

**Written evidence submitted by ESRC Centre for Population Change, Connecting Generations  
Research Partnership (ASC0142)**

**Adult Social Care Reform: The Cost of Inaction**

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About us and our reason for submitting evidence

The ESRC Centre for Population Change (CPC) investigates how and why our population is changing and what this means for people, communities and governments. The Connecting Generations research partnership, funded by the Economic and Social Research Council, brings together CPC experts at the University of Southampton, University of St Andrews, and University of Stirling, with partners at the University of Oxford Leverhulme Centre for Demographic Science, and the Resolution Foundation.

Our research is directly relevant to the call for evidence on Adult Social Care Reform: The Cost of Inaction. Adult social care reform is critical to addressing the increasing pressure on individuals, families, and public services. Understanding the factors associated with the provision and receipt of care, and the consequences of such support, is a key research theme within the ESRC Connecting Generations research partnership. Our research highlights the significant costs of inaction across societal, economic and individual dimensions.

For example, different generations provide financial, emotional and practical support to each other during different stages of their lives. These support exchanges interact with and impact upon major life course events. Such events include entering and leaving work; continuing to live independently in the community; or moving into residential care. The family is the main source of support in later life with wide reaching impacts on carers, the cared for, communities, workplaces and services such as the NHS.

This submission draws on robust evidence to examine the consequences of inaction and to propose areas where policy interventions can drive change, focusing on unmet needs, reliance on informal carers, and the broader economic impact. We provide a summary of our research under two of the call's questions below.

***What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?***

**Increasing unmet need**

A key indicator of inaction on adult social care reform is the proportion of older people reporting **unmet need** for support in carrying out activities of daily living (ADLs). The cost of this unmet need is a range of adverse consequences for older people's health status, wellbeing and dignity. For example, those reporting unmet needs face a higher likelihood of falls, more GP and A&E visits, higher rates of hospitalisations and re-admissions, and a higher mortality rate.

Among the older population, our research provides clear evidence that there is a high prevalence of unmet need for support with the essential activities of daily living. For some older people this unmet need persists over a significant period of time (Vlachantoni et al, 2024).

Analysing data from Wave 8 of the English Longitudinal Study of Ageing (ELSA), we found that among respondents who said that they could not perform daily activities such as dressing or bathing without assistance two-third (66%) did not receive the help they needed some or all of the time whilst only a third (34%) had all their needs met.

Two years later, in Wave 9 with the same respondents, we observed that 35% of those with a care need in Wave 8 no longer had needs, indicating that their needs for social care were temporary, perhaps associated with an illness or fall. Just over a fifth (22%) continued to have their needs met, 5% had new unmet needs, 11% had their needs met with a delay, while 28% had repeated unmet needs.

- Over a quarter of older people who said that they could not perform daily activities such as dressing or bathing without assistance reported that they did NOT receive the support they needed in both surveys, meaning that they potentially experienced persistent unmet needs for at least two years.

Risk factors associated with repeated unmet need for support with bathing or dressing are being aged 65-74 (compared to 85+), widowed, divorced or single, or increasing in limitations in ADLs (Vlachantoni et al, 2024).

Statutory services often prioritise the oldest age groups, potentially overlooking frail younger older adults with substantial care needs. Widows, widowers or elders without children are particularly at risk as they are more likely to live alone, limiting their access to informal support. Addressing unmet needs through comprehensive reform could significantly improve health outcomes, reduce hospitalisations, and enhance older people's quality of life.

### **Increasing reliance on the family for social care: how sustainable is it?**

According to the 2021 Census of England and Wales, 9% of the population – approximately 5 million individual – were unpaid carers. This varied by age, with the propensity to provide care being highest during middle-age. At ages 55 to 59, one in five women were providing some unpaid care, and one in ten were providing 20 or more hours of unpaid care a week.

Families remain the main source of social care provision, with women providing the majority of unpaid care. However, demographic trends such as declining fertility, challenge the sustainability of this reliance.

Research by the ESRC Connecting Generations partnership shows that the lower fertility of the baby boom cohorts born in the 1960s means that they will have fewer surviving adult children at age 80 than previous cohorts (Barass Butterick et al 2024).

- The number of women age 80 and above without children is projected to increase significantly, rising from 256,000 in 2030 to 656,000 in 2055 (equivalent to 19% of all women aged 80+).
- This shift will increase the prevalence of unmet needs and further strain an already overburdened care system.

Immediate action on social care reform is vital to reduce the over-reliance on families and ensure that formal care services address growing needs effectively.

***To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?***

**Health system impacts**

Unmet social care needs often result in higher NHS spending due to increased hospital admissions and re-admissions. There needs to be a recognition of these interconnected costs in government evaluations to ensure cohesive reform.

**The costs to carers and the economy**

The costs borne by families in terms of providing social care to frail older parents, spouses and other relatives are often hidden.

Our research shows that informal care provision often conflicts with government initiatives promoting higher labour force participation amongst older workers such as '50 PLUS Choices'. For example, a study of individuals born in 1958 in Britain found that providing care for more personal tasks and for a higher number of hours were associated with exiting employment between ages 50 and 55 for both men and women carers (Gomez-Leon et al, 2019).

This finding is further confirmed by our analysis the UK Household Longitudinal Study (UKHLS) for the period 2009-2019 which provides clear evidence that mid-life individuals who provide intensive care and care for a spouse/partner are significantly more likely to leave employment compared with non-carers; this result is found for both women and men (Evandrou et al, 2024).

The consequences include:

- Costs for employers in terms of loss of expertise and human capital.
- Costs for carers in terms of income, living standards and wellbeing.
- Additionally, reduced wages for those moving to part-time work as a result of caring not only has an immediate impact on their wages, but also long-term repercussions on their future pensions and retirement funds.
- Future generations of working age individuals will face greater financial pressures retirement, meaning that the pensions penalty of providing caring may be even higher going forward unless the shortcomings of the formal care sector are addressed.
- More people may therefore be eligible for benefits such as pension credit.

These outcomes show the economic ripple effects of inaction, not just on individual carers but also on the broader economy and government expenditure. It is unclear whether or how the costs of inaction on adult social care reform, which could significantly affect other government departments such as the DWP, are being recognised or assessed. A more holistic assessment of these costs across departments is essential to ensure that interconnected impacts are considered in policy evaluations.

**Public awareness and financial preparedness**

Many individuals are unprepared for their future long-term care (LTC) needs. Most older adults state a preference for receiving long-term care (LTC) at home or in a familiar environment when their care needs are moderate, but tend to express a preference for residential care when their needs become extensive.

Recent analysis of ELSA data reveals widespread underestimation of future care requirements and the associated costs, particularly among those in lower socio-economic positions, those who are older, and those renting their home – all factors that previous research has found to be associated with need for LTC services later in life (Qin et al, 2024).

There is a crucial need for greater public engagement and education on LTC planning to ensure all groups are equipped to navigate and prepare for the complexities of the social care system.

## **Conclusion**

Inaction on adult social care reform imposes significant costs on individuals, families, the NHS, and the economy. Persistently unmet needs and a reliance on informal carers create urgent challenges that cannot be ignored. Reform is essential to alleviate the pressure on families, reduce strain on healthcare services, and ensure a sustainable, equitable system for future generations. The time for action is now.

## **References**

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