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Care for older people in the United Kingdom: problems, provision and policy

Emily Grundy

Population Studies Department

London School of Hygiene & Tropical
Medicine

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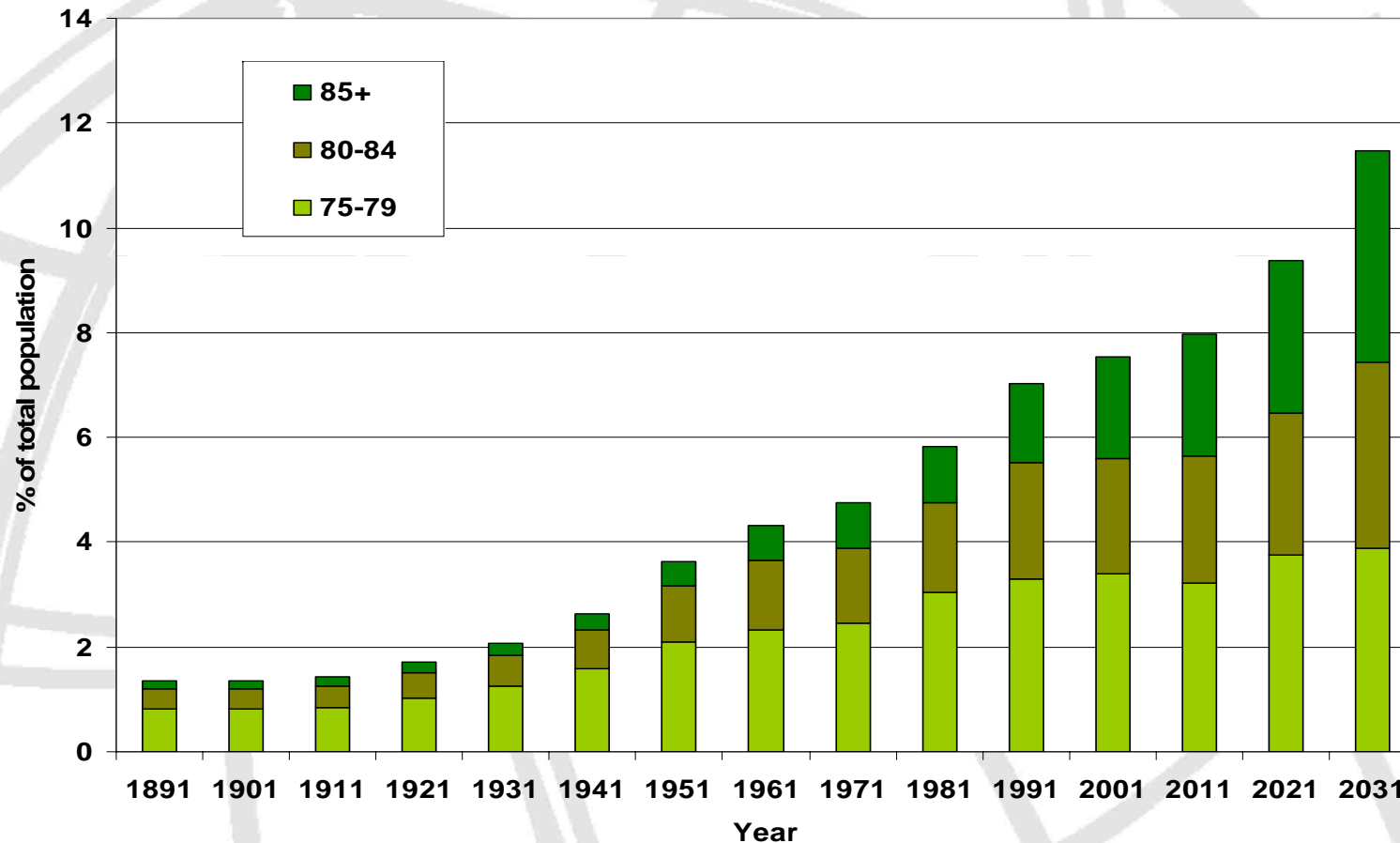
Outline of presentation:

- ‘Problems’: ageing of the population; changes in co-residence patterns
- Provision: family support for older people; structure and use of formal care services
- Policy: supply side influences on care use; policy dilemmas
- Projection: Projected future needs for long term care.

Proportion of the population in aged groups 75 and over, England & Wales, 1891-2031.



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Sources: Census volumes and 2006 based ONS population projections.

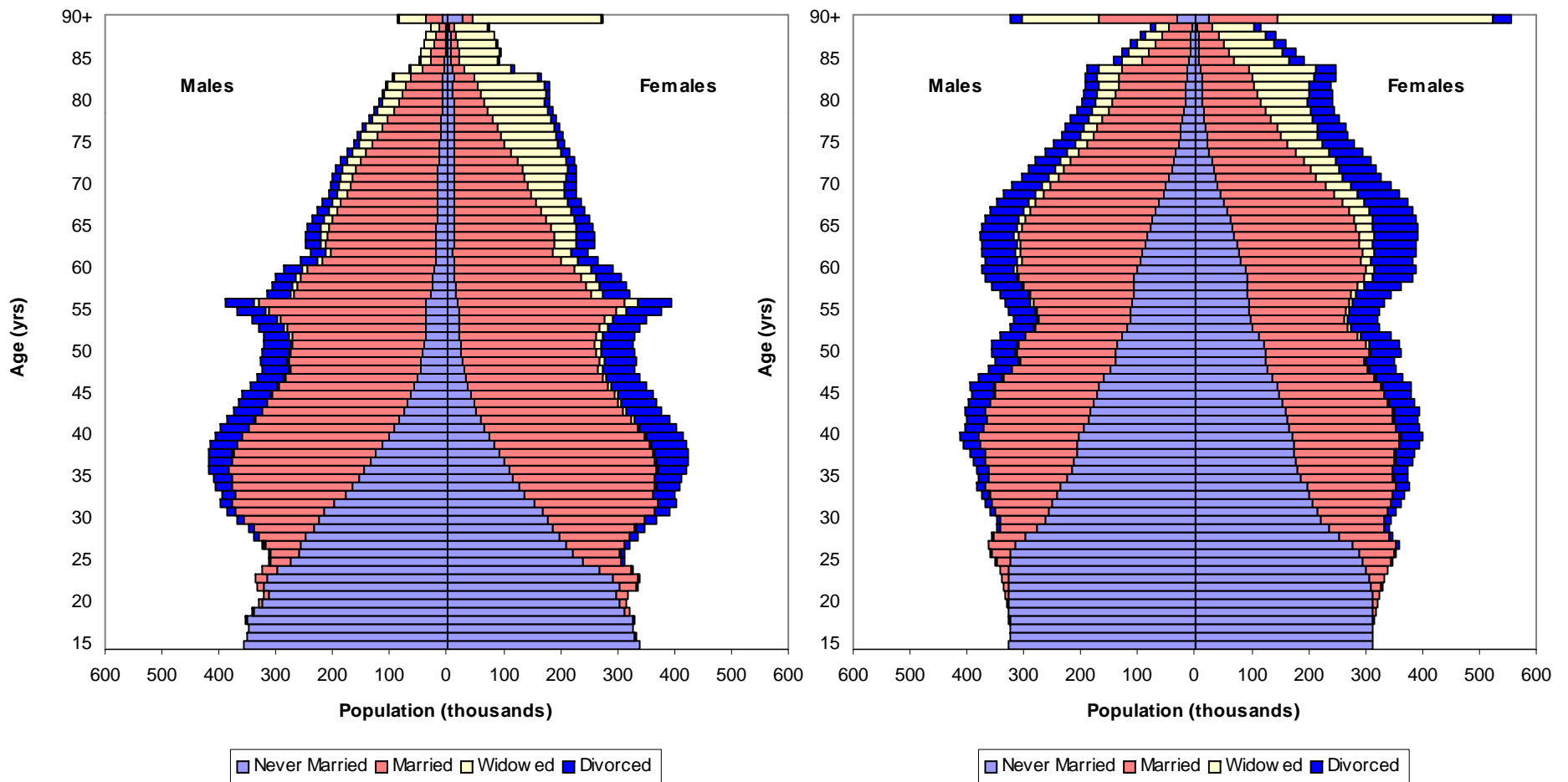
Projected population by age, sex and legal marital status, England & Wales, 2003 & 2031, (000s)

(<http://www.gad.gov.uk/>)

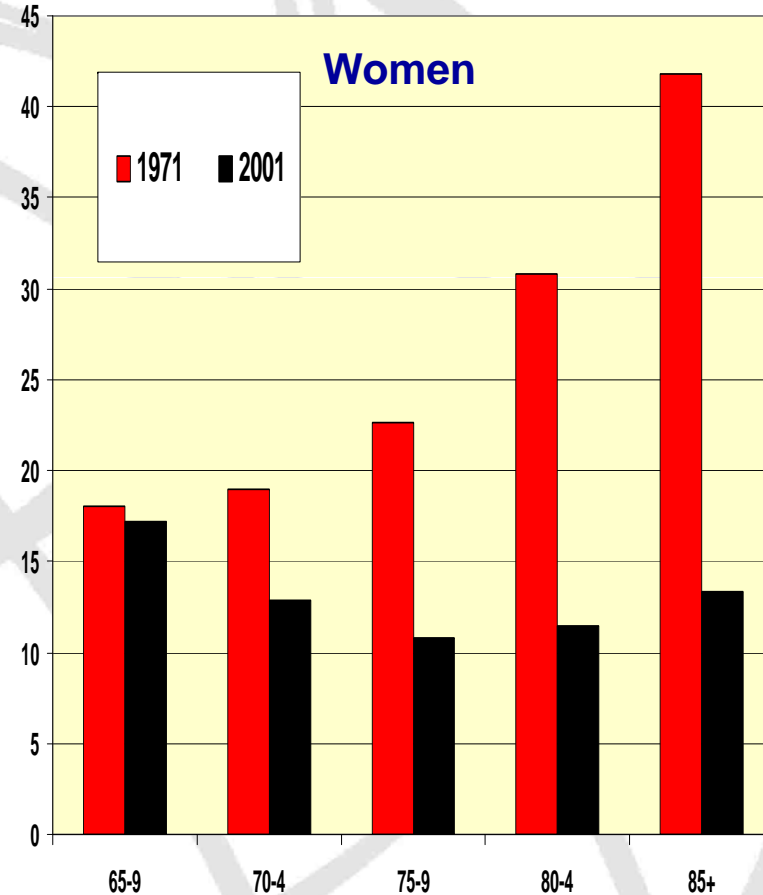
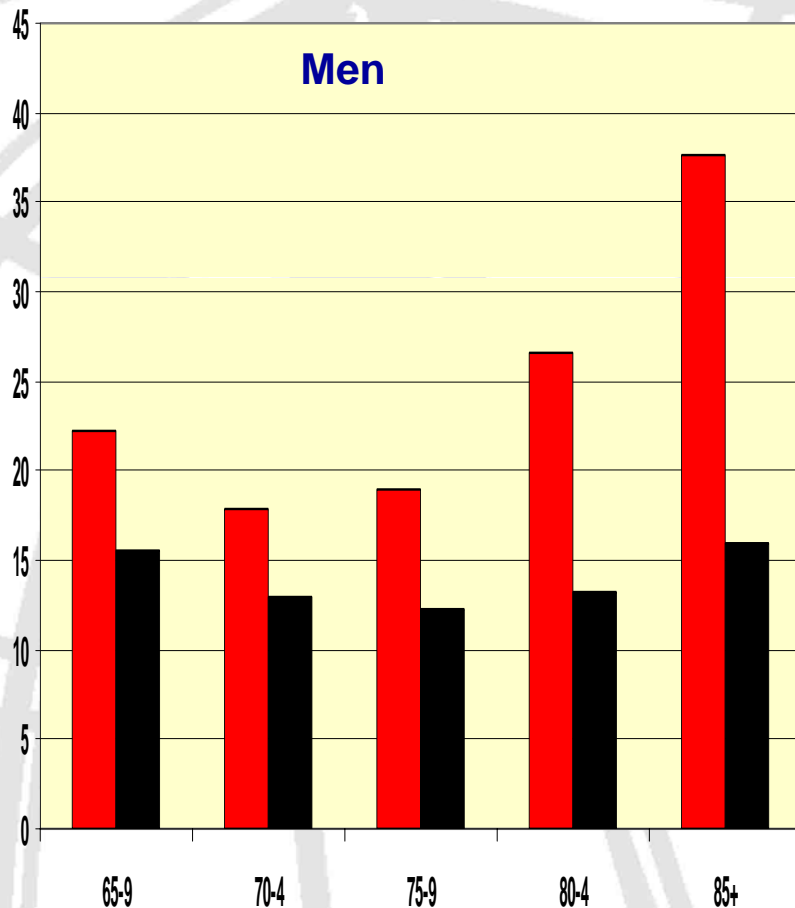
2003-based marital status and cohabitation projections for England and Wales, Population Trends 121)

2003

2031



Proportion (%) of elderly men and women living in households with two or more generations, England and Wales, 1971 and 2001 (private household population).



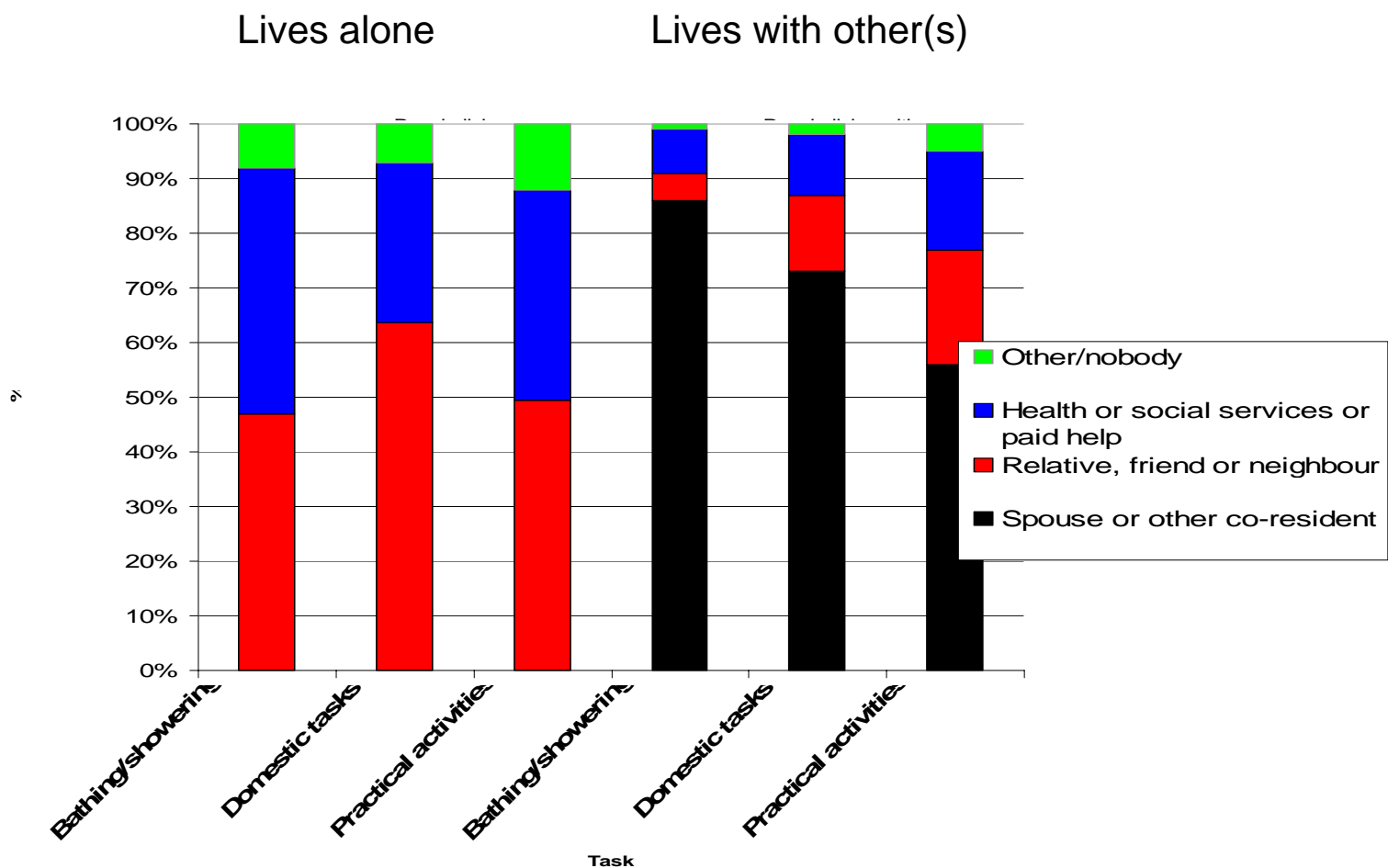
Source: Analysis of ONS LS data.

% of men and women aged 85 and over living in
multigenerational households or communal
establishments 1971, 1981, 1991, 2001

	Men			Women		
Year	Multigen.	Communal	Ratio	Multigen.	Communal	Ratio
1971	41	15	2.7	44	22	2.0
1981	30	11	2.7	34	19	1.8
1991	16	16	1.0	19	27	0.7
2001	14	13	1.1	15	23	0.7

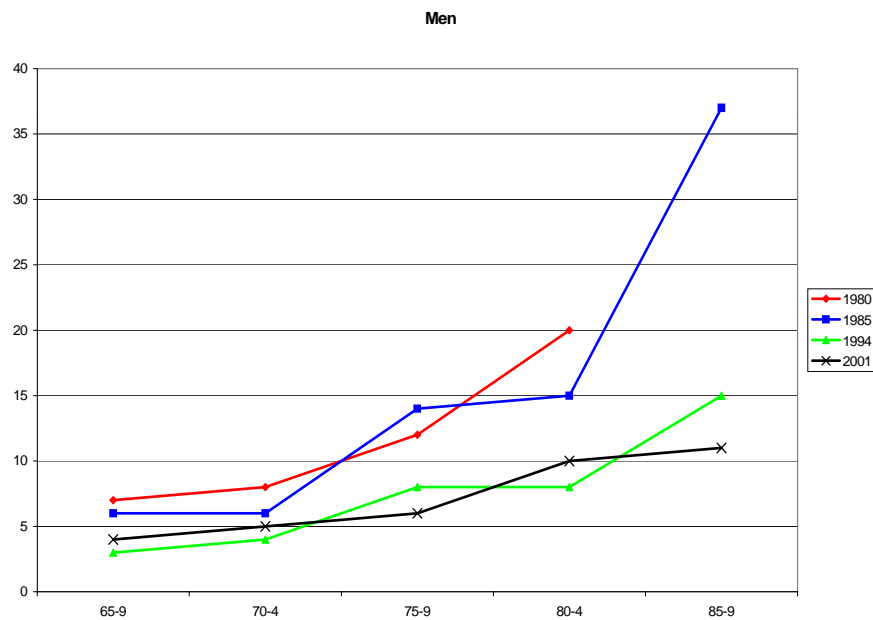
Sources: Analysis of (cross sectional) data from ONS LS in Grundy 1999 & Grundy & Murphy 2006

Usual source of help for people aged 65 and over unable to do various tasks unaided, Britain 2001

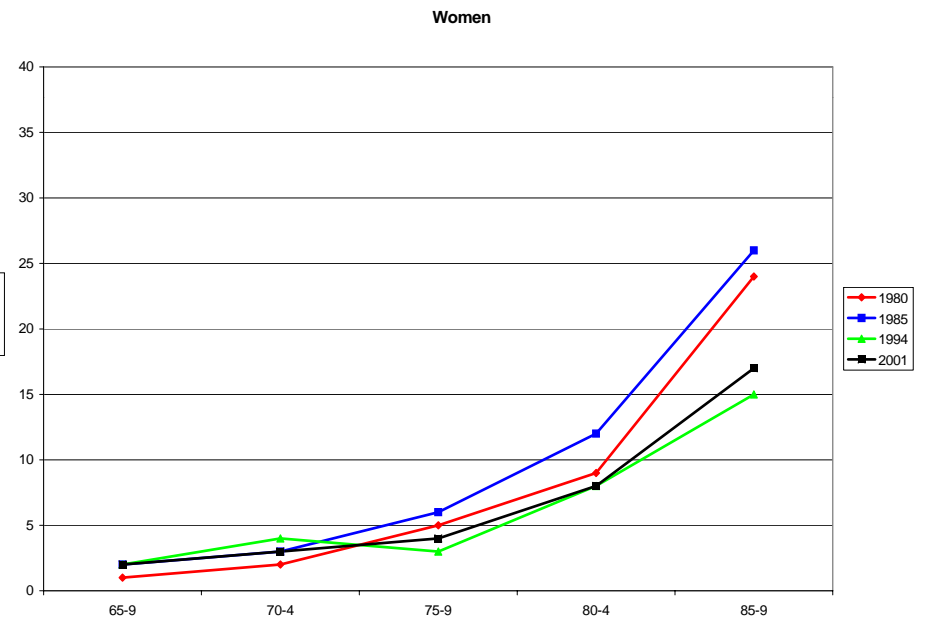


% of older people unable to cook a main meal by age, gender and year

Men

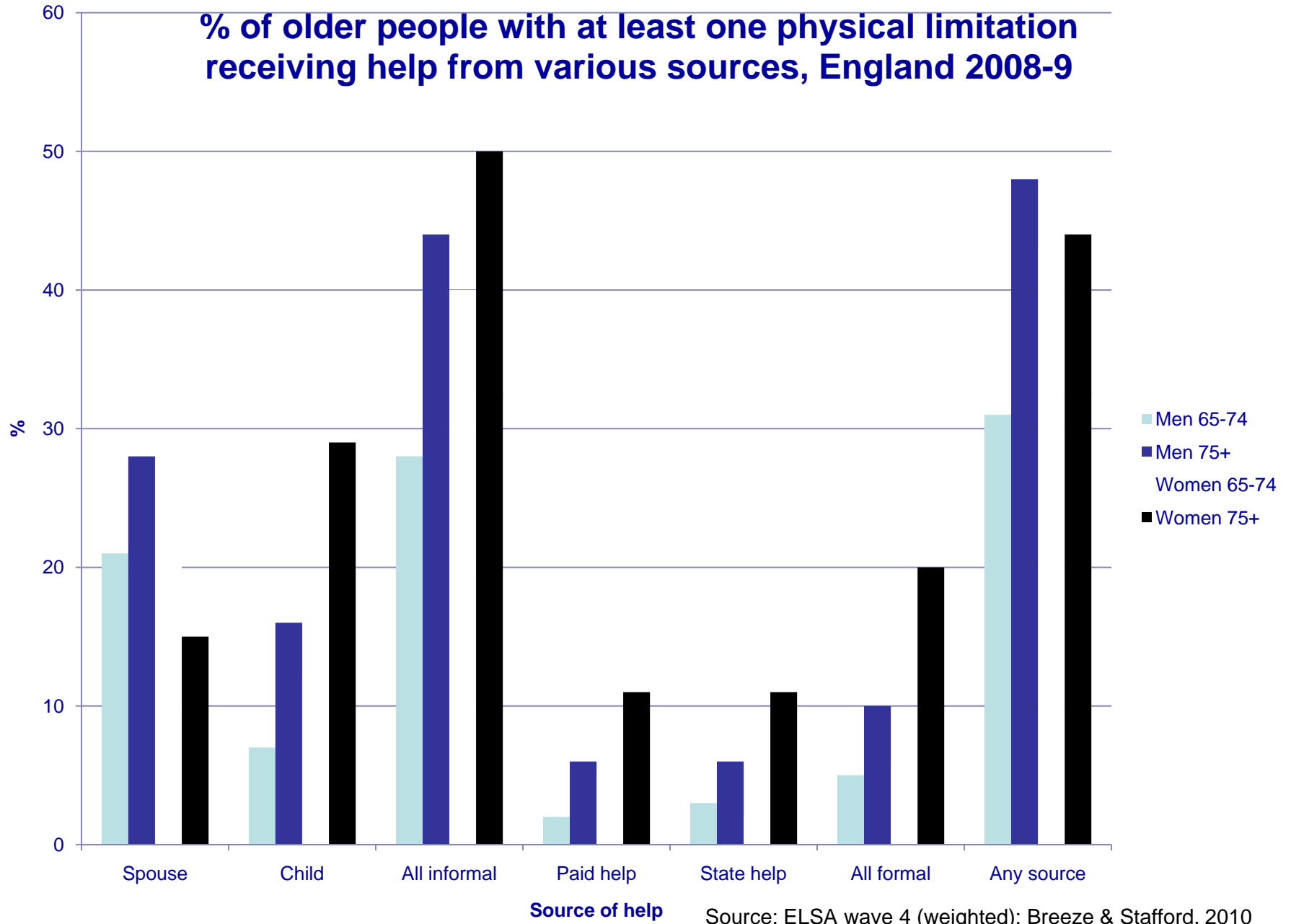


Women



Source: GHS rounds on elderly people.

% of older people with at least one physical limitation receiving help from various sources, England 2008-9



Source: ELSA wave 4 (weighted); Breeze & Stafford, 2010

Intergenerational support associated with:

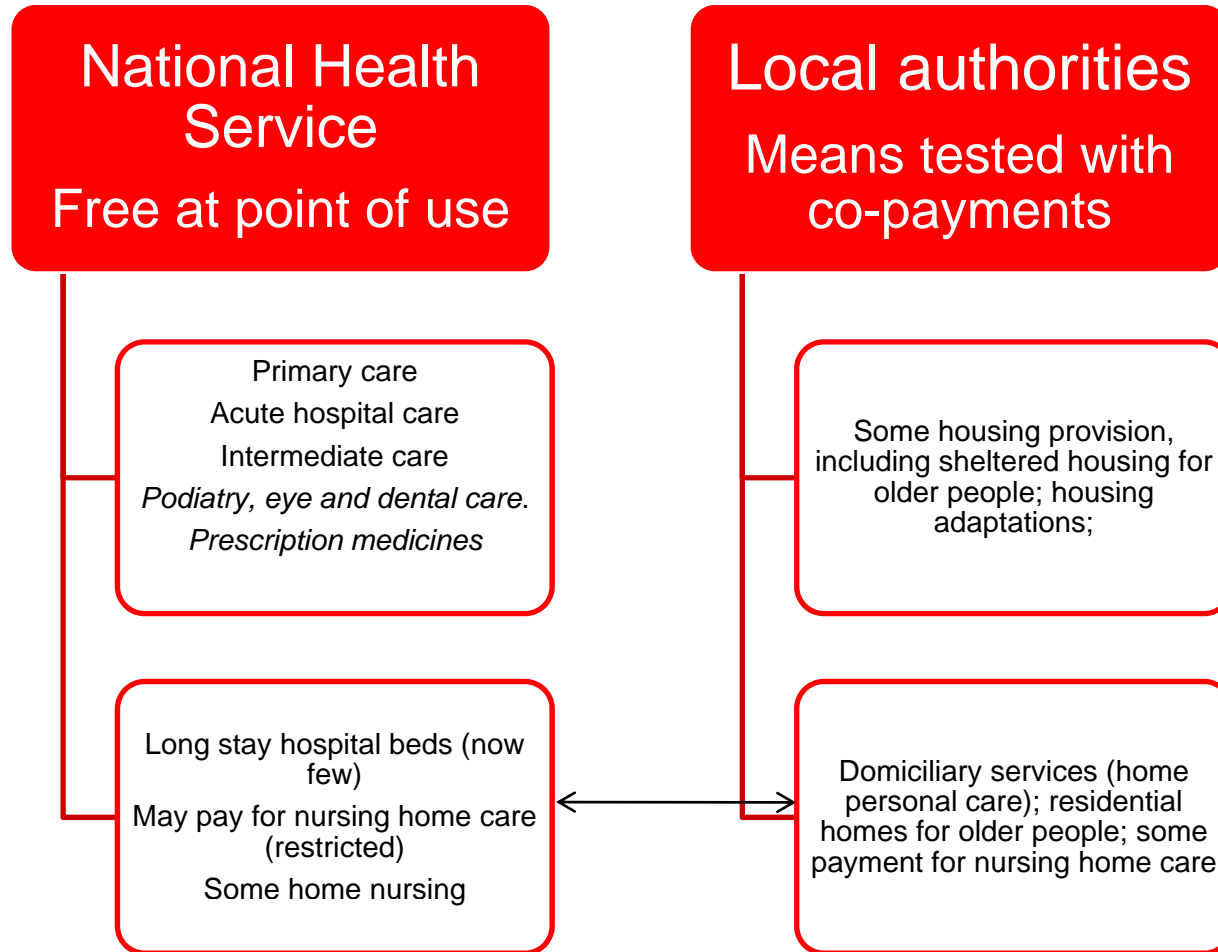
■ From children:

- Low education +
- Female gender +
- Few siblings +
- Parental disability +
- Mother a widow +
- Father divorced –
- Within Britain, living in South rather than North
- Reciprocity +

■ From parents:

- Higher income +
 - Home owner +
 - Low disability +
 - Being a divorced man –
 - Children's age and proximity
 - Reciprocity +
-

Health and social care provision in England & Wales: simplified overview



Long-term care policy and provision in E&W: Overview (1)

- **1948** National Health and National Assistance Acts: NHS provided free long-term care in hospitals (mainly geriatric and psychiatric- many former poor law infirmaries). Local authorities (local government) required to provide means-tested residential care to older people in need of assistance- mostly in la homes but could also support people in private (for profit) and voluntary (independent not for profit) homes. Domiciliary services also provided (meals and home help). Small private nursing home/private residential hotel sector.
 - **1970s**: LA residential care places failed to increase in line with growth of older old population; similar effective reduction in domiciliary services extending into 1980s. Contraction in NHS long-stay beds.
-

Long-term care policy and provision in E&W: Overview (2)

- **1980s:** Huge increase in 'board and lodging' payments to low income older people entering private and voluntary residential and nursing homes following administrative change in social security regulations with escalating costs- by 1985 1/3 of residents were funded this way (from Central Government); further contraction NHS long-stay beds.
- **1990s:** 1993 NHS and Community Care Act returned to local authorities responsibility for funding residential and nursing home care (means tested); requirement for a prior assessment. Increasingly this care contracted out to private and voluntary sector.
- **Long-term care and its funding a major political issues (1999 Royal Commission on Long-Term Care; 2010 Commission on the Funding of Care and Support).**

Much residential and nursing home care is privately paid for and cost is regarded as a major barrier: annual nursing homes fees are approximately twice average annual income.

Trends in use of institutional care: comparing three decades

Data from the ONS Longitudinal Study – a census based record linkage study including data 1971-2005 used to investigate whether changes in the availability of institutional long-term care in E&W have been associated with:

- 1) changes in proportions making a transition from private to institutional household
 - 2) changes in the balance between co-residence with family and residence in institutional settings
 - 3) changes in the relative mortality of older people living with family/living in institutions.
 - 4) Also investigation of influence of number of children
-

Design of analysis

1971

65+ (birth year LE 1906)

HOUSEHOLD TYPE



1981

75+ (birth year LE 1906)

HOUSEHOLD TYPE

1981-85

MORTALITY



1981

65+ (birth year LE 1916)

HOUSEHOLD TYPE



1991

75+ (birth year LE 1916)

HOUSEHOLD TYPE

1991-95

MORTALITY



1991

65+ (birth year LE 1926)

HOUSEHOLD TYPE



2001

75+ (birth year LE 1926)

HOUSEHOLD TYPE

2001-05

MORTALITY



Results from multinomial regression models of transitions between household/family types 1971-81; 1981-91 and 1991-2001, men.

Men	Institution vs. solitary/couple only	Institution vs. Family/complex	Family/complex vs. solitary/couple only
Age	1.16***	1.102***	1.05***
Solitary (ref.)	1.00	1.00	1.00
Couple alone	0.94	0.80*	1.18*
Other family*	1.47***	0.05***	27.02***
Complex~	3.72***	0.14***	26.24***
Tenant (ref. owner)	1.44***	1.63***	0.88**
Married (ref.)	1.00	1.00	1.00
Never-married	5.86***	2.53***	2.32***
Wid./divorced	4.75***	1.73***	2.74***
1971-81	0.79**	0.57***	1.38***
1981-91 (Ref.)	1.00	1.00	1.00
1991-2001	0.84**	0.90	0.94
N	32,915		

*with never married child; ~ with other relatives

Source: Analysis of ONS LS in Grundy 2010

Results from multinomial regression models of transitions between household/family types 1971-81; 1981-91 and 1991-2001, women.

Women	Institution vs. solitary/couple only	Institution vs. family/complex	Family/complex vs. solitary/couple only
Age	1.18***	1.12***	1.06***
Solitary (ref.)	1.00	1.00	1.00
Couple alone	1.07	0.79***	1.34***
Other family	1.96***	0.05***	42.30***
Complex	2.49***	0.10***	25.88***
Tenant (ref. owner)	1.20***	1.41***	0.85***
Married (ref.)	1.00	1.00	1.00
Never-married	4.58***	2.03***	2.28***
Wid./divorced	3.29***	1.27***	2.59***
1971-81	0.75***	0.51***	1.48***
1981-91 (Ref.)	1.00	1.00	1.00
1991-2001	0.78***	0.87**	0.90**
N	61,237		

Results from Poisson regression analysis of mortality : comparing odds of death for those living with relatives and those living in institutions

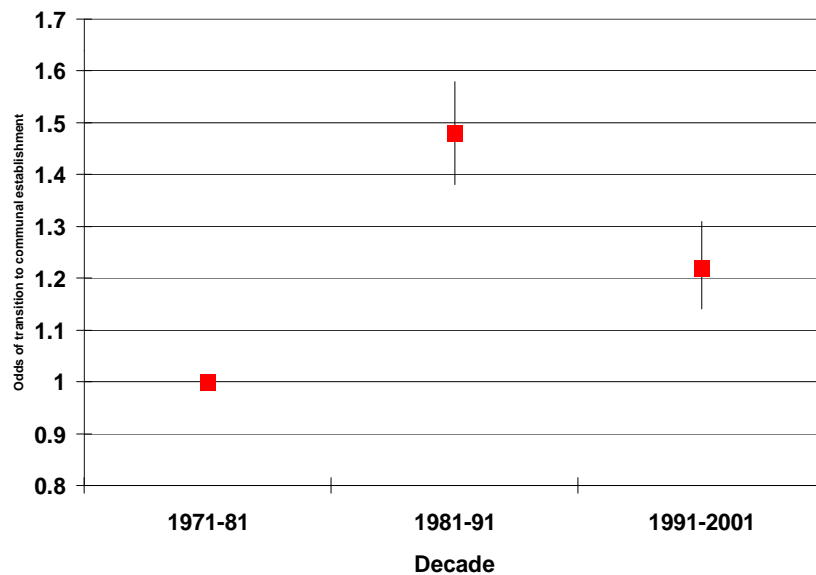
	1981-85		1991-95		2001-05	
	M	F	M	F	M	F
<i>Household type(1981; 1991; 2001)</i>						
Living alone or just with spouse	1.00	1.00	1.00	1.00	1.00	1.00
Living with relatives	1.08	1.15***	1.07	1.10**	1.10	1.25***
Institution	1.91***	1.85***	2.19***	1.97***	2.80***	2.85***
<i>Number of deaths</i>	<i>1162</i>	<i>1596</i>	<i>1230</i>	<i>1705</i>	<i>1204</i>	<i>1641</i>

***P<.0001, ** P<.001, * P<.05

Source: Analysis of ONS LS in Grundy 2010

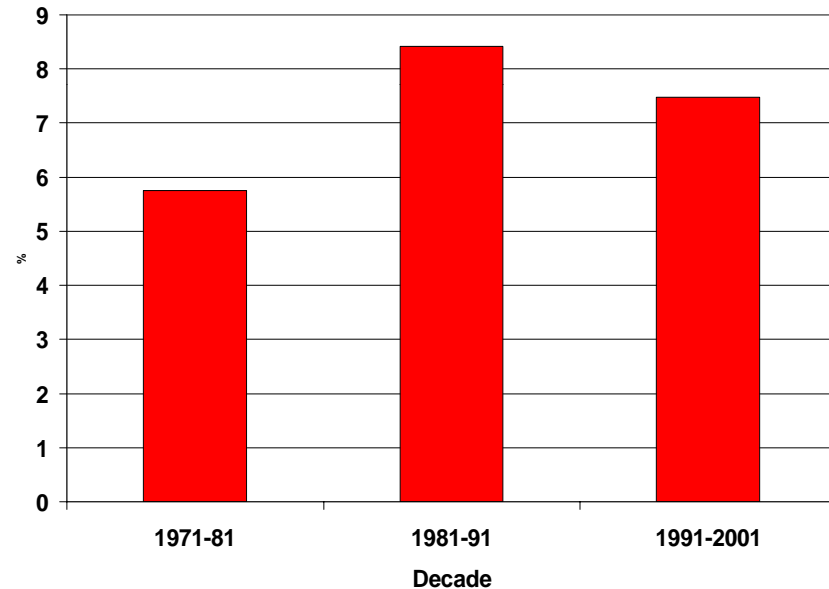
% aged 65+ who moved from private household to communal establishment between censuses, by decade.

Odds ratios



(Controlling for age, sex, marital status & housing tenure)

%



Source: ONS Longitudinal Study, author's analysis (Grundy & Jitlal 2007)

Results summary

- The risk of making a transition from a private to a non-private household was much higher in the 1981-91 decade than in 1971-81; in 1991-2001 it fell but was still higher than in the first decade – reflection in part of policy changes.
 - Higher risks of transitions to institutions were associated with older age; being unmarried (especially never-married); not owning a home; being female (Results from fully adjusted model).
 - Mortality of those moving to institutions and those moving to live with relatives both raised – but higher in institution group and excess largest in most recent period; suggests policy change led to admission of more disabled group
 - Among women, those who had never had children had the highest risk, and those who had had two children the lowest, of transition to an institution (taking account of marital status and other relevant co-variates).
-

Projections :Modelling Ageing Populations to 2030 (MAP2030): Objectives

To produce high quality analysis to inform public debate and development of future long-term care and pensions policy by:

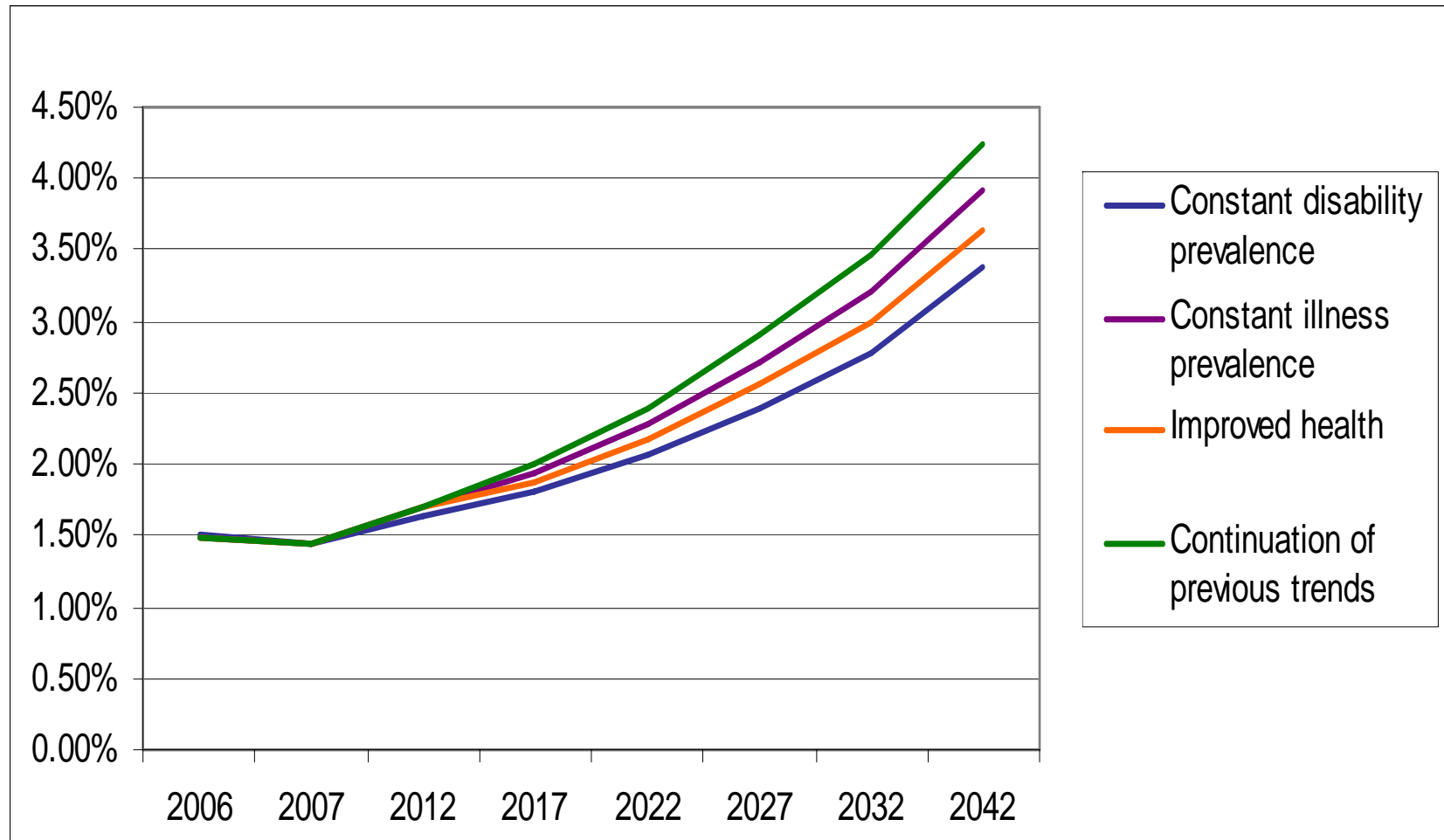
- **projecting the numbers, disability status, family circumstances, income, savings and care needs of older people**
- assessing the affordability and distribution of costs and benefits of combined policy options for pensions and long-term care
- accounting for links between care needs and economic resources in later life

Summary results and assumptions:

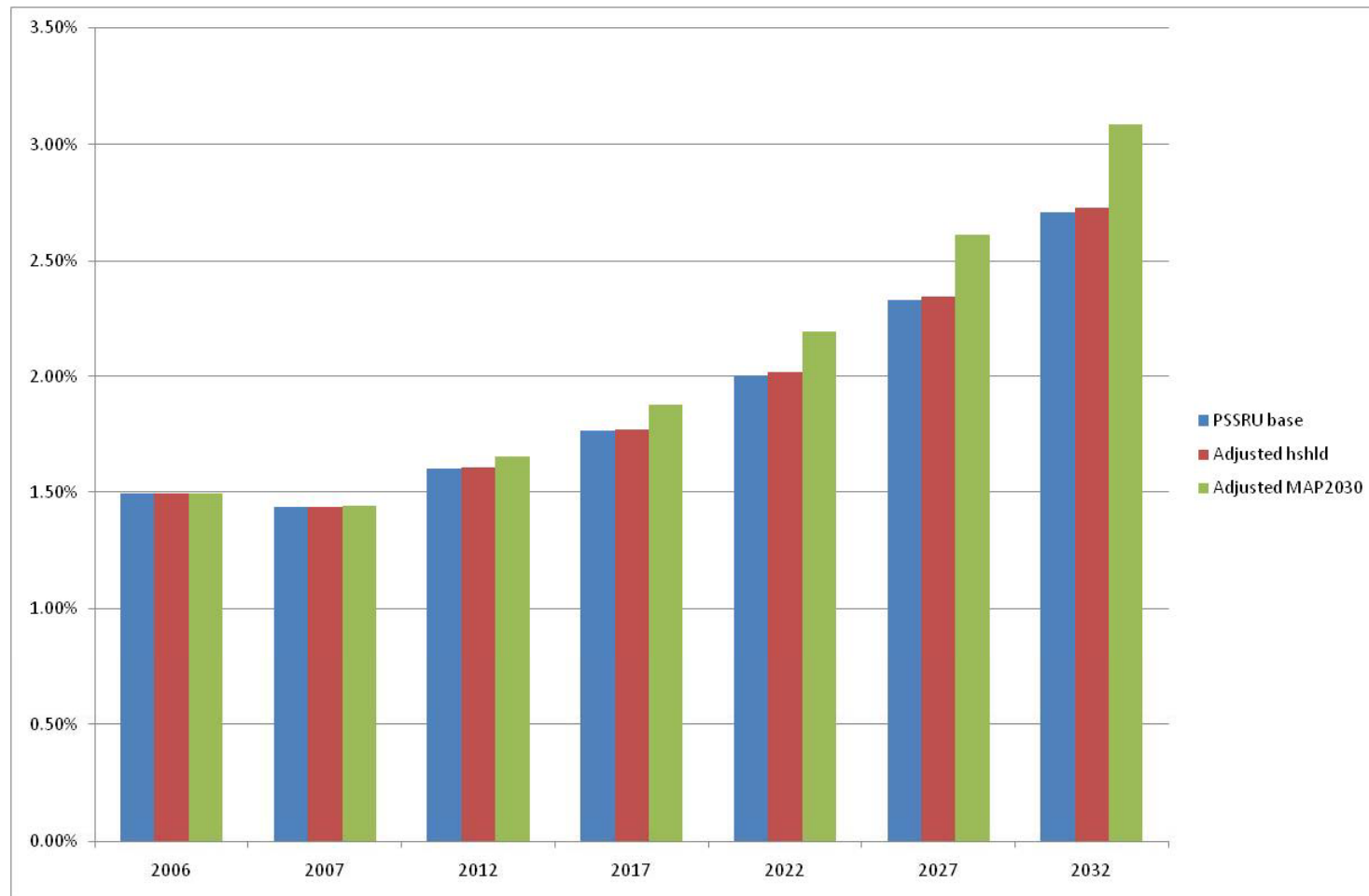
- **Population size & age structure in next quarter century**
 - **Growth of 'young old' (3 million) & 'old old' (3 million)**
- **Health status in next 20 years**
 - **Growth in numbers with significant disability (86%)**
 - **Numbers with major diseases will also increase by 40-50%**
 - **LE increases >DFLE increases and %DFLE/LE decreases therefore relative expansion of disability**
- **Living arrangements**
 - **More married, especially women (& more divorced)**
 - **As a result some decrease in prevalence of living alone among old people (but overall numbers increase)**
 - **Continuing increase in living alone among unmarried**
- **Kin support**
 - **More living children available for some decades**
 - **But an increasing 'care gap' in decades to come**

Large increased demand for long-term care

Future long-term care expenditure in England under different disability scenarios, as % of Gross Domestic Product.



Projected expenditure (public and private) on long-term care as % of GDP; England 2006-2032



PSSRU base: gender, age structure & marital status; adjusted household: also takes account of changes in Living arrangements; MAP2030: additionally takes account of changes in disability (& housing tenure).



The Telegraph November 11 2010



Policy dilemmas

Policies to extend length of working life may reduce help from older people to children and grandchildren – could weaken bonds of reciprocity

Reducing state support for older people and requiring more of families could lead to conflicts with other roles (e.g. raising children themselves)

Targetting supports on elderly living alone/lacking family support could overburden and discourage family care; providing more support could 'crowd out' family care

Some policies beneficial in all regards e.g. promotion of healthy ageing through primary prevention (discouraging smoking etc), secondary prevention (e.g. treating hypertension and cvd risk factors) and rehabilitation; encouraging self-care.

Both research and policy making requires consideration of the life course and intergenerational linkages.

MAP2030 Research teams:

- Mike Murphy & Mariachiara di Chesare (London School of Economics) (WP1 & 3)
- Carol Jagger, James Lindesay, Ruth Matthews (Newcastle and Leicester Universities) (WP2)
- Emily Grundy & Sanna Read (London School of Hygiene & Tropical Medicine) (WP3 & 4)
- Ruth Hancock & Marcello Morciano (University of East Anglia) (WP 5)
- Raphael Wittenberg, Adelina Comas-Herrera, Linda Pickard, Derek King, Juliette Malley (PSSRU, London School of Economics) (WP 5)
- Chris Curry, Adam Steventon, Sean James (Pensions Policy Institute) (WP5)

Supporting partner

- Department for Work and Pensions

<http://www.lse.ac.uk/collections/MAP2030/>