

Statistical bulletin

Estimating the size of the self-funding population in the community, England: 2021 to 2022

Experimental statistics to estimate the size of the self-funding population using regulated community care services in England. Provides data covering the period 1 March 2021 to 28 February 2022, broken down by geographic variables and community care service characteristics.

Contact:
Sarah Barrett
social.care@ons.gov.uk
+44 1329 444110

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1 . Main points

- From 1 March 2021 to 28 February 2022, an estimated 25.8% of people using community care services were self-funders and 74.2% were state-funded.
- The South East had the highest proportion of self-funders in community care services (33.9%), which is statistically significantly higher than the North East, which had the lowest (12.6%).
- Community care services located in the least deprived areas had a statistically significantly higher proportion of self-funders (40.9%) than community care services in the most deprived areas (16.8%).
- Services providing community care for older people (aged 65 years or older) had the highest proportion of self-funders (33.2%), which was statistically significantly higher than services providing community care for younger adults (aged 18 to 64 years), which had the lowest proportion of self-funders (6.7%).
- Services providing domiciliary care had a statistically significantly higher proportion of self-funders (26.4%) than services which only provide non-domiciliary care - for example, extra care housing and supported living services (11.7%).
- These estimates are based on community care services that are regulated by Care Quality Commission (CQC) and were invited to complete a provider information return (PIR), and therefore do not cover all people receiving community care in England.

Warning: These estimates have been calculated using data with the following quality issues: low coverage (41.8%), high rate of errors (29.0%), and under-estimation of the number of community care recipients. We have accounted for these quality issues through our methods (for example, data cleaning and weighting) where possible. Where we have not been able to address them, we are investigating potential solutions for future releases. For more information, please see [Data quality under the Measuring the data](#) section of this bulletin.

2 . Estimates of self-funding population in the community data

[Estimating the size of the self-funding population in the community, England](#)

Dataset | Released 7 July 2022

An estimation of the size of the self-funding population using regulated community care services in England, using an experimental method. Weighted annual data broken down by geographic variables and care home characteristics.

3 . Measuring the data

The methods used to derive these estimates follow those of our residential care release, [Care homes and estimating the self-funding population, England](#), with the following exceptions.

Community care services were defined as care providers whose primary inspection category in the Care Quality Commission's (CQC's) [Care directory](#) was "Community based adult social care service", and the service type was not "Shared lives." Community care services could include domiciliary care services, extra care housing services and supported living services (see [CQC service types](#)).

There were 11,960 services in the Care directory that met the above definition of a community care service in the relevant period (May 2021 to April 2022, two months after the data collection period to account for de-registration and long-term changes to care providers). Of these, 8,631 community care services were sent a link to an online provider information return (PIR) form. There were 8,048 services that could be linked to the Care directory in the relevant period. The CQC received responses from 6,468 services. From these, there were 6,266 responses from community care services which were still active two months after they submitted the PIR. These responses were retained when linked to the Care directory, resulting in a response rate of 77.9% before data cleaning.

The cleaning and editing steps are described in Section 5 of our [methodology article](#), except that there is no equivalent to the "care home beds" variable, and therefore there is no "occupancy" check. After validating and editing the data, the final sample was 4,996 community care services. This is 41.8% of all community care services meeting our definition of community care that were registered in the Care directory in the relevant period (11,960 services), and 62.1% of the population used for weighting (8,048).

Weighting methods have been used to create an annual estimate of the population of self-funders from incomplete data on community care services in England, with region used to calibrate the weighting. The population used to weight the estimates is the number of community care services sent a PIR and linked to the Care directory (N=8,048), rather than all community care services in the Care directory during the relevant period (N=11,960). This is further described in the Data quality section of this bulletin.

We compared the distributions of the final cleaned sample, the community care services that were sent a PIR but did not respond or were dropped during cleaning, and the community care services that were not invited to complete a PIR (see Table 9 in the [accompanying dataset](#)). The biggest difference was seen between the final sample and non-invited sample, where there were 7.5% fewer services located in London. The proportion of providers running a single care service was lower in the final sample, compared with the non-response sample (5.2% difference) and the not-invited sample (7.3% difference).

Data quality

There was low coverage of the actual community care service population (41.8%). A large number of responses were returned with an error (1,878, or 29.0%). Of these, 67.6% could not be cleaned. Therefore, 22.8% of all responses were dropped because of errors. The responses that were dropped when filtering for community care using the Care directory (161, or 2.5%) reflect where the service is now defined differently in the Care directory in the relevant period (May 2021 to April 2022) compared with when the community provider information return form (PIR) was sent. For example, the service may now have a different primary inspection category or service type. There are fewer cleaning stages than in residential care, as there is no equivalent to the occupancy check. The CQC also has limited data validation process during data collection.

For residential data, the estimates are weighted using the variable "care home beds" to derive the population of care home residents. There is no equivalent variable on the PIR that can be used to derive a community care population. There is also no suitable alternative data source to use for the actual population size of people who use community care services. Therefore, we took the actual population to be all community care services that were sent a PIR and could be linked to the Care directory in the relevant period (8,048), regardless of whether they provided a response. Our figures are therefore likely to be an under-estimate of the actual number of people who use community care services in England. We would advise caution in using these estimates because of the above data quality issues. These data have been published as a guide only. For further information on difficulties around estimating the number of people who use community care services, please refer to our [blog post](#) about why it is so difficult to estimate the number of people who self-fund their care in the community.

Future development

The ONS and the Care Quality Commission (CQC) will explore options to improve the quality of the provider information return (PIR) data. We will look to improve response rate by continuing mandatory data collections and exploring the feasibility following up care providers for a response, especially in local authorities with particularly low response rates. The removal of the "under pressure" criterion - where some providers are not sent a PIR because two or more staff, or people using the service, have suspected or confirmed coronavirus (COVID-19) - may improve coverage. By ensuring that the guidance is clear in defining regulated activities, we aim to ensure providers can accurately respond to the PIR.

We will also look to refine our process for linking to the Care Directory. By linking to the Care directory two months after the data collection period, some providers, which previously had a primary inspection category of "Community based adult social care service", may now be "Residential adult social care service", or their service type may now be "Shared lives". These therefore will not be included in the analysis. This is the same process we use for our residential care release, to avoid issues with de-registration and short-term changes. However, a different approach may be more suitable for community care services where the population is less stable.

We hope to improve our measurement of the total population for weighting by refining our process for linking to the Care directory to retain more invited care providers, or identifying other data sources, comprising aggregated data rather than organisation-level data.

Feedback

These statistics are designated as [Experimental Statistics](#). The experimental method presented here provides a first look at self-funders using regulated community care services. We will be developing this method further in the future. We welcome feedback to social.care@ons.gov.uk from anyone with an interest in the data, methods and analysis presented.

4 . Related links

[Who is paying for their own community care?](#)

Blog | Released 7 July 2022

Outlines the issues with identifying and estimating the number of people who use community care services that self-fund their care.

[Care homes and estimating the self-funding population, England: 2021 to 2022](#)

Bulletin | Released 30 May 2022

An estimation of the size of the self-funding population in care homes in England. Provides data covering the period 1 March 2021 to 28 February 2022, broken down by geographic variables and care home characteristics.

[Care homes and estimating the self-funding population, England: 2019 to 2020 methodology](#)

Methodology | Released 15 October 2021

Describes the development of a new experimental method estimating the size of the self-funding population in care homes in England. Includes how the data are collected, processed, and produced as well as definitions and data sources.

[Accessing adult social care in England](#)

Methodology | Released 15 October 2021

Summary, including diagram, of the different routes into residential and community care in England.

[Adult Social Care Statistics in England \(PDF, 348KB\)](#)

Report | Released 16 January 2020

An in-depth review of Adult Social Care Statistics in England from the Office for Statistics Regulation (OSR). Includes an overview of adult social care in England, existing statistics available and the identified gaps in evidence.

[UK adult social care statistics](#)

Website | Updated monthly

This tool compiles official statistics relating to adult social care across the four nations: England, Northern Ireland, Scotland, and Wales, into one location. The landscape is updated each month with new publications from the previous month.