

Learning from lockdown

Priorities for the future

September 2020

What's this report about?

This report brings together research and insight from the Centre for Ageing Better and its partners on the impact of COVID-19 on people approaching later life. It gives clear guidance for central government, local government and other private, public and voluntary sector organisations on how to significantly improve the prospects of those currently in their 50s and 60s, who make up around a quarter of the population in England – over 14 million people.¹ **We need a combined focus on improving health resilience and maximising the potential of 50-70 year olds to support economic recovery and growth.** This group, as we will see, are at risk of financial insecurity and experiencing longer periods in poor health. Actions taken for this group now will benefit society as a whole.

The Centre for Ageing Better creates change in policy and practice informed by evidence and works with partners across England to improve employment, housing, health and communities so that more people enjoy later life. We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Introduction

COVID-19 has had far-reaching impacts on every age group in the UK. But older adults have been most affected by the virus, with the vast majority of deaths – over 43,500 so far – among people aged 50 and over. The pandemic has also exposed the long-standing health and economic inequalities that successive governments have failed to address. Nearly a third of key workers² are over 50, meaning they are exposed to increased health risks.

Stark disparities exist within this age group too. Black, Asian and Minority Ethnic (BAME) groups in their 50s and 60s are more likely to be in the poorest fifth when compared to the White population. And 59% of the White population and 66% of the BAME population are currently engaging in one or more unhealthy activities such as eating a poor diet, smoking, drinking too much alcohol and/or are physically inactive.³

¹ Office for National Statistics (2020), 'Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019'. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

² Office for National Statistics (2020), 'Coronavirus and key workers in the UK'. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15>

³ New analysis by Ageing Better, IPPR and UCL (2020). Available from: <https://www.ageing-better.org.uk/who-is-at-risk-missing-out-data-release>

We need to build a healthier and more resilient population, not only to protect individuals from the impact of the current and future pandemics, but also in the knowledge that a strong economy requires a healthy population. A focus on the 50-70 age group – people approaching later life – is crucial in the short, medium and long term.

- In the short term – over the next 18 months to two years, this group need to be supported back into work if they are to avoid financial insecurity. We have found that one in four older workers – 2.5 million in total – have been furloughed, and hundreds of thousands of these workers may be unable to return to their previous jobs as some sectors struggle to recover.⁴
- In the medium term – over the next five to ten years, more action is needed to improve the health of this group, to avoid early exit from the labour market and additional pressure on the NHS. One third of 50-79 year olds in England are living with obesity, leading to a range of diseases like Type 2 diabetes and significantly increasing the risk of severe COVID-19 infection.⁵ The proportion of people classified as inactive (that is, who do less than 30 minutes of activity per week) increases steadily with age, from 16% of those aged 16-24 to 69% of those aged 85 and over.⁶
- By 2030, 15.4 million people in England will be over 65. In the longer term – over the next 20 years, supporting people to remain in work and stay active and independent at home for longer will enable them to avoid poverty in old age and reduce demand for health and social care. One in four men and one in three women reaching State Pension age in the UK has not worked for five years or more.⁷ Less than one in ten homes in England has all four accessibility features that make them visitable to most people, including wheelchair users, yet the majority could be adapted to address this.⁸

⁴ Centre for Ageing Better and Learning and Work Institute (2020), 'A mid-life employment crisis: How COVID-19 will affect the job prospects of older workers'. Available from: <https://www.ageing-better.org.uk/publications/mid-life-employment-crisis-how-covid-19-will-affect-job-prospects-older>

⁵ Public Health England (2020), 'Excess weight and COVID-19'. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

⁶ Sport England (2019), 'Active Lives Adults May 18/19 Data'. Available from: <https://www.sportengland.org/adultmay1819tables/>

⁷ Department for Work and Pensions (2017), 'Fuller Working Lives: Evidence Base 2017'. Available from: <https://www.gov.uk/government/publications/fuller-working-lives-evidence-base-2017>

⁸ Ministry of Housing, Communities & Local Government (2020), 'English Housing Survey 2018-19 Accessibility of English homes'. Available from: <https://www.gov.uk/government/statistics/english-housing-survey-2018-accessibility-of-english-homes-fact-sheet>

There are some significant ways in which, if we act now, we can reduce this potential demand. Improving health, work and housing are critical if people approaching later life are going to recover from this crisis and be resilient to future shocks. There are other areas, like community participation and digital skills where we also show the evidence and need for change in this report. The government has made some strong first steps; now is the time to go even further, to protect people and grow our economy.

Building health resilience

Our risk of developing severe COVID-19 increases as we get older – and the disease has had a massive impact on people in later life. Some 43,578 people aged 50 and over died from COVID-19 between March and June this year (ONS).

The COVID-19 pandemic has highlighted the poor underlying health status of our population that has resulted in part from a collective failure to address unhealthy behaviours. During lockdown one in five 50-70 year olds said their physical health has worsened, with 32% drinking more, and 36% of smokers smoking more.⁹ And the impact hasn't just been physical – more than a third (36%) of 50-70 year olds said that their mental health deteriorated as a result of the pandemic.¹⁰

Weight and physical activity

We now know that living with obesity adds to the risk of developing the more severe form of COVID-19 as well as being a risk factor for Type 2 diabetes, heart disease, musculoskeletal conditions and stroke. The 50-70 age group are more likely to be an unhealthy weight than any other age group in England. Around one-third of those aged between 50 and 79 in England are obese.¹¹ The government should recommit to prevention and focus action on addressing the major causes of premature disability and health inequalities including obesity. National and local government have begun to take action to support people to lose weight, but in line with the

⁹ Centre for Ageing Better and Ipsos MORI (2020), 'The experience of people approaching later life in lockdown'. Available from: <https://www.ageing-better.org.uk/publications/experience-people-approaching-later-life-lockdown-impact-covid-19-50-70-year-olds>

¹⁰ Centre for Ageing Better and Ipsos MORI (2020), 'The experience of people approaching later life in lockdown'. Available from: <https://www.ageing-better.org.uk/publications/experience-people-approaching-later-life-lockdown-impact-covid-19-50-70-year-olds>

¹¹ Public Health England (2020), 'Excess weight and COVID-19'. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

Obesity Health Alliance we urge them to do more, including:

- Providing comprehensive local obesity prevention and treatment services.
- An ambitious plan to reformulate foods to take out sugar, salt and fat as well as going further on sugar levies, mandatory calorie labelling, restricting advertising and creating healthier retail environments.

As well as weight loss, we need to achieve higher levels of physical activity, particularly among those who are doing less than 30 minutes of physical activity per week. During lockdown a third of people in this age group said they did more exercise (31%), but a similar proportion actually reduced their activity levels (28% said they did less exercise). This is likely to contribute to widening health inequalities – with those on lower incomes, people living alone and people in more urban areas finding it harder to stay active.

Greater levels of physical activity can be supported by interventions like active travel – where the government has taken some positive first steps to support cycling and walking infrastructure. We need:

- Further investment in walking and cycling infrastructure and behaviour change interventions that specifically tackle barriers preventing people in mid and later life from taking up active travel.
- The fitness and active leisure sector to adopt more age-positive and inclusive practices with a view to increasing the number of users in mid to later life. This should be backed with government funding for the sector including to support adults in mid to later life who have ‘deconditioned’.

We also know that the poor health status of our population before the COVID-19 pandemic was explained, in part, by our failure to address the social determinants of health such as the quality of people’s homes and the nature of work.

Creating healthy homes

Poor-quality housing has a profound impact on health. In England, around one in five excess deaths during winter are attributed to cold housing,¹² and poor housing costs the NHS £1.4bn a year.¹³ The pandemic is further heightening the dangers of poor housing to people’s health. About 10 million people in England have spent lockdown in a home that presents a serious threat to their health and safety, such as damp, poor insulation and disrepair. These homes can exacerbate or even cause some of the health

¹² Geddes et al (2011), 'The Health Impacts of Cold Homes and Fuel Poverty'. Available from: <http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty>

¹³ Nicol S, Roys M and Garrett, H (2015), 'The cost of poor housing to the NHS Building Research Establishment'. Available from: <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

conditions that have made people more vulnerable to COVID-19, including certain heart and respiratory conditions.¹⁴ Similarly, those who are more likely to live in poor housing are often the same groups who are vulnerable to COVID-19 for other reasons including older people, those with lower incomes and people from ethnic minority groups.

In addition to being cold and damp, homes can also pose a health risk because they are inaccessible or contain fall or trip hazards. An inaccessible or unsafe home can result in avoidable hospital stays and a lack of independence, leading to people requiring care in a formal setting. Lockdown and shielding have meant extended periods of time for people in these challenging living conditions. Put simply, better quality, accessible housing is a key factor in reducing demand on the NHS and social care and stops or delays people going into residential care.

Despite the unequivocal evidence that links our health to the safety of our housing and opportunities to reduce demand on public services, there is insufficient national policy support for those currently living in a poor-quality home. This is despite the fact that interventions to improve housing condition can be a highly cost-effective means of improving health outcomes. For example, every £1 spent on improving warmth in 'vulnerable' households can result in £4 of health benefits, while £1 spent on home improvement services to reduce falls is estimated to lead to savings of £7.50 to the health and care sector.¹⁵

Investment in improving our existing housing stock is crucial but there are also economic, social and environmental considerations with respect to new builds. An ambitious programme of homebuilding to high standards will also help economic recovery. Developments in modular construction for example would enable adaptable, accessible and energy efficient homes to be built at speed as well as providing new jobs in construction.

Alongside this, we suggest a reconsideration of the recent relaxation of planning regulations and expansion of permitted development rights that has led to small homes being built in isolated areas without access to basic infrastructure such as green space and public transport. Such homes could have negative impacts for the residents' mental and physical health¹⁶ in normal circumstances and especially during a period of lockdown. The new policy risks creating a legacy of sub-standard homes which could have a profound and lasting impact on our society, increasing costs to public services and increasing inequalities.

¹⁴ Centre for Ageing Better (2020), 'The Good Home Inquiry launched to find policy solutions for England's housing crisis'. Available from: <https://www.ageing-better.org.uk/news/good-home-inquiry-launched-find-policy-solutions-englands-housing-crisis>

¹⁵ Watson I, MacKenzie F, Woodfine L and Azam S. (2019), 'Making a Difference. Housing and Health: A Case for Investment'. Cardiff, Public Health Wales

¹⁶ UCL Bartlett School of Planning (2020), 'Research into the quality standard of homes delivered through change of use permitted development rights'.

Deregulation and a focus on housing numbers to support the post COVID-19 economy must not override the quality of homes – the government must not lose focus on the importance of high-quality and accessible housing to support our health.

We are calling for, as part of the road to recovery:

- Action and investment to support people on low incomes, across all tenures, to improve their housing condition. This includes investment in retrofitting existing homes to make them safe as well as energy efficient (which can help tackle fuel poverty and reduce the number of people unable to afford to heat their homes) and promoting digital connectivity.
- All new homes across tenures – and including those converted through permitted development - to be built to a higher level of accessibility with the government acting as soon as possible to raise the minimum mandatory standard for adaptable and accessible homes. Home builders should go beyond current mandatory standards, building sustainable homes that promote independence and wellbeing by being adaptable, digitally connected and with good access to natural light.

Building economic activity

COVID-19 risks triggering a long-term unemployment crisis for older workers. Most people in the 50-70 age group need to work for their individual financial security. An increase in older workers also reduces the burden on the benefits system, increases income for the exchequer and boosts Gross Domestic Product (GDP). The economic recovery will simply not be possible without the skills, experience and contribution of this age group, including over a million key workers over 50.

Tailoring unemployment support

The number of older workers on unemployment related benefits has more than doubled as a result of the pandemic – increasing from 304,000 in March to 617,000 in July.¹⁷ And there is a risk of a ‘second wave’ of job losses for older workers as the furlough scheme comes to an end in October. Our analysis with the Learning and Work Institute has shown that one in four older workers – 2.5 million in total – have been furloughed, and hundreds of thousands of these workers may be unable to return to their previous jobs as some sectors struggle to recover.

¹⁷ Centre for Ageing Better and Learning and Work Institute (2020), 'A mid-life employment crisis: How COVID-19 will affect the job prospects of older workers'. Available from: <https://www.ageing-better.org.uk/publications/mid-life-employment-crisis-how-covid-19-will-affect-job-prospects-older>

Older workers who lose their jobs are far more likely to slip into long-term worklessness. Just one in three (35%) over 50s who lose their job return to work quickly, compared to two in three (63%) workers aged 25-34. Over 50s who are unemployed are twice as likely to have been out of work for over a year than those aged 18 to 24.¹⁸

We are calling for:

- Support for older workers to return to work with tailored programmes for over 50s.
- Continued progress on measures to support flexible and remote working and support for carers so that these valuable staff can be retained by employers. The Employment Bill provides an opportunity to do this.
- Government, Jobcentre Plus and local commissioners of employment support programmes to send a consistent and clear message to employers, service providers, and jobseekers themselves that the over 50s are as entitled to support as younger workers.

Retaining and retraining older workers

Our wide-ranging report on the impact of lockdown with Ipsos MORI found that almost half of people in their 50s and 60s expect their finances to worsen in the year ahead. Nearly seven in ten (68%) of those who are currently workless do not feel confident that they will be employed in the future. Whilst the impact on individuals is potentially severe, the impact on government revenue and GDP is equally at stake. If the ‘missing million’ involuntarily unemployed older adults were supported in to work by 2022, this could add 1.3% a year to GDP by 2040.¹⁹

The government has already announced packages of support for younger workers to gain experience in the workplace, and an expansion of the sector-based work academies. But it needs to go further, to ensure that older adults – particularly those working in hard-hit sectors – have access to opportunities to retrain. We are calling for, as part of the road to recovery:

- Government investment in training that is tailored to older workers’ needs, to help them to move back into work. This means a large-scale programme of workplace-based training for adults at risk of long-term unemployment, which should include flexible opportunities, and takes account of the experiences and career histories of older workers.

¹⁸ Centre for Ageing Better and Learning and Work Institute (2020), 'A mid-life employment crisis: How COVID-19 will affect the job prospects of older workers'. Available from: <https://www.ageing-better.org.uk/publications/mid-life-employment-crisis-how-covid-19-will-affect-job-prospects-older>

¹⁹ ILC UK (2019), 'Maximising the longevity dividend'. Available from: <https://ilcuk.org.uk/maximising-the-longevity-dividend>

- Adult skills funding to be extended to give all older workers an entitlement to funding for a qualification, or modules, up to and including level 3. This should be advertised widely in HMRC and DWP communications to encourage older workers to take advantage of it.
- As well as government, employers themselves can take more action. To be age-friendly, employers should end bias against older workers when recruiting, support staff with health conditions, create a culture where people of all ages work well together, introduce more flexible working, and encourage career development at all ages.

Redesigning town centres and the high street

Consumers aged 50 and over already spend £319 billion a year (excluding housing costs) equivalent to roughly 54% of total household consumer spending.²⁰ The future of our high streets and town centres was already precarious pre COVID-19 as more of us were shopping online. The pandemic has had a devastating economic impact on retail and hospitality, as well as other local businesses. It is vital that we reimagine and redesign our town centres to create places where people of all ages can live (in affordable, accessible, adaptable and connected housing), work (in new hubs to support flexibility and new ways of working) and to play (with green surroundings and shared spaces). The government has made a good first step in providing investment through the High Street and Towns Fund to support places to develop plans and bid for funding. National and local government should also:

- Ensure Town Deals include a focus on the ageing population and require towns to engage people of all ages in the redesign of places.
- Have local and regional economic strategies that enable older consumers to contribute to economic growth and recovery.

²⁰ ILC UK (2019), 'Maximising the longevity dividend'. Available from: <https://ilcuk.org.uk/maximising-the-longevity-dividend>

Working to ‘lock in’ the positives we’ve seen during the pandemic

The twin and interconnected aims of health resilience and economic growth should be at the heart of recovery. The government and other organisations should also work to maintain the unforeseen benefits of lockdown.

Sustaining community participation

There has been a fantastic response in local communities to help out through acts of neighbourliness, mutual aid groups, NHS responders and existing community organisations. While those aged over 70 faced restrictions on their ability to volunteer, evidence from our work with Ipsos MORI on the impact of COVID-19 on people aged 50-70 shows that there is appetite for sustaining community contributions. Aside from informal volunteering, such as dropping off food for a neighbour (which 3 in 10 of people in this age group have been doing), a further one in ten (9%) have volunteered formally through a group, club or organisation. Over a third (37%) say that they will continue to volunteer.²¹

As our Review of Volunteering and Community Contributions (2018) showed, many people face barriers to participation and the least healthy and least wealthy are the least able to take part. To sustain this appetite to help in our communities, and support the re-engagement of volunteers who were restricted by the guidance to older and at-risk people, the voluntary sector needs to have the security of sustainable funding and investment in their capacity and capability to engage diverse volunteers. National and local government and funders need to provide investment in community infrastructure alongside physical infrastructure in places across the country.

This means:

- Recognising the valuable role played by volunteers during the crisis and taking steps to safeguard the sustainability of the volunteer-involving organisations. This could include core funding and support for smaller community-based organisations
- Providing clear guidance to the voluntary sector on how to safely re-engage volunteers.
- Supporting voluntary organisations to make volunteering age-friendly and inclusive – including funding to help people with additional access needs.

²¹ Centre for Ageing Better and Ipsos MORI (2020), 'The experience of people approaching later life in lockdown'. Available from: <https://www.ageing-better.org.uk/publications/experience-people-approaching-later-life-lockdown-impact-covid-19-50-70-year-olds>

Bridging the digital divide

During lockdown, use of digital forms of communication increased among 50-70 year olds, with 75% of people making video calls more often, and three in ten emailing more often, partly out of necessity as many face to face services and activities closed due to COVID-19.²² But, at the start of 2020, a fifth (20%) of households with one adult aged 65 or over did not have an internet connection.²³ Even before the pandemic, digital connectivity was becoming increasingly important, with many essential services going digital by default. People face a range of barriers to digital connectivity, including affordability, accessibility, regional variations and the skills, motivation and support to get and stay online. We are calling for, as part of the road to recovery:

- Government and service providers to invest in schemes to support those who are digitally excluded to get online using good practice, such as our guidance developed with the Good Things Foundation.²⁴
- Access to digital infrastructure to be improved, particularly in rural areas.
- Government, businesses and service providers to also ensure that those without internet connectivity are not locked out of access to information, essential services, or opportunities to make and maintain social connections by providing offline alternatives.

People approaching later life need to be part of the recovery success story: in good, flexible work, enjoying better health, in homes that keep them safe, and connected to their communities. Action taken now to support this group will have long-lasting benefits, both for them and for future generations.

²² Centre for Ageing Better and Ipsos MORI (2020), 'The experience of people approaching later life in lockdown'. Available from: <https://www.ageing-better.org.uk/publications/experience-people-approaching-later-life-lockdown-impact-covid-19-50-70-year-olds>

²³ Office for National Statistics (2020), 'Internet access – households and individuals, Great Britain'. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020>

²⁴ Centre for Ageing Better and Good Things Foundation (2018), 'I am connected: new approaches to supporting people in later life online'. Available from: <https://www.goodthingsfoundation.org/research-publications/i-am-connected-new-approaches-supporting-people-later-life-online>

Let's take action today for all our tomorrows.
Let's make ageing better.

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