



The Bath and North East Somerset **'State of Ageing' Report 2026**

1. Introduction

Bath and North East Somerset is changing, becoming both older and younger at the same time. The number of older residents is rising, and people here tend to live longer than the national average, while the 15–24 age group has grown by 14% in the past decade. This unusual mix brings energy and diversity but also exposes widening inequalities linked to income, housing, transport, and access to services.

As the area continues to adapt to a growing student and younger population, it must also plan confidently with its older residents. Their experiences and priorities need to shape how Bath and North East Somerset grows and changes. Nothing about older people should be decided without older people

The Ageing Well Programme, launched in 2024 by Age UK Bath & North East Somerset and the St John's Foundation, is already changing how ageing is understood locally. More than 1,300 older residents took part in the first Community Survey, sharing what helps or hinders them to live well. Their voices, combined with national and local evidence, form the foundation for this first State of Ageing Report.

A State of Ageing Report brings together publicly available data about later life in a local area. It identifies shared priorities and actions that can make ageing a more positive experience for everyone. This report draws on existing national and local datasets rather than generating new data, providing a clear picture of ageing in B&NES today and highlighting where better or more detailed evidence is needed.

Public and partner organisations were invited to contribute data, and we are grateful to those who responded. The report is intended as a living document that will evolve as new information becomes available and as local practice continues to improve life for older residents.

This is the second major publication from the B&NES Ageing Well Programme, following the 2024 Community Survey report². The qualitative insight from that survey complements the data in this report, and the two should be read together.

This report begins with a summary of the main conclusions and recommendations, followed by key findings across a range of themes. More detailed data underpinning those findings is provided in the appendices.

This report is intended as a shared reference point for planning, commissioning, strategy development, and community action across B&NES.

1.1 Background & Purpose

This State of Ageing Report is the first of its kind for Bath and North East Somerset, produced through the Ageing Well Programme led by Age UK B&NES. It brings together publicly available information on later life to support shared priorities across local partners. The report sits alongside the 2024 Community Survey and will evolve as new evidence becomes available.

2. General Conclusions and Recommendations

2.1 Data Availability

The strongest and most consistent finding from this work is the **lack of age-specific local data**. Although around one-third of B&NES residents are aged 55 and over, most local datasets do not record or analyse information by age. In many cases, older people are grouped together into a single category, despite substantial differences in circumstances, needs, and experiences between people aged 55–70 and those aged 70+.

This gap is evident across the Council's evidence base and in datasets held by other public and voluntary sector partners. The absence of age-segmented information makes it difficult to draw precise conclusions about the experience of growing older in B&NES or to understand how national trends apply locally.

Recommendation 1:

All local and regional bodies that collect or report data on public experiences, opinions or needs should analyse that information by age. At a minimum, older people should be segmented into “younger” later life (55–70) and “later” later life (70+), with more detailed age breakdowns used wherever possible.

Without this information, policymakers, service providers, and local businesses are effectively **planning without a clear evidence base**. In the absence of reliable quantitative data, this report relies primarily on two sources: the national evidence base and the findings from the 2024 Community Survey, both of which highlight issues requiring urgent and sustained attention.

2.2 National Evidence

There is significant evidence from national datasets and research studies describing the issues affecting people as they grow older in the UK¹. This report does not repeat that material in full, but the national picture highlights recurring themes such as loneliness, age discrimination, poor transport, difficulty staying in employment, and challenges accessing health services.

¹ [The Centre for Ageing Better](https://ageing-better.org.uk) (CfAB) is a national resource that includes the ability to access this broader evidence. The B&NES Ageing Well programme is linked into the CfAB. <https://ageing-better.org.uk>

Given the limited availability of age-specific data in B&NES, there is no reason to believe that local experience differs markedly from national trends. It is important to emphasise that a lack of local evidence does not imply a lack of local issues. On the contrary, several concerns identified at national level, and echoed in the 2024 Community Survey, require collective and, in some cases, urgent attention across B&NES.

Future improvements in local data collection will be essential to understand how these national patterns are playing out within the district.

2.3 The 2024 Community Survey

Because quantitative local data is limited, the qualitative insight from more than 1,300 older residents across B&NES becomes especially important. Their responses highlight clear and consistent priorities:

- **Housing:** a wider range of affordable, accessible homes, bungalows, adaptable properties, and developments with strong community links.
- **Transport:** better bus services, improved reliability, and well-maintained stops and shelters.
- **Mobility and access:** safer pavements, fewer vehicles on footways, and road schemes that consider people with mobility needs.
- **Facilities:** more public toilets to encourage confidence in travelling into towns and the city.
- **Health and care access:** easier access to GP, dental, and wellbeing services, and support for those excluded by digital-first systems.

Recommendation 2:

Until new quantitative data emerges, these community-defined priorities should guide policy and service delivery across B&NES for the next two years.

2.4 Deprivation and Poverty

Ageing does not affect everyone equally. National evidence shows that older people who are educated, articulate and financially secure are generally better placed to manage later-life challenges than those from more disadvantaged backgrounds.

At the same time, there is a growing debate about fairness between generations. Many younger people are struggling financially, while some older people appear to be living more comfortably. Although understandable, this perception risks masking a more complex reality.

The evidence is clear: people on lower incomes face greater barriers in later life. They are more likely to depend on public transport, live in poorer-quality housing, and have less disposable income for activities that protect against isolation and loneliness. They also face a higher risk of developing dementia, often linked to long-term disadvantage, limited access to healthcare, poorer diet, and many years spent living in deprived neighbourhoods.

Bath and North East Somerset is prosperous, supported by the economic strength of Bath city and some affluent surrounding areas. However, this overall prosperity conceals stark inequalities. As set out in the appendices, there are pockets of socio-economic deprivation in smaller towns and villages to the south as well as in parts of the city.

Given the strong links between poverty and the challenges of ageing, these inequalities require focused attention. This is addressed further in **Recommendation 3**.

2.5 Urban/Rural Differences

National data shows that ageing is experienced differently in cities and larger towns compared with rural areas, small towns, and villages². As noted in **Appendix I**, Bath and North East Somerset is unusual in combining both settings within one authority. This mix brings diversity but also a risk that Bath city, as the main urban centre, receives disproportionate attention.

To avoid this, policy and community action must be shaped to reflect the needs of older people in both urban and rural areas. Ensuring balance across all parts of B&NES is vital to building an age-friendly district. A related action is set out in **Recommendation 3** below.

2.6 Impact of Bath's growing younger population

Appendix II highlights a distinctive feature of Bath and North East Somerset's population. While the overall age structure and growth in older residents broadly mirror national trends (though slightly below England's rates), B&NES stands out for its rapidly expanding younger population.

Between 2011 and 2021, the number of 15–24-year-olds in B&NES increased by **14%**, compared with a **4% decline** across England. This rise is most pronounced among 20–24-year-olds, reflecting the area's growing student population. Around **one in ten** residents is a student aged 18–29, rising to 26% within Bath city.

This influx brings clear benefits, including a vibrant economy, cultural offer and diverse range of shops, restaurants and entertainment. However, as the city adapts, often unconsciously, to meet younger needs, there is a risk that older residents lose visibility in planning and investment.

Housing is a particular example, where student and young-professional demand can distort affordability and availability.

Taken together, the themes outlined previously, deprivation and poverty, urban/rural differences, and the growing younger population, point to a clear focus for future work on ageing.

² See for example the bespoke analysis commissioned by the Centre for Ageing Better allowing comparison of survey data by rural/urban areas t
<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fageing-better.org.uk%2Fsites%2Fdefault%2Ffiles%2F2025-10%2FCommunity-Life-Survey-2023-24-tables.xlsx&wdOrigin=BROWSELINK>

Recommendation 3:

Some groups of older residents' risk being marginalised and need targeted attention. The Ageing Well Programme, B&NES Council and other policy partners should prioritise:

- ***Older people living in socio-economically deprived communities across B&NES***
- ***Older people living in small towns and rural villages***
- ***The experiences of older residents in Bath city, where development increasingly caters to a younger population***

3. Specific Conclusions and Recommendations

The appendices provide detailed evidence across the main domains of later life in Bath and North East Somerset. Together, they reveal clear themes, even where data gaps remain. While not every area allows for firm conclusions, several priorities consistently stand out across the findings.

3.1 Housing

Appendix IV shows that housing pressures in B&NES are intensifying. Average house prices are **34% above the national average**, and the rental market is heavily shaped by the city's large student population. While demand is rising across all age groups, single older people and couples account for much of the projected growth. Rural affordability continues to worsen, and the Local Housing Needs Assessment estimates that up to **1,000 older households** in B&NES currently live in homes that no longer meet their needs.

Evidence from the Community Survey shows that most older residents want to "age in place" in adaptable, mixed-age communities with realistic options for downsizing.

Recommendation 4:

Future housing policy should:

- ***incorporate design standards that reflect ageing and changing mobility needs***
- ***increase the supply of bungalows and other small-scale accommodation***
- ***support mixed-age communities rather than concentrating older people into age-segregated developments***

3.2 Transport

Appendix V and the Community Survey underline that transport is one of the strongest determinants of independence in later life and one of the greatest sources of frustration for older residents.

People repeatedly cited infrequent, unreliable and poorly coordinated bus services, particularly in rural and outlying areas where dependence on buses is highest. The **2021 Census recorded more than 500 single-person households aged 66+ without access to a car**, highlighting how crucial public transport is for daily life. Difficulties with transport restrict access to health appointments, volunteering, social activities and even basic shopping, contributing directly to isolation.

Several respondents also noted that recent traffic-management schemes, though designed with good intentions, have unintentionally reduced access to Bath city centre for people with limited mobility. Pavement parking and poorly timed pedestrian crossings add further barriers.

Community transport provides a vital safety net but is operating under strain, with limited funding and narrow eligibility criteria. There is growing recognition of the need for a more coherent, joined-up transport offer that links commercial services, council-supported routes and voluntary provision.

Recommendation 5:

That Ageing Well B&NES supports the development of a major multi-agency transport partnership, bringing together commercial operators, statutory bodies and the voluntary sector to improve transport for older residents.

3.3 Crime

Although local statistics are limited, national and partner evidence highlight two pressing concerns for older residents:

- **Elder abuse:** Older victims are far more likely to live with their abuser than younger victims. Local insight from **Southside Family Support** suggests that elder abuse is under-reported yet increasing.
- **Fraud and scams:** These are the most common crimes affecting older people and can result in significant financial loss, reduced confidence and social withdrawal.

Fear of crime, even where the actual risk is low, can discourage older people from going out, contributing to loneliness and anxiety.

Recommendation 6:

That the Office of the Police and Crime Commissioner is made aware of the lack of accessible age-segmented crime data and is asked to consider age-related issues in the development of the Police and Crime Plan.

3.4 Health and Disability

Life expectancy in B&NES remains above the national average, and Census data indicates that older residents report slightly better health and lower disability rates than elsewhere. However, these averages mask significant inequalities: people living in the most deprived areas experience shorter lives and spend more years in poor health. These inequalities also affect people living with dementia, who often face poorer outcomes and greater barriers to support.

Access to healthcare is also a growing concern. B&NES has been described as a “**dental desert**”, and across the wider Bath, Swindon and Wiltshire Integrated Care System (ICS) area, patient-to-GP ratios have worsened in recent years. Older people continue to report difficulty securing timely appointments and continuity of care, and many struggle with digital systems for accessing GP services and managing repeat prescriptions, an issue echoed in discussions with the Older People’s Voice.

Recommendation 7:

That the ICB, GP practices and local health providers work with the Ageing Well Steering Group and the Older People’s Voice to ensure that digital exclusion does not become a barrier to accessing healthcare. This should include reviewing current systems, strengthening non-digital options and improving communication and support for those who struggle with online routes.

3.5 Carers and Caring

B&NES has a slightly lower proportion of older carers than the national average, but caring intensity is high. Among residents aged 65+, **41% provide 50 hours or more of unpaid care each week**. High-level caring of this kind can have a significant impact on carers’ own health and can increase the risk of isolation.

Recommendation 8:

Carers and the people they care for have distinct but closely interconnected needs. Support services should recognise and respond to these needs in tandem, as changes in the health or wellbeing of one person often directly affect the other and their shared ability to cope. Current systems and service structures do not always reflect this interdependence and should be reviewed accordingly.

3.6 Voluntary Sector and Volunteering

National evidence shows that B&NES performs strongly in volunteering and community participation. The area is comparatively well served by voluntary organization's, and residents here are more likely to volunteer than the UK average. Older people, in particular, make a substantial contribution to community life through volunteering and informal support.

However, the Ageing Well Steering Group has identified that local volunteering systems are not operating as effectively as they could. Fragmented processes and limited coordination between organisations mean that valuable capacity is sometimes lost.

Recommendation 9:

That the Council, 3SG and the voluntary sector develop a shared volunteering framework to make the best use of older residents' skills, time and experience.

3.7 Wellbeing and Loneliness

National evidence presents a nuanced picture of loneliness and wellbeing in later life. Despite common assumptions, older people are generally **less likely** to feel lonely, both subjectively and objectively, than younger age groups.

However, loneliness increases notably after age 75, often linked to living alone. The proportion of people aged 85+ living alone is **more than twice** that of those aged 65–74, and widowhood is another strong contributing factor. For very old, widowed individuals, loneliness can become a significant source of distress.

As with many aspects of later life, personal wellbeing is influenced less by age itself and more by circumstances such as housing quality, financial security, inclusion, and belonging, particularly for those experiencing deprivation or belonging to minority groups.

These patterns suggest that action on loneliness and wellbeing in B&NES should focus less on age as a single factor, and more on the specific circumstances and communities where risk is greatest.

Recommendation 10

New initiatives addressing loneliness and wellbeing among older people across B&NES should prioritise rural areas and socio-economically deprived communities, where the risk of isolation is greatest.

3.8 Living in Bath & North East Somerset

Overall, the evidence shows that older residents enjoy living in Bath and North East Somerset. Most report strong satisfaction with the area as a place to live and valuing the green, open and natural spaces that help define its character.

However, two issues stand out where older people have been consistently and vocally dissatisfied, particularly in the Community Survey:

- **Pavements:** Only **25%** of respondents felt pavements were well maintained. Many described daily difficulties navigating town and city centers due to uneven surfaces, kerbs, or street clutter. It is unclear whether the recent increase in hospital admissions from falls is

linked to street conditions or incidents within the home, but concern about pavement safety is widespread and persistent.

- **Public toilets:** Only **6%** of respondents felt there were enough public toilets in town and city centers. Many reported that the lack of facilities deters them from going out, shopping, or joining community activities. The number of public toilets across B&NES has fallen by **more than 25%** in the past 15 years. The Council has publicly committed to improving this situation and opening new, accessible facilities in key locations.

Recommendation 11:

Investment in pavement maintenance should be viewed not only as a matter of public safety but also as essential to older and disabled people's right to move freely and access shared spaces. Well-maintained pavements are fundamental to independence, participation, and confidence in daily life.

Recommendation 12:

B&NES Council should deliver on its public commitment to expand and improve the number of accessible public toilets across all town centers. Local shops and businesses are also encouraged to make their facilities available wherever possible, helping ensure everyone can stay active and connected within their communities.

3.9 Communication and Digital Access

National data shows that internet access and use decline sharply with age. Around **74%** of people aged 65 and over use the internet, compared with **90%** of those aged 55–64. Access also varies significantly by income: **61%** of households in socio-economic groups DE have internet access, compared with **90%** among ABC1 groups.

The most common reason people give for not being online is personal choice. When non-users of all ages were asked what might encourage them to go online, the top motivations were accessing health services (**10%**) and shopping. Other studies show that confidence in using the internet falls sharply with age, particularly among lower-income groups, and that older people prefer larger devices such as tablets or computers rather than smartphones.

This national picture mirrors local experience. The Age UK B&NES Digital Inclusion Project through Click Cafés, home support and the tablet-loan scheme — has shown that patient, practical support helps many older people gain confidence and skills online.

Recommendation 13

Public and private service providers should review how far they rely on digital-only systems, recognising that many older people, especially those in disadvantaged communities, are less able or willing to engage online. Partners should collectively invest in building digital awareness and confidence among older residents, ensuring that online access expands opportunity rather than excluding people.

4. Summary and Conclusion

This report highlights both what we know and what we still need to understand about ageing in Bath and North East Somerset. The gaps in local data are significant, but they also present an opportunity to build a clearer and more complete picture of later life as partners continue to share and develop evidence.

What is already clear is that **action cannot wait**. National evidence, local statistics and the voices of more than 1,300 older residents provide a strong foundation for change.

We call on public bodies, private organisations, businesses, voluntary groups and community networks to use this evidence to shape their decisions and priorities. Every choice about housing, transport, health, neighborhoods or digital access has the potential to make B&NES a more age-friendly place.

Investing in ageing benefits everyone. When older residents are connected, active, and valued, communities grow stronger, services work more effectively, and different generations understand and support one another. The task now is to act and learn together, turning shared insight into shared progress.