Social protection

Chapter 8

- In real terms, social security benefit expenditure in the United Kingdom has risen from £57 billion in 1977/78 to £125 billion in 2004/05. (Figure 8.1)

- In 2003/04, 55 per cent of single female pensioners in Great Britain had an occupational or personal pension in addition to the state pension, compared with 70 per cent of single male pensioners and 82 per cent of couples. (Table 8.8)

- Single pensioners are more likely than couples to receive any type of income-related benefits – in 2003/04, 33 per cent of single male and 43 per cent of single female pensioners in the UK received income-related benefits compared with 17 per cent of pensioner couples. (Table 8.10)

- In 2004/05, 68 per cent of females and 65 per cent of males in Great Britain who had consulted their GP in the previous two weeks had obtained a prescription. (Page 123)

- In 2004/05 the average number of visits per month to the NHS Direct Online website was 774,000, compared with 169,000 visits in 2001/02. (Page 124)

- In 2003 the majority of families where the mother was working were using some form of childcare. Around two thirds of children up to the age of ten received informal childcare in Great Britain. (Table 8.19)

Social protection describes the help given to people who are in need or are at risk of hardship through, for example, illness, low income, family circumstances or age. Central government, local authorities and private bodies (such as voluntary organisations) can provide help and support. The type of help can be direct cash payments such as social security benefits or pensions; payments in kind such as free prescriptions or bus passes; or the provision of services, for example through the National Health Service (NHS). Unpaid care, such as that provided by informal carers, also plays a part in helping people in need.

Expenditure

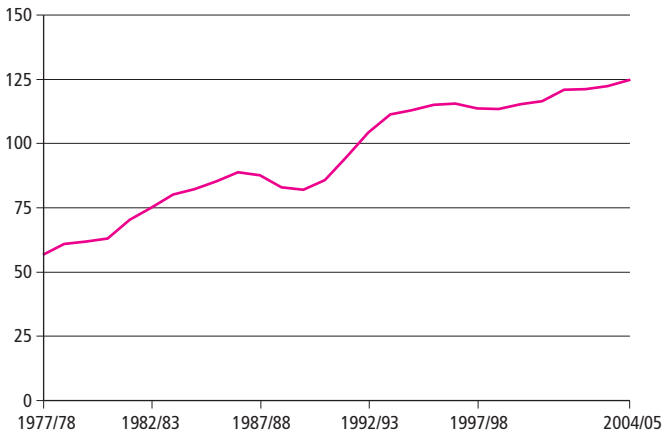
In the United Kingdom, the Department for Work and Pensions (DWP) in Great Britain and the Department for Social Development in Northern Ireland are responsible for managing social security benefits, which include the state retirement pension, disability allowance, income support and pension credit. In real terms, social security benefit expenditure in the United Kingdom has risen from £57 billion in 1977/78 to £125 billion in 2004/05 (Figure 8.1). In addition to this total, since 1999/2000 there has been expenditure in the form of tax credits, administered by HM Revenue and Customs (HMRC), which reached £16 billion in 2004/05. Spending on social security benefits can be influenced by the economic cycle, demographic changes and government policies. After falling slightly between 1986/87 and 1989/90, it rose sharply to £111 billion in 1993/94 reflecting changes in the number of people who were unemployed or economically inactive. Since 1994/95 UK spending has continued to rise overall as a result of benefits aimed at pensioners and children rising more rapidly than prices.

Figure 8.1

Social security benefit expenditure in real terms[1]

United Kingdom

£ billion at 2004/05 prices[1]



1 Adjusted to 2004/05 prices using the GDP market prices deflator (second quarter 2005).

Source: Department for Work and Pensions; HM Revenue and Customs; Veterans Agency; Department for Social Development, Northern Ireland

Of the total £125 billion UK benefit expenditure in 2004/05, an estimated £111 billion was managed by the DWP in Great Britain, 64 per cent of which was directed at people over working age, 31 per cent at people of working age and 5 per cent at children. In Northern Ireland, nearly £4 billion was spent by the Department for Social Development. Nearly £10 billion was spent on child benefit by HMRC and £1 billion on War Pensions by the Veterans Agency.

In 2003/04 local authorities in England spent £16.8 billion on personal social services, which include home help and home care, children looked after, children on child protection registers, and fostering (Figure 8.2). A total of £7.4 billion was spent on older people (those aged 65 and over), the largest single portion at 44 per cent. Spending on children and families accounted for nearly a quarter of total expenditure at £4.0 billion. The combined spending on adults with learning difficulties, with physical disabilities, and those with mental health needs accounted for 28 per cent (£4.7 billion) of local authority spending.

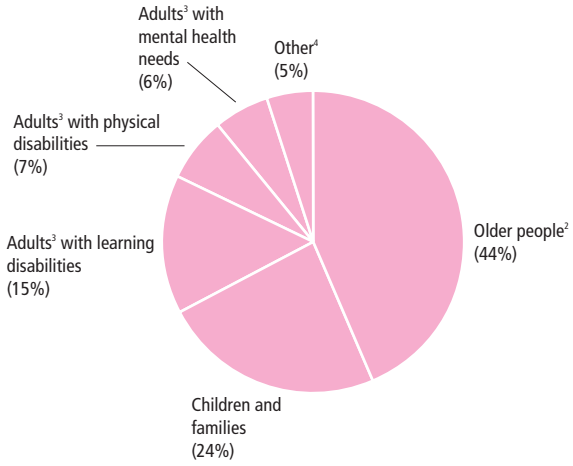
Spending across European Union member countries is collated systematically by Eurostat in the European System of integrated Social Protection Statistics (ESSPROS). Programmes specifically designed to protect people against common sources of hardship are collectively described here as expenditure on social protection benefits. These include government expenditure on

Figure 8.2

Local authority personal social services expenditure:[1] by recipient group, 2003/04

England

Percentages



Total expenditure: £16.8 billion

1 All figures include overhead costs.
2 Aged 65 and over.
3 Adults aged under 65.
4 Includes expenditure on asylum seekers and overall service strategy.

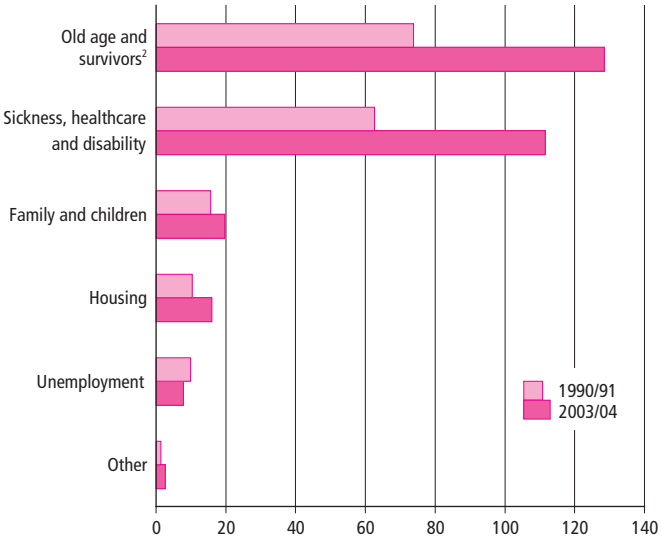
Source: Department of Health

Figure 8.3

Expenditure on social protection benefits in real terms:[1] by function, 1990/91 and 2003/04

United Kingdom

£ billion at 2003/04 prices[1]



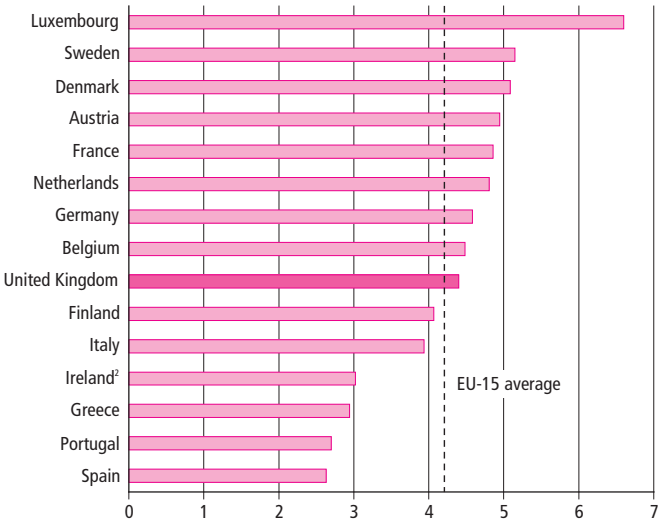
1 Adjusted to 2003/04 prices using the GDP market prices deflator.
2 Survivors are those whose entitlement derives from their relationship to a deceased person (for example, widows, widowers and orphans).

Source: Office for National Statistics

Figure 8.4

Expenditure[1] on social protection per head: EU comparison, 2002

£ thousand per head



1 Before deduction of tax, where applicable. Tax credits are generally excluded. Figures are purchasing power parities per inhabitant. Includes administrative and other expenditure incurred by social protection schemes.
2 Excludes funded occupational pension schemes for private sector employees.

Source: Eurostat

social security (generally excluding tax credits) and personal social services, sick pay paid by employers, and payments made from occupational and personal pension schemes. Protected people receive a direct benefit from these programmes, whether in terms of cash payments, goods or services.

Expenditure can also be expressed in terms of purchasing power parities that take into account differences in the general level of prices for goods and services within each country, and enable direct comparisons to be made across countries. These differences reflect variations in social protection systems, demographic structures, unemployment rates and other social, institutional and economic factors.

Using the ESSPROS definition, expenditure on benefits for old age and for survivors (such as widows, widowers and orphans) in the United Kingdom accounted for 45 per cent of the £286 billion spent on social protection in 2003/04. Spending on sickness, healthcare and disability accounted for 39 per cent (Figure 8.3). After allowing for the effects of inflation, there was a 65 per cent rise in total expenditure between 1990/91 and 2003/04, with benefits spending on sickness, healthcare and disability increasing by 78 per cent and spending on old age and survivors up by 74 per cent.

In 2002 UK spending on social protection was £4,400 per person, slightly above the EU-15 average of £4,240 per person (Figure 8.4). Luxembourg spent the most per head (£6,600), followed by Sweden and Denmark (each around £5,100 per head). However Luxembourg is a special case as a large proportion of benefits is paid to people living outside the country (primarily on healthcare, pensions and family allowances). Spain and Portugal spent the least, at around £2,600 to £2,700 per head. Only partial data are available for the ten countries that joined the EU in May 2004: in 2002 Slovenia spent the most on social protection per head, at £2,670, while Slovakia spent the least, £1,370.

Charities are a source of social protection assistance in the United Kingdom; the top 500 fundraising charities spent over £2.8 billion in this area in 2003/04 (Figure 8.5 overleaf). Children's charities spent the most on social protection (£622 million, or 22 per cent of the total), followed by charities concerned with cancer (£460 million) and those for people with disabilities (£449 million) (see also Figure 13.18).

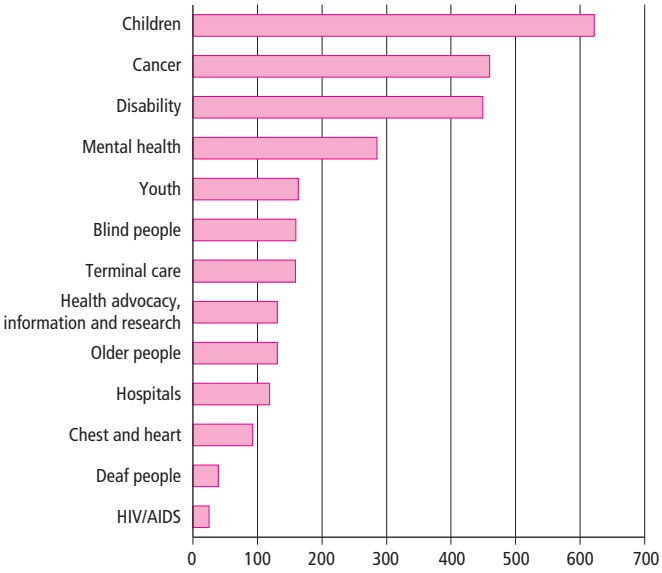
In 2004 there were 1,168,000 full-time equivalent direct care staff employed in NHS hospital and community health services in Great Britain, of which 499,000 were nursing, midwifery and health visiting staff, 93,000 were medical and dental staff, and 576,000 were other non-medical staff. A further 274,000 people were employed in personal social services, and there were

Figure 8.5

Charitable expenditure on social protection by the top 500 charities:[1] by function, 2003/04

United Kingdom

£ million



1 Charities Aid Foundation top 500 fundraising charities. Excludes administrative expenditure.

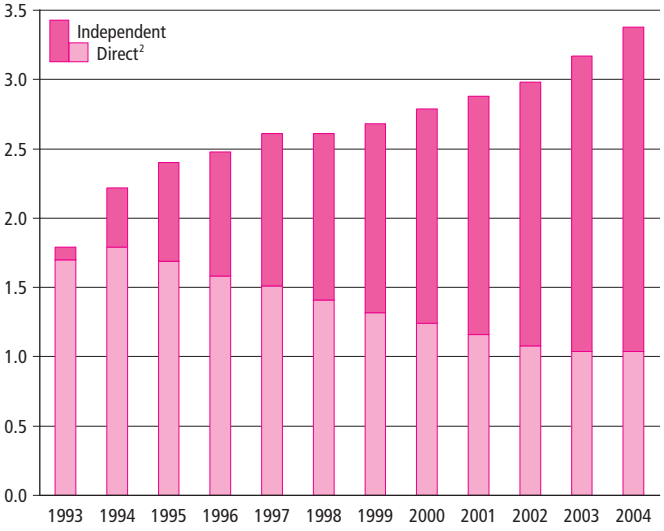
Source: Charities Aid Foundation

Figure 8.6

Number of contact hours of home help and home care:[1] by sector

England

Millions



1 During a survey week in September. Contact hours provided or purchased by local authorities. Households receiving home care purchased with a direct payment are excluded.
2 Directly provided by local authorities.

Source: Department of Health

37,000 general medical practitioners and 23,000 general dental practitioners. In total these figures showed a 4 per cent increase between 2003 and 2004.

Carers and caring

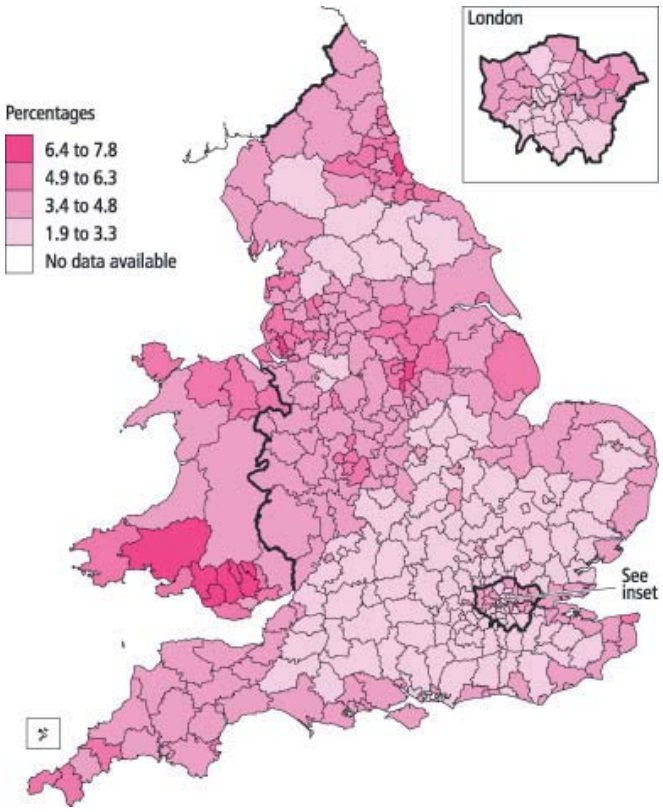
Local authority home care services assist people, principally those with physical disabilities (including frailty associated with ageing), dementia, mental health problems and learning difficulties to continue living in their own home, and to function as independently as possible. The number of home help hours purchased or provided by councils in England has increased over the past decade (Figure 8.6). In September 2004, local authorities provided or purchased 3.4 million hours of home care services during the survey week, compared with 2.2 million hours in September 1994. There has also been a change in the type of provider. In 1994 the majority of home help contact hours were directly provided by local authorities (81 per cent); this had fallen to 31 per cent in 2004. Instead, the number of hours of care that have been purchased by local authorities from the independent sector (both private and voluntary) has increased year on year, from 0.43 million in 1994 to 2.34 million in 2004 and has become the main type of provision.

The proportion of households receiving more than five hours of home help or home care contact and six or more visits per week has increased steadily, from 16 per cent in 1994 to 46 per cent in 2004. This reflects an increased focus by councils with social services responsibilities on increasing the number and intensity of home care visits. For those receiving low intensity care (two hours or less of home help or home care and one visit per week), the proportion has fallen from 34 per cent in 1994 to 13 per cent in 2004.

Unpaid carers are people who provide unpaid help, looking after or supporting family members, friends or neighbours who have physical or mental ill-health, disability, or problems related to old age. In 2000/01 the General Household Survey found that three quarters of people who provide 20 or more hours of care per week in Great Britain were caring for someone living in the same household. The 2001 Census identified 1.9 million unpaid carers in the United Kingdom who were providing at least 20 hours of care a week. Overall, women were slightly more likely than men to provide this level of care (4 per cent compared with 3 per cent). The likelihood of women providing 20 or more hours of care increased with each ten-year age band to peak at the 55 to 64 age group, after which age the percentage providing care decreased. For men, the likelihood of providing 20 or more hours of care also increased with age, but peaked at the 75 to 84 age group.

Map 8.7

Population aged 16 and over providing care,[1] 2001[2]



1 Providing care for 20 hours or more per week.
2 Unitary and local authorities in England and unitary authorities in Wales.

Source: Census 2001, Office for National Statistics

The areas with the highest prevalence of unpaid care were Merseyside, Durham, Tyne and Wear, and parts of Lincolnshire, South Yorkshire and Derbyshire and most of South and North Wales (Map 8.7). In London the highest rates of care were in Barking and Dagenham, Newham and Tower Hamlets. The areas with the lowest prevalence of unpaid care were South East Cumbria, North Yorkshire, Northumberland and the South East of England (other than London).

Pensions

Much of central government expenditure on social protection for older people is through the provision of the state retirement pension. Nearly everyone over state pension age (women aged 60 and over and men aged 65 and over) receives this pension, though some also receive other state benefits, such as council tax or housing benefit, particularly if they are single. However there is an increasing emphasis on people making their own provision for retirement, and this can be through an occupational, personal or stakeholder pension.

In 2003/04, 55 per cent of single female pensioners in Great Britain had an occupational or personal pension in addition to the state pension, compared with 70 per cent of single male pensioners and 82 per cent of couples (Table 8.8). Much smaller proportions had a personal pension as well as the state pension. The lower percentages for women are partly because they have had lower employment rates than men and were less likely to have been in pensionable jobs (therefore they have accumulated lower pension funds). They were also less likely

Table 8.8

Pension receipt: by type of pensioner unit,[1,2] 2003/04

Great Britain Percentages

	Pensioner couples	Single male pensioners	Single female pensioners	All pensioners
Includes retirement pension/minimum income guarantee/pension credit only	*17*	*28*	*44*	*31*
Plus				
Occupational, but not personal pension	*64*	*58*	*50*	*57*
Personal, but not occupational pension	*9*	*9*	*2*	*6*
Both occupational and personal pension	*8*	*3*	*2*	*4*
All including state pension	*99*	*98*	*98*	*98*
Other combinations, no retirement pension /minimum income guarantee/pension credit[3]	*0*	*1*	*0*	*0*
None	*1*	*1*	*2*	*1*
All people	*100*	*100*	*100*	*100*

1 A pensioner unit is defined as either a single person over state pension age (60 for women, 65 for men), or a couple where the man is over state pension age.
2 Data are consistent with Pensioners' Incomes Series methodology.
3 People receiving some combination of an occupational or personal pension only.

Source: Family Resources Survey, Department for Work and Pensions

to have been self-employed and therefore to have had a personal pension.

In general, men are more likely than women to be members of a private pension scheme. In 2004/05, 66 per cent of male employees working full time, 63 per cent of female employees working full time and 41 per cent of female employees working part time in Great Britain were active members of a private pension scheme (Table 8.9). People in managerial and professional occupations were more likely to be active members than those in routine and manual occupations. A slightly higher proportion of female employees than male employees working full time were active members of an occupational pension scheme (56 per cent compared with 53 per cent), although the reverse was true for those members of personal pension schemes (23 per cent of men compared with 15 per cent of women).

Older people

There is a range of state benefits available for older people. Pension credit replaced the minimum income guarantee in 2003. It provided a minimum income of £109 per week for single pensioners and £167 for couples in 2005/06. In addition it provided an income top up for those with modest income above the level of the basic state pension – single pensioners with state pension and private income up to £151 per week, and couples with income up to £221.

Single pensioners are more likely than couples to receive any type of income-related benefits. In 2003/04, 33 per cent of single male pensioners and 43 per cent of single female pensioners in the United Kingdom received income-related benefits compared with 17 per cent of pensioner couples. Single female pensioners were almost twice as likely to be in receipt of income support/pension credit as single male pensioners (25 per cent compared with 13 per cent). The corresponding proportion for couples was 7 per cent (Table 8.10). Similar proportions (between a fifth and a quarter) of pensioners received disability-related benefits across all benefit units.

Older people are more likely than younger age groups to use health and social care services. The support they need can be provided formally by health and social services, voluntary organisations and community projects or informally by spouses,

Table 8.9

Current pension scheme membership of employees:[1] by sex and socio-economic classification,[2] 2004/05

Great Britain — Percentages

	Managerial and professional	Intermediate	Routine and manual	All[3]
Male full-time employees				
Occupational pension[4]	67	63	37	53
Personal pension[5]	27	15	20	23
Any pension	82	68	51	66
Female full-time employees				
Occupational pension[4]	68	55	34	56
Personal pension[5]	17	15	11	15
Any pension	76	62	40	63
Female part-time employees				
Occupational pension[4]	58	46	25	34
Personal pension[5]	17	13	9	11
Any pension	69	54	32	41

1 *Active membership of a pension scheme. Excluding those on youth training or employment training.*
2 *See Appendix, Part 1: National Statistics Socio-economic Classification.*
3 *Total includes a small number of employees for whom socio-economic classification could not be derived.*
4 *Includes a small number of people who were not sure if they were in a scheme but thought it possible.*
5 *Includes stakeholder pensions.*

Source: General Household Survey, Office for National Statistics

Table 8.10

Receipt of selected social security benefits among pensioners: by type of benefit unit,[1] 2003/04

United Kingdom — Percentages

	Single		
	Men	Women	Couple
Income-related			
Council tax benefit	29	38	15
Housing benefit	23	26	8
Income support/ minimum income guarantee/pension credit	13	25	7
Any income-related benefit[2]	33	43	17
Non-income-related[3]			
Incapacity or disablement benefits[4]	24	22	25
Any non-income-related benefit[2]	99	99	100
Any benefit[2]	99	99	100

1 *Pensioner benefit units. See Appendix, Part 8: Benefit units.*
2 *Includes all benefits not listed here. Components do not sum to totals as each benefit unit may receive more than one benefit.*
3 *Includes state pension.*
4 *Includes incapacity benefit, disability living allowance (care and mobility components), severe disablement allowance, industrial injuries disability benefit, war disablement pension and attendance allowance.*

Source: Family Resources Survey, Department for Work and Pensions

Table 8.11

Reported sources of help for people aged 60 and over who have difficulty with daily activities or mobility:[1] by age, 2002/03

England — Percentages[2]

	60–74	75 and over	All respondents
No help	64	46	56
Spouse or partner	23	16	20
Son	6	11	8
Daughter	9	17	12
Son-in-law or daughter-in-law	3	7	4
Sibling	1	2	2
Grandchild	2	5	3
Friend or neighbour	4	8	6
Other unpaid[3]	2	4	3
Privately paid employee	2	10	6
Social or health service workers	1	8	4
All respondents (=100%) (numbers)	2,760	1,942	4,702

1 *See Appendix, Part 8: Activities of daily living (ADLs) and instrumental activities of daily living (IADLs).*
2 *Percentages do not add up to 100 per cent as respondents could give more than one answer.*
3 *Includes parents, other relatives, unpaid volunteers, other persons.*

Source: English Longitudinal Study of Ageing, University College London

extended family, neighbours and friends. Assistance with activities of daily living is a significant step in this direction. This includes, among other things, help with dressing, bathing or showering, eating, getting in or out of bed, preparing a hot meal, shopping for groceries or taking medication (see Appendix, Part 8: Activities of daily living (ADLs) and instrumental activities of daily living (IADLs)).

People aged 75 and over in England who had difficulties with daily activities or mobility were more likely to receive help than those aged 60 to 74 in 2002/03 (Table 8.11). Family members accounted for most of the help provided to people aged 60 and over, with spouses or partners most likely to provide help to those aged 60 to 74. For those aged 75 and over caring is mostly provided by the younger generations such as children, children-in-law or grandchildren. In addition to family, some help is provided by privately-paid employees, social or health service workers and friends or neighbours. This may in part be explained by widowhood, which becomes more common as people grow older, so that their chances of living alone increase – this is particularly true for women. Twenty four per cent of men and 58 per cent of women aged 75 to 84 were widowed in 2001 in the United Kingdom, increasing to 47 per cent and 79 per cent respectively of those aged 85 and over. Sixty two per cent of people aged 60 and over receiving help reported that it met their needs all the time, and a further 27 per cent thought that the help usually met their needs. Only 1 per cent thought that the help they received hardly ever met their needs.

In 2001/02, 52 per cent of older people in private households in Great Britain (those aged 65 and over) said they had seen a doctor at their surgery in the previous three months, while 24 per cent had seen a hospital doctor and 8 per cent a doctor at home. A higher proportion of women than men had seen a doctor at home, particularly those aged 85 and over. Of other health and social services, 29 per cent of people had seen a nurse at a surgery or health centre, 22 per cent had visited a dentist and 18 per cent had visited an optician. Sixty two per cent of women aged 85 and over had seen a chiropodist and 10 per cent a social worker or care manager.

Sick and disabled people

There are a number of cash benefits available to sick and disabled people. Disability living allowance (DLA) is a benefit for people who are disabled, have personal care needs, mobility needs, or both and who are aged under 65. Attendance allowance (AA) is paid to people who become ill or disabled on or after their 65th birthday, or who are claiming it on or after this birthday, and, due to the extent or severity of their physical or mental condition, need someone to help with their personal care needs. Table 8.12 overleaf shows that, since the early 1990s, there has been an increase in the number of long-term sick and/or disabled people in Great Britain receiving either DLA or AA, reaching 4.1 million in 2004/05 compared with 1.8 million in 1991/92 (although these figures include people receiving both). This increase is a result of changes in entitlement conditions for benefits, demographic changes and increased take-up.

As at February 2005, 2.7 million people were in receipt of DLA and a further 1.4 million were receiving AA. The most common condition for which both were received was arthritis (526,000 and 422,000 respectively). For recipients of DLA, other common conditions included 'other mental health causes' such as psychosis and dementia, learning difficulties and back ailments. Other common conditions for people receiving AA included frailty, heart disease and mental health causes. Incapacity benefit (IB) and severe disablement allowance (SDA) are claimed by those who are unable to work because of illness and/or disability. The number of people receiving IB or SDA or their earlier equivalents (including those also in receipt of income support) was considerably higher than in the early 1980s, at over 1.7 million in 2004/05, although the number of such recipients has fallen since the mid-1990s.

Table 8.12

Recipients of benefits for sick and disabled people

Great Britain Thousands

	1981/82	1991/92	1999/2000	2002/03	2003/04[1]	2004/05[1]
Long-term sick and people with disabilities						
Incapacity benefit[2,3]/severe disablement allowance	747	1,438	1,372	1,324	1,304	1,274
One of the above benefits plus income support[4]	129	304	409	415	407	388
Income support only[4]	..	..	586	690	723	748
Short-term sick						
Incapacity benefit only[2,3]	369	107	69	67	63	74
Incapacity benefit[2,3] and income support[4]	24	28	22	22	19	3
Income support only[4]	..	..	163	156	143	130
Disability living allowance/attendance allowance[5]	582	1,758	3,353	3,802	3,957	4,083

1 Income support 'over 60' cases, which transferred to pension credit in October 2003, are not included in 2003/04 and 2004/05 figures.
2 Incapacity benefit and severe disablement allowance figures are current at end-February from 1996/97.
3 Incapacity benefit was introduced in April 1995 to replace sickness and invalidity benefits.
4 Income-based jobseeker's allowance (JSA) replaced income support for the unemployed from October 1996. Income support includes some income-based JSA claimants.
5 People receiving both are counted twice. Before April 1992 includes mobility allowance.

Source: Department for Work and Pensions

The NHS offers a range of health and care services to sick and disabled people. Primary care services include those provided by GPs, dentists, opticians and the NHS Direct telephone, website and digital TV services, while NHS hospitals (secondary care services) provide acute and specialist services, treating conditions that normally cannot be dealt with by primary care specialists. Acute finished consultant episodes – those where the patient has completed a period of care under one consultant with one hospital provider (see Appendix, Part 8: In-patient activity) – rose by 55 per cent in the United Kingdom between

Table 8.13

NHS in-patient activity for sick and disabled people[1]

United Kingdom

	1981	1991/92	2000/01	2001/02	2002/03	2003/04
Acute[2]						
Finished consultant episodes[1] (thousands)	5,693	6,974	8,164	8,209	8,395	8,829
In-patient episodes per available bed (numbers)	31.1	51.4	64.4	64.4	65.8	68.5
Mean duration of stay (days)	8.4	6.0	5.1	5.2	5.1	4.9
Mentally ill						
Finished consultant episodes[1] (thousands)	244	281	270	262	254	240
In-patient episodes per available bed (numbers)	2.2	4.5	6.5	6.6	6.5	6.2
Mean duration of stay (days)	..	114.8	58.5	57.7	56.2	58.3
People with learning disabilities						
Finished consultant episodes[1] (thousands)	34	62	44	46	39	35
In-patient episodes per available bed (numbers)	0.6	2.4	5.5	6.4	6.2	5.5
Mean duration of stay (days)	..	544.0	90.2	126.1	73.4	48.8

1 See Appendix, Part 8: In-patient activity.
2 General patients on wards, excluding elderly, maternity and neonatal cots in maternity units.

Source: Health and Social Care Information Centre; National Assembly for Wales; National Health Service in Scotland; Department of Health, Social Services and Public Safety, Northern Ireland

1981 and 2003/04 to reach 8.8 million (Table 8.13). The number of finished episodes for the mentally ill has fallen in recent years and in 2003/04 was 15 per cent lower than in 1991/92 and 2 per cent below the level in 1981.

Between 1991/92 and 2003/04 the average length of stay in hospital for the mentally ill almost halved (down by 49 per cent) to around 58 days. Over the same period the mean duration of stay for people with learning disabilities fell by 91 per cent to almost 49 days. This is possibly the result of a change in legislation to help people with such difficulties live with independence in the community, rather than keeping them in NHS hospitals.

An out-patient is a person who is seen by a hospital consultant for treatment or advice but who is non-resident at the hospital. In 2004/05, 14 per cent of people in Great Britain reported visiting an out-patient or casualty department at least once in the previous three months. With the exception of the youngest age group, which includes births and children aged under five, the percentage of people attending generally increased with age (Figure 8.14). Women in age groups between 16 and 64 were more likely than men in the same age groups to have attended although the reverse was true for those aged 65 and over.

People consult their GP for a number of services including vaccinations, general health advice and secondary care services, as well as for the diagnosis of illness and dispensing of prescriptions. On average, females visit their GP more than males. In 2004/05, 68 per cent of females and 65 per cent of males in Great Britain who had consulted their GP in the previous two weeks had obtained a prescription. Those whose household reference person was in a routine or manual occupation were more likely to have obtained a prescription than those in a managerial or professional occupation (Figure 8.15). In both cases, a higher percentage of women than men were likely to have obtained a prescription.

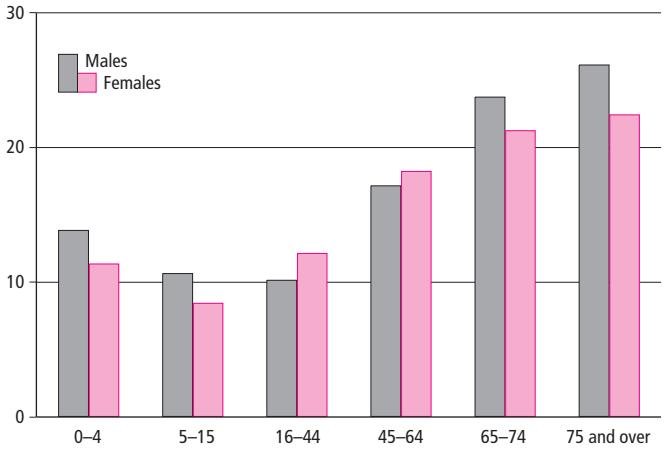
The British Social Attitudes (BSA) survey includes information on attitudes towards various aspects of NHS care. The survey provides insights into views the general public has towards services. Satisfaction levels with NHS hospitals and GPs were generally higher in 2004 than in 2002 with the exception of the general condition of hospital buildings. In 2004, 55 per cent of adults in Great Britain aged 18 and over thought that waiting times for ambulances after 999 calls were satisfactory or very good, based on their own experience or from what they had heard (Table 8.16 overleaf). A further 52 per cent were of the same opinion about waiting areas for out-patients. In comparison, 22 per cent thought that waiting times in accident or emergency departments to see a doctor were satisfactory or very good, the same opinion as 17 per cent in respect of waiting times for appointments with hospital consultants. For GP services, the amount of time GPs gave to each patient was thought to be satisfactory or very good by 65 per cent of people, while 50 per cent held the same opinion about GP appointment systems.

Figure 8.14

Out-patient or casualty department attendance:[1] by sex and age, 2004/05

Great Britain

Percentages



1 In the three months before interview.

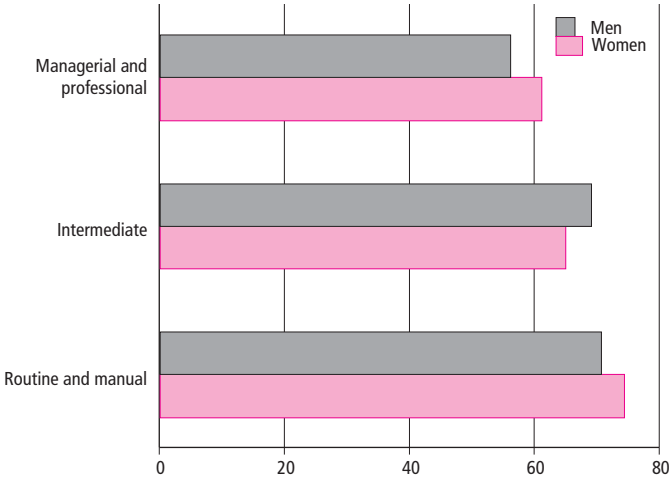
Source: General Household Survey, Office for National Statistics

Figure 8.15

NHS GP consultations where prescription was obtained: by socio-economic classification,[1] 2004/05

Great Britain

Percentages



1 Based on the current or last job of the household reference person. See Appendix, Part 1: National Statistics Socio-economic Classification. Where the household reference person was a full-time student, had an inadequately described occupation, had never worked or was long-term unemployed they are excluded from the analysis.

Source: General Household Survey, Office for National Statistics

Table 8.16

Satisfaction with NHS hospitals and GPs in their area, 2004[1]

Great Britain Percentages

	In need of a lot of improvement	In need of some improvement	Satisfactory	Very good
Hospital services				
Waiting times for ambulance after 999 call	*12*	*33*	*45*	*10*
General condition of hospital buildings	*24*	*39*	*31*	*6*
Waiting areas for out-patients	*12*	*36*	*47*	*5*
Waiting areas in accident and emergency departments	*20*	*37*	*39*	*4*
Waiting times for seeing doctor in accident and emergency departments	*36*	*42*	*20*	*2*
Waiting times for appointments with hospital consultants	*40*	*43*	*15*	*2*
Waiting times in out-patient departments	*23*	*48*	*27*	*2*
Hospital waiting lists for non-emergency operations	*30*	*48*	*21*	*2*
GP services				
Waiting areas at GP surgeries	*5*	*16*	*65*	*14*
GP appointment systems	*16*	*33*	*37*	*13*
Amount of time GP gives to each patient	*11*	*24*	*54*	*11*

1 Respondents aged 18 and over were asked, 'From what you know or have heard, say whether you think the NHS in your area is, on the whole, satisfactory or in need of improvement'. Excludes those who responded 'Don't know' or did not answer.

Source: British Social Attitudes Survey, National Centre for Social Research

The NHS is increasingly using technology in patient care. NHS Direct, the telephone helpline in England and Wales, provides fast and convenient access to health advice and information and was launched in 1998. In 2004/05 the service handled over 6.6 million calls in England. In addition, the NHS Direct Online website provides a wealth of quality assured, evidence based health information. Since its launch in December 1999, usage has increased steadily year on year (Figure 8.17). In 2001/02 the average number of visits per month to the website was 169,000, but by 2004/05 this had risen to 774,000 visits. Usage is generally highest during January, February and March. The most visited areas of the website are its comprehensive health encyclopaedia and interactive self-help guide. The most popular topics accessed within the encyclopaedia during 2004/05 were under-active thyroid and mumps and, in the self-help guide, joint pains, backache and headaches in adults. In the health information enquiry service, the user profile has changed very little since it was launched in 2002, with 64 per cent of enquiries in 2004/05 from female patients and 63 per cent from people aged under 35. The most popular topics of enquiry were women's health and medicines (7.3 per cent and 6.8 per cent respectively). In December 2004 NHS Direct launched a new service, NHS Direct Interactive, extending access to health information to 7.9 million homes initially via digital satellite television.

Figure 8.17

Visits to NHS Direct Online website

Source: NHS Direct

Families and children

There are a number of benefits available to families with children. Not all are income-related, such as child benefit and incapacity or disablement benefits. Other benefits are income-related and paid to low-income families, such as housing and council tax benefit or income support. In 2003/04, 56 per cent of lone parents with dependent children and 10 per cent of couples in the United Kingdom were receiving income-related benefits. Among lone parents with children, 46 per cent received working tax credit or income support compared with 5 per cent of couples (Table 8.18). This may reflect the employment status of lone mothers, who head the majority of lone-parent families, as they are less likely to be employed than mothers with a partner (see also Table 4.6).

Childcare is essential in supporting parents to take up or return to employment. One of the Government's targets is a 50 per cent increase by 2008 in the take-up of formal childcare by lower-income families, using the average for 2003/04 and 2004/05 as a baseline. Childcare can be provided by formal paid sources such as nurseries/crèches, nursery schools/playgroups, registered childminders and after school clubs/breakfast clubs or holiday play schemes. Parents can receive financial support from the Government if they use these services (provided they are registered and approved). In March 2005 there were 535,000 registered full day-care places and 366,000 out of school day-care places in England and Wales. Childcare can also be provided informally by grandparents, older children, partners/ex-partners and other relatives and friends. In 2003, 26 per cent of all dependent children in Great Britain received childcare from their grandparents, 12 per cent from other relatives and friends and 4 per cent from older siblings.

Around nine in ten children aged 0 to 2 and 3 to 4 in Great Britain received some form of childcare in 2003 (Table 8.19). Use of formal childcare reduces as children get older; over 40 per cent of children under five whose mothers were working received formal childcare. This fell to 23 per cent for children aged five to seven, when most start primary school, and decreased further when they started secondary education. Use of informal childcare remained relatively stable, with around two thirds of children up to the age of ten receiving it.

The hours a parent works on a weekly basis are related to the type of childcare used. In 2003 working lone parents and couples where both parents worked more than 16 hours per week in Great Britain were likely to use the same mixture of formal and informal childcare (between 21 and 22 per cent for formal childcare and between 50 and 54 per cent for informal childcare). Use of formal childcare in families where only one parent worked more than 16 hours per week was 10 per cent. This may be

Table 8.18

Receipt of selected social security benefits among families below pension age: by type of benefit unit,[1] 2003/04

United Kingdom Percentages

	Single person with dependent children	Couple with dependent children
Income-related		
Council tax benefit	*48*	*8*
Housing benefit	*45*	*7*
Working tax credit or income support	*46*	*5*
Jobseeker's allowance	*1*	*2*
Any income-related benefit[2]	*56*	*10*
Non-income-related		
Child benefit	*97*	*97*
Incapacity or disablement benefits[3]	*8*	*9*
Any non-income-related benefit[2]	*97*	*97*
Any benefit or tax credit[2]	*98*	*98*

1 Families below pension age. See Appendix, Part 8: Benefit units.
2 Includes all benefits not listed here. Components do not sum to totals as each benefit unit may receive more than one benefit.
3 Includes incapacity benefit, disability living allowance (care and mobility components), severe disablement allowance, industrial injuries disability benefit, war disablement pension and attendance allowance.

Source: Family Resources Survey, Department for Work and Pensions

Table 8.19

Childcare arrangements for children with working mothers:[1] by age of child, 2003

Great Britain Percentages[2]

	Formal childcare[3]	Informal childcare[4]	Childcare not required
0–2	*42*	*64*	*10*
3–4	*43*	*64*	*13*
5–7	*23*	*67*	*24*
8–10	*20*	*65*	*28*
11–13	*5*	*52*	*46*
14–16	*1*	*18*	*82*

1 All children where the mother is in work.
2 Percentages do not add up to 100 per cent as respondents could give more than one answer.
3 Includes nurseries/crèches, nursery schools, playgroups, registered childminders, after school clubs/breakfast clubs, and holiday play schemes.
4 Provided by the main respondent's partners/ex-partners, parents/parents-in-law, other relatives and friends, and older children.

Source: Families and Children Study, Department for Work and Pensions

because the other parent was at home looking after the child. Formal types of childcare were less likely to be used when parents (lone or couples) worked less than 16 hours per week.

Parental perceptions of the affordability of local childcare provision vary between lone parents and couples. In 2003 almost a third (31 per cent) of lone parents in Great Britain described their local childcare provisions as 'not at all affordable' compared with less than a quarter (23 per cent) of couples. A further 34 per cent of lone parents found the provisions 'fairly affordable' compared with 41 per cent of couples. Grandparents help their children by providing childcare and also financially. In 2001/02 the Millennium Cohort Study showed that families with a nine to ten month old baby received financial help from grandparents. Seventy two per cent of mothers reported that their parents bought gifts and extras for the baby, 25 per cent said their parents were buying essentials for the baby such as food, clothes or nappies, while 18 per cent said their parents had lent them money. The help received from the parents of the fathers followed a similar pattern.

In cases where parents are unable to look after their children properly, local authorities can take them into care. These children are usually described as being 'looked after'. In 2004, 68,000 children were being looked after by local authorities in England, Wales and Northern Ireland (Table 8.20). Over two thirds of them were cared for in foster homes. In Scotland, which has a different definition of looked after children, 12,000 children were being looked after and 3,500 were cared for in foster homes in the same year. Here, children who have committed offences or are in need of care and protection may be brought before a Children's Hearing, which can impose a supervision requirement if it thinks that compulsory measures are appropriate. Under these requirements, most children are allowed to remain at home under the supervision of a social worker, but some may live with foster parents or in a residential establishment while under supervision.

Children may be placed on a local authority child protection register when social services departments consider they are at continuing risk of significant harm. As at March 2005 there were 25,900 children on child protection registers in England, with 500 more boys than girls. Neglect was the most common reason to be placed on the register, affecting 45 per cent of boys and 43 per cent of girls. Emotional abuse was the second most common reason, with around a fifth of both boys and girls on the register suffering from this.

While some services are designed for them, children also make use of services available to the whole population. In 2004/05, 16 per cent of all children aged 0 to 4 in Great Britain visited an NHS GP in the 14 days before interview, with young girls slightly more likely to do so than boys (17 per cent and 15 per cent respectively). Six per cent of all children under five saw a health visitor at the GP surgery and a further 6 per cent visited a child health or welfare clinic. Visits to GPs or other health professionals are lower for older children, with only 7 per cent of children aged 5 to 15 having seen an NHS GP.

The majority of children in the United Kingdom visited the dentist at least once in 2003. Only 6 per cent of five year olds had never visited the dentist, compared with 14 per cent in 1983 (Table 8.21). However differences between socio-economic backgrounds were wider in 2003 for five year olds than they were 10 or 20 years earlier. Attendance levels for children with parents who had professional, managerial and technical, and non-manual skilled occupations improved at a faster rate (between 1993 and 2003 from 93 per cent to 98 per cent) than those whose parents worked in partly skilled and unskilled occupations (from 85 to 87 per cent over the same period). For eight year olds, only 2 per cent had never visited the dentist in 2003, compared with 4 per cent in 1993. Among this age group, the proportion of children who had never visited the dentist fell from 6 per cent in 1993 to 1 per cent in 2003 for those whose parents worked in partly skilled and unskilled occupations.

Table 8.20

Children looked after by local authorities:[1] by type of accommodation[2]

England, Wales & Northern Ireland — Thousands

	1994	1999	2004
Foster placements	35.1	40.2	45.8
Children's homes	..	6.8	7.6
Placement with parents[3]	5.5	7.1	7.0
Placed for adoption[4]	2.3	3.0	3.8
Living independently or in residential employment[4]	1.7	1.2	1.2
Residential schools[4,5]	..	1.0	1.5
Other accommodation	1.9	1.8	1.0
All looked after children	55.2	61.1	67.9

1 In England and in Wales (except for 1994), excludes children looked after under an agreed series of short-term placements. In Northern Ireland, children looked after for respite care are included in 2004. At 31 March.
2 See Appendix, Part 8: Children looked after by local authorities.
3 In England, placed with parents or person with parental responsibility in 2004.
4 Not collected for Northern Ireland.
5 England only in 1994 and 1999.

Source: Department of Health; Department for Education and Skills; National Assembly for Wales; Department of Health, Social Services and Public Safety, Northern Ireland

Table 8.21

Children who had never visited the dentist: by age and socio-economic classification[1]

United Kingdom — Percentages

	Aged five			Aged eight		
	1983	1993	2003	1983	1993	2003
Professional, managerial and technical, and non-manual skilled occupations	10	7	2	3	2	-
Manual skilled occupations	15	10	5	4	3	2
Partly skilled, and unskilled occupations	18	15	13	9	6	1
All households	14	10	6	4	4	2

1 *Of the household reference person. See Appendix, Part 1: National Statistics Socio-economic Classification. Data for 1983 and 1993 are based on Social Class. See Appendix, Part 8: Social Class.*

Source: Children's Dental Health Survey, Office for National Statistics

Very few children (only 1 to 2 per cent in 2003) received dental treatment outside the NHS. Among those parents of five and eight year olds who reported difficulty in accessing NHS dental care at some point, around one in five were reporting current difficulties in 2003, mainly because their nearest family dentist would not accept any more NHS patients.

In 2004 one in ten children aged 5 to 16 had a clinically recognisable mental disorder (see Chapter 7: Mental health). Almost three in ten families had asked for help from a range of specialist and informal services because they were worried about their child's emotional behaviour or concentration in the year before the interview (Table 8.22). Around one in five (22 per cent) had contacted a professional service, 18 per cent had contacted a teacher, 6 per cent a GP or practice nurse and 4 per cent an educational psychologist. Informal sources of help were also used, with family and friends accounting for most (12 per cent). Parents of children with a hyperkinetic disorder (children whose behaviour is hyperactive, impulsive and inattentive) and those whose child had an autistic spectrum disorder were most likely to have sought help or advice (95 per cent and 89 per cent respectively) (see also Table 7.19 and Figure 7.20).

Table 8.22

Help sought in the last year for a child's[1] mental health problems: by type of mental disorder,[2] 2004

Great Britain — Percentages[3]

	Type of disorder				
	Emotional disorder	Conduct disorder	Hyperkinetic disorder	Autistic spectrum disorder	All children aged 5 to 16
Specialist services					
Child/adult mental health specialist	24	28	52	43	3
Child physical health specialist	8	7	15	36	2
Social services	10	16	15	23	2
Education services	18	24	37	51	4
Front line services					
Primary health care	29	32	46	33	6
Teachers	47	60	70	69	18
All professional services	64	76	93	86	22
Informal sources					
Family member/friends	34	34	35	22	12
Internet	5	6	11	10	1
Telephone help line	4	4	6	3	1
Self-help group	3	3	7	10	0
Other type of help	8	7	4	8	2
All sources	73	81	95	89	28
No help sought	27	19	5	11	72

1 *Aged 5 to 16 and living in private households.*
2 *See Appendix, Part 7: Mental disorders.*
3 *Percentages do not add up to 100 per cent as respondents could give more than one answer.*

Source: Mental Health of Children and Young People Survey, Office for National Statistics

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