



The State of Ageing in 2019

Adding life to our years



About us

We are living longer than ever before but millions of us risk missing out on a good later life.

At the Centre for Ageing Better we are focused on bringing about lasting changes in society that make a difference to people's experience of later life, now and in the future. This means more people in fulfilling work, in good health, living in safe, accessible homes and connected communities.

Working in partnership with a range of organisations, we bring about lasting changes in society, particularly for those approaching later life and at risk of missing out.

We are funded by an endowment from The National Lottery Community Fund. As part of the What Works Network of organisations, everything we do is rooted in evidence.

We need to act now to transform later lives. Join us in making that change.

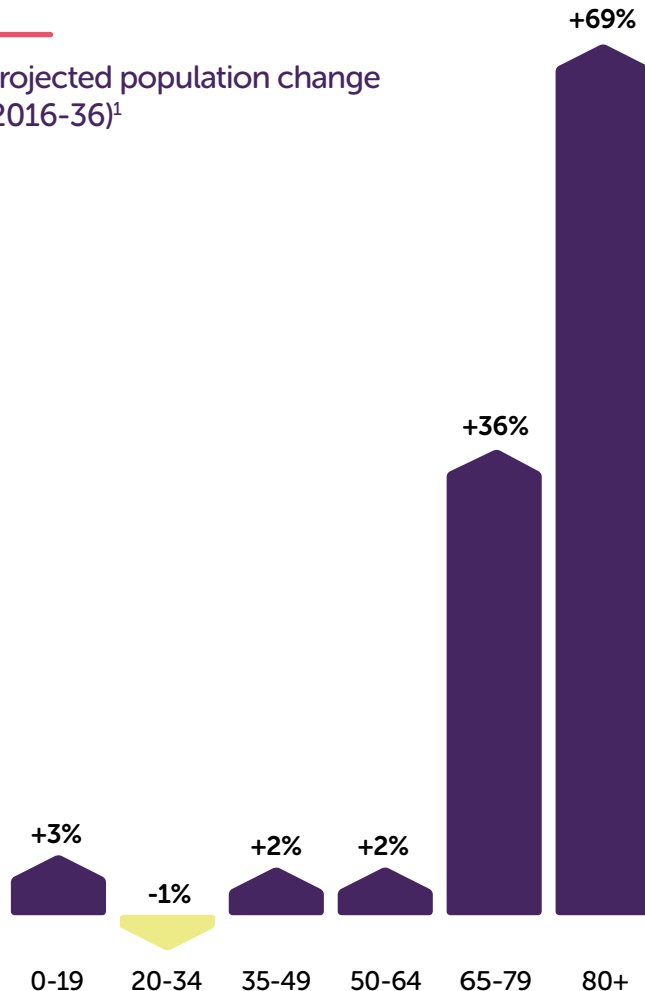
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Introduction

We are living longer than ever before and the age profile of our society is changing rapidly. The number of people aged 65 and over will increase by more than 40% within 20 years, and the number of households where the oldest person is 85 and over is increasing faster than any other age group. These changes have profound implications for each of us, as well as for government, business and civil society.

Projected population change
(2016-36)¹



For many of us there is much to look forward to in later life. People in their early to mid-70s are more satisfied with life than any other age group. And most people in later life report feeling connected to their communities, families and friends.²

But huge inequalities exist. As we get older, the steady accumulation of a lifetime of advantages or disadvantages, together with differences such as in our ethnicity, in where we live, and in our income, results in vastly unequal levels of health, wealth, happiness and security in later life. And there are worrying trends for the future. For example, earlier progress made in reducing pensioner poverty is beginning to reverse.

While the twentieth century's advances in public health, nutrition and medical science have given us the gift of longevity, so far this century we have failed to respond with sufficiently radical action to ensure everyone enjoys these extra years.

**Ageing is inevitable,
but how we age is not.**

Without fundamental changes in society, the challenges faced by increasing numbers of older people will have dire consequences for the NHS, care services and for public spending.

Ageing is inevitable, but how we age is not. Our current rates of chronic illness, mental health conditions, disability and frailty could be greatly reduced if we tackled the structural, economic and social drivers of poor health earlier.

Our creaking housing stock needs an overhaul if it is to provide increasing numbers of people in later life with homes in which they can live independently and safely. People need more support to maintain and adapt existing homes. New homes should meet basic design standards so that people with mobility issues can access them and move around easily.

For those in their 50s and 60s now, there is little time left to ensure they have saved enough to support themselves and stay above the poverty line in later life. If we want people to be financially secure, we need to ensure they can work for as long as they want to, free from age bias and discrimination. Without a fundamental change in employment culture and more opportunities for workers over the age of 50 to continue in work, individuals, businesses and the economy will suffer.

Our extra years of life are a gift that we should all be able to enjoy and yet – as this report shows – increasing numbers of us are at risk of missing out.

Being connected to others is fundamental to a happy later life. We must create places and spaces that enable all generations to feel they belong to their communities and that encourage people entering later life to remain active and connected to others. This will become more important as older generations become more diverse and traditional family structures become less common.

Our extra years of life are a gift that we should all be able to enjoy. And yet – as this report shows – increasing numbers of us are at risk of missing out on a good later life.

We must act now so more people who are approaching later life, particularly those on low incomes, in poor health and in inadequate housing, and the generations that follow them, are able to enjoy a long and happy life.

About this report

This report uses publicly available data to give a snapshot of what life is like for people aged 65 and older today. It then investigates the prospects for people currently in their 50s and 60s, looking across four crucial areas:



Work and
finances



Housing



Health



Communities

It highlights society's readiness – or rather lack of readiness – to cope with and to capitalise on our longer lives.

At the Centre for Ageing Better, we will track these data and monitor the progress on the changes we seek to bring about over the next ten years.

Later lives today

People aged 65 and over are a large and rapidly growing group – there are currently more than 11.9 million people aged 65 and over in the UK, with 3.2 million aged 80 and over and 1.6 million aged 85 and over.

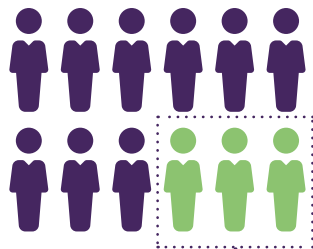
Of those aged 65 and over, 45% are men, 55% women.³ This age group are predominantly white (95%)⁴ and married (59%), a quarter are widowed (25%) and 10% are divorced. More than 70% of men aged 65 and over are married, compared to less than half (49%) of women in this age group. More than a third (35%) of women over 65 are widowed, compared to 14% of men.⁵

The majority of people over 50 are grandparents – 67% of women and 58% of men – many of whom provide weekly care for their grandchildren.⁶ Most people over 50 (60%) live in urban areas with a quarter (25%) living in rural areas.⁷



Number of people aged
65 and over in the UK⁸

11.9
million people



3.2 million of
these people are
aged 80 and over.

Financial security

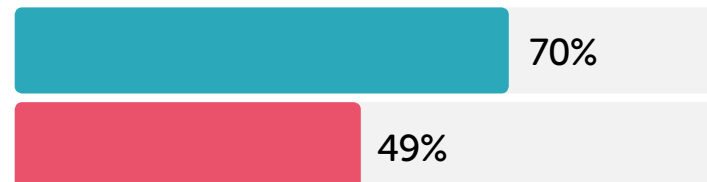
While on average older people in Great Britain have higher levels of wealth than younger age groups – largely because of rising property prices – there are stark inequalities within generations. The highest average total personal wealth in Britain over the period July 2014 to June 2016 (£492,900) was in the 55 to 64 year age group. The second highest (£398,000) was among the over 65s.¹²

Men Women

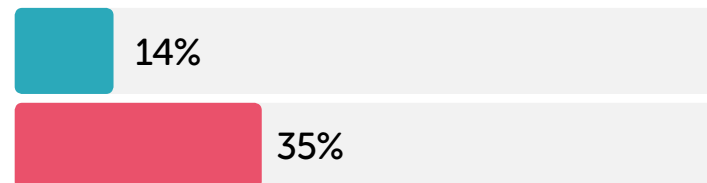
Gender breakdown⁹



Percentage who are married¹⁰



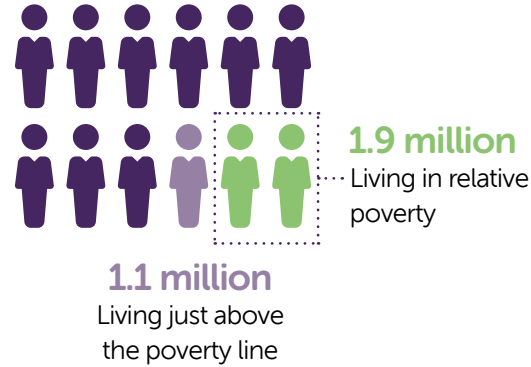
Percentage who are widowed¹¹



**16% of people aged 65 and over
live in relative poverty.**

In the UK, 1.9 million (16%) people aged 65 and over live in relative poverty.¹³ Within this group, 1.1 million are in severe poverty (with incomes of less than 50% median income). There are an additional 1.1 million people aged 65 and over with incomes just above the poverty line (incomes above 60%, but less than 70% of median income).

People aged 65 and over¹⁴



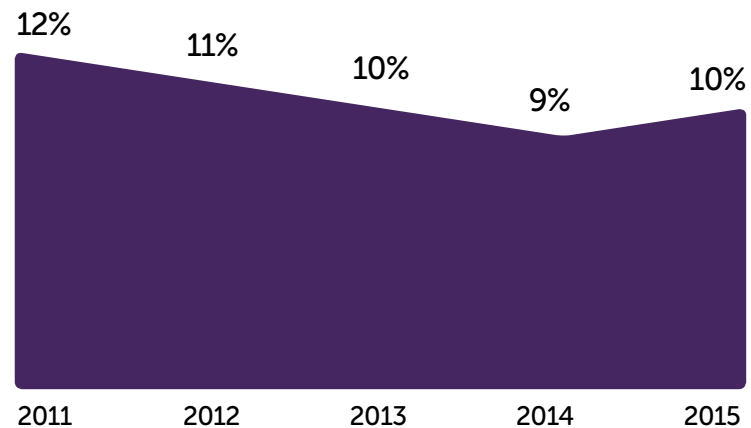
Single women, ethnic minorities and the over 80s are more likely to live in relative poverty in later life.

In fact, the figure stands at 29% of Asian or Asian British people and 33% of Black or Black British people, compared to 14% of white people aged 65 and over.¹⁵

Asian and Black people are twice as likely as white people to be poor in later life.

Worryingly, progress made on pensioner poverty¹⁶ in the 1990s is beginning to reverse: persistent poverty amongst the population aged 65 and over declined from 14% in 2008 to 9% in 2014, but in 2015 we saw the first rise in rates since 2010 – up to 10%.¹⁷

Older people in persistent poverty (2011-2015)¹⁸



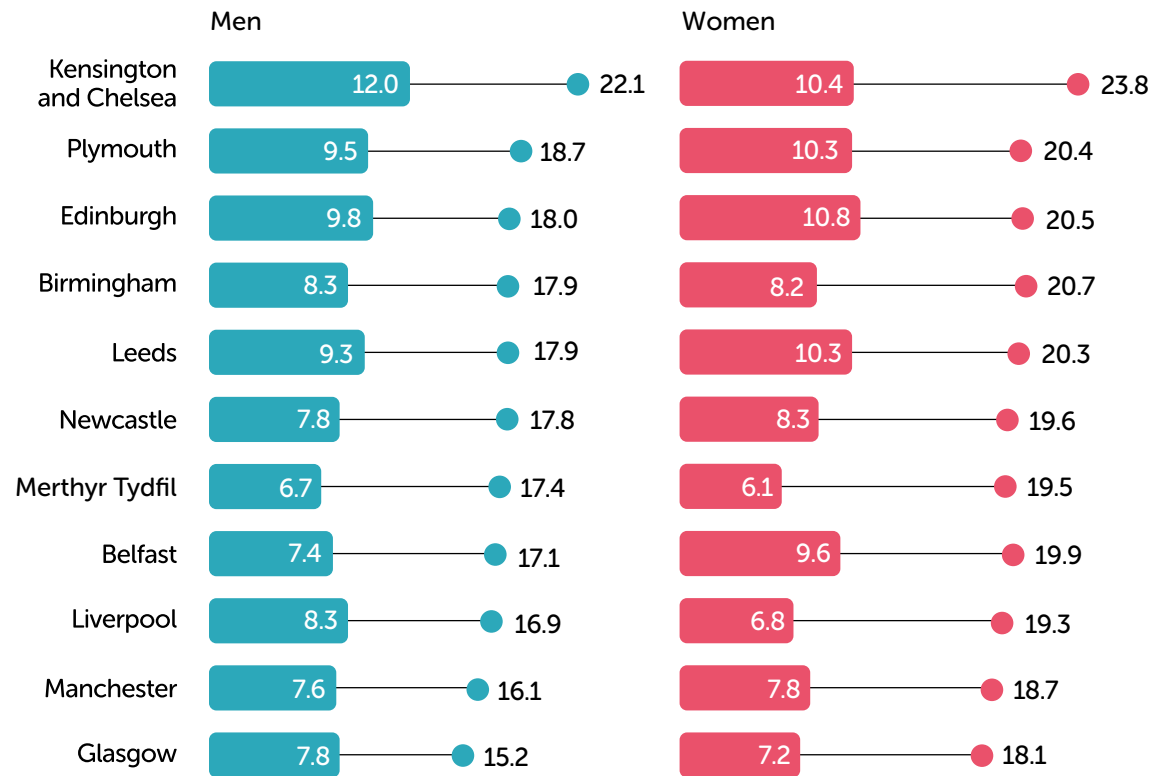
Health

Both the number of years you'll live and how many of those years will be healthy varies hugely across the country and between the richest and poorest in the UK.¹⁹

The lowest life expectancy at age 65 for men and women is in Glasgow – where men can expect to live another 15 years and women 18 years. In contrast, men in Kensington and Chelsea can expect to live another 22 years and women in Camden, another 24 years.²⁰

Life expectancy and disability-free life expectancy at 65 (remaining years of life) 2015-17²¹

Key
■ Disability free life expectancy
● Total life expectancy



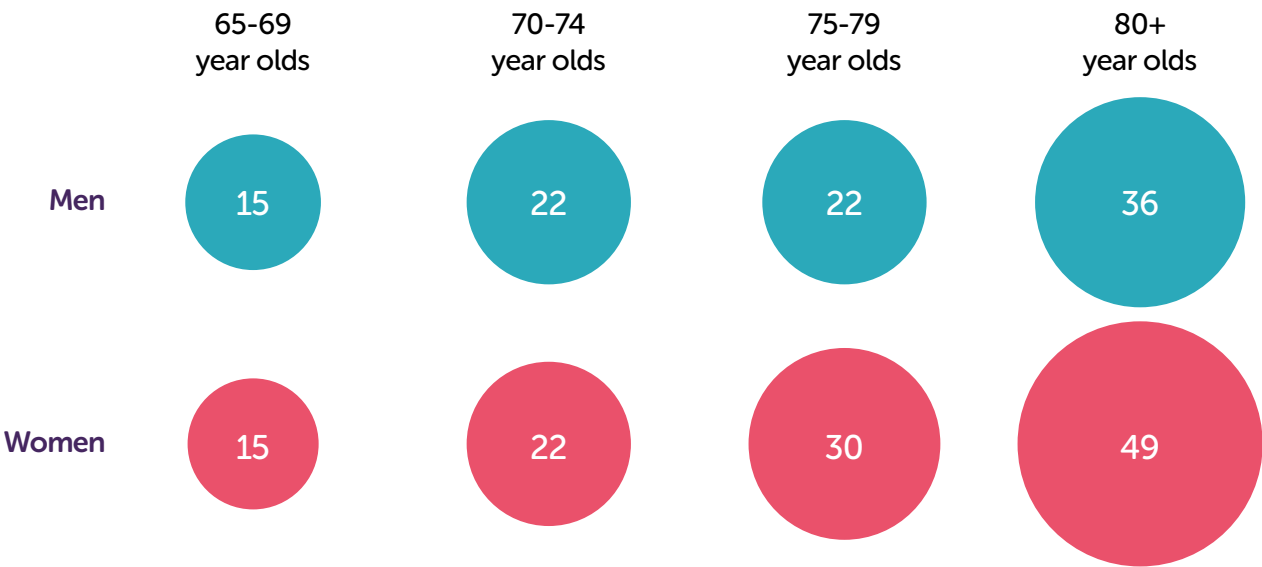
People at 65 can expect to live just half of the remainder of their life without disability.

Men at age 65 in the UK can expect to live about half the remainder of their life without disability – ten years of their 19 years. For women, the picture is worse – only ten years of their extra 21 years is spent without disability on average.²²

More than half of people over 65 have at least two chronic health conditions, and many have health

problems that affect their daily lives.²³ The proportion of men in England who need help with activities such as dressing, bathing or showering, eating, getting out of bed, and using the toilet, increases with age from 15% of those aged 65-69 years to over a third (36%) of those aged 80 and over.²⁴

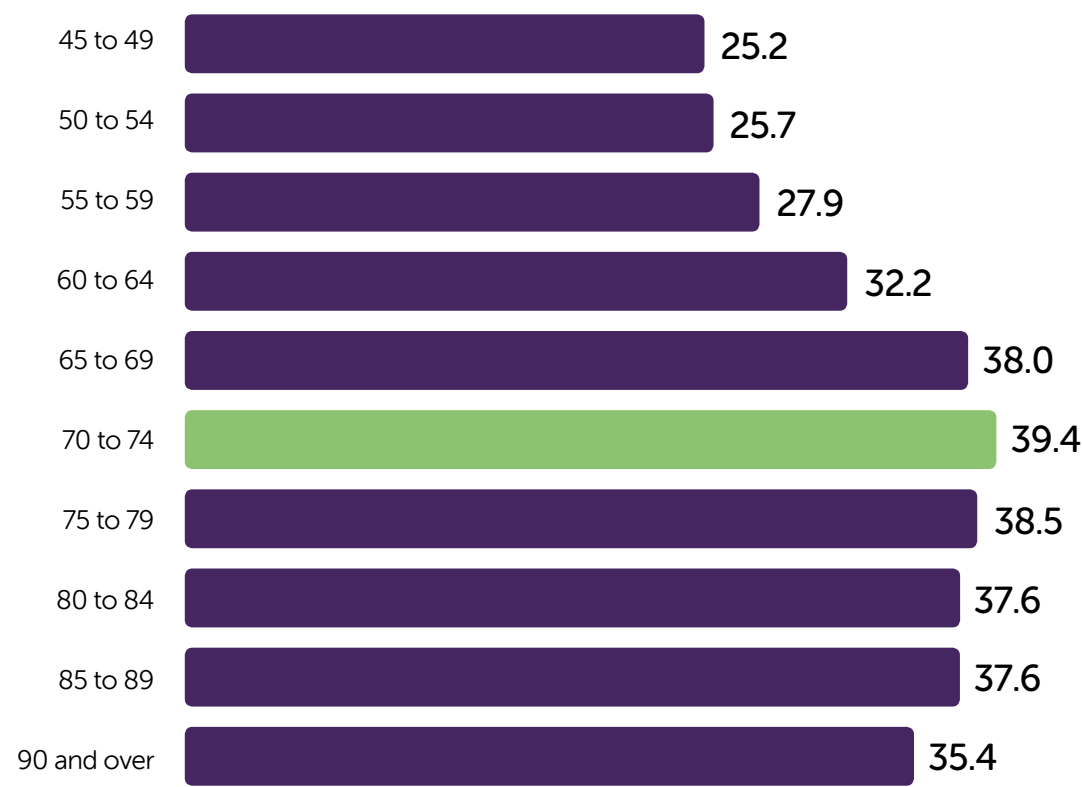
Percentage needing help with activities of daily living (e.g. washing, dressing)²⁵



Wellbeing

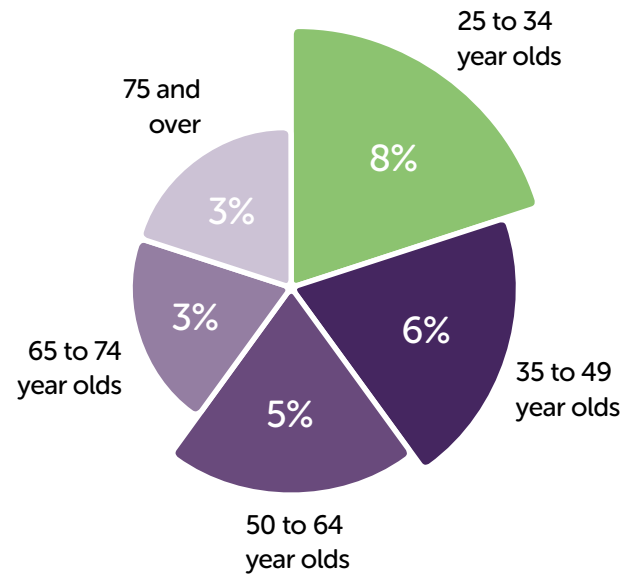
Older people are some of the most satisfied with life. In the UK, life satisfaction peaks between 70 and 74, with this age group scoring on average nearly eight out of ten in response to the question: 'How satisfied are you with your life nowadays?'. Among people aged between 65 and 84, more than 40% give a very high rating (i.e. a score of 9 or 10 on a scale of 0-10) for how worthwhile they feel the things they do are. After the age of 85, this proportion declines, to 38% of people aged 85 to 89 and 31% of those aged 90 and over.²⁶

Percentage of people with very high satisfaction with their lives overall, April 17-March 18²⁷



Are people in later life lonelier than younger people? No – loneliness affects people of all ages. In 2017-18, 8% of 25-34 year olds reported feeling lonely often or all of the time, compared to 5% of 50-64 year olds and 3% of 65-74 year olds. These proportions have remained constant since 2013-14.

Percentage of people who feel lonely often or all of the time²⁸

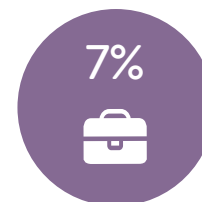


Most people in later life feel connected to and supported by friends and family. About 89% of people over 65 in the UK feel they can rely on a spouse, family member or friend if they have a serious problem,²⁹ and most people are in frequent weekly contact with family and friends from their 50s right up to their 80s. In fact, 80% of people aged 75 and over see family or friends at least once a week and 86% speak to friends or family at least once a week.³⁰

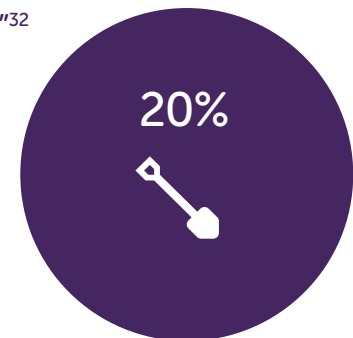
Perceptions of ageing

But unsurprisingly, our experiences and perceptions of ageing depend on our social status. For example, one in five (20%) people in routine occupations in England say that age often prevents them from doing the things they would like to do compared with just 7% of those in professional occupations. And pessimism about getting older is linked to poorer health. People who worry about their health getting worse and those who expect to get lonely are around 30% more likely to have a negative experience of ageing than people who don't.³¹

People aged 50 and over in England who say "Age prevents me from doing the things I would like to do"³²



professional occupations



routine occupations

How will future generations experience later life?

In less than 20 years, the number of those aged 65 and over in the UK will increase by almost half (44%), meaning that by 2037, one in four of the population will be over 65.³³

So, will these people entering later life over the next 20 years fare better or worse than today's generation?

In less than 20 years, the number of people aged 65 and over will increase by almost half.

There are 16 million people currently aged between 50 and 70 who we describe as approaching later life.³⁴ The following sections look at how people approaching later life are faring in four crucial areas of their lives: work and finances, health, housing, and communities. This analysis provides an insight into the 'state of ageing' in these areas and considers what needs to change.





Work and finances

Our longer lives mean we are working for longer. But a lack of support in the workplace means many over 50s are exiting the labour market prematurely, often due to health conditions.

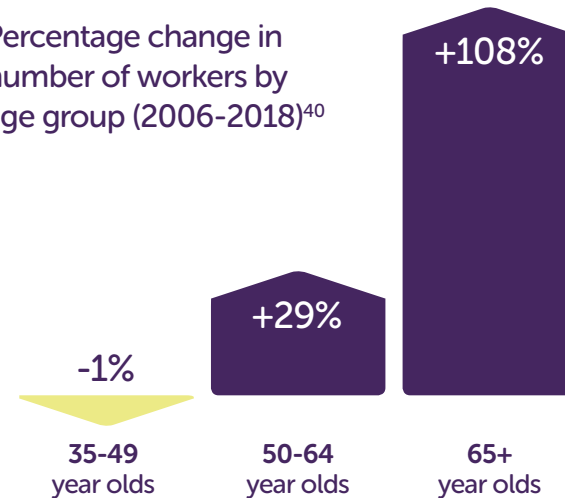
An older workforce is the workforce of the future

The number of workers aged over 50 in the UK stands at 10.4 million – an increase of 2.4 million in the last decade. This is equivalent to nearly a third of the UK workforce and is a proportion set to grow as we live and work for longer.

Despite this, 26% (3.3 million) of 50-64 year olds in the UK are not in work – more than the entire population of Wales. This compares to 12% (1.6 million) of 35-49 year olds and 13% (1.2 million) of 25-34 year olds.³⁵ While some are not working out of choice, around 1 million people aged between 50 and state pension age are not working but would like to be.³⁶

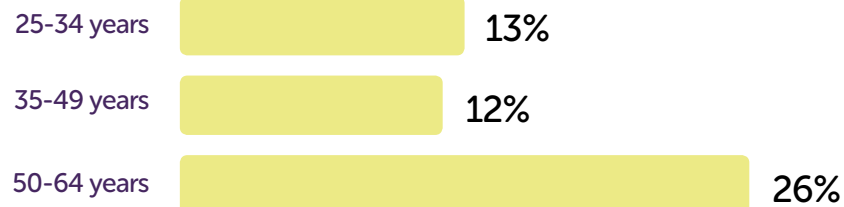
The number of women who are economically active (in work or actively looking for work) is increasing, and has been since 2000, with the most dramatic rises seen amongst the 50-64 year old age group from 55% to 70%, though the economic activity rate of women is substantially lower than that of men in every age group.³⁷

Percentage change in number of workers by age group (2006-2018)⁴⁰

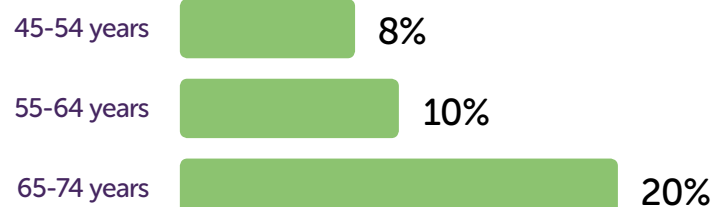


There has also been a small but steady increase in the proportion of people from mid-life onwards who are in insecure work – defined as those who are low paid self-employed and people who are in some form of temporary employment.³⁸ Currently, of those in insecure work in England, 8% of them are 45-54 year olds, 10% are 55-64 year olds and 20% are aged 65-74.³⁹

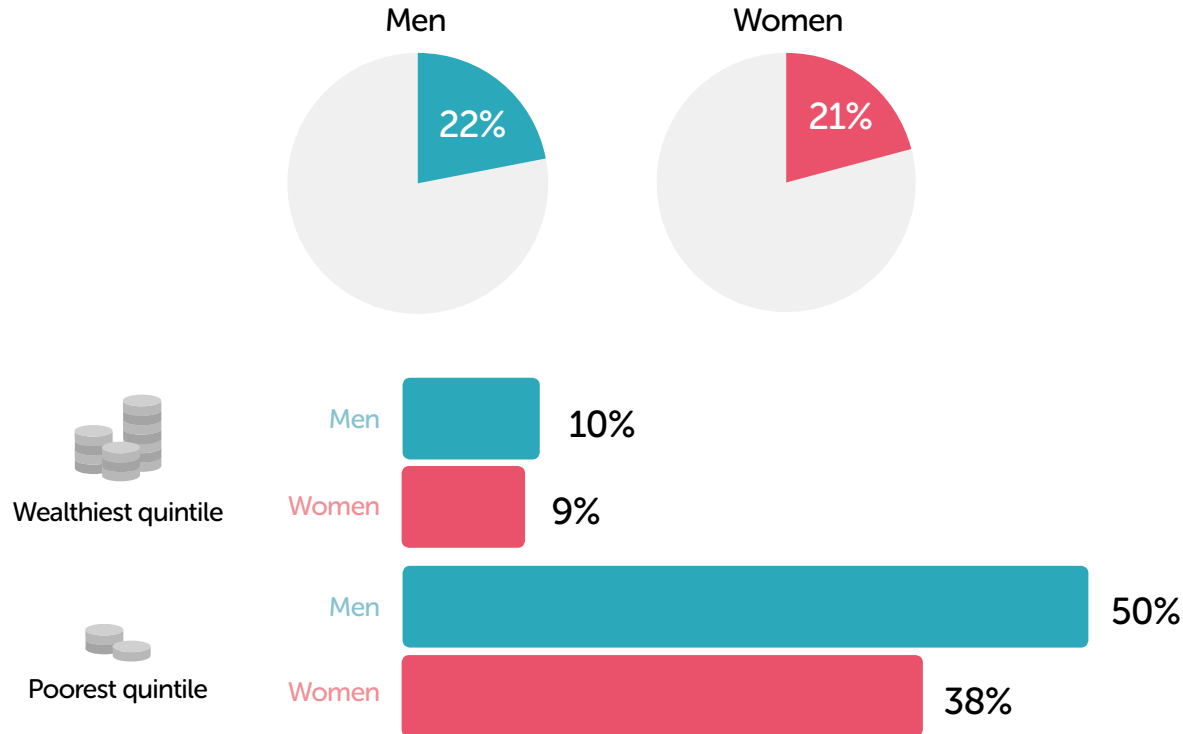
Proportion of age group not in work⁴¹



Proportion of age group in insecure work⁴²



Percentage of people aged 55-64 with a health problem that limits the work they can do⁴³



The poorest people are three times more likely than the wealthiest to retire early because of ill health.

But health conditions are limiting working lives

Health conditions are forcing many people in their 40s, 50s and 60s out of the labour market completely. As the state pension age rises, they will experience longer periods of worklessness before they can draw the state pension. More than one in five people aged 55-64 in England have a health problem that limits the kind of or amount of work they can do. This age group is running out of time to save adequately for old age and make up for time spent out of work.

Half of all men aged 55-64 in the lowest wealth quintile in England have a health problem that limits the kind or amount of work they can do compared to just 10% of men in the highest wealth quintile. Those men and women in the lowest wealth quintile are much more likely to be out of work because of ill health – 39% of men and 31% of women compared to just 6% of both sexes in the highest wealth quintile.⁴⁴

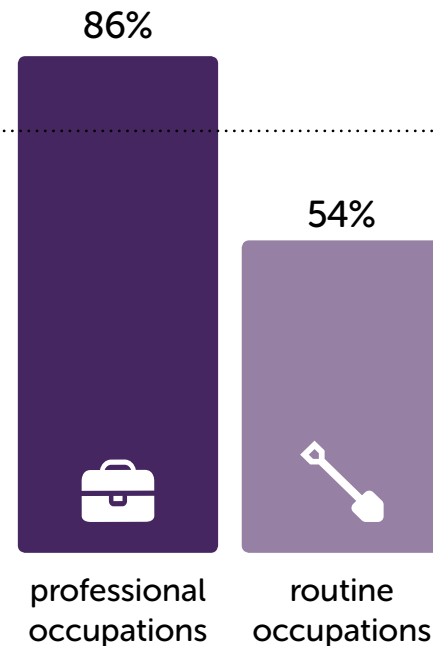
When asked why they took early retirement, nearly half (45%) of those in the poorest half of the population in England cited their own ill health, compared to just 15% in the wealthiest half. Conversely, 48% in the wealthiest half say that they took early retirement to enjoy life while still young and fit enough compared with 20% in the poorest half.⁴⁵

Auto-enrolment is a good news story

Generally, the story on people paying into employer pensions is improving, largely thanks to the introduction of auto-enrolment in 2012. There has been a steady increase in the proportion of employees who belong to workplace pensions in the UK – 82% of all full-time employees in 2017, compared to 55% in 1997. However, there is a marked difference between workers in different types of occupations – just 54% of those in routine occupations compared with 86% of those in professional occupations were in a workplace pension in 2017 in the UK.⁴⁶

Percentage of employees who belong to a workplace pension⁴⁷

Average
across all
occupations
73%



What needs to change?

We need to be supported to have longer and more fulfilling working lives, gleaning the benefits of being in a good job, which are not just limited to income and pension savings. For this sea-change to happen, employers must adopt age-friendly practices, such as stopping age bias in recruitment, improving provision of flexible working, supporting carers and those with health conditions, and continuing to offer training and progression for workers of all ages. For those who fall out of work and struggle to get back into the labour market, Government and others need to provide support tailored to individual needs and circumstances.



Health

We are living for longer, but more people are managing multiple health conditions and have mobility problems from mid-life onwards, with people from poorer backgrounds most at risk.

Increasing numbers of us are managing multiple health conditions

While it is true that most people don't have expectations of perfect health in later life, most people hope that their health and physical condition will be 'good enough' to do the things that matter to them; to go out and to socialise, to work for as long as they desire, and to be able to look after themselves, including washing and dressing, unaided.

The reality is that while we are living for longer, a significant and increasing proportion of people are managing multiple health conditions and mobility problems from mid-life onwards. Of people aged 50 to 64, 23% have three or more long-term health conditions.⁴⁸

Almost a quarter of 45-54 year old women (24%) surveyed in 2014 had experienced a common mental health disorder (depression, anxiety, panic disorder, phobias and obsessive-compulsive disorder) in the previous week. Among all adults, the proportion was one in five (19%).⁴⁹ When asked to rate their level of anxiety on the previous day, just 38% of 50-54 year olds and 39% of 55-59 year olds rated their anxiety as low (a score of 0-1 on a scale of 0-10). The proportion of people rating their anxiety as low increases with age to a maximum of 48% of 70-74 year olds before declining slightly (to about 43% of those aged 85 and over).⁵⁰

People from poorer backgrounds are faring worse


The proportion of men and women from poorer backgrounds with chronic heart disease, diabetes, respiratory illness, arthritis and depression is much higher than among better-off men and women.


Men aged 50 and over in the poorest quintile of the population are twice as likely as those in the wealthiest quintile to have Type 2 diabetes; the poorest women are three times as likely as the wealthiest women.


Of men aged 50 and over in England, those in the poorest quintile of the population are almost three times as likely as men in the wealthiest quintile to have chronic heart disease (CHD). The poorest women are more than four times as likely as the wealthiest women to have CHD.

Almost half of the poorest men aged 50 and over have arthritis compared with just a quarter of the wealthiest. For women, it is 66% of the poorest compared with 42% of the wealthiest.⁵¹

Compared to the wealthiest quintile, the poorest quintile of men aged 50 and over are:⁵²

3x 
more likely to have
chronic heart disease

2x 
more likely to have
Type 2 diabetes

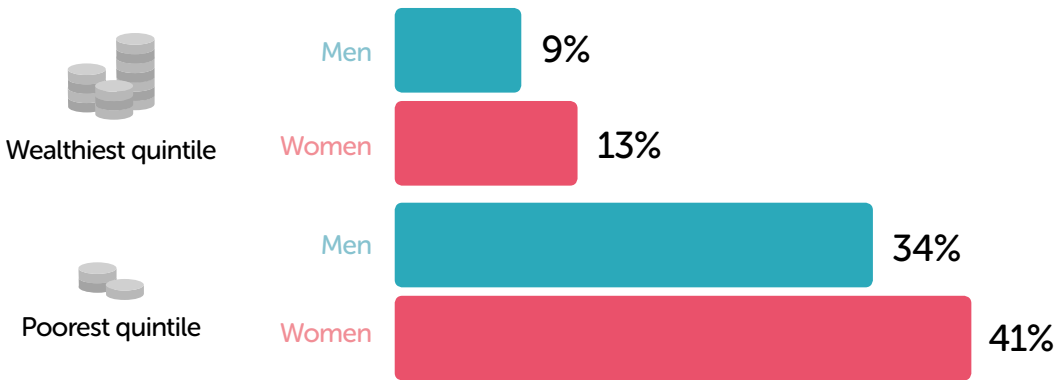
2x 
more likely to have
arthritis

Mobility issues increase with age – particularly for the least wealthy

The proportion of people who struggle with ‘activities of daily living’ – basic routine activities like eating, bathing and dressing – rises with age. Those aged 50 and over in the poorest quintile of the population are almost four times more likely than those in the wealthiest quintile to experience difficulties performing at least one activity of daily living.

Of people aged 50 and over, the worst off are almost four times more likely than the best off to experience difficulties performing at least one activity of daily living. For men it’s 34 % compared to 9%, and for women, 41% compared to 13%.⁵³

Proportion of people aged 50 and over who experience difficulties performing at least one activity of daily living⁵⁴



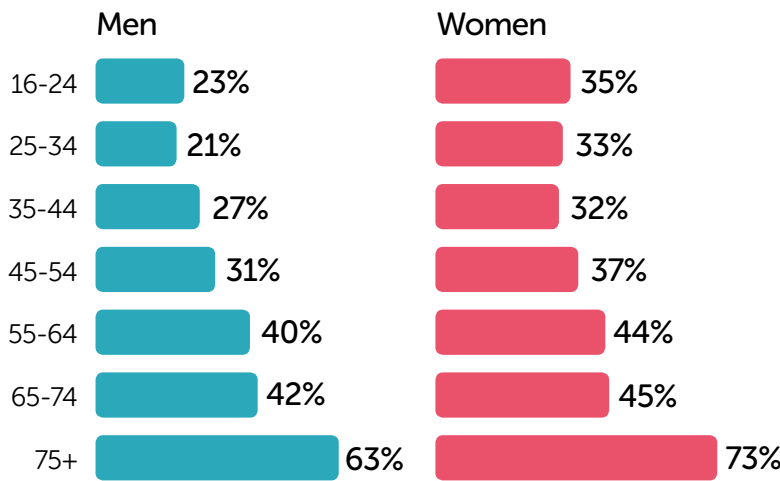
Almost 1 in 10 (8%) of men between the ages of 55-59 struggle with activities of daily living, rising to over a third of men (37%) aged 80 and over. The corresponding figures for women are 11% and 36%, respectively.

Behaviours are markedly different between rich and poor

1. Physical activity

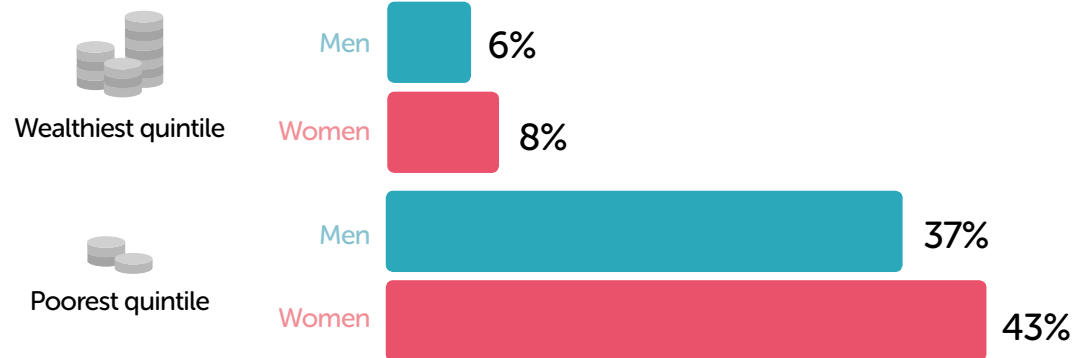
Nearly half of people aged 55-64 aren’t physically active enough. Whilst there has been an increase since 2003 in the proportion of this age group meeting physical activity guidelines, 40% of men and 44% of women in this age group do not meet the government’s recommended levels of physical activity (whether muscle-strengthening or aerobic).⁵⁵

Proportion of people meeting neither aerobic nor muscle strengthening guidelines⁵⁶



As with many other indicators, there are significant variations depending on level of wealth. Over a third (37%) of the poorest⁵⁷ men aged 50 and over and 43% of the poorest women aged 50 and over are physically inactive compared to just 6% and 8% of the wealthiest⁵⁸ men and women.⁵⁹

Proportion who are physically inactive aged 50 and over⁶⁰



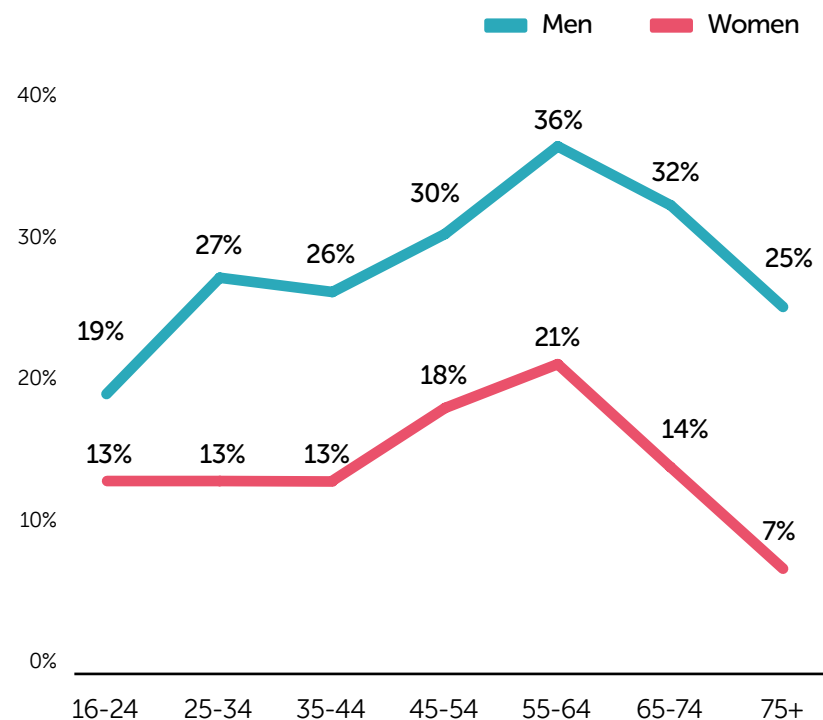
2. Alcohol consumption

Levels of alcohol consumption are relatively high in mid-life, and habitual and high-risk drinking is most common amongst people in this age group, with higher consumption levels amongst men and those better off. The highest consumption of alcohol is amongst the wealthiest in society.

Twice as many men as women in England drink over 14 units a week across all age groups (28% of men and 14% of women), with around a quarter (24%) of men over the age of 35 drinking between 14 and 50 units – considered to be at an increased risk. Nearly one in ten men in the 55-64 year old age group drinks over 50 units.⁶¹

Amongst people aged 50 and over, a quarter of the wealthiest women drink every day compared to just 7% of the poorest, and a third of the wealthiest men compared to 18% of the poorest.⁶³

Proportion who drink more than 14 units per week⁶²

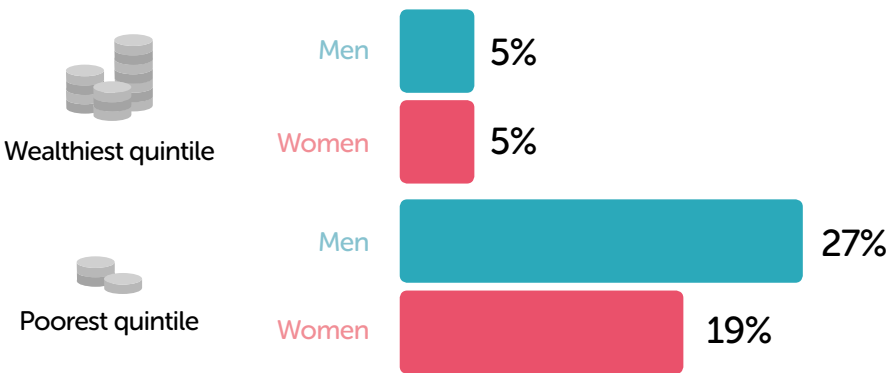


3. Smoking

Although overall smoking rates have declined over time, one in five (22%) of people aged 45-54 are smokers. Among people aged 50 and over, more than a quarter of the poorest men and nearly one in five of the poorest women are smokers, compared to just 5% of the wealthiest men and women.⁶⁴

More than a quarter of the poorest men aged 50 and over are smokers, compared to 5% of the wealthiest.

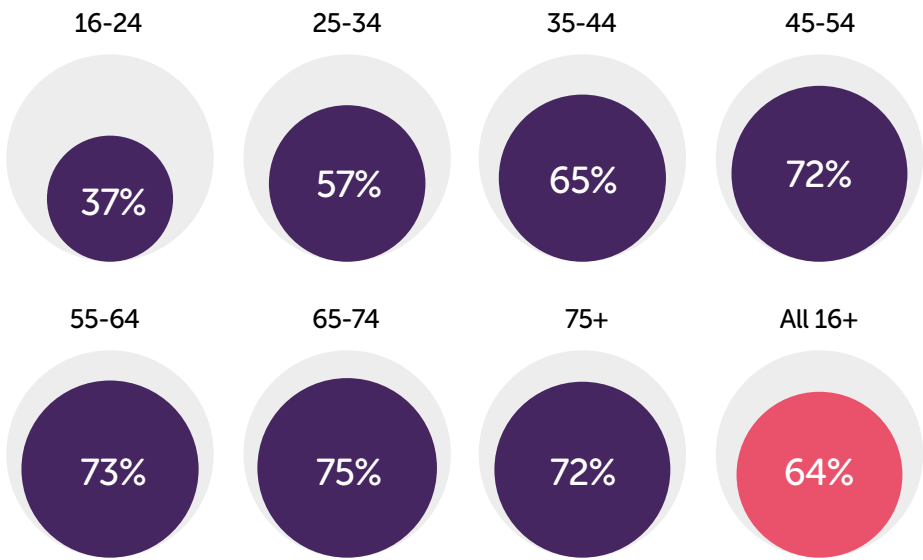
Current smokers aged 50 and over⁶⁵



4. Obesity

Levels of obesity are high amongst those approaching later life, and across all wealth groups in this cohort, though poorer people and men are more likely to be overweight or obese. More than 7 in 10 people aged 45 to 64 in England are either overweight or obese.⁶⁶

Proportion of population who are overweight or obese⁶⁷



Almost half of the poorest men (47%) and women (45%) aged 50 and over in England are obese while just one in five are of a desirable weight. In contrast, more than a quarter of the wealthiest men and almost a half (45%) of the wealthiest women aged 50 and over are of a desirable weight.⁶⁸

Almost half of the poorest men and women aged 50 and over in England are obese.



What needs to change?

Health is more than just the absence of disease. It is our capacity to do the things we want. We must tackle the causes of preventable ill health and disability, such as smoking, poor diet, lack of exercise and excessive alcohol consumption. In doing so it is vital that the government implements economic, structural, social and health policies that the evidence shows work to enable more people to live healthy, active lives. A focus on health inequalities is fundamental. Policies and interventions that focus on prevention and healthy ageing need to target those whose health is most at risk.



Housing

The majority of people continue to live in mainstream houses as they grow older, rather than moving into specialist accommodation, and increasing numbers of over 50s are renting. Yet UK housing stock is by and large unsuitable for people to grow old in.

Our housing stock is not fit for the future

With nearly 38% of our homes dating from before 1946 (21% from before 1919), and just 6.9% from after 2000, the UK has the oldest housing stock in the EU⁶⁹. Unsurprisingly, these older homes are often in a poorer state of repair than newer homes and have more hazards, including cold, damp, fire risk and general falls hazards.

UK homes built before 1946⁷⁰

38% of UK homes were built before 1946



UK homes failed the Decent Homes Standard in 2016-17⁷¹

20% of UK homes failed the Decent Homes Standard in 2016-17

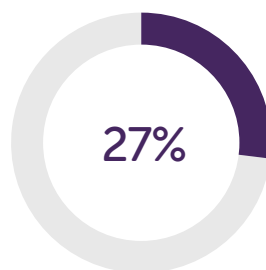


One in five homes (4.7 million) did not meet the Decent Homes Standard in 2016-17.⁷² And almost 3 million homes in England had at least one 'category 1 hazard' – defined as something that poses a serious threat to the health or safety of people living in or visiting your home. Of these, one third – around 1.3 million – were occupied by someone aged 55 and over.⁷³

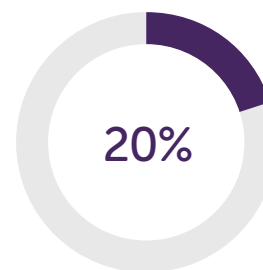
3 million English homes have a hazard that poses a threat to health and safety.⁷⁴

Homes that did not meet the Decent Homes Standard, by tenure (2016-17)⁷⁵

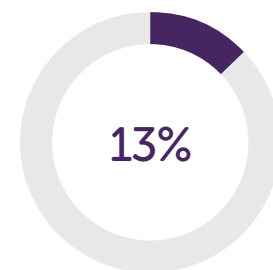
Private rented



Owner-occupied



Social rented

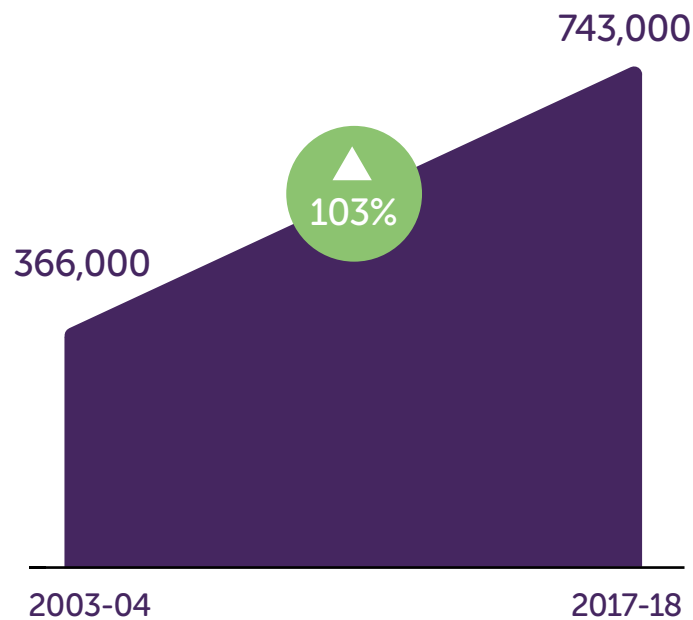


Increasing numbers are renting in later life

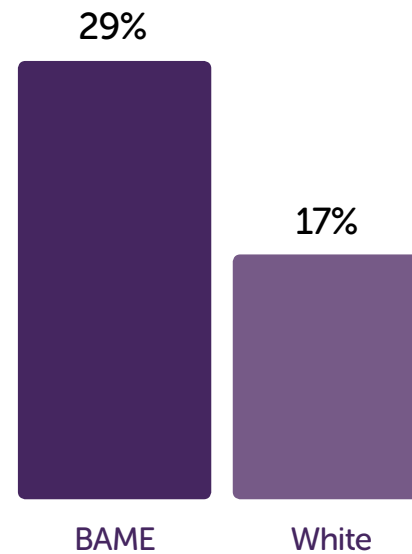
Private rented accommodation is more likely to be non-decent than other types of housing (27% compared to 20% of owner-occupied homes and 13% of social rented homes). The condition of the private rental sector is a concern because the number of private renters aged 55 and over has increased by 103% from 366,000 in 2003-04 to 743,000 in 2017-18,⁷⁶ and estimates suggest that a third of people aged 60 and over are expected to be living in a private rental property by 2040.⁷⁷ Those from BAME backgrounds are even more likely to be renters in later life, with 29% of BAME households privately renting, compared to 17% of white households. In general, people from BAME backgrounds are more likely to live in deprived neighbourhoods with the oldest and poorest quality housing.⁷⁸

A third of people aged 60 and over will privately rent by 2040.

Number of private renters aged 55 and over⁷⁹



Proportion of white and BAME households that are privately rented⁸⁰



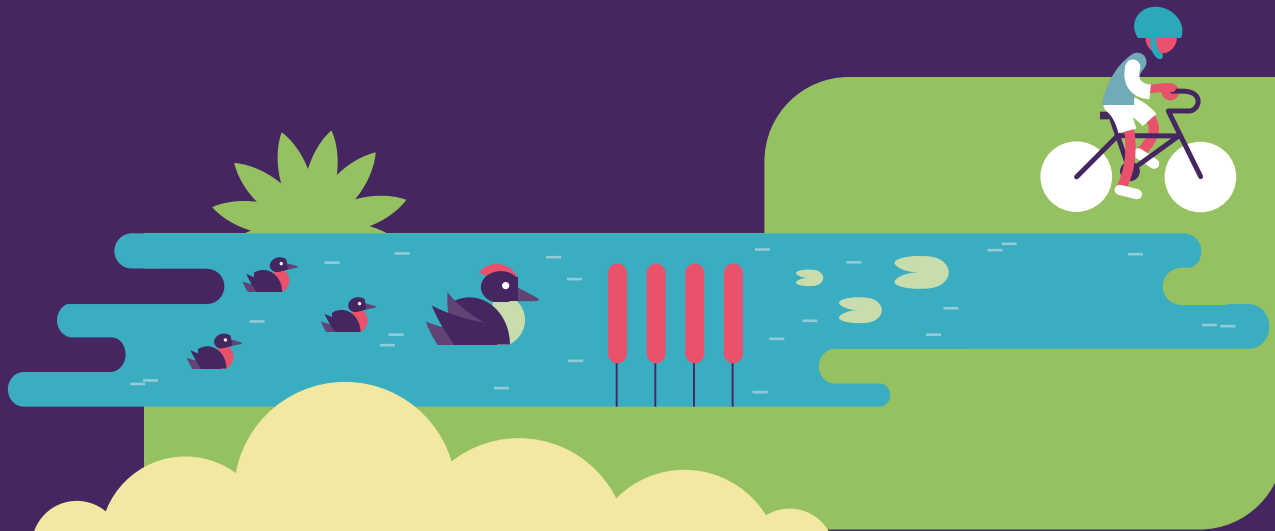
The vast majority of our housing is also failing accessibility standards – 93% of our current homes do not have the features that make them visitable to most people (that is, level access to the entrance, a flush threshold, sufficiently wide doorways and circulation space, and a toilet at entrance level).⁸¹

93% of our current homes fail accessibility standards⁸²



What needs to change?

Most of us want to live in our own homes for as long as possible. A decent and accessible home could mean the difference between continuing to wash and dress unaided and needing costly care. The fact that our housing is so unsuitable poses serious consequences as more of us live for longer. We need an urgent upgrade of our current housing and to give people timely advice and access to funding where needed to adapt and repair their homes. We need to put renewed investment and interest into improving our existing mainstream housing stock and support local authorities, planners and developers to deliver new homes that are future proofed and accessible to everyone.



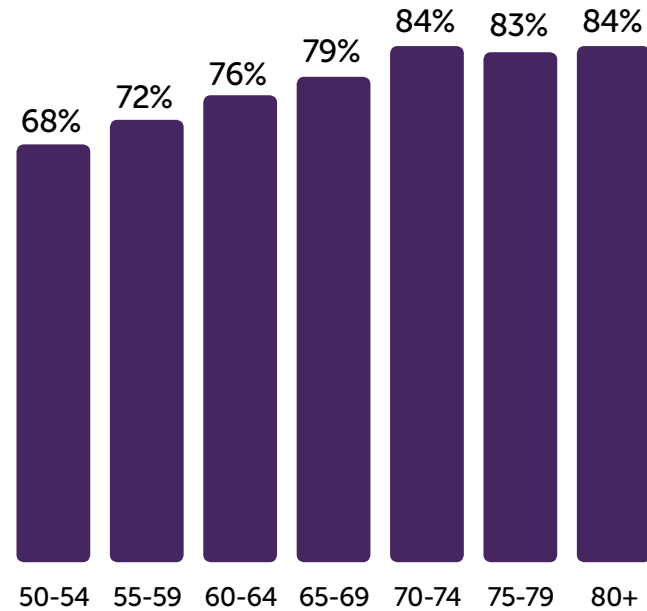
Communities

Families and households are changing, with increasing numbers of people in their 50s and 60s living alone and divorcing. This has implications for the role of communities in ensuring people remain connected and supported in later life.

Most people feel like they belong

Around half (48%) of 50-54 year olds in the UK feel they live in a close-knit community and 68% agree that they belong to their neighbourhood. This affinity with neighbourhood increases with age, with 84% of people aged 70 and over feeling that they strongly belong to their neighbourhood. People from BAME backgrounds aged 65 and over are less likely than white people of the same age to feel they belong to their neighbourhood.

People who feel they belong to their neighbourhood⁸³



9 in 10 people between 50 and 74 go out socially.



Most people go out socially

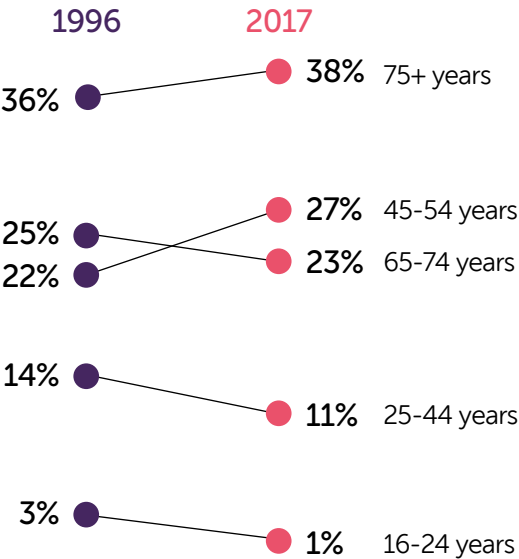
The proportion of people who go out socially is very high – around nine in ten people between 50 and 74 (87-90%). This drops only slightly as people get older, to around 68% of people aged 80 and over, with little difference by ethnic group.

However, those who don't go out socially cite significant barriers, including poor health and disability, financial reasons, caring responsibilities or not having anyone to go out with. A quarter (24%) of 55-59 year olds who don't go out socially cite financial reasons and one in ten 50-59 year olds cites caring responsibilities.⁸⁴

Family structures
are changing

As the patterns of our relationships change, maintaining relationships and having opportunities to regularly interact in our communities will become more important. More than a quarter of all women who live alone are aged 45-64 – a figure that has slowly but steadily increased in recent years.⁸⁵ One in five 54-year-old women doesn't have children.⁸⁶

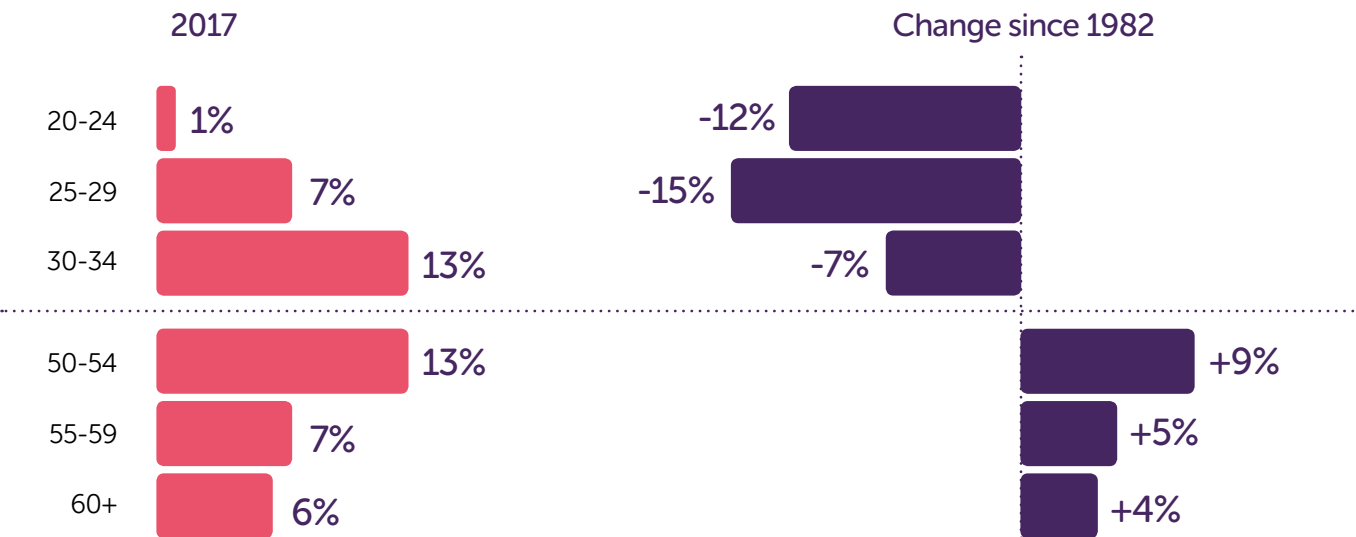
Proportion of
women who live
alone, by age group
(1996 and 2017)⁸⁷



More people are divorcing

Divorce is growing fastest among older people. While 4% of divorces involved a woman aged 50-54 in 1982, this had more than trebled to 13% in 2017. The number of divorces among opposite sex couples at age 70 or over has also increased by over 50% since 2005.⁸⁸

Percentage of divorce cases by age
of woman involved⁸⁹



Many in this age group are carers

Nearly a quarter of those aged 45-64 are carers, though this is likely to be an underestimate. Some 5% of this group provide more than 35 hours of care a week (at which they qualify for Carers' Allowance), and 4% more than 50 hours a week.⁹⁰ This has a huge knock-on effect on these people's working lives, and for their financial security and wellbeing more generally. Carers UK has reported that more than 8 in 10 unpaid carers feel lonely or socially isolated as a result of their caring responsibilities, and that this can have a negative impact on mental and physical wellbeing.⁹¹

Most people say they can access services – but health can be an obstacle

The physical infrastructure of our communities – things like local services, amenities and transport – impacts on whether we are to remain connected. Almost everyone aged between 50 and 79 says they're able to access services, such as health care, food shops or learning facilities, when needed (98%), and this figure only drops slightly amongst those 80 and over (93%). Where people can't access services, the most common reason given is poor health. A third of people aged 60-69 and 68% of people aged 70 and over who can't access services give it as a reason.⁹²

Where people can't access services, the most common reason they cite is poor health.

A quarter of 50-59 year olds say they don't use public transport because it's not convenient, and one in five in this age group doesn't use it because it doesn't go where they want it to. Amongst those aged 80 and over, the greatest barrier to using public transport is poor health, with 18% of people saying their health limits their use and 16% citing difficulties with mobility.⁹³



What needs to change?

Relationships are what matter most to us all in the end. As we approach later life, we need opportunities to build strong and supportive relationships across generations. Local government, businesses and partners in the voluntary and community sector need to create communities that make it easier to stay active and connected. This will require support for community activities that are inclusive and accessible to us regardless of age or disability. Transport and the design of our towns and cities can enable us to get out and about, or it can create barriers, especially for those with health conditions and disabilities.

The fact that we are living longer is a great achievement. But making the most of these extra years requires fundamental changes across society. Without a radical rethink from the government, businesses and charities, more people risk missing out on a good later life. There is much to gain if we take action now, but also much to lose if we fail.



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