



**STATE OF
AGEING
SUMMARY
2025**

The State of Ageing in 2025

All of us deserve the best possible lives as we grow older, and our whole society reaps the rewards when people can age well. Our new analysis of the state of ageing in England in 2025 reveals millions more of us are living into our seventies, eighties, nineties and beyond, in good health, working for longer and supporting our communities through volunteering and caring.

But this report also highlights that this rosy, positive picture of ageing is unobtainable for many, such as those who are living in poor housing, in poverty and poor health, and who are isolated from their communities and society. The report shows the impact of regional inequalities that determine the quality of people's later life. Quite simply, where you are born in England determines how you live and how well you age.

The regional differences in how we age accumulate over many years and can be seen in this report across health, employment, financial security and the state of our homes. The North-South health divide is particularly stark, with life expectancy, healthy life expectancy and other determinants of a healthy older age, looking very different, for example, in Blackpool compared with Hart in Hampshire. Not only are there significant differences between regions, there are also differences in how well people age living in different areas of the same town.

It should be a real concern to both national and local policymakers that regional inequalities in how we age are growing. The gap is widening depending on where we live – and for some people this regional inequality comes on top of other disadvantages, widening the gap further. For example, the racism experienced by many people from minority ethnic backgrounds affects employment, income and other factors that we know help people to age well (see State of Ageing 2023/4).

The gaps in health and wealth between people living in different regions are glaring:

- Where you are born in England is associated with how long you can expect to live: the life expectancy of men in Hart (Hampshire) is almost 10 years longer than for men in Blackpool, while a boy born in the North East can expect to live 74% of their life in good health compared with 80% in London¹.
- 2.3 million older people are living in homes that have an adverse effect on their health. And while the rate of non-decency is highest in the private rented sector, the absolute number of non-decent homes is highest in the owner-occupied sector: a total of 1.3 million homes owned by someone aged 55 and over are non-decent, with the highest number (212,000) seen in the North West².
- The employment rate gap or 'age penalty' (the gap in the employment rate between people aged 35 to 49 and those aged 50 to 65) is largest in the North East (19.8 percentage points), followed by London (19.1 percentage points). The gap is lowest in the North West (11.6 percentage points) and the South East (13.9 percentage points)³.

- Relative pensioner poverty rates vary across England, with the highest rates in Yorkshire and the Humber (20%), five percentage points higher than in the East Midlands and the South West⁴.

We need the government and others to take inequalities in ageing seriously and address the lack of political focus that has meant chronic underinvestment in helping people to age well. We also need to address the pervasive ageism in society that produces negative and distorted views of ageing and older people. By doing this, we can properly value and benefit from the contributions of older people to our society.

About this report

This year's State of Ageing report paints a national picture of the older population in England, using a variety of national data sources. We have also spoken to older people about their lives and seen our analysis of the data reflected in their experiences of ageing.

This summary report and the accompanying chapters (available online) draw attention to the disparities in resources, opportunities and outcomes that exist between different geographic areas – whether regions or local authorities. Inequalities between places in things such as access to decent and affordable housing, access to jobs (and good jobs), and the extent to which these places provide and maintain infrastructure such as transport and public services, give rise to inequalities in outcomes for people, including life expectancy, health and financial security. This report provides new insights into these place-based inequalities. Our findings show enormous variation in how people across England experience later life.

Inequality in life expectancy is large and increasing across England

“Regeneration, they’ve talked about it for years...and they tell you that...they’re going to do this, they’re going to build the cinema, they’re going to do a library, whatever they’re going to do. We’ve had all our resources taken from the council offices here... they’ve gone.”

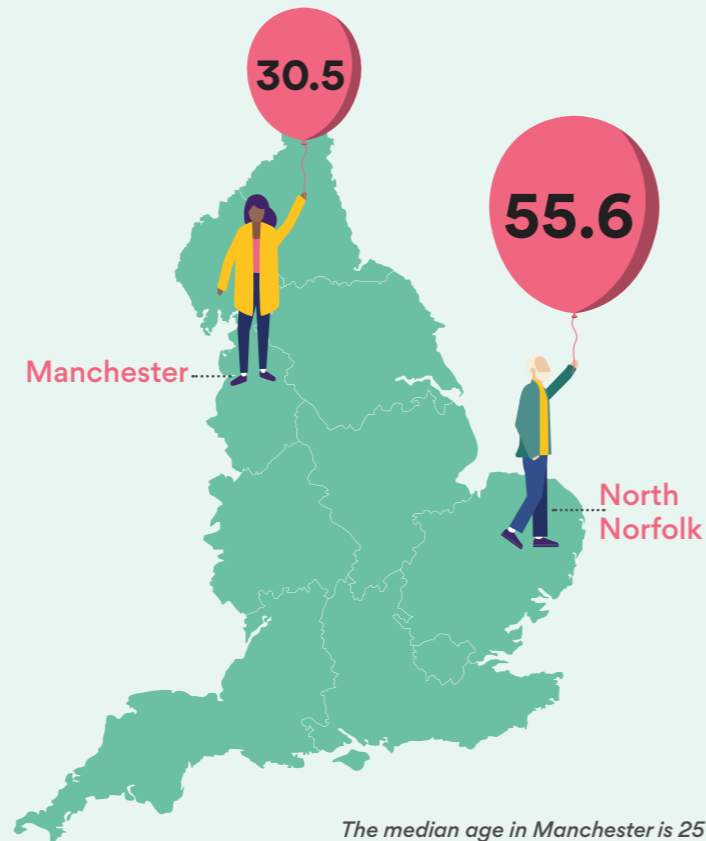
Man in his seventies, Knowsley

Our ageing population

Our older population is growing (both in numbers and in the proportion of the overall population) and the oldest part (people aged 85 and over) is the fastest growing segment of all. Coastal and rural areas tend to have larger numbers and concentrations of older people, on average, and are the fastest ageing parts of the country.

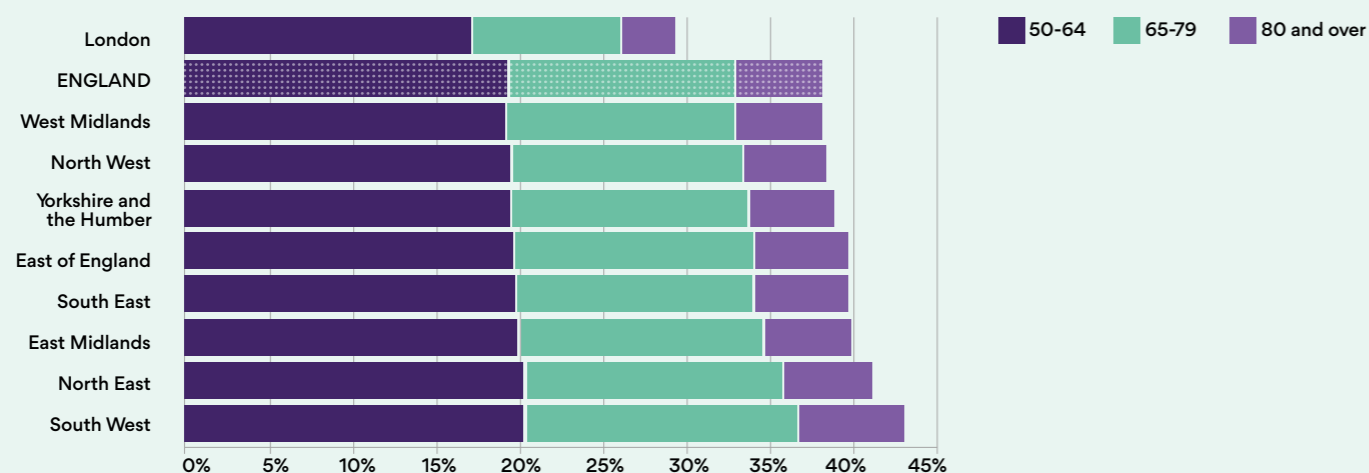
At the same time, the older population is growing more diverse. In every local authority, the percentage of people from Black and Minority Ethnic (BAME) backgrounds aged 50 to 64 is more than that of people aged 65 and over. This is particularly true in urban areas – for example, in Barking and Dagenham 46% of people aged 50 to 64 are from BAME backgrounds compared with 23% of people aged 65 and over⁵. As these 50 to 64-year-olds age, diversity will increase among the older population.

Lowest and highest median ages in England



The median age in Manchester is 25 years younger than in North Norfolk.

Percentage of population aged 50 and over, by age group and region, England, mid-2023



Health

Both life expectancy and healthy life expectancy are lowest in the poorest places in the country, and these places are more likely to be in the North and urban in nature. Moreover, life expectancy is lowest in places with the biggest gap in life expectancy between richest and poorest, and highest in places with the smallest gap in life expectancy between richest and poorest demonstrating the damaging effects of inequality itself.

In the three-year period to 2022, life expectancy declined in England as a whole and in each of the regions, a trend that has been attributed to austerity. And although it has undergone a slight improvement in the latest data, it has still not returned to pre-pandemic levels. Healthy life expectancy in England has shown no such improvement and has instead continued to decline. This means, we are spending ever more of our lives in poor health. At the same time, inequality in life expectancy has increased in England as a whole and in all regions except the South West.

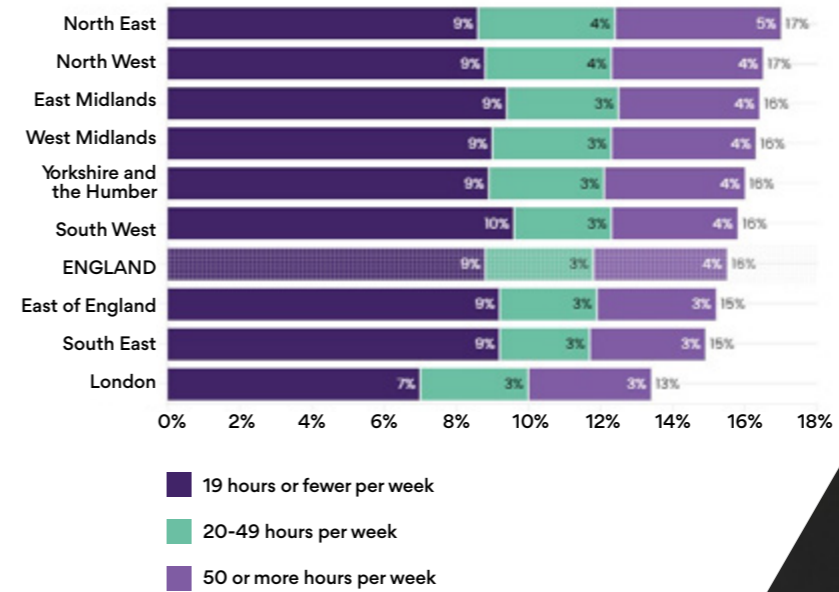
In areas with higher levels of poor health and disability, the demands on unpaid carers are greater. In the North East almost half of unpaid carers aged 50 to 64 provide 20 or more care hours per week, while in the South East almost two-thirds of unpaid carers provide less than 20 hours per week¹⁶. Older women from minority ethnic communities are particularly likely to provide more than 50 hours of unpaid care per week⁷.

Although coastal and rural areas in England are the oldest and fastest ageing places, it is in urban areas and parts of the North where older people experience the poorest health, have the lowest life expectancy and need the greatest levels of care.

This means that national government, regional partnerships and local authorities must pay close attention to the specific attributes of local places when considering how and where to allocate resources. Although the Chief Medical Officer's annual report for 2023 highlighted places in the country with the largest concentration of older people as those with the greatest need⁸, we show that the oldest and fastest ageing places in England are not necessarily the places with the worst health. There are many rural places with an older-than-average age structure but better-than-average health. Conversely, there are many places with a younger-than-average age structure but worse-than-average health. Therefore, allocating resources solely on the basis of the size of the older population will not address these inequalities between places. In fact, to do so runs the risk of actually increasing health inequalities.

Healthy life expectancy in England has continued to decline

Percentage of people aged 50 to 64 providing unpaid care, by hours per week and region, England, 2021



Homes



Our homes play a significant role in our health. Homes that are damp, cold and hazardous (known as non-decent homes) can cause asthma, strokes, heart attacks and broken bones. There are a total of 1.7 million homes headed by someone aged 55 and over that are classified as non-decent and 1.3 million of them are owner-occupied. But the total number of older people living in these homes is even higher, at 2.3 million⁹.

The number of non-decent homes varies regionally with the highest number (212,000) in the North West¹⁰. The rate of non-decency is highest in the private rented sector but the absolute number of non-decent homes is highest in the owner-occupied sector¹¹. The proportion of non-decent homes that are owner-occupied and headed by someone aged 55 and over ranges from one in ten in London to twice that (21%) in the East Midlands¹².

2.3 million people aged 55 and over are living in non-decent homes

Homes

Percentage of owner occupied homes headed by someone 55 and over that are non-decent



Homes that can become too hot are also a major risk to health. They put additional strain on the circulatory system as the heart works harder to regulate body temperature, increasing the chance of a heart attack, irregular heartbeat (arrhythmia) and heart failure, particularly among older people who are most likely to have an existing heart condition¹³. One in ten homes in England are ‘uncomfortably hot,’ and around two in five of these homes are occupied by older people or someone with a disability or long-term illness¹⁴.

The risk posed by these issues will only worsen as climate instability increases the likelihood of days that are extremely hot, cold or wet.

In addition, many older people are living in homes that are not suited to their needs, causing accessibility issues that can result in trips and falls, as well as social isolation and loneliness. Only 12% of homes in England are fully accessible but this proportion varies widely across the country and by age of the head of household¹⁵. Just 4% of homes in the North West and the Midlands headed by someone aged 55 to 64 are accessible compared with almost a quarter (23%) in London¹⁶. People are more likely to be impacted by the consequences of non-decent and unsuitable homes if they are from Black and Minority Ethnic (BAME) backgrounds, living in London, or living with a serious health condition or disability.

“[My old] house was very nice...but it didn’t have double glazing and we were cold all the time...It was freezing...and my rheumatoid [arthritis] was worse there. [Now] we have a two-storey house, we have railings on this side and on this side so I can go up the stairs. We do need a bathroom downstairs, but we will get it eventually. It’s very expensive...”

Woman in her sixties, Middlesbrough

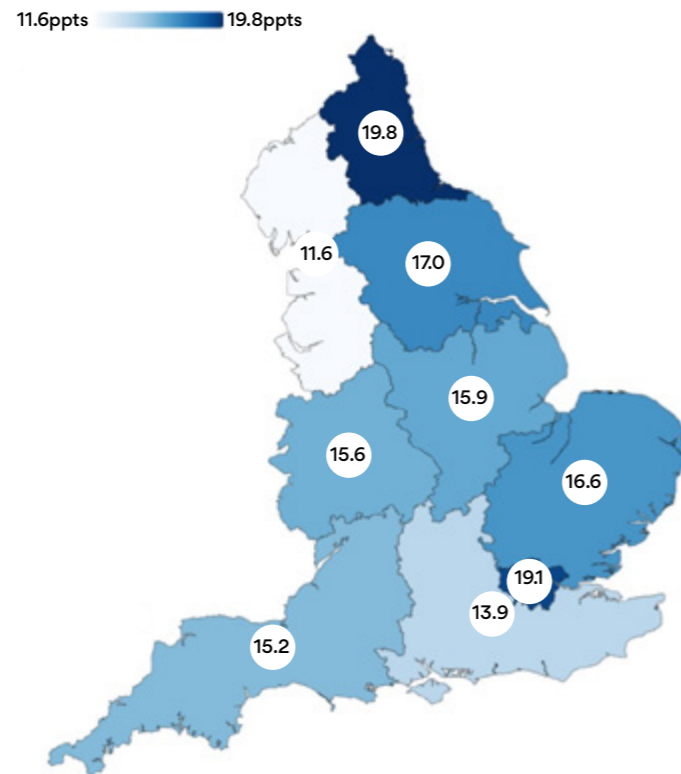


Employment

The regional picture of health, disability and caring is reflected in the regional picture of employment and poverty. This is because work, health and poverty are so intrinsically linked. Places with fewer work opportunities have higher levels of deprivation and therefore worse health. Poor health and caring responsibilities – both of which have the greatest impact on people from more deprived places – make it harder to work a full and uninterrupted career. In fact, health problems are the main reason why people leave the workforce, although nearly half a million people aged 50 to 65 who have left work due to health reasons would return if the right support were in place.

In the UK the government has an aspiration to reach an overall employment rate of 80% (it is currently 75%)¹⁷. Other countries – namely the Netherlands, Switzerland and Iceland – have already achieved an 80% employment rate, but it is notable that they have a much higher percentage of people aged 55 to 64 in employment than the UK (75% in the Netherlands and Switzerland and 81% in Iceland compared with 65% in the UK)¹⁸. In fact, employment rates fall sharply after the age of 55 in the UK and it is clear that addressing employment levels among older workers is key to increasing the overall employment rate¹⁹.

Difference in the employment rate of people aged 35 to 49 and 50 to 65 in percentage points, by region, Q2 2024



Moreover, the gap between the employment rate of people aged 35 to 49 and people aged 50 to 65 varies across the country, from 11.6 percentage points in the North West to 19.8 percentage points in the North East²⁰. Sickness is the main reason that people aged 50 to 65 are not in work (41% of this age group give it as their reason for not working) but this varies across the country²¹. Of people aged 50 to 65 in the South West who are out of work, just one in three cite their health as the reason compared with half in the North West²², which is consistent with the fact that the prevalence of poor health is higher in northern regions. Nevertheless, 350,000 people aged 50 to 65 who are out of work due to sickness or disability would like to work²³. If the government is to meet its 80% target it will need to address these regional inequalities, and this will include ensuring that the right jobs and support are available for people with health conditions and disabilities who want to work.

In addition – and despite the State Pension age being equalised in 2018 – employment rates for women remain consistently lower than for men. Women aged 45 to 60 are seven times more likely than men in the same age group to have left or be considering leaving the workforce before the State Pension age to care for children or grandchildren (15% vs 2%)²⁴. The employment gap between men and women also varies across ethnic groups. Only 20% of Bangladeshi women, 29% of Pakistani women and 55% of Chinese women aged 50 to 64 are employed compared with 65%, 68% and 70% of men with these ethnic backgrounds²⁵.

Although health is a major reason why people fall out of work as they age, discrimination on the basis of age has a huge impact on someone's chances of being in employment. In our Effects of Ageism research, we found that almost one in five people had missed out on opportunities at work since turning 50²⁶. Employment support services achieve much worse outcomes for people aged 50 and over than for younger age groups, and the chances of a successful employment outcome decline with age²⁷.

Ageism interacts with ethnic, gender, health and socioeconomic inequalities to create unique barriers to employment for older workers, leaving some groups at particular risk of worklessness and poverty in later life.



Financial security

Being in work is a key determinant of financial security in later life. It allows you to pay National Insurance contributions that entitle you to your State Pension, and you can contribute to an occupational pension and accrue other savings. After State Pension age, income is comprised of pension income (State Pension and occupational pensions) and savings, although some pensioners may have additional sources of income.

For the least well-off pensioners, the majority of their income comes from the State Pension and other benefits. But the UK has one of the lowest State Pension provisions of all OECD countries and, despite the triple lock, the State Pension does not provide pensioners in this country with a basic standard of living, even when it is topped up by pension credit²⁸. Pensioner couples on the full State Pension can only reach 91% of the Minimum Income Standard (an estimate of the income needed for people to have a socially acceptable standard of living) or 87% for those receiving pension credit²⁹. A single pensioner can only reach 94% of the income required, whether they are receiving the full State Pension or a top-up via pension credit³⁰.

For many pensioners, occupational pensions can supplement the income they receive from the State. Auto-enrolment into occupational pensions has transformed the pension landscape but employment histories that comprise either part-time work or low pay mean that many people do not meet the £10,000 per year threshold for auto-enrolment.

The number of pensioners unable to afford basic necessities grew by 300,000 last year



Financial security

Others opt out of workplace pensions to maximise in-work income. And there is a large variation in the receipt of occupational pensions across the country, from 67% of pensioners in London to 82% of pensioners in the South West³¹. Almost two-thirds (64%) of self-employed people, six in ten (58%) people from minority ethnic backgrounds and half (50%) of disabled people have no private pension savings by the time they reach the age of 60 to 65³². Occupational pension income ranges from just £37 per week, on average, for pensioner couples in the bottom 20% of the pensioner income distribution to £748 per week for those in the top 20%³³. And one in eight people above State Pension age has no income apart from their State Pension and other benefits³⁴.

Savings can act as a buffer for pensioners with no employment income but one in ten pensioners has no savings at all. Overall, we see enormous inequality in pensioner incomes, inequality that has increased over time. During the past ten years, there has been an 11% rise in the net weekly income of the most well-off single pensioners, compared with just 1% for the least well-off³⁵.

At this time 17% of pensioners are in relative poverty, rising to one in five pensioners aged 85 and over³⁶. In addition, almost one in ten (8%) pensioners are in material deprivation (they don't have enough money to afford key essentials such as keeping their home warm, being able to pay bills regularly, having at least one filling meal a day and a warm coat), a rate that has increased by two percentage points in the year to 2022/23³⁷. This means that in 2022/23 an additional 300,000 older people were unable to afford the basics they need compared with the year before³⁸. And there is great regional inequality in the number of pensioners unable to afford the basics – 120,000 in London, 111,000 in the North West and 49,000 in the East Midlands³⁹.

The imminent increase of the State Pension age to 67 risks making pensioner poverty worse – the poverty rate of 65-year-olds doubled at the last increase to age 66. A raised pension age puts greater pressure on people to work for longer, so it will undoubtedly have an impact on the employment rates of the over-55s. While this helps the government achieve its 80% employment rate, it is those from poorer backgrounds, who have lower levels of pension income and other savings and are more likely to be in poor health, who will be most affected. Because they lack the financial resources to leave the workforce earlier than State Pension age, they will have to work through periods of ill health, which risks worsening their health further.

At the same time, healthy life expectancy is falling, raising the prospect of an increasing number of years out of work due to poor health with no pension income, or a greater number of years in work while managing poor health.

“I will probably have to work until I’m 67 because that’s when I’ll get my State Pension. I actually don’t have a work pension because many, many moons ago when, you know, you look at life through rose-coloured glasses – “I won’t be working in my sixties, I’ll have married, I’ll have a family” – I opted out of a workplace pension. I’ve been working since I was 16. I’m nearly 62 now, and I don’t have a pension to show for it...”

Woman in her sixties, Knowsley



Without concerted efforts to improve employment rates for people in their sixties, and to improve support for people managing health conditions in the workplace, increasing the State Pension age will widen the wealth and health gap between the richest and poorest pensioners even further.

Our homes also play a role in the overall picture of pensioner poverty. Private renting is a risk factor for poverty because renting increases the level of income needed to cover housing costs. With rates of private renting into later life increasing, this trend runs the risk of reducing pension adequacy across the population in the long term. But home ownership is no guarantee of financial security, even when there is no mortgage. In fact, 12% of homeowners aged 65 and over are in poverty⁴⁰. The need to maintain their homes can place considerable financial pressure on older people who have fixed incomes and no savings.

Society

Throughout this report our research highlights the regional disparities in people’s experiences of ageing and shows that life expectancy, health, the employment age gap and the quality of our homes are likely to be worse in what are referred to as ‘deprived places’ (which tend to be in the North of England and urban in nature). But even in ‘deprived areas’ a sense of community can – and often does – flourish, as we heard from people living in Middlesbrough and Knowsley (see page 22).

Older volunteers play an integral role in supporting local communities, and people aged 65 to 74 are consistently the most likely to volunteer (although recent years have seen an overall decline)⁴¹. Rates of informal volunteering, such as doing shopping for a neighbour, are consistent across places nationally, whatever their level of deprivation⁴². However, looking at people of all ages, you are more than twice as likely to volunteer as part of a group, club or organisation (that is, formal volunteering) if you live in one of the least deprived areas of England compared with one of the most deprived areas⁴³.

Social isolation and loneliness can be caused by people being unable to leave their homes – perhaps due to accessibility issues in their homes or communities – and this leads to worse health outcomes.

Living alone is also a risk factor for social isolation. In 2023, 4.2 million people aged 65 and over lived alone. Although more older women than older men live alone currently, the number of older men living alone is increasing fastest⁴⁴.

Our place in our communities can also be affected by ageism. Our Effects of Ageism survey found that the most common consequences of self-directed ageism – when a person internalises ageism due to repeated exposure to ageist messages and, as a result, changes their own thinking and behaviour – included not taking part in a social activity (34% of people aged 50 and over), avoiding or limiting physical activity (31%), not going to certain places (24%) and not seeking help for a health complaint (24%)⁴⁵. Clearly these actions run the risk of exacerbating social isolation and can also have a detrimental impact on our health.

There is digital isolation too. The digital world remains a challenge for many, and older people’s internet use is not keeping up with increased internet access. The gap in internet use between people aged 55 to 64 and those aged 65 and over is widening. The percentage of people aged 55 to 64 who don’t use the internet at home has fallen by four percentage points in the past year, from 12% to 8%⁴⁶. However, the percentage of people aged 65 and over has only fallen by two percentage points (from 31% to 29%), despite access to the internet for this age group rising from 75% to 81%⁴⁷.

The evidence is clear: where people are supported to age well, with age-friendly information and communication (including digital inclusion), accessible shops and facilities, green spaces, transport, and health and care services, they experience strong social and civic connections in the communities in which they live, with profound implications for their health and wellbeing.

“In terms of older people being excluded from some GP services...the digital age has made some older people invisible.”

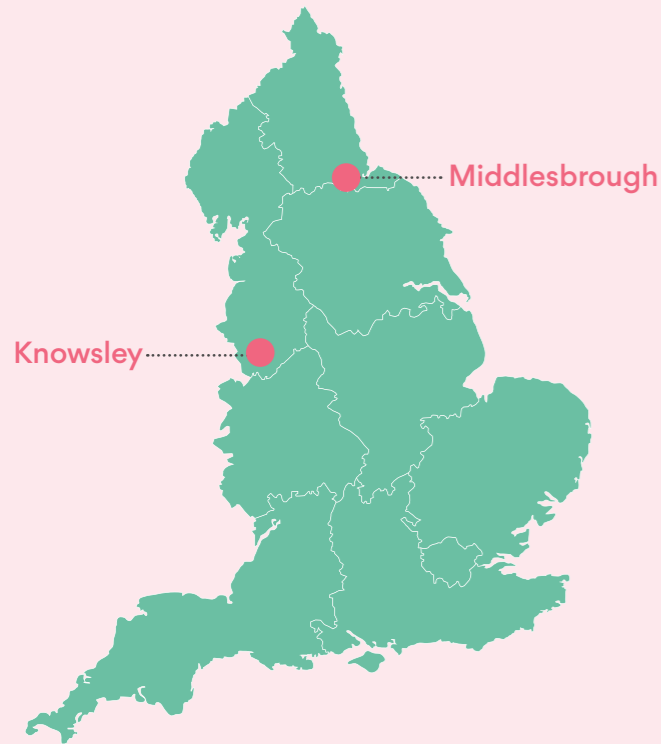
Woman in her seventies, Knowsley



“I thought, ‘Well, hang on a minute, if I can’t negotiate this website and I’ve worked with computers for God knows how long, how’s somebody 70, 80, 90 going to negotiate this?’”

Woman in her fifties, Knowsley

Ageing in place



The experience of growing older in Middlesbrough and Knowsley

As part of our research for this report, we spoke to older people in Middlesbrough and Knowsley about their experience of growing older in areas described by official statistics as being among ‘the most deprived’ places to live in England. The fact that this deprivation affects older people is demonstrated throughout our report: there are high levels of pensioner poverty and poor housing and lower-than-average life expectancy and healthy life expectancy in these areas.

Among the people we spoke to, their experience of growing older was mixed. We heard appreciation for the services that exist in some neighbourhoods, such as libraries that provide a wide range of activities. Many people talked about a strong sense of community, where neighbours help with tasks

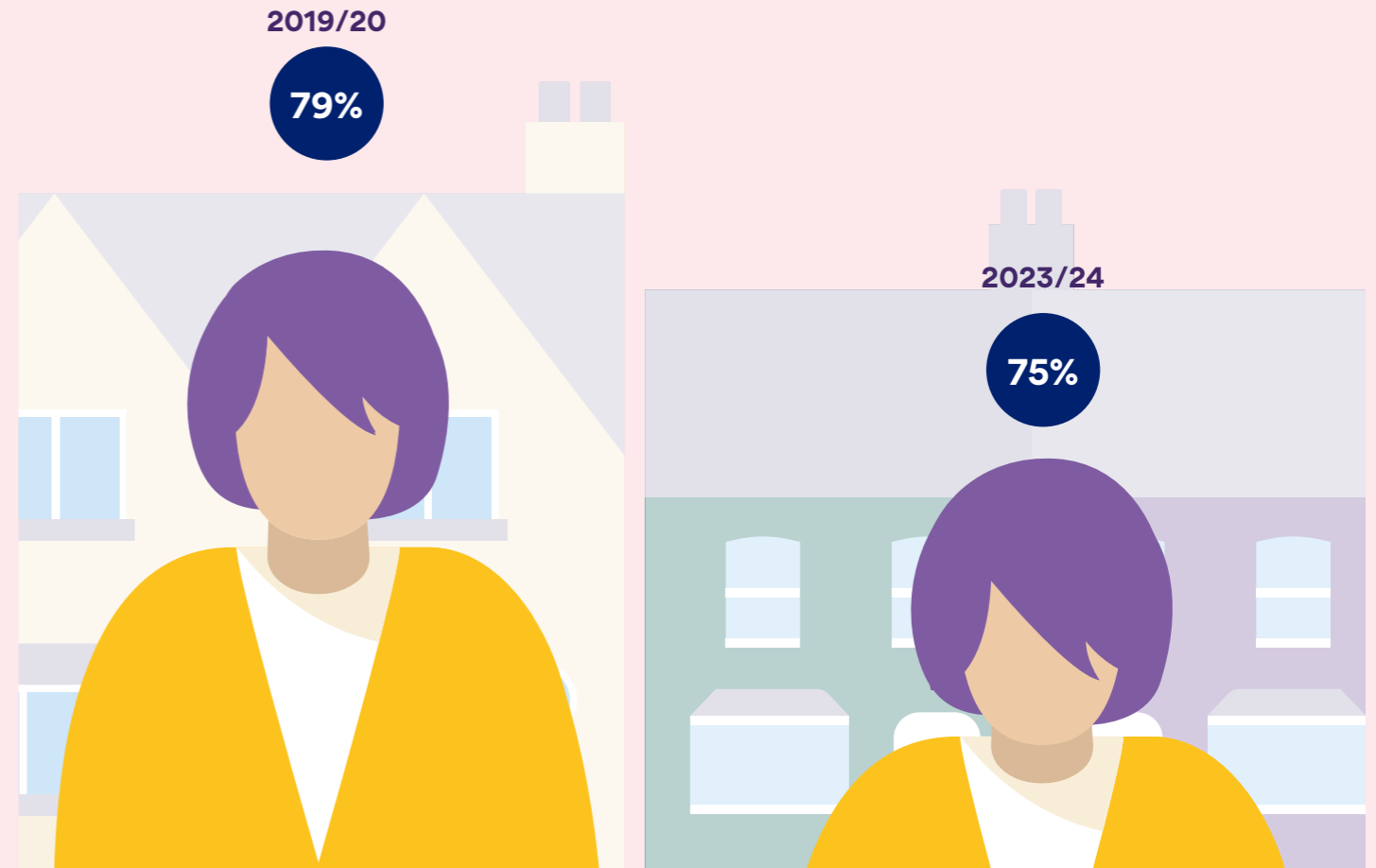
“I actually feel comfortable and I feel safe where I live, and I think that’s because of the neighbours and the neighbourhood, because everybody kind of looks out for one another, makes sure everyone is ok, keeps everywhere clean and tidy in the close.”

Man in his seventies, Knowsley

and look after each other (the informal volunteering described in our Society chapter). At the same time, they expressed a sense of loss for the communities they had known in their youth. This sense of loss also encompassed much else that they felt was no longer part of where they lived, such as good jobs, a reliable GP practice, buses, shops and local newspapers with details of local events and activities. Their sadness at this loss is not just for them, but also for the younger generation who are missing out on education and job opportunities, youth clubs and a sense of pride in the place where they live. The effect of these losses was described in stories of increased caring responsibilities, social isolation and feeling forgotten and invisible.

Many of the people we spoke to also expressed a low level of trust that those delivering services in their area will keep any promises to improve – or even deliver a service as they are commissioned to do. We heard of streets not being cleaned, parks not maintained, buses that don’t show up, and ‘supported’ housing with only the bare minimum of support. The people we spoke to were active members of their community – age-friendly ambassadors and engaged members of local Ageing Well groups – but they described a lack of political engagement with the issues affecting them.

Fewer people aged 50 to 64 are satisfied with their neighbourhood than before the pandemic



“They took the life out of Middlesbrough when they made the [terraced] housing redundant...and knocked them down. The community was sent out to different areas. They broke up the community and there was no life left in the town.”

Woman in her seventies, Middlesbrough

Ageing in place

We asked people to describe what they would like to see in their areas to help them age well. This is what they told us:

Employment:

- Good work and job opportunities (for people of all ages)
- Apprenticeships, training and education provision (for people of all ages)
- Support for carers to help them return to work when caring ends
- Options for manual workers as they age, especially given the increases to the State Pension age

Housing:

- Houses appropriate for people to grow older in
- Support for maintenance costs for homeowners (who may be asset rich but cash poor)
- More appropriate accommodation and community-based services for people who need additional support (eg because of mental health needs or substance misuse)
- More agency and control for older people living in supported housing (eg support for adaptations to meet individual needs in shared spaces)
- Reinstatement of decommissioned support in specialist older people's housing (eg wardens)
- More extra-care housing

Health and care:

- Increased capacity in primary care, including dentists and GPs
- More face-to-face (technology-free) access to health services, and more straightforward technology (eg easy-to-use telephone systems)
- A consistent family doctor
- More funding for mental health
- Better communication about who you are seeing (eg nurse, doctor, pharmacist)

Green spaces:

- Well-maintained and attractive green spaces near people's homes
- Volunteer groups to help care for local green spaces

“It's how we make Knowsley as a whole more equal, because we've got health inequalities showing. You've a greater risk of dying if you live in that area of Knowsley than, you know, if you live in [another area], and it just feels absolutely mad that, doesn't it?”

Woman in her seventies, Knowsley

Community cohesion and participation:

- A variety of things for older people to do, which meet a wide range of interests
- More informal contact with neighbours, and formal programmes like Good Neighbours schemes
- People taking care of where they live (eg picking up litter)
- Regeneration that takes account of the need for people to stay connected in their communities as they age
- Opportunities to bring people of all ages together
- Accessible, timely and offline information about community events
- Feeling safe and confident to move around your neighbourhood at all times of day
- A visible and responsive police presence in the local community
- Youth clubs and activities for younger people
- Being listened to – at a national and local level – and feeling like you have a stake in where you live
- Better political representation

Transport:

- Good public transport to places where services are located and local nature spots
- Improved links for older people's housing schemes
- Timetable coordination between different public transport services
- Easier-to-read timetables at bus stops
- Training for bus drivers to improve their support of Disabled passengers
- Measures to help people feel safe while travelling (eg technology and training for bus drivers)

Shops and facilities:

- A good range of shops in the town centre, accessible by public transport
- Bringing different facilities under one roof, such as Post Offices as community hubs, supermarkets as one-stop shops and community banks (a range of commercial banks using the same facility on different days)

We also heard people talk about the stigma associated with words like deprivation and poverty, and how it feels to live in a place referred to as 'deprived' in official statistics. The Joseph Rowntree Foundation has described poverty stigma as 'acts of harm that intersect with and amplify existing inequalities in class, disability, race, ethnicity, gender, sexuality and citizenship status'. We explain our use of the terms in the technical report.

What needs to happen?

Our population is ageing – but this is not happening evenly across the country and there are inequalities in how people age in different areas.

To address this, we need cross-departmental action from national government to drive progress for older people across all policy areas. We also need clear commitments from Strategic Authorities and their Mayors who, with the necessary devolved powers, direction and funding, can better support their ageing communities' unique needs at a local level.

Financial security

National government: Commit to pause increases to the State Pension age until there is a plan in place to ensure that any changes do not push significant numbers of people into poverty

National government: Review State Pension levels and associated benefits to ensure fewer pensioners are forced to live in material deprivation, unable to afford the basic necessities for a dignified life

Our ageing population

National government: Establish a Commissioner for Older People and Ageing for England to give a voice to the many older people who are currently marginalised, so their diverse experiences and the issues that matter to them are represented in policymaking across the board, including housing, employment and pension decisions

National government: Develop and deliver an ageing society strategy that balances the current needs of older people with the long-term implications of our ageing population, taking into account regional inequalities

Local government: Develop a more comprehensive view of what ageing in their area looks like through their own local State of Ageing report, so they can more effectively support and plan for their ageing population. Introduce local Older People Champions to help drive progress in their area

Employment

National government: Commit to an employment rate target of 75% for people aged 50 to 64 by 2030, and provide a clear measure of progress in improving rates of employment among the over fifties during this parliament

Local government: New Strategic Authorities and their Mayors to ensure that high standards for people in their fifties and sixties are built into the design of all local Get Britain Working plans and locally supported employment programmes to considerably improve access to work for people over 50

Society

National government: Provide every local authority with the resources it needs to become an Age-friendly Community

Local government: Respond to local demographic change and create local communities where older people can be active, involved and shape the places they live in.

Everyone: Organisations to put in place effective policies to tackle ageism and individuals to challenge ageist behaviour. As our national campaign Age Without Limits highlights, we want everyone, both individuals and organisations, to notice and to challenge ageism, which has an impact on all our lives

Homes

National government: Commit to improving the quality of cold, dangerous homes, particularly for poorer homeowners, in the forthcoming national Housing Strategy. This should set out detailed plans to improve poor-quality homes of all tenure types across England and bring together work on housing by multiple government departments

National government: Urgently deliver the longstanding commitment to raise accessibility standards for all new homes, so that disabled and older people can live independently and with dignity in the 1.5 million new homes being built during this parliament

Health

National government: Reduce the huge gap in healthy life expectancy through a Commissioner for Older People and Ageing to ensure that older people's needs are considered across measures to build a healthier nation

National government: Invest in local public health services that tackle health inequalities and reduce costs and pressures on the NHS

Equality

National government: Develop a national race equality strategy that sets out how ethnic inequalities will be tackled across the life course, to prevent them from widening in later life

National government: Increase sample sizes in national survey data to enable analysis by age combined with other characteristics such as ethnicity or geography – this is vital if local and national policymakers are to take account of growing diversity and inequality within older age groups

Acknowledgements

We would like to thank the following people and organisations for their contribution to State of Ageing 2025:

- Jen Casey-Kidd of Healthwatch Knowsley and Emma McInnes of Public Health South Tees (Middlesbrough Council) and their colleagues for their work to enable our conversations with older people from their communities and for hosting us and helping with logistics
- Everyone in Middlesbrough and Knowsley who gave their time to share their experiences of where they live and what they feel would help to make their communities better places in which to grow old. These conversations informed our thinking and enriched the report
- Members of the Centre for Ageing Better's Experts by Experience network for sharing their insights and experiences
- UCL intern Cerys Taylor for her work on data and charts, and UCL for supporting her internship
- Jabeer Butt and Jahan Foster Zabit of [Race Equality Foundation](#) for their advice and support concerning the presentation of data on people from ethnic minority backgrounds
- The [National Centre for Social Research](#) for their insight and direction related to the additional data analyses they conducted of publicly available data sets
- Professor Matt Padley and Dr Juliet Stone of Loughborough University who helped us understand the Minimum Income Standard
- Elizabeth Webb and Phil Mawhinney of Age UK
- Tatiana Sherwood and Michelle Ravenor of Independent Age
- Lydia Warden and colleagues of Department of Culture, Media and Sport for providing bespoke tables from the Community Life Survey



References

- 1 Office for National Statistics. *Life expectancy for local areas of Great Britain: between 2001 to 2003 and 2021 to 2023*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2021to2023>
- 2 Centre for Ageing Better analysis of data from *English Housing Survey, 2022: Housing Stock Data*
- 3 Centre for Ageing Better analysis of data from *Quarterly Labour Force Survey, Q2 2024*
- 4 Department for Work and Pensions. *Households below average income: for financial years ending 1995 to 2023*. Available at: <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2023>
- 5 Office for National Statistics. *Census 2021: Age (b) and ethnic group*. Available at: <https://www.ons.gov.uk/datasets/create/filter-outputs/e6cc8bd7-5dfc-4bf6-a137-505d5a971112>
- 6 Office for National Statistics. *Census 2021: Age (b) and unpaid care*. Available at: <https://www.ons.gov.uk/datasets/create/filter-outputs/b70ef913-e7e0-4577-b2f6-1eb1c52a11a8#get-data>
- 7 Centre for Ageing Better. *The State of Ageing 2023-24: Our Ageing Population*. Available at: <https://ageing-better.org.uk/our-ageing-population-state-ageing-2023-4>
- 8 Department of Health and Social Care. *Chief Medical Officer's annual report 2023: health in an ageing society*. Available at: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>
- 9 Centre for Ageing Better analysis of data from *English Housing Survey, 2022: Housing Stock Data*.
- 10 Ibid.
- 11 Ibid.
- 12 Ibid.
- 13 British Heart Foundation. *Hot weather and your heart*. Available at: <https://www.bhf.org.uk/informationsupport/support/practical-support/weather-and-your-heart>
- 14 Centre for Ageing Better analysis of data from *English Housing Survey, 2022: Housing Stock Data*.
- 15 Ibid.
- 16 Ibid.
- 17 Department for Work and Pensions, HM Treasury and Department for Education. *Get Britain Working White Paper*. Available at: <https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper>
- 18 Organisation for Economic Co-operation and Development (OECD). *Infra-annual labour market statistics employment rate quarter two 2024*. Available at: <https://www.oecd.org/en/data/indicators/employment-rate.html>
- 19 Centre for Ageing Better analysis of data from *Quarterly Labour Force Survey, Q2 2016 and 2024*
- 20 Ibid.
- 21 Ibid.
- 22 Ibid.
- 23 Ibid.
- 24 Centre for Ageing Better. *The State of Ageing 2023-24: Work*. Available at: <https://ageing-better.org.uk/our-ageing-population-state-ageing-2023-4>
- 25 Centre for Ageing Better. *The State of Ageing 2023-24: Work*. Available at: <https://ageing-better.org.uk/our-ageing-population-state-ageing-2023-4>
- 26 Centre for Ageing Better. *Effects of Ageism*. Available at: <https://www.agewithoutlimits.org/our-research>
- 27 Centre for Ageing Better analysis of data from *DWP Stat-Xplor: Job Outcomes and WHP Starts to May 2022*
- 28 House of Commons Library. *Pensions: International comparisons*. Available at: <https://researchbriefings.files.parliament.uk/documents/SNO0290/SNO0290.pdf>
- 29 Joseph Rowntree Foundation. *A Minimum Income Standard for the United Kingdom in 2024*. Available at: <https://www.jrf.org.uk/sites/default/files/pdfs/a-minimum-income-standard-for-the-united-kingdom-in-2024-dd711aa6750d219125152bfd98b1f486.pdf>
- 30 Ibid.
- 31 Centre for Ageing Better analysis of data from *Department for Work and Pensions: Households below average income statistics for 2023*
- 32 Phoenix Insights. *Changing Journeys: How we save, work and retire*. Available at: <https://www.thephoenixgroup.com/media/b2mj1yxq/changing-journeys-how-we-save-work-and-retire.pdf>
- 33 Department for Work and Pensions. *Pensioners' Incomes: financial years ending 1995 to 2023*. Available at: <https://www.gov.uk/government/statistics/pensioners-incomes-financial-years-ending-1995-to-2023>
- 34 Independent Age. *An adequate income in later life*. Available at: https://www.independentage.org/sites/default/files/2024-11/Income_adequacy_briefing_1.pdf
- 35 Department for Work and Pensions. *Pensioners' Incomes statistics*. Available at: <https://www.gov.uk/government/collections/pensioners-incomes-series-statistics--3>
- 36 Department for Work and Pensions. *Households below average income: for financial years ending 1995 to 2023*. Available at: <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2023>
- 37 Ibid.
- 38 Ibid.
- 39 Centre for Ageing Better analysis of data from *Households below average income: for financial years ending 1995 to 2023*
- 40 Independent Age. *An adequate income in later life*. Available at: https://www.independentage.org/sites/default/files/2024-11/Income_adequacy_briefing_1.pdf
- 41 Centre for Ageing Better analysis of data from the *Community Life Survey 2023/24*
- 42 Ibid.
- 43 Ibid.
- 44 Office for National Statistics. *Families and Households*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/familiesandhouseholds>
- 45 Centre for Ageing Better. *Effects of Ageism*. Available at: <https://www.agewithoutlimits.org/our-research>
- 46 Ofcom. *Adults' media use and attitudes 2024: interactive report*. Available at: <https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-adults/adults-media-use-and-attitudes-2024-interactive-report/>
- 47 Ibid.

Let's take action today for all our tomorrows.

Let's make ageing better.

Reproduction of the findings of this report by third parties is permitted. We ask that you notify us of planned usage at **digital@ageing-better.org.uk**

The Centre for Ageing Better is pioneering ways to make ageing better a reality for everyone, including challenging ageism and building an Age-friendly Movement, creating Age-friendly Employment and Age-friendly Homes.

Access the State of Ageing report here:



Complete our survey here:

