

Home care use during the pandemic: who was affected the most?

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The COVID-19 pandemic had a big impact on health and social care, leaving many people - especially those already vulnerable - without the support they needed. Many people receive help and support at home to assist them in their daily activities. Home care services can include help to get around, healthcare monitoring and meal preparation. This support can be provided formally by trained professionals or informally by family, friends or neighbours.

Our research investigated how the pandemic changed the use of home care for people aged 50 and over in England, using data from the English Longitudinal Study of Ageing (ELSA).

We found that fewer people received home care during the pandemic, mainly because help from family and friends became less available. People from ethnic minority groups, individuals not in work or retirement (due to long-term sickness or disability, home or family responsibilities, or unemployment), and people with a mental health condition were most likely to lose access to home care. However, those who did continue to get home care reported having used more of it, showing a greater reliance on these services, with the exception of people from ethnic minority groups, those in work, and those living alone.

As a result of these changes, more people reported unmet need in home care during the pandemic, particularly those from ethnic minority groups, individuals with musculoskeletal and mental health conditions, and those not in work or retirement. These groups also saw a more pronounced reduction in access to primary care services during the pandemic as compared to others.

Overall, while pandemic policies such as shielding, lockdowns and social distancing were designed to protect vulnerable people, they also made it harder for many to access essential care, increasing unmet needs and deepening existing inequalities. This implies that emergency preparedness and recovery planning must aim to ensure continuity of care for vulnerable groups. In the context of home care, this would require increasing capacity and resilience of formal and informal care systems and better targeting support to those who rely on such care the most.

[Read the full paper, funding sources and disclaimers in The Journal of the Economics of Ageing.](#)

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