



# Later Life in the United Kingdom 2019

This factsheet is a collection of statistics on ageing and later life. It is compiled by Age UK from publicly available sources of research and statistics. This factsheet is not intended to be a fully comprehensive compendium. Where appropriate, we signpost to additional sources of information, statistics and reading.

Wherever possible, this factsheet focuses upon the older population of the UK.

Unless otherwise stated, the term “older” refers to persons aged 65 and above.

Age UK has a number of very informative policy position papers with facts and information on many of the topics covered in this document accessible via the website:

<https://www.ageuk.org.uk/our-impact/policy-research/policy-positions/>

## Table of Contents

1. Demographics of an Ageing Population .....	3
1.1 Population Numbers & Projections .....	3
1.2 Life Expectancy .....	3
1.2.1 Healthy & Disability Free Life Expectancy.....	3
1.3 Gender .....	4
1.4 Ethnicity .....	4
1.5 Partnership Status.....	4
1.5.1 Older Lesbian, Gay, Bisexual and Transgender (LGBT) people .....	4
1.6 Living Arrangements .....	5
1.7 Housing .....	5
1.8 Urban & Rural Environments .....	7
2. Health in Later Life.....	8
2.1 Physical Health.....	8
2.1.1 Activities of Daily Living (ADL) & Instrumental Activities of Daily Living (IADL).....	8
2.1.2 (Limiting) Long-Standing Illness .....	8
2.1.3 Multi-Morbidity .....	8
2.1.4 Frailty .....	8
2.1.5 Malnutrition.....	9
2.1.6 Falls & Hip Fractures .....	9
2.1.7 Sensory loss .....	10
2.1.8 Dementia .....	10
2.2 Mental Health & Wellbeing .....	11
2.2.1 Loneliness & Social Isolation.....	11
2.3 Lifestyle .....	12
2.3.1 Physical Activity .....	12
2.3.2 Smoking .....	12
2.3.3 Alcohol Consumption .....	13
2.4 Effects of the Winter Cold.....	13
3. Ageing & the Economy .....	14
3.1 Economic contribution of older people .....	14
3.2 Employment.....	14
3.3 Care and Support .....	15
3.3.1 Informal Care-givers .....	15
3.3.2 Formal Caregivers .....	16
3.4 Pensions & Benefit Entitlements .....	16
3.5 Poverty & Deprivation .....	17
Reference List .....	18

# 1. Demographics of an Ageing Population

## 1.1 Population Numbers & Projections

- The UK has an ageing population (ONS, 2018k).
- There are nearly 12 million (11,989,322) people aged 65 and above in the UK of which:
  - 5.4 million people are aged 75+,
  - 1.6 million are aged 85+,
  - Over 500,000 people are 90+ (579,776)
  - 14,430 are centenarians (ONS, 2018f, 2018e).
- The number of centenarians living in the UK has increased 85% in the past 15 years (ONS, 2018f).
- By 2030 it is anticipated there will be over 21,000 centenarians (ONS, 2017b).
- In 50 years there are projected to be an additional 8.6 million people aged 65 years and over – a population roughly equivalent to the size of London (ONS, 2018k).
- By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+ (ONS, 2017b).
- The 85+ age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066 (5.1 million; 7% of the UK population) (ONS, 2018k).

## 1.2 Life Expectancy

- Since the start of the 19th century, the UK has seen mortality rates declines and life expectancy increase (ONS, 2018b).
- Babies born in 2018 are (at birth) projected to have a period life expectancy of 79.9 years old (males) and 83.4 years old (females)(ONS, 2018k).
- In 2017 life expectancy at age 65 was 20.9 years for women and 18.6 years for men (ONS, 2018l).
- It is projected that 23.4% of male and 29.2% of female babies born in 2018 will survive to the age of 100 (ONS, 2018k).
- Increases in life expectancy in the UK have stalled since 2011. Although a slowdown has been evident internationally, life expectancy in the UK is lower than many other comparable countries (ONS, 2018h).
- Between 2011 and 2016 the UKs average annual life expectancy improvement was lower than the EU average, for both men and women (PHE, 2018a).
- The causes of this slowdown are likely to be complex and are not yet clear; theories include austerity, health and care system integration challenges, and increased prevalence of conditions such as cardiovascular disease, obesity and dementia (The Kings Fund, 2018a).

### 1.2.1 Healthy & Disability Free Life Expectancy

- The number of years of life expected to be spent without a disability or in good health is commonly referred to as *disability-free life expectancy* or *healthy life expectancy* (ONS, 2018i).
- The likelihood of being disabled and / or experiencing multiple chronic and complex health conditions increases with age (ONS, 2018k).
- As life expectancy has increased, time spent in poor health has also increased (ONS, 2018k).

- Life expectancy has risen more quickly than healthy life expectancy (PHE, 2018a).
- In England, healthy life expectancy at birth is 63.3 years for males and 63.9 for females (2014 to 2016) (PHE, 2018a).
- Disability-free life years at age 65 years in England is 9.9 years (8.9 years for males and 9.8 years for females) (ONS, 2018i).

### 1.3 Gender

- Females live on average 3.6 years longer than men (The Kings Fund, 2018b).
- Women only have an additional 0.6 years of good health compared to men, therefore women live a smaller proportion of their lives in “good health” (The Kings Fund, 2018b).
- Women increasingly outnumber men at older ages; among those aged over 65, 55% are women (ONS, 2018e).<sup>1</sup>

### 1.4 Ethnicity

- Estimating Black and Minority Ethnic (BME) populations can be challenging as annual population estimates produced by the ONS do not include ethnicity. Consequently, the Census 2011 is the most recent and reliable data source (ONS, 2011, 2018g).
- 8% of people aged 60+ in England and Wales are BME, compared to 14% of the total population (ONS, 2011, 2018g).
- Among broad ethnic groups, the white ethnic group has the oldest median age (41 years old), while the mixed ethnic group has the youngest (18 years old) (ONS, 2011, 2018g).
- However BME populations are progressively ageing alongside the white British population (Evandrou et al., 2016).
- This changing landscape illustrates the importance for understanding issues related to health and social care provision, policy and research in relation to ethnic minority elders (Bhui, Halvorsrud, & Nazroo, 2018).

### 1.5 Partnership Status

- In 2017, 5.5% of people aged 65+ in England were single (never married or civil partnered), 60.0% were married or in a civil partnership, 10.5% were divorced and 24.1% were widowed (ONS, 2018m).
- With increasing age, higher proportions of people are widowed; among those aged 60-64 3.9% of men and 7.9% of women are widowed whereas among those aged 85+ 35.9% of men and 76.5% of women are widowed (ONS, 2018m).
- Unmarried people on average have poorer health and higher mortality risks than married people; with larger differences for men (Richmond & Roehner, 2017).

#### 1.5.1 Older Lesbian, Gay, Bisexual and Transgender (LGBT) people

- Data on the demographic composition of LGBT populations in the UK are limited (CPA, 2016).
- Recent experimental statistics by the ONS reported that 2.1% of those aged 50+ (equating to around 260,000 individuals) identify as lesbian, gay or bisexual (ONS, 2016).

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<sup>1</sup> NB: Gender differences are evident across a variety of topics related to ageing therefore for a broader context please see other sections of this factsheet.

- Having spent much of their early adult years in social, political and medical environments in which homosexuality was illegal or considered a mental illness, some older LGBT adults conceal or avoid disclosing their sexual identity for fear of discrimination (CPA, 2016).
- Although lesbian, gay, bisexual and transgender people are often grouped together, they are diverse and have varied and disparate needs (CPA, 2016).
- LGB older adults are less likely to be married than their heterosexual peers, less likely to have children, and are more likely to live alone (Kim, Fredriksen-Goldsen, Bryan, & Muraco, 2017).
- LGBT people are known to face a number of barriers when accessing services, these can include: discrimination, inappropriate questions and curiosity. These barriers can prevent fair equal treatment in health and social care settings (GOV.UK, 2019).
- LGBT individual who are from ethnic minority communities or who have disabilities can face additional inequalities (PHE, 2017).
- LGBT people are at greater risk of common mental health problems such as depression, anxiety and stress (PHE, 2017).
- Older LGB adults have higher risk of disability, smoking, and increased alcohol consumption compared to older straight people (Cannon, Shukla, & Vanderbilt, 2017).
- Older transgender adults are at higher risk of poor physical health, disability, depression, and perceived stress (Cannon et al., 2017).

#### 1.6 Living Arrangements

- Older women are more likely than older men to live alone (ONS, 2018i).
- 3.8 million individuals over the age of 65 live alone, 58% of whom are over 75 (around 2.2 million individuals) (ONS, 2017a).
- Older adults who live alone are more likely to attend accident and emergency (Dreyer, Steventon, Fisher, & Deeny, 2018).
- Older adults who live alone are more likely to visit their GP, with around a fifth (21%) of persons aged 65+ who live alone visiting their GPs at least once a month, compared to 14% of older persons who live with others (Dreyer et al., 2018).
- Older adults who live alone are more likely to have multiple (defined here as 3 or more) long term conditions (50% compared to 42% of older adults who live with others) (Dreyer et al., 2018).
- Older adults who live alone are more likely to have mental health conditions (1 in 4 among those who live alone vs 1 in 5 among those who live with others) (Dreyer et al., 2018).

#### 1.7 Housing

- 6.5 million households in England are headed by someone aged 65 and over; equating to around one-third of all households (ONS, 2018j).
- 78% of households headed by someone aged 65+ are owned. Of these older adult homeowners, just 6% are still paying a mortgage (Airey, 2018).
- 16% of households headed by someone aged 65 or over socially rent, while 6% privately rent (Airey, 2018).
- 64% of outright owner households are headed by a person aged 65+ (MHCLG, 2019).
- 27% of households in the social rented sector are headed by a person aged 65 or over (MHCLG, 2019).
- 88% of the growth in the number of households between 2016 and 2041 is projected to be in households headed by someone aged 65+ (ONS, 2018j).

- The number of households headed by someone aged 65+ is projected to increase by 54% by 2041, which will bring the total number of households headed by someone aged 65+ to almost 10 million, whereas the number of households headed by someone under 65 is projected to grow by just 3% (ONS, 2018j).
- Poor quality, un-adapted, hazardous, poorly heated and poorly insulated accommodation can lead to older people having reduced mobility, depression, chronic and acute illness, falls, social isolation, loneliness and depression (House of Commons, 2018a).
- Appropriate housing can keep older people healthy, support them to live independently and reduce the need for social care (House of Commons, 2018a).
- The costs of poor housing to the NHS is estimated to be £1.4 billion per annum; of which nearly half (£624 million) is attributed to poor housing among older adults (House of Commons, 2018).
- 93% of people aged 55+ live in mainstream housing as owner occupiers or tenants (House of Commons, 2018).
- 7% of older households (aged 55+) (530,000) live in specialist housing where a lease or tenancy restricts occupation to people aged 55 or older (JRF, 2012).
- 5% of people aged 65+ live in specialist housing (all types) (House of Commons, 2018a).
- A third of older adults report that they would like to move from their present home. However, a combination of practical, financial and emotional barriers can prevent or, at least, delay the process of moving home (House of Commons, 2018).
- 27% of older people have some form of adaptation installed in their home (House of Commons, 2018a).
- Among older adults who are private tenants 45% lack at least one required adaptation in their home (House of Commons, 2018a).
- 64% of over-55s say bungalows or single-storey ground floor properties are their preferred type of housing for retirement. However, they are in short supply (House of Commons, 2018).
- Only 2,579 new bungalows were built in 2017/18 (whereas in 1986/87 this number was 28,831) (NHBC, 2018).
- According to Rightmove (April 23<sup>rd</sup>, 2019), 43,413 properties were listed as for sale in London, however only 165 were bungalows. In terms of rental properties in London of the 44,011 properties were listed in London, however only 50 were bungalows (Rightmove, 2019).
- Older people are more likely to live in poor quality housing or housing in need of serious repair, particularly when they live in socially disadvantaged areas (Airey, 2018).
- Around a fifth of households aged 65+ live in 'non-decent' housing (housing that fails to meet the governments standards on safety, efficient heating etc.) equating to an estimated 1.2 million households. Among those aged 85+, 3 in 10 households (29%) live in non-decent housing (Independent Age, 2018).
- Homeowner equity in Britain among people aged over 65 has been estimated to total £1.6 trillion (Airey, 2018).
- There is geographic inequality in homeowner equity across the UK: homeowner equity amongst those aged 65+ in the North East is less than 10% of that amongst their counterparts in the South East (Airey, 2018).
- More than 2,500 people over the age of 60 were identified as homeless in 2018 (DCLG, 2018).

### 1.8 Urban & Rural Environments

- Populations in rural areas tend to have a higher proportion of older people than urban areas (DEFRA, 2018b).
- 55% of people living in rural areas are aged over 45, whereas in urban areas this is 40% (DEFRA, 2018b).
- The population aged 65 and over increased by 37% in rural areas between 2001 and 2015, and increased by 17% in urban areas (DEFRA, 2018a).
- Lower population density in rural areas can make it more difficult and expensive to create and maintain comprehensive service infrastructures. Rural areas can be disadvantaged in terms of access to services and activities and this can exacerbate risks of social isolation, reduce mobility, and result in older adults lacking adequate support and health care (UNECE, 2017).
- 41% of people living in rural areas do not have access to their nearest hospital within an hour's travel by public transport or walking, compared with 6% of users living in urban areas (Gov.uk, 2016).



## 2. Health in Later Life

### 2.1 Physical Health

- Ageing societies pose challenges for health and social care systems (WHO, 2018).

#### 2.1.1 Activities of Daily Living (ADL) & Instrumental Activities of Daily Living (IADL)

- Activities of Daily Living (ADLs) are activities that relate to personal care and mobility around the home and are basic to daily living (e.g. eating, bathing, dressing, toileting, etc).
- Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently (e.g. money management, cooking, shopping, etc).
- The ability to perform ADLs and IADLs is dependent upon cognitive (i.e., reasoning, planning), motor (i.e., balance, dexterity), and perceptual (i.e., sensory) capabilities and thus can be useful in helping to measure functional status and health (Mlinac & Feng, 2016).
- The number of disabled older people, defined as being unable to perform at least one IADL or having difficulty performing or an inability to perform at least one ADL, is projected to rise by 67% (from 3.5 million to 5.9 million) between 2015 and 2040, and by 116% between 2015 and 2070 (3.5 million to 7.6 million) (Wittenberg, Hu, & Hancock, 2018)
- The ADLs older people most commonly need help with are getting up and down stairs, having a bath or shower, dressing and undressing (NHS Digital, 2017).

#### 2.1.2 (Limiting) Long-Standing Illness

- A (limiting) long-standing illness is defined as any long-term illness, health problem or disability for which there is currently no cure (that limits an individual's daily activities). Examples include: diabetes, cardiovascular diseases (e.g. hypertension, angina) and chronic respiratory diseases (e.g. asthma, chronic obstructive pulmonary disease (COPD)) (Wright, Rosato, & O'Reilly, 2017).
- As people age the likelihood of having a long-standing illness increases (Melzer et al., 2015)
- An estimated 4 million older adults in the UK (36% of people aged 65-74, and 47% of those aged 75+) have a limiting long-standing illness; equating to 40% of all people aged 65+ (Horsfield, 2017).

#### 2.1.3 Multi-Morbidity

- Multi-morbidity is defined as the coexistence of two or more long-term medical conditions or diseases (Cassell et al., 2018).
- Over half (54%) of older people have at least two chronic conditions (also referred to as multi-morbidity) (Kingston, Robinson, Booth, Knapp, & Jagger, 2018).
- The proportion of people with multi-morbidities among those aged 65-74 is 46%. This proportion increases to 69% among those aged 85+ (Kingston, Robinson, et al., 2018).
- Multi-morbidity increases the likelihood of hospital admission, length of stay and likelihood of readmission, raises healthcare costs, reduces quality of life, and increases dependency, polypharmacy and mortality (Kingston, Robinson, et al., 2018).

#### 2.1.4 Frailty

- Frailty is a long term condition related to the ageing process in which multiple body systems gradually lose their in-built reserves (Skills for Health, 2019).
- Older adults with frailty are less able to cope and recover from accidents, physical illness or other stressful events (NHS, 2019b).



- Since October 2017 the General Medical Services (GMS) contract requires GPs to routinely identify patients with moderate and severe frailty (NHS England, 2019).
- Older people living with frailty are at greater risk of disability, care home admission, hospitalisation, and death (Wirral, 2018).
- The proportion of people living with frailty rises with increasing age; 6.5% in those 60-69; 65% in those 90+ (Gale, Cooper, & Sayer, 2015).
- Around 3% of the population aged 65+ in England live with severe frailty, 12% with moderate frailty and 35% with mild frailty (BMA, 2018).
- Frailty occurs more frequently in women than men (16% vs 12%) (Gale et al., 2015).
- Mobility difficulties are very common among people living with frailty (93% have difficulties vs only 58% of non-frail individuals) (Gale et al., 2015).
- Among people living with frailty, difficulties in performing ADLs and IADLs were reported by 57%-64%, respectively, vs 13%-15%, respectively among non-frail individuals (Gale et al., 2015).

### 2.1.5 Malnutrition

- Malnutrition is a silent and serious condition that occurs when a person's diet does not contain the correct amount of nutrients. Although malnutrition can refer to 'under-nutrition' and 'over-nutrition'- the focus of this fact sheet is upon the former, i.e. people who are failing to eat well enough to maintain their health and wellbeing (NHS, 2019a).
- Malnutrition affects every system in the body; increasing vulnerability to illness, health complications and in very extreme cases can cause death (BAPEN, 2018).
- People can become malnourished (even if they are overweight) from not eating for 2-3 days (MTF, 2018).
- Only 31% of adults aged 65+ eat 5 or more portions of fruit and vegetables a day.
- The average number of portions of fruit and vegetables eaten by those aged 65+ in 2017, England, was 4 (HSE, 2017).
- Older people are disproportionately represented in malnourished groups; 43% of UK malnutrition cases are people aged 65+, equating to around 1.3 million people (BAPEN, 2018).
- There are many reasons why people can become malnourished: medical (or disease related), physical (or disability related) and social factors are among the most common (MTF, 2018).
- It is important to be mindful however that causes and consequences of malnutrition are often interlinked, for example, people who are malnourished are more likely to get ill or suffer an injury, which in turn can make it more difficult to eat (MTF, 2018).
- The vast majority of cases of malnutrition among those aged 65+ are in the community (93%) (MTF, 2018).
- Becoming malnourished in one's own home can mean many older adults malnourishment goes unacknowledged and unaddressed until contact with a GP or admission to hospital (MTF, 2017).
- Consequently, malnourished older adults are twice as likely to visit their GP, have more hospital admissions, longer stays in hospitals and have more ill health (co-morbidities) (MTF, 2018).
- Treating someone who is malnourished is two to three times more expensive than treating someone who is not malnourished (MTF, 2018).

### 2.1.6 Falls & Hip Fractures

- Falls are the largest cause of emergency hospital admissions for older people (NHS, 2017).
- Falling can cause injury, distress, pain, loss of confidence or independence and mortality (PHE, 2018c).
- In 2017/18 there were around 218,000 emergency hospital admissions related to falls among patients aged 65+, with around 149,000 (68%) of these patients aged 80+ (PHE, 2018d).
- Around a third of people aged 65+ and about half of people aged 80+ fall at least once a year (PHE, 2018c).

- Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million annually (PHE, 2018c).
- The total cost of fragility fractures to the UK each year has been estimated at £4.4 billion which includes £1.1 billion for social care. Hip fractures account for around £2 billion of this sum (PHE, 2018c).
- Hospital inpatients in England experienced a quarter of a million falls during the year 2016/17 (that is more than 680 per day) (Royal College of Physicians, 2017).
- 5,048 people aged 65+ died from having a fall in 2017, equating to 14 people every day. Of these 2,657 were women and 2,391 were men (ONS, 2018c).
- Among older people, hip fracture is the most common serious injury, reason to need emergency anaesthesia/surgery, and cause of accidental death (Royal College of Physicians, 2018).
- In 2017/18 almost 59,000 people aged 65+ in England experienced a hip fracture (PHE, 2018e).
- Hip fractures are more common in women who are more susceptible than men to osteoporosis (weak and fragile bones (NHS, 2016a).
- 71% of hip fracture cases among people aged 65+ in 2017/18 were women (PHE, 2018g)
- Only around 31% of older adults regain completely their previous activities of daily living following a hip fracture (Tang et al., 2016).
- 66% of persons aged 65+ who sustain a hip fracture will not fully return to pre-fracture mobility, only 36% return to independence (Tang et al., 2016).
- It is estimated around a quarter of hip fracture patients aged 65+ will consequently need long-term care (Royal College of Physicians, 2018).
- Hip fractures are associated with a total cost to health and social services of over £1 billion per year (Royal College of Physicians, 2018).
- At any one time, patients recovering from hip fractures occupy over 3,600 hospital beds (3,159 in England, 325 in Wales and 133 in Northern Ireland) (Royal College of Physicians, 2018).

### **2.1.7 Sensory loss**

- 1.6 million older people have sight loss in the UK. Of these almost 650,000 are aged 85+ (RNIB, 2015).
- 1 in 5 people aged 75+ are living with sight loss; 1 in 2 people aged 90+ are living with sight loss (RNIB, 2018).
- People with sight loss are more likely to have problems with daily living, lower quality of life, life satisfaction, wellbeing and confidence and higher levels of depression (RNIB, 2015).
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70 (Action on Hearing Loss, 2019).
- 75% of people in care homes have hearing loss (Action on Hearing Loss, 2019b).
- Identification and effective management of hearing loss in care home residents can significantly improve quality of life, reduce loneliness and social isolation and improve overall health and wellbeing (Action on Hearing Loss, 2019b).

### **2.1.8 Dementia**

- Dementia is an umbrella term for a range of progressive conditions that affect the brain (Dementia UK, 2019).
- 1 in 14 people over the age of 65 (7%) and 1 in 6 people over the age of 80 have dementia (17%) (Alzheimer's Research UK, 2019; Alzheimer's Society, 2019b).
- Symptoms include memory loss, confusion and problems with speech and understanding (Alzheimer's Society, 2019).
- Dementia is a terminal condition (Alzheimer's Society, 2019).
- Alzheimer's disease is the most common type of dementia (62% of cases) followed by vascular dementia (17%) and mixed dementia (10%) (Alzheimer's Society, 2019b).
- Dementia is a key cause of disability in later life; a more common cause than cancer, cardiovascular disease and stroke (Alzheimer's Society, 2019b).

- 850,000 people are estimated to have dementia in the UK. This number is projected to rise to over 1 million by 2025 and 2 million by 2051 (Alzheimer's Society, 2019b; PHE, 2018b).
- The number of people aged 65+ in England with dementia in 2018 was estimated to be 645,000. Of these, only 68% (436,000) had a dementia diagnosis (PHE, 2018f).
- 225,000 people are projected to develop dementia this year, equating to around one person every 3 minutes (Alzheimer's Society, 2019b).
- 70% of people in care homes have dementia or severe memory problems (Alzheimer's Society, 2019b).
- Dementia currently costs UK society £26 billion per year (an average cost of £32,250 per person with dementia); this cost is set to rise as the population ages (Alzheimer's Society, 2019a).

## 2.2 Mental Health & Wellbeing

- Mental health problems have an impact on physical health, and vice versa, thus it is important to consider mental health of older adults in addition to age-related physical decline and physical health conditions (Naylor et al., 2016).
- It is estimated that 40% of older people in GP clinics have a mental health problem, this rises to 50% of older people in general hospitals and 60% of those in care homes (Royal College of Psychiatrists, 2018).
- Older adults may have long-standing mental health conditions such as bipolar disorder or schizophrenia, or more recent developments such as depression due to chronic conditions or bereavement (Royal College of Nursing, 2018).
- Depression is the most common mental health problem among older adults; affecting 22% of men and 28% of women aged 65+ (Royal College of Psychiatrists, 2018).
- Mental health problems are under-identified by health-care professionals and older people themselves; somewhat linked to issues of stigma surrounding these illnesses which can make people reluctant to seek help (Royal College of Nursing, 2018).

### 2.2.1 Loneliness & Social Isolation

- Loneliness and social isolation are different but related concepts (Age UK, 2018d)
  - **Loneliness** is a subjective feeling which relates to the difference between a person's desired levels of social contact and their actual level of social contact, and is linked to the perceived quality of the person's relationships. Loneliness is never desired and lessening these feelings can take a long time.
  - **Social isolation** is an objective measure of the amount of social contact a person has, and is about the quantity and not quality of relationships. People may choose to have a small number of contacts. When people are socially isolated, this can be overcome by increasing the amount of social contact they have.
- Persistent loneliness can have a significant negative impact on well-being and quality of life (Age UK, 2018a).
- People aged 50 and over are more likely to be lonely if they do not have someone to open up to, are widowed, are in poor health, are unable to do the things they want, feel that they do not belong in their neighbourhood or live alone (Age UK, 2018a).
- 17% of older people report they are in contact with family, friends and neighbours less than once a week; 11% report this contact is as infrequent as less than once a month (Age UK, 2015).
- 24% of people aged 50+ living in England feel lonely some of the time, while 7% (equating to around 1.4 million people) feel lonely often (Age UK, 2018a).
- Within the next decade, 2 million people aged 50 and over in England are projected to be lonely if efforts to tackle loneliness are not made (Age UK, 2018a).
- Loneliness, social isolation, and living alone have all been associated with an increased risk of premature death (APA, 2017; Holt-Lunstad, J., Smith, T.B., Layton, 2010).
- Loneliness has been associated with a 40% increased risk of dementia (Sutin, Stephan, Luchetti, & Terracciano, 2018).

- Deficiencies in social relationships are associated with an increased risk of developing cardiovascular disease (CVD) (Xia & Li, 2018).
- 49% of older people (equivalent to over 5 million individuals) say the television or pets are their main form of company (Age UK, 2015).
- 9% of older people report that they feel cut off from society (The Campaign to End Loneliness, 2013).
- Three out of four GPs across the UK say they see between 1 and 5 people a day who have come in mainly because they are lonely (The Campaign to End Loneliness, 2013).
- Research shows that every £1 invested in tackling loneliness can save £3 in health costs (Mcdaid, Bauer, & Park, 2017).

## 2.3 Lifestyle

- Healthy lifestyle behaviours (for instance, never smoking, moderate alcohol consumption, physical activity and daily consumption of fruits and vegetables) have all been associated with better health outcomes in later life (e.g. successful ageing, increases in lifespan and years spent in good health, a reduced risk of mortality and poor cognitive function) (Daskalopoulou, Koukounari, Ayuso-Mateos, Prince, & Prina, 2018; Grassi, Landi, & Delogu, 2014).
- *The following sub-sections provide insight into lifestyle behaviours and their influence for health outcomes in later life:*

### 2.3.1 Physical Activity

- The UK physical activity guidelines recommend older adults participate in at least 150 minutes a week of moderate intensity activity (approx. 30 minutes a day, 5 days a week) (Skelton et al., 2018).
- Physical activity has been identified as one of the key factors in promoting and enhancing overall and health-related quality of life for older people (Skelton et al., 2018).
- Physical activity can help improve muscle strength, balance and coordination which can further help to prevent falls, maintain bone health and preserve physical fitness (Skelton et al., 2018).
- With increasing age, physical activity levels tend to reduce (Audickas, 2017).
- The sharpest decline in physical activity tends to occur between the ages of 75-84 and age 85+; 48% of persons aged 75-84 are inactive, i.e. they do less than 30 minutes of activity per week whereas 71% of persons aged 85+ are inactive (Sport England, 2018).
- There are approximately 6.4 million physically inactive people over the age of 55 in England (Sport England, 2016).
- Physical inactivity has strong links to experiencing serious illness and reducing healthy life expectancy (Sport England, 2016).
- In addition to age, inactivity is more common among people with a disability (43%) (compared to 21% of people who are not disabled) (Sport England, 2018).
- Just over 10% of men and women aged 50+ take part in a sporting or exercise activity 'at least once a week' (British Heart Foundation, 2017).
- Beyond the age of 80, 9% of men and 4% of women report to take part once a week in sporting/exercise activities (British Heart Foundation, 2017).
- Exercises such as cycling, social dancing and swimming are the most frequently mentioned activities amongst older people (British Heart Foundation, 2017).

### 2.3.2 Smoking

- Among those 65+ in England, 8% are currently smokers, 41% are ex-smokers and 51% have never smoked (Action on Smoking and Health, 2018a).
- Smoking both causes and exacerbates long-term health conditions. It is also the leading cause of preventable death and disease in England (Action on Smoking and Health, 2018a).

- Around 50% of all life-long smokers die prematurely; on average cigarette smokers die 10 years younger than non-smokers (Action on Smoking and Health, 2018b).
- In the UK around a quarter of people in routine and manual occupations smoke and a tenth of people in managerial and professional occupations smoke (ONS, 2018a).
- Smokers are less likely to report having 'very good health' and are more likely to report having 'very bad health' compared to people who have never smoked (ONS, 2018a).
- Smoking in England has an annual cost to NHS of around £2.5 billion (Action on Smoking and Health, 2018a).
- Many current and former smokers need additional care in later life because of smoking-related illness, leading to social care costs of £1.4 billion a year (Action on Smoking and Health, 2018a). £760 million of this is on costs borne by local authorities, while the additional £630 million is that spent by those who have to self-fund their care (Action on Smoking and Health, 2018).

### 2.3.3 Alcohol Consumption

- Body water content diminishes with age, restricting the body's ability to metabolise and eliminate alcohol (Bernstein, 2019).
- It is recommended for both men and women, that no more than 14 units of alcohol are consumed a week; however due to the physical changes in older adults it is likely that the safe drinking levels for older people is less than this (Department of Health, 2017).
- 1 in 5 older men and 1 in 10 older women drink enough alcohol to harm themselves (Drink Wise Age Well, 2019).
- Alcohol can slow reaction times and affect balance (RCPSYCH, 2019).
- Alcohol can increase the risk of falls and injuries (Drink Wise Age Well, 2019).
- 1 in 3 adults aged over 65 with an alcohol problem developed this problem in later life (Drink Wise Age Well, 2019).
- Frequently reported reasons among older adults for starting to drink more include retirement, bereavement, loss of purpose, lack of socialising opportunities and changes in financial circumstances (Drink Wise Age Well, 2019).
- Excessive alcohol consumption has been linked to physical and mental health issues and can exacerbate and accelerate the onset of conditions associated with age, such as cognitive impairment and high blood pressure (RCPSYCH, 2019).

### 2.4 Effects of the Winter Cold

- In the winter period of 2017/18 there were an estimated 50,100 Excess Winter Deaths (EWD) in England and Wales (ONS, 2018h).
- Nearly 46,000 (92%) of these EWDs were among people aged 65 and over (equating to 379 older people a day) (Age UK, 2018c).
- Females and older adults are the most affected by excess winter mortality; in 2017/18, 28,100 EWDs were female, whereby 21,700 were females aged 85+ (ONS, 2018h).
- Over a third (35%) of the EWDs among those aged 65+ were caused by respiratory diseases (ONS, 2018h).

## **3. Ageing & the Economy**

### **3.1 Economic contribution of older people**

- The economic value of the employment, informal care, informal childcare and volunteering of people aged 50+ in the UK amounts to £796 billion a year (Iparraguirre, 2017).
- In the UK, the contribution of employment of adults aged 50+ amounted to £570 billion (£54 billion for 65+); informal caring activities added another £175 billion (£95 billion for 65+) and volunteering represented another £43 billion (£3 billion for 65+) (Iparraguirre, 2017).
- It is estimated that the informal childcare that grandparents provide to their grandchildren is worth around £7.7 billion (Iparraguirre, 2017).
- 16.4% of older adults volunteer at least once a week. Those aged 65-69 are the most likely to volunteer (Age UK, 2019a).

### **3.2 Employment**

- Over 50s make up nearly a third of the UK workforce (Centre for Ageing Better, 2018)
- 14% of workplaces already have a majority of employees aged over 50 (Centre for Ageing Better, 2017).
- The rising number of older workers combined with a smaller number of younger workers entering the job market is resulting in an “ageing workforce” (Centre for Ageing Better, 2017).
- Increases to the State Pension Age (SPA) have had a significant impact on the labour market, with more people needing to work for longer (Age UK, 2016).
- 63% of those aged 50+ who are still in work report that they plan to retire later than they thought they would 10 years ago (Aviva, 2018).
- During October-December 2018, 1,290,000 individuals aged 65+ were employed (10.9%)(ONS, 2019b)
- There are 2.9 million individuals aged between 50 and SPA who are out of work, of whom 0.7 million consider themselves to be “retired” and 1.7 million think it is unlikely that they will ever work again, often due to long term illness or disability (Bevan, Brinkley, Bajorek, & Cooper, 2018).
- The average age of retirement has increased over the past two decades. The average age of retirement for men is 65.1, while for women it is 63.9 years old (DWP, 2018a).
- The employment rate for women aged 50-64 has been rising for many years, but remains significantly below that of men (67.5% and 76.2% respectively); this has been partly due to ongoing changes to the SPA, resulting in fewer women retiring between the ages of 60-65 (House of Commons, 2018b).
- Employment as a proportion of the working-age population falls from around 80% for men and 75% for women in the mid-50s age groups, to around 35% for men and 25% for women in their mid-60s (DWP, 2017).
- Women face particular difficulties in accessing work in later life as, on average, they do the majority of caring for children and older, sick or disabled family members. Women are more likely to work part-time (House of Commons, 2018b).
- Education, health and social work, and public administration and defence are the sectors which are most reliant on older workers (House of Commons, 2018b).
- Retirement timing of older workers is often determined by a wide range of factors including demographic characteristics, social factors, social participation, work characteristics, finances and retirement preferences (Scharn et al., 2018).
- Wellbeing benefits linked to work include: mental stimulation, structure to the day, social connections, identity and sense of purpose (Centre for Ageing Better, 2017; DWP, 2017).
- By delaying retirement from 55 until 65, a man with an average income could have £280,000 extra income and a pension pot 55% larger. By retiring at 63 instead of 55, a woman with an average income, who took a 10 year career break, could have £180,000 extra income and a pension pot 50% larger (DWP, 2017).

- Ill health is the single biggest factor that pushes older workers to stop working, however skills, attitudes, caring responsibilities and redundancy are also key contributors (Centre for Ageing Better, 2017).
- 44% of older workers feel unsupported by their employer when it comes to career ambitions (Aviva, 2018).
- Median hourly pay for workers in their 50s is £13.55 and £11.60 for workers aged 60+, compared to £14.37 for workers in their 30s (ONS, 2018d).

### 3.3 Care and Support

- In the next 20 years, the number of individuals with complex care needs is projected to increase due to more people reaching ages 85+ and these individuals having higher levels of dependency, dementia, and comorbidity (Kingston, Comas-Herrera, & Jagger, 2018).
- As the population ages and people's care needs become more complex, the need for social care services (formal and informal) intensifies (Kelly & Kenny, 2018).
- Carers provide a wide range of support: ranging from personal care, emotional support, help with practical tasks such as shopping, and reminding or giving medication (Kelly & Kenny, 2018).
- Care can be provided by family, friends or neighbours without payment (unpaid or informal care) or via services such as care homes or home visits (paid or formal care) (Kelly & Kenny, 2018).
- 30% of older people in England receive no help or very little help with their care needs (Triggle, 2018).
- 1.4 million older people do not have access to the care and support that they need (Age UK, 2019b).

#### 3.3.1 Informal Care-givers

- 38% of older people in England receive the help they need from family and friends (Triggle, 2018).
- 1 in 8 adults are carers (around 6.5 million people) (Carers UK, 2015a).
- By 2037 it is anticipated the number of carers will increase to 9 million (Carers UK, 2015a).
- 58% of carers are female, while 43% are male (Carers UK, 2015a).
- Over 1 million people care for more than one person (Carers UK, 2015a).
- Every day another 6,000 people take on a caring responsibility-equivalent to over 2 million people every year (Carers UK, 2015a).
- Three in five people are anticipated to become carers at some point in their lives (Carers UK, 2015a).
- The economic value of the care that is provided by the nation's unpaid carers is estimated to be worth £132 billion a year, an average of £19,336 per carer (Carers UK, 2015b).
- Providing unpaid care affects carers' ability to participate in education and employment, and can affect carers' relationships, household finances, health and well-being. The effects of caregiving tend to be greater with the more hours of care provided (Kelly & Kenny, 2018).
- One in five people aged 50–64 are carers in the UK (equivalent to over 2.5 million people) (Carers UK, 2015b).
- A quarter of those who provide family care are 65+ (equivalent to nearly 2 million individuals) (Social Market Foundation, 2018).
- Caring in the home is more common among older adults. More than half of carers aged 65+ care for someone that they live with (Social Market Foundation, 2018).
- After the age of 50, women will spend an average of 5.9 years of their remaining life as unpaid carers, and after 65, they will spend an average of 2.6 years of their remaining lives as unpaid carers. Men after



50 will spend 4.9 years of their remaining life as an unpaid carers, and at age 65, 2.7 years (ONS, 2017c).

- People aged 65 and over make up a higher proportion of carers (19%) than they do in the population as a whole (12%) (Kelly & Kenny, 2018).
- 65% of older carers (aged 60-94 years) have long-term health problems or disabilities themselves (Carers Trust, 2015).
- 69% of older carers (aged 60-94 years) report that being a carer has had an adverse effect on their mental health (Carers Trust, 2015).
- A third of older carers say they have cancelled treatment or an operation for themselves due to caring responsibilities (Carers Trust, 2015).

### 3.3.2 Formal Caregivers

- 21% of older people in England receive the help they need for care needs from their local authority/council while 13% receive the help they need from privately funded sources (Triggles, 2018).
- In 2017, the adult social care sector had around 21,200 organisations with 41,000 care providing locations (Skills for Care, 2018).
- 1.47 million people work in adult social care (Skills for Care, 2018).
- There are 110,000 (8%) vacancies at any given time in the adult social care sector. The majority of these vacancies (76,000) are care workers (Skills for Care, 2018).
- The staff turnover rate in adult social care is 30.7%, equivalent to around 390,000 leavers in the previous 12 months (Skills for Care, 2018).
- The majority of adult social care Jobs are with independent sector employers (78%). Jobs in local authorities account for 7% adult social care jobs in the NHS Accounts for 6% of the total. The remaining number of jobs is for direct payment recipients (9%) (Skills for Care, 2018).
- 400,000 older people are in care homes in the UK (Laing-Busson, 2018).
- 37.8% of local authorities net budgets are spent on adult social care (ADASS, 2018).

### 3.4 Pensions & Benefit Entitlements

- In August 2018, 13 million people were receiving a State Pension (DWP, 2019a).
- The average weekly State Pension amount received in August 2018 was £143.82 a week (equating to almost £7,500 a year) (DWP, 2019a).
- Nearly all pensioners (97%) were in receipt of the State Pension in 2016/17 (DWP, 2018b).
- In 2017/18, 67% of pensioners received income from private pensions (which includes income from occupational pensions and personal pensions)(DWP, 2019c).
- 7% of pensioner couples and 22% of single pensioners have no source of income other than the state pension and benefits (DWP, 2018 Table 3.2).
- In 2016/17, an estimated 40% of families in Great Britain who were entitled to Pension Credit did not claim it (approximately 1.2 million families) (DWP, 2018b).
- Around £3 billion of Pension Credit was unclaimed in 2016/17 (DWP, 2018b).
- The average (mean) weekly amount of Pension Credit that went unclaimed in 2016/17 was £49 a week (DWP., 2018a - Table PC2).
- In 2016/17, an estimated 16% of pensioners in Great Britain who were entitled to Housing Benefit did not claim it (approximately 340,000 older people) (DWP., 2018a).
- Around £750 million of pension-age Housing Benefit went unclaimed in 2016/17 (DWP., 2018a).

### 3.5 Poverty & Deprivation

- People are generally considered to be living in poverty when their resources are not enough to meet their basic needs to allow them to take part in society. This can mean struggling to cover food and energy bills, watching every penny spent, worrying that nothing is set aside for a sudden emergency such as the cooker breaking down, or being unable to afford the cost of transport needed to visit a friend or go to a social club (JRF, 2016).
- A common definition of poverty is living in a household with an income below 60% of the median household income, taking account for the number of people living in the household (Parliament, 2018).
- 2 million (16%) pensioners in the UK live in poverty on this definition (DWP, 2019b).
- 1.1 million pensioners are in severe poverty (that is with an income less than the 50% threshold of contemporary median income, UK ) (DWP, 2019b).
- 7% of pensioners aged 65+ in the UK are materially deprived (800,000 individuals). That is, they do not have certain goods, services, or experiences because of financial, health-related, or social isolation barriers (DWP, 2019b).
- Social support, health, financial management, housing and area of living, attitudes and priorities all have an impact on material circumstances among those living on low incomes (Age UK, 2018b).
- An alternative approach to exploring poverty is measures of deprivation. Deprivation is the consequence of a lack of income and other resources, which cumulatively result in a person living in poverty.
- Research has found deprivation influences physical and mental health outcomes. (Myck, Najstut, & Oczkowska, 2019).
- For instance, neighbourhood deprivation has been associated with the onset and subsequent survival of older adults with and without multi-morbidity (see section 2.1.3 for further details) independently of age, sex and smoking status (Chan et al., 2019).

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