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Estimating need in older people

Findings for England

An analysis by Age UK

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Executive summary

Recent years have seen considerable debate around the differences between younger and older people. Comparisons and policies have been made on the basis of averages, but averages often hide the true picture. There has been little focus on inequalities *within* the older population, or on those who need the most help to live full and active lives.

At Age UK, we know that large numbers of older people find themselves struggling. Too many face disadvantage in their lives every day. Too many find themselves without the support they desperately need; too many have no-one to turn to. Age UK is here for older people, and we're here for those who need us most.

In our strategy, we focus on six areas of life that older people tell us matter to them the most:

- | | |
|--|--|
| 1. Ill health | 4. Loneliness |
| 2. Poverty | 5. Social isolation² |
| 3. Care and support needs¹ | 6. Poor housing |

Older people can experience disadvantages in any one of these areas or in any combination of them, and may experience them for a long period of time. We want to discover more about those older people: those who are not faring so well, and those who are not coping with their current situation.

In this report, we explore the numbers and experience of older people in need in England.

1 In this context, “Care and support needs” means unmet needs for care and support.
2 Loneliness and social isolation are often confused. The measures described in Section 3 that we used in our estimates of need in older people make the distinctions clear.

Section 1: Executive summary

Disadvantage in older people

Ill health, poverty, unmet needs for care and support, poor housing, loneliness and social isolation are profound challenges for many older people.

Official statistics can tell us how many older people experience some, but not all, of these six categories of disadvantage. Neither do official statistics tell us how many people live with multiple disadvantages, or what the reality of living with them is like.

We have explored these questions by estimating the numbers and percentages of people aged 65 and over in England with these disadvantages, and collated insights from older people's own voices about the experience of living with them. This report presents our findings. It focusses on the needs of those aged 65 and over; however, we have also included some analyses of data on those aged 50-64 as an important age group who are approaching older age.

Below, we refer to the six categories of disadvantage as “categories of need” or “needs,” and being in one or more of the categories as “having needs.”

Older people with needs

For our estimates, we used the English Longitudinal Study of Ageing (ELSA), then extrapolated the findings to the total population of people aged 65 and over living in England at the time when the ELSA data we used were collected (2017). That population was 10.0 million people. The latest population

estimate, for 2018, is 10.2 million. Our headline estimates are as follows:

Numbers with needs

We estimate that:

- Over one million people aged 85 or over (1.1 million) in England have needs.
- Two million people aged 75-84 in England have needs.
- Nearly three million people aged 65-74 (2.8 million) in England have needs.
- This adds up to 5.9 million people aged 65 and over with needs.

The percentage with needs increases with age:

- Eight out of ten people aged 85 and over have needs (80%).
- Six out of ten people aged 75-84 have needs (63%).
- Five out of ten people aged 65-74 have needs (52%).

The common needs

In our estimates:

- Ill health is the most common need, both as a single need and experienced with other needs, affecting 4.1 million people: 41% of the 65+ population in England.
- Unmet needs for care and support is the second most common need, affecting 1.5m people, most of whom also have other needs: 15% of the 65+ population in England.
- Poor housing is the third most common need, affecting 1.1 million people: 11% of the 65+ population in England.
- Poverty affects at least 1.1 million: at least 11% of the 65+ population in England.
- Loneliness affects 0.8 million, and social

isolation 0.6 million: this is 8% and 6% of the 65+ population in England respectively.

Multiple needs

For every twenty people aged 65 and over living in England we estimate that approximately:

- Two people have three or more needs – that equates to 0.7 million older people.
- Three people have two needs.
- Seven people have one need.
- Eight people have no needs.

The frequency of multiple needs increases markedly with age:

	Age 65-74	Age 85 and over
One need	31%	42%
Two needs	14%	22%
Three or more needs	6%	16%

We believe that, if anything, our estimates are under-estimates, and that older people in the very greatest need are unlikely to be represented in the estimates. In addition, people with none of the needs in our six categories may have needs of other types in their lives, adding further to the scale of need in the older population of England.

Older people's voices

Behind the numerical estimates are millions of older people leading individual lives. Age UK talks extensively to older people; many of those conversations reveal the reality of the struggles that many face every day. For this report, we drew on four recent formal

qualitative research projects in which older people spoke frankly about their challenges.

The findings from these projects, together with information (unpublished) from Age UK's day-to-day contact with older people, for example surveys and calls to our Information and Advice service, echo and supplement the numerical estimates of need. They tell us that main areas of struggle in life are ill health with associated disability and restricted mobility, lack of help with everyday activities, money, problems associated with home and housing, loneliness and social isolation. They also tell us about older people's struggles with stress, not coping and mental health issues. The research also shows that:

- living with one need can be as profoundly difficult as living with multiple needs; and
- for some people who are worried about a range of issues, the cumulative effect can be overwhelming.

Conclusion

The scale of need found by our estimates reveal that disadvantage among older people in England today is pervasive, and our qualitative research brings home the profound impact on individual lives. There is much to be done to support older people, and the older people who need us most.

Introduction

At Age UK, we know that many older people face challenges in their lives. We aim to provide help and support. The older people who need us most find themselves disadvantaged and struggling, whether temporarily or over a long period of time, in six areas of life. The six areas reflect what older people have told us about what matters to them most:

1. Ill health
2. Poverty
3. Care and support needs³
4. Loneliness
5. Social isolation⁴
6. Poor housing

For this report, we refer to these areas as “categories of need” or “needs,” and being in one or more of the categories as “having needs.”

We want to deepen recognition of, and understanding about, older people living with these needs.

Reliable official statistics can tell us how many older people experience some of the needs but not others, and tell us nothing about multiple needs. We therefore estimated the numbers and percentages of older people

with not only single needs in all of the six categories but also multiple needs. Further, we explored how the needs combine together. To carry out our analyses, we needed a way of measuring whether or not someone should be considered as “having needs.” The measures we used are set out on pages 7 and 8.

We used the English Longitudinal Study of Ageing (ELSA) for these quantitative analyses. ELSA is a well-known survey that collects data indicative of the six categories of need from thousands of people aged 50 and over in England.⁵ We extrapolated the estimates to the older population of England using Office for National Statistics data.⁶

These estimates can’t reveal what the reality of living with these needs is like. To provide further insight in this report, we have included older people’s experiences, as described to us in their own words in four recent formal qualitative research projects and from information (unpublished) from our recent conversations and surveys with older people. The four formal research projects were on older people with low wellbeing, on financial hardship, on struggling to cope with various aspects of life and on loneliness in older men.

³ In this context, “Care and support needs” means unmet needs for care and support.

⁴ Loneliness and social isolation are often confused. The measures described in Section 3 that we used in our estimates of need in older people make the distinctions clear.

⁵ Banks, J., Batty, GD., Coughlin, K., Deepchand, K., Marmot, M., Nazroo, J., Oldfield, Z., Steel, N., Steptoe, A., Wood, M., Zaninotto, P. (2019). English Longitudinal Study of Ageing: Waves 0-8, 1998-2017 [data collection]. 29th Edition. UK Data Service. SN: 5050, <http://doi.org/10.5255/UKDA-SN-5050-16>

⁶ Office for National Statistics mid-year population estimates for 2017, accessed here: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Need in numbers

The estimates reported below are based on analyses of the English Longitudinal Study of Ageing (ELSA), followed by extrapolation of the findings to the population living in England. Our report focusses on needs among people aged 65 and over; however, we have also included some analyses of data on those aged 50-64, as an important age group who are approaching older age. We analysed the overall 65+ population, and in four age groups:

- 50-64
- 65-74
- 75-84
- 85 and over

ELSA is a well-known survey that contains data indicative of the six categories of need. Every two years, the survey collects data on health, social circumstances and economic circumstances from a nationally representative sample of people aged 50 and over living in private households in England. Data collection began in 2002-2003. We used data from the 8th wave of the survey collected in 2016-2017 from 8,445 people.

We selected ELSA as the most suitable for our purpose from a range of surveys because it is the only survey of its scale which collects information on older people on all six of our categories of need. Within ELSA, we selected the variables that would give the best indications of the six needs, but we were inevitably bound by the variables that

were available in the dataset. It is therefore important to appreciate what the variables we selected are measuring; the variables are described below.

As with all projects of this type, there are some limitations to the data collected by ELSA, which we note here.

- ELSA includes older people living in the community, not in care homes.
- As ELSA is a longitudinal survey, non-response and drop out by participants are important considerations. These tend to be greater among more disadvantaged groups and this can lead to data that are biased towards more advantaged groups. We used the weighting variables in ELSA to help to account for this in our analyses.⁷

As people living in very difficult and disadvantaged circumstances are less likely to take part in surveys such as ELSA, the extent of need in the older population in England is likely to be higher than indicated by our estimates.

To extrapolate our ELSA estimates to the national population, we used the number of people in England aged 65 and over estimated by the Office of National Statistics for the year the ELSA data were collected, 2017.⁸ This population was 10.0 million people.

⁷ Further information is in the ELSA cohort profiles, accessed here: <https://academic.oup.com/ije/article/42/6/1640/735886> and https://link.springer.com/referenceworkentry/10.1007/978-3-319-69892-2_335-1

⁸ Office for National Statistics mid-year population estimates for 2017, accessed here: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Section 3: Need in numbers

How we measured need

Ill health

We chose limiting longstanding illness as a holistic measure of whether a person is in ill health. ELSA participants are asked whether they have a longstanding illness, disability or infirmity which has troubled them over a period of time or is likely to trouble them for a period of time, and, if so, whether this limits their activities in any way. We have defined those who say yes to both questions as being in ill health. Participants are therefore only considered to be in ill health if their condition is both longstanding and if it limits their activities.

Poverty

The most commonly used definition of relative poverty includes people whose equivalised⁹ household income is below 60% of the median equivalised household income in the UK after housing costs. As ELSA does not collect comprehensive data on housing costs, we used a measure of poverty before housing costs. This leads to slightly different estimates; however, both definitions give a good indication of low income, and nationally the numbers are similar. In our analyses we underestimate poverty amongst pensioners by about one third, most likely due to the lower likelihood of more disadvantaged people participating in a survey like ELSA as discussed above. Our estimates suggest

that 1.1 million people aged 65 and over were in poverty in England in 2016/17, while the official statistics give this figure as 1.7 million.¹⁰

Care and support needs

We defined people as having care and support needs if they report that they have difficulty with one or more of the following activities of daily living and do not receive sufficient help to meet their need: eating, bathing, dressing, getting in and out of bed, going to the toilet, and walking across a room. This is therefore a measure of *unmet* need for care and support, rather than a measure of need for care and support overall.

Loneliness

We followed the recommendation of the Office for National Statistics¹¹ and classified people as lonely if they reported that they often feel lonely and/or they were defined as lonely according to the UCLA loneliness scale (University of California, Los Angeles).

Social isolation

We defined people as being socially isolated if, when asked about the frequency with which they usually meet up with, speak on the phone to, write to or email, and send or receive text messages to children, other family and friends, they respond 'once or twice a month' or less frequently for all that apply. Therefore, a person is considered to be

⁹ Equivalising household incomes means taking into account that households with more people living in them will need a higher income to achieve the same standard of living as households with fewer people living in them.

¹⁰ Department for Work and Pensions, Households Below Average Income 1994/95 to 2016/17: pensioners data tables, published 22nd March 2018.

¹¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys>

socially isolated if they do not usually have at least fortnightly contact with a friend or family member other than those they live with.

Poor housing

We classified people as being in poor housing if they reported that their housing has one or more of the following problems: rot, decay, infestations (e.g. insects, mice, rats), damp, too cold in winter, bad condensation, leaks, electrical problems or plumbing problems. This measure does not cover every aspect of ‘poor housing’ but can be considered to measure whether the housing is decent to live in as it is similar to the Ministry for Housing, Communities and Local Government’s definition of a decent home.¹² This definition states, to be considered decent, a home must:

- meet the current minimum standard for housing set out in law;
- be in a reasonable state of repair;
- have reasonably modern facilities and services; and
- have effective insulation and heating.

How many older people in England have needs?

Here we report our estimates of the number of older people with needs in England, in total and by age group. We found a stark picture.

We also found a marked age differential in the percentage of people with needs. Four fifths of people aged 85 and over in England have needs in one or more of the six categories, compared to half of those aged 65-74.

¹² <https://www.gov.uk/government/publications/a-decent-home-definition-and-guidance>

Table 1. Percentage and number of older people with needs, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage with needs	49%	52%	63%	80%
Number with needs	5.0 million	2.8 million	2.0 million	1.1 million

Overall, more than half, or 59%, of people aged 65 and over in England were in one or more of the six categories of need and 41% were not. This equates to 5.9 million people aged 65 and over in England with needs and 4.1 million not in any of our six categories of need (Figure 1 on page 9).

We cannot assume that people with none of the six needs have no challenges in their lives. They may have issues in areas outside of the six categories explored here (for example, we know that some older people experience stress or feelings of helplessness) and/or they may fall outside the scope of the ELSA variables used in the analyses (for example, people who do not fall into need on the “poor housing” variable may still have pressing needs in relation to other aspects of their housing, such as problems with landlords or threats of eviction).

Which needs do older people in England have?

For each of the six categories of need, we estimated the number and percentage of older people in England who have:

- that need and no other need
- that need experienced with one or more other needs

Section 3: Need in numbers

Figure 1. Percentage of people with one or more needs, by age group.



(iii) that need overall, whether experienced with other needs or not (total).

The findings are summarised in Table 8 on page 11. Please note, the numbers in the narrative below may not add up to the numbers in the Tables due to rounding.

We found that ill health is the most common need, both when experienced as a single need and when experienced in combination with one or more of the other needs. In total, ill health affects 41% or 4.1 million people aged 65 and over, and 6.8 million people aged 50 and over. Ill health is also the most common need in each of our four age groups. In addition, there is a marked increase in the percentage of people in ill health with increasing age, rising notably from group to group from one quarter at ages 50-64 to three out of five at age 85+.

Unmet needs for care and support are the second most common need in total, affecting

Table 2. Older people in ill health, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage in ill health	25%	35%	45%	61%
Number in ill health	2.6 million	1.9 million	1.4 million	0.8 million

Table 3. Older people with unmet care and support needs, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage with care and support needs	9%	12%	15%	31%
Number with care and support needs	0.9 million	0.7 million	0.5 million	0.4 million

1.5 million people aged 65 and over and 2.5 million people aged 50 and over. However, of the six needs, it is one of the least commonly experienced as a single need. The percentage of those with this need rises markedly from fewer than one in six aged under 85 to one in three (31%) at 85 and over.

Poor housing is the third most common need, affecting 1.1 million people aged 65 and over and 3.0 million people aged 50 and over. It is more common in our youngest two age groups, 50-64 and 65-74, and is least common in people aged 75-84 and 85 and over.

Table 4. Older people living in poor housing, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage in poor housing	19%	12%	9%	9%
Number in poor housing	2.0 million	0.7 million	0.3 million	0.1 million

Poverty, loneliness and social isolation follow, affecting, respectively, 1.1 million, 0.8 million and 0.6 million people in the 65+ population, and 2.5 million, 1.7 million and 1.3 million people in the 50+ population.

Table 5. Older people living in poverty, by age group.¹³

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage in poverty	14%	9%	12%	17%
Number in poverty	1.5 million	0.5 million	0.4 million	0.2 million

Table 6. Older people who are lonely, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage with loneliness	9%	7%	8%	14%
Number with loneliness	0.9 million	0.4 million	0.2 million	0.2 million

Table 7. Older people who are socially isolated, by age group.

	Age 50-64	Age 65-74	Age 75-84	Age 85+
Percentage in social isolation	6%	6%	6%	5%
Number in social isolation	0.7 million	0.3 million	0.2 million	0.1 million

Our analyses found that each of the needs shows particular patterns with regard to age. Broadly, the patterns are as follows.

- The percentage of people in ill health and with an unmet need for care and support both increase with increasing age.
- Housing problems are most common in the younger old (aged under 65).
- Poverty is lowest among those in their mid-60s to mid-70s and highest among the younger old (aged under 65) and the oldest old (85 and over).
- Loneliness is much more common among the oldest old than any of the other age groups, while the proportion in social isolation is similar in all age groups.

We cannot give a definitive explanation for these patterns; however, we can consider whether they are due to the age that people are, or the cohort they are a member of, or a combination of the two.

Age effects are those which are due primarily to chronological age or the ageing process - we can anticipate that future generations will show the same changing pattern of need as they age, although some of these effects may be amenable to policy change. Examples of age effects are:

¹³ Note that these estimates are lower than the national statistics, and are therefore acknowledged to be underestimates of the percentage and number of older people living in poverty.

Section 3: Need in numbers

Table 8. Percentage of people aged 65 and over in England experiencing need on each of the six categories, as a single need or in combination with other needs.

Category of need	A. This need and no other needs		B. This need and one or more of the other needs		This need, total (A + B)	
	Millions	%	Millions	%	Millions	%
Ill health	2.0	20	2.1	21	4.1	41
Care and support needs	0.2	2	1.3	13	1.5	15
Poor housing	0.4	4	0.7	7	1.1	11
Poverty	0.4	4	0.6	6	1.1	11
Loneliness	0.2	2	0.6	6	0.8	8
Social isolation	0.3	3	0.3	3	0.6	6

Age UK analysis of ELSA wave 8 data with ONS 2017 mid-year population estimates.

- Increasing proportions of people in ill health and with an unmet need for care and support in older age groups.
- Higher rates of poverty among the younger old who are not yet eligible for pension age benefits but may be restricted in the paid work they can do for various reasons, such as ill health, disability or caring responsibilities.
- Higher proportions of loneliness in the oldest old can relate to the higher likelihood of bereavement by older ages and to increased chances of being disabled or in ill health, these being experiences known to be linked to loneliness among older people.¹⁴

Cohort effects are particular to people born during a particular time period. The cohort is likely to continue to experience the pattern of need as they go through life, and the pattern will not necessarily be the same for past or future generations. An example of a cohort effect is the high proportion of today's younger old experiencing housing need. This may be related to a higher proportion of people in this age group living in private rented accommodation compared to the older old groups. We can anticipate that, without significant policy change, the younger old cohort will continue to experience this need as they age.

¹⁴ Age UK, 2018. All the Lonely People: Loneliness in later life https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report_final_2409.pdf

Some patterns we see may be due to a mixture of age and cohort effects. For instance, the higher rates of poverty we see among today's oldest old are partly explained as a cohort effect, as the women of this generation had lower rates of participation in paid work and have lower private pension savings. However, there is also an important age effect, as income generally falls in relative, and/or real, terms over the course of retirement. Because of this, higher levels of poverty among the oldest age groups are likely to continue.

Figure 2. Percentage of people with each need without that need but with other need

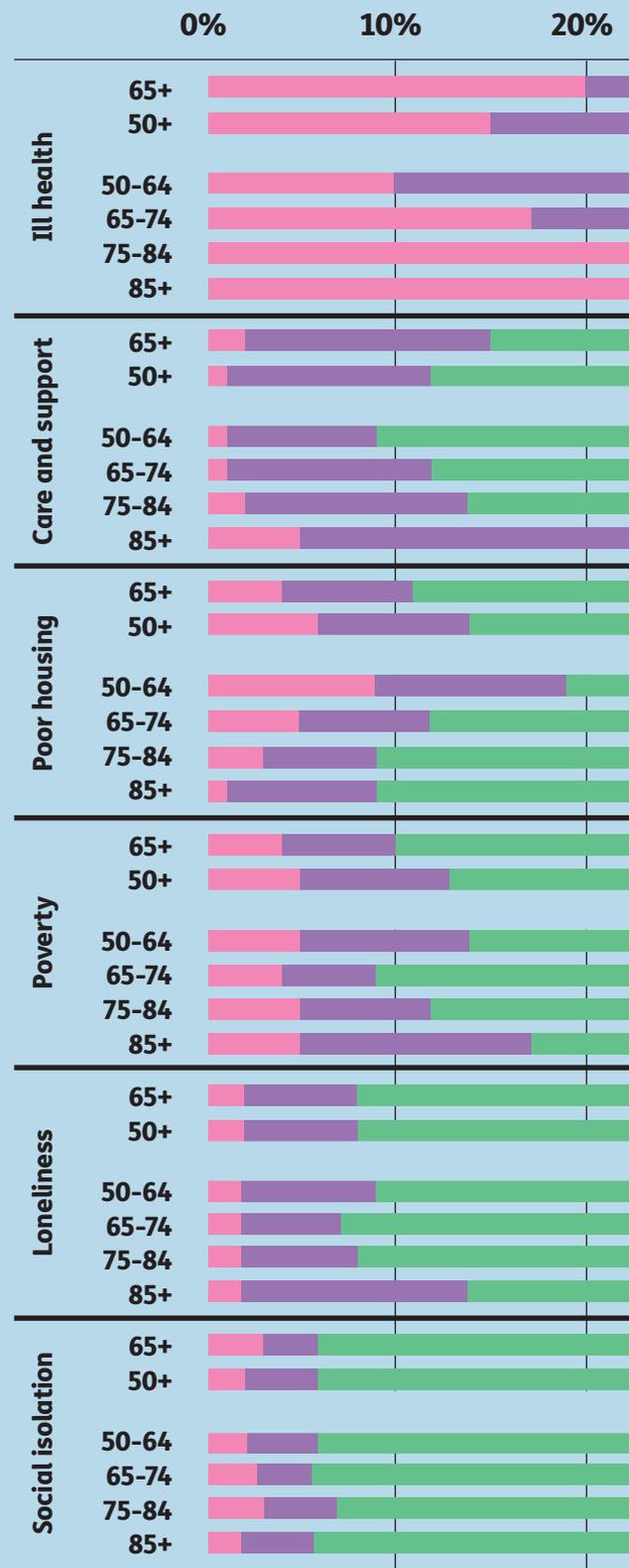


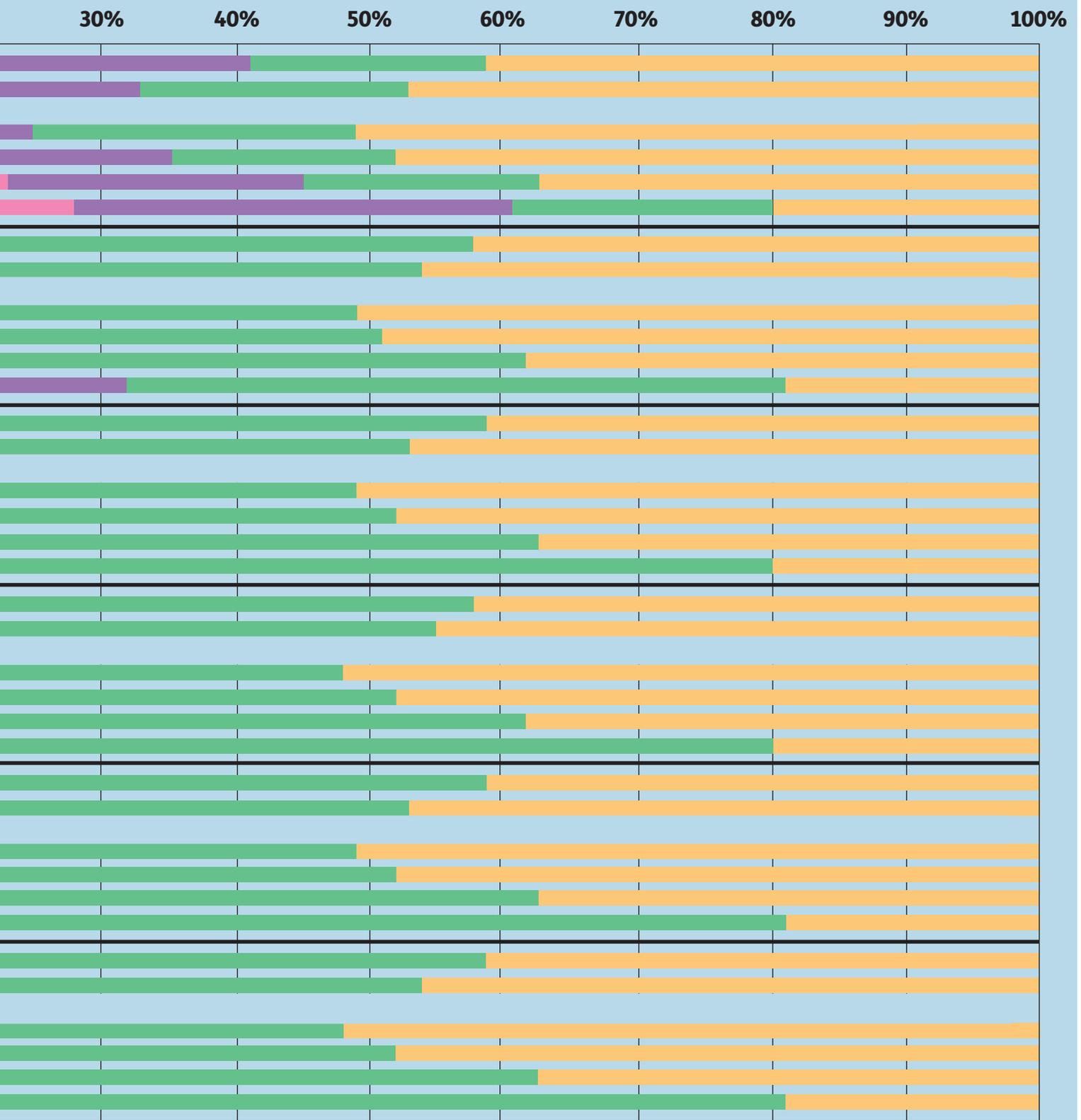
Figure 2 visualises data on people aged 50 and over in England experiencing need in each of the six categories, as a single need or in combination with other needs. The 65+ bars illustrate the data shown in Table 8.

- This need and no other needs
- This need plus other need(s)
- Not this need, but other need(s)
- No needs

85+

Section 3: Need in numbers

as a single need, in combination with other needs, needs, and who are not in any of the categories of need.



How many needs do older people in England have?

In this section, we report our findings on the numbers and percentages of older people in England who have each number of needs, by our four age groups. We looked at all those with one or more needs, and then those with one need, two needs, and three or more needs. The estimates are set out in Table 9 and Figure 3 on page 15. The table includes the numbers and percentages who do not have needs in any of the six categories (as seen above) for comparison.

We saw clear variation with age. The percentage of people with no needs declines between each age group, from half (51%) at age 50-64 to only one in five (20%) at 85 and over, and the percentage with one or two needs increases across all the groups. Although there is no clear increase in the percentage of people with three or more needs between age 50-64 (9%), 65-74 (6%) and 75-84 (7%), there is a clear increase among those aged 85 and over; in this group, 16% have three or more needs.

Table 9. Number and percentage of older people in England with no needs, 1 or more needs, one need, two needs and three or more needs, by age group.

	65+ years old		50+ years old		50-64 years old		65-74 years old		75-84 years old		85+ years old	
	Millions	%	Millions	%	Millions	%	Millions	%	Millions	%	Millions	%
0 needs	4.1	41	9.4	46	5.3	51	2.7	48	1.2	37	0.3	20
1+ needs	5.9	59	11.0	54	5.0	49	2.8	52	2.0	63	1.1	80
1 need	3.5	35	6.5	32	3.0	29	1.7	31	1.2	38	0.6	42
2 needs	1.6	16	2.8	13	1.1	10	0.8	14	0.6	18	0.3	22
3+ needs	0.7	7	1.7	8	1.0	9	0.3	6	0.2	7	0.2	16

Age UK analysis of ELSA wave 8 data with ONS 2017 mid-year population estimates. Percentages may not sum to 100 due to rounding.

Which combinations of needs do older people have?

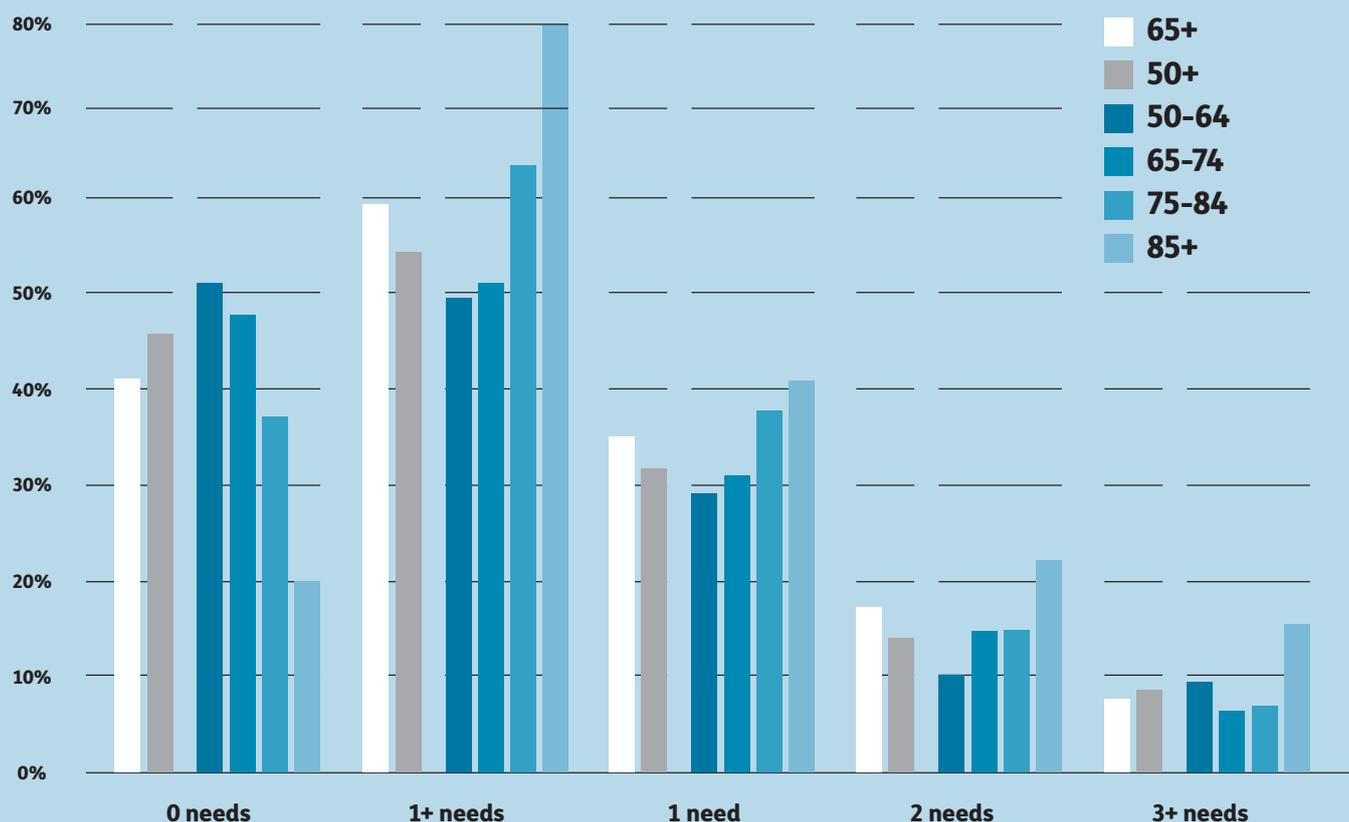
Among people experiencing each need, we estimated the percentages of people who experience each of the other needs, and

who experience no other need. Table 10 on page 16 shows these estimates for people aged 65 and over in England.

Ill health

Each of the needs are often seen in combination with ill health. Of those living

Figure 3. Percentage of people aged 50 and over in England with no needs, one need, two needs and three or more needs, by age group.



Age UK analysis of ELSA wave 8 data.

in poor housing, in poverty or in social isolation, at least four in ten are also in ill health (51%, 46% and 41%, respectively). Of those who are lonely, more than half are also in ill health (58%) and of those with unmet needs for care and support, four in five (79%) are in ill health.

Unmet needs for care and support

Unmet needs for care and support are most commonly seen in combination with ill health, loneliness and poor housing, where three in 10 (29%) of those in ill health, more than one third (35%) of those who are lonely and a quarter of those in poor housing (25%) also have unmet needs for care and support.

Poverty

Between a fifth and a tenth of those who experience each of the other needs are also living in poverty (ill health 12%; care and support needs 14%; poor housing 15%; loneliness 14%; social isolation 8%).

Loneliness

Loneliness is most commonly seen alongside an unmet need for care and support: of those older people with an unmet need for care and support, a sixth (18%) are also lonely. Around

one in seven of those living in poor housing (14%) are also lonely, and around one in ten in poverty (10%), in ill health (11%) and who are socially isolated (9%) are also lonely.

Social isolation

Fewer than one in ten older people experiencing each of the other needs are also socially isolated (ill health 6%; unmet need for care and support 7%; poor housing 6%; poverty 4%; loneliness 7%).

Poor housing

Between a fifth and a tenth of those who experience each of the other needs are also living in poor housing (ill health 13%; care and

support needs 18%; poverty 15%; loneliness 19%; social isolation 12%).

No other needs

Unmet needs for care and support was rarely the only need experienced; one in seven (14%) people with this need had no other needs. Loneliness was the only need for a quarter (25%), and poor housing was the only need for one third (33%), of those with those needs. Ill health, social isolation and poverty were, comparatively, experienced as the only need more often; around four in ten people with each of those needs (ill health 50%; social isolation 44% poverty 40%) did not have needs in any of the other categories.

Table 10. Of those aged 65 and over who have each of the six needs, what percentage have each of the other needs, and what percentage have no other needs?

		What percentage also have needs on...?						
		Ill-health	Care and support	Poor housing	Poverty	Loneliness	Social isolation	No other need
Of those who have needs on...	Ill health (4.1 million)	-	29	13	12	11	6	50
	Care and support (1.5 million)	79	-	18	14	18	7	14
	Poor housing (1.1 million)	51	25	-	15	14	6	33
	Poverty (1.1 million)	46	19	15	-	10	4	40
	Loneliness (0.8 million)	58	35	19	14	-	7	25
	Social isolation (0.6 million)	41	17	12	8	9	-	44



Age UK analysis of ELSA wave 8 data. Percentages do not sum to 100 because some individuals experience combinations of more than two needs.

Living with needs in later life

Introduction

Our estimates starkly show the scale of disadvantage that older people in England are living with. Equally stark is the impact this has on the individual lives of the millions of older people behind the numbers.

Age UK talks extensively to a wide range of older people living in an array of different circumstances. Many are struggling. What they tell us illustrates the reality of living later life in the categories of need at the core of our strategy.

Our conversations with older people are both informal and formal. They happen through our Information and Advice line, surveys and research. For this section, we have selected quotes from four recent formal qualitative research projects that we have been involved in. In section 5 we combine insights from these projects and other conversations. Older people shared their experiences with us very openly and we are grateful to them for allowing us into their lives in this way.

The four qualitative studies are outlined in Appendix 2.

Ill health

“It’s being limited to what you can [physically] do. And I find that more frustrating than anything. I want to be able to do what I did 10 years ago and I can’t. And some days I could just sit here and cry. And if anybody asked me what was wrong I couldn’t tell them... I get annoyed because I can’t do what I want to do. I can’t just get my coat on and walk into the

shop... [it makes me feel] horrible after... Some days I think ‘I don’t want to be here’. I feel life would be easier for my son... It breaks my heart to think that he feels as though his life is on hold for me...I didn’t bring him into this world to look after me.”

Older woman

“When your health problem strikes you, the rest of your life suffers. You think you’ll be alright, you’ll get over it, but then all of a sudden everything’s a struggle for you.”

Older man

“I didn’t see a soul [this week]. I just potte[re]d about, because I can’t do a lot, with my lungs I get tired.”

Older man

Poverty

“I will not put the heating on unless I absolutely have to. I sit there and think, no I can’t afford this. So I have a shawl wrap thing, I’ve even worn gloves indoors. I’ll have the heating on when my husband gets home just to take the chill off the place – then we get ready to go to bed. It’s just ridiculous cost wise.”

Older woman

“Once you pass a certain age, you’re written off aren’t you. People don’t want to employ you. [You’re] too old. Not very nice is it...the sooner you die, the less of a burden you are to society... that’s what I am in reality.”

Older man

“I could take the grandchildren swimming then because I had slightly more money. But now I don’t see them, and I can’t take them out anyway because I can’t leave the house. I have absolutely no social life.”

Older man

Care and support needs

“I miss going out, I’ve got young grandchildren... and I used to take them down the park and I miss all that now, because I’m just not able to...”

Older woman

“I’ve had arthritis since I was 44 so it’s not getting any easier – I do find it depressing. Especially when I can’t dress myself, I find it really frustrating.”

Older woman

“It’s very hard for you to do anything. Even just simple jobs like Hoovering your flat, because you’re so tired afterwards.”

Older man

Loneliness

“Loneliness to me means I’m entirely on my own, nobody is with me... And I feel that there is nobody around me, nobody sitting with me, there is nobody to talk to me. You know. I feel discarded, I feel left by human society and things like that. That’s my feeling...”

Older man

“It’s hard when you’re alone, nobody knows how you feel. A neighbour can say hello but they don’t know how you feel.”

Older woman

“I live a very lonely life, no friends – associates, but no friends. I know a few young ladies who work in Tesco and I always speak to them because they cheer me up.”

Older man

Social isolation

“It’s the same thing every day. There’s no variety...before, I had a life. Now, it’s an existence. That’s how I’m looking at it. I’ll probably sit there, have a cup of coffee. I won’t want to eat...so it’ll just be in the kitchen, come in here, on the settee, put the radio on, and that’s it, that’ll be it until about four o’clock. Feed the dog again, then think, what shall I have to eat? And normally I’ll just have a bowl of cereal. And that’ll be it.”

Older man

“I sit inside 4 walls just watching, it feels like it’s all caving in on you.”

Older man

Poor housing

“I’ve always been brought up ‘you pay your rent and you starve in comfort.’ Up until twelve months ago we were renting privately and just couldn’t afford it anymore. So my sister took us in until we could get our heads above water.”

Older woman

“I just leave the house as it is...I don’t do any work on it, I don’t decorate. I haven’t done any for a long time since my wife died... When somebody comes that you’ve known a long time and you know they’re tidy, and your wallpaper is hanging off and it looks right rough, you’re a bit ashamed... You would [want to be in a tidier house] wouldn’t you.”

Older man

Conclusion

When seen side-by-side in this report, the estimates of need that we have generated and the real-world insights on living with those needs in later life show the sheer scale, complexity and profound impact of disadvantage among older people today.

We found that a large number of older people have needs, in terms of ill health, poverty, unmet needs for care and support, loneliness, social isolation and poor housing. Of every twenty people aged 65 and over living in England, we estimate that two people are living with three or more needs, three are living with two needs, and seven people are living with one need. This equates to 5.9 million people aged 65 and over living with at least one need, 2.5 million having at least two needs, and 0.8 million facing three or more.

We also found that the proportion of older people with needs, and with multiple needs, increases with age. The increase is particularly striking in the case of ill health and unmet needs for care and support. At the same time, there are many with needs in our younger group, 50-64; poverty and poor housing in particular seem to be common in these groups, alongside a large minority living with ill health.

Our findings are a snapshot of the circumstances of older people in 2017, and it is yet to be seen how patterns of needs will change as time passes and as people age.

Some of the patterns of needs we see will change for individuals as they age, while

others may not. The high poverty rates in the youngest and oldest old are probably due to differences in access to benefits before and after State Pension Age, and the decreasing real-terms value of pensions as people move through retirement. Without substantial policy change, these patterns will be replicated for future generations. The high rates of ill health and unmet need for care and support among the oldest old may worsen if we do not improve our health and social care services to meet the needs of our population as it ages, and if we do not protect the health of our younger old so that they can age healthily. Other needs may not change for individuals as they age. For instance, the younger old who are currently living in poor housing will continue to do so throughout their later life if they do not have access to high quality and affordable housing to own or rent securely.

But whatever the underlying explanations for the patterns that our estimates reveal, our findings provide evidence to both support and challenge pre-conceived ideas about needs among older people. Some common clusters of needs are as we might expect – for instance ill health is commonly seen in combination with care and support needs – while other combinations that we might have expected to be common, for instance social isolation with loneliness, are relatively rare, underlining the important differences between feeling lonely and being isolated from society.

And we should not forget that our estimates are most likely to be under-estimates, with those in the very greatest need unlikely to

be represented in our data, and that people who have been classified as having few or no needs in our estimates may well have needs of other types in their lives.

The findings from the four qualitative studies, together with what we hear from older people through other forms of contact, provide insights into the experience of living with single and multiple needs. They tell us that:

- The main areas of struggle in life for many people are health, disability, mobility, lack of help with everyday activities, problems associated with home and housing, and money.
- Other important topics are stress, coping and mental health issues, loneliness and social isolation.
- Living with a single need can be as profoundly difficult as living with multiple needs.
- For some people who are worried about a range of issues, the cumulative effect can be overwhelming. For some people, one or two challenges can be weathered but multiple challenges lead to a downward spiral.
- People with high needs may not know how to, or feel able to, make change in their lives, and are sometimes reluctant to seek support or to accept help, support or advice.

We know that wellbeing for older people is multi-faceted and includes health, care and support, money, housing and social contact. It follows that people living with disadvantage in these areas, and even with a single need, are more likely to have lower wellbeing. At the same time, we know that many older people are reluctant to admit they are struggling, let alone ask for help. We can see that there is a huge amount to be done to support older people towards better lives and wellbeing.

That's why, at Age UK, we aim to build the support we offer for older people and to reach more older people who need someone to turn to, and more of those who need us most.

Appendix 1: Quantitative estimates: Methodology

To generate estimates of need in older people in England, we used data from the English Longitudinal Study of Ageing (ELSA). This study collects data on the health, social circumstances and economic circumstances of a nationally representative sample of around 10,000 people aged 50 and over, living in private households in England. It was initiated in 2002-2003 and data have been collected every two years since then, accumulating to date 8 waves of data, with the most recent collected in 2016-2017.

We used Wave 8 data in our estimates.

The reasons for selecting ELSA as our data source were:

- its large sample size;
- the age range of the participants;
- its coverage of the key topics: ELSA collects data on all six of the categories of need to be included in our estimates, namely health, income, care and support needs, loneliness, social isolation and housing problems, as well as various other aspects of older people's lives; and
- it enables us produce estimates of need by age group.

Following careful consideration, we chose variables from ELSA that enable measurement of each of the six categories of need. Where possible, we used measures that are recommended by the Office for National Statistics; however, we were inevitably bound by the variables that are available in the dataset. It is therefore important to appreciate the descriptions of

the measures that we used, as set out in Section 3 of this report.

The quantitative analyses enabled us to see how the six categories of need cluster within individuals, allowing us to estimate the percentages of older people who:

- are in each category of need;
- have each number of needs; and
- are in combinations of the six categories of need.

After estimating needs in older people in our analysis of ELSA, we used the Office for National Statistics population estimates for 2017 for England to scale up our estimates.

Our scaled up analyses therefore provide national estimates of older people's needs for England in line with the categories of disadvantage that are the focus of Age UK's strategy, using recent data from a large, nationally representative sample of people aged 50 and over.

Appendix 2: Qualitative research used in this report

The four qualitative research projects from which we have taken quotes and synthesised insights for this report are outlined below.

Low wellbeing

In 2015-2016, Age UK built a statistical Index of Wellbeing in Later Life, based on a wide ranging review of research literature, consultation with older people and a panel of experts, and an analysis of data from the Understanding Society survey. Our report on the Index was published in the Age UK website in February 2017.

ageuk.org.uk/wellbeingresearch

This was followed by qualitative research, carried out by Britain Thinks for Age UK and completed in 2017. Among other things, the research explored what it means to live in a state of low wellbeing in later life and how it's experienced by older people. For the study, 31 older people took part in small group discussions and interviews. This included four groups of three and one in-depth telephone interview with people with low wellbeing. The study findings are unpublished, but are available on request. (Contact research@ageuk.org.uk).

Financial hardship

To find out what life is like day to day for older people when it's a struggle to cover essential costs of living or when extra costs bite, Age UK carried out in-depth interviews with 15 older people who told us they were having difficulty managing financially or only just getting by. Fourteen of the older people were recruited through Age UK's Your

Voice Engagement Panel and one through a local Age UK. The findings were published in a report, "Struggling on: Experiences of financial hardship in later life," on the Age UK website in February 2019.

ageuk.org.uk/strugglingon

Struggling to cope

In an ideal world, all older people would live in positive circumstances with high wellbeing, but this is far from the case. Age UK explored this reality by commissioning Britain Thinks to carry out qualitative research with older people living in difficult circumstances and showing signs of struggling in various aspects of their lives. People, for example, who were not keeping on top of household tasks or letting their property fall into disrepair, who were isolated and 'shutting off from the world,' and who were not keeping on top of finances, leading to debt or threats of eviction. The research, which took place in 2016-2017, included ten face-to-face at-home interviews with older people living alone, and two paired depth interviews at home with one husband/wife and one mother/daughter. A Briefing Note and a full research report, together with video interviews with older participants in

the study, were published in the Age UK website in March 2018.

ageuk.org.uk/strugglingtcope

Older Men at the Margins

Older Men at the Margins was a two-year study led by Dr Paul Willis of the University of Bristol with Age UK as a collaborating partner that took place between 2016 and

2018. It set out to understand how men aged 65 and over from different social backgrounds and circumstances experienced loneliness and social isolation. The research included in-depth interviews with 113 older men who were single and living alone, gay or bisexual and living alone, living alone in rural areas, caring for a significant other, or living with hearing loss. The findings were published in a range of resources and videos of study participants in the Age UK website in April 2019.

ageuk.org.uk/men-and-loneliness

