

The impact of COVID-19 on social care

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In this blog, IFoA members Ian Collier, James Cripps, Fiona Fan and Adele Groyer write about their latest report as part of the IFoA's Covid-19 Action Taskforce

The impact of Covid-19 on social care has been a hot topic in recent weeks. The pandemic has amplified long-standing funding concerns and there appears to be renewed energy in government to address this issue. In our latest COVID-19 report "[Impact on Social care](#)", we provide an overview of how COVID-19 has affected funding, the care workforce, changes in demand for care and the recent, but possibly unsustainable, increase in provision of unpaid care by family and friends.

Excess deaths in care homes have also received attention in the press and in parliamentary debate. In this report we analyse the excess death rate not only in care homes but also in domiciliary care. We conclude that there have been significant excess deaths in domiciliary care and recommend further investigation to understand whether the excess relates to COVID-19 infection or lack of access to healthcare and other services, along with adopting similar measures recommended for care homes to limit the risk of spreading coronavirus.

Overview of the social care sector

Social care covers the provision of social work, personal care, protection or social support services to children or adults with needs arising from illness, disability, old age or other issues such as poverty. This is split between care provided in care homes, domiciliary care or home care, care provided in day centres, assisted living accommodation and unpaid care.

The nature of providing social care means there can often be close contact between patients and carers. In settings, such as in care homes where there are many residents in a single home, there can also be close contact between residents. There is clear medical evidence that the risk of hospitalisation and dying from COVID-19 increases with age, as it does for those with certain pre-existing medical conditions which will have high prevalence among care recipients. The combination of the profile of those receiving care, the nature of the care given and the environment in which it is provided put the social care system at greater risk of a disproportionate negative impact from COVID-19 relative to the wider population. Statistics show that there has indeed been a disproportionate negative impact on those receiving or working in Social Care in the UK between March and June 2020.

COVID-19 impacts on the care sector's funding, future demand and the workforce

COVID-19 has introduced significant additional costs in the provision of care. These costs include provision of Personal Protective Equipment (PPE), testing, increased cleaning and less flexibility in workforce deployment through the creation of smaller care bubbles.

Although short term funding is now available from the government to offset some of the additional costs, many care providers remain under financial pressure which is compounded by falling occupancy levels in care homes from excess deaths, practical restrictions on new admissions and reduced demand for residential care.

An Institute for Public Policy Research (IPPR) survey suggested that people are less likely to seek residential care than was the case prior to the pandemic and there is anecdotal evidence that Domiciliary Care Agencies (DCA) have received a greater number of enquiries and demand for their services.

COVID-19 has triggered a reduction in care services available, increased care costs and closures of day care centres. More people are now providing unpaid care for their family members, friends and neighbours. Figures released during Carers Week in June 2020 revealed that the COVID-19 pandemic resulted in an additional 4.5 million people starting to provide care for older or disabled people or those with physical or mental illness. Among these unpaid carers, 2.8 million have taken on care responsibilities whilst juggling paid work. The sustainability and long-term consequences of this on the health of those providing care and those receiving care is not yet known but will need to be tracked and monitored.

The increased funding challenges in social care now run concurrently with increased pressures in the wider economy. The delayed Green Paper on the future funding of social care is needed now more than ever.

Excess death rate is high in the social care sector

We compared the number of deaths notified by care homes and registered domiciliary care providers to the Care Quality Commission (CQC) in the period 1 January to 19 June 2020 to deaths notified in the same period in 2019. There have been just over 30,000 more deaths among care home residents and almost 4,000 more deaths among home care recipients in this period in 2020 compared with the same period in 2019. Both figures represent approximately a 50% increase in deaths in 2020 when compared with 2019. 98% of care home resident deaths occur in residents aged 65 and older and 91% in residents aged 75 and older. The Office for National Statistics (ONS) weekly death notifications, split by age for England and Wales, shows that age alone does not explain the 50% excess in care resident and care recipient deaths, with excess deaths in the general population of 24% for all ages and 28% for those aged 85+.

There has been much published on excess deaths in care homes but little focus on the excess deaths among those receiving care in their own homes. Based on ONS weekly death notifications, death counts at home, including but not limited to those receiving care, continued to be around 25% higher in June 2020 relative to historic counts, whilst an excess was no longer apparent in care homes. We also found evidence of a falling number of deaths in hospices, which could suggest that those in most need are no longer accessing the end of life care they require.

Please read the full Health and Care Board [COVID-19 report; Impact on Social Care](#).

For more on our work, see the [ICAT Workstreams overseen by the Health and Care Board](#).

ICAT is the IFoA's Covid-19 Action Taskforce which is responsible for leading and coordinating the IFoA's response to the coronavirus crisis.