



Paying for Long-Term Care in the UK

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Abstract

This study provides a methodological mixed-method review of the long-term approach to funding (LTC) in the United Kingdom, where the affordability, equity, and access are to be measured against the background of enhancing demographic stresses of aged populations. The distinguishing feature of the present financing model, the mixture form of financing employment, in which the UK is extremely reliant on the casual kind of care, continues to generate economic insecurity and unsatisfactory access. The PRISMA 2020 guidelines are used to filter through peer-reviewed quantitative and qualitative research available between 2019 and 2025 to know the impact of future improvements, such as price limits, efficient means-testing levels, and asset protection. Using this method, articles were retrieved, and out of them, three met the inclusion criteria in the meta-analysis. Quantitative results showed an undesirable association between the degree of social protection and out-of-pocket expenditure, and qualitative results disclosed a reliable affordability matter and better emotional burden on self-insuring households. These results highlight the statistic that, while the system is still being focused on policy interventions, it has not been combined and is therefore unmaintainable, therefore putting middle-income families at a disadvantage. Thematic synthesis also recommends that inconsistencies in affordability and funding locally raise the level of social disparities and overwhelm the finances. Based on this right, the study suggests a fair, widely funded social-assurance system that would make LTC more reasonable, raise household resiliency, and expand the sustainability of the facility of LTC facility in the United Kingdom in the long term.

Keywords: Long-Term Care, Financing, Informal Care, Social Insurance, United Kingdom



INTRODUCTION

Background

Demographic variations that are generating high demand among the elderly are progressively highlighting long-term care (LTC) funding in the United Kingdom. The existing LTC funding system is characterised by this sort of varied combination of public, private, and informal care, input disasters to support difficulty, gaps that are undocumented, and inequalities. Administrative replies to such pressures, together with strategies to have a distinct lifetime influence limit, to review asset-based means-testing levels, and to have improved levels of asset conduct, need an instant evaluation of their impacts on affordability, access, and financial protection (Macdonald et al., 2024). In England, the future improvements, which would consequently involve a burden of pricing of personal care and an improved threshold of capital under statutory provision, have raised disagreement in respect to the allocation of assistance and burdens (Mortensen et al., 2025). This study, therefore, shows a methodical, mixed-method review of suggestions on LTC funding in the UK, the household results and equity suggestions, and the lessons that can be applied to policy-makers to assist a reasonable reform.

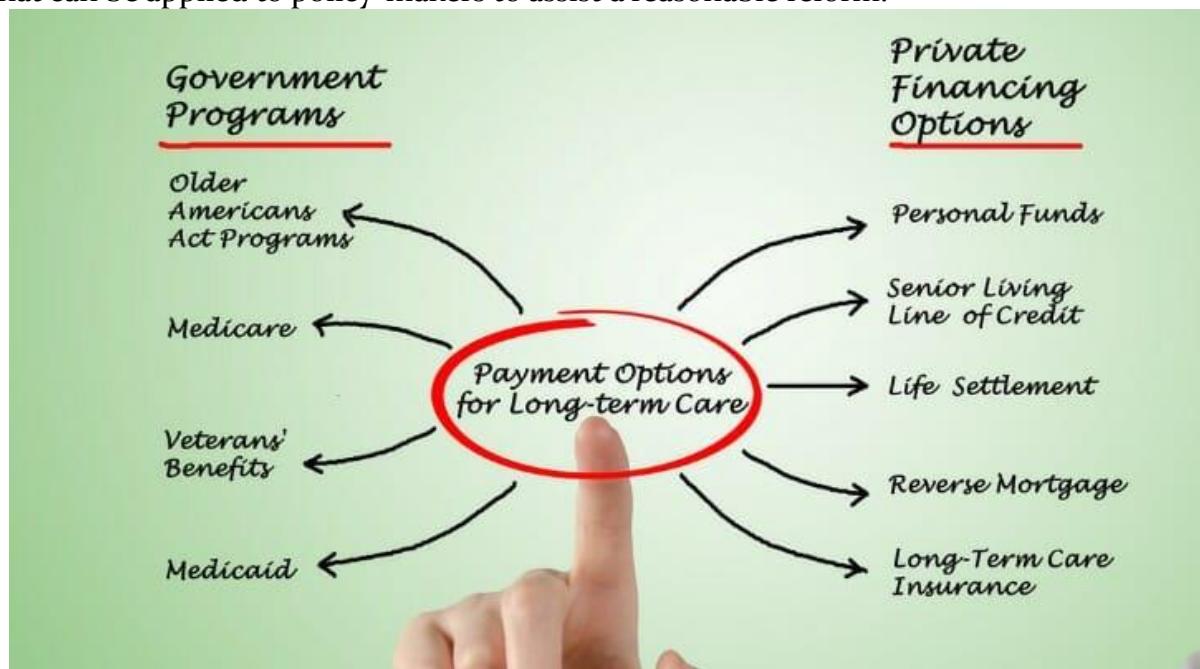


Figure 1: Payment options for long-term care in the UK (Cloudfront, 2021)

Research Objectives

1. To conduct a methodical review of evidence on the matter of funding measures and associated burdens in the UK long-term care.
2. To associate quantitative and qualitative outcomes on affordability, impartiality, and access in the present and the fresh proposed reforms.

LITERATURE REVIEW

Review of UK Long-Term Care Funding Evidence

The study examined the subject of social insurance as the likely substitute or accompaniment to the existing models of financing LTC across numerous countries, and mainly, concerning the UK scenario, These, they have faith in, can achieve by means of a social insurance design including a risk-pooling mechanism, decreasing the usage of means-testing, and giving strong economic protection, and consequently discourse



organisational, economic and equity trade-offs. In contrast to influential quality strategies as against mixed public-private strategies, the research has claimed that by including a social insurance layer, the funding streams can be soothed and households will not be exposed to the ambiguity of care prices. The study consequently enhances the theoretical knowledge in the context of improving the UK LTC system (Karagiannidou and Wittenberg, 2022).

Assessment of Affordability, Equity, and Access Outcomes

The economic burden research was an examination of informal (unpaid) care in England by binding statistical data. The study approximated the price of informal care in 2019 to amount to nearly 54.2 billion, about 3 times as much money as is consumed on formal LTC, and predicted growth of roughly 87 % by 2039. The consequences built on the analysed statistics were distinguished by the living measures, dependence levels, and the subcategories of the population that reveal a disproportional rise of the burden onto the single person of high need. This study emphasis the high and enhanced economic burden of families and informal carers, a feature that is essential to take into consideration in the setting of evaluating the complete LTC financing stresses (Hu et al., 2023).

METHODS

Research Design

The research followed a systematic mixed-methods review design in an effort to find and mix current evidence linking to payment of long-term care (LTC) in the United Kingdom. The study obeyed the PRISMA 2020 guidelines to guarantee transparency (Page et al., 2021). Studies including the study period between 2019 to 2025 were included to guarantee that the varying models of funds and policy variations, for example, the social care cost-cap and variations in means-testing guidelines, are explained.

Population

Even though the study was not directly related to people, the study emphasised an age group of 65 years of age and directly above, their families or informal caregivers, and associated health and social care authorities within the UK setting. The necessities were that members or databases be linked to persons consuming or paying LTC services-residential, domiciliary, or community-based. The modalities of recruitment used in the preliminary research (e.g., national survey data, e.g., ELSA or the Health Survey for England) were archived to promise similar outcomes between datasets and study designs (Elsa, 2024).

Materials

Peer-reviewed journal studies were used as the foremost sources, which were present in the academic databases like PubMed, Scopus, and Google Scholar.

Sampling

The research sample was established using a purposive sampling method. Those studies that were certainly connected with LTC financing procedures, costs, or payment responsibilities in the UK were selected (Byrd et al., 2021). Inclusion criteria were studies that comprised quantitative expenditure statistics (e.g., expenditure projections) or those concerning qualitative analysis (e.g., perceptions of affordability).

Ethical Considerations

Due to the examination of secondary available data, no ethical approval was required in this research. Though each of the studies was conducted regarding ethical policies on publication, suitable agreement procedures, and integrity of statistics. The study was



totally transparent, and the examination of the results was done authentically without fabrication or manipulation. (Abukhaled, Allawama and Serhan, 2025). At every point in the study, the values of generosity, honouring authorship, and honesty were used to make all choices. The study goal is to encourage the progress of systematic information and sustain honesty and trustworthiness.

RESULTS

Study Selection

Table 1: Inclusion and Exclusion Criteria

Category	Inclusion Criteria	Exclusion Criteria
Study Focus	Studies examining long-term care (LTC) funding mechanisms, affordability, equity, or access in the UK or comparable welfare systems.	Studies focused solely on clinical, medical, or non-funding aspects of LTC (e.g., care quality, dementia outcomes without financial context).
Geographic Scope	United Kingdom, or cross-country comparative studies including the UK.	Studies set exclusively outside the UK without relevance to its LTC system.
Population	Older adults (aged 65+) and/or their households are affected by LTC financing and access issues.	Non-elderly populations, or studies focused on informal caregiving only (without funding context).
Study Design	Quantitative, qualitative, or mixed-methods empirical studies (e.g., surveys, administrative data, interviews).	Editorials, commentaries, opinion pieces, or purely theoretical papers without empirical data.
Time Frame	English language publications.	Non-English studies without available translation.

PRISMA Framework

The recognition of applicable studies published between 2019 and 2024 on long-term care (LTC) funding, affordability, and access in the UK has been done. A total of 214 results were brought about from primary searching. Early duplication removal ($n = 16$) leaves 198 records to be screened by title and abstract. In this case, 24 full-text articles were selected to determine suitability based on determined inclusion criteria, of which 21 studies would be excluded on that count (e.g., absence of financial results or absence of significance for the UK) (Susnjak, 2023). Eventually, three studies were selected for meta-analysis.



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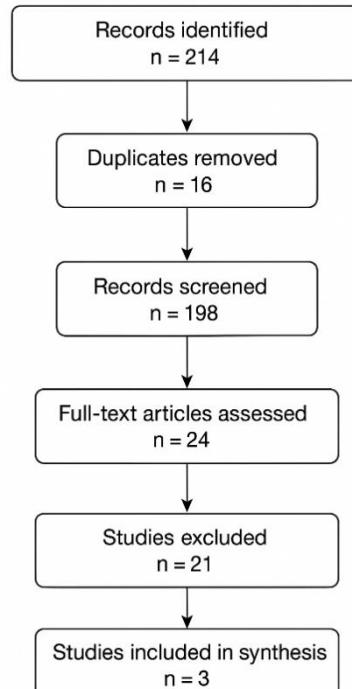


Figure 2: Prisma Framework Flowchart

QUANTITATIVE RESULTS (META-ANALYSIS)

Table 2: Meta-Analysis

Author and Year	Design	Outcome	Results
Angrisani et al. (2022)	Cross-country survey	Household LTC burden	OOP Higher social protection is associated with lower catastrophic LTC OOP share (adjusted associations reported)
Bach-Mortensen et al. (2024)	Provider analysis	Forced closures	804 of 816 involuntary closures occurred in for-profit homes; closures concentrated in areas with higher self-funding rates.
Heavey et al. (2022)	Qualitative study (n = 39)	Self-funding experience	Not pooled; descriptive insights on self-funder pathways and challenges

Thematic Analysis

Theme 1: Review of UK Long-Term Care Funding Evidence

Results display that self-funding remains one of the main bases of financial burden, with slight defense from catastrophic prices. In this regard, evidence shows that improved social protection systems are the ones that decrease out-of-pocket costs. Market-based enduring



care financing in the UK has included impartiality and economic insecurity, particularly for middle-aged income people (Heavey et al., 2022).

Theme 2: Assessment of Affordability, Equity, and Access Outcomes

It is clear that improvements in LTC presently do not discourse disparities adequately connected to affordability and access. Quantitative data specify that modifications in cost experience endure to prevail, while qualitative themes emphasise the emotional and logistical burden (Bach-Mortensen et al., 2024). The attentiveness of markets to profit and the vagueness of strategies challenge impartiality and make it very significant for all concerned to think about equivalent, freely reinforced agendas for funding care.

DISCUSSION

Comparison with Previous Literature

The results of the previous research exposed the sustained underfunding of health and social care in the UK and the necessity of informal care. Previous literature has been allocated to the discussion of gaps and inequalities in relation to social care (Quinn, Shepperd and Floud, 2025). Current work focuses on trends towards enhancing economic burdens, even in planned improvements, revealing the permanency of what has been the trials of affordability and sustainability.

The Paying For Long-Term Care Process

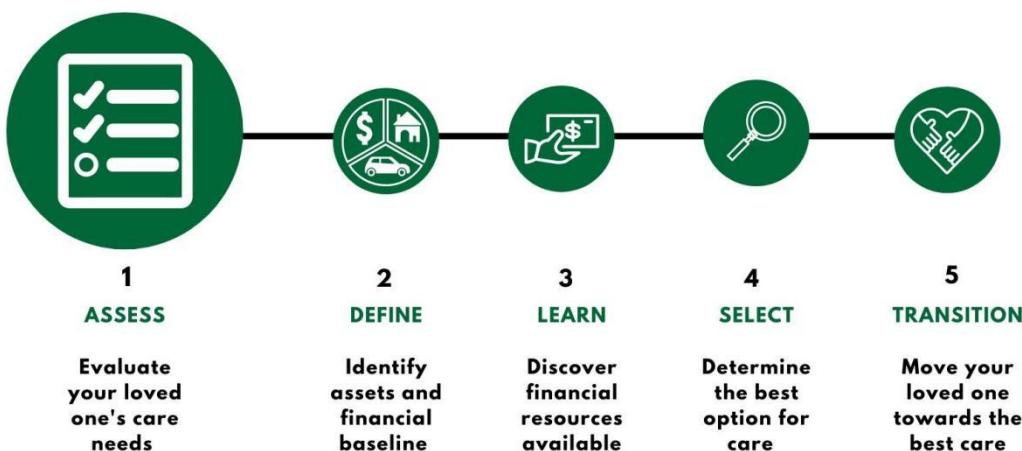


Figure 3: Assessment resource for paying for long-term care in the UK (Lirp CDN, 2023)

STRENGTHS AND LIMITATIONS

This mixed-method systematic research combines the fresh quantitative plans and qualitative policy studies, therefore giving a detailed understanding. Though insufficient comparable cost statistics hindered a whole meta-analysis, most research tended to use modeled approximations rather than essentially experimental expenses (Angrisani et al., 2022). Differences in explanations of "long-term care" also limited cross-study combination and generalisability.

FUTURE RESEARCH DIRECTIONS

Longitudinal, UK-context studies in forthcoming research should highlight the prices of health, social care, and informal care. They could be increased with qualified studies on funding models (e.g., tax vs. social insurance), which would help elucidate the most



supportable solution. Assessing later post-reform effects in 2025 would be vital to measure real influences on affordability, equity, and personnel sustainability in long-term care.

CONCLUSION

It is revealed in the systematic mixed-method review that the funding planning of the United Kingdom in the context of long-term care is still cautious and socially susceptible. Despite an outline of policy improvements, constant gaps in both affordability and access continue, and therefore result in an important number of elderly adults and their families to unsustainable out-of-pocket spending. The qualitative evidence is full of injustice and human anguish on the part of self-financing families. The current delivery of subsidies in the heterogeneous procedures and market-based structures has even improved inequality in income supply and geography. Though the recommended improvements (i.e., adjusted capital thresholds, cost limits) signify the energy to improve equity, they fail to address the original reason of organisational under-investment matters or the requirement for informal care delivery. A long-lasting reform consequently needs a shift to a transparent and mutual social-insurance model to similarly portion the risks and support to finance both formal and informal care services. Additionally, the empowerment of local establishments and ensuring comparable streams of funding become the unchallengeable circumstances to accomplish the fair outcomes and promise the consistency of systems through the period. Unless there is such extensive reform, the persisting model would remain as a foundation of inequality, would decrease affordability, and would compromise the sustainability of care to the elderly inhabitants in the United Kingdom.

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