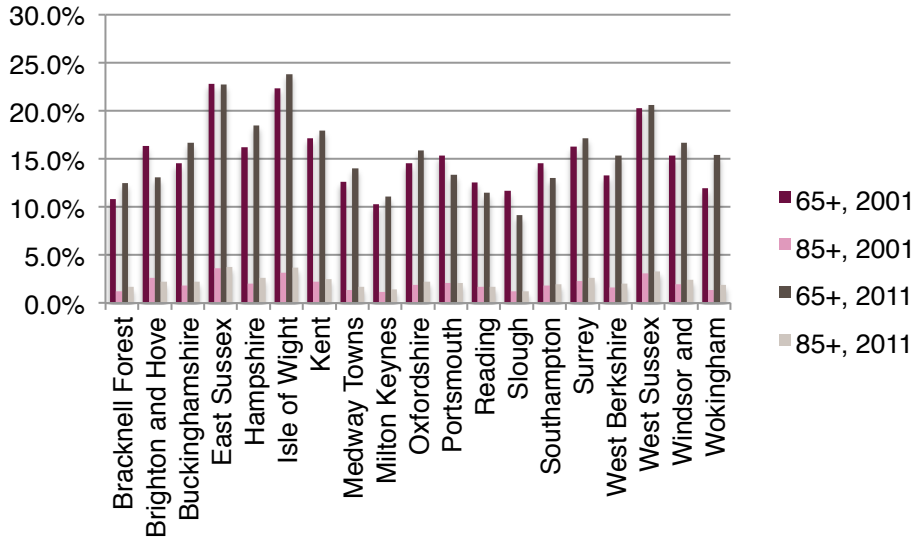
Number of individuals by age group, 65+, England (Census 2011)

Like many countries, England is ageing. The **number of individuals in all 65+ age groups increased between 2001 and 2011**, as the following chart for the North West region illustrates:



Number of individuals in local authority area, 65+, North West (Census 2011)

At the level of local authorities, most – but not all - are experiencing ageing populations, with those aged 65+ and 85+ representing an increasing proportion of the population. However, urban areas, such as Brighton, Southampton, Reading and Slough, actually became younger between 2001 and 2011, as the following chart for the South East shows:



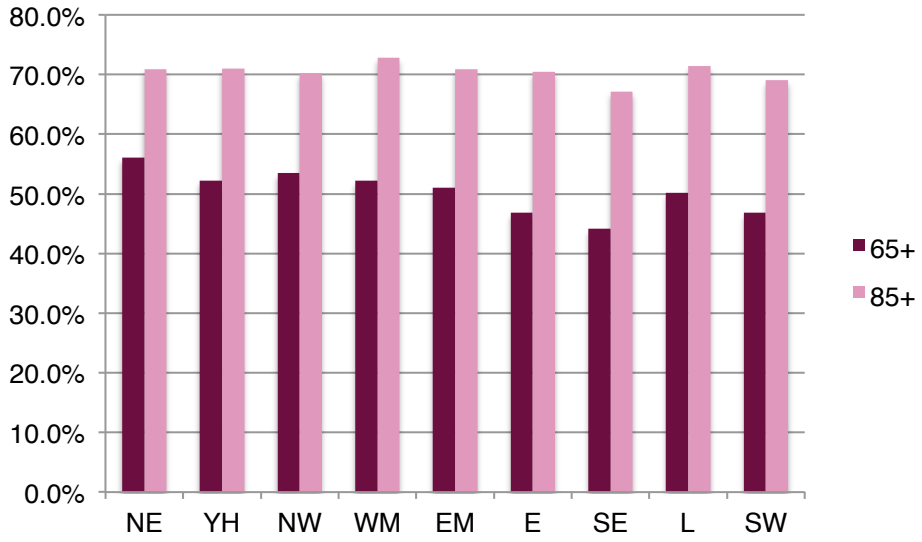
Proportion of population aged 65+ and 85+, South East (Census 2001, 2011)

3.2. Disability in England's older population

Census 2011 found that **4,297,932 people aged over 65 - around half the older population - reported that their day-to-day activities were limited by a longstanding health condition or disability**. This group included both those with very low levels of

impairment, and those with high levels of disability. The prevalence of difficulties rises to 70% of those aged 85+, with around 830,000 in this age group experiencing difficulties.

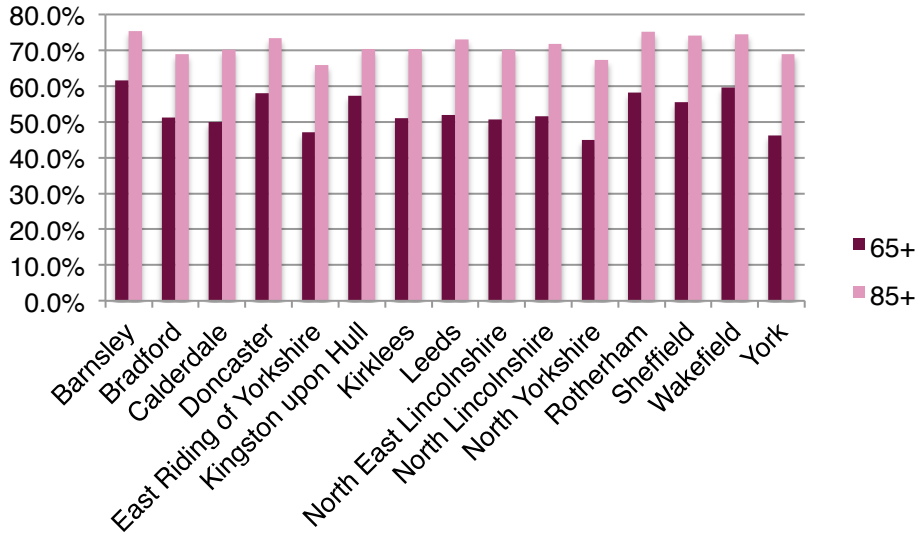
However, some variation in reported difficulties with day-to-day activities can be observed across different regions, for example, between the East and North East regions:



Percentage of individuals reporting limited day-to-day activities by age group, 65+, English Regions (Census 2011)

Overall, the North East had the highest proportion of older people with limited day-to-day activities (56%), while the South East region had the lowest (44%).

At the level of individual local authorities, **variation in the proportion of the 65+ population who reported limited day-to-day activities** can also be found. To a lesser extent, such variation was also observable among the 85+ population. For example, within the region of Yorkshire and the Humber, 62% of the older population reported limited day-to-day activities in Barnsley compared to 47% in the East Riding of Yorkshire, as the following chart shows:



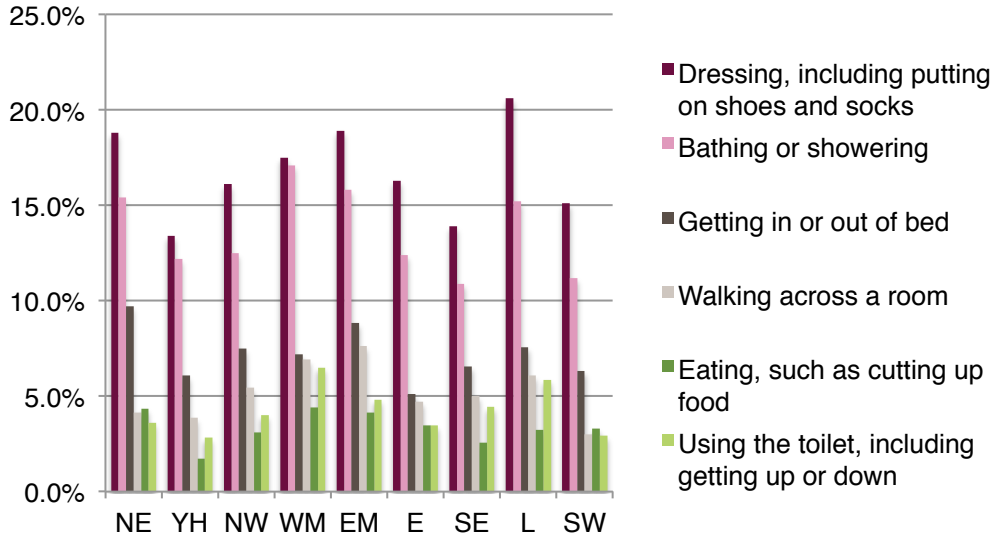
Percentage of individuals reporting limited day-to-day activities by age group, 65+, Yorkshire and the Humber (Census 2011)

3.3. Types of difficulties experienced by England's older population

Difficulties with 'activities of daily living' (ADL) are a standard measure of difficulties that people may experience with 'self-care'. Not all older people who have difficulty undertaking day-to-day activities will struggle with aspects of self-care measured by ADLs.

However, by analysing data from Wave 6 of the English Longitudinal Study of Ageing (ELSA) for the whole population, the research was able to explore the type of day-to-day activities that individuals aged 65+ and living at home are unable to undertake.

Across England, we can estimate that just over 2 million older people living at home had difficulty with at least one ADL (24% of older people living at home). The **most common ADL difficulties experienced were dressing (around 1.4 million people) and bathing (around 1.1 million people)**, as the following chart shows[2]:

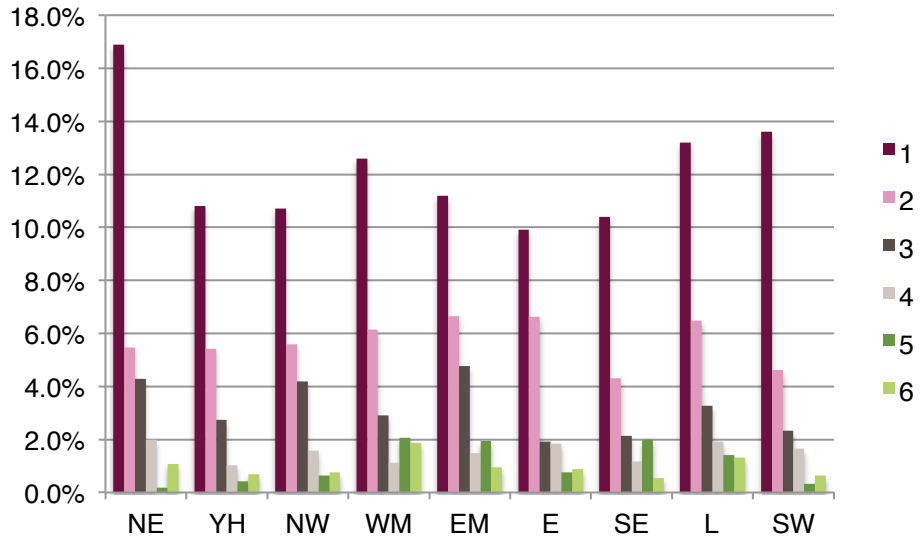


Percentage of individuals reporting different ADL difficulties by type, 65+, English Regions (ELSA)

Individuals may experience more than one ADL difficulty. **Around 6.7% of the older population in England living at home experienced three or more ADL difficulties (approximately 560,000 people).** It is useful to explore the relative proportion reporting different numbers of difficulties, which is shown below[3]:

[2] Differences in the prevalence of difficulties across the different regions were assessed statistically using an F statistic. P-values at 0.05 or less indicate the difference is highly likely to exist in the wider population of 65+ year olds and are otherwise described as a 'statistically significant' finding. Results: Dressing: p = 0.029; Bathing: p = 0.023; Getting out of bed: p = 0.295 n/s ; Walking across a room: p = 0.036; Eating: p = 0.359 n/s; Using a toilet: p = 0.039 (n/s = not statistically significant)

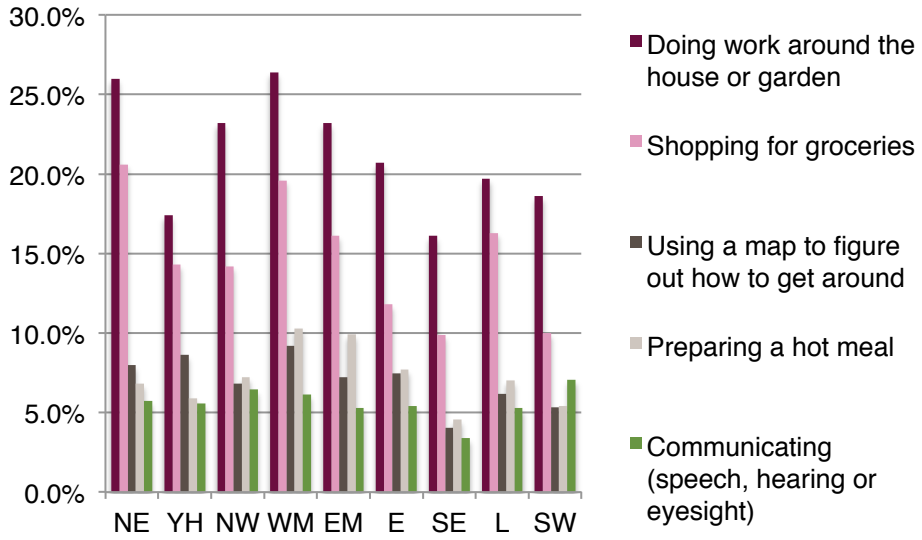
[3] Differences in the total number of difficulties across the different regions were assessed statistically using the F ratio test. Result: p = 0.005. Again p-values at 0.05 or less are considered statistically significant.



Percentage of individuals reporting number of ADL difficulties by type, 65+, English Regions (ELSA)

In addition to ADL difficulties experienced by the older population, ELSA is able to provide insights into difficulties with 'Instrumental Activities of Daily Living' (IADL) – which are tasks associated with living independently within a community – and are experienced by 28.5% of the older population in England living at home.

The most common IADL difficulties experienced by older people living at home are **doing work around the house or garden (1.7 million people), and shopping for groceries (1.2 million)**, as the following chart shows[4]:

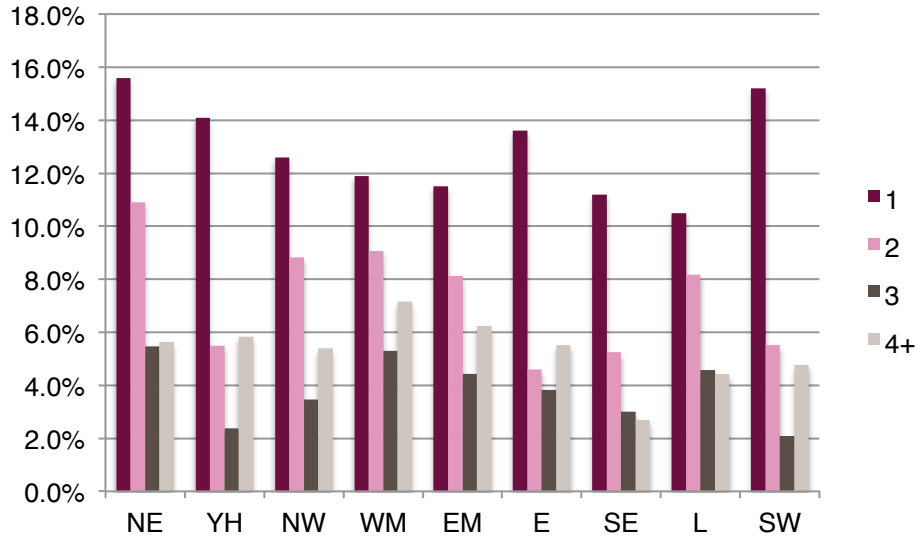


Percentage of individuals reporting key IADL difficulties by type, 65+, English Regions (ELSA)

Additional IADL difficulties reported by less than 5% of the older population in England living at home include: making telephone calls; managing money; taking medications and recognising when in physical danger.

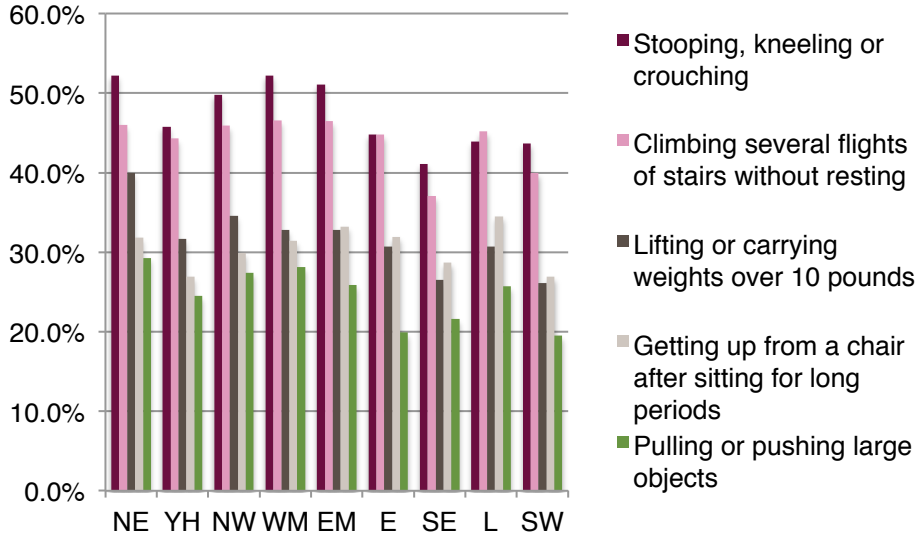
[4] The statistical significance of the differences across region are: Doing work around the house/garden: p = 0.000; Shopping: p = 0.000; Using a map: p = 0.015; Preparing a hot meal: p = 0.003; Communicating: p = 0.230 n/s (see footnote 3 for further detail on the statistical tests used here).

The percentage of older people in England who reported different total numbers of IADL difficulties is shown in the following chart:[5]



Percentage of individuals reporting different numbers of IADL difficulties, 65+, English Regions (ELSA)

ELSA also provides information on difficulties experienced with mobility and physical functioning. The **most common mobility difficulties experienced are stooping, kneeling or crouching, as well as climbing several flights of stairs without resting**:[6]

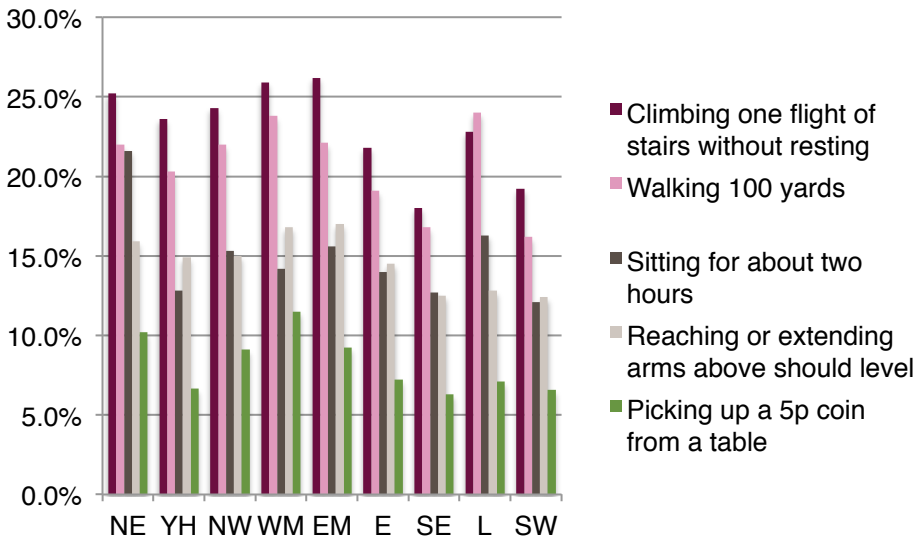


Percentage of individuals reporting mobility and physical functioning difficulties by type, 65+, English Regions (ELSA)

Mobility and physical functioning difficulties that are less commonly experienced comprise:

[5] The statistical significance of the difference relating to region is p = 0.000 (see footnote 4 for further detail on the statistical test used here)

[6] The statistical significance of the differences across region are: Stooping, kneeling or crouching: p = 0.000; Climbing several flights of stairs: p = 0.003; Lifting or carrying: p = 0.000; Getting up from a chair: p = 0.082 n/s; Pulling or pushing large objects: p = 0.001; Climbing one flight of stairs: p = 0.006; Walking 100 yards: p = 0.004; Sitting for about two hours: p = 0.018; Reaching or extending arms above shoulder: p = 0.229 n/s; Picking up a 5p coin: p = 0.015 (see footnote 3 for further detail on the statistical tests used here)



Percentage of individuals reporting mobility and physical functioning difficulties by type, 65+, English Regions (ELSA)

3.4. Caring and the older population

Many older people with limited day-to-day activities may have very low levels of impairment, and consequently, no need for care or support of any kind.

However, many older people in England with limited day-to-day activities are also recipients of unpaid 'informal' care provided by family, friends or neighbours, or formal care paid for by themselves, by their local authority, or a combination of the two.

ELSA collects information on the prevalence of older people who report receiving paid and unpaid care, among those living in non-institutional settings, i.e. at home.

Overall, ELSA estimates show that **27.6% of older people living at home in England (around 2.3 million individuals) received some form of care or help at home**.

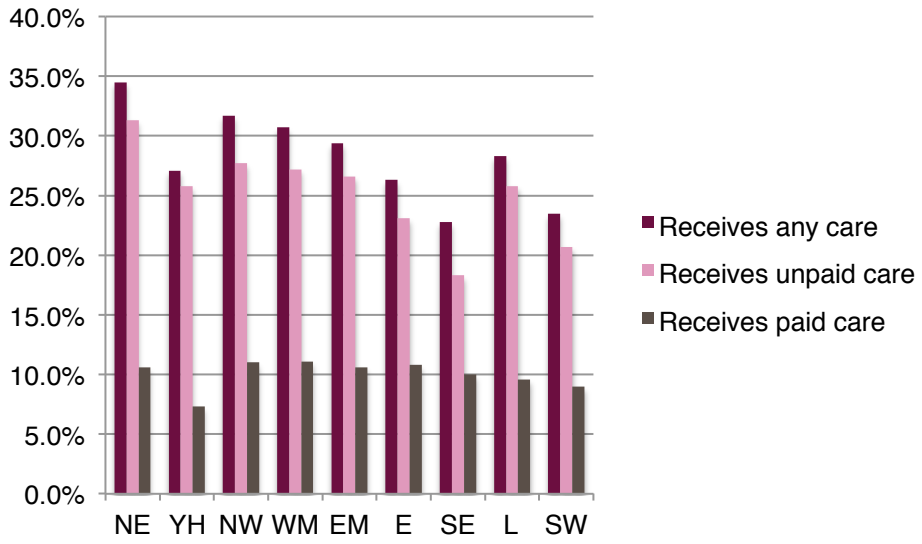
According to ELSA, **around one quarter of the older population (24%) who lived at home received unpaid care and one-in-ten received paid or help care**.[7]

By applying these percentages to Census 2011 data on older people who did not live in 'communal establishments' - 8,369,594 people - we can surmise this amounts to **around 2.05 million older people in England received unpaid care at home, and around 850,000 received paid care or**. ELSA records that 4.3% of the older population living at home receives formal care from a home care worker/home help/personal assistant, which is around 360,000 people.

As the following chart shows, the proportion receiving any care is greater than the sum of those receiving paid and unpaid care demonstrating that there is **significant overlap**

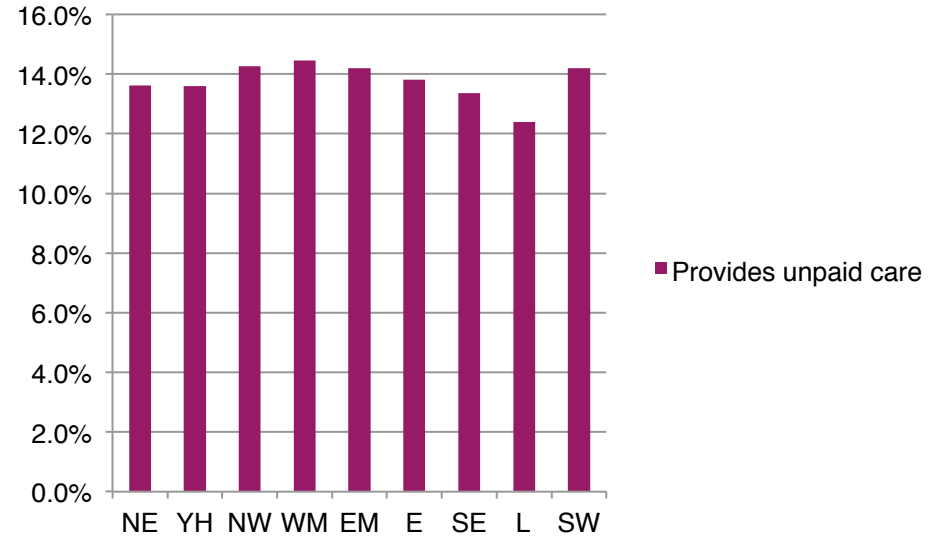
[7] The types of formal help or care recorded by ELSA include: Home care worker/Home help/Personal assistant; A member of the reablement/ intermediate care staff team; Voluntary helper; Warden/Sheltered housing manager; Cleaner; Council's handyman; Member of staff at the care/nursing home; Other

between the two groups, i.e. many individuals receive both paid and unpaid care and help:[8]



Percentage of population receiving any care, and by type, 65+, English Regions (ELSA)

As well as receiving care, **many older people provide unpaid care**. Census 2011 reports that **1,192,608 people aged 65 and over provided unpaid care, or 13.8% of the older population**. Across different regions, the proportion of older people who reported providing unpaid care is strikingly consistent, at between 12% and 14%, as the chart below shows:[9]



Percentage of individuals who provide unpaid care, 65+, English Regions (Census 2011)

Chapter 7 explores the characteristics of older carers in more detail.

[8] The statistical significance of the differences across region are: Received any care: p = 0.000; Receives unpaid care: p = 0.611 n/s; Receives paid care: p = 0.001 (see footnote 3 for further detail on the statistical tests used here).

[9] The statistical significance of the difference relating to region is p = 0.054, i.e. differences are not statistically significant (see footnote 3 for further detail on the statistical test used here)

4. Understanding England's older population with limited day-to-day activities

Having looked at disability and care in England's older population, this chapter takes a closer look at the lives and characteristics of the 4.3 million older people in England who experienced some level of difficulty in undertaking day-to-day activities.

Key points:

- **Among England's 4.3 million older people with day-to-day activities limited by a longstanding health condition or disability, 93.5% of this group live at home, and 6.5% (around 280,000) live in a communal residential or nursing home.**
- **Across England, high percentages of this group have high blood pressure or hypertension (49%), and high cholesterol (45%). Around 60% have arthritis;**
- **Around half of this group (approximately 2 million people) would have severe difficulty walking one quarter of a mile unaided.**
- **Significant income and wealth inequalities for this group exist within and between different regions. Half of older people in this group who live at home in the North East have less than £100,000 in total household wealth, whereas the equivalent figure for the South East is £265,000.**
- **Around 54% of this group across England report having an Internet connection at home, although this varies from around 45% in Yorkshire and the Humber to nearly two-thirds in the South East. However, 59% of this group across England report they never use the Internet.**

4.1. Residency

According to Census 2011, among England's older population with limited day-to-day activities, around 4,019,419 (93.5%) lived at home, and 278,513 (6.5%) lived in a residential or nursing home.

Reflecting variations in the overall size of the regional population, according to Census 2011, **the number of individuals with limited day-to-day activities living in non-communal establishments - i.e. 'at home' - varied across the English regions from around 240,000 to 600,000**.

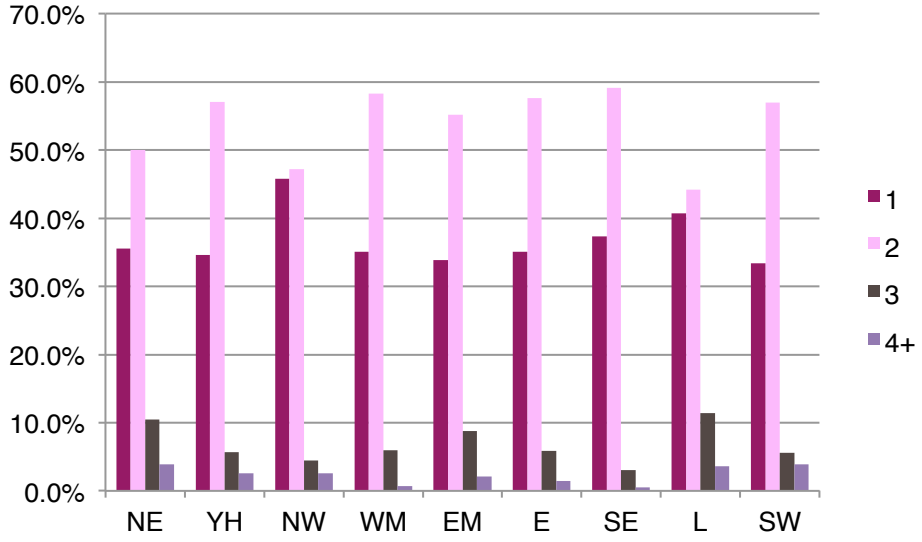
Number living in non-communal establishments, 65+ with limited day-to-day activities, English Regions (Census 2011)

ELSA is able to provide considerable information at a regional level on the lives and experiences of older people with limited day-to-day activities who live at home, and the rest of this chapter reviews these insights.

4.2. Older people with limited day-to-day activities living at home

Among the older population living at home with limited day-to-day activities, 56.6% were female, 53.5% were married and 2.2% were cohabiting.

Although 54% of older people living at home with limited day-to-day activities lived with one other person, **more than one-in-three (37%) lived alone**, although some regional variations can be observed[10]:



Number of people in household, 65+ at home with limited day-to-day activities, English Regions (ELSA)

[10] The statistical significance of the difference relating to region is p = 0.001 (see footnote 3 for further detail on the statistical test used here)

4.3. Housing

Reflective of the older population generally, most older people with limited day-to-day activities (74%) owned their home, either outright or with a mortgage. However, around 40% of this group in London rented[11]:

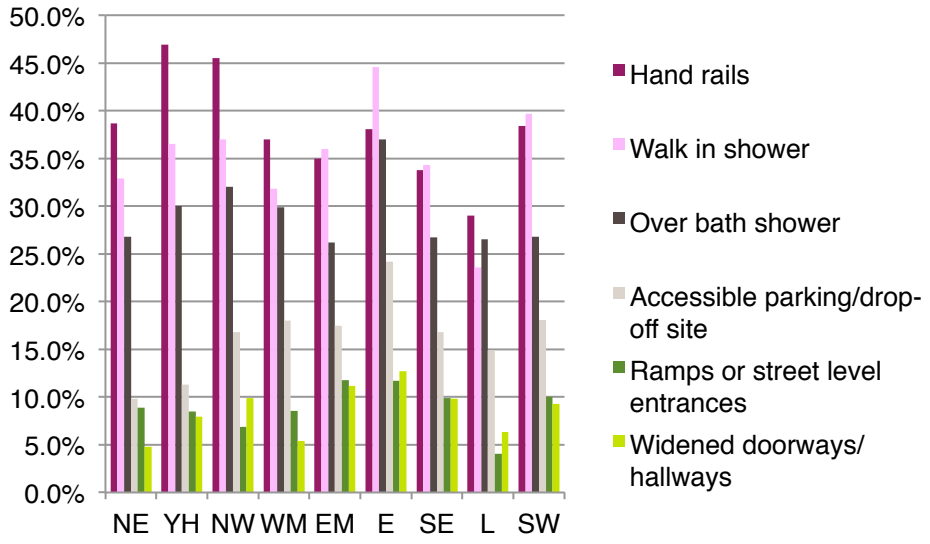
Tenure, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Over three quarters of this group (77%) had 4 or more bedrooms or sitting rooms.

Some individuals with limited day-to-day activities may have modifications made to their home, in order to allow them to remain independent. **Basic modifications or features, such as handrails and walk-in showers are relatively common** in this group, as are alerting devices. However, more significant **structural changes such as widened doors or stair-lifts are less common**, as the following chart shows:[12]

[11] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here)

[12] The statistical significance of the differences across region are: Hand rails: p = 0.001; Walk in shower: p = 0.000; Over bath shower: p = 0.121 n/s; Accessible parking/drop-off: p = 0.005; Ramps or street level entrances: p = 0.091 n/s; Widened doorways/hallways: p = 0.051 n/s; Bath or shower seat: p = 0.369 n/s; Alerting devices: p = 0.449 n/s; Toilet equipment/commode: p = 0.908 n/s; Stair lift or stair glide: 0.600 n/s; Bed lever or bed rail: p = 0.502 n/s; (see footnote 3 for further detail on the statistical tests used here).



Adaptations in property, 65+ at home with limited day-to-day activities, English Regions (ELSA)

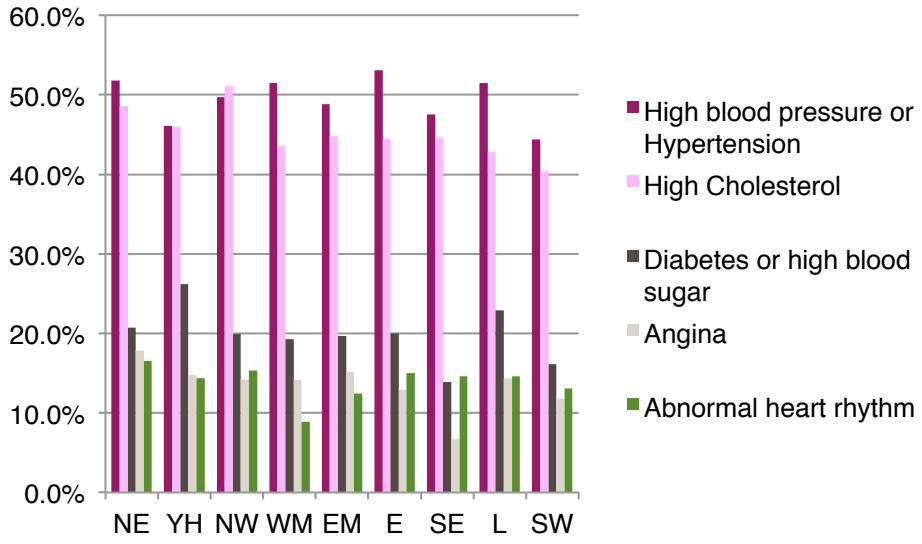
Adaptations in property, 65+ at home with limited day-to-day activities, English Regions (ELSA)

4.4. Health

ELSA collects detailed information on a range of health conditions that older people living at home with day-to-day activities limited may experience.

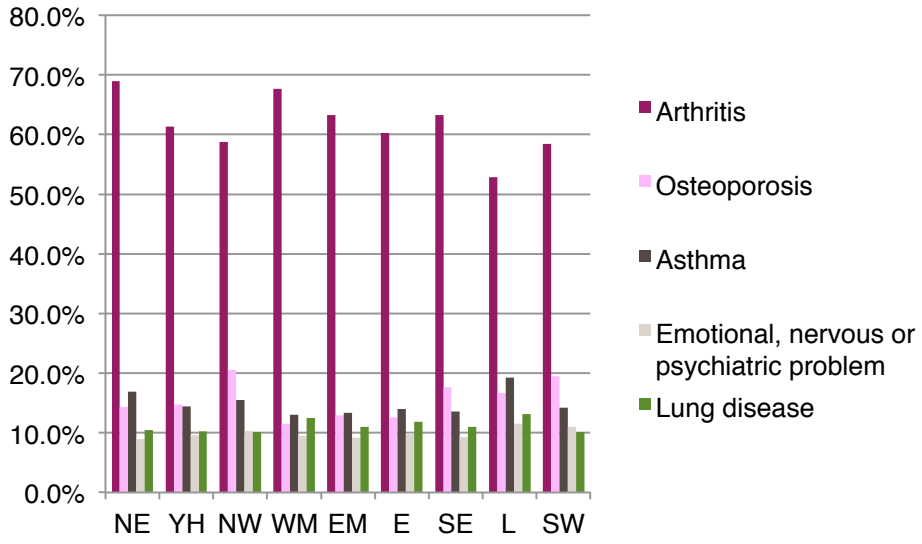
Across England, high percentages of this group had **high blood pressure or hypertension (49%), and high cholesterol (45%)**, as shown by the chart below displaying differences across the regions[13]:

[13] The statistical significance of the differences across region are: High blood pressure or hypertension: p = 0.599 n/s; High Cholesterol: p = 0.419 n/s; Diabetes or high blood sugar: p = 0.038; Angina: p = 0.028; Abnormal heart rhythm: p = 0.424 (see footnote 3 for further detail on the statistical tests used here).



Prevalence of cardio-vascular conditions, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Turning to different types of chronic disease, **arthritis is by far the most common condition experienced by this group** (61%)[14]:



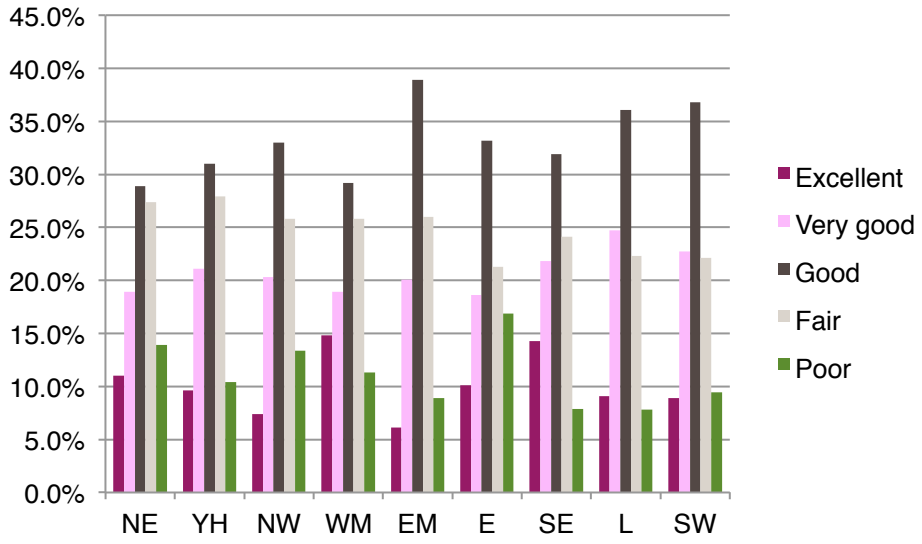
Prevalence of chronic disease, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Overall, older people in England living at home with day-to-day limited activities were as likely as not to have high blood pressure, high cholesterol or arthritis.

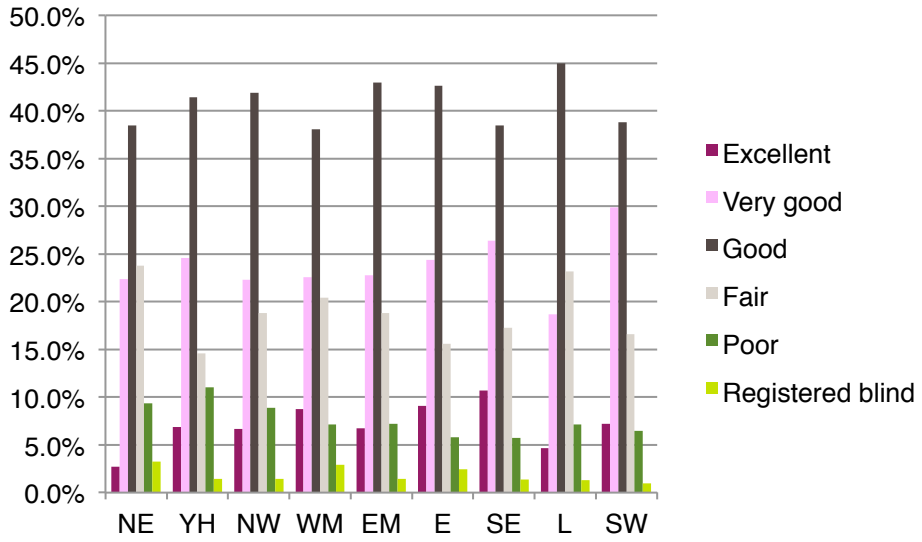
A small percentage of older people with limited day-to-day activities reported poor hearing or poor eyesight, when using the hearing aids or lenses they would typically use in daily life[15].

[14] The statistical significance of the differences across region are: Arthritis: p = 0.022; Osteoporosis: p =0.050; Asthma: p = 0.630 n/s; Emotional, nervous or psychiatric problem: p = 0.990 n/s; Lung disease: p = 0.967 n/s (see footnote 3 for further detail on the statistical tests used here).

[15] The statistical significance of the differences across region are: Eyesight: p = 0.199 n/s; Hearing: p =0.028 (see footnote 3 for further detail on the statistical tests used here).



Self-reported hearing (using hearing aid if appropriate), 65+ at home with limited day-to-day activities, English Regions (ELSA)



Self-reported eyesight (using lenses if appropriate), 65+ at home with limited day-to-day activities, English Regions (ELSA)

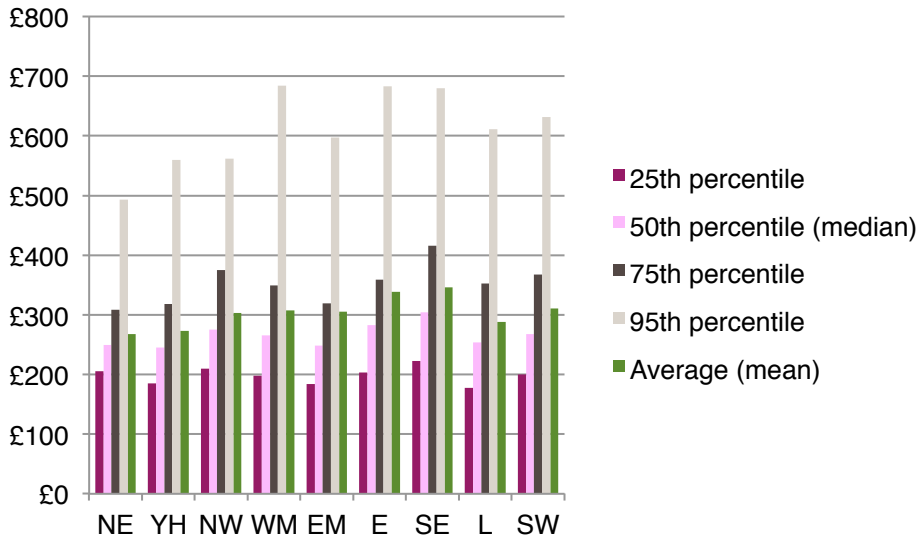
4.5. Income and wealth

More than any other characteristic, **significant variations were observable among older people with a disability across the English regions in relation to their income and wealth**.

'Equivalised income' is a measure of household income that takes account of the differences in a household's size and composition, and is thus equivalised - or 'made equivalent' - across all household sizes and compositions.

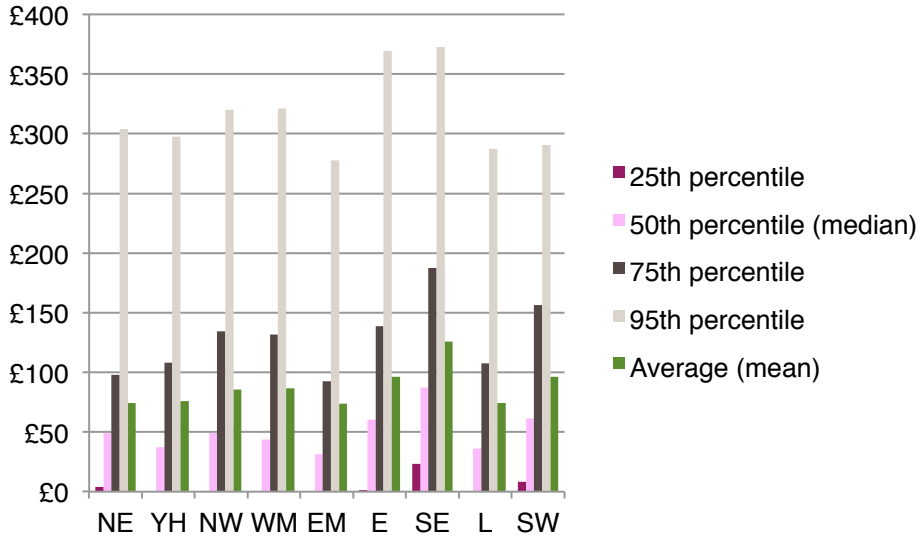
Among older people living at home with limited day-to-day activities, median total equivalsed weekly income was £266 per week. However, wide variations existed in total weekly equivalised income - which includes both benefits and private pensions - both within and across regions. For example, in the West Midlands, the poorest quarter of individuals in this

group had equivalised weekly income of £200 per week, compared to £684 for the richest 5%[16].



Total equivalised weekly income, 65+ at home with limited day-to-day activities, English Regions (ELSA)

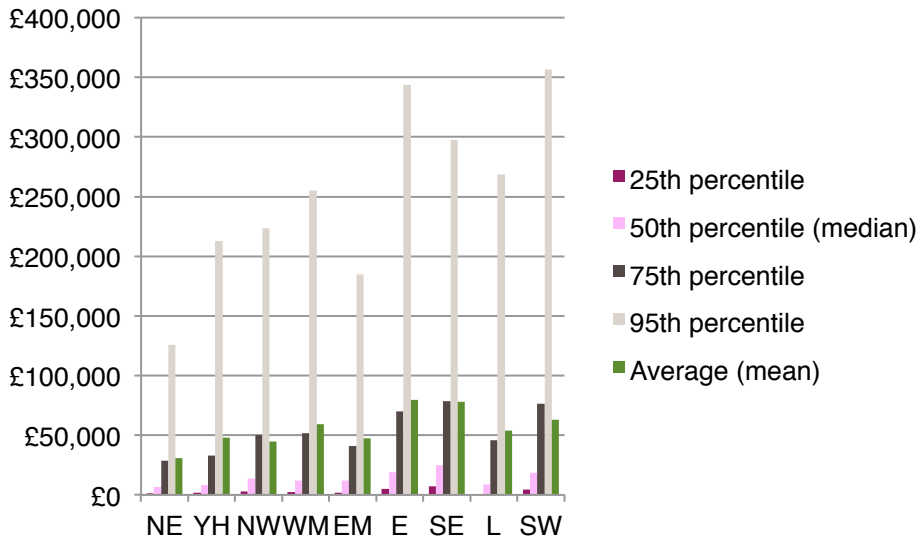
Median national equivalised income from defined benefit (DB) and defined contribution (DC) pensions was £51 per week, although wide variations are observable, with **at least a quarter of older people with limited day-to-day activities in most regions having no private pension income**[17].



Total equivalised weekly income from private pensions and annuities, 65+ at home with limited day-to-day activities, English Regions (ELSA)

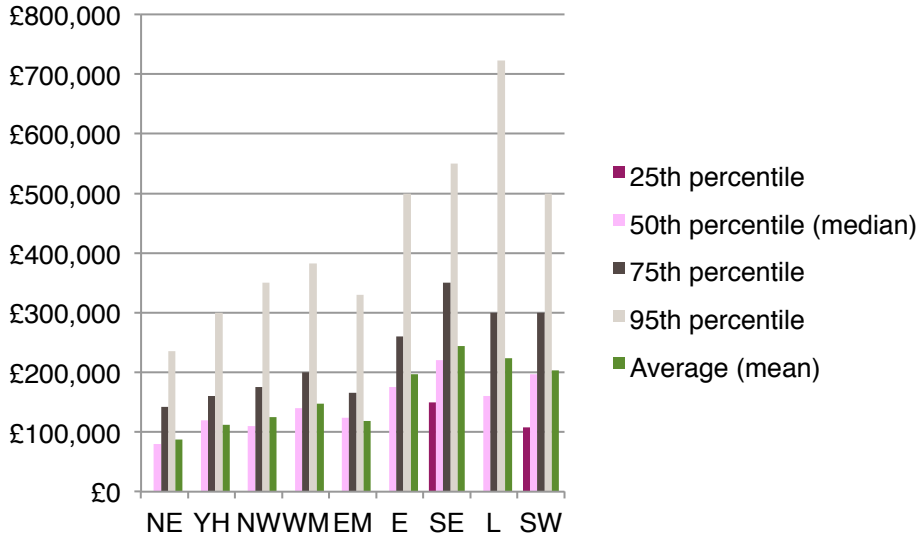
Inequalities in wealth within and between regions are even starker. Across England, median household financial wealth for this group was £13,600. In the East of England, the richest 5% of older people with limited day-to-day activities living at home had £350,000 of financial wealth; however, the poorest quarter had less than £5,000.

[16] Differences in the average (means) across the different regions were assessed statistically using the F statistic. Result is: p = 0.005.
[17] Differences in the average (means) across the different regions were assessed statistically using the F statistic. Result is: p = 0.000



Net financial wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA)

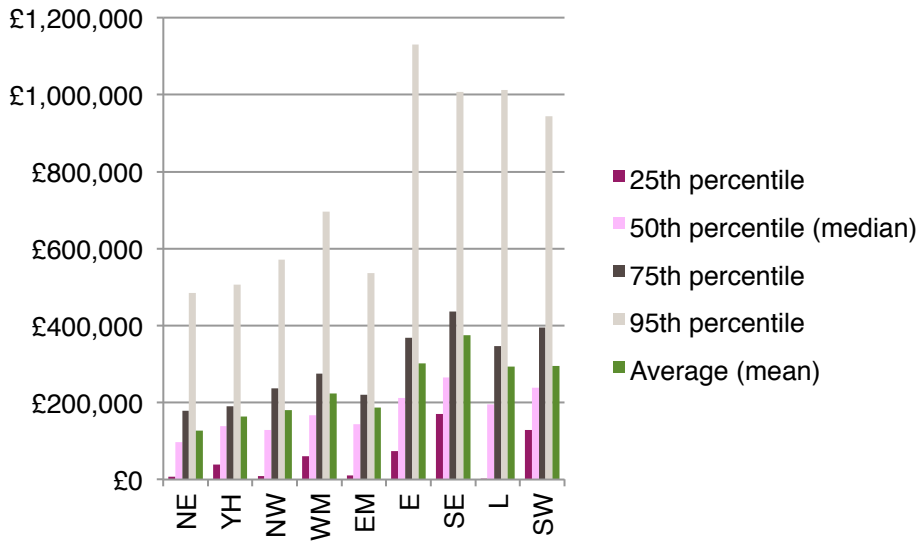
Such inequalities were also reflected in housing wealth. Across England, median net housing wealth for this group was £150,000. However, **in the majority of English regions, over one quarter of older people living at home with limited day-to-day activities had no housing wealth**[18]. Regional variations are also observable. The median net housing wealth of this group in the South East was £220,000 compared to £166,000 in the East Midlands, as this chart shows[19]:



Net housing wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Combining financial, housing and other types of wealth, we can see the overall picture of **wealth inequalities** within and between regions among older people living at home with limited day-to-day activities[20].

[18] The statistical significance of the differences in means across the different regions is: p = 0.016
[19] Differences in the average (means) across the different regions were assessed statistically using the F statistic. Result is: p = 0.000
[20] The statistical significance of the differences in means across the different regions is: p = 0.000

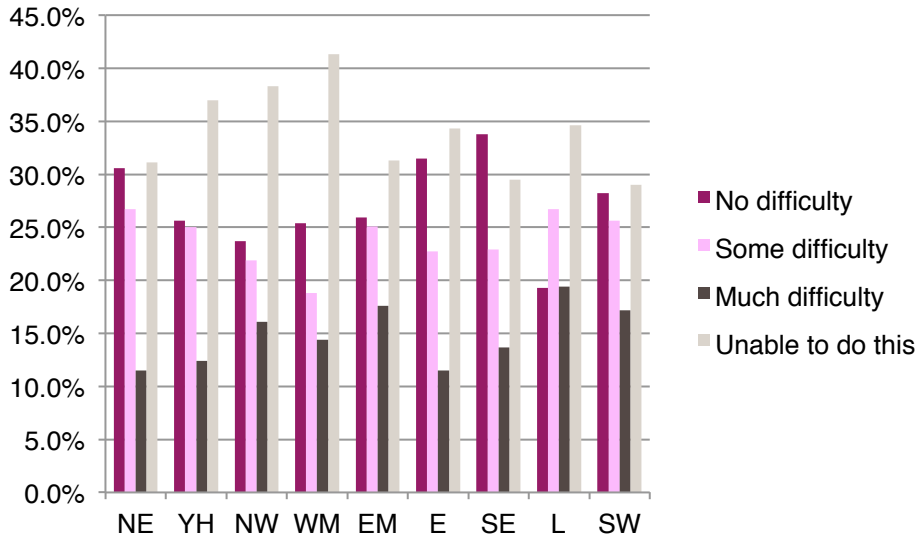


Net total wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Half of older people living at home with limited day-to-day activities in the North East (around 120,000 people) had less than £100,000 in total wealth. In the North West, half (around 290,000 people) had less than £130,000. In the South East, median total household wealth for this group was over £260,000.

4.6. Walking, falls and use of transport

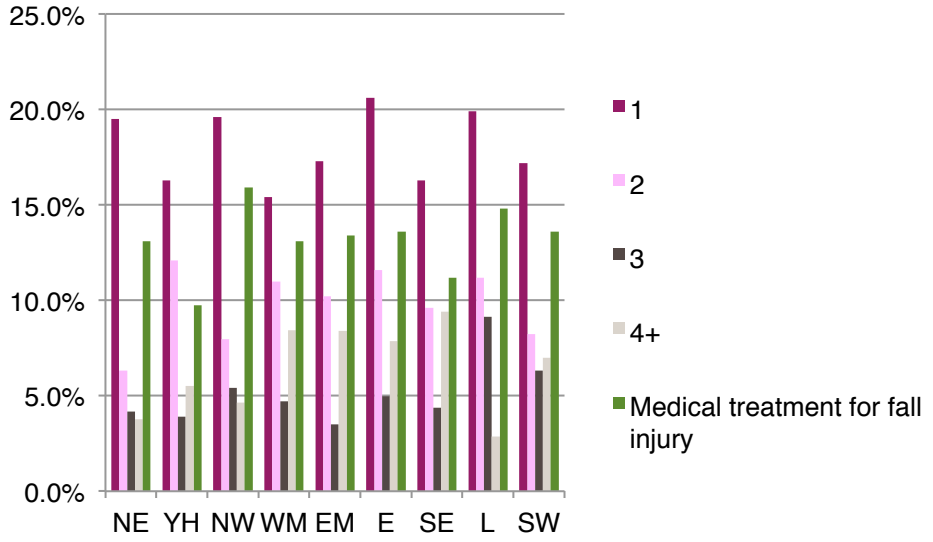
Mobility issues play an important part in the lives of older people living at home with limited day-to-day activities. Around half of this group (approximately 2 million people) reported have severe difficulty walking one quarter of a mile unaided[21]:



Difficulty walking ¼ mile unaided, 65+ at home with limited day-to-day activities, English Regions (ELSA)

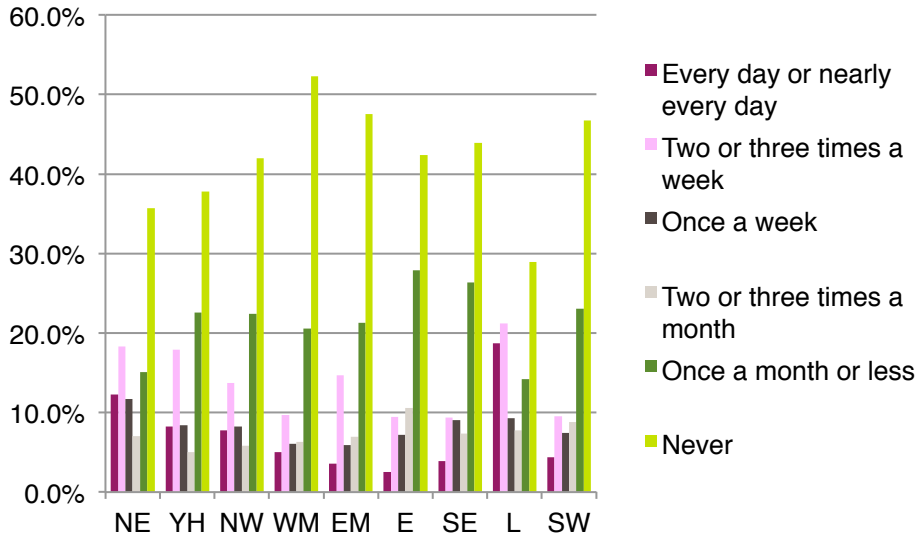
[21] The statistical significance of the difference relating to region is p = 0.012 (see footnote 3 for further detail on the statistical test used here)

Around **40% of older people with limited day-to-day activities had experienced a fall in the previous two years, with 13% typically having required medical treatment as a result of a fall**[22]:



Number of falls in previous two years, and receipt of medical treatment for fall injury, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Instead of walking, some older people living at home with day-to-day limited activities may opt to use public transport. However, **although around two-thirds of this group in London used public transport, across other English regions, nearly half of this group never use public transport**[23]:

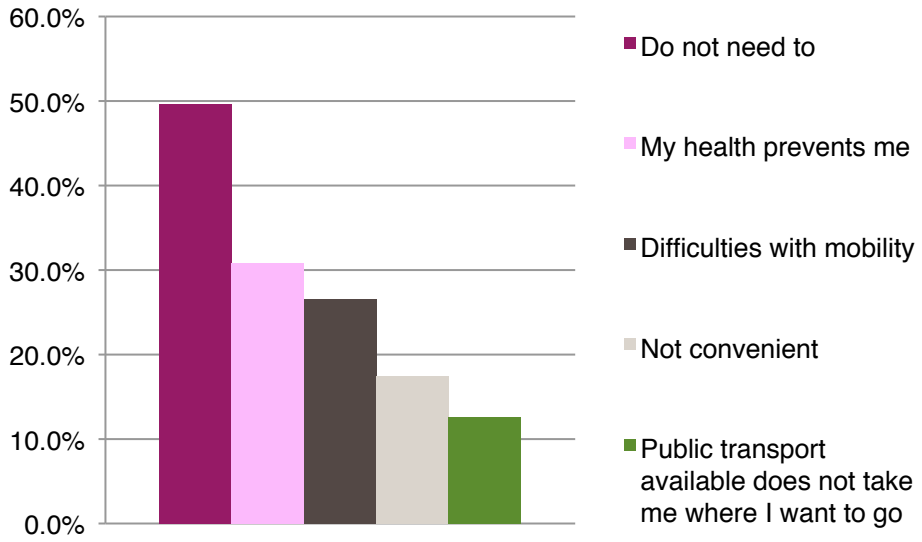


Frequency of using public transport, 65+ at home with limited day-to-day activities, English Regions (ELSA)

Among older people with limited day-to-day activities who used public transport two to three times a month or less, the most common reason for such infrequent use was that they did not

[22] The statistical significance of the differences across region are: Experienced a fall: p = 0.545 n/s; Experienced a fall requiring medical treatment: p =0.679 (see footnote 3 for further detail on the statistical tests used here).
[23] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here)

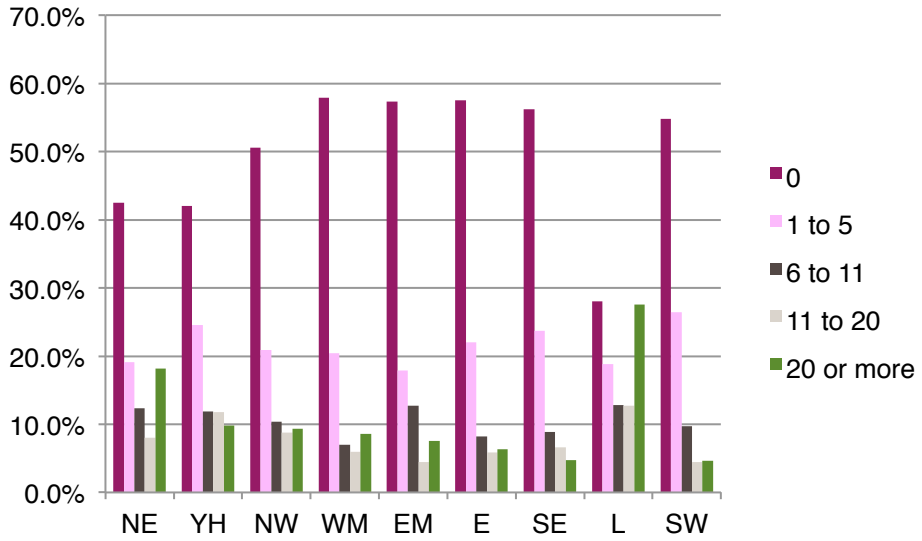
need to use public transport. However, around a third cited health and/or mobility difficulties as a factor:



Reasons for not using public transport more frequently, 65+ at home with limited day-to-day activities using public transport 2-3 times a month or less, England (ELSA)

These findings underline the fact that older people with a disability may incur additional financial costs associated with travel, because their health or mobility difficulties prevent them using public transport.

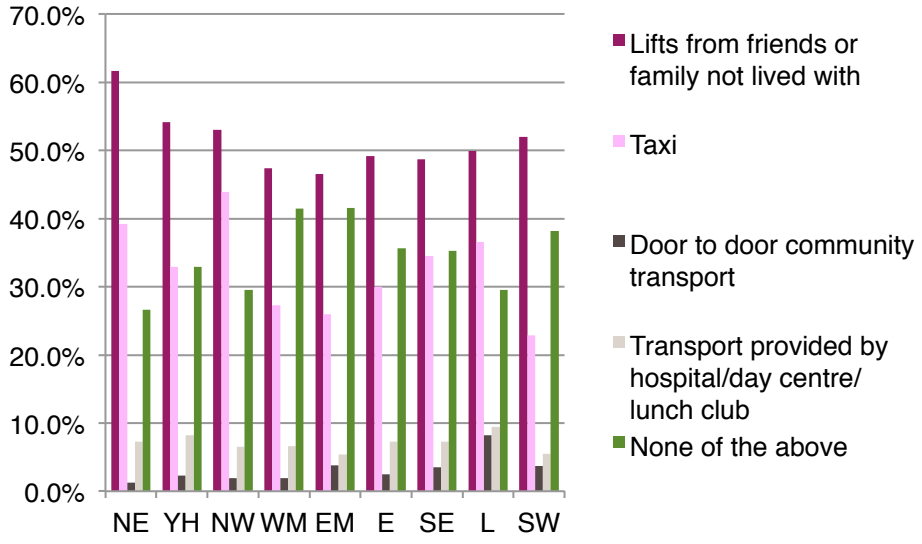
Variations in use of public transport across regions is also observable in relation to the number of bus journeys made by this group using a concessionary bus pass. Around 40% of this group in London used a bus pass more than 11 times per month. However, usage in other regions was much lower[24].



Number of journeys per month using concessionary bus pass, 65+ at home with limited day-to-day activities, English Regions (ELSA)

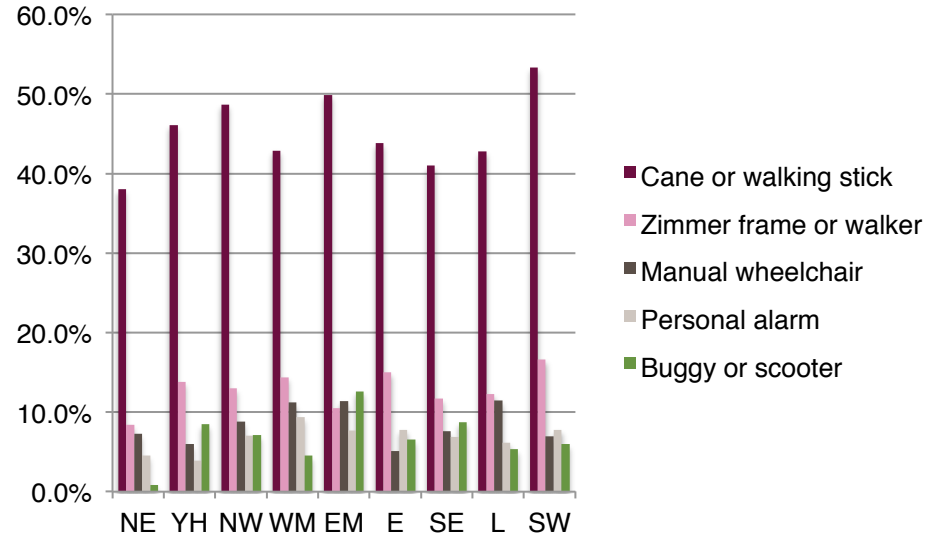
[24] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here)

In lieu of public transport, many older people living at home with a disability may use other forms of transport. Indeed, **around half of this group (51%) received lifts from friends or family that they did not live with. Approximately 33% also used taxis**[25]:



Non-public forms of transport used, 65+ at home with limited day-to-day activities, English Regions (ELSA)

ELSA also provides information on different types of aids that may help individuals move around independently. However, beyond canes and walking sticks, use of aids was relatively low among older people living at home with limited day-to-day activities[26]:



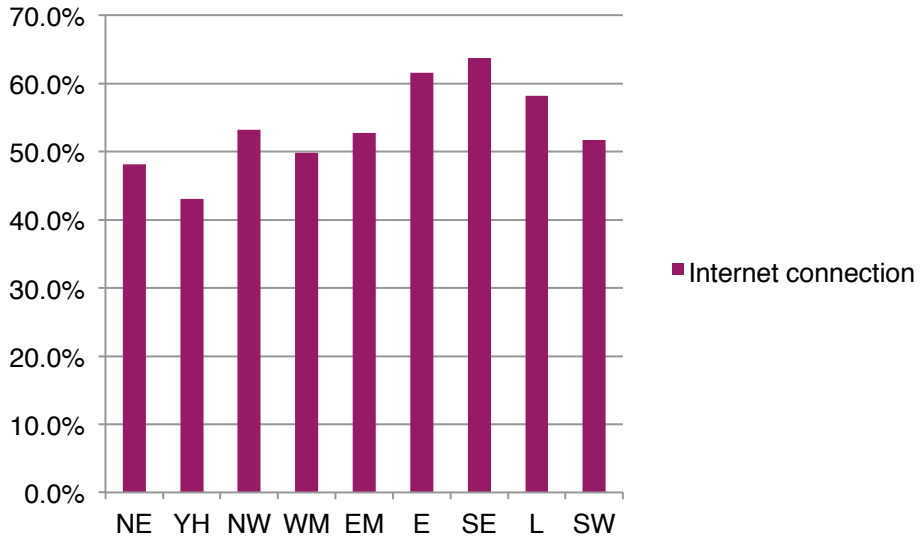
Aids used, 65+ at home with limited day-to-day activities, English Regions (ELSA)

[25] The statistical significance of the differences across region are: Lifts from friends or family: p = 0.127 n/s; Taxi: p = 0.000; Community transport: p = 0.002; Hospital/Day centre/Lunch club transport: p = 0.833 n/s; None of the above: p = 0.004; (see footnote 3 for further detail on the statistical tests used here).
[26] The statistical significance of the differences across region are: Cane or walking stick: p = 0.038; Zimmer frame or walker: p = 0.425 n/s: Manual wheelchair: p = 0.082; Personal alarm: p = 466 n/s; Buggy or scooter: p = 0.002; (see footnote 3 for further detail on the statistical tests used here).

4.7. Communications

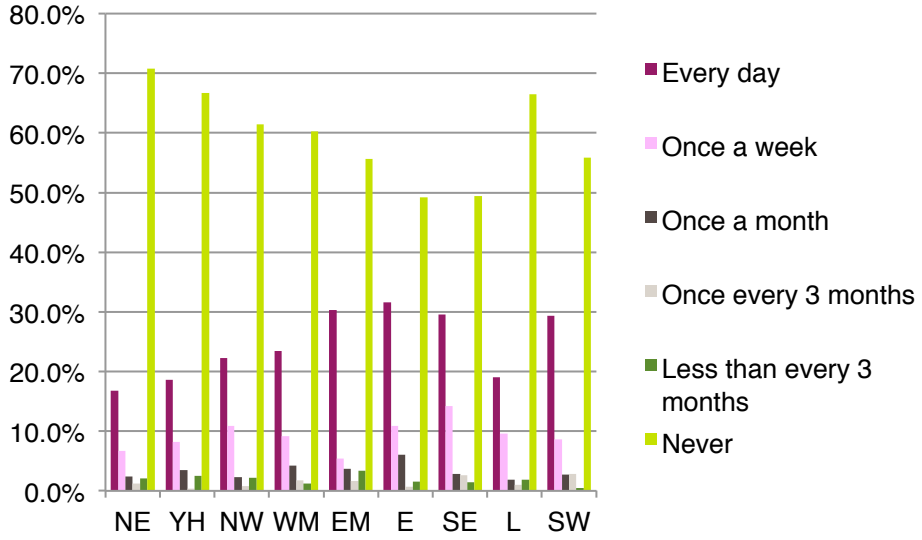
Around two-thirds of older people living at home with limited day-to-day activities reported they owned a mobile phone.

In addition, 54% of this group across England **reported having an Internet connection at home**, although this ranges from around 45% in Yorkshire and the Humber to nearly two-thirds in the South East[27]:



Whether has Internet connection, 65+ at home with limited day-to-day activities, English Regions (ELSA)

However, although having Internet access at home was relatively common, a **high percentage of older people living at home with day-to-day activities limited (59%, or around 2.4 million people) reported they never use the Internet**, including typically around two-thirds of this group across the north of England[28]:



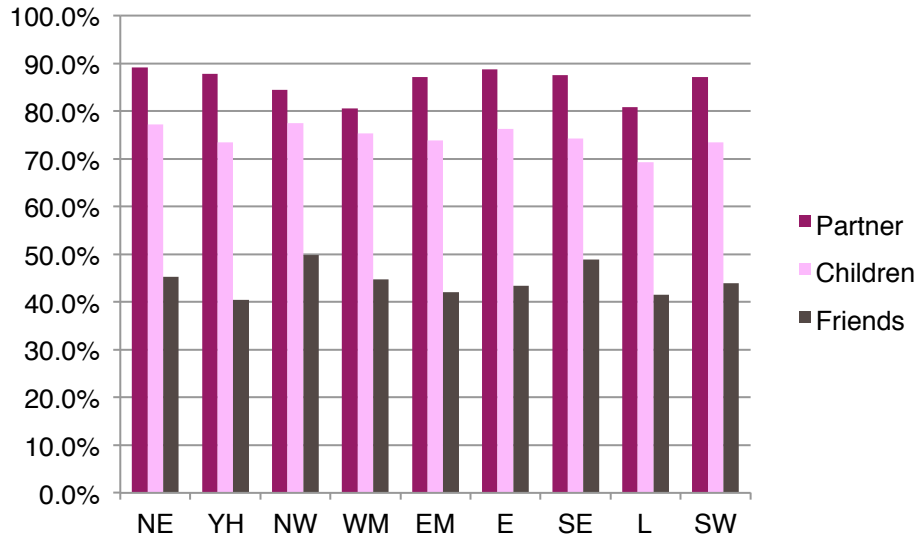
Frequency of Internet use, 65+ at home with limited day-to-day activities, English Regions (ELSA)

[27] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here).
[28] The statistical significance of the difference relating to region is p = 0.001 (see footnote 3 for further detail on the statistical test used here).

4.8. Sources of support

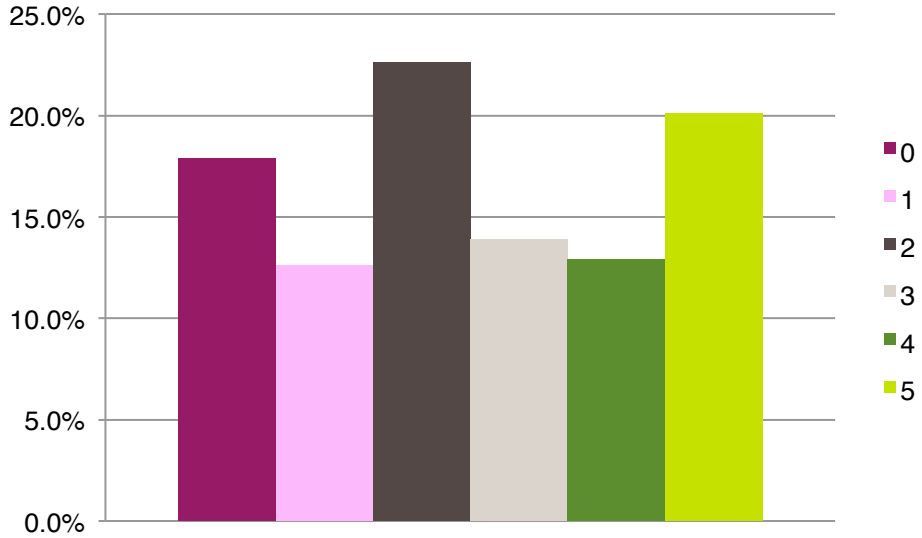
For older people with low levels of disability seeking to remain independent, relationships with others can be vital for general wellbeing, and in case of emergency.

The following chart shows what percentage of this group who felt they could rely "a lot" on different individuals in their lives if they had a serious problem where such relationships exist, e.g. where they have a partner[29].



Whether able to rely "a lot" if has a serious problem, by relationship, 65+ at home with limited day-to-day activities, English Regions (ELSA)

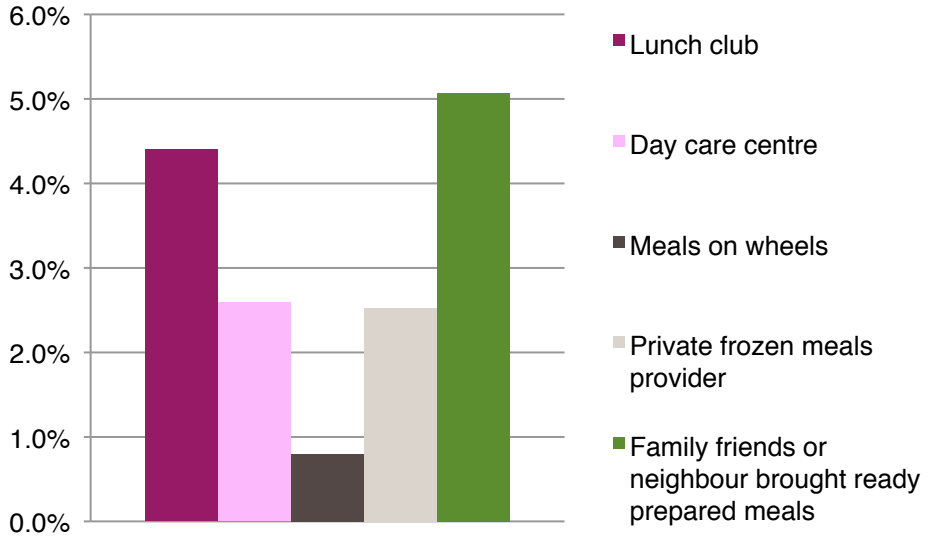
The chart suggests that it is **close family members rather than friends who provide the strongest reassurance and support to older people living with a disability**. Indeed, **over half of older people living at home with a disability said they had no more than two close friends**:



Number of close friends, 65+ at home with limited day-to-day activities, England (ELSA)

[29] The statistical significance of the differences across region are: Partner: p = 0.303 n/s; Children: p = 0.646 n/s; Friends: p = 0.195 n/s (see footnote 3 for further detail on the statistical tests used here).

Typically, community facilities such as lunch clubs and day-care centres have provided organised, alternative forms of support to family and friends. However, usage of these types of service among older people with limited day-to-day activities appeared to be low, as the following chart shows:



Use of low-level support services, 65+ at home with limited day-to-day activities, England (ELSA)

5. Receipt of care, substantial disability and unmet need in the older population

This chapter examines the characteristics of key groups of interest to local authorities: older people receiving care of different types, as well as those who experience high levels of disability, and unmet need.

Key points:

- **Using ELSA, we can estimate that 27.6% of older people living at home in England (around 2.3 million individuals) received some form of care or support, whether paid, unpaid or both. Importantly, 6.9% (160,000 people) of this group reported that their overall care and support only sometimes or hardly ever meets their needs.**
- **Using ELSA, we can estimate 2.05 million older people received unpaid care in their own home, and 850,000 received some form of paid care or help.**
- **It appears that older people receiving unpaid care have relatively low incomes – in all areas, median income was less than £300 per week, which may include disability benefits. This suggests only limited scope to pay for formal support privately.**
- **Analysis of ELSA data reveals that 6.7% of the older population living at home in England had difficulty undertaking three or more ADLs, equivalent to around 560,000. However, within this group, we can estimate that around 70,000 older people in England did not receive any care, and could therefore be reasonably classed as having unmet need.**

5.1. Receipt of care in the older population

Census 2011 found that **4,019,410 people aged 65+ in England lived 'at home' with limited day-to-day activities**. Many individuals in this group have very low levels of disability, and no consequent need for personal care and support.

However, using ELSA, we can estimate that **27.6% of older people living at home in England** (**around 2.3 million individuals) receive some form of care or help, whether paid, unpaid or both.**

Importantly, ELSA analysis found that 6.9% of this group (around 160,000 people) reported that their overall care and support only sometimes or hardly ever meets their needs. Within this overall group, according to ELSA, **around one quarter of the older population (24%) who live at home receive unpaid care and one-in-ten receive some form of paid care or help**.[30]

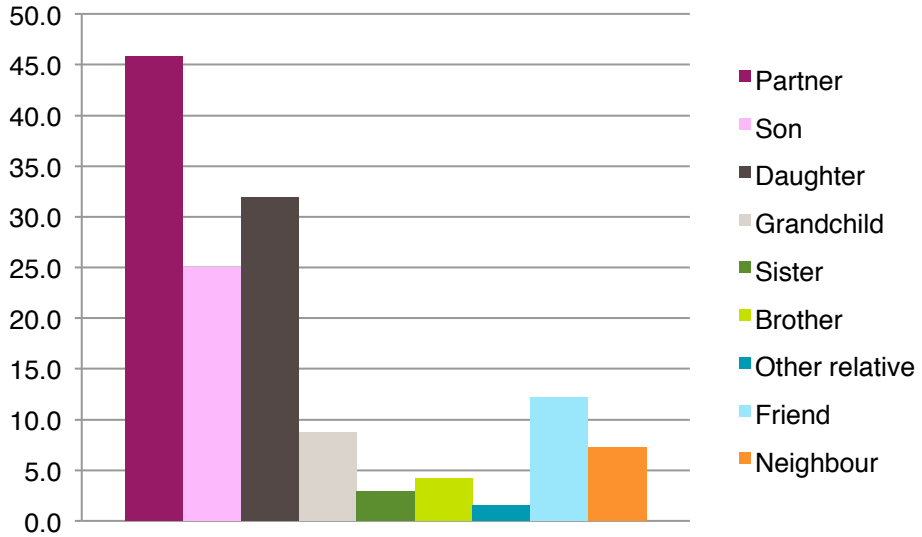
[30] The types of formal help or care recorded by ELSA include: Home care worker/Home help/Personal assistant; A member of the reablement/ intermediate care staff team; Voluntary helper; Warden/Sheltered housing manager; Cleaner; Council's handyman; Member of staff at the care/nursing home; Other

By applying these percentages to Census 2011 data on older people who live at home (not in 'communal establishments'), which is 8,369,594 people - we can surmise this amounts to **around 2.05 million older people in England receiving unpaid care at home, and 850,000 receiving paid or help at home.** ELSA records that 4.3% of the older population living at home receives formal care from a home care worker/home help/personal assistant, which is around 360,000 people.

5.2. Receipt of unpaid care

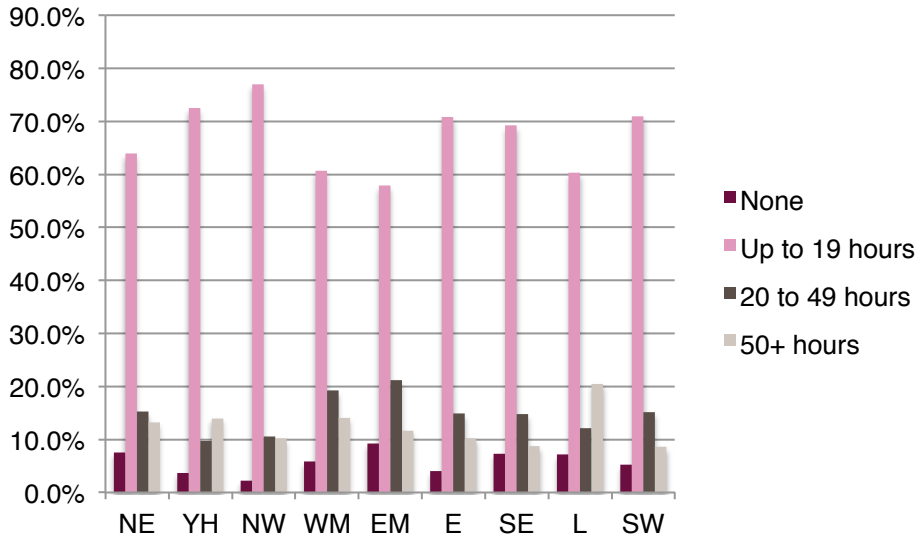
Using ELSA data, it is possible to explore caring relationships among older people receiving informal care.

Most people in this group received care from a close family member, principally their partner:



Receipt of unpaid care by relation to carer, 65+ at home receiving unpaid care, England (ELSA)

Interestingly, most older people receiving unpaid care (68.9%) reported that they received no more than 19 hours per week during the last week, suggesting a potential disparity in perceptions of care between older people who receive unpaid and older people who provide it. Among the remainder, 12.4% report receiving 20 to 49 hours of unpaid care in the last week, and 11.4% report receiving 50+ hours. The regional picture is set out below:

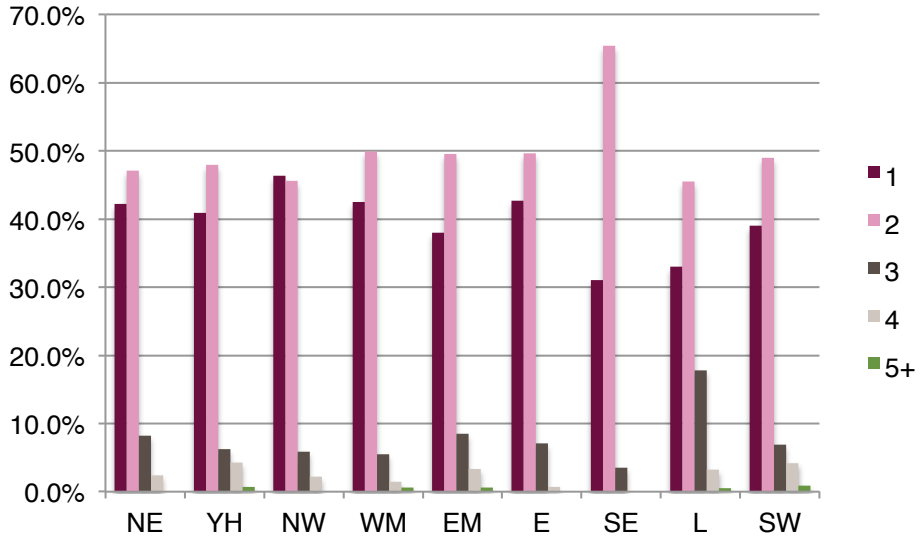


Total hours of care received last week, 65+ at home receiving unpaid care, English regions (ELSA)

Across England, 28% of older people receiving unpaid care reported also receiving formal (paid) care in the last month, although the vast majority received no more than 19 hours of this care.

5.3. Characteristics of those in receipt of unpaid care

Typically, a little less than half of those receiving unpaid care live with one other person, although regional variations can be observed, as the following chart shows[31]:



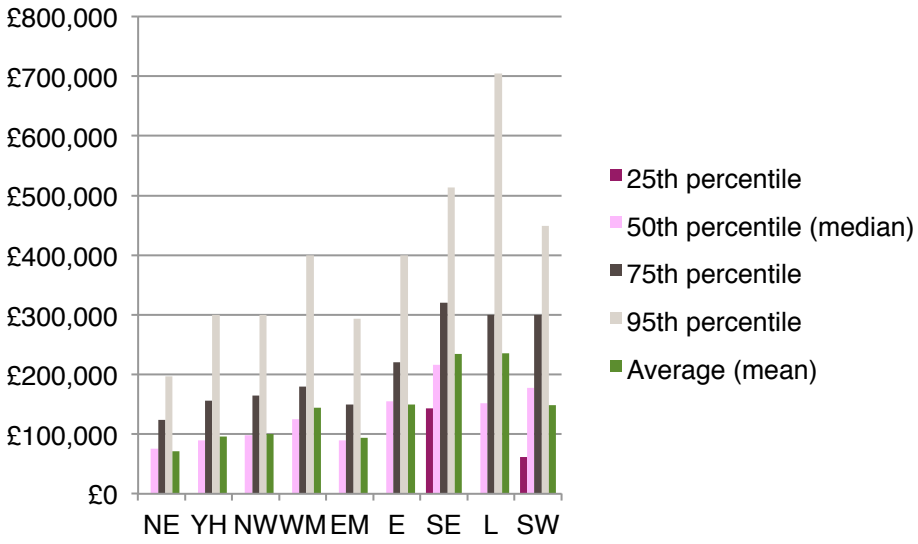
Number of people in home, 65+ at home receiving unpaid care, English Regions (ELSA)

Compared to the broader older population with limited day-to-day activities, it appears that older people who received unpaid care are slightly more likely to rent, although a majority in most areas owned their home:[32]

[31] The statistical significance of the difference relating to region is p = 0.025 (see footnote 3 for further detail on the statistical test used here).
[32] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here).

Tenure, 65+ at home receiving unpaid care, English Regions (ELSA)

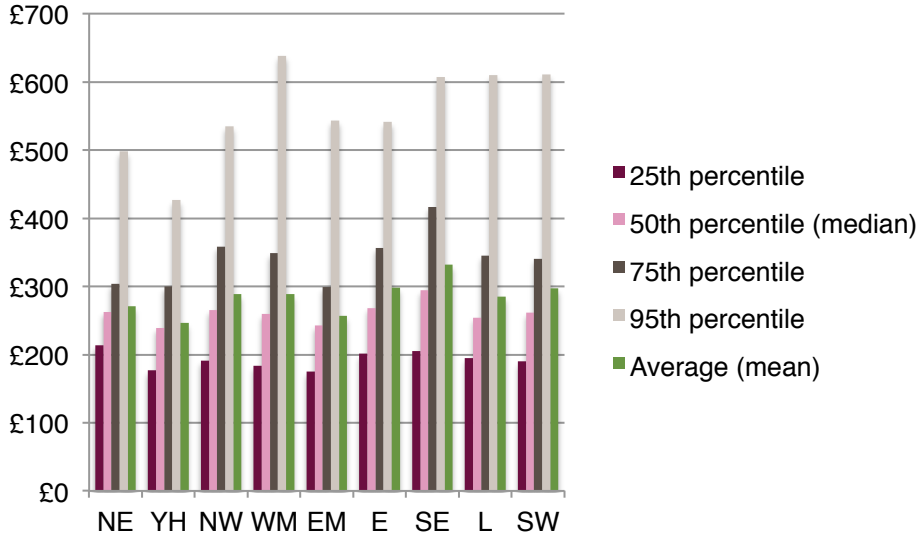
Commensurate with lower rates of owner-occupancy, the net housing wealth of older people receiving unpaid care was low compared to the populations examined in previous chapters. Whereas median net housing wealth for all older people with limited day-to-day activities across England was £150,000, for those in receipt of unpaid care, the equivalent figure was around £130,000, with variation across different regions, as the following chart shows[33]:



Net housing wealth, 65+ at home receiving unpaid care, English Regions (ELSA)

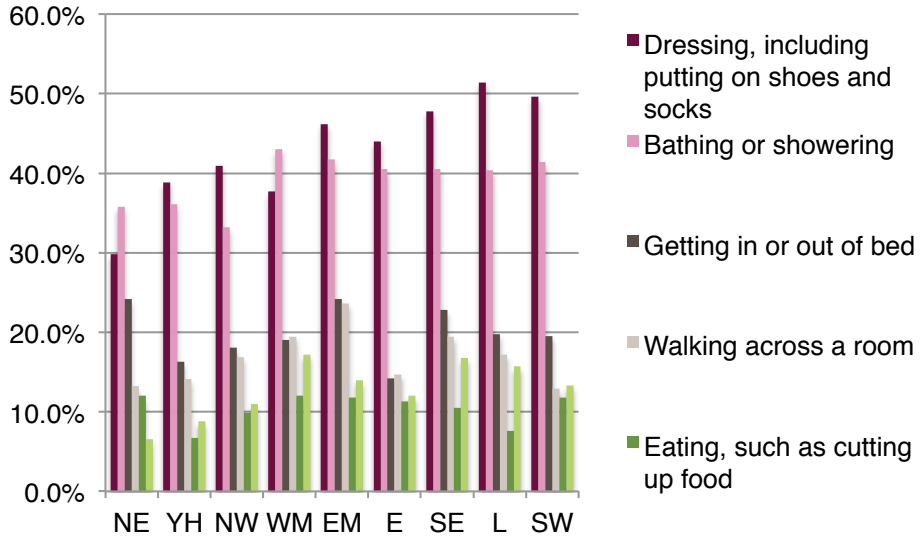
Turning to income, it appears that older people receiving unpaid care have relatively low incomes. Median equivalised weekly income for older people in receipt of unpaid care in England was £259 per week, which may include disability benefits. This figure is lower than the equivalent figure for the broader older population with limited day-to-day activities (£266 per week), and suggests limited scope to pay for formal home care privately[34]:

[33] Differences in the average (means) across the different regions were assessed statistically using the F statistic. Result is: p = 0.000.
[34] The statistical significance of the differences in means across the different regions is: p = 0.000.



Equivalized total weekly income, 65+ at home receiving unpaid care, English Regions (ELSA)

Turning to ADLs, it would appear that the incidence of ADL difficulties among those receiving unpaid care is slightly higher in wealthier parts of the country, although these differences were not statistically significant[35]:

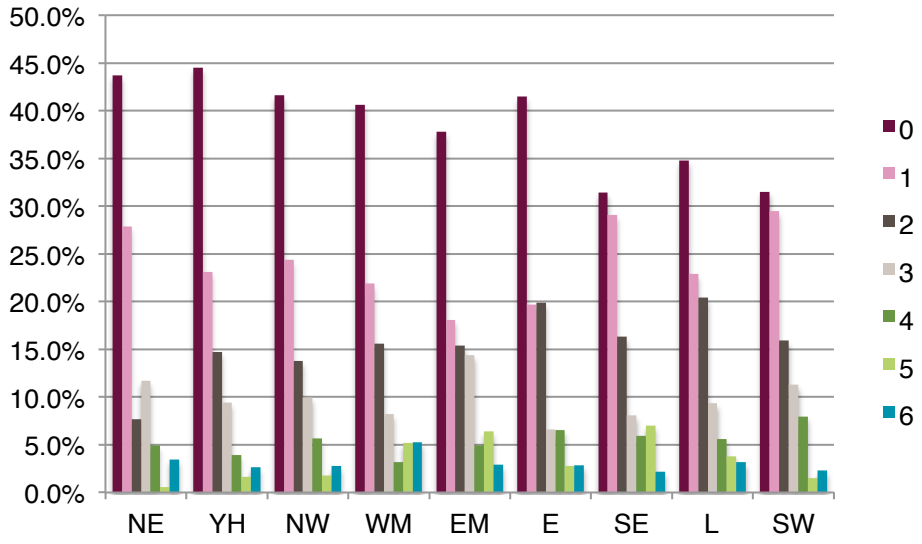


ADL by type, 65+ at home receiving unpaid care, English Regions (ELSA)

It also appears that those receiving unpaid care in poorer parts of the country have lower numbers of ADL difficulties overall, although again the differences are not statistically significant[36]:

[35] The statistical significance of the differences across region are: Dressing: p = 0.057 n/s; Bathing or showering: p = 0.782 n/s; Getting in or out of bed: p = 0.585 n/s; Walking across a room: p = 0.463 n/s; Eating, such as cutting up food: p = 0.863 n/s (see footnote 3 for further detail on the statistical tests used here).

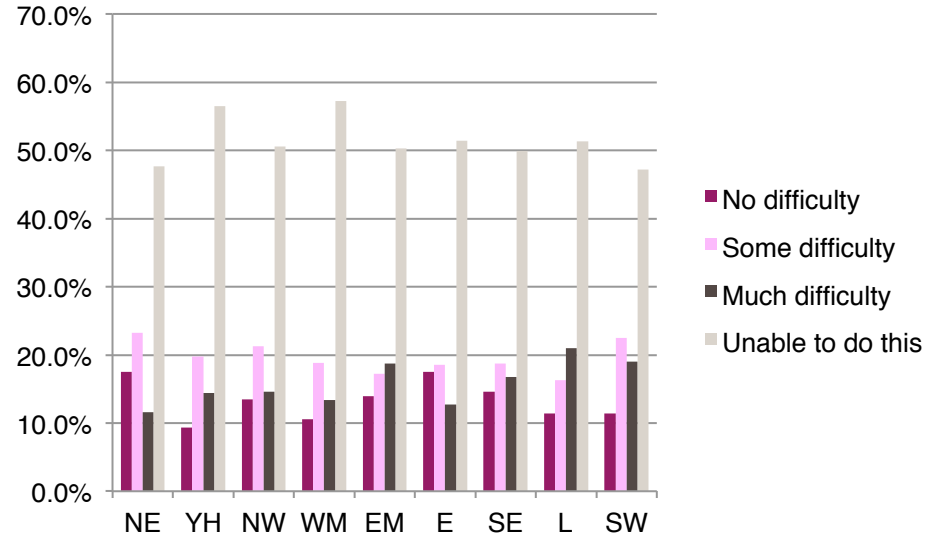
[36] The statistical significance of the difference relating to region is p = 0.310 n/s (see footnote 4 for further detail on the statistical test used here)



Number of ADL difficulties, 65+ at home receiving unpaid care, English Regions (ELSA)

Interestingly, the proportion reporting no ADL difficulties – nearly half of those receiving unpaid care in some parts of the country – appears to indicate unpaid care provision resulting from IADL or mobility issues, such as difficulty going shopping.

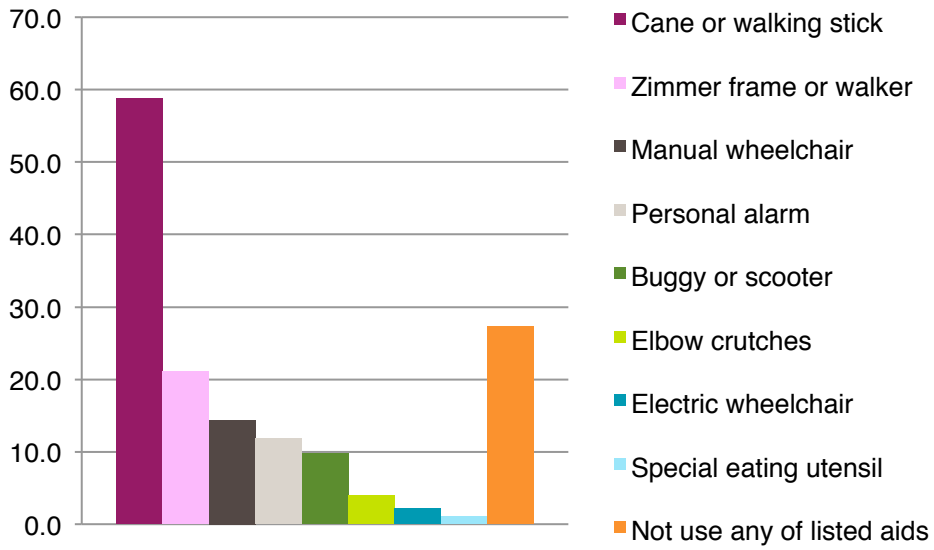
Across different regions, around half of unpaid care recipients would struggle to walk a quarter of a mile unaided, suggesting high levels of mobility difficulty[37].



Difficulty walking ¼ mile unaided, 65+ at home receiving unpaid care, English Regions (ELSA)

Around three-quarters of older people receiving unpaid care use some form of aid, as the following chart shows:

[37] The statistical significance of the difference relating to region is p = 0.867 n/s (see footnote 3 for further detail on the statistical test used here).



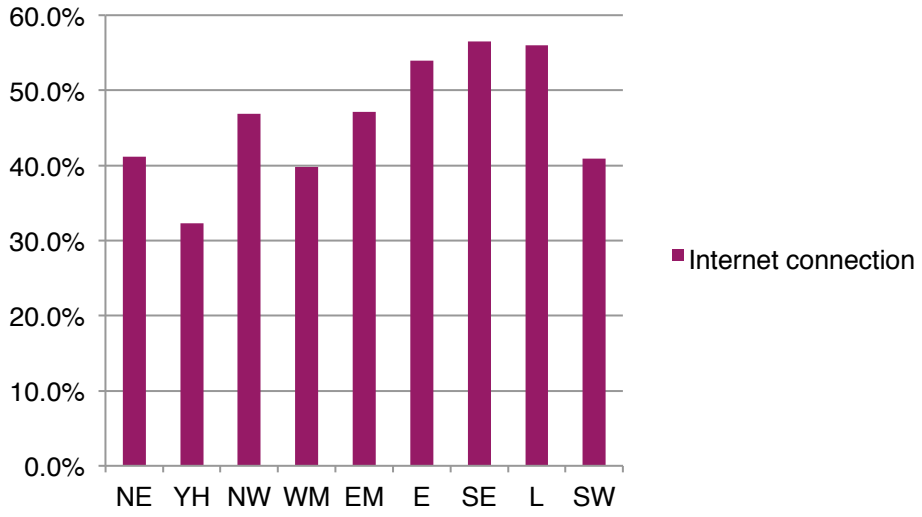
Aids used, 65+ at home receiving unpaid care, England (ELSA)

Around two-thirds of older people receiving unpaid care use lifts from family and friends[38]:

Non-public transport used, 65+ at home receiving unpaid care, English Regions (ELSA)

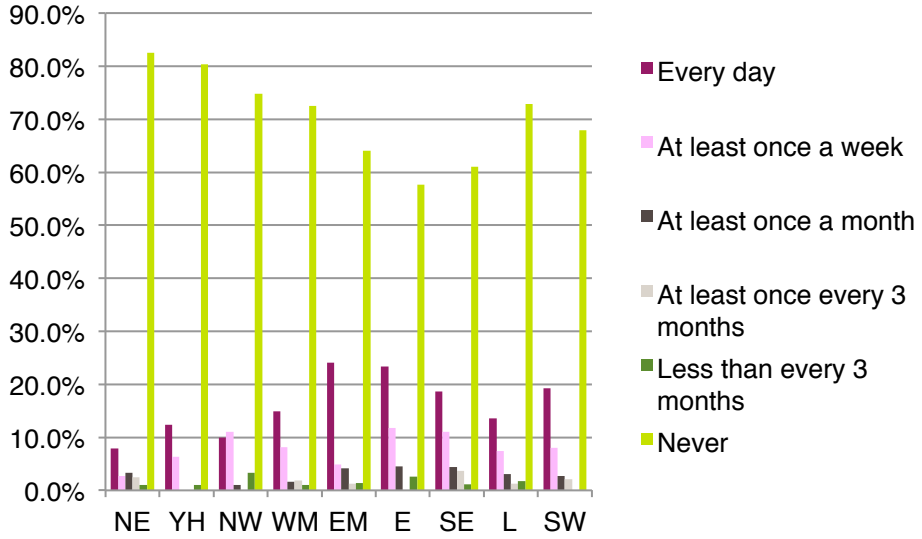
Compared to other groups examined in The Bigger Picture, older people receiving unpaid care are less likely to have an Internet connection at home[39]:

[38] The statistical significance of the differences across region are: Lifts from friends or family: p = 0655 n/s; Taxi: p = 0.014; Community transport: p = 0.026; Hospital/Day centre/Lunch club transport: p = 0.696 n/s; None of the above: p = 0.330 n/s; (see footnote 3 for further detail on the statistical tests used here).
[39] The statistical significance of the difference relating to region is p = 0.000 (see footnote 3 for further detail on the statistical test used here).



Internet connection at home, 65+ at home receiving unpaid care, English Regions (ELSA)

Commensurately, Internet use in this group appears to be particularly low[40]:



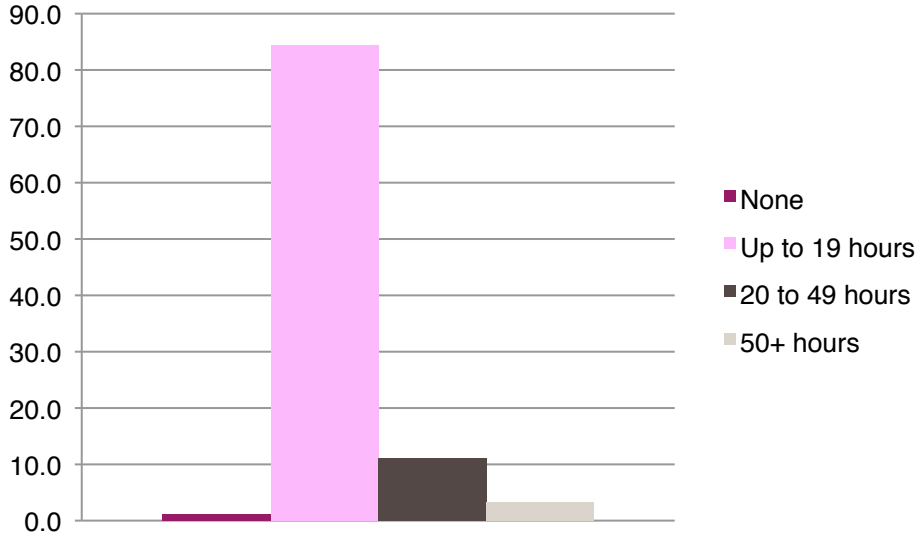
Frequency of Internet use, 65+ at home receiving unpaid care, English Regions (ELSA)

5.4. Receipt of paid care by older people

According to ELSA data, 4.3% of the 65+ population living at home in England received paid care, such as from a home care worker, home help or personal assistant, which may be fully or partially paid for by themselves or their local authority. Applying this estimate to Census data suggests around 360,000 people received paid care or help at home in England in 2011 - although the small sample size involved only enables analysis at a national level.[41]

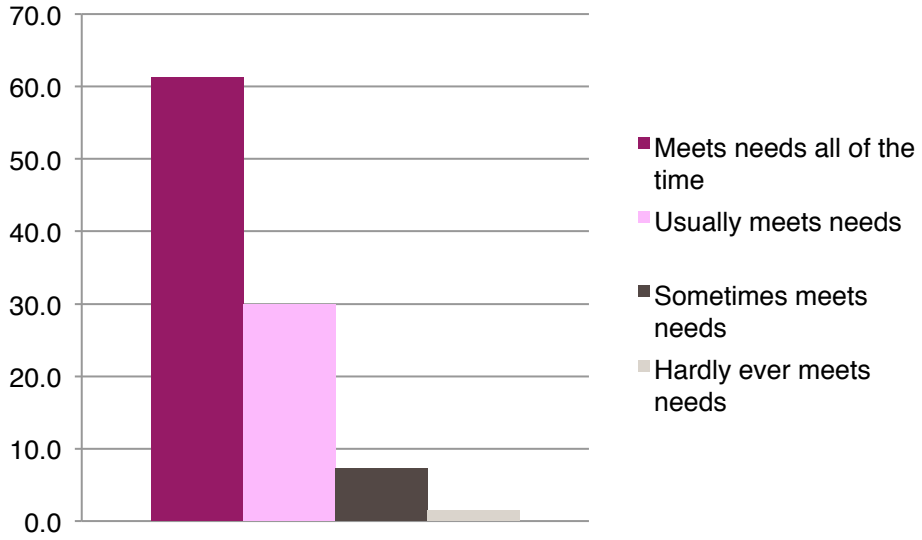
Most people in this group reported that they received up to 19 hours of care during the previous week:

[40] The statistical significance of the difference relating to region is p = 0.048 (see footnote 3 for further detail on the statistical test used here).
[41] This result should be put in the context of the HSCIC data, noted in preceding chapters, that around 310,000 older people in England have their home care fully or partially paid for by the local authority.



Total hours of care received last week, 65+ at home with paid care, England (ELSA)

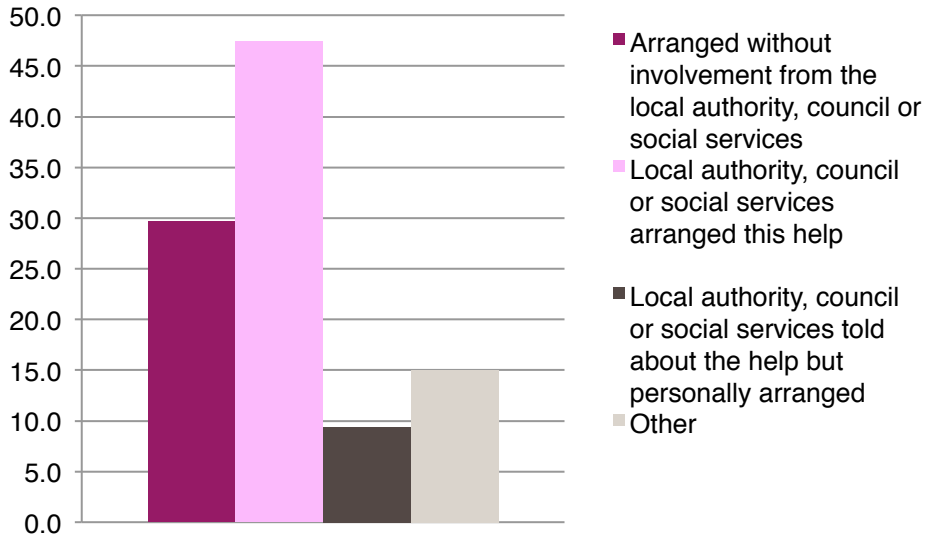
ELSA asks older people receiving paid care at home about the overall adequacy of all the care and support they receive. As the following chart shows, around 8.8% of this group reported their support was inadequate, representing around 30,000 people:



Adequacy of care received, 65+ at home with paid care, England (ELSA)

ELSA also asks individuals about how the home care they received was arranged. The sample sizes involved are relatively small, and respondents may also struggle to allocate their experience to one of the available listed responses.

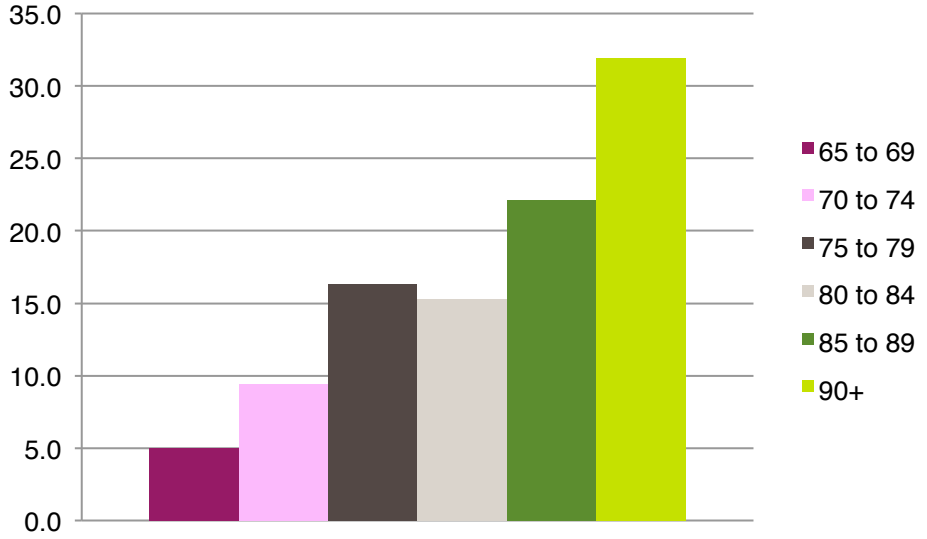
Nevertheless, on the basis of the ELSA data available, it appears nearly half of the 360,000 older people receiving paid care or help at home had it arranged by their local authority, one-third arranged it entirely independently of the council, while 10% arranged it themselves after being directed by council.



How home care was received, 65+ at home with paid care, England (ELSA)

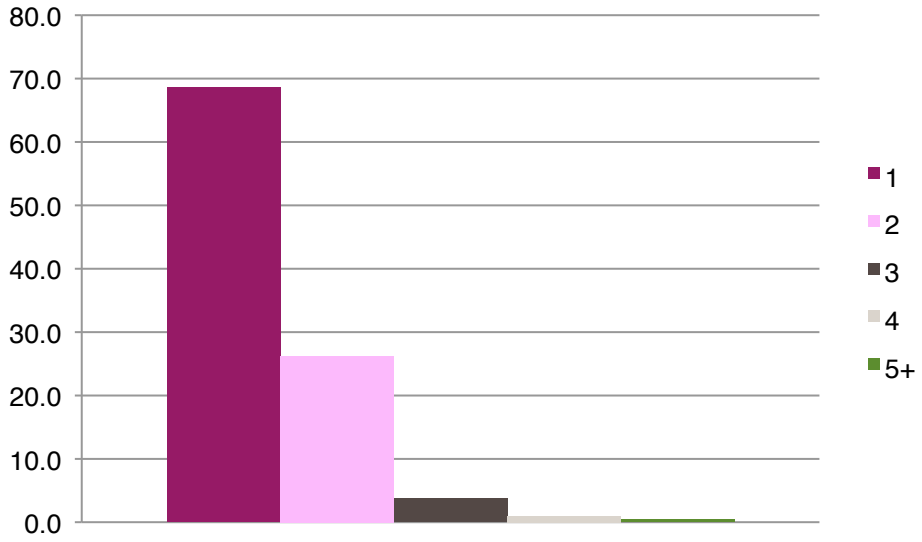
5.5. Characteristics of older people receiving paid care

Two-thirds of older people who received paid care at home are female, and over half are aged 85+, as the following chart shows:



Age range, 65+ at home with paid care, England (ELSA)

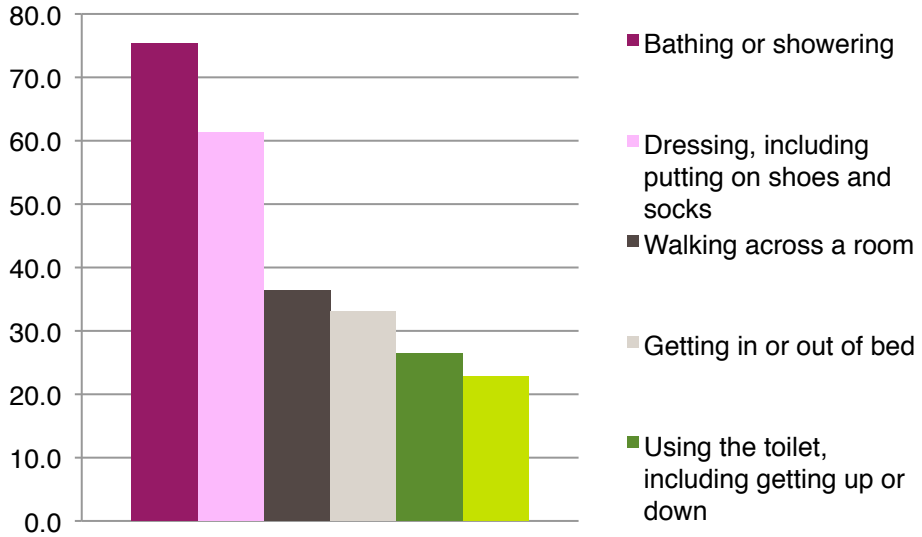
As such, those in receipt of paid care are much more likely to be older and female, compared to other groups examined. It appears that a much higher percentage of this group live alone:



Number of people in property, 65+ at home with paid care, England (ELSA)

At around 55%, most older people at home who received paid care own their home outright. However, this prevalence of owner-occupation is notably lower than other groups explored in this study.

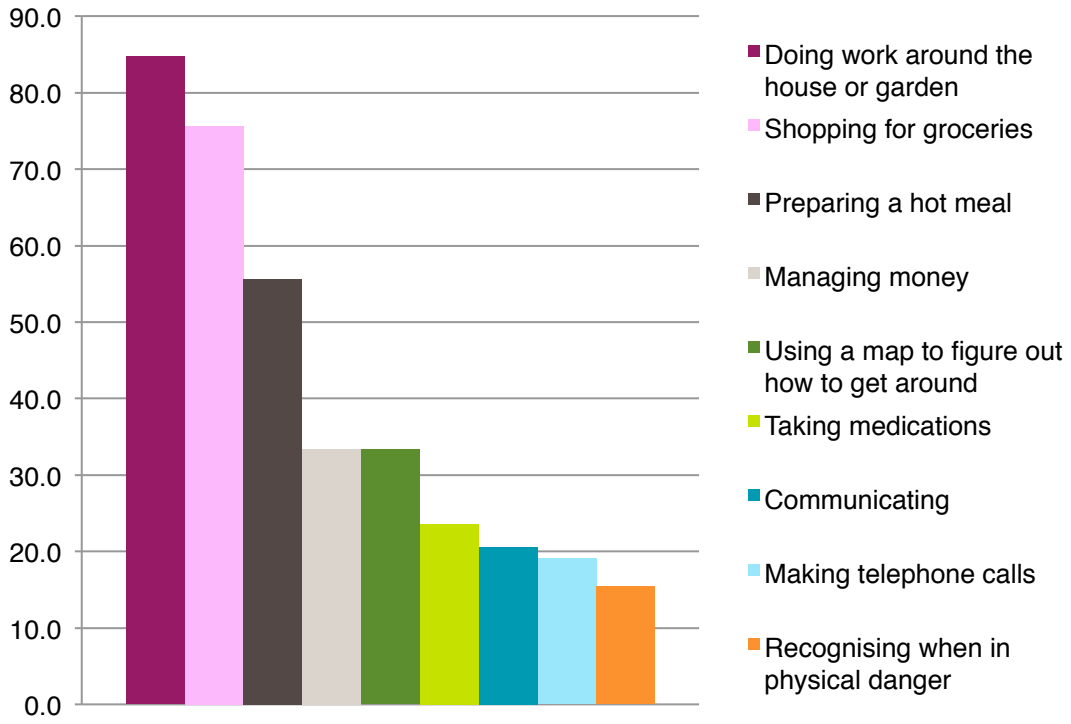
Patterns of ADL and IADL difficulties among this group are reflective of the overall older population with limited day-to-day activities, but show higher prevalence overall:



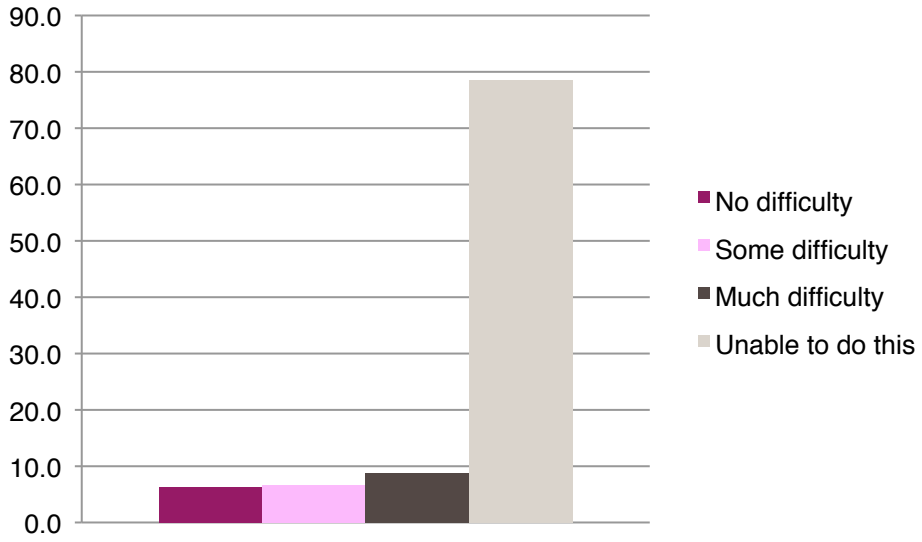
ADL difficulties, 65+ at home with paid care, England (ELSA)

For example, over three-quarters of people in receipt of paid care reported difficulties with bathing or showering, as well as IADL difficulties such as doing housework or shopping for groceries.

IADL difficulties, 65+ at home with paid care, England (ELSA)

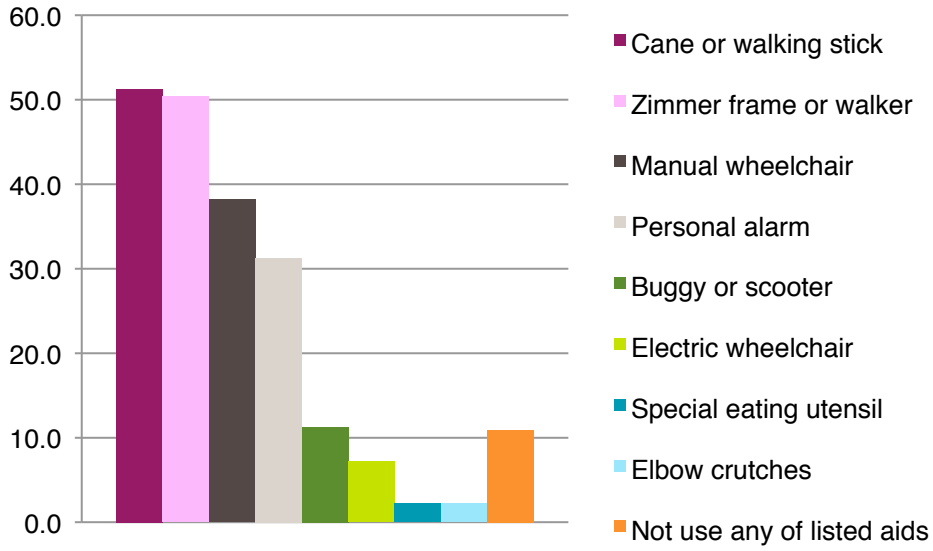


The vast majority of this group were unable to walk a quarter of a mile unaided, as the following chart shows:



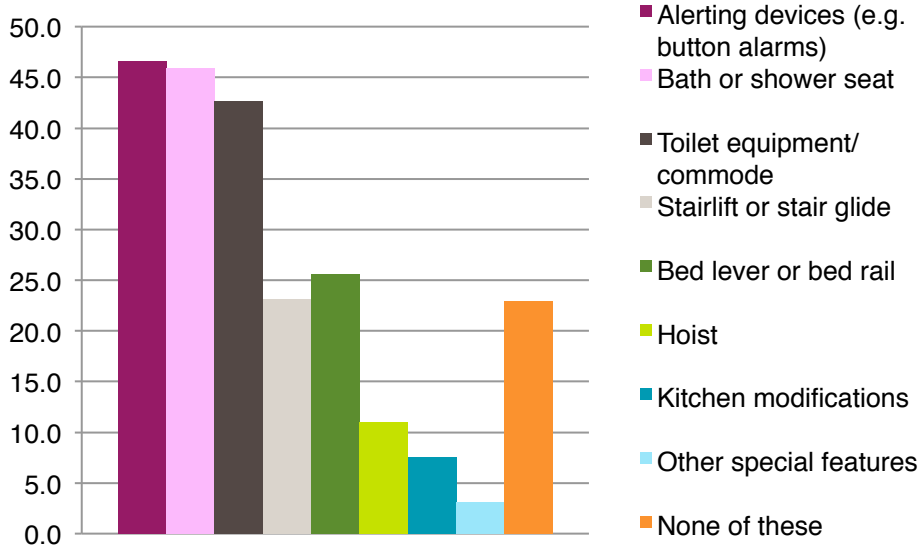
Difficulty walking ¼ mile unaided, 65+ at home with paid care, England (ELSA)

Around 90% of this group used some form of mobility aid:



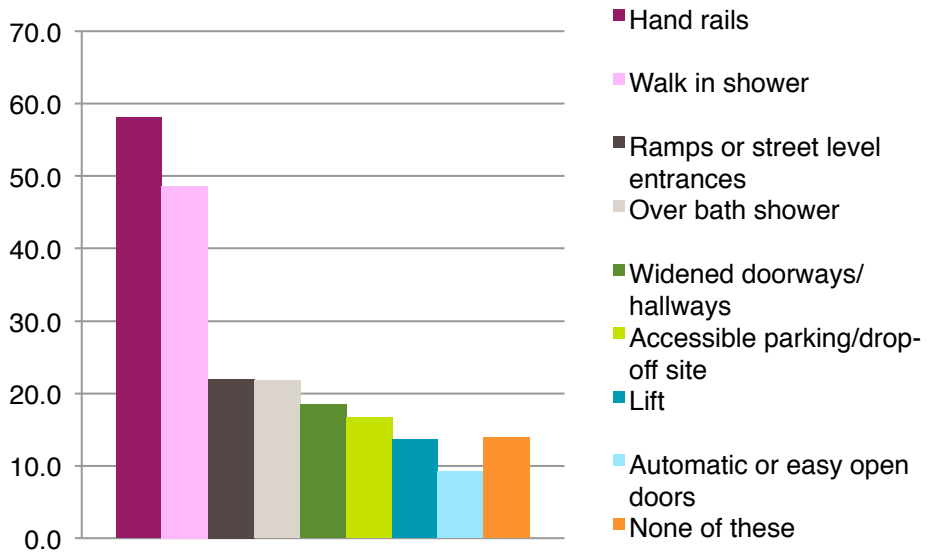
Aids used, 65+ at home with paid care, England (ELSA)

Home adaptations are significantly more common among individuals in receipt of paid care at home, than other groups examined, with nearly half reporting alerting devices and bathroom modifications:



Adaptations in property, 65+ at home with paid care, England (ELSA)

Structural adaptations to their home related to disability are also more common, although the overall prevalence – for example, of bath showers – was still relatively low.



Adaptations in property, 65+ at home with paid care, England (ELSA)

In addition to receiving paid care, 73% reported receiving informal care during the last month.

Only 27% of this group report having an Internet connection at home, and fully 84% report they never use the Internet, potentially reflecting the higher average older age of this group.

5.6. Three or more ADLs

As described in Chapter 2, because local authority needs assessments are based on subjective assessments of risk, it is not possible to construct a measure using social survey data such as ELSA that precisely captures the 'Substantial' needs eligibility threshold applied by local authorities, which is to form the basis of the government's minimum eligibility threshold across England's care and support system in future.

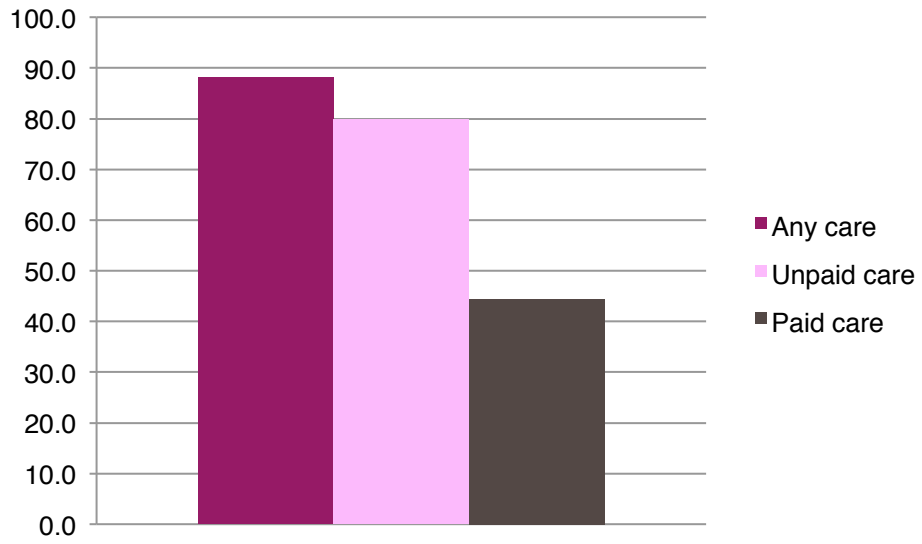
As a proxy measure for this group, The Bigger Picture identified individuals in ELSA who reported experiencing three or more ADL difficulties.

Analysing ELSA data reveals that 6.7% of the older population living at home in England had difficulty undertaking three or more ADLs.

Applying this figure to the 8,369,594 older people in England living in their own home at the time of Census 2011 suggests around **560,000 older people in England experienced three or more ADL difficulties.**

Around 57% of this group were female, 50% lived with one other person and 40% lived alone.

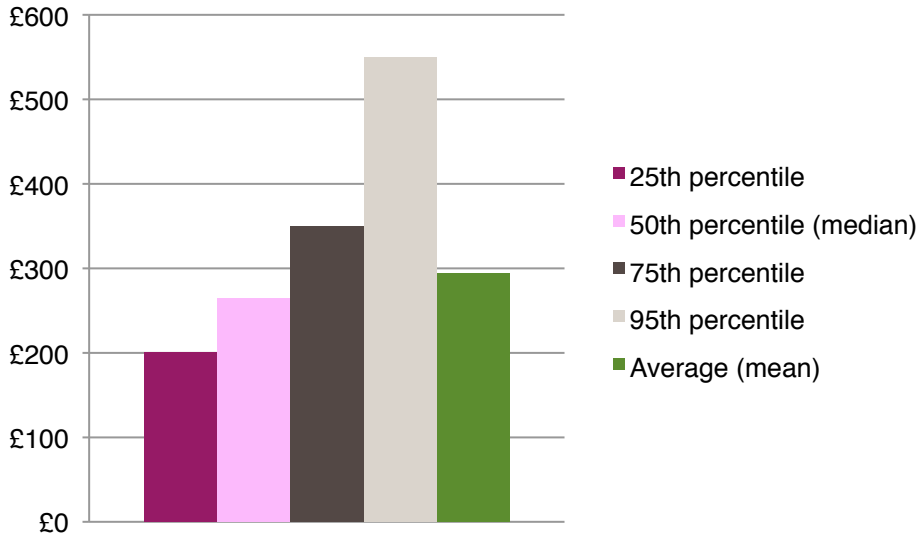
Within this group, around 90% reported that they received some form of care, with nearly half receiving paid care.



Receipt of any care and by type, 65+ at home with 3+ ADLs, England (ELSA)

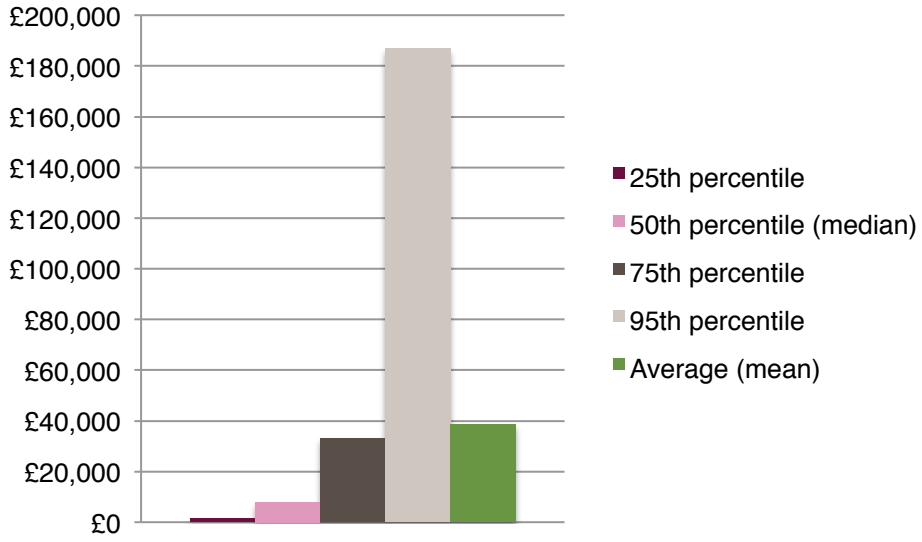
Applying these percentage estimates to Census data on older people who live at home in England **suggests around 70,000 older people in England had three ADLs but did not receive any care, and could therefore be reasonably classed as having unmet need**.

In part, the absence of paid care may reflect the financial resources of this group. Interestingly, median equivalised income for this group across England was £265 per week, i.e. very similar to the median income of the wider population of older people with limited day-to-day activities, but higher than those in receipt of unpaid care.



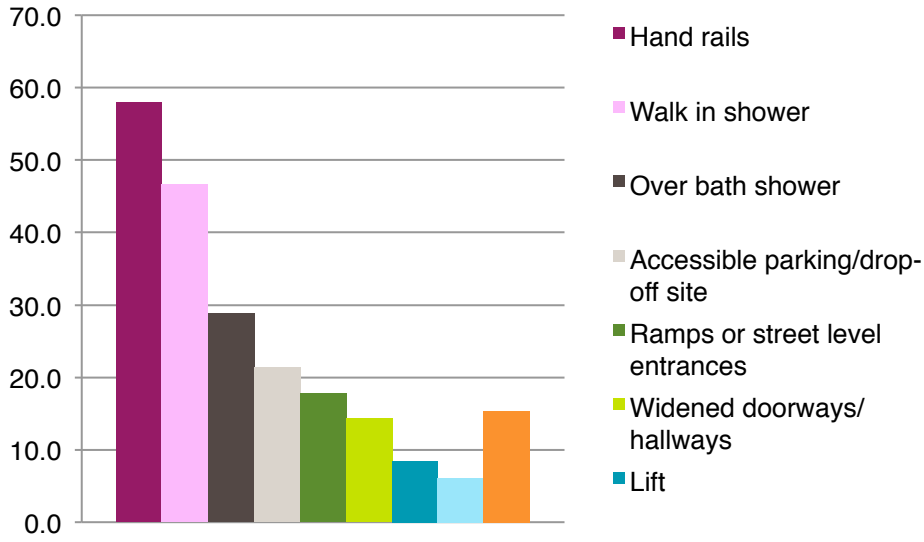
Total equivalised weekly income, 65+ at home with 3+ ADLs, England (ELSA)

However, median financial wealth among the three or more ADL group in England was around £8,000, compared to £13,600 for those in the wider day-to-day limited activities group.

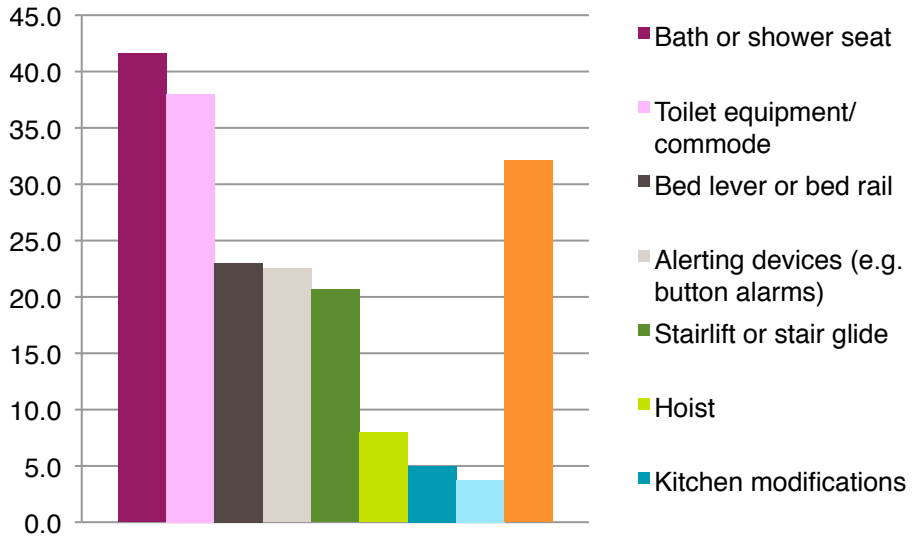


Median financial wealth, 65+ at home with 3+ ADLs, England (ELSA)

Home adaptations are reasonably common among older people with three or more ADLs, which may in part be associated with individuals living in specialist accommodation.

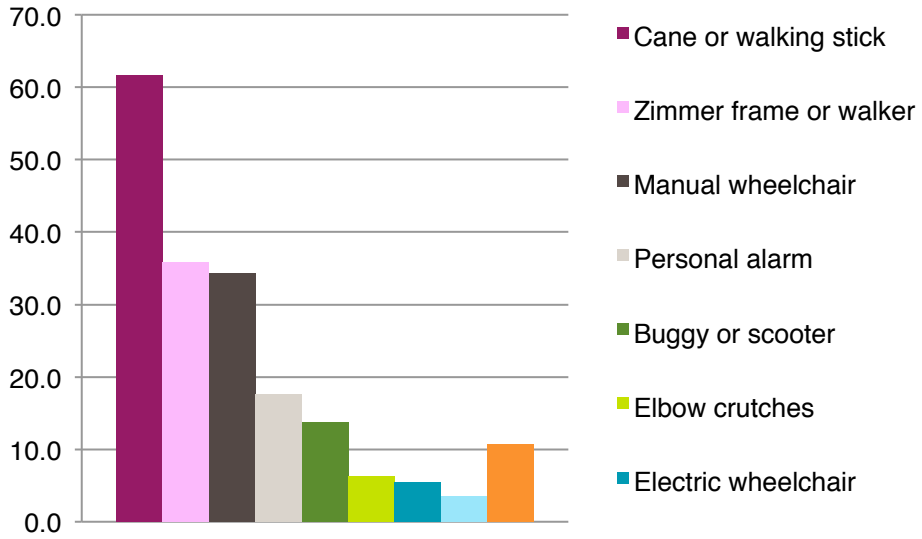


Adaptations in property, 65+ at home with 3+ ADLs, England (ELSA)



Adaptations in property, 65+ at home with 3+ ADLs, England (ELSA)

Use of some aids and supports are also relatively common in this group, as the chart below shows:



Use of aids, 65+ at home with 3+ ADLs, England (ELSA)

6. Publicly funded support for older people with a disability

Having explored the lives of older people in England with limited day-to-day activities, this chapter explores their interaction with different types of financial support and paid care.

Key points:

- **The principal forms of state support to older people living with a disability are universal disability benefits, and means tested local authority care and support.**
- **Across England, around 2.30 million older people received disability benefits in 2011, comprising 1.48 million in receipt of Attendance Allowance (AA), and 830,000 receiving Disability Living Allowance (DLA) – including some people in care homes.**
- **Around one-third of older people with limited day-to-day activities received AA, with prevalence relatively consistent across regions and local authorities. Receipt of DLA is around 15% of this group, but prevalence was more varied.**
- **Around 740,000 older people received local authority support in 2011-12, whether nursing care in a care home, day care or home adaptations, representing around 17% of the older population with limited day-to-day activities.**
- **Census 2011 found that 4,019,419 older people lived at home with limited day-to-day activities. Within this group, we can estimate that 570,000 older people received some form of local authority community funded services, representing 14% of the group. Around 310,000 received local authority funded home care, representing 8%.**
- **However, significant variations can exist at a local level. For example, in the Eastern Region, the percentage of this group receiving community support varies by over 20% among different local authorities.**

6.1. Mapping formal and publicly funded support

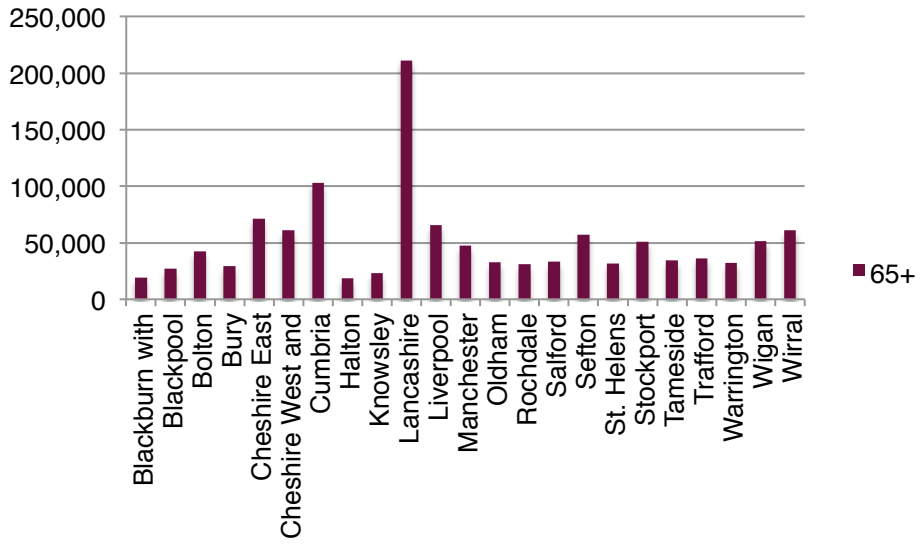
Older people living with a disability in England may receive various types of organised support, whether publicly or privately funded. These include:

- **Disability benefits**, comprising either Disability Living Allowance or Attendance Allowance, as a contribution toward the extras costs of living with a disability, such as using taxis or paying for a carer;
- **Paid care in their own home** funded wholly or partially by themselves, or their council;
- **Care in a residential or nursing home**, which may also be paid for fully or partially by themselves, or by their local authority.

This chapter explores the prevalence and interaction of these different forms of support among older people with limited day-to-day activities.

Using Census, DWP and HSCIC data, the research is able to explore formal support at a local

authority level. However, it should be noted that reflecting wide variations in the size of population that local authorities serve, there is **considerable variation in the size of the 65+ population across different areas.** For example, within the North West, there are over 210,000 older people in Lancashire, compared to around 100,000 in neighbouring Cumbria:



Number of individuals in local authority area, 65+, North West (Census 2011)

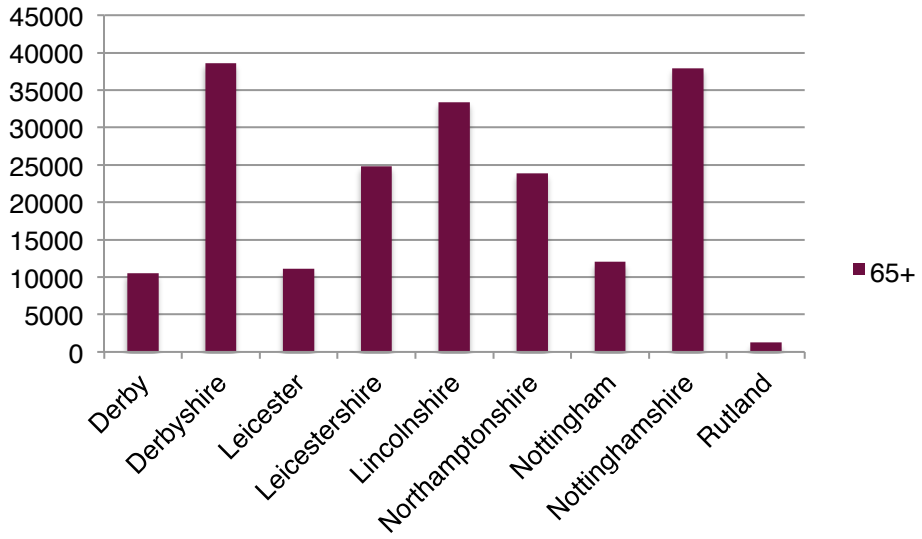
6.2. Disability benefits in the older population

Disability benefits are **universal, non-means tested cash payments for individuals with a disability**, as a **contribution toward the extra costs of living with a disability**, paid by the Department for Work and Pensions (DWP).

Individuals of working-age previously claimed **Disability Living Allowance (DLA)**, although since 2011, this has been replaced by Personal Independence Payments (PIPs). Crucially, individuals who made a successful claim for DLA will go on receiving it into retirement, with the result that **many individuals aged 65+ with limited day-to-day activities receive DLA**.

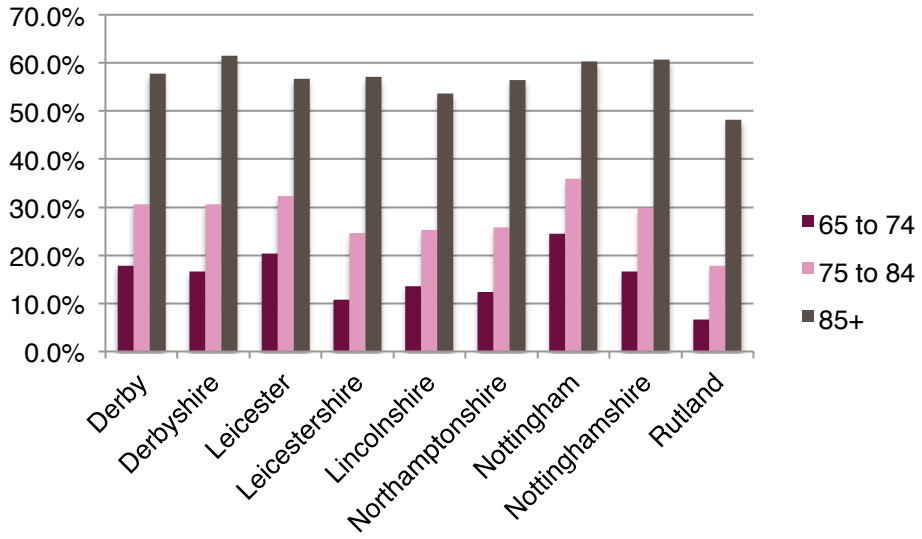
Individuals aged over 65 who make a claim for disability benefits for the first time – i.e. they do not already receive DLA (or PIP) – can apply for **Attendance Allowance (AA). Two rates of AA are payable – Higher and Lower** – depending on whether someone needs assistance only during the day or night, or during both the day and the night.

In larger local authority areas, the disability benefits system provides support to tens of thousands of older people, as this chart for the East Midlands shows:



Number of disability benefit recipients, 65+, East Midlands (DWP)

The prevalence of receipt of disability benefits among older people typically increases with age, as the following chart shows:



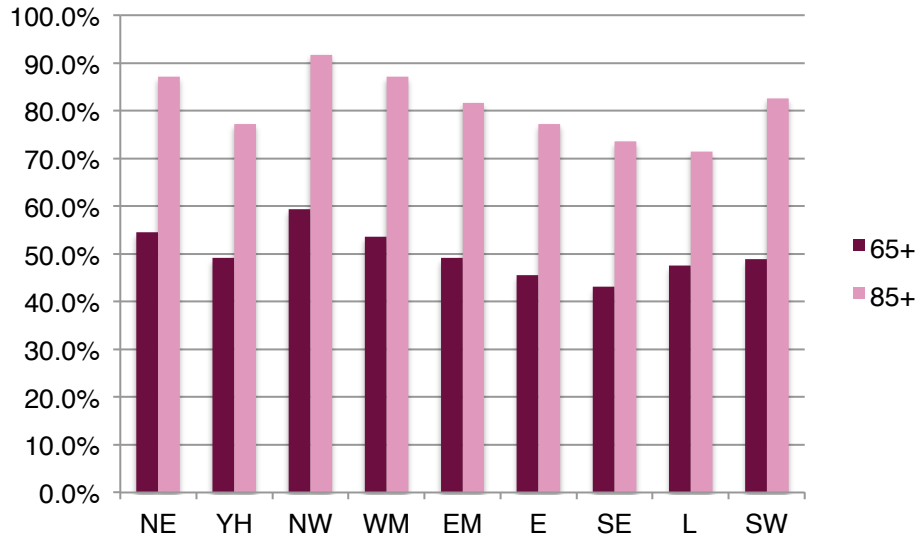
Percentage of population receiving disability benefits by age group, 65+, East Midlands (DWP, Census)

Across England, **around 1.5 million older people receive AA and 830,000 receive DLA.**

6.3. Disability benefits and older people with limited day-to-day activities

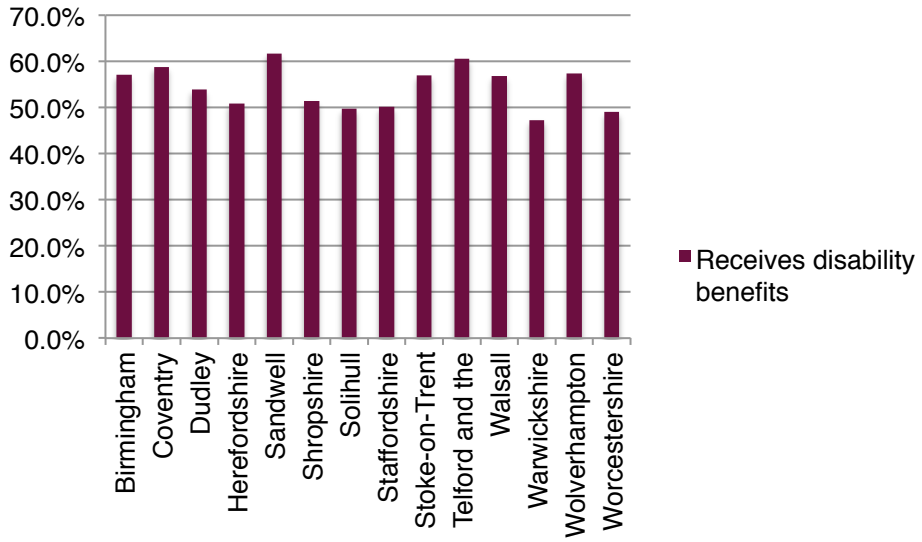
By comparing DWP data on disability benefits with Census 2011 data on older people with limited day-to-day activities, the prevalence of these benefits among older people with limited day-to-day activities can be explored.

Disability benefits were typically received by around half of older people with limited day-to-day activities. However, variations in take-up can be observed across different regions, among both the 65+ and 85+, within a band of around 17%:



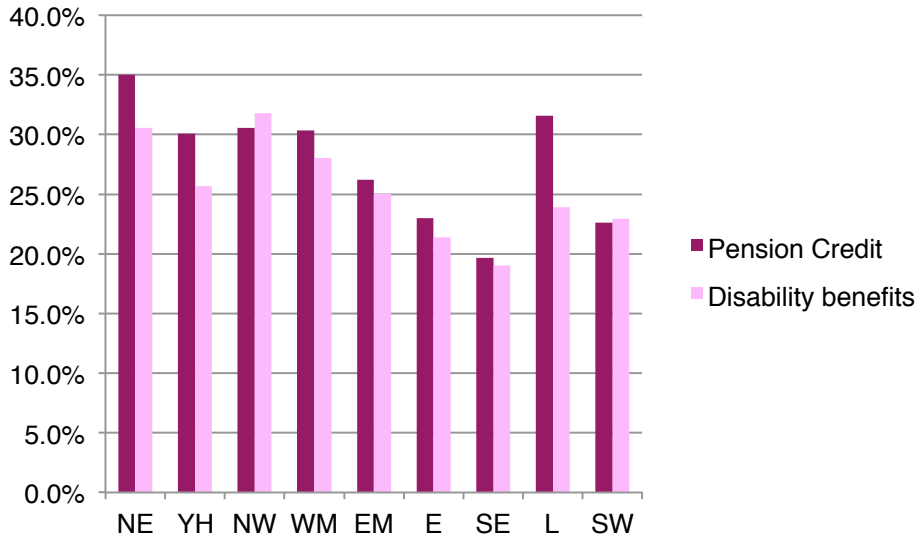
Percentage of older people with limited day-to-day activities receiving disability benefits by age range, 65+, English Regions

These variations can also be seen within a single region, as the following chart for the West Midlands shows:



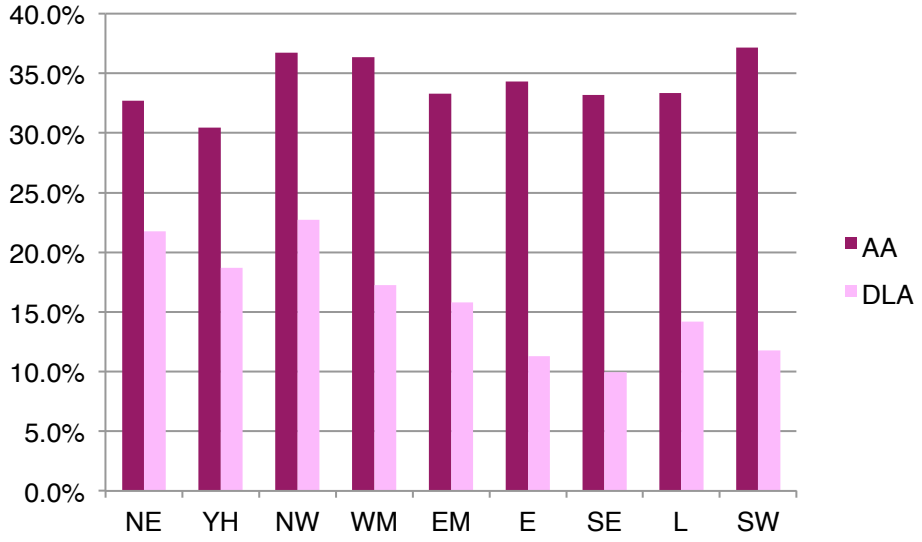
Percentage of older people with limited day-to-day activities receiving disability benefits, 65+, West Midlands (DWP, Census)

As a form of income support, it could be expected that receipt of disability benefits would be notably higher in poorer areas, as individuals with a lower income may be more incentivised to apply. Comparing receipt of disability benefits among older people to receipt of means tested Pension Credit across the English regions does appear to show some correlation:



Percentage of population receiving Pension Credit, disability benefits, English Regions (DWP, Census)

Interestingly, by splitting DLA and AA, we can see that **take-up of AA as a percentage of older people with limited day-to-day activities was significantly more consistent than DLA, across different regions:**

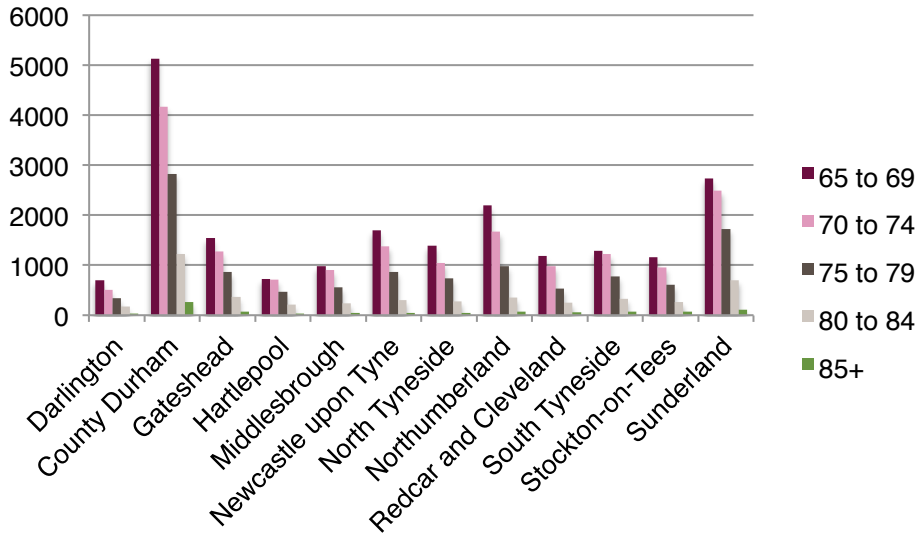


Percentage of population receiving Pension Credit, disability benefits, 65+ with limited day-to-day activities, English Regions (DWP, Census)

Receipt of AA varies by around 6% across different regions, but receipt of DLA varies by around 13%.

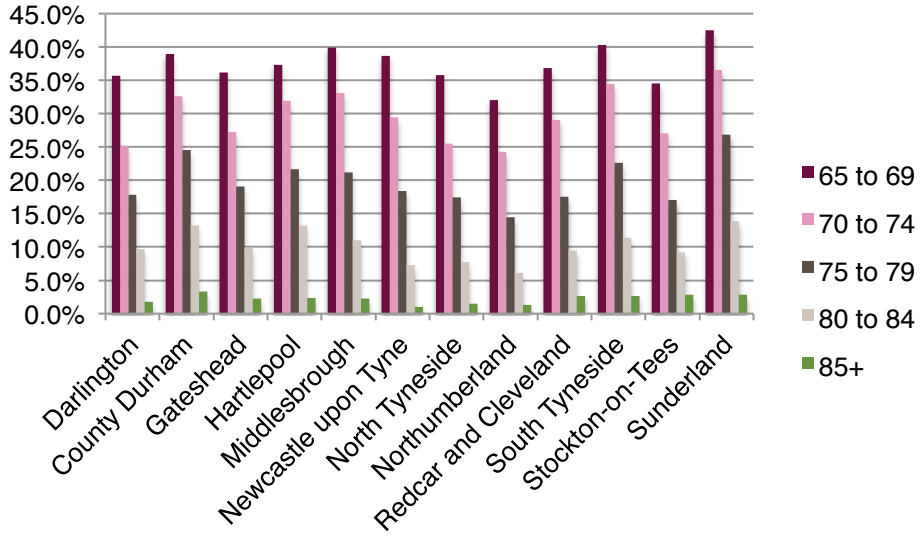
6.4. Disability Living Allowance

Focusing just on Disability Living Allowance (DLA), it can be seen that receipt is highest among those just beyond retirement age. Indeed, **take-up of DLA can be as high as 40% of those aged 65 to 69 with limited day-to-day activities**, as this chart for the North East shows, revealing the significant reach of this benefit among those just above retirement age.



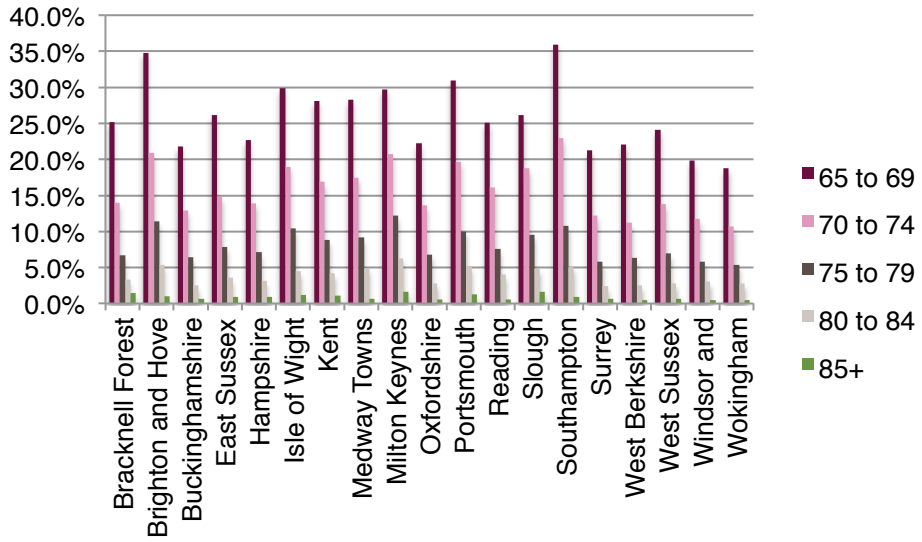
Number of DLA recipients by age range, 65+, North East (DWP)

This pattern may reflect overall lower life expectancy among those who first become entitled to DLA during working-age and subsequently die in early retirement. Indeed the prevalence of DLA among the younger 65+ age groups with limited day-to-day activities is notably high.



Percentage receiving DLA by age range, 65+ with limited day-to-day activities, North East (DWP, Census)

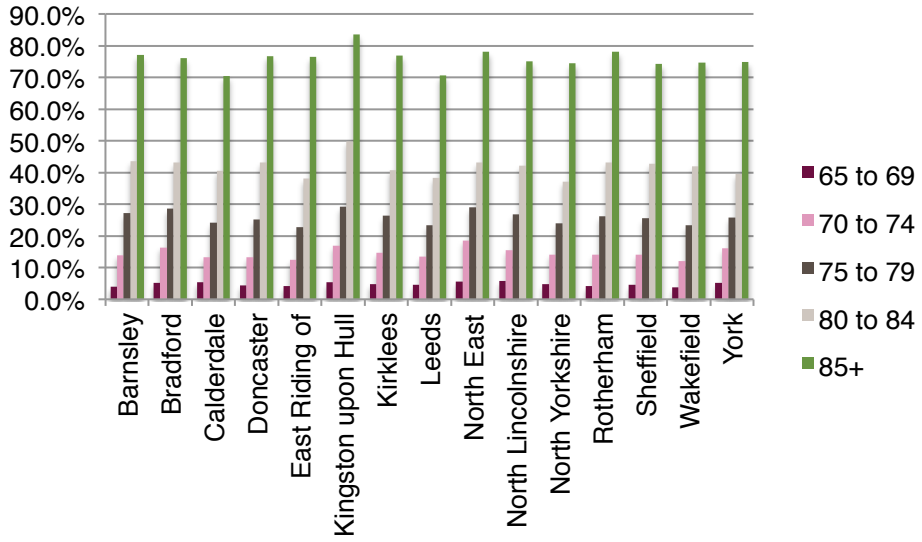
Even in a wealthier region, such as the South East, the reach of DLA among those just over retirement age with limited day-to-day activities can be high as 30%, as the following chart shows:



Percentage receiving DLA by age range, 65+ with limited day-to-day activities, South East (DWP, Census)

6.5. Attendance Allowance

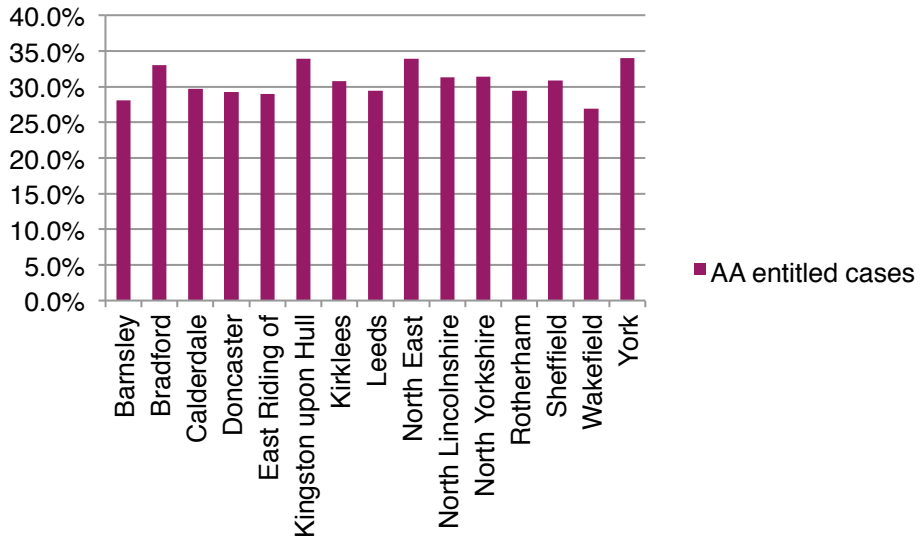
In contrast to DLA, take-up of Attendance Allowance (AA), which can only be claimed by those aged 65+ not in receipt of DLA, is lower among those aged 65 to 69, but often **exceeds 70% of those aged 85+ with limited day-to-day activities**, as the following chart for Yorkshire and the Humber shows:



Percentage receiving AA by age range, 65+ with limited day-to-day activities, Yorkshire and the Humber (DWP, Census)

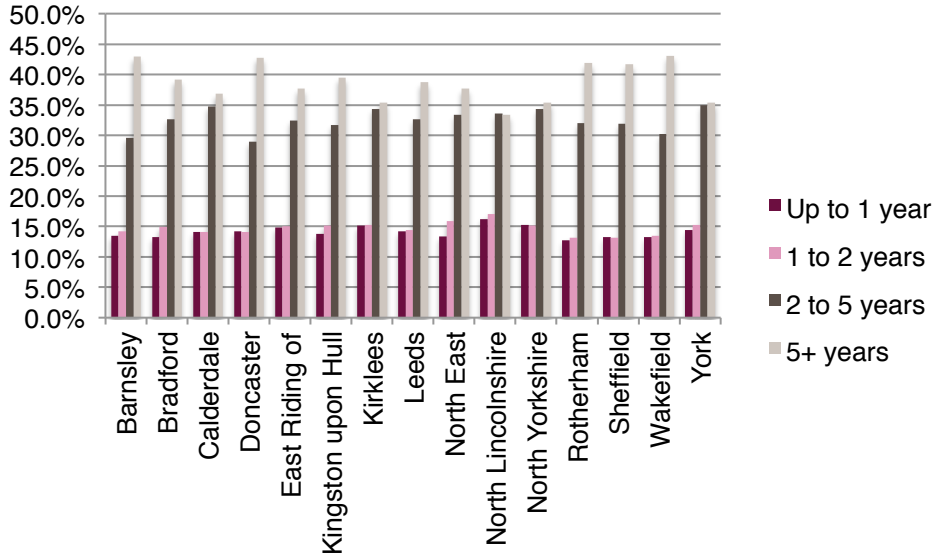
This pattern may reflect the fact that many of those entitled to disability benefits aged 65 to 69 are already in receipt of DLA and so do not claim AA, as well as higher rates of disability among those in the oldest age groups.

Also striking is the highly consistent entitlement to AA among older people with limited day-to-day activities, which can be seen even more clearly in the chart below, where there is less than 10% variance between different local authority areas in the Yorkshire and Humber:



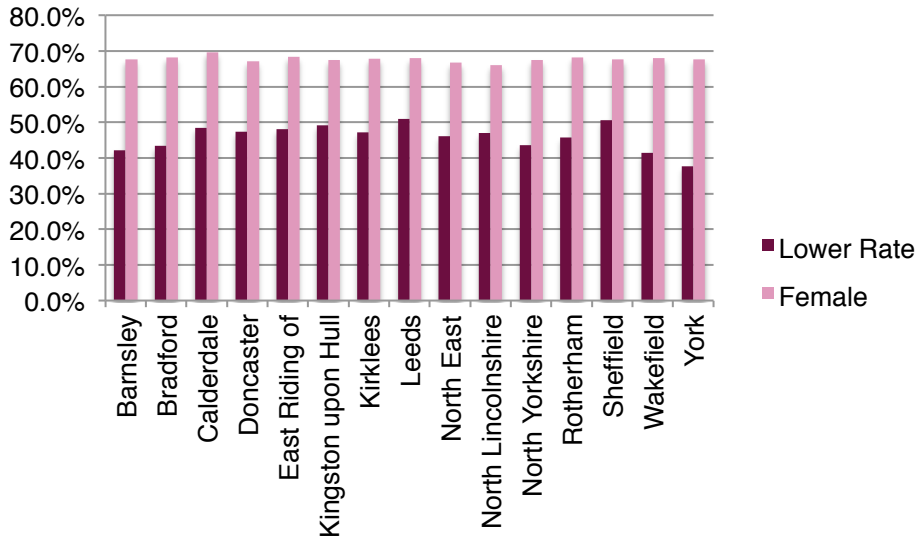
AA entitled cases, 65+ with limited day-to-day activities, Yorkshire and the Humber (DWP, Census)

A further striking feature of AA receipt is duration of entitlement. Typically, **around one-third of AA recipients have received these payments for over five years**, as the following chart for Yorkshire and the Humber shows:



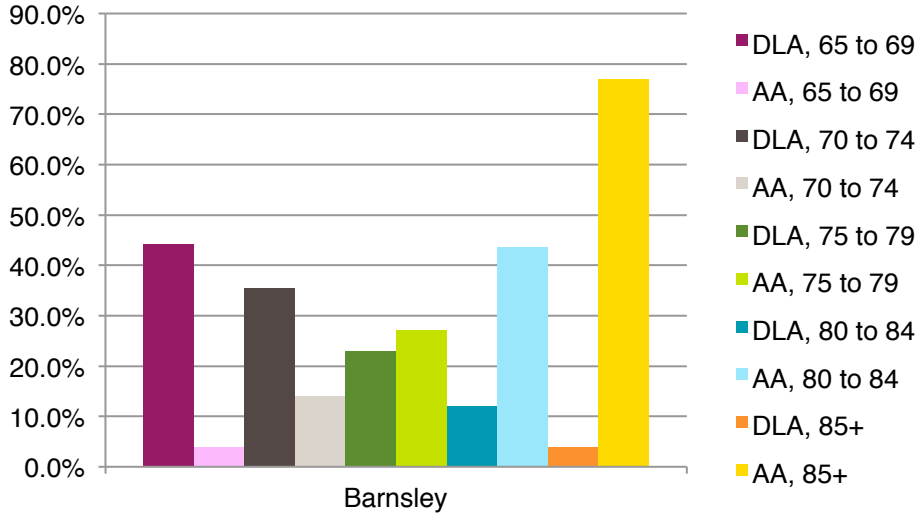
Percentage of AA entitled cases by duration, 65+, Yorkshire and the Humber (DWP)

Most AA claims were Higher rate – for individuals needing supporting during both the day and the night – and most recipients were female, perhaps reflecting greater life expectancy among women, as the following chart shows:



Percentage of AA entitled cases by rate and gender, 65+, Yorkshire and the Humber (DWP)

As the charts above show, take-up of DLA and AA among different age groups was mirrored: DLA take-up declines with age as AA take-up increases. This effect can be seen more clearly for individuals in different age groups by comparing take-up among older people with limited day-to-day activities of the two benefits side-by-side. The following chart for Barnsley shows this interaction clearly:



Receipt of DLA and AA by age group, 65+ with limited day-to-day activities, Barnsley (DWP)

With DLA having been replaced by Personal Independence Payments (PIPs) in in 2011, it remains to seen how patterns of DLA and PIP receipt among older people evolves, and whether the age-profile of AA recipients will in fact become younger.

6.6. Local authority community support

Alongside but separate to the disability benefits system, older people with limited day-to-day activities in England may receive support from their local authority.

As described in the previous chapter, according to Census 2011, among England's older population with limited day-to-day activities, around 4,019,419 (93.5%) lived at home, and 278,513 (6.5%) lived in a residential or nursing home.

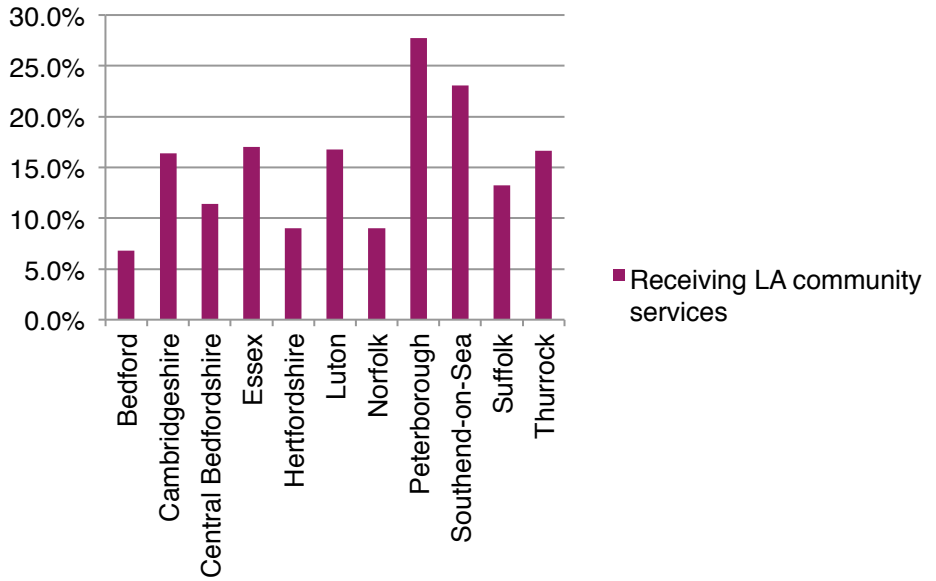
Using data collected by the **Health and Social Care Information Centre** (HSCIC), The Bigger Picture can explore the receipt of local authority support among older people with limited day-to-day activities living at home.

Using HSCIC data, we can estimate that around **740,000 older people received local authority support in 2011-12**, whether nursing care in a care home or adaptations to their home. This represents around **17% of the older population with limited day-to-day activities**.

Among older people with limited day-to-day activities, Census 2011 found that 4,019,419 lived at home. Within this group, we can estimate that around **570,000 older people at home received some form of local authority community funded services**, representing **14% of people aged 65+ living at home with limited day-to-day activities**.

We can also estimate that **around 310,000 received local authority funded home care, representing 8%** of this group.[42]

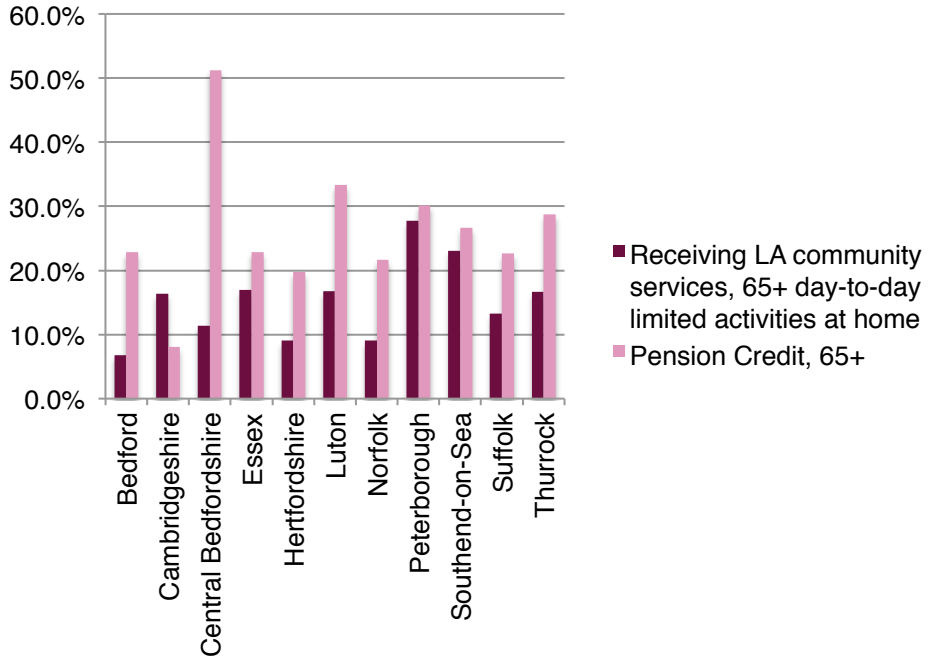
Comparing the total number of individuals aged 65+ in an area receiving local authority community support to the number of older people with limited day-to-day activities reveals significant variations in the prevalence of support. For example, the following chart for the Eastern region shows levels of support vary by over 20%:



Percentage receiving LA community support, 65+ with limited day-to-day activities, East (HSCIC, Census)

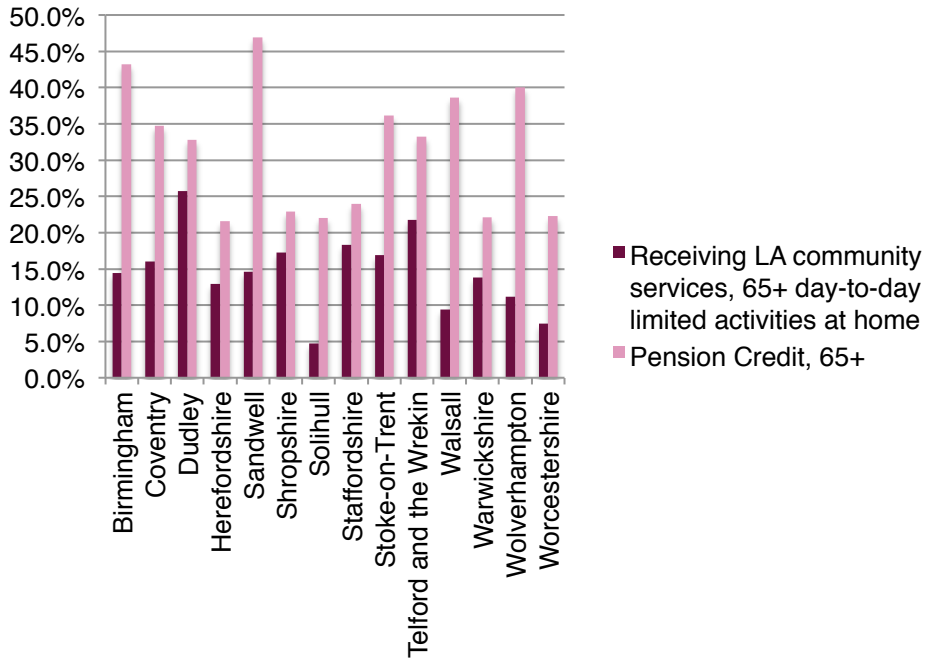
[42] This figure has been rounded up to take account of non-reporting of data to HSCIC by some local authorities.

Given local authority support is means tested, it could be expected that receipt would correlate with means tested Pension Credit. However, adding receipt of Pension Credit among the 65+ population to the chart above does not reveal a strong correlation.



Percentage of 65+ with limited day-to-day activities at home receiving LA community support, percentage of 65+ population receiving Pension Credit, East (HSCIC, Census)

Such outcomes are not limited to the Eastern region. The chart below repeats this analysis for the West Midlands, which again shows significant variations in the proportion receiving support, as well as little correlation with receipt of means tested Pension Credit:

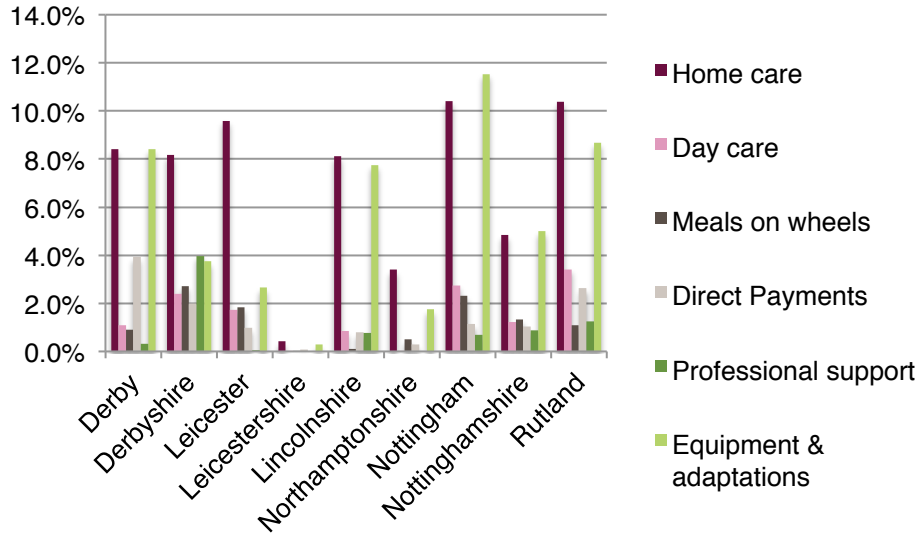


Percentage of 65+ with limited day-to-day activities at home receiving LA community support, percentage of 65+ population receiving Pension Credit, West Midlands (HSCIC, Census)

Using HSCIC data, it is now possible to look in more detail at the different types of LA community support received.

For six principal types of support**, the numbers in receipt of different types of support can vary significantly from council to council**, when considered as a proportion of the entire 65+ population. It is important to note: individuals may receive more than one type of support.

This variation may reflect local decisions on services and commissioning, as well as variations in the disability (need) and wealth profiles of local populations. The following chart provides an illustration of this variability[43]:



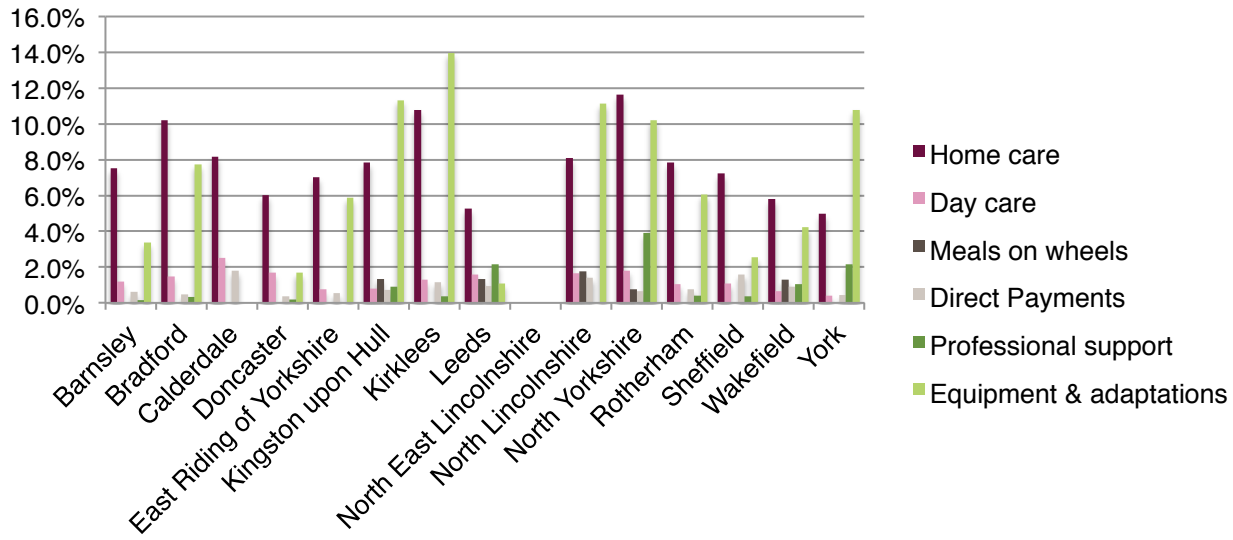
Percentage receiving LA community support by type, 65+ with limited day-to-day activities, East Midlands (HSCIC, Census)

By examining receipt of different types of community support as a percentage of the older population with limited day-to-day activities, it **appears that in most cases, not much more than 10% of this group receive any individual type of local authority support.**

These variations observable in the East Midlands can also be directly compared with other regions, such as Yorkshire and the Humber, which is shown on the chart below[44]:

[43] The chart shows missing HSCIC data for Leicestershire.
[44] The chart shows missing HSCIC data for North East Lincolnshire.

Percentage receiving LA community support by type, 65+ with limited day-to-day activities, Yorkshire and the Humber (HSCIC, Census)



6.7. Local authority residential support

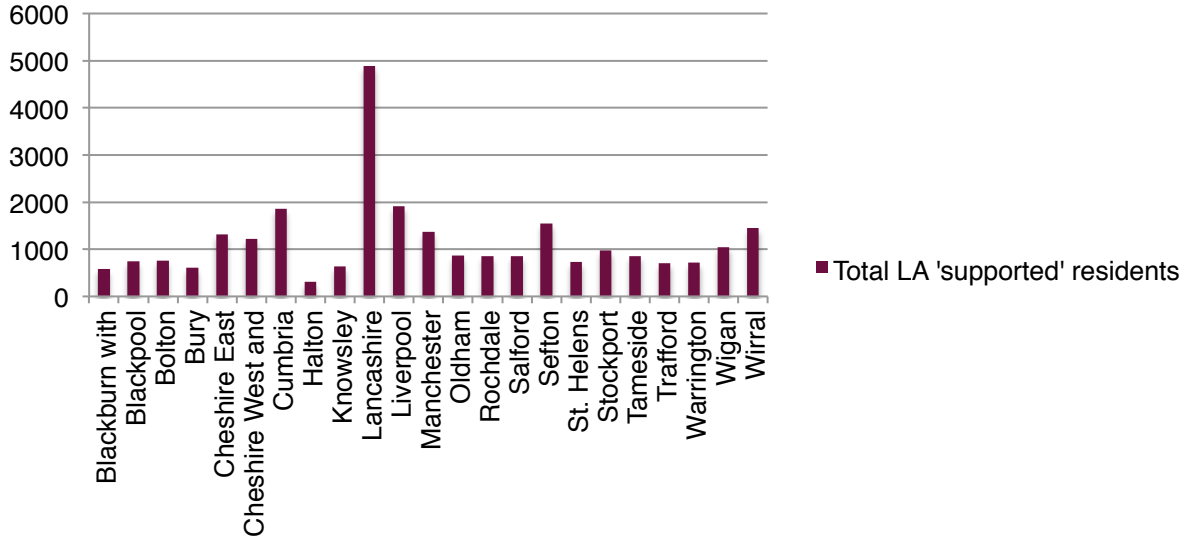
In addition to community support, local authorities fund the support of some older people living in residential care and nursing care, and data on this is collected by HSCIC.

However, an important caveat must be highlighted for HSCIC data on such support: local authorities record the number of local individuals whose residential and nursing care is funded by them, even when these individuals **move to other local authority areas to receive residential support**.

As such, it must not be assumed that all the residential and nursing care places funded by a local authority are located within that council's geographical area. In addition, local authority definitions of residential and nursing care differ, and these differences are reflected in the data collected by HSCIC.

Notwithstanding these caveats, it is possible to explore the funding of residential and nursing care by LAs. The following chart shows the number of supported residents by LAs in the North West, which shows, reflecting variations in LA areas, that the numbers supported can vary from a few hundred to nearly 5,000.

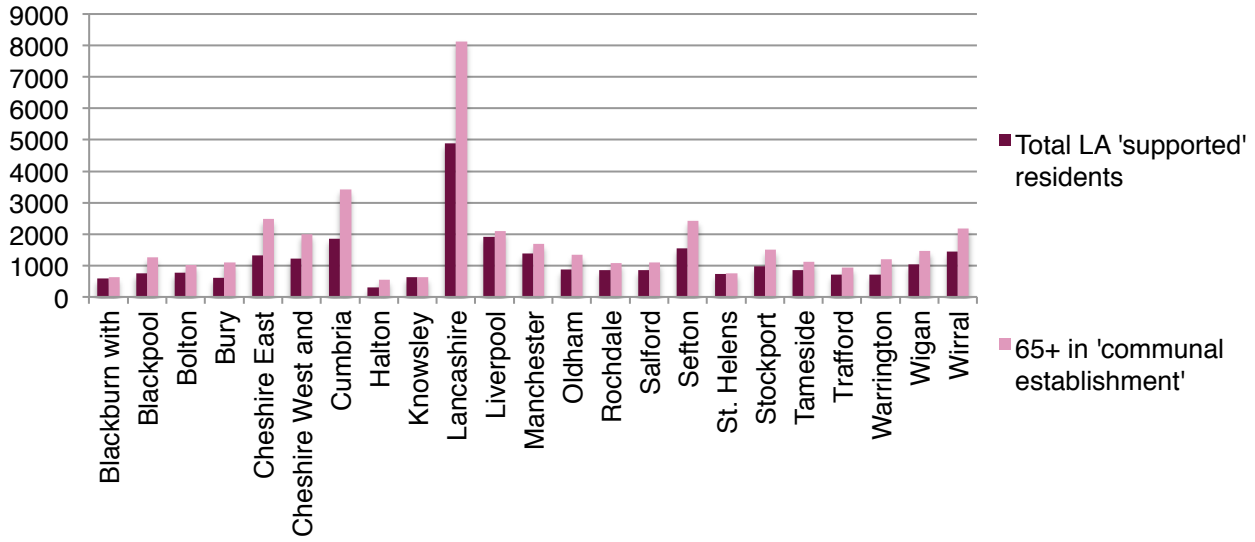
Number who are LA 'supported residents', 65+, North West (HSCIC, Census)



Because Census 2011 also collects information on individuals living in 'communal establishments' with limited day-to-day activities regardless of who pays for this care, it is possible to directly compare these two figures.

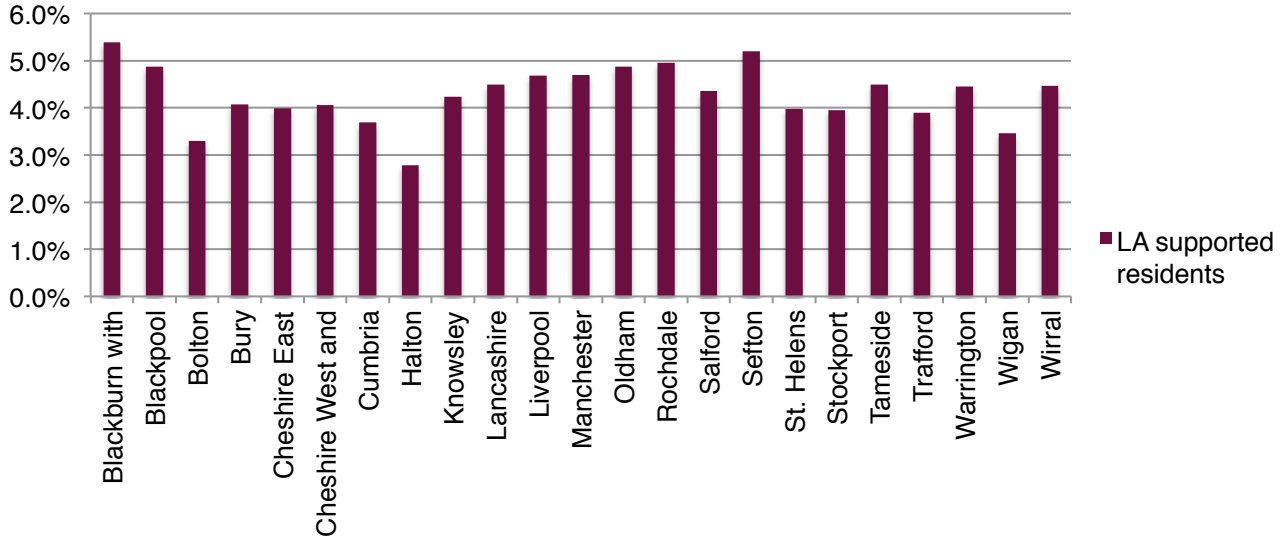
The chart below shows that in most areas, the numbers in some form of residential care – from the Census – exceed the number of older people with LA supported residential or nursing care, indicating the potential extent of 'self-funders'.

Number who are LA 'supported residents', number of individuals in 'communal establishments' with limited day-to-day activities, 65+, North West (HSCIC, Census)



Individuals in receipt of LA-funded residential or nursing care can also be analysed as a percentage of the number of older people in different areas with limited day-to-day activities:

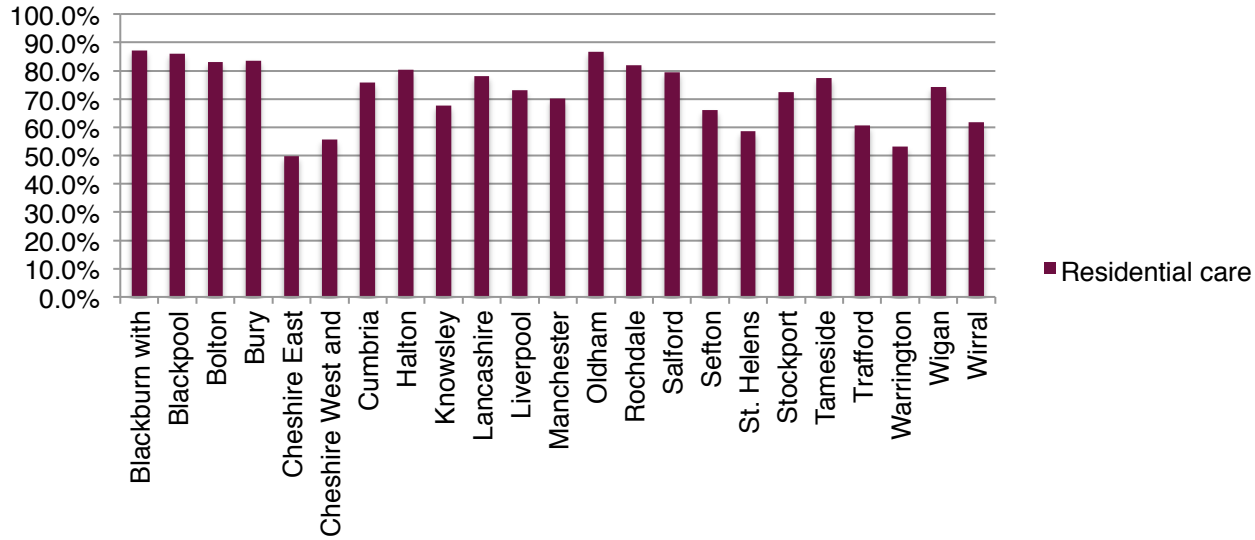
LA 'supported residents' as % of 65+ with limited day-to-day activities, 65+, North West (HSCIC, Census)



Overall, around 4% of older people with limited day-to-day activities are in some form of residential care funded by a local authority. However, the chart does show a relatively high degree of variance in receipt of LA funding for residential or nursing care.

Using HSCIC data - and notwithstanding the caveat set out above regarding LA funded individuals who live in residential care in another geographical area - it is also possible to explore the number of LA supported older people in residential care, as a percentage of all older people receiving LA funding for residential or nursing care, as the following chart for the North West shows:

Percentage in residential care, 65+ individuals in LA supported residential or nursing care, North West (HSCIC, Census)



As the charts above shows, there is variation across different local authority areas in:

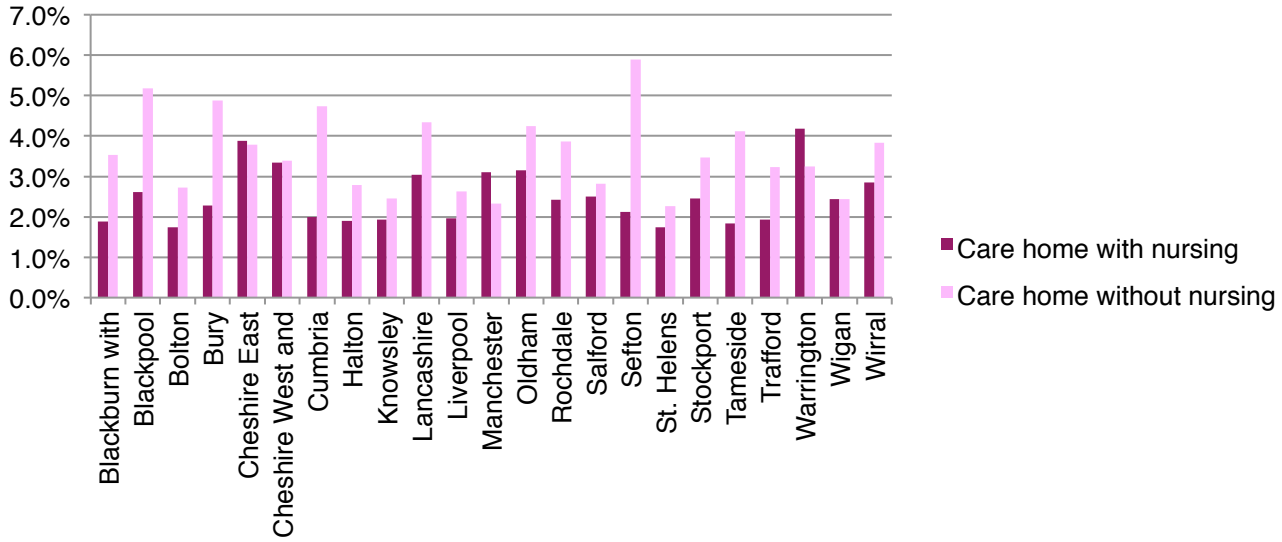
- The proportion of the older population with limited day-to-day activities who appear to have local authority funded support in residential care; and
- The proportion of nursing vs. residential care places funded.

These variations may reflect local differences in:

- The supply of residential and nursing care;
- How long older people individuals with care needs are enabled to live at home by local authority support;
- The availability of NHS funding for nursing care;
- The average wealth levels of older people in different areas needing residential care;
- Data issues, i.e. the way in which HSCIC activity data from LAs records residential vs. nursing care.

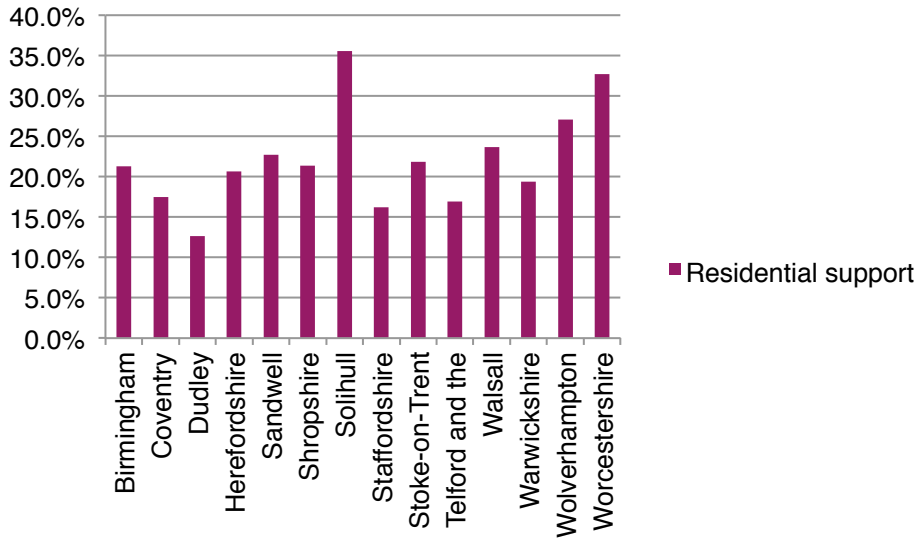
Given Census 2011 also records the number of individuals in residential or nursing care, irrespective of whether their care is funded by the local authority, the variation in residential or nursing care occupancy among the older population can also be explored in this way, as the following chart shows:

Percentage in care home with/without nursing, 65+ with limited day-to-day activities, North West (Census)



The chart shows the total percentage of the older population with a disability living in a care home was 8% in Sefton, compared to 4% in St Helens. In most, but not all areas, the numbers in care homes without nursing, exceeds those in care homes with nursing.

Turning to the overall mix of LA support for individuals with limited day-to-day activities it appears that in most local authority areas, “supported places” – i.e. residential or nursing care places – accounted for around 20% of older people with care needs receiving local authority support, as the following chart for the West Midlands demonstrates:

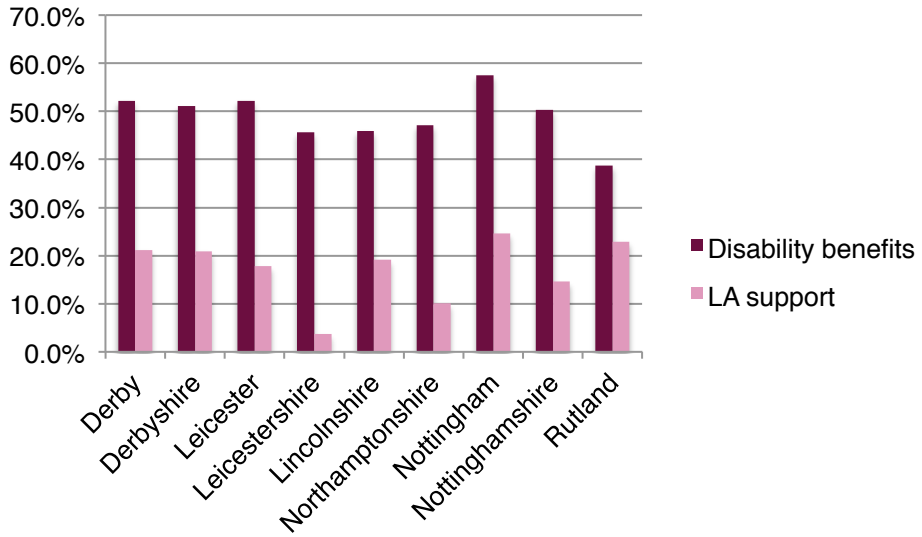


LA supported places (residential and nursing care) as percentage of all receiving LA support, West Midlands (HSCIC)

Significant variation can be observed, for example, between 16% in Staffordshire compared to over 35% in Solihull. Again, these variations may reflect a number of local factors, such as the disability profile of the local older population and the supply of different types of residential and nursing care.

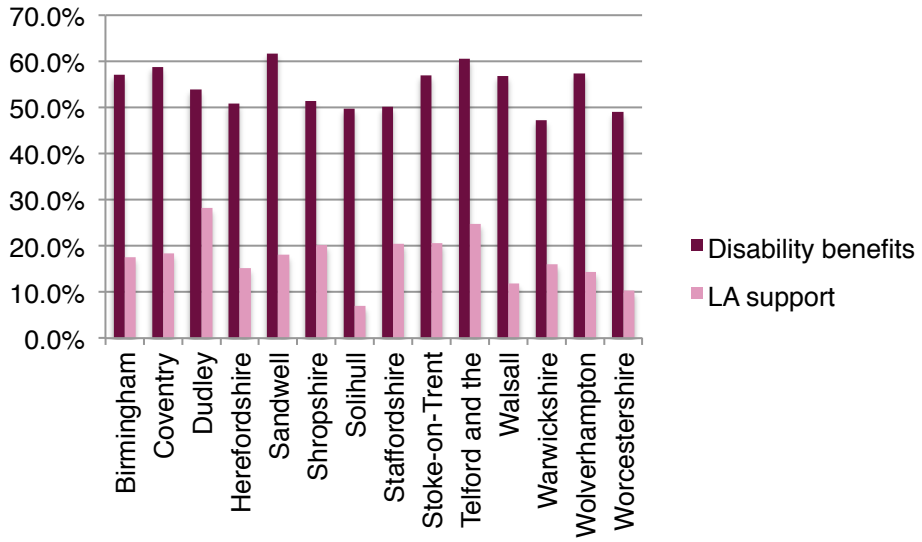
6.8. Comparing local authority community support with disability benefits

Integrating Census, DWP and HSCIC data, it is possible to compare receipt of local authority support for care (community and residential) to receipt of disability benefits (AA and DLA) among older people with limited day-to-day activities. The following charts for the East and West Midlands region show that overall, in 2011, the prevalence of disability benefits was higher than LA support:



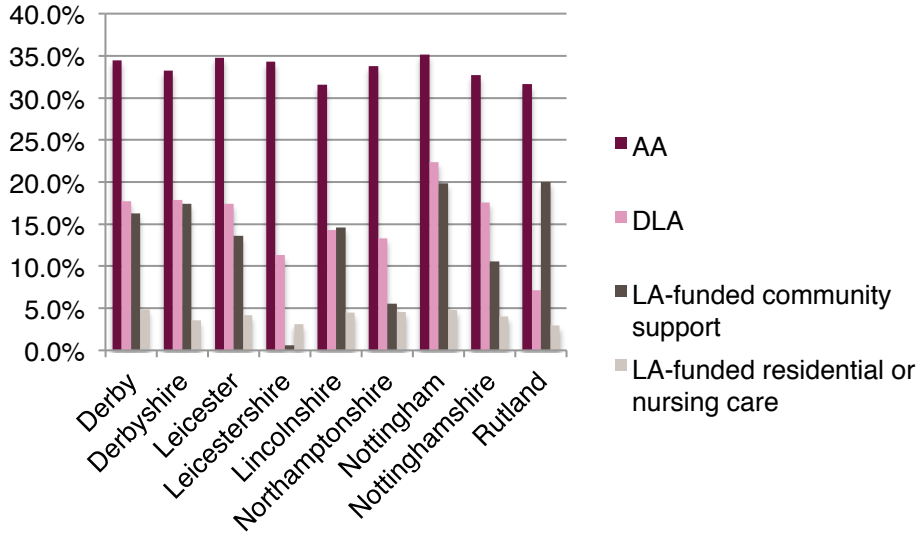
Percentage receiving disability benefits or LA support, 65+ with limited day-to-day activities, East Midlands (HSCIC, DWP, Census)

A similar outcome can be found by repeating this analysis for the West Midlands:



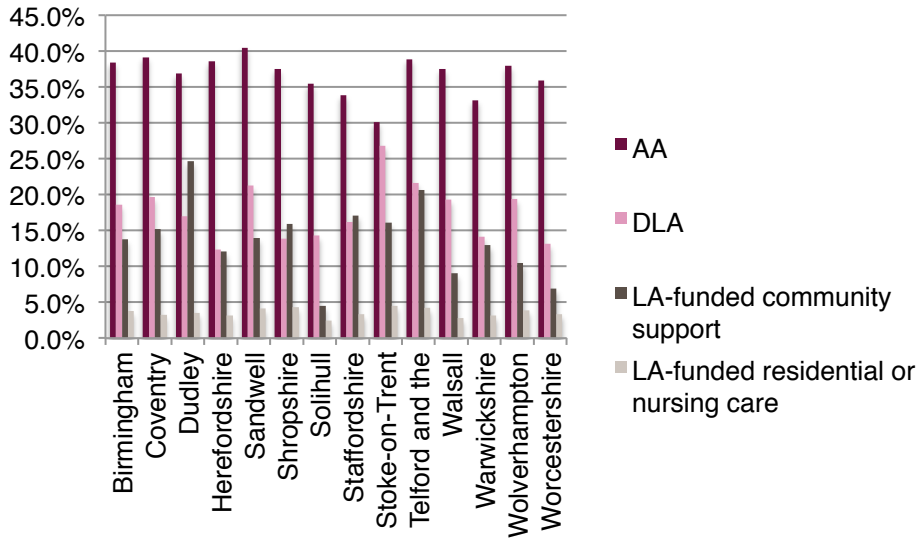
Percentage receiving disability benefits or LA support, 65+ with limited day-to-day activities, West Midlands (HSCIC, DWP, Census)

This analysis can be disaggregated by type of disability benefits and type of LA support, as the following chart for the East Midlands shows:



Percentage receiving AA, DLA, LA-funded community or residential support, 65+ with limited day-to-day activities, East Midlands (HSCIC, DWP, Census)

The analysis can be repeated for the West Midlands:



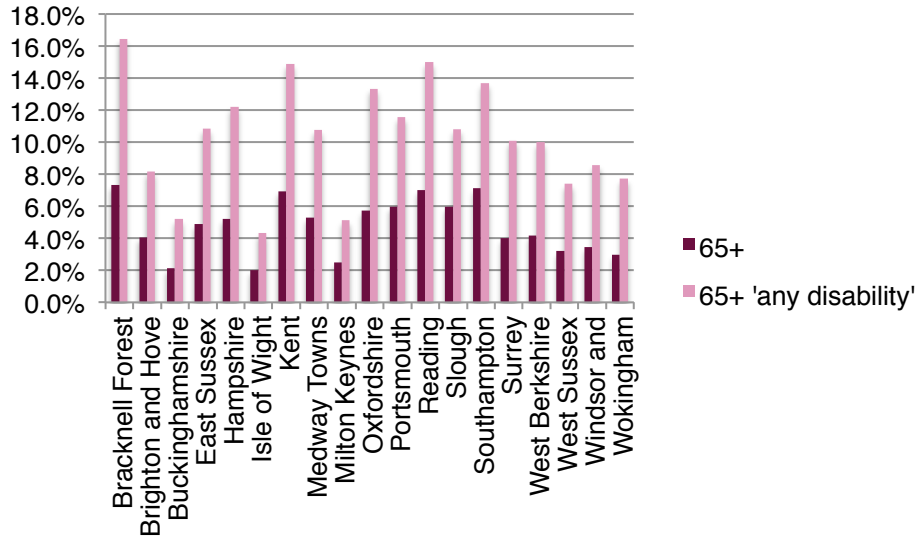
Percentage receiving AA, DLA, LA-funded community or residential support, 65+ with limited day-to-day activities, East Midlands (HSCIC, DWP, Census)

It would appear that in all areas, AA has a far higher reach than other forms of public support. However, in some areas, local authority funded community support matches receipt of DLA.

6.9. Assessments of older people with limited day-to-day activities

In addition to providing support, LAs undertake assessments to determine eligibility for support. Some individuals will meet eligibility criteria and be entitled to support, and some will not.

There appears to be significant variation in the prevalence of assessments among LAs, whether considered in relation to the whole 65+ population or just those with limited day-to-day activities. For example, Kent records assessments of around 15% of older people with limited day-to-day activities in a year, compared to 5% in Milton Keynes.



Percentage receiving new LA assessments, 65+, 65+ with limited day-to-day activities, South East (HSCIC, Census)

Again, these variations may reflect differences in population, the way the data was collected and policy choices among local authorities.

7.Older carers and support for them

Unpaid care represents the principal form of support to older people living with a disability. This chapter explores the characteristics of older carers, and statutory support for them.

Key findings:

- **According to Census 2011, 13.8% of the older population provided unpaid care, including 5.3% (around 460,000), who reported providing over 50 hours per week of unpaid care.**
- **56% of older carers in England were female, and over 40% were aged 65-70.**
- **Nearly half of older carers reported high blood pressure or hypertension, cholesterol and arthritis. Around 20% of older carers experience ADL difficulties, for example, as many as 13% had difficulty dressing.**
- **Around 85% of older carers owned a mobile phone, and 70% reported having an Internet connection at home. However, although around 40% of older carers report using the Internet everyday, a similar proportion reported they never use the Internet.**
- **Using HSCIC data, we can estimate that in 2011-2012, around 80,000 older carers received local authority services, equivalent to around 17% of older carers providing 50+ hours of care per week. Although some older carers providing 50+ hours of care per week may be able to cope with their own private resources and other family support, this suggests that at least 380,000 older carers in England were providing 50+ hours of care per week without receiving any local authority services.**
- **Among those older carers looking after someone for 20 or more hours per week, around 40% reported if they wanted a break for a few hours, someone else would have to look after the person they care for. However, within this group, 20% report there is not someone else they could rely on to look after the person, whether at home or elsewhere. This equates around 30,000 older carers across England.**

7.1. The prevalence of older carers in England

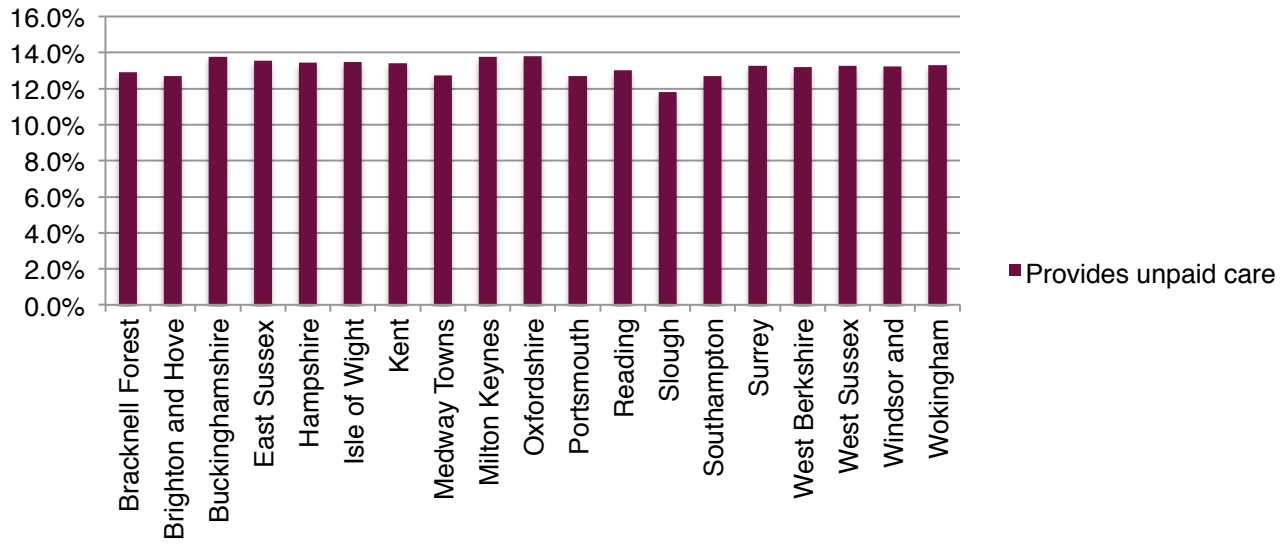
Of the 8,660,529 people aged 65+ in England that Census 2011 identified, 1,192,608 reported providing unpaid care, representing **13.8% of the older population.** This includes around **460,00 older people who reported providing 50+ hours of care per week**, which is **5.3% of the older population**.

A notable feature of the provision of unpaid care by older people is its **consistent prevalence across different areas**. This can be seen across different regions, where there is only a 2% variance in the prevalence of unpaid care:

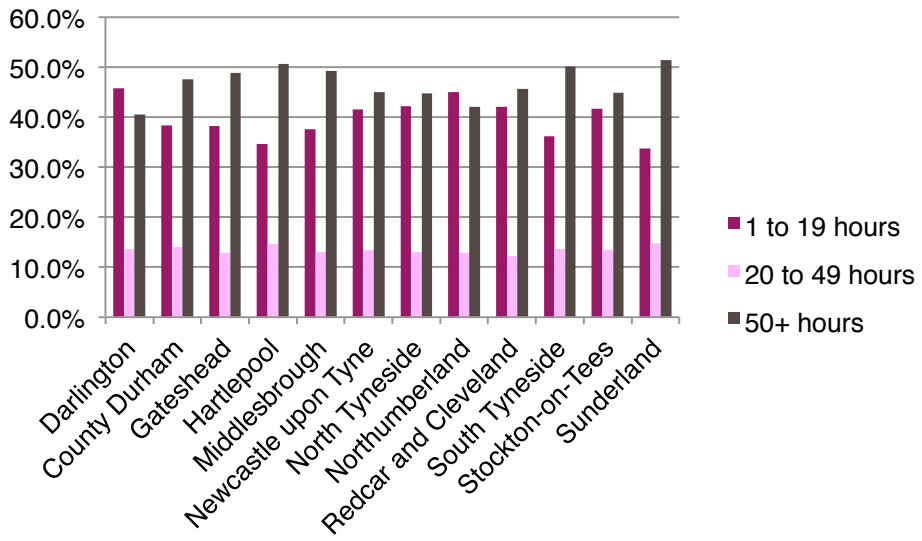
Percentage providing unpaid care, 65+, English Regions (Census

Such narrow differences in the prevalence of unpaid care by older people are also observable within regions among very different local authority areas, as this chart for the South East shows:

Percentage providing unpaid care, 65+, South East (Census)



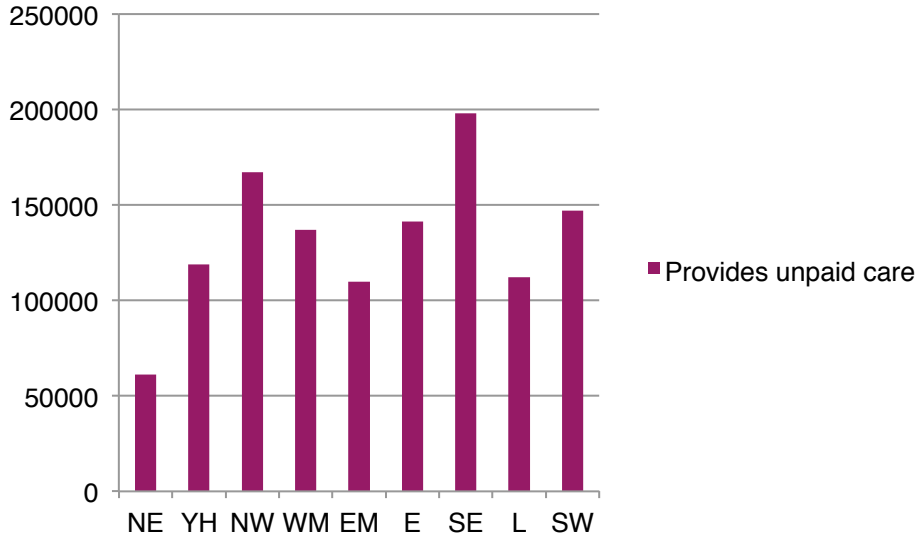
Most unpaid care provision by older people appears to be either ‘light’ or ‘heavy’, with around 90% of all older carers recorded by Census 2011 reporting either 1 to 19 hours of care per week, or reporting over 50 hours. Again, high levels of consistency are observable across different areas, as the following chart shows:



Hours of unpaid care provided, 65+ carers, North East (Census)

7.2. Understanding older carers in England

Among the different English regions, the number of older carers ranges from around 60,000 to 200,000, as the following chart shows:



Numbers of unpaid carers, 65+ English Regions (Census)

Although the small sample size available in ELSA prohibits regional level analysis, it is possible to explore the lives of the 1,192,608 older carers in England at a national level.

7.3. Characteristics of unpaid caring by older people

Around 56% of older carers in England were female, and over 40% were aged below 70.

Around 80% of older carers lived in an owner-occupied home. Around 15% lived alone and around 75% lived with one other person.

Using ELSA data, we are able to explore some of the characteristics of unpaid care provided by older people. **The vast majority (90%) of older carers looked after one person only**, and 7% looked after two. Similarly, the **vast majority of older carers (85%) provided care to someone else aged 65+**.

Overall, these figures suggest that spousal care is the most common type of unpaid care provided, and receipt of this form of care is most commonly identified by those receiving care.

ELSA asks carers about the availability of respite and emergency support.

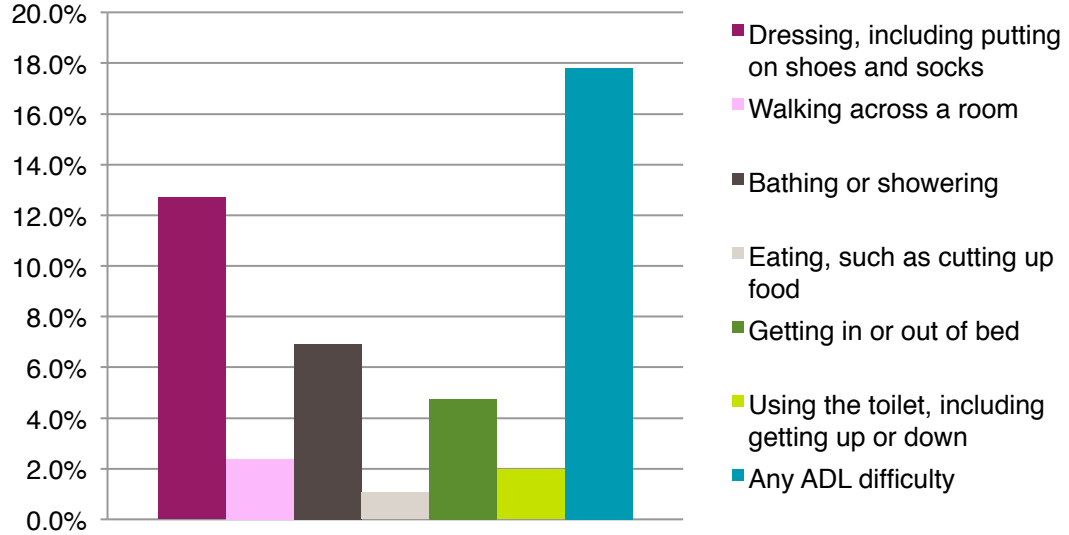
Among those older carers looking after someone for 20 or more hours in the last week – 33.3% of older carers identified in ELSA - around 41.3% reported if they wanted a break for a few hours, someone else would have to look after the person they care for.

However**, among those that say someone else would be required, one in 5 reported that there is not someone else they could rely on to look after the person**, whether at home or elsewhere. This suggests approximately 3% of older carers have inadequate support that could be a risk to themselves or those they care for. This equates to around 30,000 older carers across England.[45]

Around three-quarters of older carers caring for over 19 hours per week and requiring someone else to provide care in their absence **reported they had not used a respite service during the last year**.

7.4. Health and disability among older carers

The health and disability characteristics of older carers are mixed. Around 10% reported poor health, over half reported a longstanding illness, and around 40% reported this illness limits their activities. Although around 80% of older carers experienced no ADL difficulties, as many as 13%, have difficulty dressing.



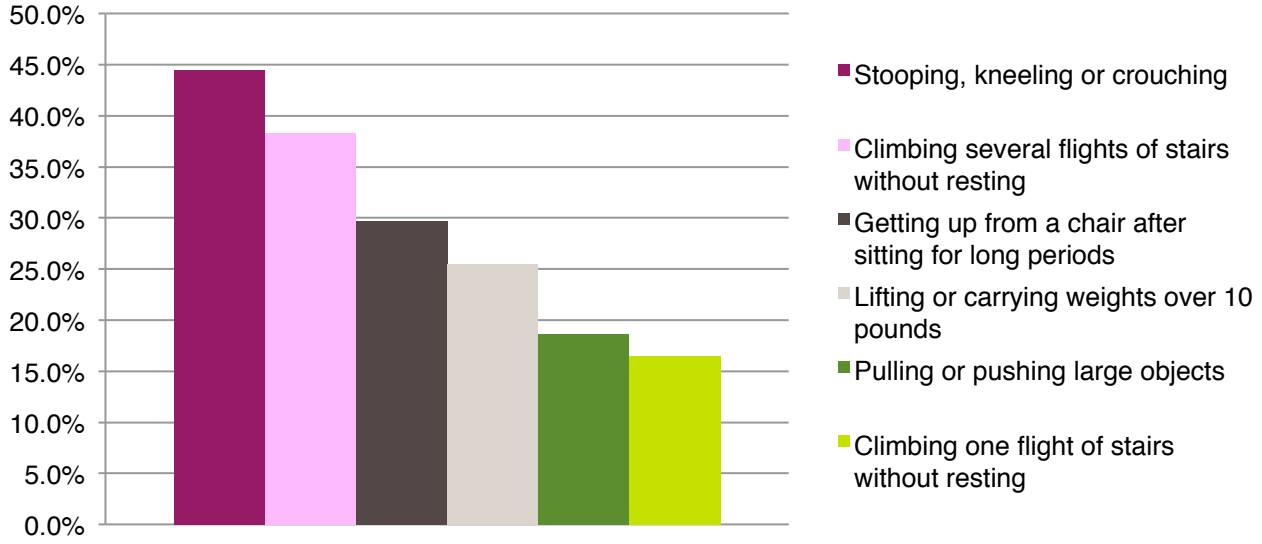
Prevalence of ADL difficulties, 65+ older carers, England (ELSA)

[45] Given that the sample size of older carers providing at least moderate care and requiring someone in their absence is relatively small (88), these should be treated as approximate figures.

In relation to difficulties with 'Instrumental Activities of Daily Living' (IADL), three quarters of older carers reported no such difficulties. Among those that did report difficulties, the most common type (around 15%) experienced was doing work around the house or garden.

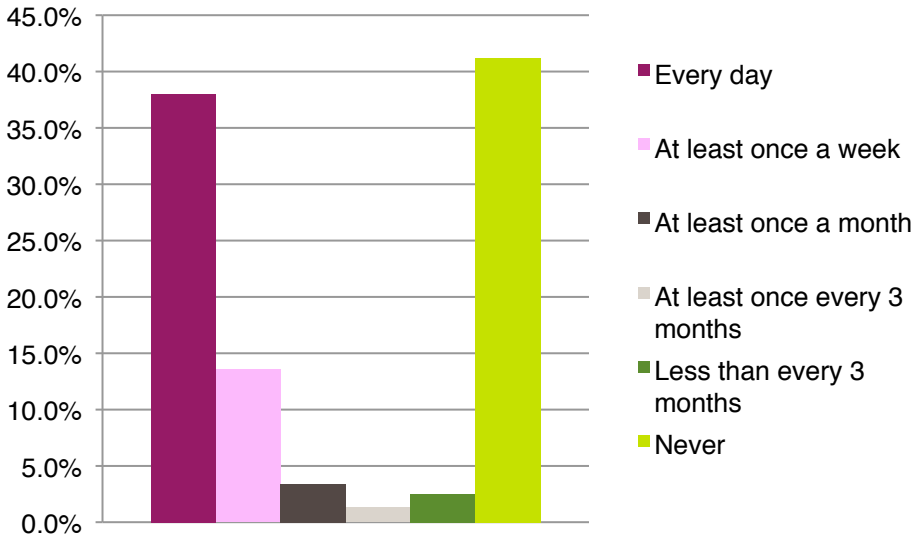
Difficulties with mobility, arm function or motor function were more common among older carers in England with only around one-third reporting no such difficulties. The most common difficulties experienced were stooping, kneeling or crouching, and climbing several flights of stairs without resting.

Prevalence of mobility and physical functioning difficulties, 65+ older carers, England (ELSA)



7.5. Older carers staying in touch

Around 85% of older carers owned a mobile phone, and 70% reported having an Internet connection at home. However, **although around 40% of older carers reported using the Internet every day, a similar proportion report that they never use the Internet**.



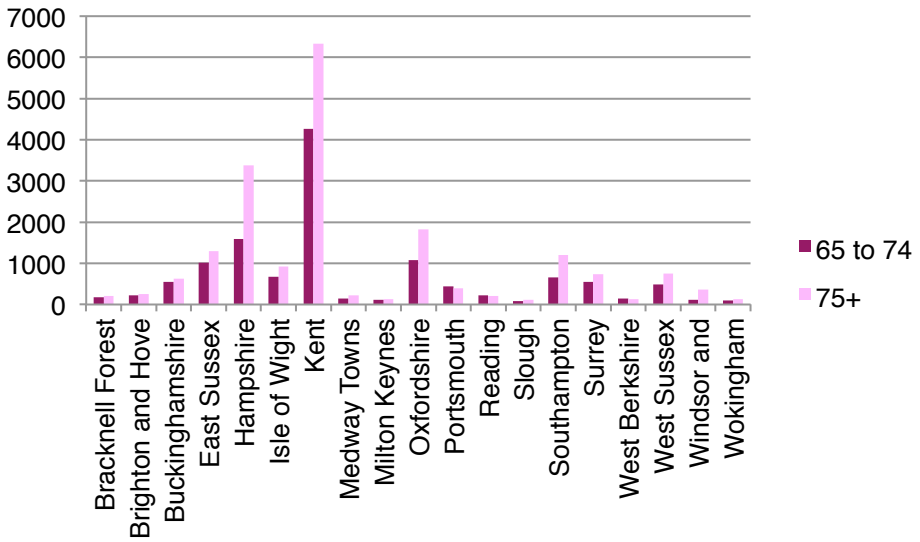
Frequency of Internet use, 65+ older carers, England (ELSA)

7.6. Local authority assessments of older carers

Local authorities in England may provide information or services to the 1,192,608 older carers across the country.

Among different local authorities the number of assessments or reviews of older carers can range from the low hundreds to multiple thousands, related to the size of the local population.

Interestingly, **despite two-thirds of older carers being aged 65 to 75, in most local authority areas, the majority of assessments and reviews of older carers are undertaken in relation to carers aged 75+, suggesting this age group is where councils are targeting support and/or identifying the highest levels of need**.

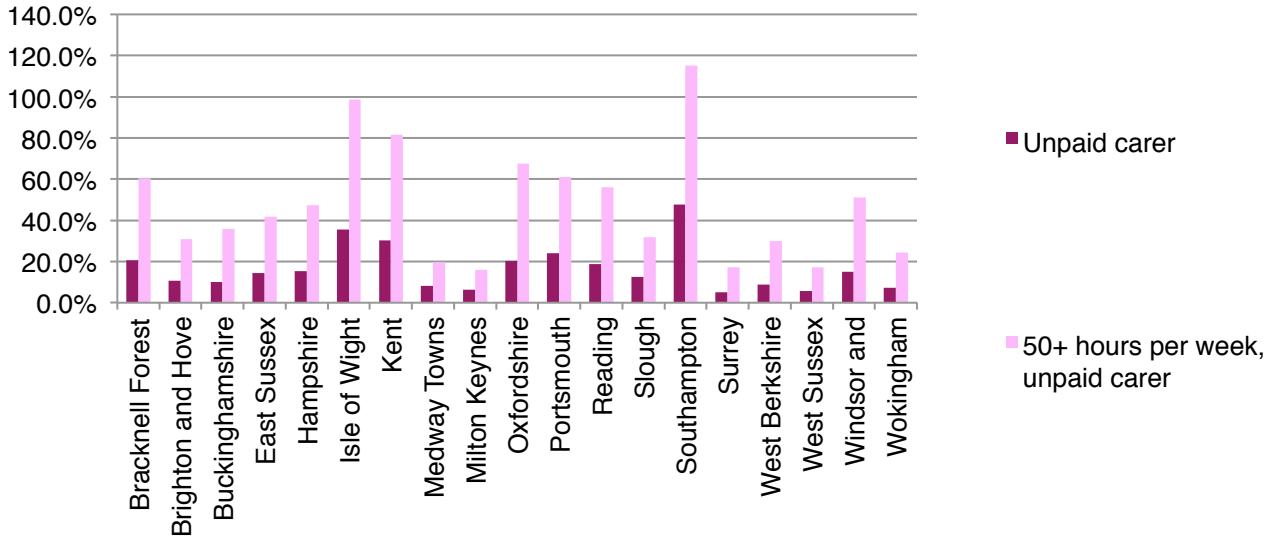


Number of LA assessments/ reviews by age range, 65+ carers, South East (HSCIC)

To explore the reach of LA carer assessments among older people, the next chart shows the number of local authority assessments/reviews of older carers as a percentage of the overall number of older carers, and as a percentage of the number of older carers providing 50+

hours per week. Overall, there appears to be **wide variation across different areas**, as the following chart for the South East shows.

LA assessments/ reviews as percentage of 65+ carers and 65+ carers providing 50+ hours care per week, South East (HSCIC, Census)

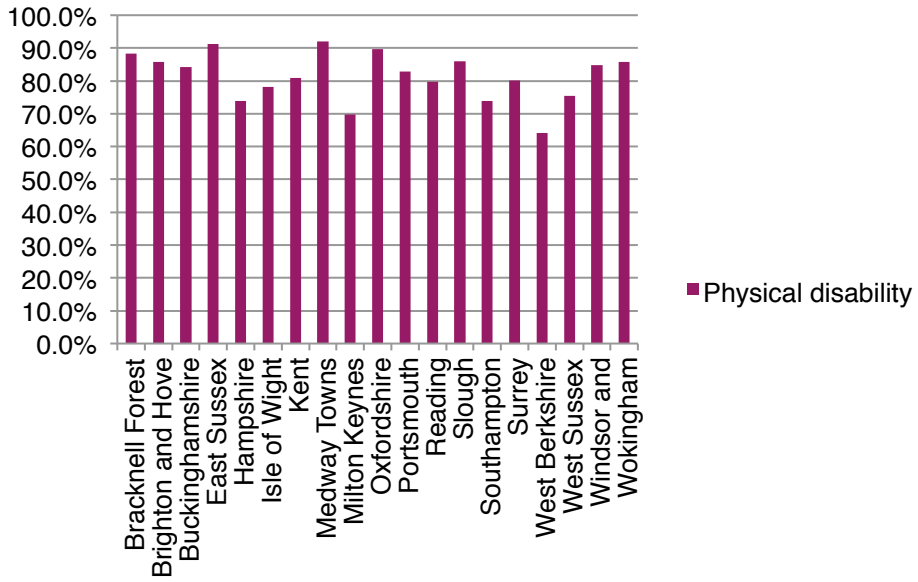


For example, in Southampton, the number of assessments or reviews of older carers undertaken actually exceeded the number of older carers providing 50+ hours of care per week.

The chart is not able to show whether all older carers providing 50+ hours per week of care were assessed in these areas; however, the chart nevertheless indicates a high prevalence of assessments.

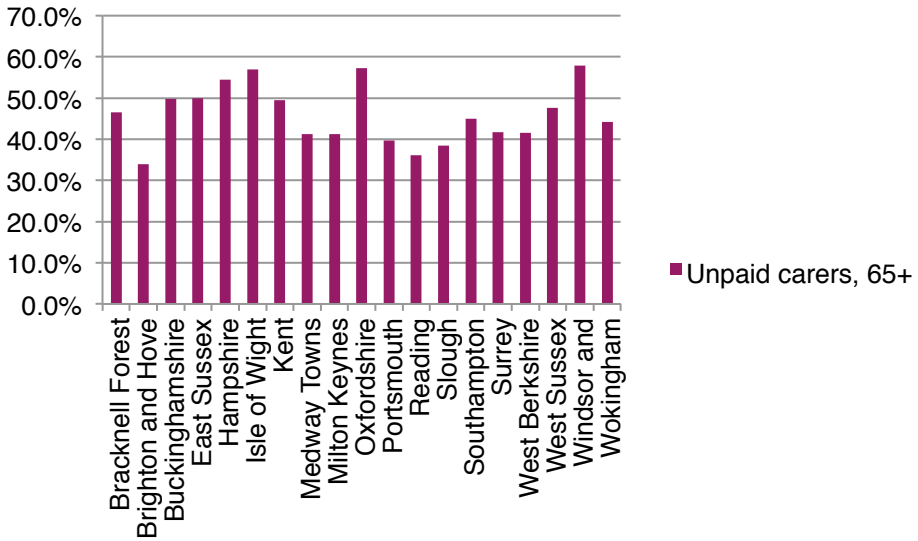
In contrast, in areas as diverse as Milton Keynes and Surrey, the number of assessments or reviews of older carers represented less than 20% of older carers providing 50+ hours per week.

HSCIC data on local authority assessments and reviews of older carers contains information on the principal factor for which unpaid care is provided, such as substance misuse, mental health, etc. As the chart below shows, for older carers, physical disability appears to be the most common factor, although some substantial variation is observable:



Percentage of LA carer assessments/ reviews for which primary factor for care for is physical, South East (HSCIC)

Local authorities provide carer assessments and reviews to carers of all ages, including children. Typically, around half of LA carer assessments are for older carers, although again, local variation is observable.



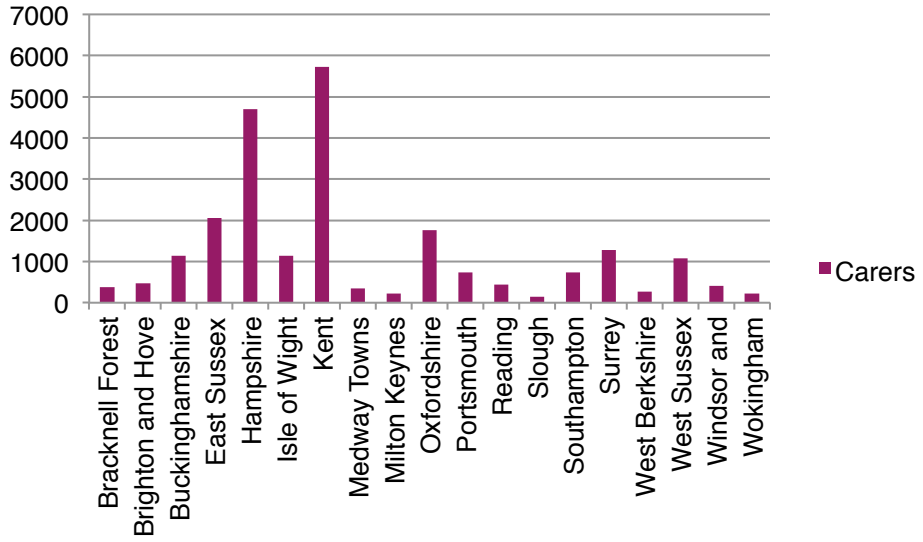
Percentage of LA carer assessments/ reviews which are carers aged 65+, South East (HSCIC)

7.7. Local authority support for older carers in England

Turning to support for carers by local authorities, HSCIC data records provision of **services or information** to carers.

Using HSCIC data, we can estimate that in 2011-2012, **around 80,000 older carers received services, equivalent to around 7% of older carers or 17% of older carers providing 50+ hours per week of care**. Although some older carers providing 50+ hours of care per week may be able to cope with their own private resources and other family support, this suggests that **at least 380,000 older carers in England were providing 50+ hours of care per week without receiving any local authority services.**

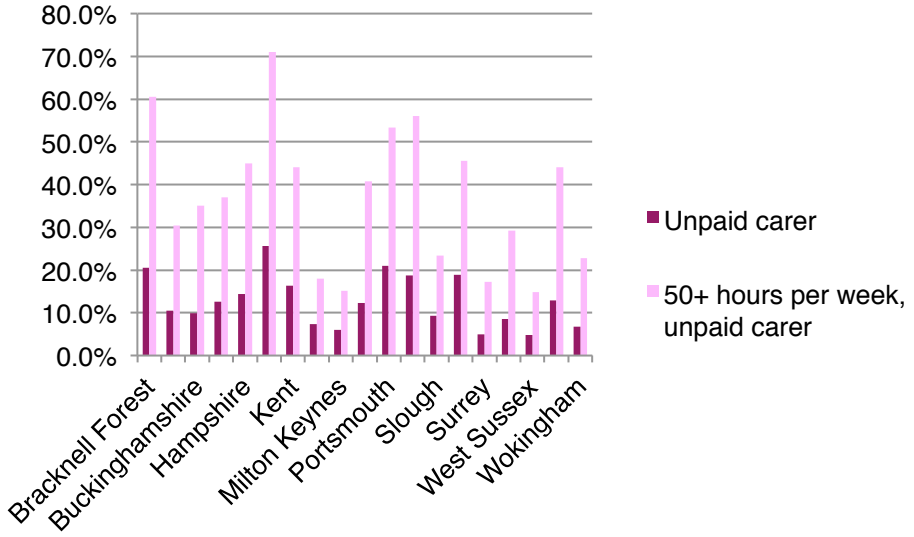
In addition, looking across different areas, the number of older carers who received services or information in different areas can range from 200 to nearly 6,000, as this chart for the South East shows:



Numbers of carers receiving LA services or information, South East, (HSCIC)

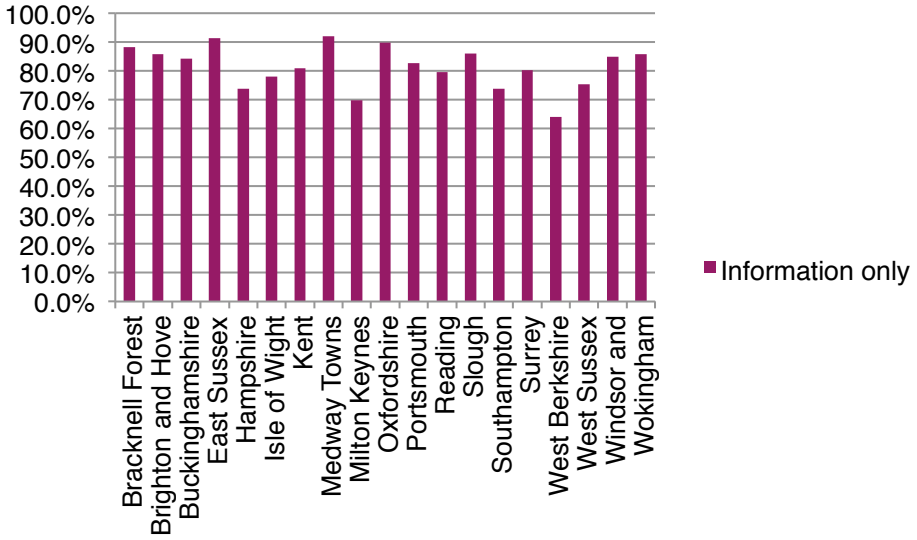
The number of older carers in different areas receiving local authority information or services can also be presented as a percentage of all older carers, and as a percentage of those who provide more than 50 hours per week, in order to explore the reach of LA support.

In the South East, Bracknell Forest and the Isle of Wight provided information or services to the equivalent of 60% or more of older carers in their area providing 50+ hours per week of care. However, in other areas, these percentages were much lower:



Carers receiving LA services or information as percentage of 65+ carers and 65+ providing 50+ hours per week, South East, (HSCIC, Census)

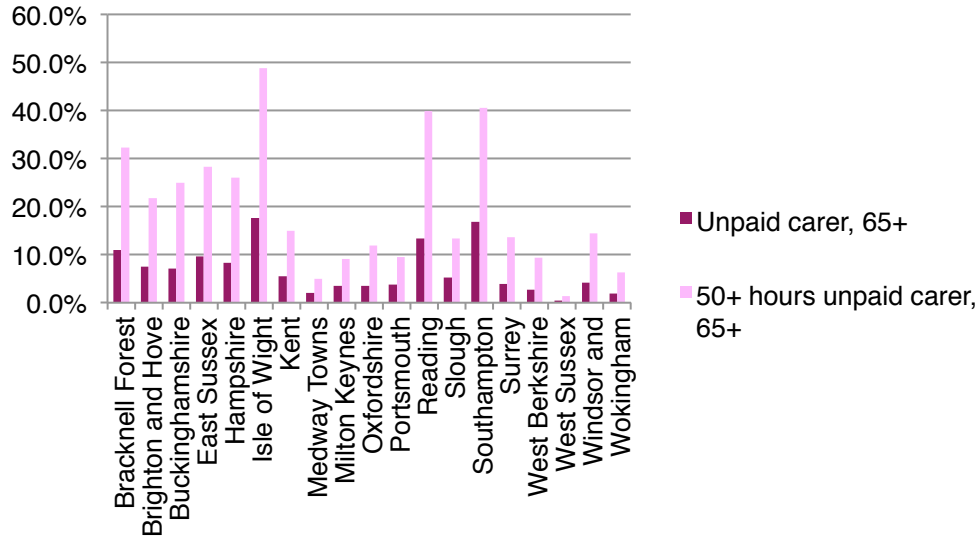
In general, most older carers receiving local authority support receive information only, as the following chart for the South East shows:



Carers 65+ receiving information only as percentage of all carers receiving services or information, South East, (HSCIC)

It is therefore worthwhile exploring the receipt of services only from the council among older carers. Again, this can be shown as a percentage of all older carers, and as a percentage of those providing more than 50+ hours per week.

As the chart below shows for the South East, in all areas, fewer than half of older carers providing 50+ hours of care per week received local authority services. For some areas, the relevant percentage was less than 5%:



Receipt of LA services as percentage of all carers 65+ and carers 65+ providing 50+ hours per week, South East, (HSCIC)

Overall, this analysis of carer assessments, and receipt of services or information, suggest high levels of variation across different local authorities in relation to support for older carers.

8.Appendix A: Using the data

The data analysed in The Bigger Picture has been published alongside this report. This Appendix provides a short guide for the use of this data, and should be read in conjunction with Chapter 2 setting out the data and methodology deployed in the research.

8.1. What is in 'The Bigger Picture: Data'?

The Excel file released to accompanying the research comprises

- Census 2011 data, as well as a limited amount of Census 2001 data (labelled 'Census 01');
- DWP benefits data for 2011;
- HSCIC data for 2011 to 2012;
- The results of the analysis of ELSA Wave 6 (2012-13), presented as percentages. These results are presented even when the sample sizes for some results are extremely small.

The ELSA results present the same findings for several different population groups:

- 65+ population (National and GOR);
- 65+ population who reports a longstanding limiting illness, disability or infirmity OR and Activity of daily living difficulty (National and GOR);
- 65+ population who reports difficulties with 3 or more activities of daily living (ADLs);
- 65+ population informal care recipients (National and GOR);
- 65+ population with a Home care worker/ Home help/ Personal assistant (National);
- 65+ population informal care providers (National).

NB: The ELSA sample largely excludes individuals living in institutional settings, such as care homes, so differs from the core '65+ population' recorded in Census data.

For more information on the ELSA sample, see the main report of Wave 6 of ELSA: Banks J et al. (2014) The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002 – 2012, Institute for Fiscal Studies, London

8.2. Was all The Bigger Picture Data used in this research report?

No, due to space limitations, a considerable amount of data and ELSA results were not used in the findings presented in this report.

8.3. How is The Bigger Picture Data file organised?

The Excel file presents all the data on three tabs: National; GOR (Government Office Region); LA (local authority).

8.4. How are regions and LAs organised?

Within the GOR tab, the regions are ordered: NE; YH; NW; WM; EM; E; SE; L; SW.

Within the LA tab, local authorities are organised alphabetically by region, and the regions are presented in the same order as the GOR tab:

Region	Starts at…	… Ends at
NE	D	O
YH	P	AD
NW	AE	BA
WM	BB	BO
EM	BP	BX
E	BY	CI
SE	CJ	DB
L	DC	EI
SW	EJ	EY

8.5. Is any data missing?

Yes. Some local authorities did not return full activity data to HSCIC for 2011-2012, and this is reflected in the data present.

8.6. Can anyone use the contents of The Bigger Picture Data file?

Anyone may use these results for free, on condition of including in any publication or output resulting from usage of the data:

- An appropriate citation, such as Lloyd J and Ross A (2014) The Bigger Picture – Data, Strategic Society Centre, London
- Full citation of the source data (Census, DWP, HSCIC, ELSA);
- Full acknowledgement of the funding of ELSA, the details of which can be found in the Acknowledgements section at the start of this report.

8.7. For more information?

If you have any questions, please email info@strategicsociety.org.uk

9. Appendix B: Estimating wealth in the disabled older population in 2016

Key points:

- **From April 2016, local authorities will apply new 'capital limits' for social care means tests of £17,000 and £27,000 for home care, and £17,000 and £118,000 for residential care.**
- **By adjusting for inflation, The Bigger Picture was able to estimate what proportion of the population will be above or below these thresholds in 2016.**
- **For domiciliary care, 52.9% of this group across England had household financial wealth below £17,000, 9.1% had financial wealth between £17,001 and £27,000, and 38.0% had financial wealth above £27,000.**
- **For residential care, taking account of both housing wealth and financial wealth – and assuming that no housing wealth is disregarded - the equivalent estimates are 23.3% had wealth below £17,000, 11.2% between £17,001 and £118,000, and 65.5% had wealth above £118,000.**
- **However, significant regional variations are observable: in the North East, around 60% of older people living at home with limited day-to-day activities had net housing and financial wealth below the £118,000 upper capital threshold. However, the equivalent figure for the South East is around 17%.**
- **Applying these estimates to national Census data, we find that for residential care, around 930,000 older people in this group were below the £17,000 threshold, 450,000 are between £17,001 and £118,000 and 2.64 million are above the £118,000 threshold.**

9.1. Introduction

As part of the 'capped cost' funding reforms in England associated with the Care Act (2014), the **Lower and Upper Capital Limits** applied by local authorities from April 2016 in assessments of 'eligible wealth' for means testing will be adjusted to:[46]

- Domiciliary care: £17,000 and £27,000
- Residential care: £17,000 and £118,000

This represents a **significant change for residential care means testing** in particular, for which the Upper Capital Limit has previously been the same as that used for domiciliary care.

9.2. Estimating financial eligibility

[46] These figures are presented in 2016 prices.

For local authorities, a key question around implementation of the 'capped cost' reforms to care funding is potential increased eligibility arising from the new means test thresholds, and the significant increase in the Upper Capital Limit for residential care in particular.

The Bigger Picture therefore analysed the **financial wealth and housing wealth** of older people living at home with limited day-to-day activities at a **national and regional level**, in relation to these thresholds. These are individuals who may or may not have required care at the time that the data was collected – 2011-13 – but who may do so by the year 2016.

The figures gathered in ELSA data for 2012-13 were adjusted to 2016 prices using the government's 'GDP deflator' to take account of inflation.

By applying these figures to Census 2011 data, which found that 4,019,419 lived at home with day-to-day activities limited by a longstanding health condition or disability, the research was also able to estimate the relative numbers of older people above and below these thresholds.

9.3. Financial Eligibility: The national picture

Using ELSA, The Bigger Picture was able to estimate in 2016 prices that across the older population in England living at home with limited day-to-day activities, for domiciliary care:

- 52.9% of this group across England had household financial wealth below £17,000;
- 9.1% had financial wealth between £17,001 and £27,000;
- 38.0% had financial wealth above £27,000

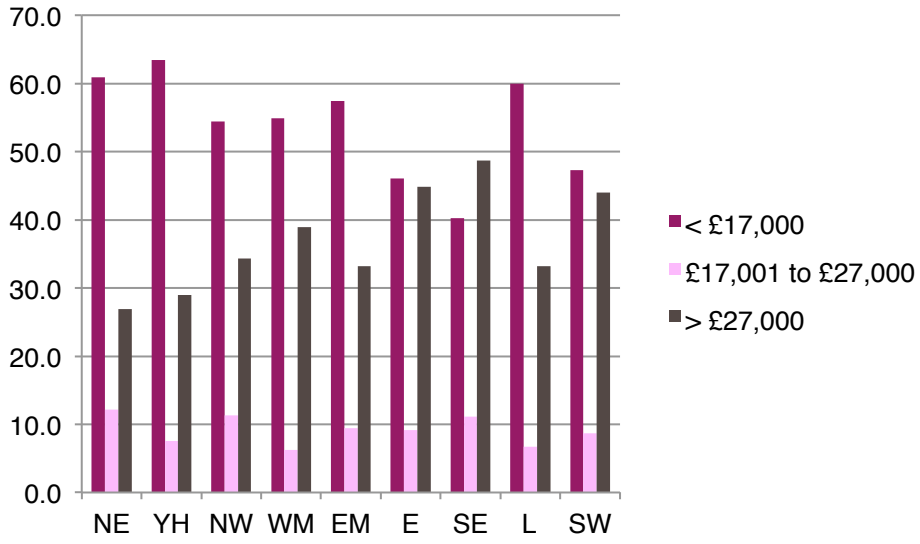
For residential care, taking account of **both housing wealth and financial wealth** – and assuming that **no housing wealth is disregarded** - the equivalent estimates are:

- 23.3% had wealth below £17,000;
- 11.2% had wealth between £17,001 and £118,000;
- 65.5% had wealth above £118,000.

9.4. Financial Eligibility: The regional picture

However, within the national estimates set out above, The Bigger Picture was also able to identify wide variations, reflecting significant regional inequalities in housing and financial wealth among households.

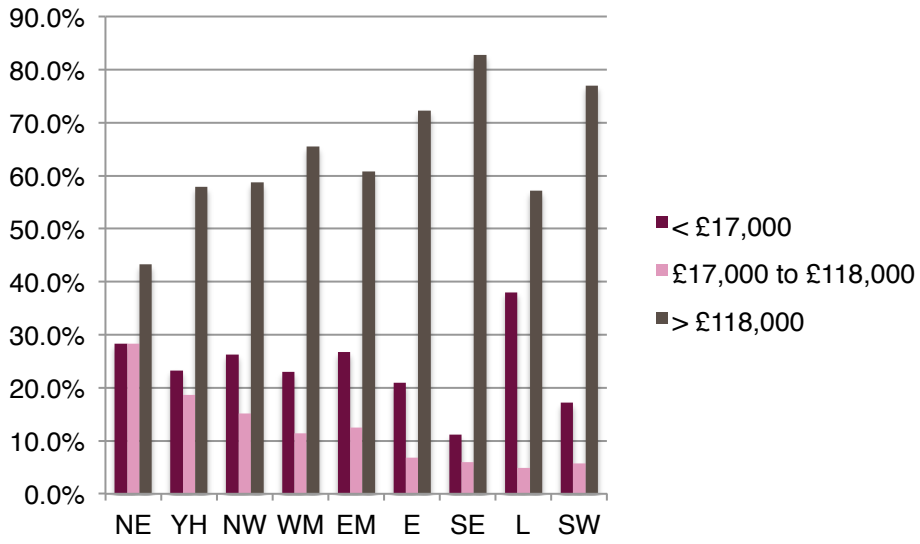
The Bigger Picture therefore repeated the analysis set out above at the level of the Government Office Regions, firstly in relation to the domiciliary means test, as the chart below shows:



Distribution of financial wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA, Census)

The chart shows that in six out of nine regions, over half of the older population living at home with limited day-to-day activities had financial wealth below the £17,000 threshold, in 2016 prices.

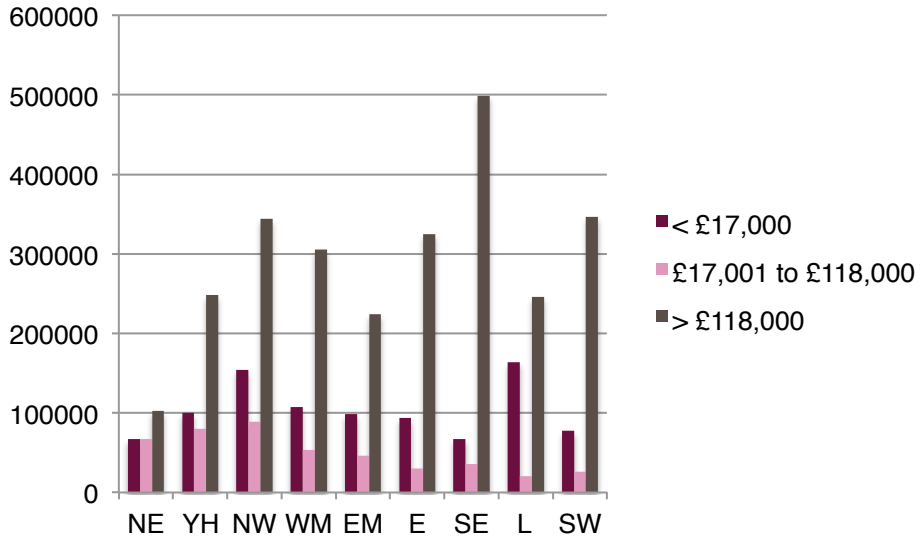
This analysis was then repeated for the residential care means test, as the following chart shows:



Distribution of financial + housing wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA, Census)

This chart shows that in the **North East**, around 60% of older people living at home with limited day-to-day activities had net housing and financial wealth below the £118,000 upper capital threshold, in 2016 prices. However, the equivalent figure for the **South East** was around 17%.

By applying these estimates to Census data on the number of people in each region living at home with limited day-to-day activities, it was also possible to provide population estimates for this analysis, as the chart below shows:



Distribution of financial + housing wealth, 65+ at home with limited day-to-day activities, English Regions (ELSA, Census)

The chart shows very large variations in the number of older people living at home with limited day-to-day activities with housing and financial wealth above the £118,000 threshold in different regions, reflecting both **different population sizes and different household wealth profiles among different regions**.

At a national level, **around 930,000 older people in this group were below the £17,000 threshold, 450,000 were between £17,001 and £118,000, and 2.64 million were above the £118,000 threshold.**

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