



January 2024

# **We have to take it one day at a time**

Results of Age UK's research into the health and care of people aged 50 and over.

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**“This winter will be enormously challenging. She worries she won’t be able to put her central heating on and will have to sit in the cold and won’t be able to have regular hot meals due to this ever-increasing price rises for gas and electricity. Pensioners should never be put in the situation of (not) heating their home or having a meal it is totally unacceptable way to live for anyone let alone pensioners.”**

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# 1: Introduction

Over the past three years, Age UK has conducted six waves of research into older people's health and care. Initially, this was focused on the impact of the Covid-19 pandemic, and we heard about how much older people were struggling with accessing healthcare, managing their own physical and mental health, taking part in community life and caring for others. This had a huge impact on both physical and mental health, as older people were unable to get the care and support that they needed.

Sadly, there are still many older people in the same situation now. Whilst our research has moved away from the pandemic focus, we are still hearing about difficulties in accessing health and social care and support. Many older people are still feeling cut off and isolated. Added to these challenges, we have the very real anxieties of the impact of the increases in the cost of living. Older people are struggling financially in a way that they never expected to be at this point in their lives. Many had made difficult choices to cut back on heating, food and going out of the house last winter and expected to be doing the same again as the winter approached.

To capture more of what we had been hearing anecdotally, we expanded this most recent research to include people aged 50 years and over. Previous waves of research had included people aged 60 years and over. We had heard from some people in their 50s who were really struggling to manage the onset of multiple health conditions and caring responsibilities. The results included in this report highlight that, in many areas, people aged 50-59 years are having a particularly hard time as financial insecurity and the cost-of-living compound those health and wellbeing challenges.



This report contains the results of our polling and survey work on the following topics:

- Caring for others
- Physical and mental health
- Access to NHS and social care services
- Community life and social contact
- Cost of living increases
- Concern about winter

For each of these topics, we have included data from both our national polling and our internally managed survey of people across the UK aged 50 years and over. These data paint a worrying picture for many older people, underlining the case for urgent investment and reform of the services and support people rely on as they age to sustain their health, wellbeing and independence.



**“I’m dreading [winter]. Can’t afford to heat my home. Last winter I was working so wasn’t home 3 days a week. Now I’m retired I don’t know how I will get through it. Last winter I stayed in bed watching tv with a hot water bottle most of the time when I wasn’t working.”**

**“My physical and mental health has deteriorated due to looking after my husband with dementia alone. It is a devastating illness with devastating consequences.”**

# 2: Methods

## Representative polling

In September 2023, we commissioned Kantar to conduct representative polling of the UK population aged 50 years and over. The sample included enough people from different subgroups of the population to mean that the numbers can be scaled up to represent the whole of the UK population.<sup>1</sup>

- Everyone who participated was aged 50 or over,
- 13.5% of the sample were aged 75 and over,
- 53% were female,
- 43% were from more disadvantaged groups,
- 30% were living alone,
- 8% were from minoritised ethnic groups, as opposed to white groups,
- 36% reported living with at least one long term condition,
- 36% said their long term condition or illness reduced their ability to carry out day-to-day activities,
- 15% were providing care for someone else.

We have used the Office for National Statistics Mid-Year Population Estimates from 2021<sup>2</sup> to produce actual numbers of people.

## Age UK in-house survey

Running alongside the Kantar polling in September 2023, we opened our own online survey of older people’s health and care.<sup>3</sup> The survey was open to anyone aged 50 years and over. There was an option to complete the survey on behalf of someone else and 12% of responses were completed this way.

We received nearly 130,000 free text comments from over 17,000 survey participants. This is our largest response ever.

- Everyone who participated was aged 50 or over,
- 53% were aged 75 and over,
- 66% were female,
- 10% were from minoritised ethnic groups,
- 76% reported living with at least one long term condition,
- 57% were living with two or more long term conditions,
- 21% were providing care for someone else.

As the respondents to our in-house survey were not representative of the UK population, we have not included any statistics from this data source. All statistics included in this report come from the Kantar representative polling.

Data sources	
1	Age UK Polling: Kantar Research Express conducted an online self completion survey between 7th September 2023 and 21st September 2023 amongst 2,621 adults in the UK aged 50+.
2	Office for National Statistics, Population estimates for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics ( <a href="https://ons.gov.uk">ons.gov.uk</a> )
3	Age UK SurveyMonkey online survey conducted between 7th September 2023 and 26th September 2023.

### 3: Caring for others

According to our polling, 15% of people aged 50+ (3.9 million) were caring for someone else. We did not ask how many hours of caring support was being given, so this figure may be different to other national statistics. When we looked at the breakdown of who is providing unpaid care, we saw that more women than men were caring; more of those aged 50-59 than those aged 60+; and more people living with long term conditions than those without – although we know from other research, older unpaid carers are often providing care some of the most intensive levels of care.

Many different types of caring relationship were described by the unpaid carers responding to our survey: spouses, siblings, children, grandchildren, parents, neighbours and friends. Some spouses were caring for each other, as they both had care needs. Some people were caring for more than one other person.

**“Help daily care for elderly bed-bound Mother and all aspects of personal care, plus shopping, laundry, cleaning, gardening, etc. Also support son and family. Eldest granddaughter has learning difficulties and they all need help especially with forms, finances etc. Partner has ongoing health issues and not always able to function as he would like.”**

More than a third of unpaid carers (34%) expected the amount of care or support they provide to increase, and a fifth (20%) were worried about whether they would be able to continue providing care or support. In our survey, we heard from unpaid carers who were very worried about the future, particularly if their own health was not good.

**“I cannot leave (my partner) for extended periods and I do not exercise as much as I used to. I have less contact with my personal friends. I accept all of this but I have little personal freedom. My greatest worry is that I might become ill or die before (her) in which case I would not be able to look after her.”**

Caring responsibilities have a huge impact on the mental health of carers. Almost three in five (57%) unpaid carers had felt tired because of the care or support they provide. Almost half (48%) of unpaid carers had felt anxious, more than a third (34%) of unpaid carers had felt overwhelmed, and more than a fifth (21%) of unpaid carers had felt lonely

because of the care or support they provide. Many of the unpaid carers responding to our survey told us that they had no time for themselves, to meet up with others, or even to look after their own health. They felt isolated, trapped and anxious. Caring could be stressful, frustrating and relentless, leaving them mentally and physically drained. Other relationships were also affected.



**“I helped mum look after my dad with dementia for 4 years (moved from my home to be near to them) then my husband was full time carer for his dad with dementia for a year, then I helped look after mum for nearly 2 years before she went in the care home. Still living near in rented accommodation. It has taken a big toll on mine and my husband’s lives both physically and mentally affecting our marriage too.”**

Many unpaid carers were struggling to access support to enable them to continue caring, with one in six (16%) saying they had been unable to access any help at all. Some told us they felt they had been left without support, or that there were too many difficult hoops to jump through to access the help they needed. Respite care was particularly difficult to access, even though the majority of unpaid carers told us that they really needed a break.

**“You are never off duty. My mother doesn’t have the funds to pay for residential care without having to sell her home. You have to jump through so many hoops - nobody talks to each other - professionals. Different councils provide different services. It is a full-time role just juggling all the care and paperwork etc. If it wasn’t for the support of my family I would be totally broken. Caring responsibilities is a very lonely role and also there doesn’t seem to be a one stop shop for all the benefits that you are able to claim.”**

## 4: Physical and mental health

In our polling, we asked respondents how their ability to perform activities of daily living had changed over the last 12 months (see Table 1).

Activity	Percentage
Getting into and out of bed	17%
Getting dressed or undressed	14%
Getting up and down stairs	30%
Walking short distances outside	24%
Shower, wash, or have a bath	16%
Getting on and off the toilet	10%
Preparing and cooking food	13%
Cleaning / tidying their house	25%
Gardening	33%

Only one in nine (11%) who had found these activities more difficult were confident that their ability to do these activities would improve in the future.

Almost a third (31% - 8 million people) of people said that their health had got worse, with 59% saying an existing health condition had got worse. Two in seven said that they had been diagnosed with a new health condition, whilst almost one in five (19%) said that it was due to waiting for or being unable to access appointments or treatment. These were also the most frequent reasons given by people in our survey. Other reasons included bereavement, caring responsibilities, not being able to get out and be active, not being able to access social care support, and worries about the increased cost of living.

**“Arthritis has worsened, can hardly walk. Much more sedentary because of this and feel other issues (blood pressure and diabetes are worsening). Mental health also affected.”**

**“Had to wait for hospital diagnosis before receiving correct medication. Takes longer to see a GP to be referred to a consultant then ages on a waiting list to be seen then ages to actually have treatment.”**

We asked about how specific elements of people’s health had changed over the last 12 months (see Table 2).

Change	Percentage
I have less energy	45%
I find it harder to remember things	27%
I find it harder to process new information	19%
I have not been sleeping well	39%
I feel more anxious	31%
I feel less motivated to do things that I enjoy	34%
I feel less steady on my feet	26%
I can’t walk as far	35%
I have not been able to stay fit	27%
I am less independent	17%
I am in more physical pain	32%
I am finding it harder to look after myself	16%

It was striking to see that, for many of these elements of people’s health, those aged 50-59 were reporting significant challenges, with many in this group struggling with: processing new information (26%), not sleeping well (46%), feeling more anxious (42%), feeling less motivated to do things they enjoy (41%), being unable to stay fit (29%), being less independent (19%), and finding it harder to look after themselves (21%).

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Four in seven (58% - 14.9 million people) of all respondents were not confident that their health would improve in the future. In our survey, we asked what could improve people's health, or change their level of confidence. Improved access to health and care services was the most frequent response, along with wanting and needing someone to talk to, who they feel is valuing and listening to them. Many said they wanted regular check-ups as they got older, and continuity in the care they received.

**“Access to GP for support, access to appointments, access to services for aids and adaptations, access to quality carers at home.”**

There was also a recognition of the importance of staying healthy through being physically active and eating a healthy diet, although some health conditions made this more challenging for some.

**“Keep as active as we can so we don't need the heating on. Make sure we eat fresh and healthy food but buy only what we need.”**

**“If I could have my knee replacement operation it may help me to remain mobile longer. Similarly with physiotherapy. Having my bladder problem resolved would also allow me to get out more.”**



# 5: Access to NHS services and social care

Less than half of the people polled (48% - 12.3 million people) were confident that any medical problem that they had would be dealt with by NHS services. We asked what would make the most difference to change their level of confidence (see Table 3).

Factor	Percentage
Being able to see a GP in person	47%
Shorter waiting times for treatment and / or surgery	45%
Being able to get an appointment with a GP	44%
More funding for the NHS	38%
Shorter waiting times for diagnosis	37%
More staff in the NHS	37%
My clinicians being familiar with my history / knowing who I am	23%
Better communication about my healthcare	17%
My healthcare being more coordinated	17%
NHS services closer to my home	10%
Being able to access social care services following treatment	7%
None of the above	15%

In addition, almost half (49% - 12.6 million people) of the respondents were concerned about their ability to access their GP. Women (54%); those aged 50-64 (52%); more disadvantaged groups (54%), those living with long term conditions (56%), and unpaid carers (58%) were more concerned than their counterparts. The figures and significant differences were broadly similar for accessing hospital appointments, as well as accessing A&E, with 42% of all respondents worried about this. Almost one in five (19%) were concerned about being able to access dementia services, with those

most concerned being 50-59 years old (26%), from more disadvantaged groups (21%), from minoritised ethnic groups (31%), and those who are unpaid carers (30%).

In our survey, whilst some people said they had good access to healthcare services, the majority reported real challenges with accessing primary care. Figure 1 shows the themes from the free text responses about accessing NHS care.

**FIGURE 1: THEMES FROM THE ONLINE SURVEY ABOUT ACCESSING NHS SERVICES**



**“I have found it impossible to get a GP appointment. I ring at 8am all appointments gone. I go online at 8pm. All appointments gone. They still refuse to book appointments for a future date. The surgery has a big sign by the door which says “Do not enter this building unless you have an appointment”. Yet the Quality Care Commission gives them a Good rating. No access to GP means no access to hospital. I should have had a review of my thyroid problem in 2019. It hasn't happened.”**



**“I don’t know if you are treated differently because you are old but it seems that way to me.”**

**“The insistence on IT make it very hard to access services themselves. Telephone appointments don’t work for people with hearing difficulties. A physio appointment by phone doesn’t work for anyone.”**



**“Getting an appointment with my GP has been extremely difficult. They are using online access to make appointments. I find this very difficult. I have had to refer myself privately to obtain a diagnosis of and treatment for rheumatoid arthritis and to have suspicious moles investigated.”**

We asked all respondents if they were currently waiting for NHS referral, diagnosis, or treatment and 25% (6.4 million people) told us that they were. Significantly more of those from more disadvantaged groups (27%), aged 70 and over (29%), and unpaid carers (36%) were waiting than their counterparts. Less than half of all respondents waiting (45%) were confident that they would be seen in the next six months.

**“I’ve been waiting 8 months to have injections in my back to relieve the pain, still cannot tell me when it will be, I first started with the condition in May 2021. It took 22 weeks for a referral to a neurologist then another 22 to a pain specialist which was only a telephone appointment, how can they tell what’s wrong with you over the phone. I’m now waiting to see a cardiologist for possible heart failure.”**

Almost a fifth of respondents (19% - 4.9 million people) were concerned about their ability to access a home care worker or carer. Significantly more people aged 50-59 (24%) were worried about this (most likely from the perspective of an unpaid carer than a recipient of care) than those aged 60 and over, as were people from minoritised ethnic groups (30%), and unpaid carers (31%). Respondents to our survey told us that social care was incredibly difficult to access and, in some cases, was not available at all. Those who were receiving social care often found it patchy in quality, with a lack of consistency and continuity in the care received.

**“It is a nightmare and ridiculously expensive. She has 2 carers four times a day to get her up, toilet her and put her to bed, in addition another carer comes to get lunch and dinner and do clothes washing. Although some of the carers are excellent, others are not very communicative and do not successfully engage with my mother. The cost is absolutely horrendous. It is not fair that my parents are having to spend all of the savings and pensions on social care just because they were sensible with money all their lives but unlucky enough to live to 87 after having a stroke and my Dad 92 but with Alzheimer’s.”**



**“Ok but not always on time or the same person... it is better when they have the same person or people as they get to know them, and the carer also knows whether there is something wrong if they know that person.”**

## 6: Community life and social contact

Through the polling, we asked how often people were going out of their home to go to places such as leisure facilities, community centres, social clubs, religious venues, restaurants, pubs, theatres or other people's homes (see Table 4).

Very often	13%
Often	25%
Occasionally	36%
Rarely	18%
Never	8%

More of those living with long term conditions (39%), and unpaid carers (35%) were rarely or never leaving their homes.

We also asked how often people had social contact with others, either in person or over the phone or online (see Table 5).

	In person	Phone or online
Very often	28%	21%
Often	33%	35%
Occasionally	25%	30%
Rarely	11%	11%
Never	2%	2%

Again, more of those living with long term conditions (23%), and unpaid carers (17%) were rarely or never having social contact with others in person, as well as minoritised ethnic groups (18%). Significant differences for rarely or never having social contact with others over the phone or online included men (16%), people aged 50-59 (18%), those who were more disadvantaged (16%), and people living with long term conditions (18%).

We asked how often people spent time with their family and friends (see Table 6).

	Family	Friends
Daily	31%	5%
A few times a week	20%	25%
Once a week	14%	19%
Once every couple of weeks	11%	18%
Less than once a month	14%	19%
Almost never	9%	14%

People aged 50-59 (70%), those without long term conditions (69%), and unpaid carers (70%) were amongst those most likely to spend time with their family at least once a week.

Those aged 50-64 (41%), from more disadvantaged groups (53%), those with long term conditions (59%), and unpaid carers (57%) were the least likely to say they spent time with their friends at least once a week.



We asked all respondents how often they feel lonely (see Table 7).

Frequency	Percentage
Often or always	8%
Some of the time	13%
Occasionally	22%
Hardly ever	28%
Never	29%

Significantly more people aged 50-64 (11%), those from more disadvantaged groups (10%), those living with long term conditions (14%), and unpaid carers (11%) felt lonely often or always, than their counterparts. More people from white groups (30%) never felt lonely than those from minoritised ethnic groups (19%).

There were many reasons for people feeling lonely and isolated given by our survey respondents. When we asked people what had changed most for them in the last 12 months, many of the responses were related to loss. Loss of good health, independence, their career, financial security, previous social connections and through bereavement.

**“My ability to choose has been restricted by the increased cost of living and the reduction in my pension income by taxation, reducing my social life, my food choices, my outdoor activity and this has affected my mental and physical health.”**

**“My physical health and the constraints it has put on my life leading to being more isolated than I like.”**



**“I have reflected on loss..my Brother..my Mother..retirement..loss of social interaction.. loss of who I am really..kids have grown into adults..am no longer needed as a childminder to grandchildren.. just loss all round really.. despondent..”**

One in 14 people (7% - 1.8 million people) told us that they don't have anyone that they can turn to for help, with those aged 50-59 (9%), and those living with long term conditions (10%) most likely to say so. When we asked what would help people the most, better access to their GP was the most frequent response. All responses are presented in Table 8.

Response	Percentage
Better access to their GP	21%
More support with meeting essential costs, e.g. keeping warm	9%
Better access to hospital appointments	7%
More help around the house	5%
More support from specialist health professionals	5%
More support from mental health professionals	3%
More information on how to look after themselves	2%
Befriending services	2%
More help to look after themselves or someone they care for at home	1%
Someone to support them to go to community activities (e.g. social or physical activity groups)	1%

**“Lack of funding for support group. Lack of medical care from family doctor. Lack of outpatients spots to monitor my heart failure. Lack of public transport in my area. Lack of community hubs to meet like-minded people.”**

**“Nothing will bring my husband back, but if I had better access to GP and practice nurses it would help. There is nobody for me to discuss problems with.”**

# 7: Cost of living increases

In our polling, we asked people how worried they were about the increases in the cost of living, and how severely it had been affecting them. 91% of respondents (23.4 million people) said that they were worried about the cost of living, to some extent. We also asked how the increases had been affecting people’s health and care needs. In both cases, people aged 50-59, those who are more disadvantaged, those from minoritised ethnic groups, those living with long term conditions, and unpaid carers were most likely to report being severely affected. The figures for all respondents are in Tables 9 and 10. The figures for the different sub-groups are in Table 11.

Response	Percentage
Very severely (I won't have enough money)	9%
Severely	16%
Moderately	43%
Not very much	25%
Not at all	7%

Response	Percentage
Very severely	3%
Severely	6%
Moderately	18%
A little	20%
Not at all	53%

Group	The cost of living increases have been affecting me very severely or severely	The cost of living increases have been affecting my health and care needs very severely or severely
<b>Aged 50-59</b>	37%	14%
<b>More disadvantaged</b>	34%	13%
<b>Minoritised ethnic groups</b>	46%	20%
<b>Living with long term conditions</b>	36%	14%
<b>Unpaid carers</b>	34%	14%

In the survey, we also asked about how the cost of living increases were affecting respondents’ health and care. Many reported that their physical health was being affected by not being able to afford to heat their home enough. The vast majority of respondents were worried about keeping warm. Some told us that they were staying in bed for longer each day, to save them from putting the heating on at all. Others had cut back on food, either by not eating as many meals as before, or buying cheaper alternatives that did not require so much cooking.

**“I don’t use the electricity or gas any more than I absolutely need to, which means I often go cold and go to bed early to keep warm. I don’t eat as well as I should to save on grocery bills. I am always worried about unexpected or higher bills than normal.”**

**“I’m cold and miserable in the winter and my Reynaud’s / Rheumatoid Arthritis is worse as I rarely put the heating on due to costs.”**



Very many people were worried about money, some saying that they never thought they would have to worry at this point in their lives. Some had continued working, or gone back to work post-retirement, to make ends meet. There were huge anxieties about using up savings to pay for essentials like heating and food, with worry about how much longer that would be sustainable for.

**“I wake up in early hours and my first thought is how are we going to manage. I worry how cold the house will get because I cannot afford to put heating on. It’s rented so money is a massive worry.”**

**“Finding it hard to manage on my pension- constantly using my savings which are going very rapidly. Worry about what happens when they’re gone. Anxious.”**

**“It’s a worry in case I need to spend my savings on having to get the treatment I need. I don’t feel I should need to, worked since I was young and not cost the NHS much. I try to live as healthily as possible.”**

Many people said that they had cut back on going out to socialise, as they could no longer afford to go out to groups or activities, including exercise classes. Linked to this, the increased costs of transport meant that it was not possible for some people to meet up with friends and family anymore. Inevitably, this was leading to people feeling more isolated and lonely, as their world became smaller.

Some told us that they couldn’t afford to pay for the help that they needed, so were struggling alone.

**“I paid for a home cleaner for a while as I can’t do housework and I had to let her go cos I now can’t afford her. My husband does little bits of cleaning but he does nearly everything and the guilt is awful. We manage, but I don’t know how long if prices keep rising like this.”**

**“COL increase makes social activities less likely due to cost - that tends to produce more “alone” time.”**

In the polling, we asked people what actions they had taken the previous winter in relation to an increased cost of living. Many of the issues reported in the survey are reflected in these actions (see Table 12).

**Table 12: Actions taken in relation to increased cost of living**

Washing clothes at lower temperatures	61%
Driving less to save on fuel / reducing my travel costs	50%
Turning down my heating / reducing the hours I use my heating	75%
Turning off/ reducing my usage of other homes appliances	71%
Reducing / stopping the care that I receive (unpaid carers responses only)	17%
Cutting back / stopping activities or social clubs	38%
Reduce my spending on things that I need	44%
Reduce my spending on things that I enjoy	56%
Reducing the length / number of baths or showers that I take	42%
Improvements to make my home more energy efficient	40%
Skipping meals	18%
Reducing / stopping spending on medications or specialist	17%

These figures show just how many people are cutting back on essentials like heating, food and the care that they need. Given all we know about the challenges of providing unpaid care, it is particularly worrying that 17% of unpaid carers told us they had reduced or were stopping the care that they received for their loved one. Significantly more people from minoritised ethnic groups (27%) had cut back or stopped care, compared to 7% from white groups. More people aged 50-59 (13%) were taking this action than those aged 60 and over (6%) - again this is most likely from the position of an unpaid carer rather than a care recipient - and more of those who were more disadvantaged (11%) were reducing or stopping care than those who were less disadvantaged (6%).

Finally, in this section, we asked all respondents, based on their experiences last year, whether they expected the coming year to be better, or worse. As with the previous questions about the impact of the cost of living increases, more people aged 50-59, those who are more disadvantaged, those

from minoritised ethnic groups, those living with long term conditions, and unpaid carers have been more severely affected than their counterparts and expected the coming year to be the same or worse. In addition, people living in households of three or more people had lower expectations than those living in households of one or two people. The overall figures are presented in Table 13.

**Table 13: Expectations about the coming year**

It will be worse	36%
It will be the same	48%
It will be better	11%

**“I don’t feel at all hopeful especially with winter approaching on top of everything else.”**



## 8: Concern about winter

In our polling, we asked people how concerned they were about the coming winter. The overall figures are presented in Table 14.

Concern level	Percentage
Very concerned	10%
Concerned	34%
Neither concerned nor unconcerned	32%
Unconcerned	15%
Very unconcerned	8%

Overall 11.3 million older people (44%) said they were concerned or very concerned about this winter, with women (50%), those aged 50-59 (51%), people from more disadvantaged groups (51%), people from minoritised ethnic groups (53%), people living with long term conditions (57%), and unpaid carers (51%) all more concerned than their counterparts.



We also asked about specific worries in our polling and the overall figures are presented in Table 15.

I am worried that I won't be able to heat my home enough	40%
I am worried that I will not be able to eat enough	19%
I am worried about being able to afford my prescriptions	10%
I am worried about being able to afford care and support	13%
I am worried that I won't be able to afford fuel to be able to use my car	20%
I am worried about not being able to afford repairs to my home	28%
I am worried about not being able to afford clothes that I need	21%
I am worried about getting into debt	28%
I am worried about the impact of the war in Ukraine	47%
I am worried that the NHS will not be able to cope	67%
I am worried about very cold weather	52%
I think the Government should be doing more to help people with rising bills	67%
I think the Government should be doing more to support the NHS and social care services	80%

**“Very challenging. Worried about heating and electric bills. I will have to go to bed earlier to keep warm keep hot drinks and soup in a flask to save boiling a kettle frequently.”**

**“Worried about keeping my husband in good health and warm, will have to take it day to day.”**

**“Paying for food, if I haven't enough money to buy food, I have to miss meals.”**

As we saw with the responses to the cost of living questions, those below pension age, from more disadvantaged groups, those living with long term conditions, and unpaid carers were more likely to be taking actions to cut their expenditure. These financial anxieties are clearly reflected in the respondents worries about winter. With the exception of concerns about the Ukraine war and whether the NHS will be able to cope, those aged 50-59 were worried than those in other age groups. The same was true for people who were more disadvantaged. In all cases more people living with long term conditions and more unpaid carers were more worried than their counterparts. More people from minoritised ethnic groups were worried about all cases apart from not being able to afford repairs to their home, the impact of the war in Ukraine, and whether the NHS would be able to cope. In the majority of cases, households of three or more people were more often worried than those of one or two people.

In our survey, we asked people how challenging they thought the coming winter would be for them, and how they were planning to manage it. The majority of respondents here were worried about the financial cost of winter and planned to manage it in a variety of ways. As with the questions about the impact of the cost of living, many people said they would be cutting back on heating, food and socialising. They said they would be reducing their spending and using savings, where they had any. Again, some people told us that they would spend more time in bed and wear extra clothing.

**“Very very worried about the winter months. I’ll be spending more time in bed rather than putting the heating on this year. Lots of extra jumpers. The cold air won’t do my asthma much good either!”**

Other worries were related to health, such as winter weather, such as snow and ice, which they feared would cut them off from others, or put them at risk of falling. For some, worries about not being able to put their heating on were directly related to a worsening of their health conditions, such as COPD or chronic pain.

**“I find being cold increases my pain. My husband has COPD and being cold affects his breathing. The cost of heating this coming winter is a worry.”**

Others said they would be trying to keep active and going to warm spaces, such as libraries. Some said that they really didn’t know how they would manage, while others said they would just have to take one day at a time.

**“It is always challenging as I cannot afford to heat my home adequately and ice or snow mean I cannot get out in case I have a fall and my mobility is decreased again.”**

**“Take each day as it comes, cannot plan any longer due to may not be able to manage financially at that time.”**





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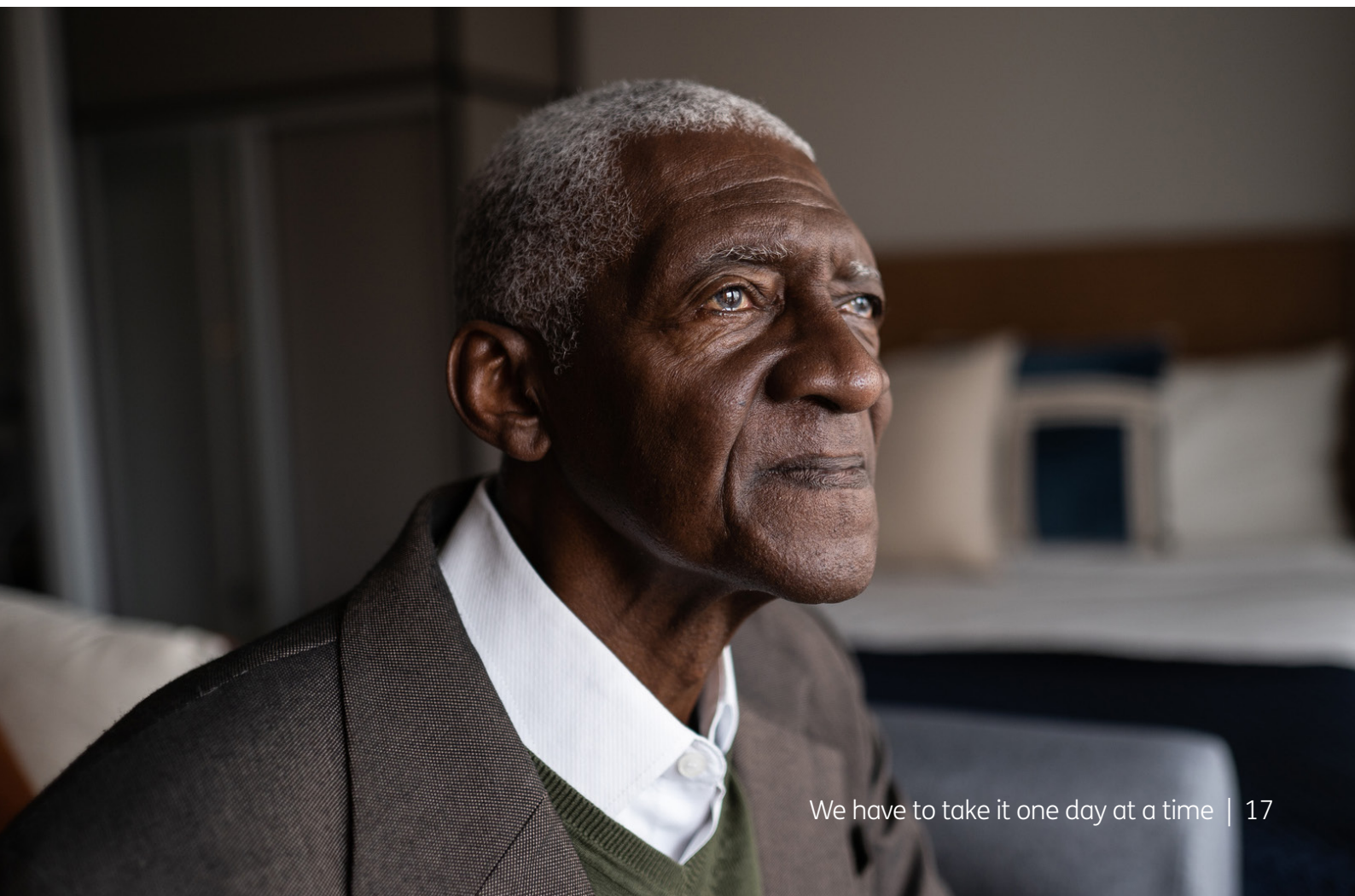
## 9: Conclusion

Without a doubt, 2023 has been another very tough year for older people in the UK and significant numbers are looking ahead to this winter and beyond with concern, or even trepidation. Our findings suggest that certain groups are being hit even harder than others, specifically women, people living with long term health conditions, unpaid carers and people from minoritised ethnic groups. The pandemic is behind us now and the rate of inflation is falling, but sadly daily life remains miserable and tough for far too many older people in our society, a situation that urgently needs to change.

This is also the first year that we have extended our polling to include people aged 50-59 and we have been struck by how much some members of this age group are struggling, and on many different fronts. Although this finding may be considered surprising it actually aligns with what we know from other research and official statistics. For example, it is clear that people in their fifties (and early sixties) have often been very severely impacted by the cost of living crisis, particularly if they are on low pay or not working because of caring responsibilities, ill health, disability or unemployment, making

them reliant on Universal Credit or other working age benefits. In this 'pre-retirement' phase of life serious health conditions are also likely to emerge, and caring responsibilities develop too. As a result, it is clear to us that less advantaged people in their fifties and early sixties need more policy attention and support than they are currently receiving, to help them make the most of their lives now and to help them to flourish as they age.

It is always interesting to pick out the differences in the responses from various groups within a research sample, but it is equally if not more important to identify the views and experiences that are most common across a group as a whole. In this respect it is notable that there remains such a widespread and strong desire among older people for easier and quicker access to GPs, especially in person, as well as to referrals, diagnostics and treatment. Clearing backlogs and radically improving the service offered by primary (and community) care were high priorities for many who took part in our study. Being able to access the NHS and get the help you need as you age is surely a perfectly reasonable aspiration of which politicians would be wise to take note, especially in this likely General Election year.



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