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# Older Women in the UK

## Building a picture of older women's lives

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## Executive Summary

We like to think of ourselves as a thoroughly progressive society in which gender inequalities are increasingly not tolerated and in which steps are being successfully taken to narrow them, year on year - but our analysis finds that they remain firmly in place for many older women, especially if they are on low incomes and from minoritised communities. In addition, the adversities that cluster around older women who are carers are stark.

When it comes to health and wellbeing, older women are more likely than men to have a disability, to develop chronic long term physical health problems and to experience mental health conditions and dementia. They may often live longer, but in many cases, those extra years are spent in ill-health. Perhaps understandably given this context, older women are especially keen to be able to engage with their GP and more worried and upset than men when this is difficult, as for many it currently is. Age UK research also suggests they have lower trust in the NHS compared to men.

The data indicate that many women start getting into trouble health-wise pre-retirement, in mid-life, when long term conditions emerge, and they may also be being impacted by difficulties due to the menopause. Older women's access to good treatment and support for the menopause is developing within the NHS but still patchy. It can be downright poor for many less advantaged women, including often those from minoritised communities and others living in disadvantaged areas.

As the formal social care system continues to degrade, vast and growing numbers of women in their fifties and sixties become unpaid carers for sick and disabled relatives, typically their ageing parents, but sometimes other loved ones too. There are demonstrable negative impacts on their health and wellbeing as a result, and also on their ability to keep working, hitting their current and future incomes hard.

Looking at incomes more specifically, older women are significantly more likely to be poor than older men, especially if they live alone. Many divorced and widowed older women fall into this category. In the run up to their State Pension age, older women are more likely to be poor than men. Typically, if you are in this position as an older woman, you are out of the labour market, usually due to ill-health, caring responsibilities and/or

unemployment. These factors combine to undermine the current and future lifestyles of the older women affected.

In retirement, one of the biggest inequalities visible across all the data relates to private pension wealth, with older women far less likely to have a significant amount or any at all than men. Although changing working patterns mean this inequality is slowly reducing, there are legions of women in late old age still among us on very low incomes indeed, having also been too old to benefit from the new State Pension that came into being some ten years ago. This two-tier system will be with us for many years to come. The unfair situation of the so-called WASPI women has rightly come to public attention in recent years, but the institutionalised inequality facing less advantaged women who are older still is far less well known.

Finally, at a time when there is a clear trend towards 'digital by default' in all walks of life, older women are appreciably less likely to be online, or to be confident and successful internet users than older men, the gap becoming more pronounced with age. For disadvantaged older women, digital exclusion often combines with other factors, like those mentioned above, to hold them back, especially when it comes to enabling them to access essential services, including the NHS and banking.

What can and should be done? At the end of this report we set out a number of specific policy recommendations, but some more general observations can also be made.

In most cases, taking more determined steps to prevent and tackle problems impacting older men and women is the right approach, with older women simply likely to gain disproportionately as a result because they are adversely affected to a greater degree, and/or because form a larger proportion of our older population. This is likely to be the case when it comes to poverty among older people both pre and post their State Pension age.

In a few instances, an approach targeted specifically at older women will be in order; for example, when it comes to improving menopause care, or providing the WASPI women with redress for the injustice they have experienced.

Just as importantly, we need to drive cultural change within policy-making and, indeed, across our society as a whole. Older women are too often completely invisible – even discussions about gender inequality tend to focus largely or exclusively on women of

child-bearing age. For example, there is rightly a lot of talk and some action when it comes to narrowing the gender pay gap, but the equal if not greater scale of the gender pensions gap goes largely unremarked. Policymakers may counter that this is because it arises from situations long ago, beyond their control, but that does not mean that we should ignore the consequences for those adversely affected today.

At the moment millions of older women are leading diminished lives because of institutionalised ageism and sexism and many more older women would say, with justification, that they feel undervalued and overlooked. We can change this for the better and we should. It would improve the wellbeing of a significant and growing proportion of our population and strengthen our society and our economy too.

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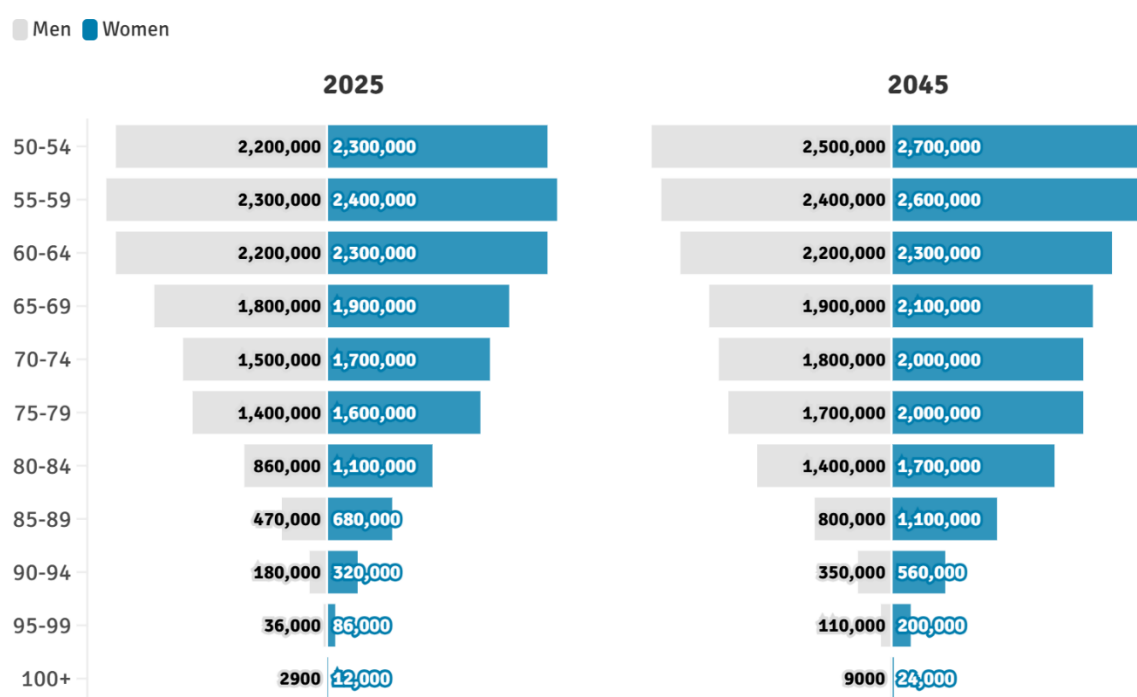
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# Older Women: what does the population look like?

## Population projections

In 2025, there will be 14 million older women<sup>a</sup> aged 50+ living in the UK, making up over half (53%) of the total population aged over 50 years old (Fig. 1).<sup>1</sup> By 2045, population projections indicate there will be 2.8 million more women aged over 50, with the most substantial increases amongst women aged 70 and older.<sup>1</sup>

**Fig 1. By 2045, the UK population of women aged 50+ will increase by 2 million, with the largest increases at ages 70 and older**



Source: Age UK analysis of ONS (2025). National population projections: 2022-based.



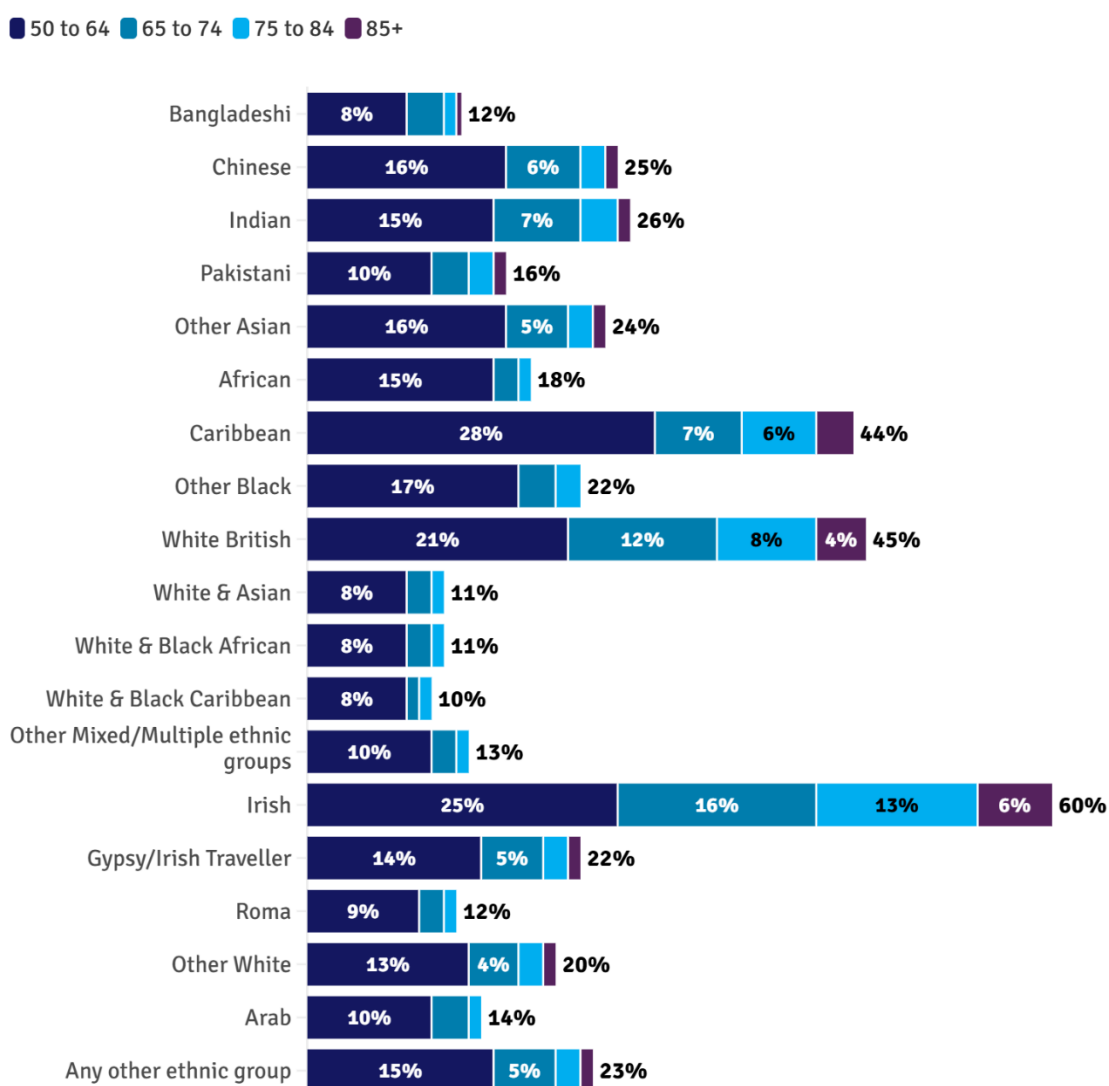
<sup>a</sup> The onset of 'older age' occurs at different ages for different women. For the purposes of this report, we have restricted our focus to women aged 50+, with some of the evidence we draw on relating to those aged 65+ and some relating to women over the State Pension age (currently 66+). We define 'women' as females of any age, in accordance with the 2010 Equality Act.

## Ethnicity

As the older population grows, it becomes increasingly ethnically diverse (Fig. 2). One in five women (1.7 million) aged 50+ living in England belong to an ethnic minority group.<sup>2</sup> Older women from Asian (5.2%), White minorities (4.8%) and Black (2.9%) backgrounds form the three largest ethnic minority groups, respectively.<sup>2</sup>

### Fig 2. Older women are increasingly ethnically diverse

The percentage of women that are 50 or over in each specific ethnic group, broken down by age groups, England.



Source: Age UK analysis of ONS (2023). Ethnic group by sex by age.

Within these groups, Indian (250,000), Irish (160,000), and Caribbean (150,000) ethnicities have the largest proportion of women aged 50+ (Fig. 2).<sup>2</sup> The majority of ethnic minority groups are younger on average than the White British group (Fig. 2), and as they age, they will increase the diversity of our older population.<sup>2</sup>

## **Religion**

In England, older women are more likely to have a religious identity than men in the same age group.<sup>3</sup> The three largest religious identities for women above 50 years old in England are Christian (7.7 million), No Religion (2.3 million) and Muslim (290,000).<sup>3</sup> This is followed by Hindu (140,000), Sikh (78,000), Jewish (59,000) and Buddhist (53,000).<sup>3</sup>

## **Sexuality**

There are currently 117,000 women aged 50+ that identify as gay or lesbian in the UK, including 89,000 women between the ages 50-64, and 28,000 women aged 65+.<sup>4</sup> There are also more women aged over 50 that identify as bisexual compared to men in the same age group (39,000 vs 31,000), including 28,000 women aged 50-64 and 11,000 women aged over 65.<sup>4</sup>

## **Living arrangements and legal partnerships**

Older women are more likely to be living alone, widowed or divorced than men in the same age groups.<sup>5</sup> One in three (32%) people living alone in the UK are women aged 65+, equivalent to 2.7 million older women, compared to 1.5 million older men.<sup>6</sup> Almost two thirds (59%) of people living alone aged 65-74 years are women, equivalent to 1 million.<sup>6</sup> Of those aged 75 years and over living alone, 68% are women, equivalent to 1.7 million; this is more than double the number of men living alone in the same age group (790,000).<sup>6</sup>

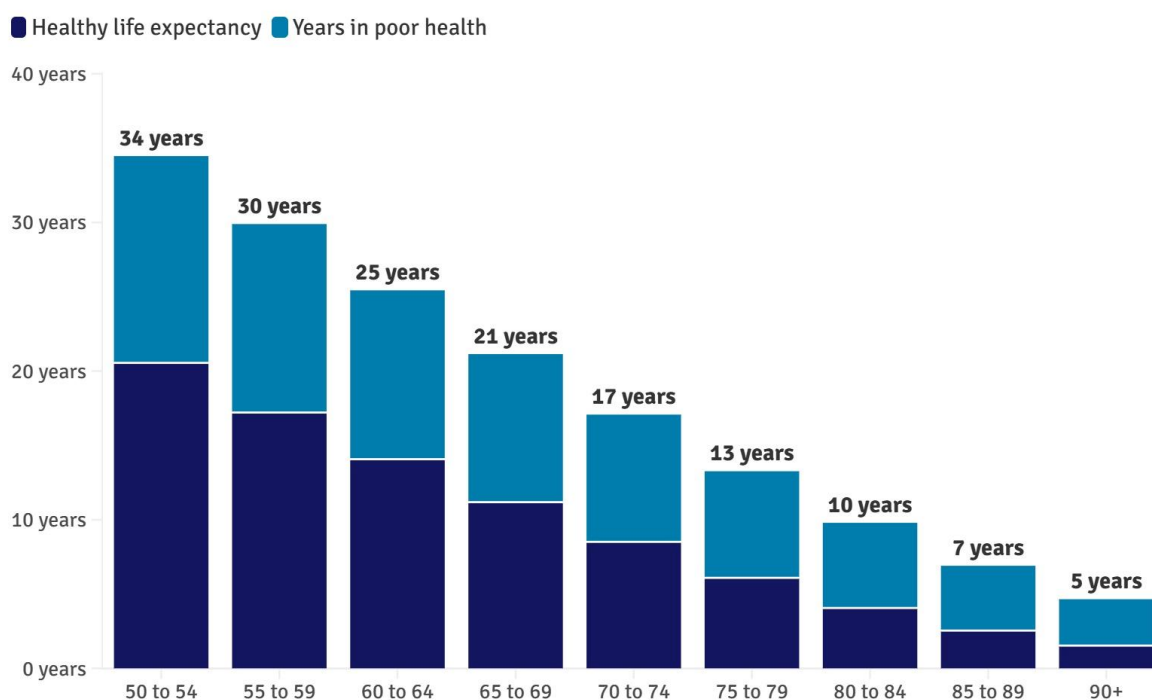


# Older Women's Health

## Healthy life expectancy

In England, a woman at age 50 can expect to live for another 34 years on average, and a woman who lives to 65 can expect to live another 21 years (Fig. 3).<sup>7</sup> At age 50, women's healthy life expectancy<sup>b</sup> is 21 years, which is around 60% of their remaining life spent in good health, compared to 62% for men.<sup>8</sup> At age 65, women can only expect another 11 years in good health.<sup>8</sup> Therefore, the average woman aged 65 years will live half (53%) of her remaining years in poor health.<sup>8</sup> As a woman ages beyond 70, the proportion of remaining years in poor health continues to increase.<sup>8</sup>

**Fig 3. Older women can expect to live almost half of their remaining years in poor health**



Source: Age UK analysis of (ONS 2024). Life expectancy for local areas of Great Britain: between 2001 to 2003 and 2021 to 2023, ONS (2024). Healthy life expectancy in England and Wales: between 2011 to 2013 and 2021 to 2023

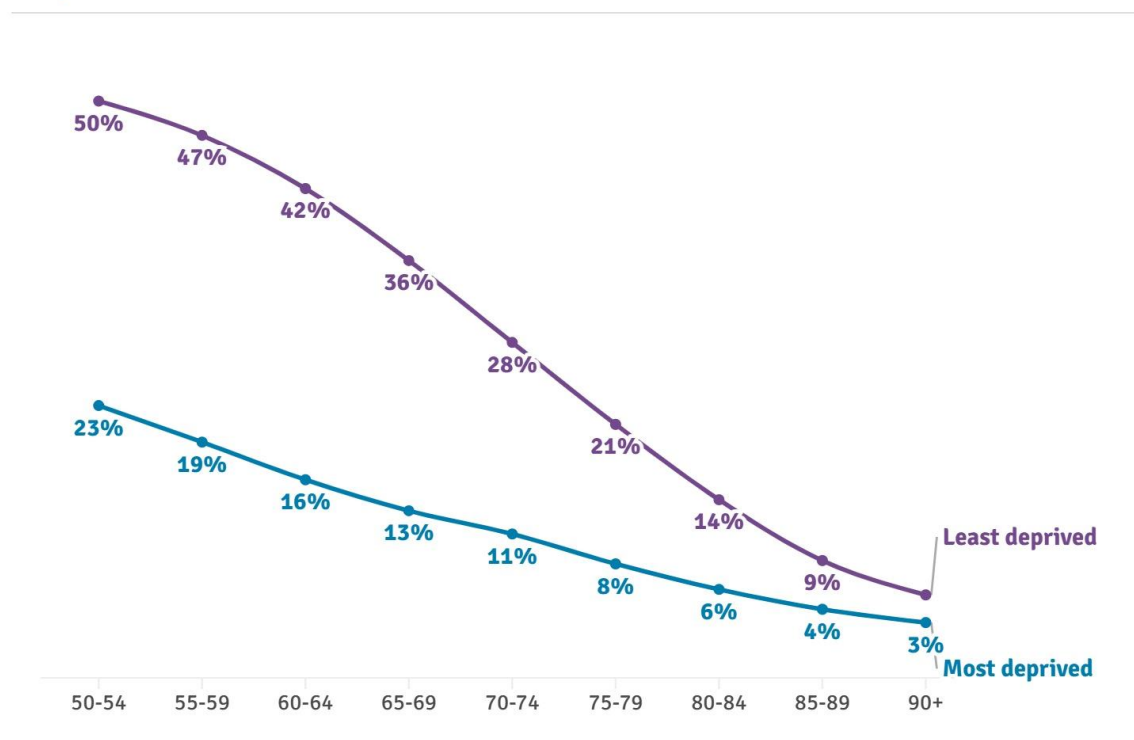


<sup>b</sup> Healthy life expectancy (HLE) is the average number of years a person can expect to live in "very good" or "good" health.

## Health Inequalities

These averages, however, disguise stark inequalities. Women living in the 10% least deprived areas in England are almost twice as likely to report being in very good health as women living in the 10% most deprived areas at every age above 50 (Fig. 4).<sup>9</sup> For example, half (50%) of women aged 50-54 in the least deprived areas report very good health, compared to less than a quarter (23%) of their peers living in the most deprived areas.<sup>9</sup> In addition, older women living in the most deprived areas are less likely than men to report being in very good health at every age group above 50.<sup>9</sup>

**Fig 4. Women living in the least deprived areas are around twice as likely to report good health as women in the most deprived areas**



Source: Age UK analysis of: ONS (2023). General health by age, sex and deprivation, England and Wales • IMD1 = Most deprived, IMD10 = Least deprived.



There are further health inequalities between ethnicities which increase with age. Trajectories of bad health diverge from around the age of 40 for women of different ethnicities, with Pakistani and Bangladeshi women more likely to self-report bad or very bad health as early as their 30s and 40s.<sup>10</sup> By ages 50-64, one in five (22%)

Bangladeshi women and one in six (16%) Pakistani women report bad health, compared to one in 12 (8%) White British women in the same age group.<sup>11</sup> From ages 65-74, women from all ethnic minorities are more likely to report bad health than White British women, with older women of Bangladeshi and Pakistani heritage around three times as likely as White British women to report bad or very bad health.<sup>11</sup>

## Disability

Almost one third (30%) of women aged over 50 have a disability, equivalent to 3.3 million older women, compared to 2.6 million older men (Fig.5).<sup>12</sup> The proportion of women with a disability rises with age, and a higher proportion of women have a disability than men in every age group above 50.<sup>12</sup> In the most advanced age group, almost half (47%) of women aged over 90 years have a disability that limits them a lot, compared to 38% of men in the same age group.<sup>12</sup>

**Fig 5. More older women have a disability in every age group above 50 compared to men**



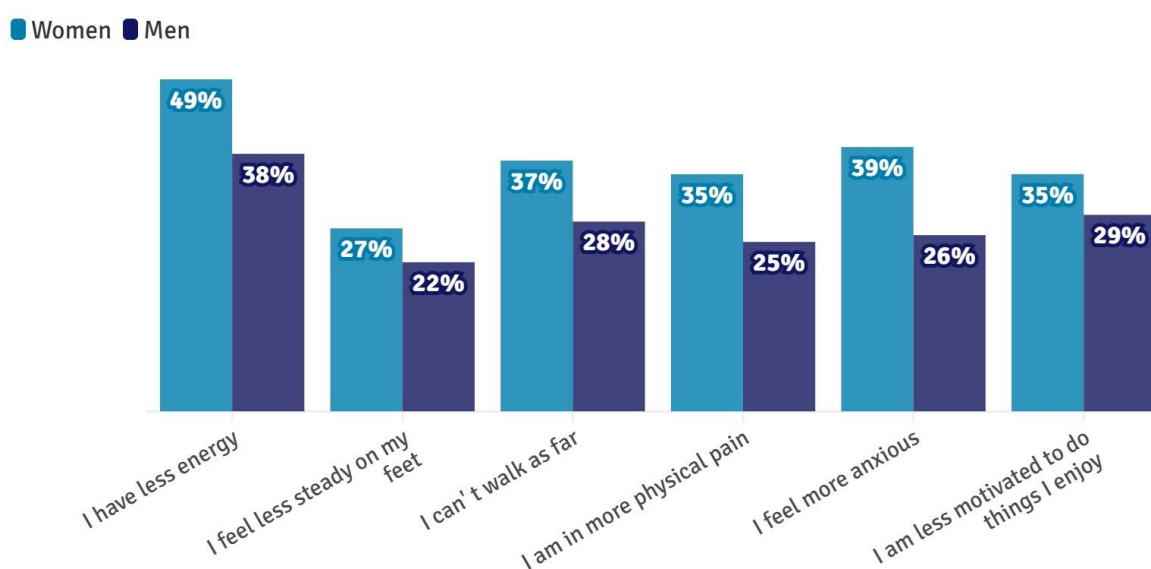
Source: Age UK analysis of ONS (2023). Disability in England and Wales, 2021.



## Overall Health

In recent Age UK research<sup>d</sup>, a third (33%) of women reported that their health had worsened in the past year, compared to a quarter (25%) of men. Older women were also less likely to feel confident that their health will improve in the future than older men (9% compared to 12%). Large proportions of older women also reported they had less energy (49%), felt less steady on their feet (27%), couldn't walk as far (37%), were in more physical pain (35%), felt more anxious (39%) and were less motivated to do things they enjoy (35%), compared to the previous year (Fig. 6).

**Fig 6. Older women are more likely to say their health has declined over the past year than older men**



Source: Kantar Representative Polling of Older People's Health and Care Needs, commissioned by Age UK. October 2024



## Osteoporosis and Musculoskeletal Conditions

The prevalence of osteoporosis increases significantly with age, affecting about 2% of women at age 50 and rising to nearly half of women by age 80.<sup>13</sup> Osteoporosis disproportionately affects older women due to the decline in oestrogen levels with age during the perimenopausal period, which affects bone, muscle mass and cartilage. This

<sup>d</sup> Age UK commissioned representative polling on Older People's Health and Care Needs (age 50+), by Kantar, October 2024.

puts older women at a higher risk of fractures. Around half of women over 50 experience a low-trauma fracture related to osteoporosis.<sup>14</sup>

Other musculoskeletal conditions, including arthritis and back pain, become more common with age and are more likely to affect women than men in all age groups over 45, partly as a consequence of the menopause. One quarter (26%) of women aged 55-64 experience musculoskeletal conditions, increasing to nearly half (47%) of women aged 85+.<sup>15</sup> In addition, nearly half (49%) of people aged 75 or over with osteoarthritis are women, compared to 42% of men.<sup>16</sup>

## **Dementia**

Women make up over half (57%) the number of people living with dementia in the UK.<sup>17</sup> Dementia and Alzheimer's disease have been the leading cause of death for women every year since 2011,<sup>18</sup> causing 14% of deaths among women in England and Wales.<sup>19</sup> Age is the strongest risk factor for dementia, and women's longer life expectancy contributes to, but does not explain the whole of this disparity. Biological and environmental factors such as increased blood pressure, lower physical activity levels and hormonal changes are also contributing factors.

People from ethnic minority communities make up 3% of those diagnosed with dementia, equivalent to 26,000 people.<sup>20</sup> This number is expected to double by 2026.<sup>20</sup> People from Black and South Asian communities are more likely to be diagnosed younger and die earlier from dementia compared to their White counterparts.<sup>21</sup> Black women also have a 25% higher incidence of dementia diagnosis compared to White women.<sup>21</sup>

## **Mental Health**

Older women are more likely than older men to experience poor mental health.<sup>22</sup> One in four (24%) women aged 55-64 in England experience poor mental health, compared to one in six (17%) men.<sup>22</sup> At ages 65-74, women were more than twice as likely to experience poor mental health than men in the same age group (18% compared to 8%).<sup>22</sup> Further, there are inequalities in women's mental health, with those living in the most deprived 10% of areas 10 percentage points more likely to experience poor mental health than those living in the least deprived 10% of areas (29% and 19%, respectively).<sup>22</sup>

## Older Women and Menopause

For most women, the menopause occurs between the ages of 45-55 years as oestrogen levels drop following the perimenopause, which can begin up to 10 years earlier.

Fluctuating hormone levels cause physical and psychological symptoms with varied impacts on older women's health and wellbeing, with the menopause increasing the risk of a range of health outcomes. Women's race, culture and ethnicity, as well as socioeconomic circumstances, have an influence upon their experience of the menopause and the impacts it has.

### Symptoms

The Fawcett Society conducted the UK's largest representative survey of menopausal women.<sup>25</sup> Commonly reported symptoms include brain fog (73%), anxiety and depression (69%), difficulty sleeping or exhaustion (84%), joint and pain stiffness (67%), and hot flushes and night sweats (70%).<sup>25</sup> Three quarters of women (77%) experience one or more menopause symptoms they describe as 'very difficult'.<sup>25</sup>

Severe menopause symptoms were more commonly reported by women who are more socioeconomically disadvantaged and those with disabilities.<sup>25</sup> Three quarters (74%) of women in DE<sup>e</sup> social grades reported difficulties with anxiety and depression, and physical symptoms such as tiredness and pain (88%).<sup>25</sup> The majority of women with a disability reported difficulty with sleeping (92%), brain fog (85%), joint pain or stiffness (82%), and anxiety and depression (82%).<sup>25</sup>

### Impact on work

The impacts on women's lives of these symptoms can be wide reaching. Two in five women's (44%) ability to work had been affected by symptoms.<sup>25</sup> One in ten (9%) had left a job due to related symptoms and others reduced their hours at work (4%) or did not apply for a promotion (8%).<sup>25</sup> More widely, three in five (61%) had lost motivation at work and half (52%) had lost confidence.<sup>25</sup>

The challenges of managing menopause symptoms with work are compounded for women with disabilities, of whom a fifth (22%) had left a job because of menopause

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<sup>e</sup> Women in households where the main earner works in a semi-skilled and unskilled manual occupation.

symptoms.<sup>25</sup> Almost half (45%) of women had not approached their GP about menopause. For women who did access GP support, almost one third (31%) said that it took multiple GP appointments before their clinician provided them with the support they needed.<sup>25</sup> This figure rose to half (50%) for women from ethnic minority groups, illustrating the multiple disadvantages minoritised women can experience when accessing health and care services.<sup>25</sup>

# Older Women and Access to Health and Care

## Access to and experience of health care

Age UK research found older women are more concerned about accessing health and care services when they need them than men (Table 1).<sup>e</sup> Larger percentages of women than men aged 50+ were concerned about accessing a GP (52% vs 41%), hospital appointments (39% vs 35%), and A&E (44% vs 38%). One third of older women (33%) were concerned about accessing services to help them stay well or recover, such as a physiotherapist or occupational therapist, and a quarter (26%) were concerned about accessed mental health support.

**Table 1. Older women are more concerned about accessing A&E, a GP and services to help them stay well or recover**

Over the next 12 months, how concerned are you about accessing any of the following health and care services when you need them?	Women	Men
GP	52%	41%
Hospital appointment	39%	35%
A&E	44%	38%
Services to help you stay well or recover e.g. physiotherapist, occupational therapist	33%	26%
Mental health support (e.g. counselling services or IAPT)	26%	22%

Source: Kantar Representative Polling of Older People's Health and Care Needs, commissioned by Age UK. October 2024 • Responses represent a statistical significant difference to men.



Further, older women (25%) whose health was getting worse were more likely to agree than men (16%) that 'waiting for/being unable to access an appointment' were one of the reasons making their health worse.



Women are also more likely than men (23% vs 6%) to say they have not been able to access the support they need.

The same Age UK research found that women aged 50+ were less likely than men in the same age group to feel valued by health and care services staff (44% compared to 56%) and less likely to be confident that a medical problem would be dealt with by the NHS (39% of women, 52% of men).<sup>e</sup> When asked what would make them feel more confident, common responses included being able to see a GP in person (51%), being able to get an appointment with a GP (50%), shorter waiting times for treatment and/or surgery (45%), and their clinicians being more familiar with their medical history and knowing who they were (27%).

Women from ethnic minority groups are likely to experience additional challenges in accessing healthcare.<sup>23</sup> Analysis by NHS Confederation indicates that local authorities that are more ethnically diverse have worse access to women's health services; within the top 20% most diverse local authority quintile, only 17% of local authorities score above average in their access to women's health services, compared to 83% of the least diverse local authorities.<sup>23</sup> Further, there is growing evidence that ethnic minority older women are amongst the most underserved and excluded groups in society, experience the highest rates of poor health and encounter many challenges when accessing health and care services.<sup>24</sup>

# Older Women as Carers

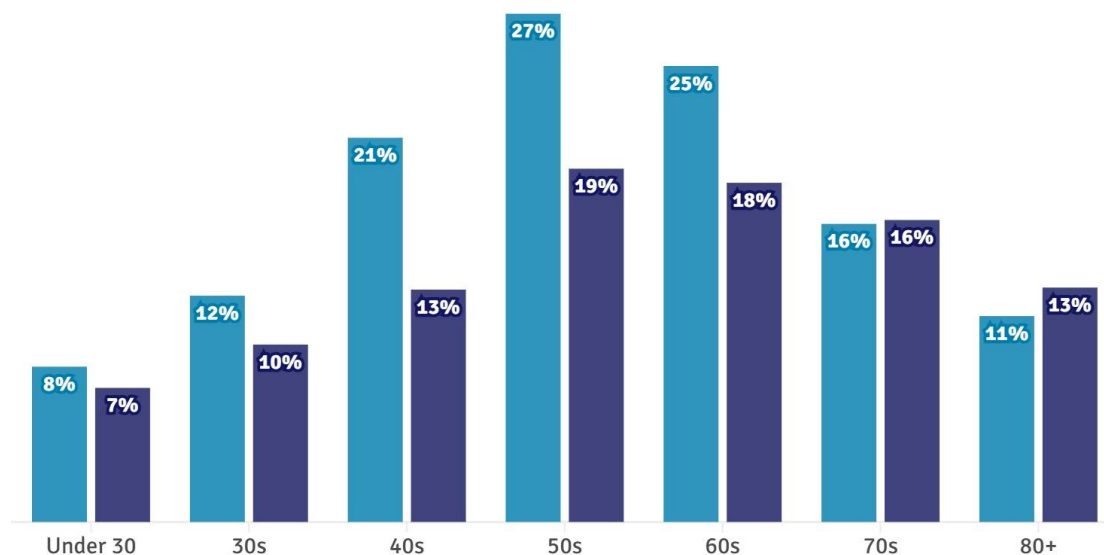
## Unpaid care

More than a fifth (22%) of women aged 50+ are carers, equivalent to more than 3 million older women.<sup>26</sup> It is during women's 50s and 60s that they are most likely to be carers, with a quarter of women caring in these decades, but even at ages 80+ more than one in ten women is a carer (Fig. 7). Three quarters of a million women (750,000, 13%) aged 50 to 64 years and almost half a million women (460,000, 8%) aged 65+ provide ten or more hours of care a week.<sup>26</sup>

The number of hours of unpaid care is also likely to increase in older age groups. For example, the ONS reports that women aged 75-79 years old provide the most hours of unpaid care at over 50 hours a week, compared to every other age group.<sup>27</sup>

**Fig. 7 Women in their 50s and 60s are most likely to be carers**

■ Women ■ Men



Source: Age UK analysis of Wave 14 of Understanding Society, the UK Household Longitudinal Study, scaled up to the UK population using ONS mid-year population estimates for 2023.

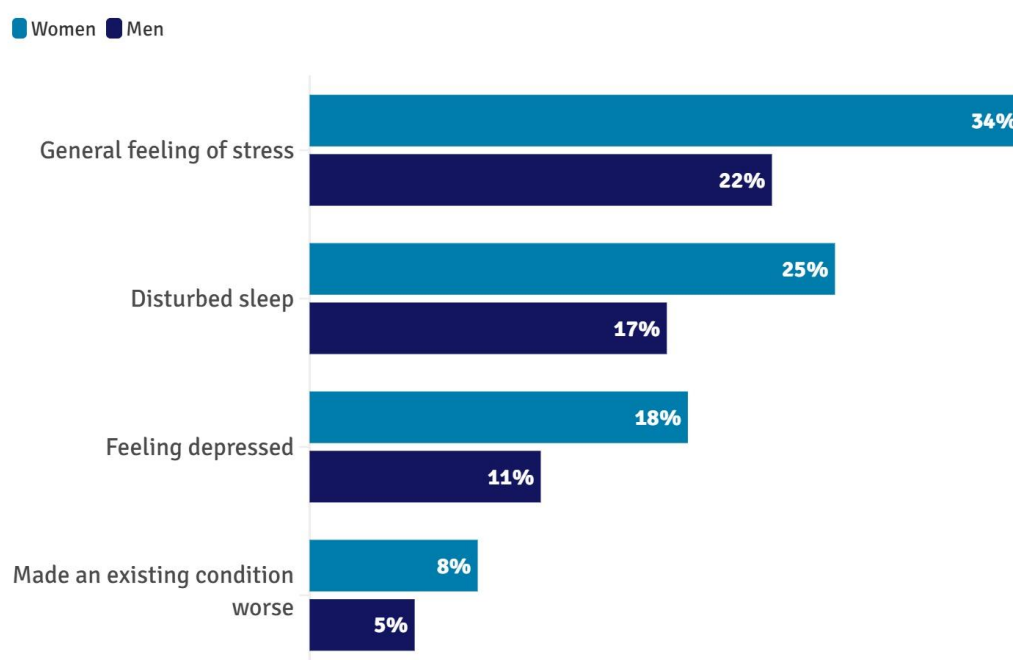


## Impact of being a carer

There are many consequences of caring for women. Recent Age UK research<sup>e</sup> finds larger proportions of women carers than men aged 50+ report feeling anxious (51% vs 41%), overwhelmed (43% vs 29%) and lonely (26% vs 16%) because of the care they provide. One quarter (26%) of women aged 50+ also report they always worry about being able to keep caring and providing support, compared to 16% of men in the same age group.

The Health Survey for England similarly found that substantial proportions of women aged 65+ with caring responsibilities report a 'general feeling of stress' (34%), having disturbed sleep (25%) and feel depressed (18%) (Fig. 8).<sup>22</sup> One in twelve (8%) older women carers said that caring made an existing medical condition worse.<sup>22</sup> Two thirds (65%) also report they do not receive support for the care they provide.<sup>22</sup>

**Fig. 8 Over one third of older women report a 'general feeling of stress' from their caring responsibilities**



Source: Age UK analysis of: NHS England (2024). Health Survey for England, 2022 Part 2.



As well as impacting on women's health and wellbeing, caring also affects women's ability to work. Department for Work and Pensions data indicate that one in 20 (5.1%, 360,000) women aged 50-65 cannot work as much as they want to due to caregiving responsibilities, and a further one in 40 (2.6%, 190,000) are unable to work.<sup>28</sup> One in 8 (12%) women aged 50-64 who were in work in the past eight years left work due to caring responsibilities, and that, of women in this age group who are economically inactive, almost one fifth (17%) were unable to look for work due to 'looking after the home or family'.<sup>28</sup>

Carers UK report that ethnic minority carers find it more difficult to seek advice or information about support, services or benefits related to caring, and often report they cannot look after themselves well, or are neglecting themselves.<sup>29</sup>

# Older Women's Incomes

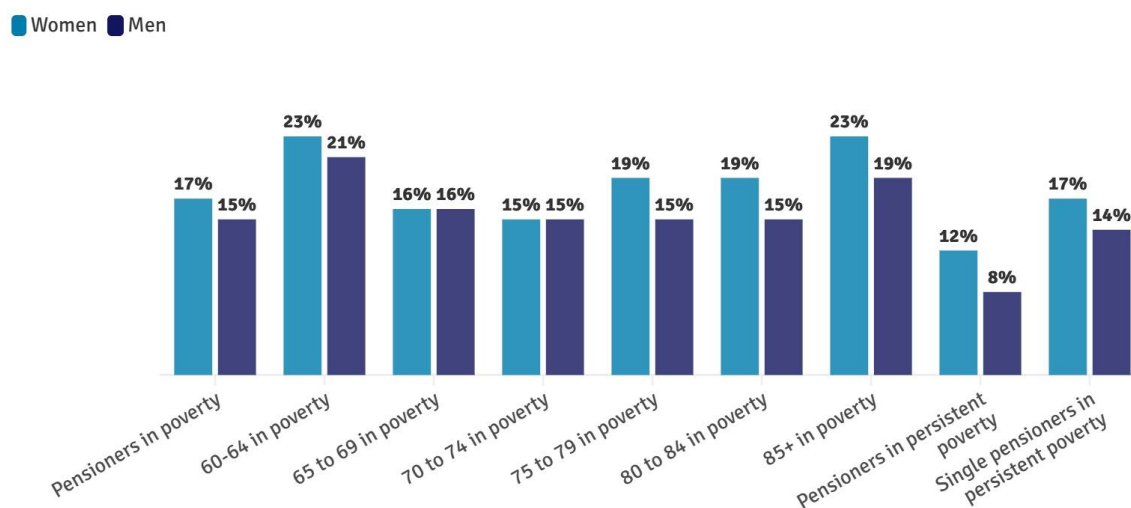
## Older women and employment

In the years before State Pension age (50-64), women are less likely than men to be employed (67% compared to 75%), and those who are employed are less likely to be in full-time employment (40% compared to 65%).<sup>28</sup> Approximately three in ten (27%, 1.8 million) women aged 50-64 are working part time.<sup>28</sup> A further three in ten (31%, 2 million women) in this age group are economically inactive. Of these, 17% are economically inactive due to caring responsibilities and 59% due to being sick, injured or disabled.<sup>28</sup>

## Poverty

In the UK, 1.9 million pensioners live in poverty, and more than half (56%) are women. 17% of pensioner women live in poverty, and for women approaching State Pension age (ages 60-64), the proportion is higher at almost one quarter (23%) (Fig. 9).<sup>30</sup> Among pensioner women, the proportions on low incomes increase with age such that almost a quarter (23%) of women aged 85+ live in poverty.<sup>30</sup> Furthermore, 12% of pensioner

**Fig 9. Women pensioners are more likely to be in poverty or persistent poverty than men - particularly those who are single or are approaching state pension age**



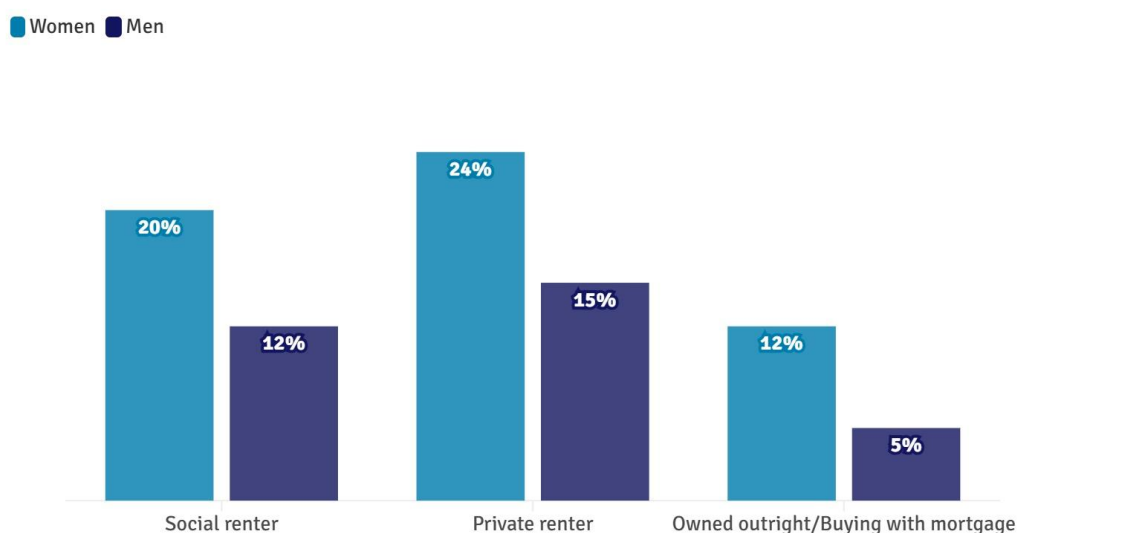
Source: Age UK analysis of data from DWP Houses Below Average Income (HBAI) 2022/23 using Stat-Xplore and, DWP Income Dynamics: Income movements and the persistence of low incomes: 2010-2022



women, and 17% of single pensioner women are in persistent poverty, with incomes below the poverty line for at least three of the last four years.<sup>31</sup>

Some groups of women pensioners are at particularly high risk of living in poverty. For example, women pensioners who rent their homes, whether in the social or private rented sectors, are more likely to live in poverty than those who are homeowners (20%, 24% and 12%, respectively) and compared to pensioner men within the same tenure type (Fig. 10).<sup>30</sup> Of the population of pensioners living in poverty, twice as many are women who live alone, as men who live alone (33% compared to 15% of pensioners in poverty).<sup>30</sup> For those pensioner women who live alone in rented homes, their chances of being in poverty are even higher.

**Fig 10. Many more women pensioners who rent their home live in poverty compared to men and those who own their own homes**



Source: Age UK analysis of data from DWP HBAI 2022/23 using Stat-Xplore



Older people who rent their homes spend a greater proportion of their income on housing costs than those who own their homes. Private renters aged 65+, of whom there are 300,000 women, spend on average 35% of their income on rent. Older social renters, of whom there are 1 million women, spend on average 26% of their incomes. In contrast, those with mortgages spend 15% of their income on their mortgage.<sup>32</sup>

Looking to the future, it has been projected that in 2040 the numbers of older people in social housing will increase to around 1.8 million, whilst those who are private renters will almost quadruple to 2.2 million, such that 14% of all older women will be living in rented accommodation.<sup>33</sup>

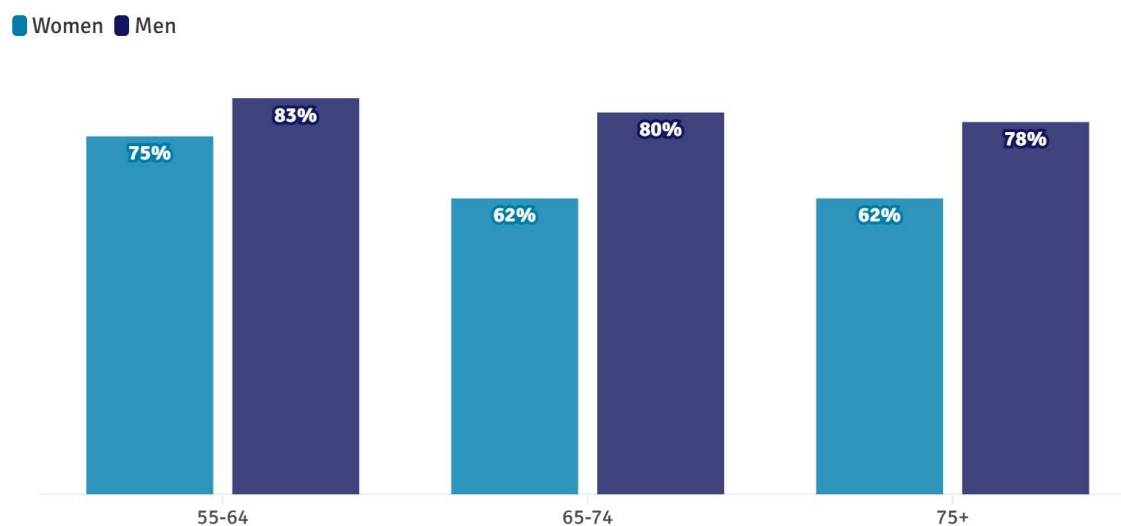
Recent Age UK research found that older women were more likely than men to have taken several steps to manage their finances, including turning down the heating (69% compared to 62%), turning off or reducing the use of other home appliances (63% compared to 57%) and reducing spending on the things they enjoy (52% compared to 45%).<sup>34</sup>

Benefits such as Pension Credit are intended to top up low incomes, yet 34% of single pensioner women who were eligible for Pension Credit did not receive it.<sup>35</sup> Of all pensioner families eligible for but not receiving Pension Credit, 59% were single pensioner women. This is equivalent to 410,000 single pensioner women missing out on an estimated £790 million in Pension Credit.<sup>35</sup> This contributes to the fact that 79% (1.4 million) of pensioner women living in poverty or just above the poverty line will no longer receive the Winter Fuel Payment since the change in policy in 2024.<sup>36</sup>

### **Private pensions**

There is a significant disparity between the amount of private pension saving that men and women have. Official statistics show that at age 55, women who have a private pension have 35% less private pension wealth than men.<sup>37,38</sup> Women are also less likely than men to have any private pension wealth at all (83% of men compared to 75% of women aged 55-64) (Fig. 11).<sup>39</sup>

**Fig 11. Older women are less likely to have private pension wealth when compared to men of the same age group, and this increases with age**



Source: Age UK analysis of ONS Wealth and Assets Survey; Pension Wealth in Great Britain July 2006 to June 2016 and April 2014 to March 2022 dataset 

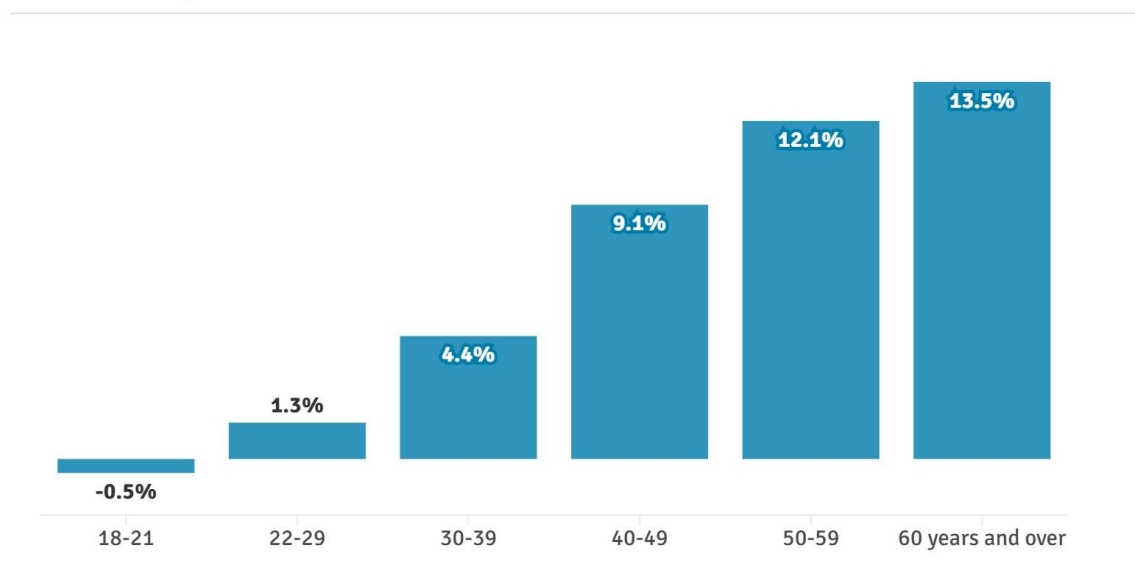
The Pensions Policy Institute has identified that there are three main contributors to the gender pensions gap. Men and women's different working patterns, whereby many women reduce the hours they work because of childcare or caring responsibilities, are responsible for diminishing women's pension wealth by 47%. The gender pay gap further reduces women's pension wealth by 28%. These adverse influences are mitigated by the fact that women who are saving are more likely to be saving into more generous Defined Benefit (DB) schemes, reducing the gender pensions gap by 24%. This leads to the average woman having less than two thirds (62%) the pension wealth of the average man by her late 50s.<sup>38</sup>

Although the gender pay gap has been declining, it is evident as early as someone's 30s. This gap is substantially larger in people's 40s and again in their 50s (Fig. 12).<sup>40</sup> More women than men are in part-time employment, and the pay impact of working fewer hours is compounded by part-time employment having lower hourly pay. This impacts upon the ability women have to contribute to a pension scheme, and the size of



the contributions they make. We can therefore expect that the gender pensions gap is an issue that will persist for at least the next half century.

**Fig 12. The gender pay gap is much higher for full-time employees aged 40 years and over than for employees aged below 40 years**



Source: Chart reproduced from ONS Annual Survey of Hours and Earnings (ASHE): Gender pay gap for full-time median gross hourly earnings, excluding overtime, by age group, UK 2024



When we consider private pensions of people at older ages, there are also substantial gender gaps, with older women less likely to have access to private pension saving than men. 62% of women in both age groups (65-74 and 75+) have private pension wealth, compared to 80% and 78% of men in their respective age groups (Fig 11).<sup>39</sup>

There are further consequences of the gender pensions gap for married women who divorce. Pensions are, for many couples, the second most valuable asset after their home, however Scottish Widows' recent research suggests that more than half of couples did not discuss pension assets during divorce and that this could cost women £77k at retirement on average.<sup>41</sup>

## State Pensions

In addition to the gender inequalities we see in private pensions, there remain inequalities in State Pensions. Recent analysis from the Institute for Fiscal Studies indicates women born in the 1940s receive a State Pension that is approximate 25% lower than men.<sup>42</sup> While 70% of men receiving a State Pension get £200 or more a week, only 51% of women receive this much. People who reached their State Pension age prior to April 2016 receive the old State Pension, from which the amounts received vary substantially, particularly in relation to the number of years spent in paid work, impacting upon the amounts of State Pension received by the many women in those cohorts who were in paid work for fewer years due to parenting and caring responsibilities.

The new State Pension, introduced in April 2016, corrected much of the gender inequality for people reaching State Pension age from that date onwards. Being a carer and caring for children are compensated with National Insurance credits which contribute to State Pension entitlement. However, despite this policy change the DWP estimates that the gender disparity in the State Pension will not be eradicated until 2041.

There have been particular impacts on women of recent increases in State Pension age, as women's State Pension age increased from 60 to 66 between 2010 and 2020, affecting 3.8 million women born in the 1950s. The Parliamentary and Health Service Ombudsman concluded that the DWP's management of these changes meant that "some women lost opportunities to make informed decisions about their finances," which "diminished their sense of personal autonomy and financial control" and therefore led to injustice.<sup>43,44</sup>

# Older Women, Marginalisation, Discrimination and Abuse

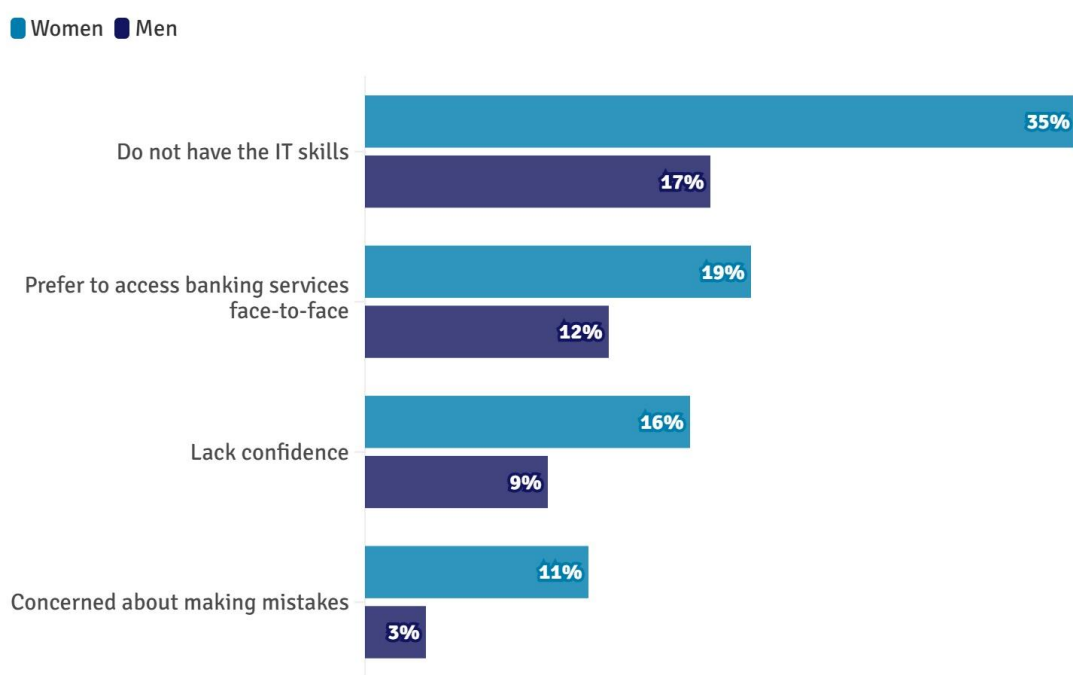
## Digital Exclusion

With the increasing use of digital technology, full participation in society can depend on being online. However, some older people, a higher proportion of whom are women, are not able or do not want to go online. Age UK research<sup>26</sup> found 14% of women and 11% of men aged 60+ never use the internet, with the proportion of people not using the internet, and the associated gender gap, increasing with age. At ages 75+ 23% of women and 14% men never use the internet.<sup>26</sup>

When asked about why they don't use the internet, more women than men said their IT skills are not good enough (41% compared to 34%), that the cost of devices such as a smartphone or tablet is prohibitive (13% compared to 7%), that they do not think the internet is safe (35% compared to 25%) and that they worry about being scammed (54% compared to 47%).<sup>45</sup>

Managing money is one of the reasons it is increasingly important to be online, as bank branches continue to close. This is yet another source of gender inequalities, with older women being less likely to bank online than older men (53% compared to 64%).<sup>46</sup> Age UK research carried out in 2022 found that older women were more likely to manage their money in-person using counter services (30% compared to 22%) and to say they felt uncomfortable using online banking (36% compared to 24%).<sup>46</sup> Some of the most cited reasons for women's discomfort were lack of IT skills, lack of confidence and concern about making mistakes (Fig.13).

**Fig 13. Reasons why older women are more likely to feel uncomfortable banking online compared to men**



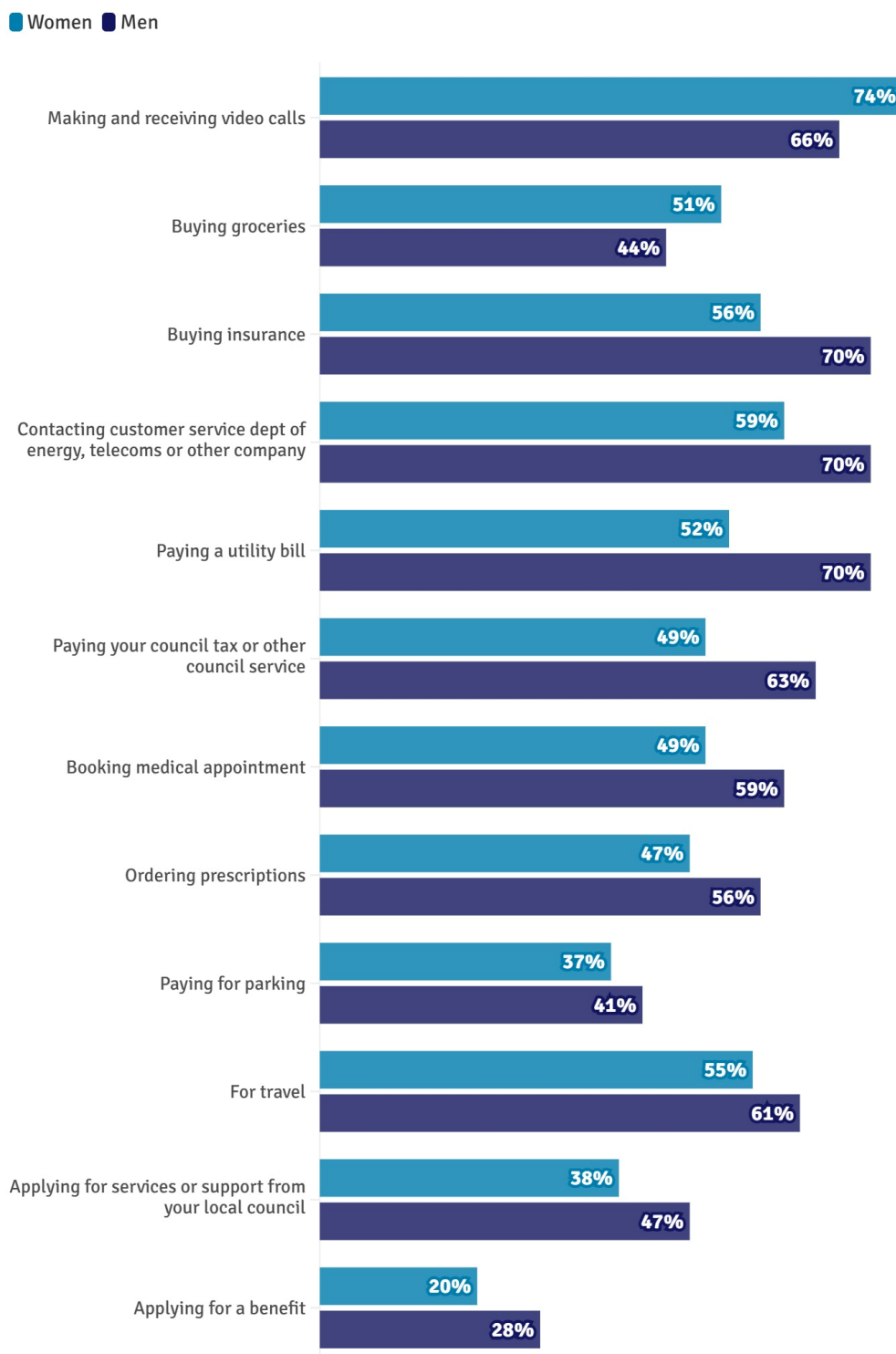
Source: Ipsos MORI commissioned Banking Research polling; Fieldwork carried out 31/03/2022 - 13/04/2022 on 292 adults aged 65+ across Great Britain. • Data are weighted to be representative of the 60+ population of GB. Figures have been scaled up to the GB population using ONS mid-year population estimates for 2022



As such, older women are likely more impacted by bank branch closures: one in five (22%) women said that if their branch were to close, they would not be able to manage their money as easily, compared to 13% of men.<sup>46</sup>

In terms of the activities that older people are undertaking online, women were more likely than men to make and receive video calls (74% compared to 66%) and to buy groceries online (51% compared to 44%) but less likely to do a range of other activities (Fig. 14).<sup>45</sup>

**Fig 14. Women are less likely to use online services to carry out day-to-day tasks than men**

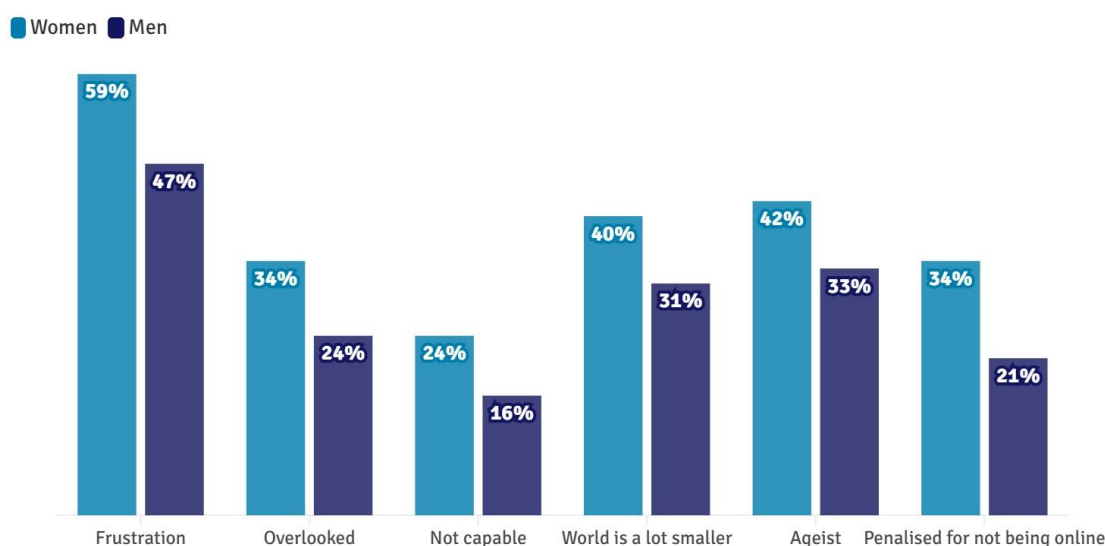


Source: Yonder commissioned Digital Inclusion polling; Fieldwork carried out 14/03/2024 – 15/04/2024 on 1001 adults aged 60+ across Great Britain



As everyday services move online, some older people say that life is more of a struggle (34% women compared to 27% men).<sup>45</sup> Older people, and older women in particular, are often reliant on family and friends for support. 71% of women, compared to 57% of men, already get help from family and friends with using the internet and if they needed further help 87% of women and 75% of men would prefer this to come from friends and family.<sup>45</sup> When there is no offline alternative for accessing a service, feelings of frustration are particularly common among older women (59% compared to 47% of men), as is feeling overlooked (34% of women compared to 24% of men) and penalised for not being online (34% of women compared to 21% of men; Fig. 15).<sup>45</sup>

**Fig 15. More women have a less positive attitude towards the recommendation to carry out some services online compared to men**



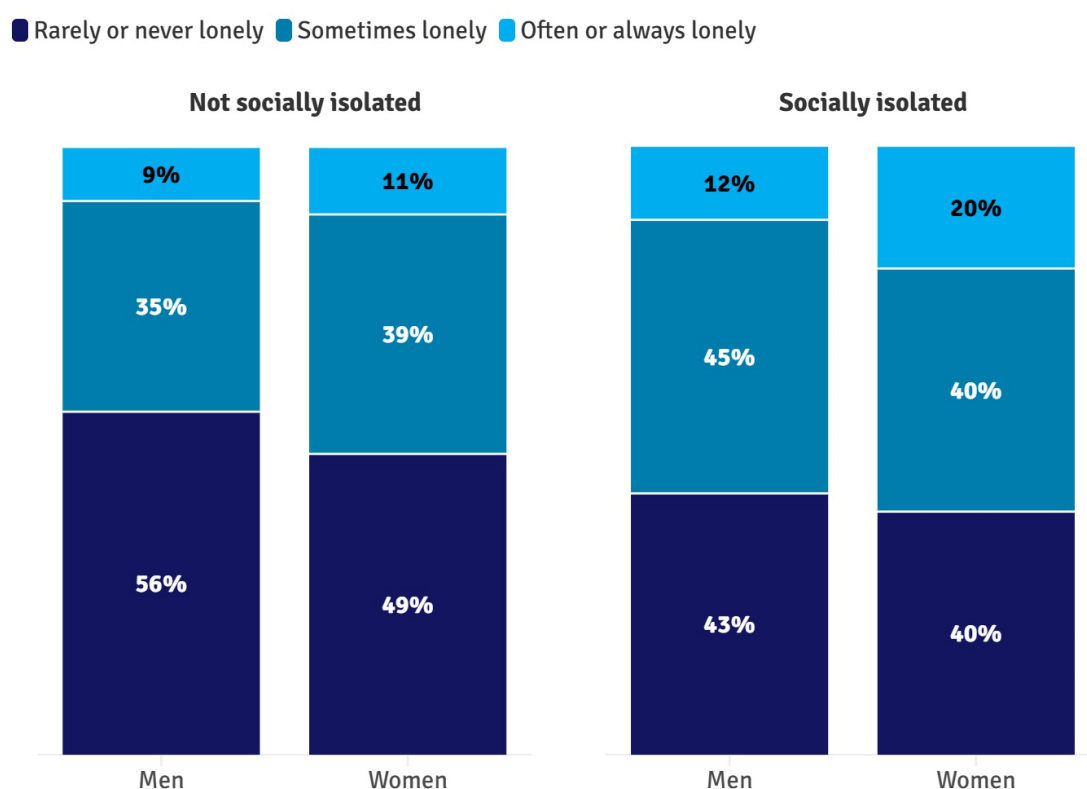
Source: Yonder commissioned Digital Inclusion polling; Fieldwork carried out 14/03/2024 – 15/04/2024 on 1001 adults aged 60+ across Great Britain



## Loneliness and Social Isolation

Older women are more likely to be often lonely than older men (12% of women compared to 9% of men).<sup>47</sup> By apparent contrast, older women are less likely than older men to be socially isolated (3% of women compared to 8% of men aged 65+), being more likely to have frequent contact with family or friends.<sup>47</sup> Social isolation does not necessarily lead to loneliness; however, those older women who are socially isolated have much higher chances of being often lonely (20%) than their peers who are not isolated (12%; Fig. 16).<sup>47</sup>

**Fig 16. Whilst social isolation appears to affect men and women equally, women are more likely to say they are lonely**



Source: Age UK analysis of English Longitudinal Study of Ageing (ELSA) Wave 10



## Discrimination

Older men and women are similarly likely to report having experienced ageism (29% of women compared to 28% of men aged 50+) however older women are far more likely to report having experienced discrimination due to their sex (16% of women compared to 4% of men aged 50+).<sup>47</sup> Further, older women of ethnic minorities commonly report experiences of discrimination due to their race or ethnicity (48% of ethnic minority women compared to 58% of ethnic minority men aged 50+).<sup>47</sup> More than one third of women aged 50+ (36%) have therefore experienced discrimination on the grounds of the age, sex or race, including nearly one in eight women aged 50+ (12%) who have experienced discrimination on at least two of these dimensions of their identity.<sup>47</sup>

## Domestic abuse

Older women are too often absent from policies and programmes designed to support women that experience domestic abuse. This is in part due to societal stereotypes of a 'typical' domestic abuse victim being a younger woman, often with children, and because until recently, data on domestic abuse was not collected on those aged 75 and over.

But the data we do have shows that 5% of women aged 60-74 and 3.5% of women aged 75 and above said they had experienced domestic abuse in 2023 – 2024.<sup>48</sup> These figures are likely to underrepresent the true scale of domestic abuse. Older victim-survivors might not recognise themselves as such – feelings of shame common to survivors of domestic abuse along with decades of abuse and control can make it difficult to make sense of what is happening. Professionals involved in the care or treatment of an older person may also not recognise domestic abuse, or record this accurately.

In relation to domestic homicide cases, which include both Intimate Partner Homicide (IPH) and Adult Family Homicide (AFH), where the perpetrator is a family member, data from 2020 – 2021 tells us that 1 in 4 victims are aged 65 or over. From this group of older victims, 78% are female.<sup>49</sup>



## Older Women: International context

The main body of this report has focussed on older women in the UK. However, if we step back and consider older women globally, we find that many of the issues seen in the UK are replicated throughout the world with added challenges. This includes older women living in many contexts where there is limited or no publicly supported social protection system, health or care and support infrastructure, places experiencing conflict, or the worst impacts of climate change.

Population ageing is a global phenomenon. By 2050, women aged 65+ are expected to make up over half (55%) of the world's population of 2 billion older people aged 65+. The vast majority will live in low and middle-income countries.

Medical staff in poorer contexts are often not trained in geriatric care and older women report feeling unheard by doctors. Women are more likely to experience multidimensional poverty in older age, due to unequal power relations, their disproportionate roles in unpaid care, and discrimination across the life course. This has a profound effect on their health and wellbeing.

In humanitarian crises, older women are among the most at risk. The multiple crises we are living through globally, and increasing recurrence and intensity of these, make it more urgent for older women to build their resilience and to be recognised as active participants who can contribute to their communities' solutions.

There is a gap in data disaggregated by age, sex and disability which would help to understand better older women's specific experiences and inform solutions. Standard, internationally comparable household surveys like the Demographic and Health Surveys stop at age 49, rendering older women even more invisible.

Despite the challenges they face, recent analysis found that older women were included in only 0.1% of aid funding primarily aimed at tackling gender equality in low and middle income countries.

# Policy recommendations

## Access to healthcare

- The forthcoming NHS Plan should include measures to: i) move with pace towards standardising offline methods of accessing primary care nationwide, including face to face appointments with a GP where appropriate, for older people with long term health conditions. ii) urgently address the pronounced health inequalities experienced by older women with other protected characteristics, such as belonging to an ethnic minority.
- The anticipated (and if it happens very welcome) focus in the NHS Plan on preventing and tackling ill-health in deprived areas is potentially of huge benefit to older women, but to prevent them from being marginalised by a combination of sexism and ageism, their needs and responses should be explicitly called out.
- The Government should set a target timescale and action plan for gradually expanding the number of Women's Health Hubs available and should ensure they cover the health issues of older as well as younger women.
- The Government should publish a target timescale and action plan for rolling out DeXA scanning and Fracture Liaison Services (FLS), so in time there is one in each ICB area. These services can play a hugely valuable role in reducing fractures among older women at increased risk due to osteoporosis.

## Menopause

- Initial and on-going training for all health professionals who engage with older women should be overhauled to include appropriate input about menopause symptoms and treatments.
- The Government and NHS should work together to increase public understanding of the impacts of menopause on older women, not only during the transition itself but in the longer term too - for example in terms of the increased risk of osteoporosis and sarcopenia - so older women know when to seek clinical support and to better inform employers.

## **Carers**

- The Government should legislate to give employees a statutory right to one week's paid Carers Leave, plus an additional period of unpaid Carers Leave, building on the entitlement already in place.
- The Government should work with the VCFSE to expand the provision of breaks for carers, to support carers' mental health and prevent carer breakdown. This could be progressed via part one of the Casey Review into social care, which is due to get underway soon.
- The Government should introduce Carers' Credit for private pension saving, similar to that already in place for State Pensions, as soon as possible, to help boost the incomes of older women carers in retirement.

## **Financial Security**

- In-person banking needs to continue to be protected through the expansion of shared banking hubs in areas that are poorly served. This would be especially helpful for older women who are reliant on face-to-face services for managing their money.
- Older people who experience bereavement should receive targeted information and support, including a prompt to consider claiming Pension Credit for those on low and modest incomes. The latter measure would especially benefit those older women who suffer a big drop in income following the death of their partner, making them potentially eligible for Pension Credit for the first time.

## **Pensions & Poverty**

- The Government should pursue phase two of the Pensions Review on pension adequacy without delay, ensuring that the needs of older women, older people in advanced old age, and older people from minoritised communities receive appropriate policy attention and are not overlooked. One of the outcomes of phase two of the Pensions Review should be a commitment to start work on a strategy to prevent & tackle pensioner poverty.

- The Government should accept the Ombudsman’s recommendations and offer redress to the WASPI women.
- Working with the VCFSE, local authorities, private pension providers and HMRC, the Government should develop and implement a sustained strategy for boosting Pension Credit take-up.
- The process of divorce in English law should be reviewed with the aim of prompting divorcing couples to factor pension wealth into their negotiations, so that these resources are shared more fairly in future than is often the case today.

## Digital

- The Government should legislate to create a legal right to be able to access all public services offline, for people cannot use the internet successfully and confidently, or at all.
- The Government’s recently published Digital Inclusion Action Plan must catalyse a concerted national effort led by Government, with businesses and the VCSFE, to provide people of all ages who want to go online with the opportunities they need to do so, including programmes tailored to older people’s specific needs, targeted especially at areas of deprivation where levels of digital exclusion are likely to be particularly high.

## Domestic Abuse

- The Government should work with the police, the VCFSE and other organisations to improve support for victims of domestic abuse through better training, recording, and response systems. Because older victims of abuse are so often overlooked their specific needs and responses should be called out.

## International

- The UK Government should explicitly include the rights, needs and contributions of older women in its renewed support for women and girls globally. As the FCDO reviews its international development priorities, it is vital it builds on and implements its previous commitments to take a life course approach within its gender and

inclusion policies and strategies. This includes supporting better disaggregated data to capture and respond to older women's specific needs, continuing its work on gender, age and disability inclusive social protection, and ensuring the representation of older women in its work with grassroots women's rights organisations.

- The UK should publicly support the creation of a UN Convention on the Rights of Older Persons, ensuring a future where older people's rights are fully recognised and protected.

### **Listening to the views and experiences of older women and responding more effectively**

- The Government should establish the post of Commissioner for Older People in England, to join existing counterparts in Wales and Northern Ireland. The postholder and their team would provide a bridge for older people's views and experiences into government and help to hold decision-makers to account. A specific element of the Commissioner's brief should be to work towards more policy attention being directed on the needs of older people with other protected characteristics, including sex.
- Discrimination based on age often intersects with, and is often difficult to fully separate from, other forms of discrimination, including that based on sex, race and disability. The Government should consider how to tackle this in law, for example by bringing into force Section 14 of the Equality Act which covers combined discrimination.

Age UK believes these policy recommendations **empower older women, promote their financial security, and improve their health outcomes – reducing the extent to which they are overlooked by policymakers.**

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