The UK's ageing population and the implications for the adult social care sector

Population ageing

The UK's population is ageing. Population ageing occurs when a country's older population (those 65 and above) increases in proportion to the rest of the population. An ageing population ensues as a result of a demographic transition. A demographic transition is the movement of a country's demography from one characterised by high fertility and mortality rates and a young population to one where fertility and mortality rates are low and the population is old. The UK's demographic transition began in the mid-eighteenth century with a significant fall in mortality rates, particularly infant deaths; between 1750 and 1850 the crude death rates (CDR) for infant mortality fell from over 200 to 150 deaths per 1000 live births[1]. Such a decrease in mortality was influenced by agricultural and transportation improvements; products from the British colonies were transported back to the UK, which diversified diets and increased the access to nutritious food[2]. The reduction in mortality rates was accompanied by a steady decline of the very high fertility rates towards the latter end of this demographic stage. These factors catalysed a large population growth.

The subsequent stage was characterised by a slowed population increase due to the decrease in fertility rates; the total fertility rate (TFR) dropped from 4.92 to 3.5 between 1875 and 1900[3]. The TFR represents the average number of children a woman could have if she lived through her childbearing years according to the current age-specific fertility rates. It is suggested that this drop in fertility ensued due to either the "innovation" or the "adjustment" approach[4]. The former suggests fertility declined as the population became more aware of new information, such as contraception, whereas the latter upholds that the population responded to the changing environment; children became an economic burden as opposed to economic asset. This progressive decline of fertility rates to where the TFR resides below the replacement level was the initial catalyst to population ageing. The replacement level is the number of children a woman needs to have in order to maintain the current population level. The replacement level in the UK is approximately 2.1. As evidenced in Table 1, the TFR fell below this figure around 1950.

The UK is currently experiencing the latter stages of the demographic transition where the fertility and mortality rates are low; the TFR has steadily dropped from 2.08 in 1950 to 1.76 in 2005, whilst the life expectancy of a male at birth has increased from 66.4 years to 76.9 years. In the current stage of the demographic transition, the primary driver of population ageing is the low mortality rate, especially in the older age-group. As indicated by Table 1, the life expectancy of both men and women at 65 has increased steadily since 1900. Within this older age-group, the proportion of 'very old' individuals has risen at a significant pace; in 1901 the populated aged 75 and over was 0.5%, by 2025 this is expected to rise to 5.4%[5].

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3. Roser, M (2017). Fertility Rates. Our World in Data. Available at: https://ourworldindata.org/fertility-rate
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5. Tinker, A. (2014). Older People in Modern Society. 4th Edition. London: Routledge.

Year	UK Population	0-15 years (%)	16-64 years (%)	65+ years (%)	TFR	Life expectancy at birth		Life expectancy at 65	
						Male	Female	Male	Female
1900	41,155,000	42.5 (0-19)	50 (20-60)	5.5 (60+)	3.53	48.5	52.4	10.8	11.9
1925	45,040,000	32.9 (0-19)*	55.6 (20-60)*	11.7 (60+)*	2.20	55.6	59.6	11.3	12.9
1950	50,382,000	22.7	66.1	11.1	2.08	66.4	71.5	11.7	14.3
1975	52,226,000	24.9	61.0	14.1	1.81	69.0	75.3	12.1	16.1
1985	56,554,000	20.7	64.1	15.2	1.79	71.7	77.4	13.0	17.0
1995	58,025,000	20.7	63.4	15.8	1.71	74.0	79.2	14.2	18.1
2005	60,413,000	19.3	64.7	15.9	1,76	76.9	81.2	16.0	19.1
2015	65,110,000	18.8	63.3	17.8	1.80	79.1	82.7	18.6	21.0
2025	69,444,000	18.9	60.9	20.2	1.80	81.2	84.3	19.9	22.0
2035	73,044,000	18.1	58.3	23.6	1.82	82.7	85.6	21.0	22.9
2045	76,055,000	17.7	57.8	24.6	1.84	83.9	86.7	21.9	23.8

* Data from 1931, **Sources:**
'UK Population' data from ONS (2015a)[6]
Percentage size of age-groups data from Butler and Butler (2000: 349)[7] pre-1950, and from ONS (2017a)[8] post-1950
'TFR' data from Roser (2017)[9]
'Life expectancy at birth' and 'Life expectancy at 65' data obtained through compilation of data from ONS (2015b[10] ; 2017b[11])

Implications for the adult social care sector

The trends of low fertility and mortality rates have increased the proportion of the older population relative to the rest of the population; the proportion of the 65 and over age group has continued to increase from 1950, whilst as of 2015 the proportion of the 16-64 age-group has begun to decrease, according to Table 1. This trend has and shall continue to alter the old-age dependency ratio drastically. The old-age dependency ratio is the number of people who reside in the 65 and older age-group (those dependent) compared to the number of people in the 16-64 age-group (of working age). From the data in Table 1 we can calculate that in 1950 the overall old-age dependency ratio was 16.8 meaning for every 100 people of working age there are 16.8 old-age dependents, by 2045 there shall be 42.6. There are limitations to these figures; the number of pensioners is higher than the population aged 65 and over, whilst the number of workers is smaller than the population aged between 16-64 due to unemployment and non-participation in the workforce[12]. However, used as a tool of approximation, the UK has moved from having 1 dependent for every 5 people of working age in 1950 to having close to 1 dependent for every 2 people of working age by 2045. Accordingly, policymakers will have to devise a way of providing for an increasing older population for a longer period of time with a shrinking labour force.

Care England's members provide over 120,000 beds and variety of services for older people and those with long term conditions, learning disabilities and mental health problems. Accordingly, understanding what these demographic trends mean for service providers is of the utmost importance.

Using the Personal Social Services Research Unit's (PSSRU) aggregate long-term care projections models, one can hypothesise that the number of older people in local authority funded residential care will rise by 67% from 157,000 in 2015 to 262,000 in 2040, whilst the number of privately funded residents is projected to rise by 87% over this period from 150,000 to 280,000. Based upon these projections public expenditure on social services for older people, net of user charges, is projected to rise by 159% under the current funding system from around £7.2 billion (0.4% of GDP) in 2015 to £18.7 billion (0.7% of GDP) in 2040 at constant 2015 prices. Whilst, service user charges are projected to rise 192% between from £2.2bn in 2015 to £6.3bn to 2040.[13]

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7. Butler, D and Butler G (2000). Twentieth-century British Political Facts 1900-2000. Basingstoke: Palgrave Macmillan.
8. ONS (2017a). Overview of the UK Population: March 2017. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/mar2017
9. Roser, M (2017). Fertility Rates. Our World in Data. Available at: https://ourworldindata.org/fertility-rate
10. ONS (2015b). How Life Expectancy has Changed Over Time. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/howhaslifeexpectancychangedovertime/2015-09-09
11. ONS (2017b). Past and Projected Data from the Period and Cohort Life Tables, 2016-based, UK: 1981 to 2066. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/pastandprojecteddatafromtheperiodandcohortlifetables/2016baseduk1981to2066

There are complexities to measuring health largely due to different modes of measurement and differences in sample designs which influence estimates, however evidence largely suggests an expansion of health problems (disease and functional limit) with a compression (or postponement) of disability (specifically, Instrumental Activities of Daily Living). However, even under the most optimistic of scenarios in relation to health there will still be an increase in the total number of older people with a disability due to the projected increase in the total number of older people.

Such trends highlight the importance of promoting active ageing and other measures which seek to promote greater health and well-being in later life. In particular, measures to prevent or postpone chronic illness, disability and dependency as people grow older will help benefit both the health and wellbeing of the ageing population, whilst also benefiting policymakers as the negative implications of population ageing on public expenditure will be mitigated.

One of the chronic diseases posing a serious threat to the health and wellbeing of older adults is dementia. The Alzheimer's Society estimate that there are currently around 850,000 people with dementia in the UK, this is projected to reach 1.6 million people by 2040. The total cost of care for people with dementia in the UK is £34.7billion, this is set to rise to £94.1billion by 2040.[14] Evidence indicates that brain cells need to stay active to maintain their connections with other neurons. These connections begin to diminish if a cell does not use them to communicate.[15] The Lancet Commission on Dementia have cited physical exercise and intellectual stimulation over one's lifespan as a key determinant in reducing the risk of dementia in old age.[16] In this vein, utilising the UK's ageing workforce seems of paramount importance both in terms of improving the health and wellbeing of the older population, but also assisting to reprimand the present workforce crisis which envelopes the adult social care sector.

In order to ensure that the adult social care workforce responds to the priorities of the 21st century, future workforce planning must be transformed to maximise the contribution of older workers. The adult social care workforce is characterised by an older age profile; 25% of the adult social care workforce is aged over 55, compared to 20% of the economically active population.[17] This is significant from a workforce planning point of view, as workers aged 55 and over are more likely to retire within the next ten years. This age category currently accounts for a quarter of the workforce (25%, or 385,000 jobs).[18] Therefore, in order to ensure the future viability of the adult social care sector, both the supply and retention rates of older adult social care staff needs to be increased.

Increasing retention rates can be optimised by taking action in several areas. One of the key actions would be for Government to improve the working conditions of those in adult social care in order to create greater parity with the NHS. The Government could improve parity by: upskilling social care staff through greater training opportunities; improving career opportunities; managing the appropriateness of workloads; and helping provide flexible working opportunities.[19]

Policy responses need to focus on empowering older people; for example, studies have highlighted that many older workers would remain in the labour market if the work could be more flexible.[20] Therefore, employers should look to increase work flexibility by, for example, relocating adult social care workers who are struggling with the physically demanding aspects of the work, into more relationship-based care. Such steps may assist in creating greater value within the adult social care workforce which will likely lend itself to greater levels of retention; evidence suggests that care workers whose work is valued and appreciated have higher levels of job satisfaction and are more likely to remain in their jobs. Care England recognised the need to better recognise the value of the adult social care workforce and accordingly in June 2019, in collaboration with everyLIFE Technologies, launched the CARE badge in order to promote awareness of and appreciation for this crucial service and raise the esteem in which social care and its participants are held. To date approximately 100,000 CARE badges have been sold.

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For any queries regarding the Care Home Parliamentary Network please contact Louisa Collyer-Hamlin, External Affairs Advisor at Care England lcollyerhamlin@careengland.org.uk **07939526042**

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