



Factors associated with unmet need for support to maintain independence in later life: a mixed methods systematic review

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Summary Briefing

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Why consider evidence about factors linked to unmet need?

Help with essential activities, like getting washed and dressed, preparing meals and managing medication, are critical to older people's health and independence. People who do not receive this support are more likely to experience poor quality of life and adverse health outcomes.

Evidence is accumulating on who is most at risk of having unmet need for support to stay independent. A synthesis of this evidence is needed to identify which groups of people are at risk of not accessing the support they need. Understanding these social patterns of unmet need can support policy efforts to enhance equitable access to care.

What did we do?

We undertook a systematic review to identify factors associated with unmet need for support to maintain independence in later life. Two sources of evidence were used: primary quantitative studies, and systematic reviews of qualitative data.

What did we find?

We identified evidence about seven groups of factors explored in relation to unmet need: demographic, socioeconomic, health and disability, health service use, care configurations, unpaid carer characteristics, and area level measures.

- ➔ Demographic factors linked to unmet need in later life include being **male, younger age, living alone, and cultural and language barriers.**
- ➔ Socioeconomic factors linked to unmet need included **lower levels of income or non-housing wealth, perceived financial constraints, a low/medium standard of living and fair/poor housing quality, and having a mortgage (compared to people who own their home outright).**
- ➔ Health and disability factors linked to unmet need include **poor self-rated health, a higher number of functional limitations, greater severity of depression, and in one UK study, a number of long-term health conditions.**
- ➔ Health service use factors linked to unmet need included having a dental visit.
- ➔ Care factors linked to unmet need include **longer duration of unpaid caring, unpaid caring across multiple activity domains, and availability, accessibility and quality of care.**

- In one UK study, a number of **long-term health conditions** were also linked to unmet need.
- There was less clarity about the role of other factors including those relating to the receipt of paid and unpaid care, sources of care, and carer characteristics.
- Where these factors were reported across multiple studies, the overall trend suggests these factors are likely to be important. However, the statistical precision of these associations was not confirmed across all studies.

What are the policy and research implications?

Policy efforts to enhance equitable access to care could target people whose needs are more likely to go unmet. Our review suggests this is likely to include men, the younger old, people who live alone, or are more socioeconomically disadvantaged and in poor health.

The finding that younger age is linked to unmet need may be particularly critical in light of efforts to postpone later-life dependency. Unmet needs at younger ages could potentially lead to an earlier, and more detrimental, loss of independence. Targeting support as early as possible is important to prolong people's independence and good health.

Exploring ways to minimise financial and material barriers to care may help to ensure those facing socioeconomic disadvantage access the support they need.

Ongoing monitoring of unmet need as new data are collected will support policy efforts to ensure equitable access to care. To enable regular monitoring, it is important to embed unmet need metrics within social care data collection. Further research could seek clarification about if and how factors associated with unmet need for support to maintain independence differ over the course of older age.

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