

Title: *Unmet Social Care Needs among Adults Aged 50 and over with Disabilities in Spain: Understanding Inequalities in an Ageing Society*

Authors: Pilar Zueras & Mariana Calderón-Jaramillo

Affiliations: Centre d'Estudis Demogràfics, Universitat Autònoma de Barcelona

Extended Abstract

Introduction and background

Population ageing presents growing challenges for welfare systems and individuals' well-being. In Spain, where life expectancy ranks among the highest in Europe but healthy life expectancy lags, a large share of older adults live with disabilities and may require personal or social care. Yet not all of these needs are met, and unmet social care needs are increasingly recognised as indicators of inequality and inadequate arrangements for long-term care provision. Understanding who experiences unmet needs and why is crucial for designing effective social policies and equitable care systems. This research contributes to the field of social demography and ageing studies by quantifying the prevalence of unmet care needs and analysing the socioeconomic, demographic and disability-related determinants that explain them.

The societal achievement of unprecedented gains in life expectancy has been followed by debates about the challenges that ageing populations pose to societies. After the age of 50, adults are more likely to experience social care needs as a result of ageing itself, multimorbidity and physical deterioration leading to dependency and social care needs. Most studies of the challenges of social care have focused on the demand for care and the availability of caregivers. Another approach has explored the perspective of unmet care needs, stressing the fact that in many cases, people do not receive the care or support they need. Social care needs have been defined from a positivist perspective by identifying their association with the difficulties faced in the daily functions or activities (Vlachantoni, 2019) that individuals are expected to perform. In general, social care needs have been operationalised as limitations faced by individuals in moving or performing basic and instrumental activities of daily living (ADLs and IADLs, respectively). This definition is useful for identifying specific tasks or domains for which individuals may need assistance, and has been standardised as part of surveys and tools assessing individuals' needs from both a medical and social work perspective. This study aims to expand our understanding of social care needs by including a broader definition referring to mobility, ADLs and IADLs, as well as other types of disabilities, including limitations to seeing, hearing, communicate and learn. By adopting this approach, we can gain a more nuanced insight into the social care needs. It also helps us think about what social care is and what it involves. Furthermore, our study also explores unmet social care needs, accounting for how these social care needs are approached by societies.

The concept of *unmet social care needs* is grounded in the framework proposed by Vlachantoni (2019), distinguishing between *absolute* unmet needs (complete lack of assistance) and *relative* unmet needs (when the received support is perceived as insufficient). Our theoretical premise is that unmet social care needs emerge at the intersection of individual functional limitations, household and social resources, and the institutional context of care provision. Research regarding unmet care needs is embedded in a broader scenario related to social care systems, deeply rooted in welfare-states configurations. Differences between social care systems can be

noted worldwide and within the European region; these differences are mainly due to the diversity of ways by which informal and formal care are arranged and the intervention (or lack of it) by public- and private-founded social care providers. Therefore, social care systems can be conceptualised in the spectrum of family-centred, relying mainly on care provision by kinship networks, and welfare-centred models, where care is mainly provided through public institutions. In recent years, social care systems have been subject of ongoing transformations as a result of neoliberal policies based on public budget constraints for care provision and debates regarding shortcomings of the population ageing on social care needs and demands.

In this context, unmet care needs are particularly relevant as a measure of the gaps in social care systems to ensure the well-being of individuals. In this sense, the starting point for estimating unmet care needs is the recognition of the existence of social care needs, as well as the fact that social care systems may fail to meet these needs. Nevertheless, previous research has emphasised the challenges of measuring unmet care needs in the ageing population (Allen et al., 2014; Bien et al., 2013; Dunatchik et al., 2019; Stein et al., 2020), since no source of information (survey or register) asks directly about them (Vlachantoni et al., 2011). Despite this, by combining absolute and relative measures of unmet social care needs, we can explore and understand the gaps in social care demand (Calderón-Jaramillo & Zueras, 2023). Demographic and social factors also affect unmet care needs. For example, previous evidence shows that women are more likely than men to have unmet care needs, and younger people are more likely to have unmet care needs than older people. These findings show that social care systems are reactive rather than preventive. They meet the needs of vulnerable individuals, but not as soon as they are needed. Research has also highlighted the importance of other factors like socio-economic status, informal care and geographical distance. Other, less common, studies have also explored the role of structural factors related to social care systems and ongoing transformations due to policy changes, particularly visible in Europe (van Damme et al., 2025). Research has highlighted the strong link between welfare state configurations and social care systems (Pfau-Effinger, 2005). The Spanish scenario is also subject to transformation, as shown by the trend of externalisation of care from household providers to other sources of care (Spijker & Zueras, 2016).

Data and Methods

We use microdata from the *2020 Survey of Disability, Personal Autonomy and Dependency* (EDAD-2020), which covers the Spanish population with disability living in private households. The aim of EDAD 2020 is to provide statistical information for the promotion of personal autonomy and the prevention of dependency, as well as the health of their caregivers and the impact that caregiving has had on their working and leisure lives. The analytical sample includes 9,488 individuals aged 50 years and older with at least one disability, representing approximately 3.5 million people. The dataset provides detailed information on disability domains, need for personal assistance, and socio-demographic characteristics.

Respondents are asked whether they receive personal or technical assistance to carry out the activities for which they have major difficulties, whether they consider that this assistance is sufficient to cover their needs and, if they do not receive assistance, whether they consider that they would need it. We use this information to operationalise and estimate unmet social care needs for personal assistance.

First, we estimate the weighted prevalence of social care needs by sex, age group and disability type. Then, we estimate unmet care needs using absolute and relative measures as

complementary approaches. Descriptive statistics are followed by multinomial logistic regression models that distinguish between four outcomes of care needs for personal assistance: (a) no care needs; (b) met care needs; (c) relative unmet care needs; and (d) absolute unmet care needs. The explanatory variables include sex, age, educational attainment, household income, living arrangements and the number and type of disabilities.

Results and discussion

Around 60% of adults aged 50+ with disabilities report social care needs for personal assistance (Table 1), of whom approximately 23% experience unmet needs —10% absolute and 13% relative. Unmet needs are more frequent among the oldest age groups and among women, who are 1.5 times more likely than men to experience absolute unmet needs. Individuals with multiple disabilities are especially at risk of relative unmet needs. Conversely, living with others, higher income, and higher education are protective factors. Living with a partner specifically reduces the likelihood of absolute unmet needs but not of relative ones. No substantial differences appear by disability type once other variables are controlled.

The findings reveal a dual burden: people with disabilities face not only functional limitations, but also insufficient care. This reflects the inadequacy of current social care systems in meeting the growing demand for assistance among older adults. Despite legislative advances, such as Spain's Dependency Law (39/2006), inequalities persist by gender and socioeconomic status. The results stress the importance of reinforcing both formal care services and support for informal caregivers, ensuring equitable access and adequate coverage. The study contributes to demographic and social policy research by providing evidence on unmet social care needs in Spain using a holistic disability framework. It expands the notion of social care needs beyond mobility and daily life to include those generated by disability and impairment. Additionally, it differentiates between absolute and relative unmet needs for personal assistance, highlighting social gradients in care coverage. Social care systems should adapt to the needs of ageing populations by identifying their specific requirements and demands and ensuring equitable and sustainable support for everybody.

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Table 1. Descriptive statistics by sex. Weighted.

	Sex					
	Men		Women		Total	
	Freq./Mean	Prop./s.d.	Freq./Mean	Prop./s.d.	Freq./Mean	Prop./s.d.
N	3673	38.71	5815	61.29	9488	100.00
Population	1356310	38.54	2163232	61.46	3519542	100.00
age	72.08	12.33	75.21	12.36	74.00	12.44
number of disabilities	2.25	1.68	2.56	1.78	2.44	1.75
5-year age group (>49)						
50		8.82		7.05		7.73
55		11.55		7.80		9.25
60		11.85		8.30		9.67
65		10.71		9.11		9.72
70		11.44		11.31		11.36
75		12.36		13.78		13.24
80		13.44		15.24		14.55
85 +		19.83		27.40		24.48
Disability groups and domains						
Sensory Disabilities		52.94		48.54		50.24
seeing		24.14		25.99		25.27
hearing		34.66		29.86		31.71
Cognitive and Social Disabilities		27.62		27.35		27.45
learning		13.13		15.68		14.70
communication		21.01		20.68		20.81
interaction		11.37		10.80		11.02
Physical and Daily Living Disabilities		64.20		76.44		71.72
mobility		50.87		63.60		58.69
selfcare		29.51		35.47		33.17
domestic_life		40.02		53.85		48.52
Care needs of personal assistance						
No care needs		46.97		35.18		39.72
Met care needs		34.92		39.17		37.53
Relative unmet care needs		10.88		14.29		12.98
Absolute unmet care needs		7.23		11.36		9.77