

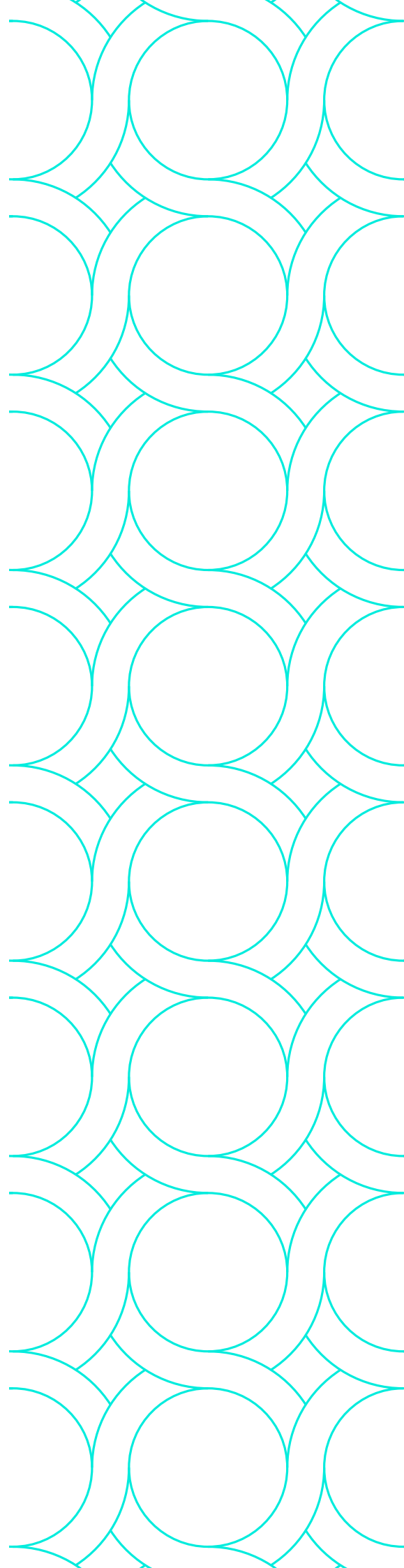


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Impact
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Health

Data dive:
**Economic
security and
long-term
conditions**

Hannah Webster and James Morrison



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Author's note

Any errors are the authors' own.

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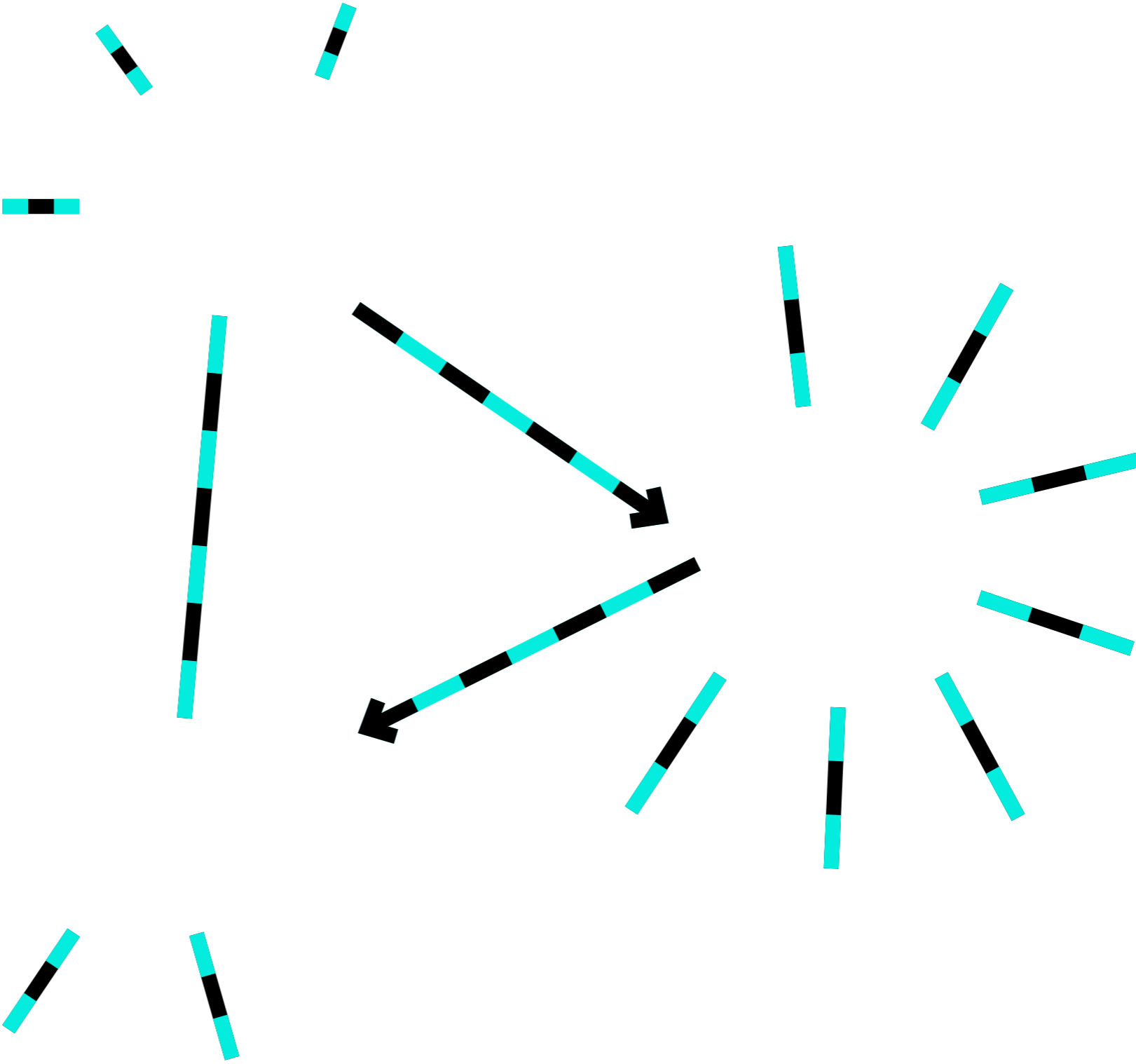
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ECONOMIC SECURITY

Economic security and health are co-constitutive. Each affects the other, which is why the RSA has adopted a definition of economic security that is holistic and subjective. In this chapter, we explain the context to our research.

Economic security

Economic insecurity is endemic in the UK. But research, policy and practice often disaggregate the experience down sectoral lines. Rather than approaching a holistic issue, one which is felt day-to-day as a cumulation of a range of factors – such as income, housing, financial health, health and wellbeing - we often instead look only to these factors, and ideas to improve them, in isolation. In doing so, we lose an understanding of how these factors interact and paint a complex picture of the individual experience.

To address this complexity the RSA has arrived at a necessarily broad definition of the term, defining economic security as **'the degree of confidence that a person can have maintaining a decent quality of life now and in the future, given their economic and financial circumstances'**.¹

This is a definition which includes critical components that contribute to economic security:

- It includes the subjective and cannot be predicted by objective circumstances alone.
- It is dynamic, related to the past, present and anticipation of the future.
- It is not binary, whilst security and insecurity are used in this work as opposites, between them sits a multi-dimensional scale of experiences.

The element of subjectivity is particularly important in economic security and sets it apart from more conventional measures of economic disparity such as inequality or poverty statistics. By including subjective measures, we are able to capture the insecurity of people who may be earning average or above-average incomes but do not feel confident about their medium- or long-term financial prospects. This could

be related to a wide range of factors, such as where they live, who else is in their household or how secure they feel their role or sector is. As we will explore in this work, this is especially relevant with regard to people with multiple long-term conditions, who, according to our findings, are less confident about their future financial prospects.

At the RSA, we view economic security as a contributing factor to the health and wellbeing of both people and communities and therefore such an understanding is essential to our vision of a future that works for everyone.

The prevalence of economic insecurity is borne out in a litany of statistics; almost four in five people believe that employees face more anxiety compared with a generation ago.² RSA research revealed that only 43 percent of people are confident that they will be able to maintain a decent quality of life in 10 years' time, whilst 40 percent are not confident.³ A third of workers would struggle to pay an unexpected bill of £100.⁴

In his 2019 annual lecture, then RSA CEO Matthew Taylor observed that we live in "an age of insecurity", with economic insecurity far more widespread than we might think. This observation comes to life in the RSA's finding in 2019 that 30 percent of all workers do not feel they earn enough to maintain a decent standard of living, as well as the statistics that open this chapter, and are present throughout this report.⁵

¹ Taylor, M (2019) An age of insecurity. [online] 20 November. Available at: www.medium.com/@thersa/an-age-of-insecurity-c6103cf2f08b

² Reference

³ Taylor, M (2019) Five insights into economic insecurity in the UK. The RSA, [blog] 18 November. Available at: www.thersa.org/blog/matthew-taylor/2019/11/five-insights-economic-insecurity-uk

⁴ Conway, R. and Wallace-Stephens, F. (2019) Rethinking the safety net for 21st century workers The RSA, [blog] 15 August. Available at: www.thersa.org/blog/2019/08/economic-safety-net

⁵ Wallace-Stephens, F. (2019) Economic insecurity: the case for a 21st century safety net. [pdf]. Available at: www.thersa.org/reports/economic-insecurity

However, the lecture also addresses the need to move beyond the focus on standalone statistics, or even specific policies, and tackle the “underlying values that shape our society and our imaginations”.⁶ His lectures set out the RSA’s intention to do just this, and it is a motivation that underpins all of our work on economic security.

The RSA has put this theory into practice in a number of projects. Our Economic Security Observatory has focused on the experiences of keyworkers in Britain during the pandemic, seeking to identify the gaps in support, whether from the state, communities or employers, which are contributing to the erosion of economic security. Whilst our wider research on the future of work, housing and places are all underpinned by an ambition to highlight and improve economic security.

In this research, we begin with a hypothesis that economic security is both acutely and uniquely experienced by those living with long-term conditions. We focus on the intersection of health, work, and subjective and objective measures of finance, and seek to understand their relationship with economic security. To achieve this, we have explored the factors which affect economic security through the lifecycle of living with a long-term condition to understand the impact at the point of diagnosis, and in looking to the future.

Health and economic security

The relationship between health and economic security is complex and reciprocal. In this work we focus on the impact of a health condition on overall economic security and the factors that contribute to it, but acknowledge that this relationship works two ways. Poor economic security, working conditions, low income and inadequate housing, for

example, may also play a role in the health and acceleration of long-term conditions for an individual, but this is beyond the scope of this analysis.

Qualitative enquiries from the Impact on Urban Health have explored the nature of the relationship between long-term conditions and financial adversity further and this research draws on learnings and case studies from this work.

A need to work in unsuitable or unsafe environments intersects with our physical and mental health. This relationship between personal and financial health can increase the risk of one long-term condition turning into multiple.⁷ Impact on Urban Health’s FinWell project outlines this relationship for Shannon, a case study in understanding how health and income intersect.⁸ Shannon, a single mother of four, living with long-term physical and mental health conditions, is limited in her ability to work due to her health conditions.

This impacts her access to employment, as many employers do not offer the flexibility she needs, and the level of income she is able to bring home to her family. Falling between the cracks of disability benefits, seeking work is the only way she is able to financially support her family leading her to take up shift work with knock-on effects on her family life and wellbeing. She was unable to take adequate time off work when she needed it and as a result her health conditions worsened. Shannon’s case is not rare; unsuitable work, low income and economic precarity have a tangible impact on health.

Evidence suggests that the prevalence of long-term conditions varies according to where you live, including for younger residents. Looking specifically at those under 40 years old, our analysis of

6 Op cit Taylor (2019).

7 Impact on Urban Health (2021) FinWell: London financial diaries. [online]. Available at: www.urbanhealth.org.uk/insights/reports/london-financial-diaries-addressing-the-twin-challenges-of-poor-health-and-financial-difficulty

8 Impact on Urban Health (2021) Shannon’s story. [online]. Available at: www.urbanhealth.org.uk/insights/opinion/shannons-story

Understanding Society shows a regional variation of between 10 percent (in Northern Ireland) and 25 percent (in the North East of England) of people under 40 living with one or more long-term condition, of which there will be further variation at the local and sub-local level.⁹

Covid-19 and economic security

The economic and health impacts of Covid-19 have been intrinsically linked across a range of experiences. As we look to the future and how we might better support those living with long-term conditions, it is critical that we account for the unequal impact of the pandemic.

For those with pre-existing health conditions which put them at additional risk of Covid-19, their ability to go into work or to continue to provide or receive care may have been impacted by their requirement to shield to protect their health. Conversely, for those who have continued to work but in key worker roles, their health has been put at an increased risk of exposure to their virus in order for them to continue to work and earn their income. Others have been impacted by lockdowns and various other public health measures, such as furlough or the closure of businesses concentrated in sectors such as hospitality and tourism.

Work is one of the domains of economic security that has been most affected by the pandemic. Unemployment in the UK has risen from 3.9 percent in November 2019 to 4.8 percent in January 2020 according to the ONS’s latest figures. This is, in itself, a fall from a peak of 5.1 percent in October-December 2020.¹⁰ Despite this increase, the government’s continuation of the Job Retention Scheme (JRS), commonly known as furlough, has so far avoided the high levels of unemployment that were feared in 2020 when the Office

for Budget Responsibility forecast a peak level of unemployment of 11.9 percent in the fourth quarter of 2020.¹¹ With the number of jobs furloughed as high as 4.9m in January 2021 and a cumulative total of 11.4m jobs furloughed since the start of the scheme, it remains to be seen what levels of job losses will occur now that the Job Retention Scheme has come to an end.¹²

The RSA’s recent risk assessment exploring the combined impact of Covid-19 and automation finds that accommodation, food and beverage, and creative and arts industries are most impacted by the furlough scheme.¹³ Across these sectors low pay and variable working hours are common, suggesting that furlough is an additional layer on a group including many already experiencing economic insecurity.

The economic, social and public health impact of the Covid-19 pandemic has brought to the fore this intersection between health and economic security. In the early stages of the pandemic, the UK government suggested that Covid-19 was a ‘great leveller’ and Cabinet Office minister Michael Gove stated that ‘the virus does not discriminate’.¹⁴ But in the months that followed we learned instead that Covid-19

9 Full regional breakdown of the prevalence of one or more long-term conditions can be found in the supporting tables for this report.

10 Office for National Statistics (2021) Unemployment rate (aged 16 and over, seasonally adjusted). [online]. Available at: www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/timeseries/mgsx/lms

11 Office for Budget Responsibility (2020) Fiscal sustainability report – July 2020. [pdf]. pp. 38-39. Available at: www.obr.uk/fsr/fiscal-sustainability-report-july-2020/

12 HM Revenue & Customs (2021) Coronavirus Job Retention Scheme statistics: March 2021. [online]. Available at: www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics-march-2021/coronavirus-job-retention-scheme-statistics-march-2021

13 Wallace-Stephens, F. and Morgante, E. (2021) Who is at risk? Work and automation, in the time of Covid-19. [pdf]. Available at: www.thersa.org/globalassets/foundation/new-site-blocks-and-images/reports/2020/10/work_and_automation_in_time_of_covid_report.pdf

14 Milne, A. (2020) UK under fire for suggesting coronavirus ‘great leveller’. Reuters, [online], 9 April. Available at: www.reuters.com/article/us-health-coronavirus-leveller-trfn-idUSKCN21R30P

does discriminate and does so along the lines of existing patterns of inequities and oppression. Specifically, the Office for National Statistics (ONS) has found that men and women of Black and South Asian background have an increased risk of death from Covid-19 compared to white people.¹⁵

And across all of these experiences we are yet to be able to fully understand the mental health and wellbeing implications of the virus and the pandemic response. However, early understanding suggests that across all ages there have been negative consequences for wellbeing but that young adults, those living with long-term physical health conditions, those in urban areas and those with low household income have been particularly affected during the pandemic.

This is reflected in our own analysis of subjective economic security. Our analysis found that 21 percent of white British people have low or very low economic security, compared to 39 percent of people from a Bangladeshi background, 39 percent of people with a Caribbean background, and 33 percent from a mixed white and Black African background.

All of this paints a picture of the pandemic in the UK that is similar to the global view expressed by UN Special Rapporteur on extreme poverty and human rights, Philip Alston, who characterised Covid-19 as 'pandemic of poverty'.¹⁶ He noted that the advice to stay home and socially distance serves to highlight the plight of those unable to do so. Though residents of the UK may be better able to protect themselves than some of the lower income countries that Alston is also addressing, the challenge of the least well-off to protect themselves from the dangers of Covid-19 is universal.

¹⁵ Perkins, C. (2020) Mental health and wellbeing in the time of coronavirus – tracking the impact. Public Health Matters [blog], 9 September. Available at: www.publichealthmatters.blog.gov.uk/2020/09/09/mental-health-and-wellbeing-in-the-time-of-coronavirus-tracking-the-impact/#:~:text=young%20adults%20and%20women%20have,pre%2Dexisting%20mental%20health%20conditions

¹⁶ Alston, P. (2020) The parlous state of poverty eradication. [pdf]. p.9. Available at: www.chrgj.org/wp-content/uploads/2020/07/Alston-Poverty-Report-FINAL.pdf

LONG-TERM CONDITIONS

SUBJECTIVE ECONOMIC SECURITY

One in three people with multiple long-term conditions report having low or very low economic security. In this chapter, we explore how we have measured economic security and how this relates with people with long-term conditions.

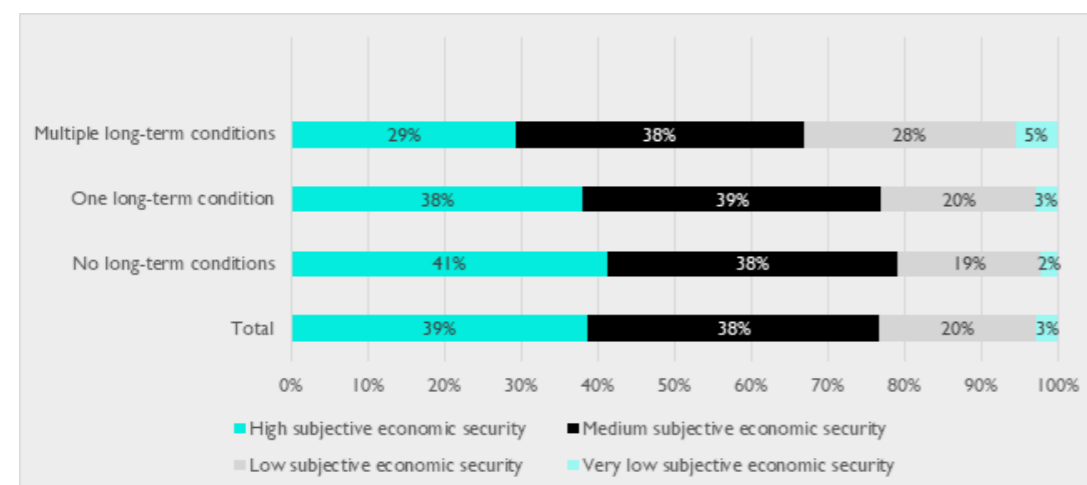
Long-term conditions and subjective economic security

In this chapter we will see how an individual's subjective economic security varies depending on the diagnosis of one or a number of long-term health conditions. Those living with at least one long-term condition report greater levels of pessimism about their future finances, whilst for those with multiple long-term conditions this pessimism is matched with greater precarity in the present.

Building subjective economic security

Figure 1 shows the breakdown of subjective economic security according to long-term condition status. One in three people (33 percent) with multiple long-term conditions report having low or very low economic security, in contrast to 23 percent of those with one long-term condition and 21 percent of those with no long-term conditions. The proportion of people with a single long-term condition is comparable to that of the total population, suggesting that it is the development of multiple conditions that is associated with a decrease in economic security.

Figure 1: Subjective economic security by health conditions



Unweighted base size: total (32,800), no long-term conditions (21,011) one long-term condition (7,164), multiple long-term conditions (4625)

Box 1: Defining subjective economic security

To create a measure of subjective economic security, we combined responses to two questions about subjective assessments of respondents' current and future financial situations within the main Understanding Society data. Together, these take into account how they are managing now and in a years' time. Specifically, respondents are asked:

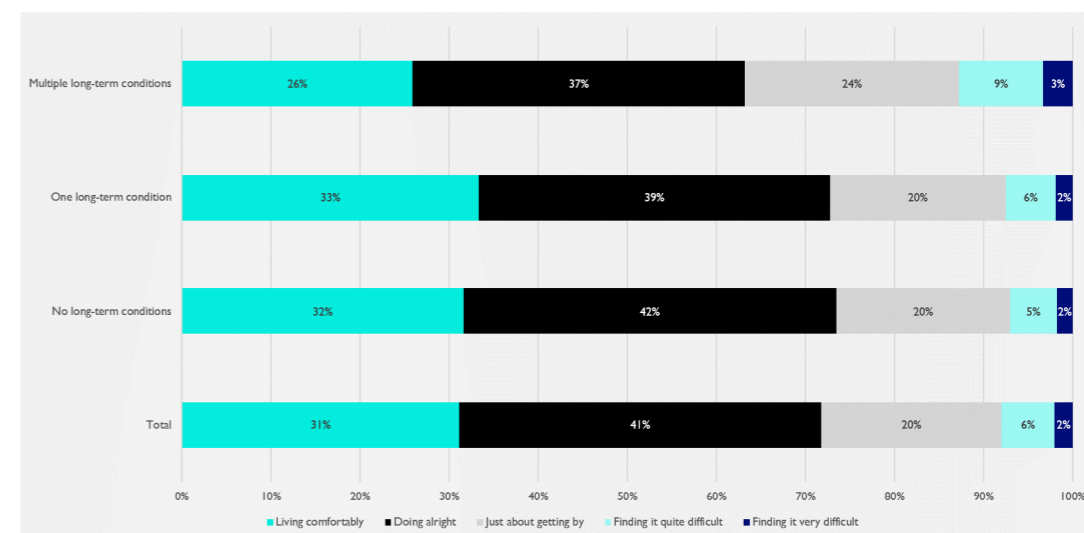
1. How well would you say you yourself are managing these days?
 - a. Living comfortably
 - b. Doing alright
 - c. Just about getting by
 - d. Finding it quite difficult
 - e. Finding it very difficult
2. Looking ahead, how do you think you will be financially managing a year from now?
 - a. Better off
 - b. Worse off than now
 - c. About the same

Combinations of response were then categorised into four levels of economic security groupings: high, medium, low, and very low.¹⁷ This approach is outlined in full in the technical appendix and reference to subjective economic security in the data will be used to refer to this measure.

Figure 2 shows the breakdown of people's subjective assessment of their current financial situation. Again, those with multiple long-term conditions report lower confidence in their situation. One in eight people (13 percent) with multiple long-term conditions say they find it quite or very difficult, compared to one in 12 (7 percent and 8 percent respectively)

amongst those with no, or one, long-term condition. As with the overall measure of economic security, the proportions of people with no long-term condition and one long-term condition are similar, suggesting that one's finances – taken in the whole - are greatly impacted by the development of further long-term conditions.

Figure 2: Current financial situation by health conditions



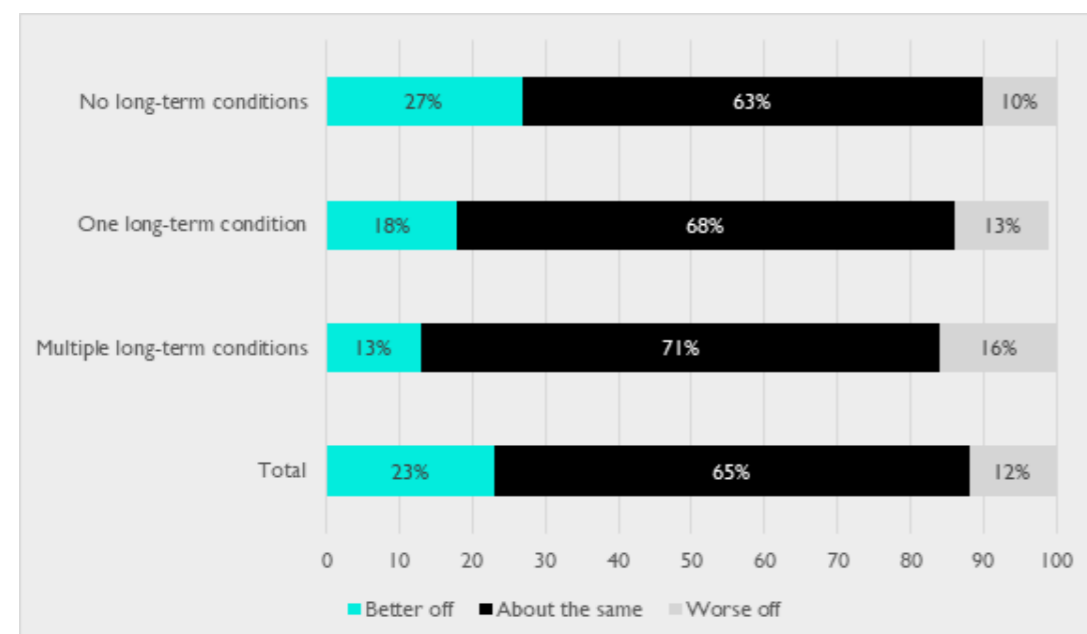
Unweighted base size: total (33,346), no long-term conditions (21,321), one long-term condition (7,289), multiple long-term conditions (4,736)

¹⁷ The exact wording of the questions and how we categorised each combination of responses can be found in the methodology in the appendix.

A majority of all groups anticipated that their financial situation would remain stable in a year's time.¹⁸ But, compared to people with no long-term conditions, people with multiple long-term conditions report being less optimistic about the future trajectory of their finances, with 27 percent of people with no long-term conditions predicting an improved situation, compared to 13 percent of people with multiple long-term conditions. Conversely, a greater proportion of people with multiple long-term conditions (16 percent) anticipate being worse off than people with no long-term conditions (10 percent).

Though the differences are smaller, people with one long-term condition are also more likely to report thinking they will be worse off in the future than those with no long-term conditions (18 percent compared to 27 percent). Given that people with no and one long-term condition report having similar levels of current financial security, this suggests that developing even a single long-term condition is associated with a reduction in confidence in one's future security.

Figure 3: Expectation of future financial situation by health conditions



Unweighted base size: total (32,847), no long-term conditions (21,051), one long-term condition (7,167), multiple long-term conditions (4,629)

Our research found that a greater proportion of people with long-term conditions experience economic insecurity than the general population. But within this group there are further inequalities. For example, there is a clear difference between retired and working age people, both among people with multiple long-term conditions and the general population. In this chapter, we examine some of this inequalities.

Inequalities in economic security

¹⁸ It should be noted that the fieldwork for this wave was conducted prior to February 2020 and therefore excludes any anticipated financial changes as a result of the Covid-19 pandemic.

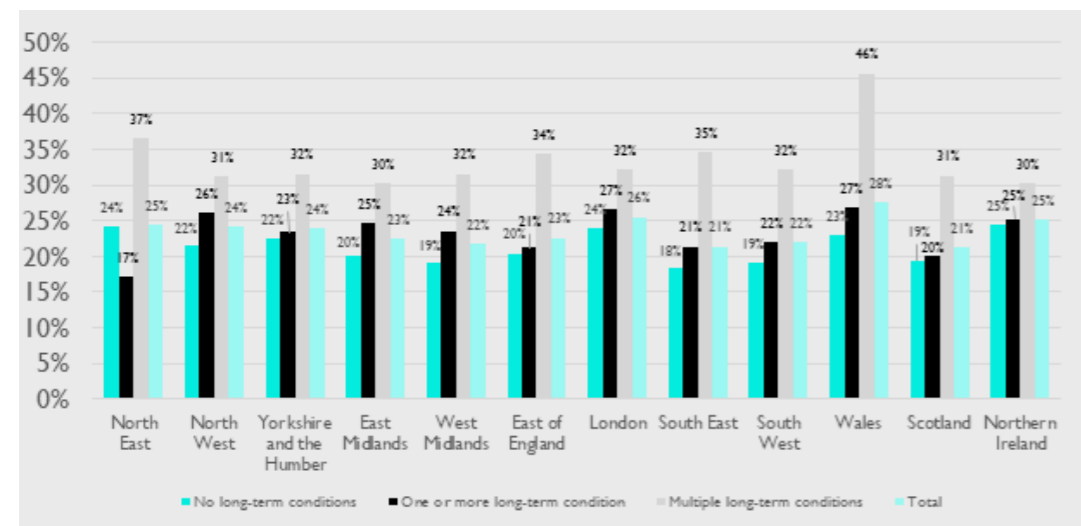
Inequalities in economic security

Our analysis of Understanding Society supports the hypothesis that economic insecurity is adversely experienced by those living with long-term conditions, but also that within this group there are inequalities.

There is a clear disparity between the economic security of retired and working age people that is apparent in both the general population and people with multiple long-term conditions. Typically, those with long-term conditions are older than those with no long-term conditions

and a relatedly higher proportion report being in retirement. But variation in economic security also spans a range of factors, meaning that across places the challenge of economic security – and the potential to improve it – is specific to the demographic context of a place and the opportunities and avenues for support available within in. We can see some of this variation in Figures 4 and 5.

Figure 4: Incidence of low economic security by health conditions and region



Unweighted base size: North East: total (1,187), no long-term conditions (7,001), one long-term condition (286), multiple long-term conditions (201). North West: total (3,570), no long-term conditions (2,230), one long-term condition (781), multiple long-term conditions (559). Yorkshire and the Humber: total (3,570), no long-term conditions (2,008), one long-term condition (654), multiple long-term conditions (405). East Midlands: total (2,425), no long-term conditions (1,561), one long-term condition (508), multiple long-term conditions (356). West Midlands: total (2,952), no long-term conditions (1,985), one long-term condition (598), multiple long-term conditions (369). East of England: total (2,943), no long-term conditions (1,895), one long-term condition (659), multiple long-term conditions (389). London: total (4,193), no long-term conditions (2,918), one long-term condition (806), multiple long-term conditions (469). South East: total (3,989), no long-term conditions (2,536), one long-term condition (923), multiple long-term conditions (530). South West: total (2,717), no long-term conditions (1,618), one long-term condition (666), multiple long-term conditions (433). Wales: total (2,164), no long-term conditions (1,323), one long-term condition (581), multiple long-term conditions (439). Scotland: total (2,847), no long-term conditions (1,827), one long-term condition (581), multiple long-term conditions (439). Northern Ireland: total (2,240), no long-term conditions (1,647), one long-term condition (357), multiple long-term conditions (236).

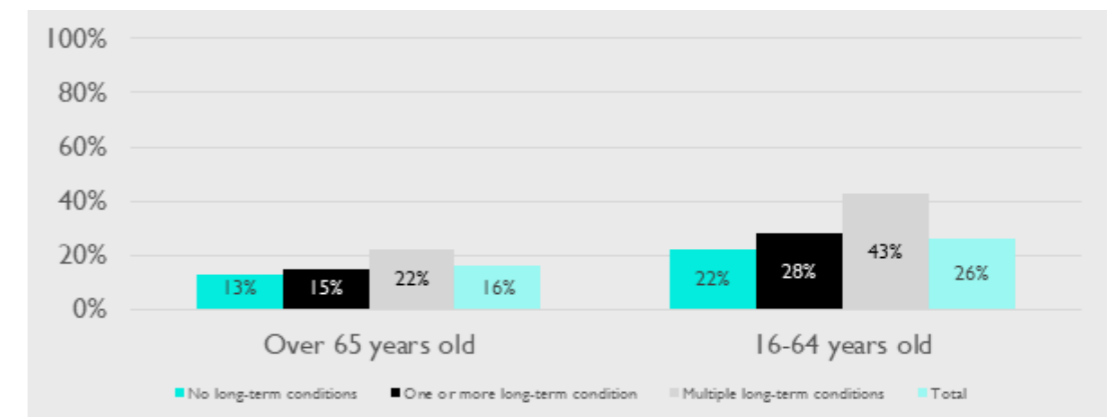
Across the board, older people report higher subjective economic security than younger people. Almost half (45 percent) of people aged 65 and over report having high economic security, compared to 37 percent of working age people. There is a similar difference in people with low or very low economic security, with one in four working age people (26 percent) experiencing such an insecurity, compared to 16 percent of people of pension age (aged 65 and over).

The generational disparities seen across the general population are starker amongst people with multiple long-term conditions. While 22 percent of people 65 and over with multiple long-term conditions have low or very low economic security, that figures rises to 43 percent of working age people with multiple long-term conditions. And conversely, 38 percent of pensioners with multiple long-term conditions are economically secure, compared to just one in five working age people (21 percent) with multiple long-term conditions.

As well as the intergenerational differences being greater, there are greater disparities in economic security between people with no and multiple long-term conditions in the working age population. This suggests that work plays a determining factor in the economic security of people with multiple long-term conditions.

Figure 6 compares the level of economic security among people with long-term conditions broken down by gender. There are no significant differences between the figures for men and women. The proportion of female respondents with multiple long-term conditions who report low or very low subjective economic security is slightly higher than that of men. However, this is the case across the total population, suggesting the disparity is the result of endemic issues, such as lower pay, that affect all women rather than specific issues that particularly affect women with multiple long-term conditions.

Figure 5: Incidence of low subjective economic security by health conditions and age



Unweighted base size: Over 65 years old: total (8,627), no long-term conditions (3,838), one long-term condition (2,579), multiple long-term conditions (2,210). 16-64 years old: total (25,691), no long-term conditions (18,425), one long-term condition (4,734), multiple long-term conditions (2,532).

Figure 7 shows the prevalence of low economic security by health condition status and employment status. Unsurprisingly, retirees report the lowest insecurity across all categories.

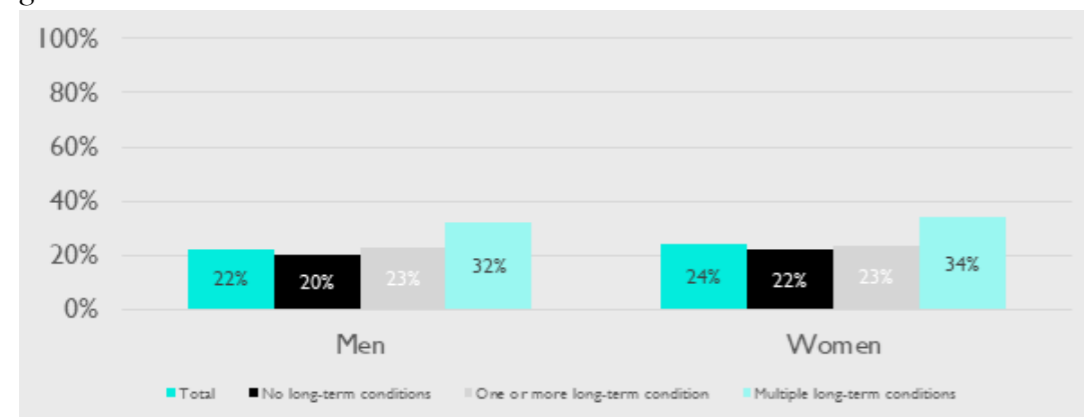
Among those in paid work, people with multiple long-term conditions report a higher incidence of insecurity, with one in three (32 percent) having low or very low economic security. Again, this is significantly higher than people with one long-term condition in paid work (24 percent) or with no long-term condition (20 percent), suggesting that for those in paid work, progression from having one to multiple long-term conditions may be a determining factor in a person's economic security. In chapter 5 we will explore the dimensions of work and employment which play a role in the prevalence of economic insecurity in this group.

As expected, a greater proportion of people who are unemployed report low levels of economic security.¹⁹ There is a still a significant difference (15 percentage points) in the incidence of insecurity

between people with no and multiple long-term conditions. This indicates that while work is a determining factor in economic security, there are other contributory factors, though these may include one's confidence in whether one will find a job in the near future.

The group reporting the highest incidence of insecurity are people with one or multiple long-term conditions who are long-term sick or disabled, with two thirds (65 percent) having low or very low economic security. This is the same proportion as those with one long-term condition, suggesting that the development of further conditions is not a contributory factor for those unable to work due to their health conditions. It does, however, indicate that the provisions for people who are long-term sick or disabled, whether it is sick pay or welfare support, are woefully inadequate and do not meet the needs of people in that situation.

Figure 6: Incidence of low subjective economic security by health conditions and gender



Unweighted base size: Male: total (15,383), no long-term conditions (10,460), one long-term condition (2,152), multiple long-term conditions (1,771). Female: total (18,935), no long-term conditions (11,803), one long-term condition (4,161), multiple long-term conditions (2,971)

¹⁹ This group excludes those who are unemployed as they are retired, long-term sick or disabled, or in education.

Figure 7: Incidence of low economic security by health conditions and economic activity

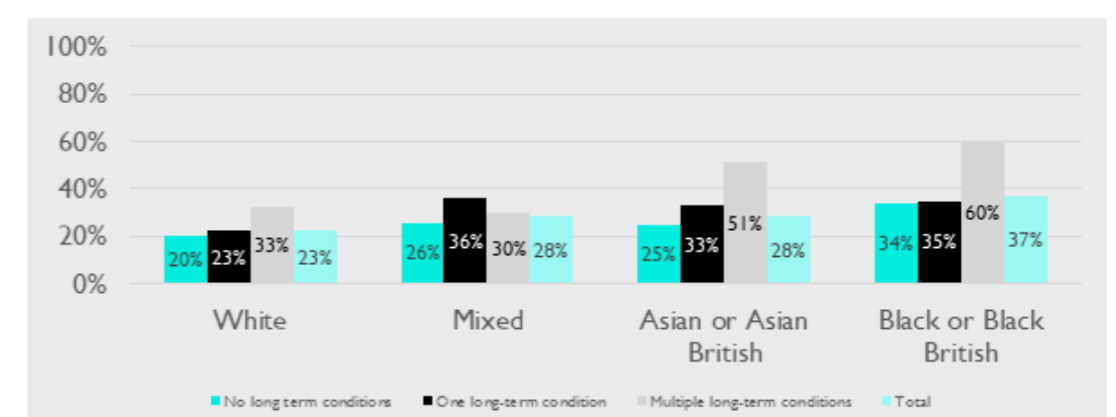


Unweighted base size: Long-term sick or disabled: total (1,229), no long-term conditions (398), one long-term condition (232), multiple long-term conditions (599). Retired: total (8,853), no long-term conditions (3,966), one long-term condition (2,649), multiple long-term conditions (2,238). Unemployed: total (1,303), no long-term conditions (884), one long-term condition (242), multiple long-term conditions (177). In work: total (18,857), no long-term conditions (13,815), one long-term condition (3,608), multiple long-term conditions (1,434)

As discussed in the introduction, the experience of economic security is inequitably experienced by ethnic background. As shown in Figure 8, people from Black or Asian backgrounds living with multiple long-term conditions more frequently report experiencing low economic security. Whilst this pattern is present for the whole population, it is most

exaggerated amongst those with multiple long-term health conditions. This finding will be interconnected with the themes of employment, level of income and local demographics explored throughout this report.

Figure 8: Incidence of low economic security by health conditions and ethnicity²⁰



Unweighted base size: White: total (27,745), no long-term conditions (17,450), one long-term condition (6,177), multiple long-term conditions (4,118). Mixed: total (635), no long-term conditions (457), one long-term condition (104), multiple long-term conditions (74). Asian or Asian British: total (3,796), no long-term conditions (2,825), one long-term condition (623), multiple long-term conditions (348). Black or Black British: total (1,305), no long-term conditions (879), one long-term condition (273), multiple long-term conditions (153)

²⁰ Note that we have grouped more specific ethnic backgrounds to ensure that a minimum base size is met. There will be varied experiences within these groupings in relation to economic security.

MANAGING

A DIAGNOSIS

Being diagnosed with a long-term condition is a change that can threaten the stability of one's financial situation. This chapter explores how a diagnosis can impact of person's various sources of income.

Managing a diagnosis

Changes in income

A long-term health condition diagnosis is an example of a change in our lives or in the world around us that risks the stability of our financial situation. This can most immediately show up in the ability to work or in our income. Our analysis of Understanding Society shows how quickly, after a health diagnosis, an individual's economic situation might be negatively impacted. Specifically, when we look at the mean income changes between waves, we can see that being diagnosed with a first health condition is associated with a lower annual income increase.

People who did not have a health condition in the previous wave, and maintained good health, saw an average annual income increase of £1,059 (see Figure 9). However, people with a newly diagnosed health condition had an average income increase of £757 over that year of diagnosis. Those who continued to have a health condition from wave to wave saw an average income that was lower again, at £530.

By contrast, those who reported having a long-term condition at the previous wave but no longer reported the condition at the current wave saw an increase of £801. Together these figures suggest that having a long-term condition is associated with a significant reduction in year-on-year income increases.

There could be a range of reasons for this. For those who remained in paid work during the year of diagnosis, a move to reduced hours, a change in role or a period of receiving sick pay – statutory or otherwise - might have reduced their income despite any accounting for inflation or pay progression. For others who were no longer able to work, a transitional period of receiving sick pay or a move out of work and onto disability or employment related benefits may have been the source of an income change.

Figure 9: Mean change in income by previous and current health condition status

	Had health condition in last wave	Had no health condition in last wave
Has health condition in current wave	+£530	+£757
Has no health condition in current wave	+£801	+£1,059

Unweighted base size: Has health condition in current wave, had health condition in last wave (29,033). Has health condition in current wave, had no health condition in last wave (15,016). Has no health condition in current wave, had health condition in last wave (15,773). Has no health condition in current wave, had no health condition in last wave (128,174)

Figure 10: Mean change in income amongst those receiving a health diagnosis in waves before and after diagnosis

	Average income increase wave before diagnosis	Average income increase wave after diagnosis
Men	£1,918.24	£1,020.51
Women	£1,247.60	£879.99
Total	£1,562.53	£947.21

Unweighted base sizes: Average income increase wave before diagnosis (2531). Average income increase wave after diagnosis (1970)

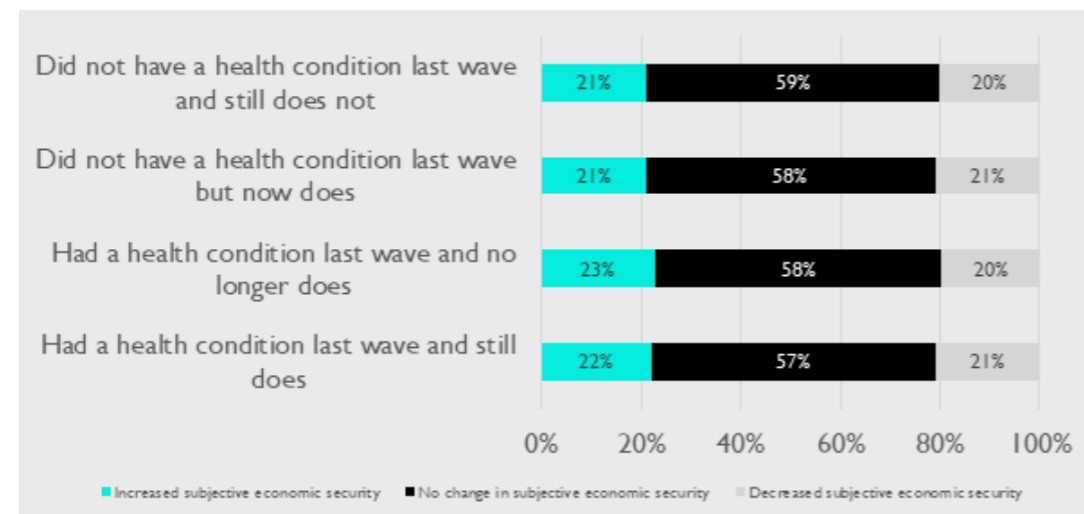
Looking just to those who received a health diagnosis, in the year prior to a person being diagnosed with a health condition, the average annual increase in income is £1,563. After diagnosis, the increase falls to £947. There is a significant difference in how this affects men and women. The difference in income change before and after diagnosis is much greater for men (£897). By contrast, women do not experience a significant fall in income. This indicates that, on average, women's work is less affected by diagnosis of a health condition than men's work. This finding warrants further investigation and could be the result of the gendered nature of work, including the sectors that are more occupied by women, such as health and social care (see Chapter 5), and pre-

existing gendered differences in income before diagnosis of a new health condition.

Changes in economic security

Despite the immediate decline in income growth, there is no immediate fall in the overall measure of subjectivity economic security used in our analysis after a diagnosis of a first health condition. The proportions of people whose economic security increased, decreased and stayed the same amongst those diagnosed in the previous wave, is in line with the total population. This is also the case after two waves (the equivalent of between two and three years).

Figure 11: Change in subjective economic security by health condition status over time



Unweighted base sizes: Did not have a health condition last wave and still does not (143,476). Did not have a health condition last wave but now does (23,853). Had a health condition last wave and no longer does (21,698). Had a health condition last wave, still has (69,584)

Figure 12: Change in mean income by current health condition and change in subjective economic security

	One or more long-term conditions	No long-term conditions
Increased subjective economic security	£910.61	£1,461.97
No change in subjective economic security	£650.75	£1,083.03
Decreased subjective economic security	£465.07	£626.74

Unweighted base size: Increased subjective economic security, one or more long-term conditions (7439). Increased subjective economic security, no long-term conditions (23,024). No change in subjective economic security, one or more long-term conditions (19,481). No change in subjective economic security, no long-term conditions (60,915). Decreased subjective economic security, one or more long-term conditions (7,253). Decreased subjective economic security, no long-term conditions (21,879)

Among people with a long-term condition who maintain their economic security, the average annual income increase is £651, compared to £1,083 for people with no health condition. This pattern is replicated among those who increase and decrease their economic security. This suggests that having a health condition is associated with a downward recalibration of one's economic security.

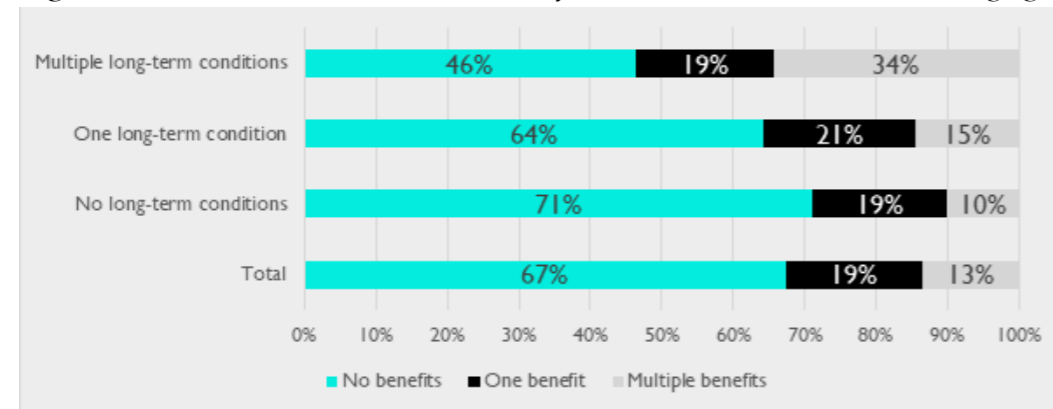
Receipt of benefits

The diagnosis of a health condition can increase the benefits that an individual is eligible for. Such benefits are related to a registered disability; something which intersects with long-term health conditions but does not completely overlap. Given this intersection, from around the point of diagnosis we might expect that those with long-term health conditions are more likely to be in receipt of these benefits, but in fact we also see that those with long-term health conditions are more likely to be in receipt of some other benefits, such as Universal Credit.

Looking specifically at those of working age, those living with long-term conditions report being in receipt of multiple benefits more commonly than those with no long-term conditions, and this is particularly the case for those with multiple long-term conditions.²¹ Over a third, 34 percent, of working age people living with multiple long-term conditions are in receipt of multiple benefits, and 53 percent are in receipt of any benefits. This is compared to 15 percent of those with one long-term condition in receipt of multiple benefits and 36 percent in receipt of any benefits, and 10 percent and 29 percent respectively of the same amongst those with no long-term conditions.

²¹ We look at working age here and therefore this analysis does not include pension age benefits. Multiple benefits here include one or more of: Income Support, Jobseekers Allowance, Child Benefit, Universal Credit, Incapacity Benefit, Employment and Support Allowance, Carer's Allowance, Disability Living Allowance, Personal Independence Payments, Attendance Allowance, Industrial Injury Disablement Benefit, Sickness and Accident Insurance, Foster Allowance, Maternity Allowance, In-work Credit for Lone Parents, Return to Work Credit, Working Tax Credit, Council Tax Reduction, Rate Rebate, Housing Benefit, Rent Rebate, any other disability related or state benefit.

Figure 13: Number of benefits claimed by health condition status, working age



Unweighted base sizes: total (25,691). No long-term conditions (18,425). One long-term condition (4,734). Multiple long-term conditions (2,532)

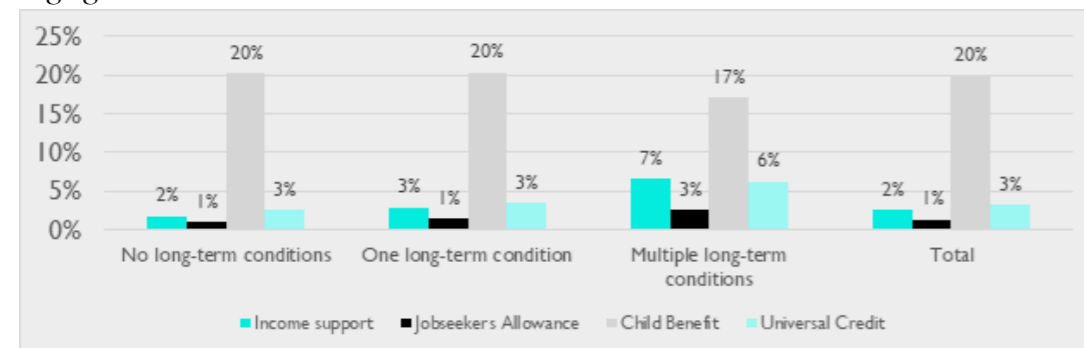
As would be expected, those living with multiple long-term conditions have the highest rate of claiming disability related benefits. Most common of these are Employment and Support Allowance (ESA) and Disability Living Allowance (DLA), each at 10 percent.

However, those living with multiple long-term conditions also have the highest reported rate of being in receipt of Universal Credit and Income Support. This increase is not seen for those living with single long-term conditions. Note that this survey data covers the period of 2018-2020 during which time Universal Credit roll out to new claimants or those with a

change of circumstances was completed and migration of those on legacy benefits was begun. For this reason, reported uptake of Universal Credit across the total population is lower than levels at the time of publication.

For context, as of January 2021 an estimated six million people are in receipt of Universal Credit, around 15 percent of the working age population.^{22, 23} It should be noted that this is a 98 percent rise from the previous year, a leap closely related to the Covid-19 pandemic.

Figure 14: Disability related benefits claim rate by health condition status, working age

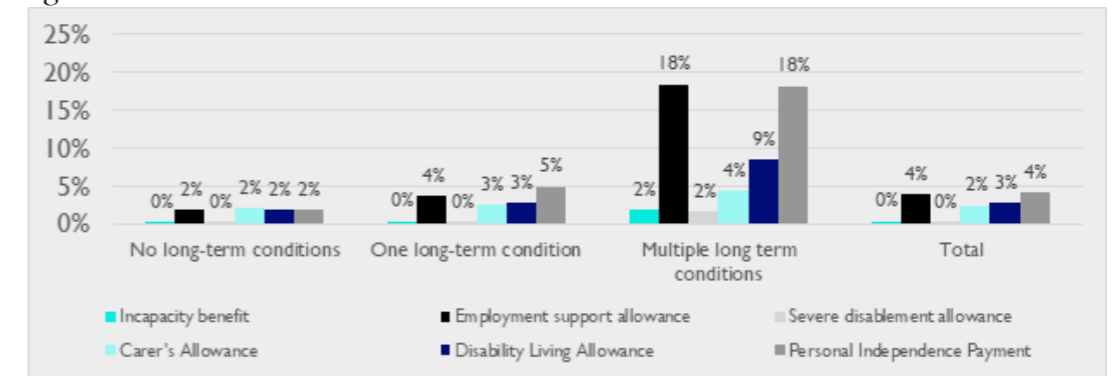


Unweighted base sizes: Total (24,765). No long-term conditions (17,570). One long-term condition (4,333). Multiple long-term conditions (2,502)

22 Department for Work & Pensions (2021) Universal Credit statistics, 29 April 2013 to 14 January 2021. [online]. Available at: www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-14-january-2021/universal-credit-statistics-29-april-2013-to-14-january-2021

23 Office for National Statistics (2021) Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. [online]. Available at: www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

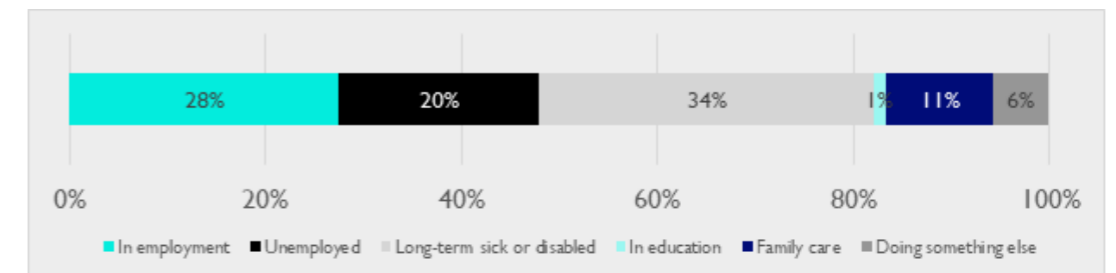
Figure 15: Work related benefits claim rate by health condition status, working age



Unweighted base sizes: Total (24,765). No long-term conditions (17,570). One long-term condition (4,333). Multiple long-term conditions (2,502)

When we look at the economic activity of those living with multiple long-term conditions and claiming Universal Credit, we see that around a quarter are claiming Universal Credit whilst in paid work, suggesting that their income from work alone is not sufficient to support them. Around a third are claiming whilst they are out of work due to long-term sickness or disability, which further suggests that benefits related to disabilities are not offering adequate coverage for those whose health status limits their ability to work.

Figure 16: Economic activity of working age Universal Credit claimants living with multiple long-term conditions

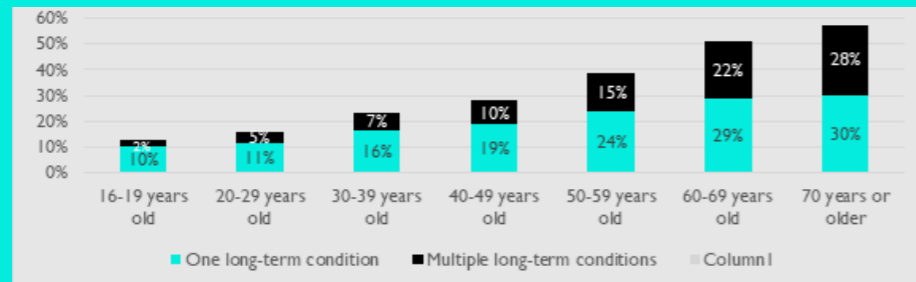


Unweighted base sizes: Universal Credit claimants living with multiple long-term conditions (136)

Box 2: Accounting for generational differences

We know that those living with long-term conditions are typically older than the general population at large. This is true for those with one, and with multiple conditions, though more exaggerated for the latter. However, our analysis suggests that 31 percent of those under 70 years old have at least one long-term condition, and that 11 percent have more than one long-term condition. As Figure 17 shows, all age groups are affected by long-term conditions, and research from Impact on Urban Health suggests that it is as young as 35 years old that people are first diagnosed with a long-term health condition on average.²⁴

Figure 17: Incidence of one or multiple long-term conditions by age



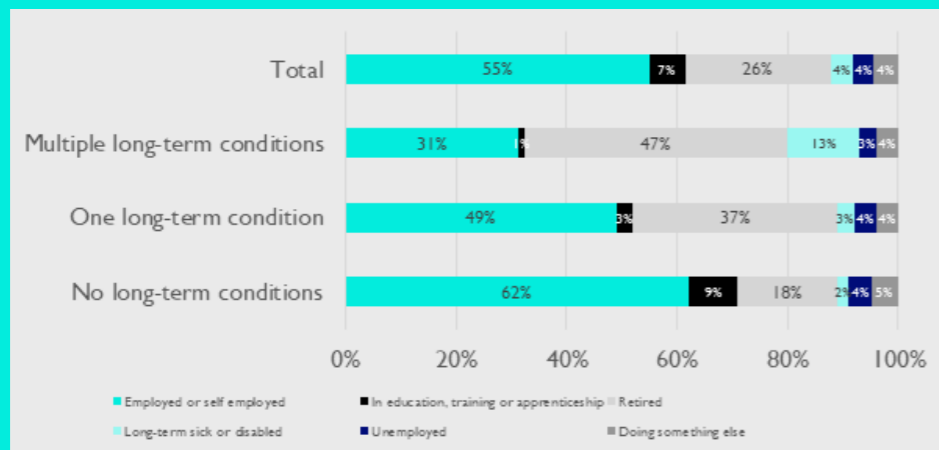
Unweighted base sizes: 16-19 years old (1,940). 20-29 years old (4,296). 30-39 years old (4,642). 40-49 years old (5,739). 50-59 years old (6,323). 60-69 years old (5,279). 70 years or older (6,097)

Much of our analysis in this report considers the relationship between work, or access to work, and economic security and therefore we restrict our analysis to working age adults to account for some of this skew related to age. Though it should be noted that, even within working age, the average age of those living with long-term conditions is older than those without and, amongst the latter, a higher proportion of people are in education or training as their main activity.

If we were to look across all ages we would see that a higher proportion of people living with long-term conditions have already entered retirement compared with those without any long-term conditions. Of those living with multiple long-term conditions, 47 percent are retired, 37 percent with a single long-term condition are retired, and this is compared to 18 percent. Relatedly, those with one or multiple long-term conditions are less likely to be in paid work (49 percent and 31 percent respectively compared to 62 percent).

Only a small percent of people living with long-term conditions report currently being in education – again related to age – with 3 percent of those with one long-term condition and one percent of those with multiple long-term conditions compared to 9 percent of those with no long-term conditions. It is specifically those living with multiple long-term conditions who are most likely to be out of work due to long-term sickness or disability, at 13 percent compared to just 3 percent of those with a single long-term condition.²⁵

Figure 18: Economic activity by health conditions



²⁴ Impact on Urban Health (2021) Easing pressures – how work, money and homes can make our cities healthier and fairer. [online]. Available at: www.urbanhealth.org.uk/insights/reports/easing-pressures-how-work-money-and-homes-can-make-our-cities-healthier-and-fairer

Footnotes continue on next page.

LIVING WELL WITH LONG-TERM CONDITIONS

There is no single path to the good life nor to economic security. Recognising this, in this chapter we look at the income sources, expenditure and housing of people with long-term conditions .

Living well with long-term conditions

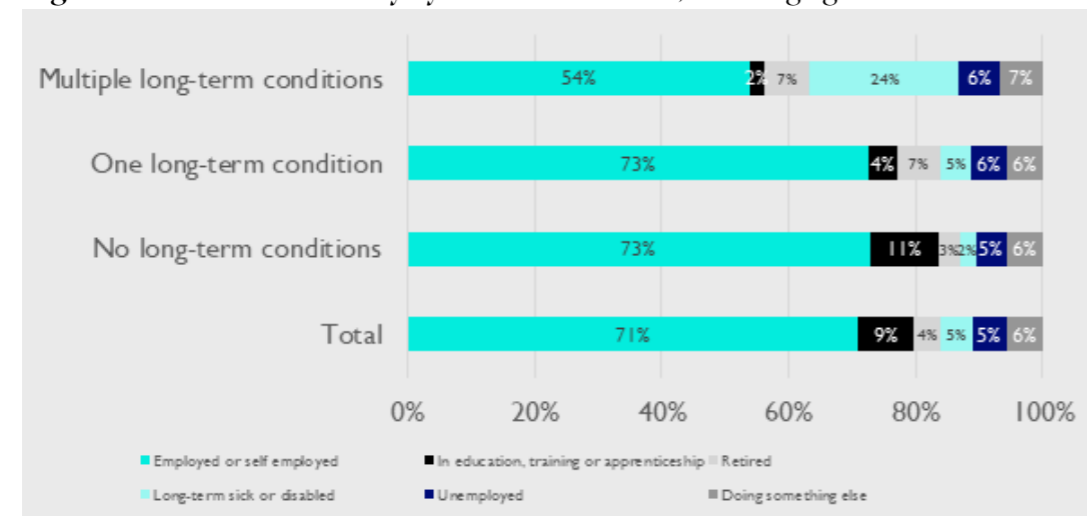
Economic activity

There is no single route to economic security. The complex and individual nature of the experience means that whilst the shape of economic security might vary depending on an individual's economic activity, no activity can completely guarantee or deny security and confidence.

However, any economic activity provides its own range of barriers to achieving economic security. And so, to understand how to support and improve economic security for those living with long-term conditions, it is important that we understand what their main activities are – or aren't – and what this means for their financial circumstances now and in the future.

Those of working age and with multiple long-term conditions have a lower rate of employment in the data, compared to those with no long-term conditions. Much of this difference is driven by the 24 percent of people living with multiple

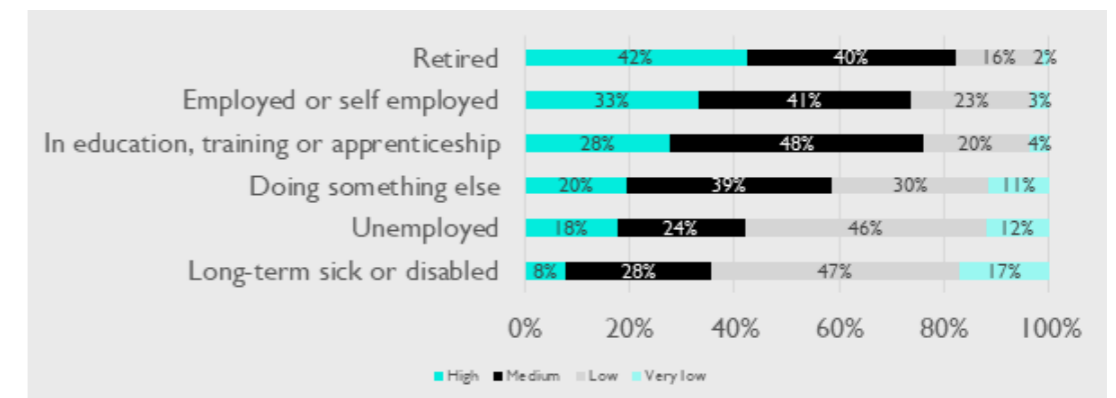
Figure 19: Economic activity by health conditions, working age



Unweighted base sizes: Total (25,691). No long-term conditions (18,425). One long-term condition (4,734). Multiple long-term conditions (2,532)

25 Note: the 2 percent who report no long-term conditions but are out of work due to long-term sickness or disability is an anomaly that may be due to erroneous reporting or the definition used for long-term conditions in this report. We consider an individual to have a long-term condition if, when asked, they have named a long-term condition from the list provided or stated that they have another condition. There may be a minority of individuals who do not report a condition at this point as it is not listed.

Figure 20: Economic security by economic activity, long-term conditions



Unweighted base sizes: High subjective economic security (4,015). Medium subjective economic security (4,514). Low subjective economic security (2,750). Very low subjective economic security (510)

long-term conditions who are out of work as long-term sick or disabled (compared to just 2 percent of those with no long-term conditions) and the 7 percent who have taken retirement amongst this group (compared to 3 percent of those with no long-term conditions).²⁶

For those living with long-term conditions, there are stark differences in the subjective level of economic security according to their economic activity, as Figure 20 shows. We see that work does not guarantee security for those living with long-term conditions, as a quarter (26 percent) of employed or self-employed respondents living with long-term conditions report low or very low security. This is higher than the 20 percent of employees or self-employed people living with no long-term conditions who report low or very low economic security. As we will see in later sections within this chapter, quality and type of work vary according to health conditions and this will relate to the ability to feel economically secure.

It is those who are out of work or unable to work who experience the lowest economic security. Those who are long-term sick or disabled report the highest levels of economic insecurity with almost two thirds (64 percent) reporting low or very low economic security. Those who are unemployed, but not due to long-term sickness, also report high levels of economic insecurity, with over half (58 percent) reporting low or very low economic security.

Work and health

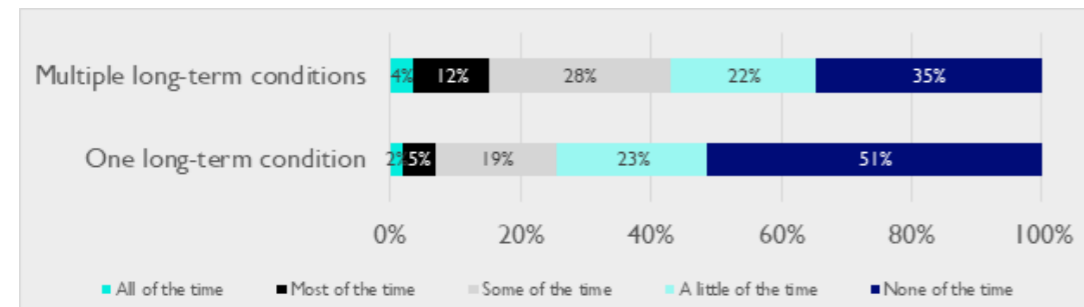
We have seen that a quarter of people living with long-term conditions and in employment or self-employment (we'll refer to this as 'in paid work' throughout this report and acknowledge that economic security will also intersect with experiences of unpaid work including caring responsibilities) experience low or very low economic security, and that this is higher than those in paid work with no long-term conditions.

Figure 21 shows the reported impact of health on work and other activities. We can see that amongst those in paid work and with multiple long-term conditions, 43 percent report being impacted some, most, or all of the time by their health, highlighting that a high proportion of people in paid work with long-term conditions are doing so despite health conditions that actively make this more difficult.

Amongst those living with multiple long-term conditions, women are more likely to report that their health condition affects their ability to work or carry out other activities; 60 percent of women compared to 53 percent of men with multiple long-term conditions.

26 Note that our definition of long-term conditions is based on respondents reporting being diagnosed with one or more of a provided list of health conditions or an 'other' category, and reporting that they still have such a condition. A full list of these conditions can be found in the final chapter of this report. Two percent of those who do not report any conditions in this way also report here being out of work due to long-term sickness or disability. Those reporting this might have some condition that they did not report at this time, or have been out of work due to a condition that they have not yet been diagnosed with, or some other reason.

Figure 21: Impact of health on work and other activities by health conditions, in paid work



Unweighted base sizes: One long-term condition (3,526). Multiple long-term conditions (1,406)

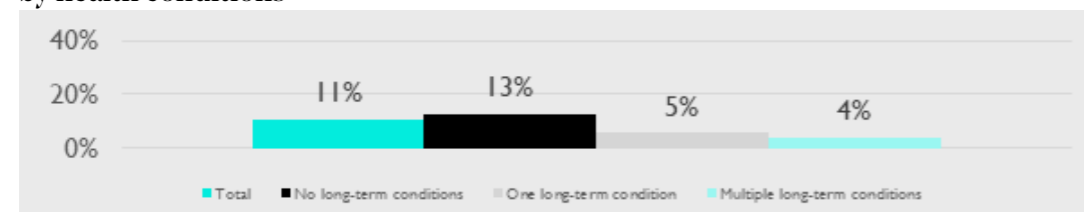
Type of contract

It is not just the act of being in paid work that dictates economic security, but also the type of work, contract status, hours worked, and the income derived from this work which can contribute to a sense of security.

Here we will seek to understand the nature of work that people living with long-term conditions are engaged in, the extent to which they are able to secure good work, and its relationship with their economic security.

As shown in Figure 22, amongst those in paid work, a lower proportion of those living with one or more long-term conditions are self-employed, than their counterparts in paid work with no long-term conditions, with just one in 20 people with one or multiple conditions (5 percent and 4 percent respectively) and in paid work being self-employed.

Figure 22: Levels of self-employment amongst those amongst those in paid work by health conditions

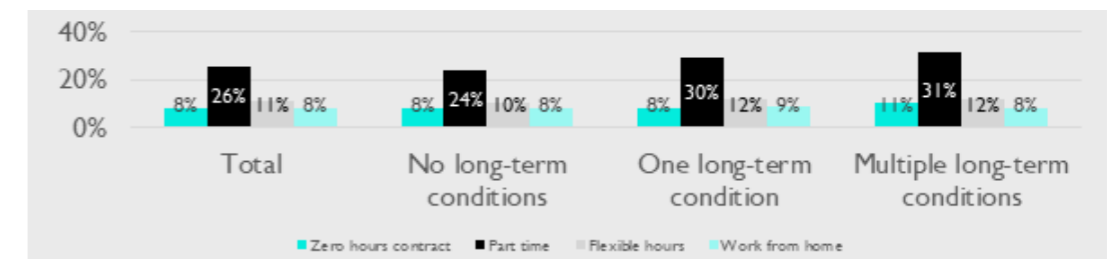


Unweighted base sizes: Total (18,857). No long-term conditions (13,815). One long-term condition (3,608). Multiple long-term conditions (1,434)

Figure 23 shows almost twice the proportion of those living with multiple long-term conditions report working on zero-hours contracts compared to those with no long-term conditions (11 percent compared to 6 percent). Whilst there is no difference depending on health conditions on take up of flexible hours or working from home, amongst those with one or multiple long-term conditions in paid work there is a higher incidence of working part-time hours in their main employment (30 percent and 31 percent respectively compared to 24 percent of those with no long-term conditions).²⁷

²⁷ Note: this data represents employment from 2018-2020 and therefore work from home figures pre-date the Covid-19 pandemic. For data on changes to employment during the Covid-19 see chapter 6.

Figure 23: Types of flexible employment by health conditions amongst those in paid work

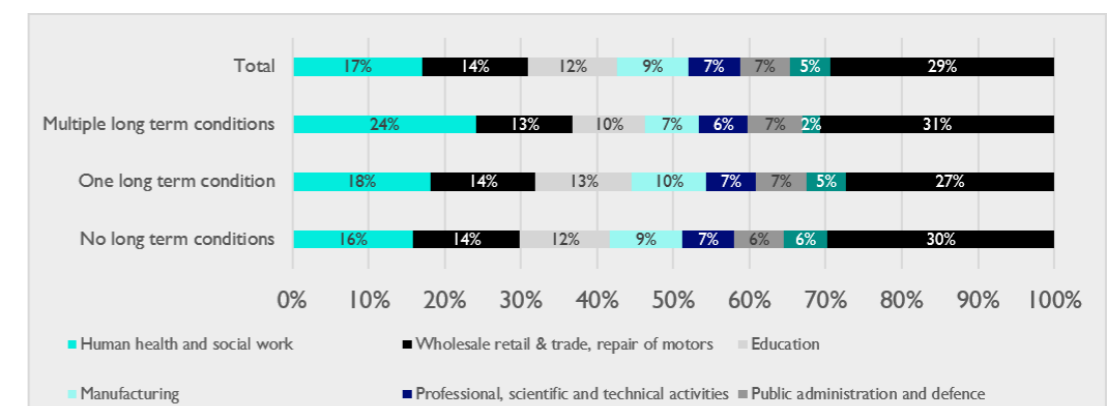


Unweighted base sizes: Total (14,899). No long-term conditions (10,772). One long-term condition (2,916). Multiple long-term conditions (1,211)

However, we know that flexibility in the form of, say, zero-hours contracts can create a trade-off between security and flexibility if hours become volatile and minimum income is no longer guaranteed. For many in this position, the trade-off is not one they have agency over and the decision to work on the basis of zero-hours contracts is at the discretion of the employer and not the individual. These types of contracts are being used more frequently. According to the ONS, between 2000 and early 2020, the proportion of workers on zero-hours contracts quadrupled.²⁸

Impact on Urban Health's FinWell research explored Luisa's story which highlights the precarity zero-hours contracts can cause.²⁹ Luisa is a 28-year-old mother of two living with depression and anxiety. Luisa's income fluctuated month-to-month, and her partner worked on a zero-hours contract, meaning that he could not guarantee that he would be able to make ends meet each month. In any given month their household income could vary by over £1,000, leaving the couple reliant on gifts and loans to support their family.

Figure 24: Sector of employment by health conditions amongst those in paid work



Unweighted base sizes: High subjective economic security (4,015). Medium subjective economic security (4,514). Low subjective economic security (2,750). Very low subjective economic security (510)

²⁸ Data from 2000 and Jan-April 2020. Office for National Statistics (2021) EMPI7: People in employment on zero hours contracts. [online]. Available at: www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/emp17peopleinemploymentonzerohourscontracts

²⁹ Impact on Urban Health (2021) Luisa's story. [online]. Available at: www.urbanhealth.org.uk/insights/opinion/luisas-story#Income%20and%20work

Type of work

Amongst those living with long-term conditions the profile of sectors differs from those living with no long-term conditions, and this is particularly true in the case of those living with multiple long-term conditions. Figure 24 shows the most common sectors of employment by health condition status. We can see that the most variation in the employment sector occurs for those with multiple long-term conditions, a quarter of whom (24 percent) work in the health and social care sector (compared to 16 percent of those with no long-term conditions and 18 percent of those with one).

This type of work is more often occupied by women than men, with 35 percent of women in paid work and living with multiple long-term conditions working in health and social care compared to 10 percent of men in paid work and living with multiple long-term conditions.

Those with multiple long-term conditions are less likely to work in more sectors such as construction (2 percent compared to 5 percent and 6 percent of those with one or no long-term conditions respectively) and manufacturing (7 percent compared to 10 percent and 9 percent of the same respectively).

We know that the health and social care sector faces unique challenges; many roles are in low pay, in particular, amongst the social care workforce where an estimated 35 percent are paid national living wage.³⁰ The insecurity of care work is also well documented, with Skills for Care estimating 24 percent of the adult social care workforce on zero-hours contracts.³¹

Income and income satisfaction

A person's level of income is undoubtedly one of the most important determining elements of a person's economic security. We have seen the impact that a diagnosis can have directly on income. The median annual income difference between working age people with multiple long-term conditions and no long-term conditions is £2,800 (see Figure X). When comparing the same cohorts who are in paid work, a difference perseveres but falls to £923.

As explored in the previous chapter, subjective economic security varies across economic activity and therefore by source(s) of income for an individual and household. For those who are out of work – either unemployed and looking for work or due to long-term sickness or disability – it is likely that their income is limited by the level of state benefits they are entitled to. For those in paid work, it is the lower income limit determined by the minimum wage that is most closely related with economic insecurity.³²

Figure 25 shows the mean gross annual income broken down by health condition status.³³ We can see that a gradient of average income increasing between those living with no, and one, long-term condition and between those with one, and with multiple, long-term conditions. In particular, people with multiple long-term conditions earn, on average, £3,890 a year less than national average and £5,040 less compared to their counterparts with no long-term conditions.

30 Skills for Care (2020) Pay rates. [online]. Available at: www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx

31 Skills for Care (2020) The state of the adult social care sector and workforce in England. [online]. Available at: www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

32 This varies only for two reasons; it incrementally increases with age until someone in paid work reaches 23 years old, and it is lower for apprentices.

Figure 25: Mean gross income from all sources by health condition status

	Total	Working age	65 and over	In paid work	Retired	Unemployed	Long-term sick or disabled
No long-term conditions	£24,629	£25,882	£20,081	£29,770	£18,732	£8,381	£13,366
One long-term condition	£22,804	£24,953	£19,417	£29,220	£18,327	£7,937	£12,615
Multiple long-term conditions	£19,588	£21,542	£17,529	£28,172	£16,563	£10,681	£15,120
Total	£23,478	£25,240	£19,209	£29,532	£18,051	£8,620	£14,101

Unweighted base sizes: No long-term conditions (22,317). One long-term condition (7,260). Multiple long-term conditions (4,741)

Figure 25 includes the average income of working age people and people aged 65 and over. As expected, the income of older people is lower than that of working age people, and people with multiple long-term conditions have a lower income across both groups. However, the difference is greater proportionally among working age people, who earn, on average, 15 percent less than the national average.

The income of working age people with multiple long-term conditions is also £3,412 lower than that of working age people with one long-term condition, a difference significant at the one percent level. This suggests that the development of additional health conditions is related to a reduction in income and closely links preventative health measures with preventative measures against economic insecurity.

Among people who are unemployed, people with long-term conditions have on average a higher annual income. This is £2,062 higher than the average across all unemployed people, which is indicative of

the greater levels of state support available to people with multiple health conditions. The difference between income for people with one long-term condition and the population average is not significant, indicating that there is less support available to this group.

Those living with multiple long-term conditions and who are long-term sick or disabled have a statistically significant higher average income than those living with one long-term condition who are also in this economic situation. This is likely the result of the greater range of support available to those with multiple long-term conditions.

Figure 26. shows income specifically from paid work. Among all full-time workers (namely those usually working 30 hours or more per week), the median gross annual labour income is £26,134.³⁴ Whilst among part-time workers (usually working less than 30 hours a week), the median annual labour income is £9,794. There is no significant difference between the median incomes across long-term condition categories.

Figure 26: Mean and median gross income from all work by health condition status

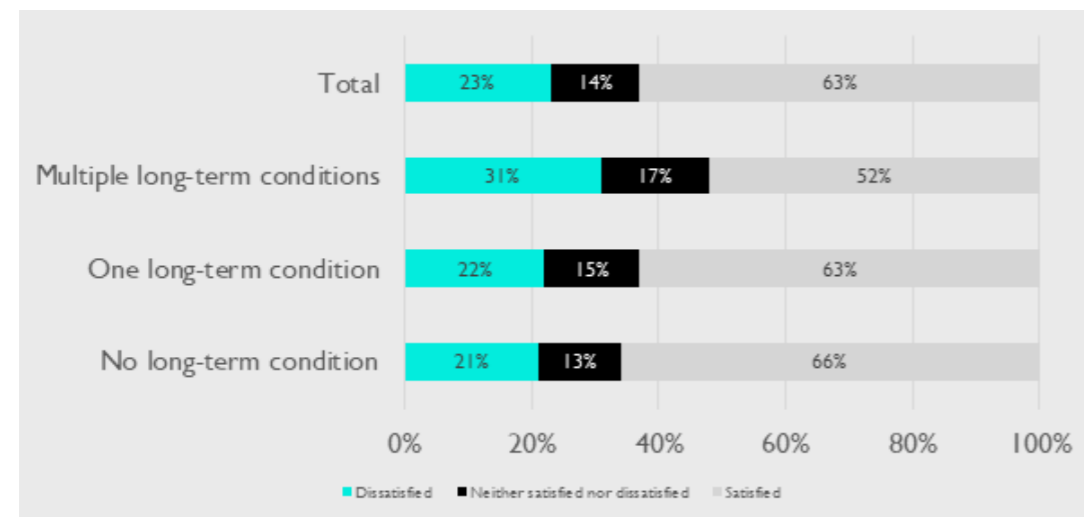
	Mean	Median
No long-term conditions	£31,646	£26,329
One long-term condition	£31,609	£26,398
Multiple long-term conditions	£29,974	£25,171
Total	£31,508	£26,134

Unweighted base sizes: No long-term conditions (22,317). One long-term condition (7,260). Multiple long-term conditions (4,741)

33 Unless stated otherwise, income figures in this report refer to gross annual income including labour income, miscellaneous income (eg educational grants), private benefit income (eg alimony), investment income, (private) pension income, and social benefit income.

34 Gross annual labour income is money earned through work, including a person's main job, any self-employed work and additional jobs.

Figure 27: Income satisfaction by health condition status

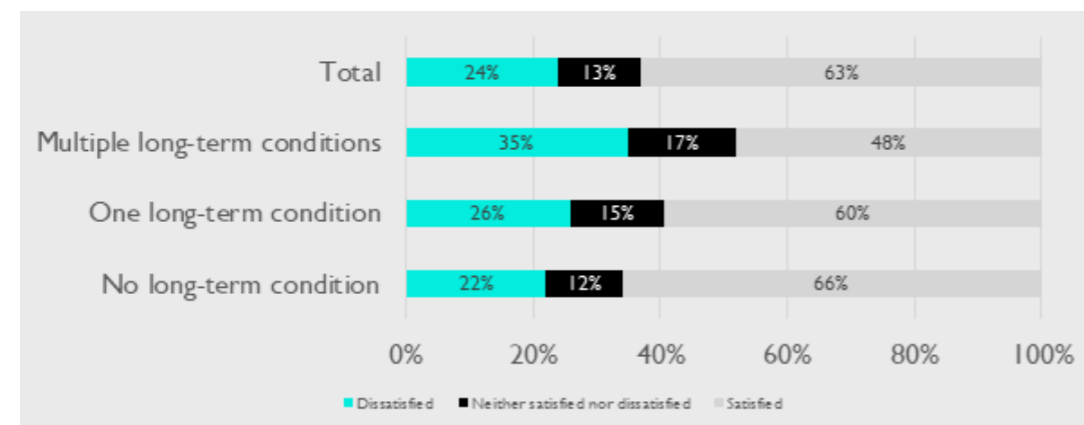


Unweighted base sizes: Total (32,118). No long-term conditions (20,570). One long-term condition (7,069). Multiple long-term conditions (4,479)

Figure 27 shows the related level of satisfaction with income according to health condition status. People with multiple long-term conditions report being dissatisfied with their income at a higher rate than those with no or one long-term condition (31 percent dissatisfaction amongst those with multiple long-term conditions compared with 22 percent and 21 percent dissatisfaction amongst those with one or no long-term conditions respectively). As well as greater levels of dissatisfaction, the proportion of people with multiple long-term conditions who report being satisfied with their income is lower, at 52 percent compared to 63 percent and 66 percent amongst those with one or no long-term conditions respectively.

Among people in paid work, the differences are starker. A third (35 percent) of people with multiple long-term conditions in paid work are dissatisfied with their income. A half of people with multiple long-term conditions (52 percent) are satisfied with their income, compared to two thirds of people with one or no long-term condition (63 percent and 66 percent respectively).

Figure 28: Income satisfaction by health condition status, in paid work



Unweighted base sizes: Total (17,936). No long-term conditions (12,998). One long-term condition (3,533). Multiple long-term conditions (1,405)

Figure 29: Mean and median income by health condition status, satisfied with income

	Mean	Median
No long-term conditions	£27,016	£21,363
One long-term condition	£25,171	£19,407
Multiple long-term conditions	£21,184	£17,600
Total	£25,884	£20,300

Unweighted base sizes: Total (16,039). No long-term conditions (10,473). One long-term condition (3,588). Multiple long-term conditions (1,978)

Not only does the proportion satisfied vary with health conditions, but so too does the level of income that triggers satisfaction differ. Figure 29 shows the mean and median income of people with no, one, and multiple long-term conditions who report being satisfied with their income.

People with multiple long-term conditions are satisfied, on average, with a lower income. The median income of a person with multiple long-term conditions satisfied with their pay is over £3,700 less than a satisfied person with no long-term conditions. This pattern is repeated among people who are dissatisfied with their income. The difference is so stark that the median income of a person with no long-term conditions who is dissatisfied with their pay (£17,982) is higher than the income of a person with multiple long-term conditions who is satisfied with their earnings (£17,600). This suggests that there is change in people's perception of their income potential when they have multiple long-term conditions, leading to a downward recalibration of expectations and their being satisfied with a lower income.

Spending and outgoings

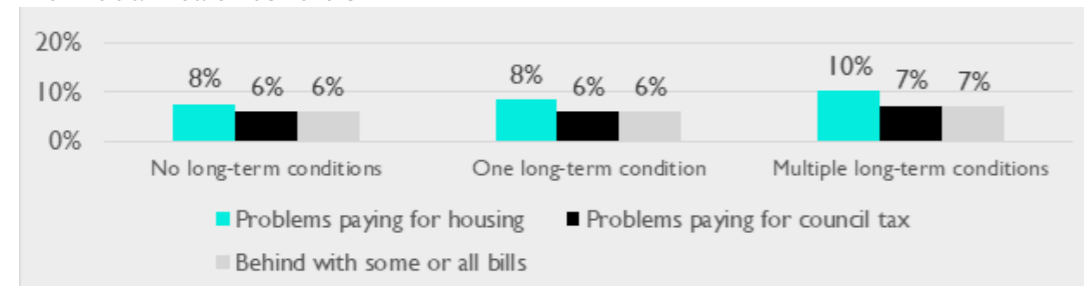
Working with the concept of economic security requires us to consider not only the income of individuals and households, but also their outgoings. Without such an assessment, it is impossible to understand the context within which income exists. For example, two households on the same income might experience different levels of economic security depending on the number of children in the home, the number of earners, their housing costs or the costs associated with their health needs. Each of these will impact the outgoings of a household.

Using Understanding Society's data we are able to understand the extent to which whole households are able to meet their basic outgoings and the relationship this has with their economic security.

Note that due to the design of the survey the data in this section represents their household as a whole; so, for example, we report here on the proportion of individuals in a household in rent arrears or unable to meet specific outgoings.

As Figure 30. depicts, one in 10 (10 percent) people living with multiple long-term conditions report that their household has been behind on housing payments in the 12 months prior to being interviewed. Considering bills more generally, there is no significant difference in reported arrears with some or all bills, depending on health condition or specifically problems paying for council tax.

Figure 30: Individual's household unable to afford named outgoings by individual health condition



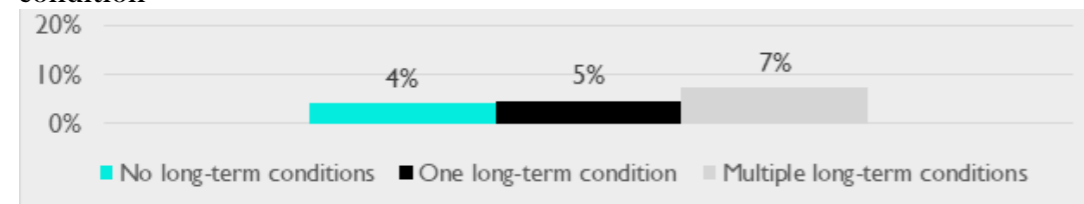
Unweighted base sizes: Problems paying for housing: total (21,047). No long-term conditions (14,608). One long-term condition (3,871). Multiple long-term conditions (2,568). Problems paying council tax: Total (31,263). No long-term conditions (20,067). One long-term condition (6,776). Multiple long-term conditions (4,420). Problems paying bills: total (33,589). No long-term conditions (21,778). One long-term condition (7,139). Multiple long-term conditions (4,672)

We can also see from Figure 31 that those with multiple long-term conditions are less able to adequately heat their homes than those with one or no long-term conditions (7 percent compared to 5 percent and 4 percent respectively).

Not only do those with multiple long-term conditions struggle more to heat their homes, the health implications for those living with various conditions can also mean that this also poses a higher risk for this population. Impact on Urban Health's FinWell project shares Andrea's story.³⁵ Andrea is a 44-year-old woman who lives with multiple long-term conditions and is registered disabled. Her conditions include

asthma, arthritis, epilepsy, anxiety and depression. Andrea's 'room and house were humid, constantly flooding and had mould growing... this made Andrea's asthma worse and led to severe asthma attacks at night'. Being unable to regulate the condition and temperature of her home had a direct impact on Andrea's health in this case, and her story is not rare; unaffordable housing, low income and economic precarity have a tangible impact on health.

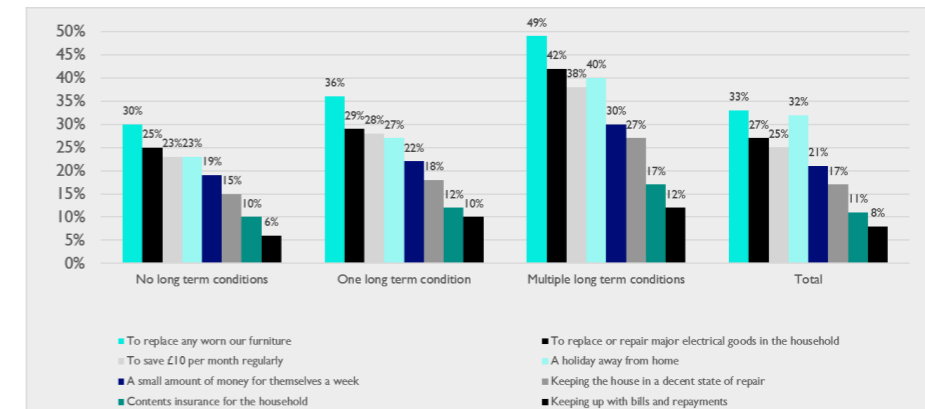
Figure 31: Individual's household ability to heat home by individual health condition



Unweighted base sizes: Total (33,628). No long-term conditions (21,809). One long-term condition (7,150). Multiple long-term conditions (4,669)

³⁵ Impact on Urban Health (2021) Andrea's story. [online]. Available at: www.urbanhealth.org.uk/insights/opinion/andreas-story

Figure 32: Individual's household unable to afford named outgoings by individual health condition³⁶



Unweighted base sizes: To replace any worn out furniture: total (20,936). No long-term conditions (15,079). One long-term condition (3,836). Multiple long-term conditions (2,021). To replace or repair major electrical goods in the household: Total (21,086). No long-term conditions (15,179). One long-term condition (3,857). Multiple long-term conditions (2,050). To save £10 per month regularly: Total (22,091). No long-term conditions (15,971). One long-term condition (4,026). Multiple long-term conditions (2,094). A holiday away from home: Total (21,084). No long-term conditions (15,251). One long-term condition (3,855). Multiple long-term conditions (1,978). A small amount of money for themselves a week: Total (22,168). No long-term conditions (15,992). One long-term condition (4,035). Multiple long-term conditions (2,141). Keeping the house in a decent state of repair: Total (21,206). No long-term conditions (15,374). One long-term condition (3,880). Multiple long-term conditions (1,952). Contents insurance for the household: Total (20,092). No long-term conditions (14,442). One long-term condition (3,707). Multiple long-term conditions (1,943). Keeping up with bills and payments: Total (22,930). No long-term conditions (16,509). One long-term condition (4,188). Multiple long-term conditions (2,233)

As Figure 32 shows, across all expenditures asked about, those living with long-term conditions are the group most commonly reporting that they 'can't afford' to pay for the expenditure, rather than this being a financial outgoing they have.³⁷ Those living with multiple long-term conditions reported inability to afford such expenditures is the higher again.

This data highlights the increased difficulty those with one or more long-term conditions face in ensuring that they have adequate access to electrical goods and furniture in the home. In some instances, replacement of these would be a necessity.³⁸

The ability to keep a home in a decent state of repair is also a health factor and again we see that those with long-term conditions, and in particular multiple long-term conditions, are more likely to report that they cannot afford to keep their home as such. Over a quarter (27 percent) of those with multiple long-term conditions report that they cannot afford to keep their home in a decent state of repair. This varies according to household tenure, with 37 percent of people living with long-term conditions in socially rented housing unable to afford to keep their home in a decent state of repair compared to 30 percent in

private rent and 21 percent in a home they own outright or with a mortgage.

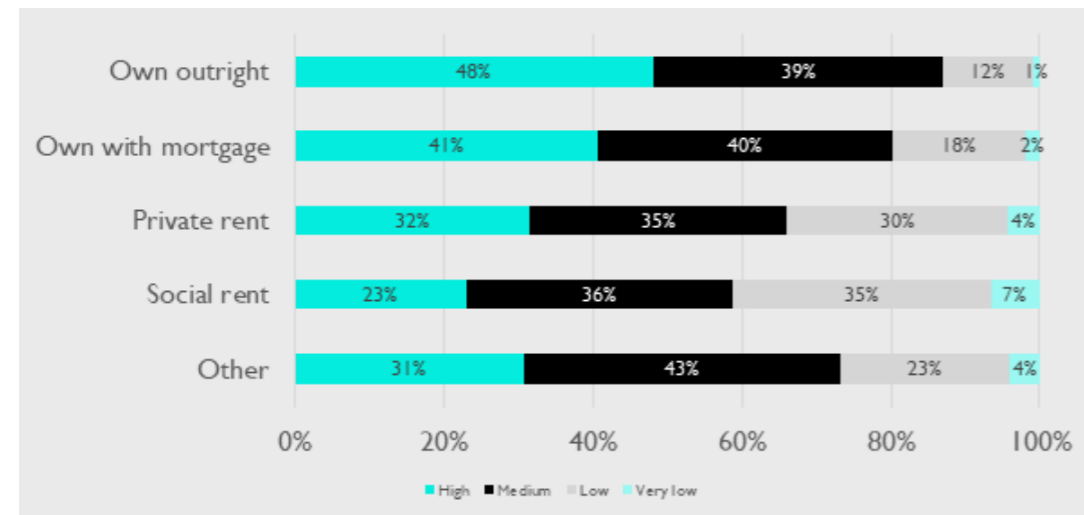
Data on material deprivation also shows that many with long-term conditions, and in particular multiple long-term conditions, are not able to pay for non-essentials which might better support their general wellbeing. A third (40 percent) of those with multiple long-term conditions and a quarter (27 percent) of those with a single long-term condition are unable to afford a holiday away from their home, and a quarter of those with multiple long-term conditions (30 percent) and a fifth of those with a single long-term condition (22 percent) are unable to afford money to spend on themselves each week. These figures paint a picture of the scale of those living with long-term conditions who are making ends meet each month, and what sacrifices this requires.

³⁶ Note that this data excludes those who report the outgoing as not applicable or not something the household needs.

³⁷ Respondents were asked whether their household were able to pay for the following, or whether they were not able to afford this or do not need it: to replace work out furniture, to replace or repair major electrical goods in the household, to save £10 per month regularly, a holiday away from home, a small amount of money for themselves a week, keeping the house in a decent state of repair, contents insurance for the household, keeping up with bills and repayments.

³⁸ For more research on material deprivation and, specifically, appliance poverty, see Turn2us. Their 2020 Living Without report explored the perpetuating nature of appliance poverty on health and economic

Figure 33: Subjective economic security by tenure



Unweighted base size: Own outright (11,712). Own with mortgage (12,022). Private rent (2,984). Social rent (4,791). Other (493)

Housing

As outlined in the RSA's exploration of economic security, Addressing Economic Insecurity, the experience is 'closely related to the operation of the housing system'.³⁹ This plays out across different characteristics of the housing system, spanning affordability, accessibility, suitability, and security of tenure to name but a few.

We can see from Figure 33 – which shows data for the whole population, irrespective of health condition status – that the experiences of different tenures are intertwined with differing levels of economic security. However, this is not a simple direct causal relationship. Whilst housing plays a role in economic security through affordability or the security of tenure, there are other factors that exist at the juncture of housing and economic security. For example, we can see that those in social rent are the residents with the highest reported experience of low or very low economic security (42 percent) and we also know that to secure social housing a household's financial circumstances are taken into account and therefore social housing and income are closely related by design.

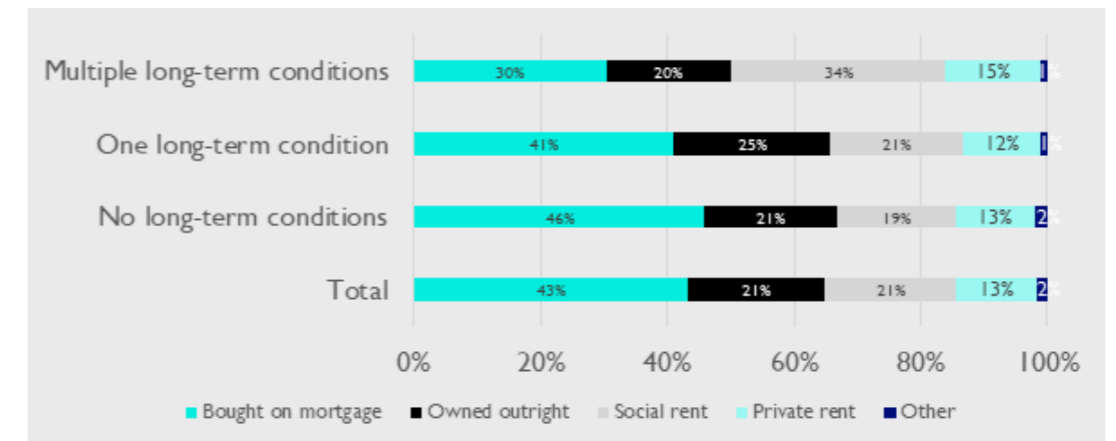
As those living with long-term conditions are typically older, they or their household may have had more time to pay off any mortgage and convert their tenure to outright ownership. What this does mean is that for some older owner occupiers, their housing might in fact be a source of security. Since the financial crisis of 2007-8, the average house price in the UK has risen 50 percent, while wages have stagnated, resulting in a redistribution of wealth from working people to homeowners (though of course these groups are not mutually exclusive).⁴⁰

circumstances as the situation can force those experiencing appliance poverty to rely on more expensive foods rather than home cooked meals, reduce the ability to store food and therefore lead to an impact on health and diet, and leave people in homes with dangerous appliances and potential fire hazards. Turn2Us (2020) Living Without: The Scale and Impact of Appliance Poverty. [pdf] Available at: www.turn2us.org.uk/About-Us/Our-Campaigns/Living-Without-Campaign/About-the-campaign

39 Shafique, A. (2018) Addressing economic insecurity. [pdf]. Available at: www.thersa.org/globalassets/pdfs/reports/rsa-addressing-economic-insecurity.pdf p.56

40 Davies, W. (2021) Johnson's Tories are reaping the rewards of an economy built on rising house prices. The Guardian [online], 26 April. Available at: www.theguardian.com/commentisfree/2021/apr/26/boris-johnson-tories-economy-rising-house-prices-wages

Figure 34: Tenure amongst working age by long-term conditions



Unweighted base sizes: Total (33,730). No long-term conditions (21,884). One long-term condition (7,165). Multiple long-term conditions (4,681)

Amongst those living with long-term conditions and of working age (under 65 years old) we still see that the group are less able to own their own home with a mortgage than those with one or no long-term conditions; 30 percent with multiple long-term conditions report home ownership with a mortgage compared to 41 percent and 46 percent with one or no long-term conditions respectively.⁴¹

A third (34 percent) of working age people with multiple long-term conditions are in social housing, far higher than the proportion of those with one or no long-term conditions living in the same tenure (21 percent and 19 percent respectively). With social housing being a shrinking proportion of the market in general, there might be serious implication for the ability of those living with long-term conditions to access affordable housing that meets their needs unless this decline is stemmed, or alternative housing options are made more accessible and affordable. Interestingly, there is no difference in the proportion of people living in private rented accommodation by health conditions status.

Box 3: Note on data

Due to the design of the Understanding Society dataset it is difficult to identify the meaningful housing costs paid by individuals living with one or more long-term conditions. Whilst income data is asked at the individual level, housing payments (through mortgage or rent) are captured more ambiguously. For example, for those renting housing costs data is collected via the lead household member who is asked 'how much was the last rent payment?' There is no definition of whether this represents their contribution or the total rental payment for the household. To mitigate any misinterpretation we have removed responses where housing costs accounted for more than twice their reported income, and housing costs are also adjusted for household size (ie how many adults live in the household).

This goes some way to explain the differences in estimates from the English Housing Survey and our analysis of Understanding Society.

41 Note that the Understanding Society survey asks the head of household about their tenure status and this is applied to the whole household. Therefore, whilst a home might be owner-occupied, in the survey we cannot specifically identify who in the home has ownership or part ownership of the home (outright or otherwise).

The type of tenure an individual holds plays a role in determining the proportion of income that is spent on housing costs. According to English Housing Survey data from 2018/19, those in private rented accommodation in England spend almost twice as much of their income on housing costs compared to those who own their home with a mortgage (33 percent of income compared to 18 percent).⁴²

Figure 35 shows that within tenures the proportion of income spent on housing costs does not hugely vary depending on whether an individual has long-term health conditions or not. This suggests that it is the type of tenure that those with multiple long-term conditions are able to access that is the biggest housing-related determinant of economic security.

Figure 35: Proportion of income spent on housing, by tenure and long-term conditions

	Mortgage payment	Private rent	Social rent
No long-term conditions	26 percent	43 percent	35 percent
One or more long-term condition	26 percent	41 percent	32 percent

42 Ministry of Housing, Communities & Local Government (2020) English Housing Survey Housing Costs and Affordability, 2018-19. [pdf]. Available at: www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898397/2018-19_EHS_Housing_costs_and_affordability.pdf

LOOKING

**TO THE
FUTURE**

How people feel about the future is central to the RSA's understanding of economic security. In this chapter, we look at factors that impact this, such as savings and how people have been affected by the Covid-19 pandemic.

Looking to the future

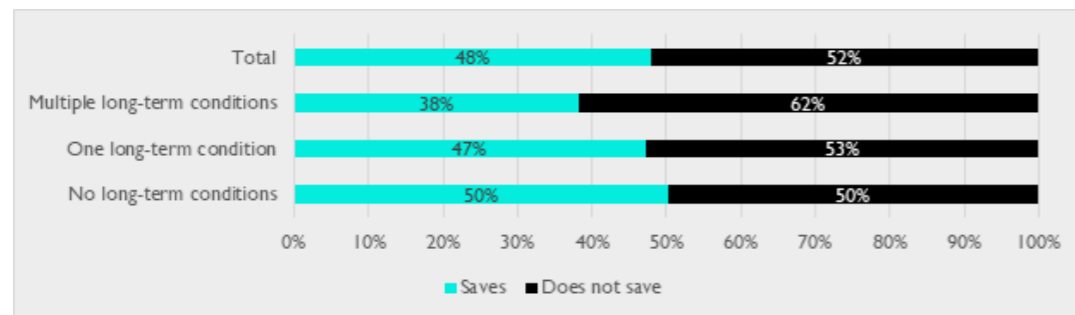
Savings and assets

There are substantial disparities in savings among people with multiple long-term conditions compared to those with no or one long-term condition; fewer are able to save and those who are able to, tend to save less and with a more short-term mindset. Difficulties saving and low economic security are co-constitutive; being insecure means it is hard to save, which perpetuates insecurity. Having trouble saving is a symptom rather than cause of the economic insecurity of people with long-term conditions. However, the inability to save for many people with multiple long-term conditions means they are unable to build up a financial cushion that can protect them from the financial volatility that is often associated with long-term conditions.

Figure 36. shows that the proportion of people with multiple long-term conditions who save is much lower than that of people with no long-term conditions, with 38 percent doing so compared to 50 percent of people with no long-term condition.

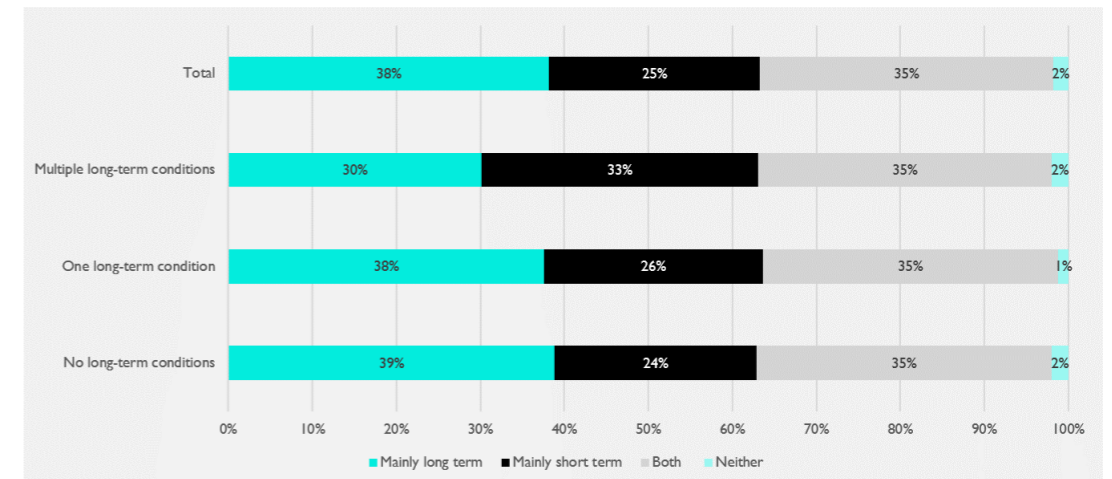
Although we do not see any differences in the frequency patterns with which people with multiple long-term conditions save, there is a difference in the nature of their saving. One in three (33 percent) savers with multiple long-term conditions indicated that they saved for both things they need now and unexpected events, compared to one in four of those with no long-term conditions (24 percent). In contrast, fewer people with multiple long-term conditions reported that they were mainly saving for the longer-term future. This suggests that more people with multiple long-term conditions are saving in anticipation of short-term financial volatility, which may be linked to fluctuations in income resulting from their health conditions.

Figure 36: Whether saves by health conditions



Unweighted base sizes: Total (26,855). No long-term conditions (16,934). One long-term condition (5,929). Multiple long-term conditions (3,992)

Figure 37: Intention of savings by health conditions, among those who save

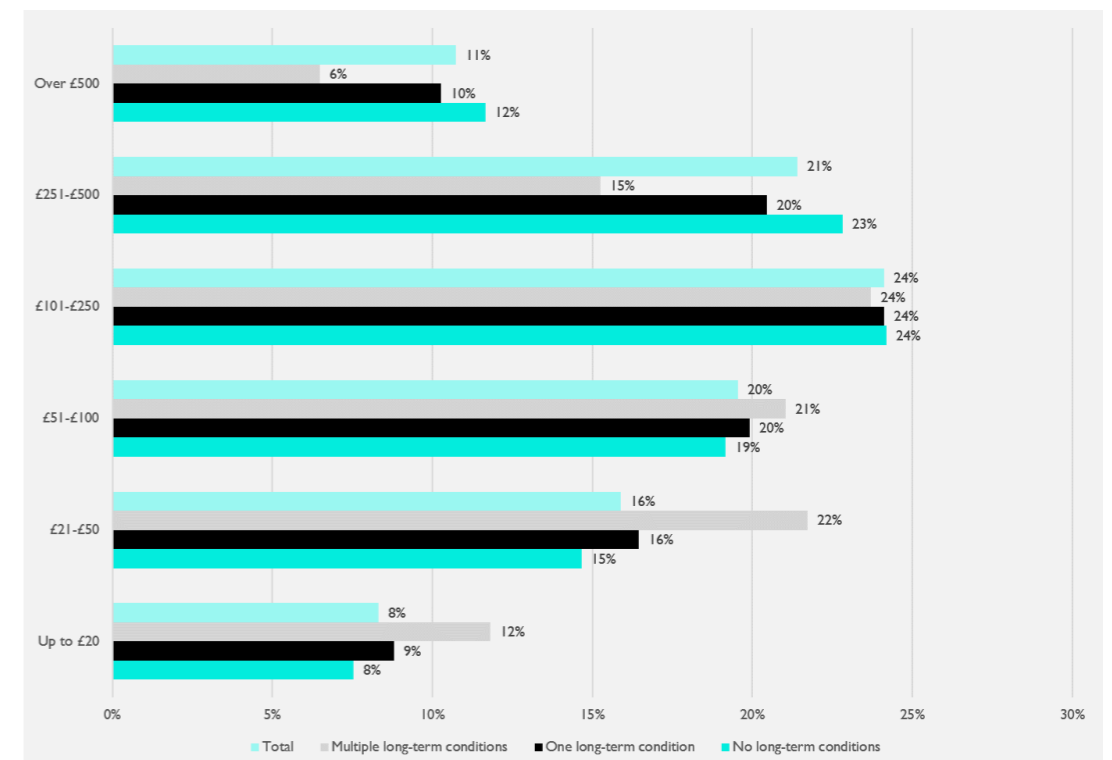


Unweighted base sizes: total (12,823), no long-term conditions (8,510), one long-term condition (2,790), multiple long-term conditions (1,523)

There are also differences in how much people are able to save. People with multiple long-term conditions generally save less than their counterparts with no or one long-term condition, and 55 percent of savers with multiple long-term conditions save less than £100 per month,

which is nine percentage points higher than the total population. This pattern is reflected among the highest savers, with one in five people with multiple long-term conditions saving more than £250 a month, compared 35 percent of people with no long-term conditions.

Figure 38: Amount saved per month by health conditions, among those who save



Unweighted base sizes: Total (11,062). No long-term conditions (7,374). One long-term condition (2,376). Multiple long-term conditions (1,312)

Covid-19

Our analysis of the Understanding Society Covid-19 surveys quantifies the relationship between economic security, Covid-19 and health conditions and helps us to understand the unique challenges of those living with long-term conditions during the pandemic and the impact this will have on years to come.

Box 4: Note on definitions

In this data it is possible only to identify those who have ever been diagnosed with one or more long-term conditions as opposed to those who currently have such conditions. Therefore, the definition of long-term conditions used in this chapter varies slightly from that of earlier chapters.

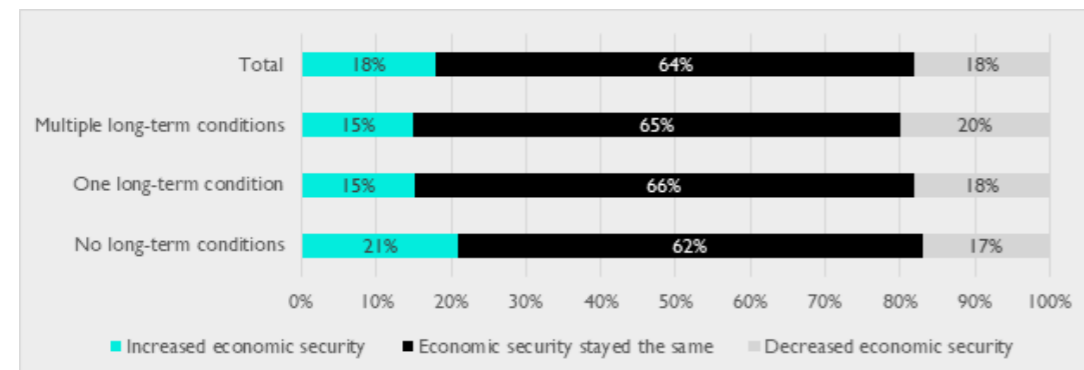
The Covid-19 survey shows a marginally higher prevalence of economic insecurity, though the two cannot be directly compared owing to a slight difference in wording in the questions. While the question assessing respondents' current subjective financial security remains the same, the timeframe in the future-oriented question changed from one year to three months as the surveys are conducted more frequently.

Changing subjective economic security throughout the pandemic

More than one in three people (36 percent) experienced a change in their economic security from April to November 2020. People with no long-term conditions saw the greatest improvement in economic security, with 21 percent reporting an increase in security, compared to 15 percent of people living with one or multiple long-term conditions diagnoses.

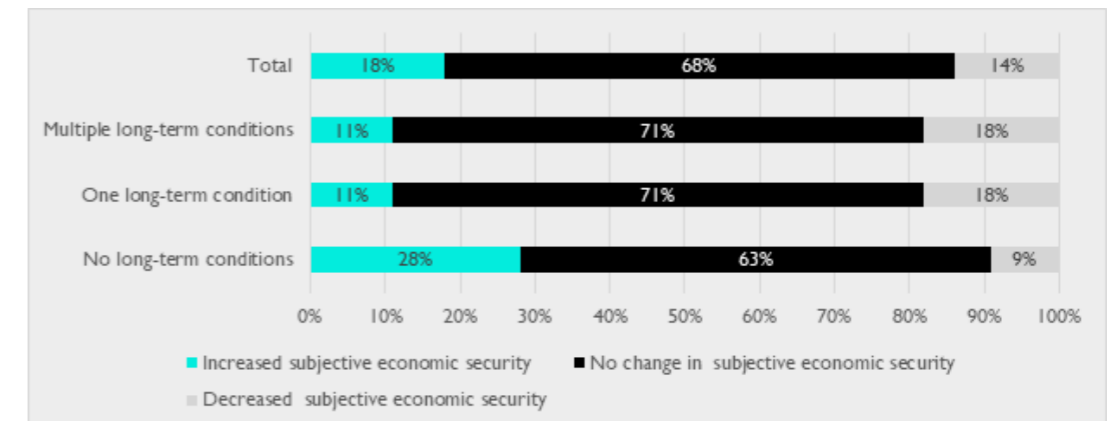
This pattern is particularly pronounced in London where 28 percent of people with no long-term conditions saw an increase in their economic security, compared with just one in 10 (11 percent) of people with multiple long-term conditions. The proportion of people with multiple long-term conditions who experienced a decline in economic security in London is twice that of people with no long-term conditions (18 percent compared to 9 percent).

Figure 39: Change in economic security April to November 2020 by long-term conditions



Unweighted base sizes: Total (10,998). No long-term conditions (4,783). One long-term condition (3,023). Multiple long-term conditions (3,192)

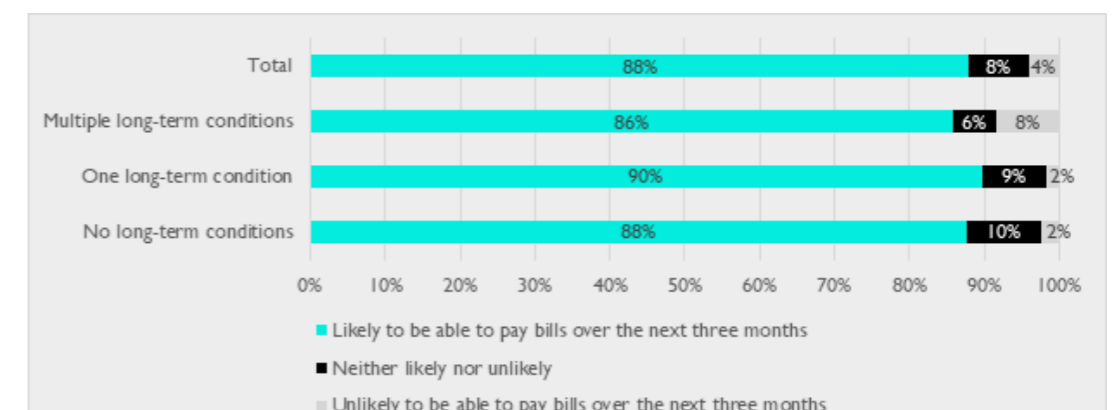
Figure 40: Change in economic security April to November 2020 by long-term conditions, London



Unweighted base sizes: Total (959). No long-term conditions (429). One long-term condition (251). Multiple long-term conditions (279)

Among people who have experienced a decrease in economic security during the pandemic, people with multiple long-term conditions are the least confident that they will be able to pay their bills in the next three months. In this cohort, 8 percent of people with multiple long-term conditions reported that it is quite or very likely they will be unable to pay their bills in the next three months.⁴³ This is double the average of 4 percent and 5 percentage points higher than the figure for people with no long-term conditions (3 percent).

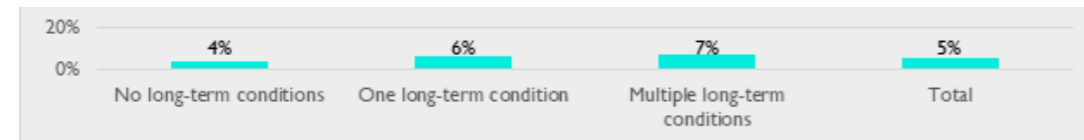
Figure 41: Likelihood of being able to pay bills over next 3 months by long-term conditions



Unweighted base sizes: Total (11,387). No long-term conditions (4,937). One long-term condition (3,137). Multiple long-term conditions (3,313)

⁴³ The Likert likelihood scale is derived from an Understanding Society question that asked respondents to assess the likelihood they will not be able to pay bills in the next three months on a scale of 1-100. People who answered between 61 and 80 were classed as quite likely and people who answered 81-100 were categorised as very likely.

Figure 42: Percentage of those in paid work in April 2020 but no longer in paid work by November 2020 by long-term conditions



Unweighted base sizes: Total (370). No long-term conditions (163). One long-term condition (109). Multiple long-term conditions (98)

Work during the pandemic

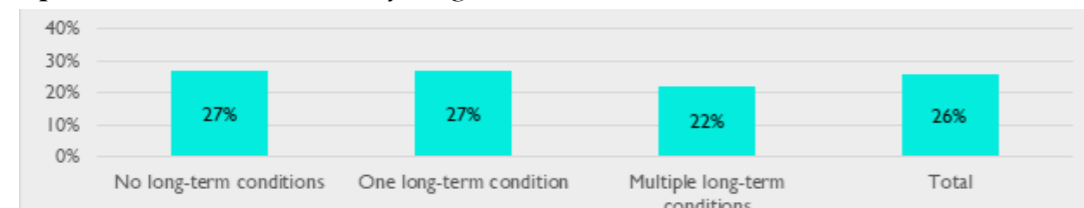
During the pandemic, people with multiple long-term conditions have moved out of paid work at a higher rate than people with no long-term conditions. Among people of working age who were in paid work in the first wave of the Covid-19 survey in April 2020, people with multiple long-term conditions saw the highest prevalence of leaving paid work.⁴⁴ Between April 2020 and November 2020 seven percent of people with multiple long-term conditions left their paid work. In contrast, four percent of people with no long-term conditions left paid work.

Furlough

At the national level, people with multiple long-term conditions were furloughed at a lower rate than people with no long-term conditions. Among those employed in April 2020, 22 percent of people with multiple long-term conditions had been furloughed in any previous survey month, compared to 27 percent of people with no or one long-term conditions. This may be related to how jobs were affected by the order to work from home where possible.

We also know that a higher proportion of people living with multiple long-term conditions – compared to those with no long-term conditions – are employed in part-time work. Recent research from Timewise suggests that this group are at a greater risk than full-time employees of being furloughed or having a reduction in hours during the pandemic.⁴⁵ They also highlight the gendered differences in this experience, with women most likely to be in part-time roles.

Figure 43: Percentage of those in employment furloughed at any time between April and November 2020 by long-term conditions

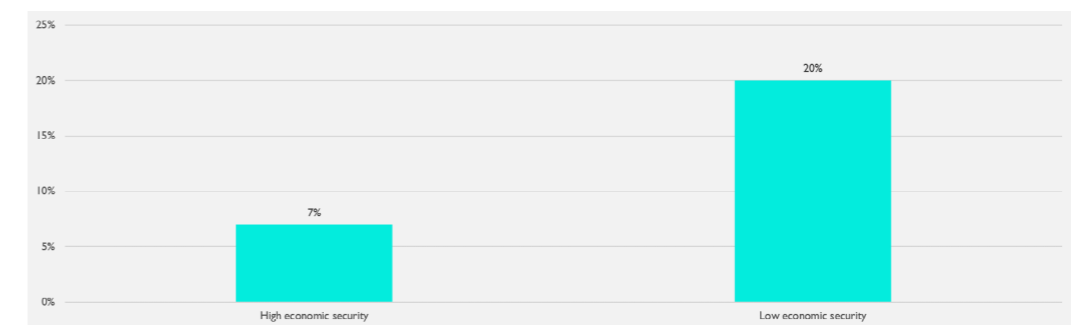


Unweighted base sizes: Total (1,310). No long-term conditions (719). One long-term condition (350). Multiple long-term conditions (241)

44 These figures are for working age people only, to exclude people aged 65 and over who may have left jobs in order to protect themselves from contracting Covid-19. When including this group, the figures for all categories increase, but the pattern remains the same.

45 Timewise (2021) Warning that part-time workers will suffer proportionately more job losses when furlough ends. [online]. Available at: www.timewise.co.uk/article/press-release-warning-that-part-time-workers-will-suffer-proportionately-more-job-losses-when-furlough-ends

Figure 44: Experience of long Covid by level of subjective economic security, among people who previously reported Covid-19 symptoms



Unweighted base sizes: Low subjective economic security (360). High subjective economic security (1,215)

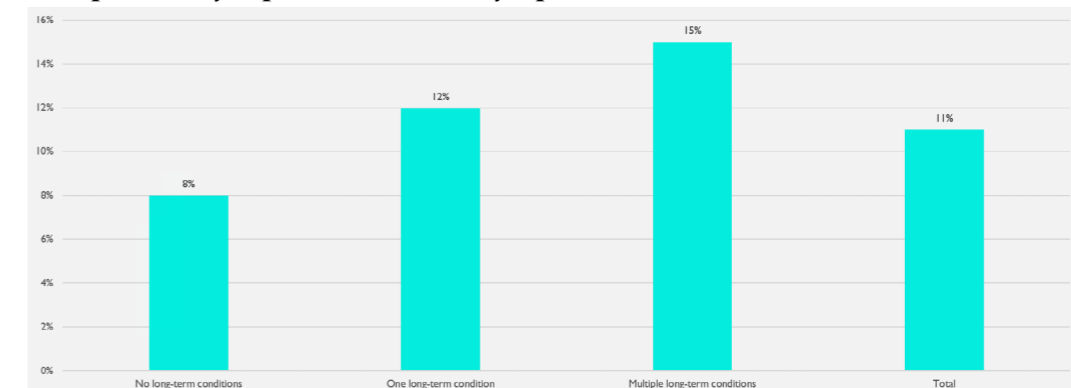
Covid-19 and health

As outlined in the introduction, Covid-19 has highlighted the close and interconnected relationship between health and economic security. This is apparent again in the data regarding the prevalence of long Covid.⁴⁶ The incidence rate of long Covid among people with low or very low economic security (20 percent) is almost three times that of the rate people with medium or high economic security (7 percent).

For those in paid work, experiencing economic security and symptoms of Covid-19 or long Covid there is limited financial support for them to recover from their illness and we do not yet fully understand how this illness might develop or how long it might last.

Among people with multiple long-term conditions who had experienced Covid-19 symptoms, 15 percent had still not returned to their previous state of health by November 2020. This compares to eight percent of people with no long-term conditions who had Covid-19 symptoms and 12 percent of those with one long-term condition. Breaking this down further, our analysis shows that among economically insecure people with a long-term condition at the start of pandemic who have experienced Covid-19 symptoms, one in five (20 percent) have not returned to their previous level of health.

Figure 45: Experience of long Covid by health condition status, among people who previously reported Covid-19 symptoms



Unweighted base sizes: Total (1,604). No long-term conditions (718). One long-term condition (419). Multiple long-term conditions (467)

46 Respondents are categorised as having long Covid if they reported having coronavirus symptoms in previous wave and have recovered from these and not returned to their previous state of health in a future wave, a minimum of three months.

THE DATA

Find out more about Understanding Society, its limitations and what long-term conditions it includes.

The data

This enquiry into the economic security of those living with long-term conditions is largely based on RSA analysis of the most recent data publications from the Understanding Society study. Namely, this includes wave 10 of the main study (2018-2020), and wave 1-6 of the Covid-19 study (April-November 2020).^{47,48}

The data collated considers a range of dimensions of economic security, defined across wider work from the RSA, and explores these experiences for those living with no, one or multiple long-term conditions.

To support the data analysis from Understanding Society, this report also makes reference to wider contextual statistics. Each of these are referenced as they appear in the report.

About the data: Understanding Society

The Understanding Society study is funded by the Economic and Social Research Council and is led by a team at the Institute for Social and Economic Research at the University of Essex.

The principal data source for this research is Understanding Society. Understanding Society is an annual household longitudinal study with over 34,000 respondents. This includes an ethnic minority boost sample to enable subgroup analysis for ethnic minorities. The study covers all ages though in our survey we restrict our analysis to those over 16 years old. The study also covers the whole of the UK. When we refer to national data, therefore, we mean the data of England, Scotland,

Northern Ireland and Wales.

As a longitudinal panel the majority of respondents have taken part in the study for a number of years. We predominately analyse the 10th wave of this study, covering the period 2018-2020.

The household approach means that everyone within a household – where possible – is interviewed. This means it is possible to analyse at an individual level and to contextualise within their household.

In addition to its main surveys, since the start of the pandemic Understanding Society has run Covid-19 booster surveys to investigate how coronavirus is affecting people's lives. These are shorter than the main surveys but their focus – on health, the management of long-term conditions, employment, financial security and subjective measures of wellbeing – map on to the areas of interest for our research. This Covid-19 survey is smaller than the main survey but still includes over 9,000 respondents.

⁴⁷ University of Essex, Institute for Social and Economic Research, NatCen Social Research, Kantar Public. (2020). Understanding Society: Waves 1-10, 2009-2019 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 13th Edition. UK Data Service. SN: 6614, doi.org/10.5255/UKDA-SN-6614-14.

⁴⁸ University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: COVID-19 Study, 2020. [data collection]. 4th Edition. UK Data Service. SN: 8644, [10.5255/UKDA-SN-8644-4](https://doi.org/10.5255/UKDA-SN-8644-4).

Data available in Understanding Society

Understanding Society includes a vast amount of data and a complete overview of what is available is unnecessary for our purposes. However, comprehensive overviews of what is included in each survey can be found in the content plans for the [main survey](#) and the [Covid-19 survey](#).

The Understanding Society main survey aims to collect data on six priority topic areas: income, wealth, consumption and expenditure; health wellbeing and health behaviours; employment; education; family; and civic participation. Of these, the first four are strongly linked to the subject of our investigation. These priority areas are broken down into themes and then modules by the designers of the study. For example, the theme 'financial behaviour and attitudes' is linked to the topic areas income, and consumption and expenditure, and consists of the modules 'financial strain', 'material deprivation', 'child deprivation', 'pensioner deprivation' and 'food poverty'.

Definitions: long-term conditions

There are a number of routes within the survey for participants to identify with a range of long-term health conditions. For the purposes of this research, within the main annual Understanding Society survey we have identified respondents who report currently having one or more long-term health conditions. In the Covid-19 survey it is only possible to identify those who have ever had one or more long-term conditions and so analysis of this survey includes a wider definition.

The list of conditions used for the annual and Covid-19 survey differ slightly, with the annual being more comprehensive. However, in both instances all conditions included in the questionnaire are part of the 32 long-term conditions outlined in the Impact on Urban Health programme of work and in each survey cover at least half of these 32 conditions. Notable exceptions include age related conditions (though cancer, defined by Impact on Urban Health as age related, is included in both Understanding Society surveys), infectious conditions, alcohol or substance dependence and some autoimmune conditions. The table below shows the conditions listed in the latest wave of each survey.

Figure 46: List of long-term conditions in Understanding Society

Main survey wave 10 (2018-2020)	Covid-19 survey wave 6 (Nov 2020)
Asthma	Asthma
Arthritis	Arthritis
Congestive heart failure	Congestive heart failure
Coronary heart disease	Coronary heart disease
Angina	Angina
Heart attack or myocardial infarction	Heart attack or myocardial infarction
Stroke	Stroke
Emphysema	Emphysema
Chronic bronchitis	Chronic bronchitis
COPD (Chronic Obstructive Pulmonary Disease)	COPD (Chronic Obstructive Pulmonary Disease)
Hypothyroidism or an under-active thyroid	Cystic fibrosis
Any kind of liver condition	Hypothyroidism or an under-active thyroid
Cancer or malignancy	Any kind of liver condition
Diabetes	Cancer or malignancy
Epilepsy	Diabetes
High blood pressure/hypertension	Epilepsy
An emotional, nervous or psychiatric problem	High blood pressure/hypertension
Multiple sclerosis	An emotional, nervous or psychiatric problem
HIV	Multiple sclerosis
Other long standing/chronic condition	HIV
	Chronic kidney disease
	Conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, a learning disability or cerebral palsy
	Problems with your spleen or you've had your spleen removed
	Sickle cell disease
	Are very overweight (having a BMI of 40 or above)
	Other long standing/chronic condition

Note that in the Covid-19 national dataset, the conditions HIV, spleen or removed spleen, cystic fibrosis, and sickle cell disease were grouped together with the 'other' category to reduce the risk of disclosure.

For the main survey, the breakdown of incidence of single and multiple long-term conditions is as follows:

	No long-term conditions	One long-term condition	Multiple long-term conditions	Total
	17,891	6,019	4,035	27,945
percent	64 percent	22 percent	14 percent	100 percent

For the Covid-19 survey, the figures are:

	No long-term conditions	One long-term condition	Multiple long-term conditions	Total
	4,548	2,582	2,852	9,981
percent	46 percent	26 percent	29 percent	100 percent

There is a higher reported incidence of single and multiple long-term conditions in the Covid-19 study. This is due to a number of differences in the questionnaire ranging in impact. In particular, the Covid-19 questionnaire does not include a check for whether a respondent still has a condition they have been diagnosed with, so for conditions that may be cured there may be over-reporting here. Further, the list of conditions is slightly longer, to account for a wider set of risk factors for Covid-19 than previously captured in the main survey, and more general which could impact on reported incidence.

Definitions: subjective economic security

The RSA defines economic security as:

'the degree of confidence that a person can have maintaining a decent quality of life now and in the future, given their economic and financial circumstances'.

This encompasses much more than one's finances, and we have used variables that incorporate financial security, sources of income, quality of work, assets and debt, housing, employment security and subjective assessments of economic security.

Central to our understanding economic security within the data is a subjective economic security flag created as part of our analysis. This variable combines two variables relating to the participants subjective financial situation. It should be noted that here we have matched the best source of data in Understanding Society that covered economic security and that it does not include all elements of the RSA's definition. Instead, it should be seen as a best fit.

The two questions used to define subjective economic security and their possible answers are as follows:

How well would you say you yourself are managing financially these days? Would you say you are...

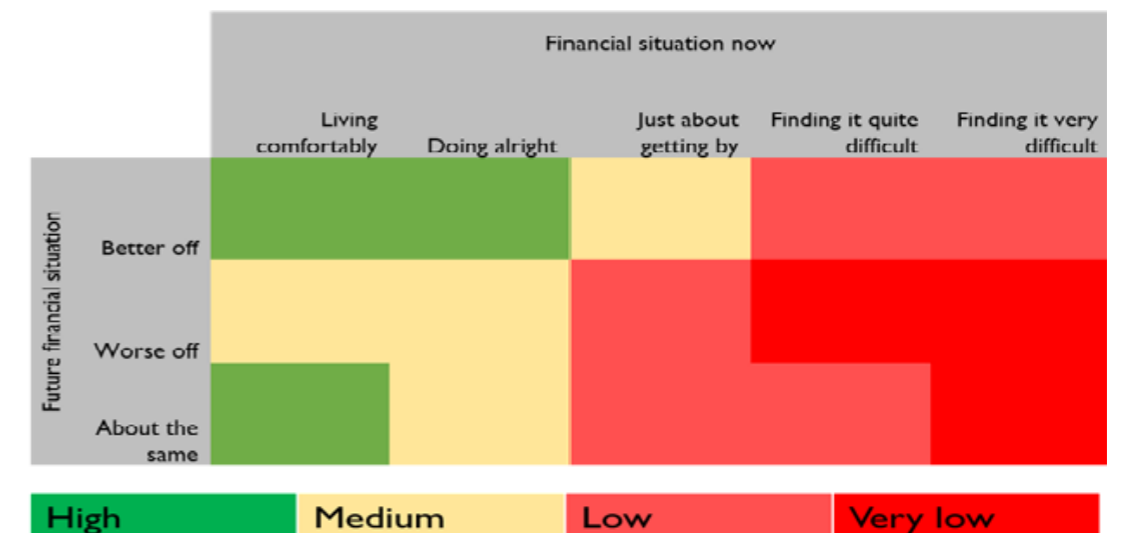
1. Living comfortably
2. Doing alright
3. Just about getting by
4. Finding it quite difficult
5. Finding it very difficult

Looking ahead, how do you think you will be financially three months from now? Will you be...

1. Better off
2. Worse off than you are now
3. Or about the same?

Combining the responses to these two questions gave 15 response combinations, which we assigned into the following categories: high subjective economic security, medium subjective economic security, low subjective economic security, and very low subjective economic security.

The categorisation for each combination of answers can be seen in the table below:



Weights

All figures included in this report from Understand Society are weighted. There are a number of weights within the datasets which reflect 'the complex structure of the data'.⁴⁹ Specifically, the weight used for analysis in this report was tailored to account for individual level analysis, the wave being analysed, adult population and web-based surveys including proxy respondents. In the mainstage data this meant using weight 'indpxui_xw'.

Limitations of the data

When reading and interpreting the data there are a number of considerations and limitations it is important to remain mindful of. Some of these have been covered in earlier sections of this Appendix but are reiterated here for the sake of being explicit.

- Base sizes

Whilst at the national level the size of the survey affords us with usable minimum base sizes across most data points, naturally this decreases when looking at smaller geographical areas for analysis or specific subgroups. Unweighted base sizes are always listed in the charts in this report and the accompanying data tables and base sizes under 50 should be taken with caution.

- Missing or new long-term conditions

Due to the approach taken to defining multiple long-term conditions there are some limitations in what conditions are named and therefore potential undercounting of the number of conditions. For example, anyone with two or more unlisted long-term health conditions will only be coded once as having an 'other' health condition. In this instance, they would be counted as having a single long-term condition and not the multiple they may have.

The definition of long-term conditions used does not account for how long ago a condition was diagnosed meaning that recent diagnoses are considered alongside diagnoses that have been known for longer.

- Differences across survey stages

As outlined in the discussion of the definition of multiple long-term conditions, there are some differences in the wording or inclusion of questions between the mainstage and Covid-19 Understanding Society surveys.

Most critical to this work is the omission in the Covid-19 data to confirm whether an individual still has a diagnosed health condition and therefore the two surveys are not directly comparable in this data. We therefore only consider trends within the mainstage data or within the Covid-19 data but not between the two.

⁴⁹ Kaminska, O. and Lynn, P. (2019) Weighting and Sample Representation: Frequently Asked Questions. [pdf]. Available at: www.understandingsociety.ac.uk/sites/default/files/downloads/documentation/user-guides/mainstage/weighting_faqs.pdf

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