

# State of Ageing 2025

**Version 2**  
July 2025

## Technical Report





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## 1. Introduction

This Technical Report accompanies [State of Ageing 2025](#). This version covers the chapters published in March 2025 and July 2025 (full Homes chapter). Further versions will be released as new chapters are published.

The aim of this Technical Report is to assist people in both referring to and using the data in the State of Ageing for their own purposes. Sometimes this may require referring back to the original data sources used in State of Ageing. All charts include a link in the footnote to the sources used, and there are further links in the text where needed. Not all the data used is publicly available as we have in some instances conducted our own analysis or commissioned analysis by age and other characteristics of data securely deposited with the UK Data Service.

If you have questions about any of the data contained in State of Ageing 2025, please email [evidence@ageing-better.org.uk](mailto:evidence@ageing-better.org.uk)

## 2. 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 in bringing together older people from their communities who informed our thinking and enriched the report as well as 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 felt would help to make their communities better places in which to grow old
- Members of the Centre for Ageing Better's Experts by Experience network for sharing their insights and experiences
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- The staff at Triage, for running the supported employment programme from which we drew the quotes that accompany the Work chapter
- The [National Centre for Social Research](#) for their insight and direction related to additional data analyses that 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
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- Lydia Warden and colleagues at DCMS for providing bespoke tables from the Community Life Survey

### 3. Citing State of Ageing 2025

State of Ageing is intended as a resource for others to use. As such we welcome referenced inclusion of State of Ageing content in other publications. The following examples show how to cite State of Ageing using Harvard referencing style that may be adapted according to your own referencing style:

The State of Ageing report:

- Centre for Ageing Better (2025) *State of Ageing 2025*. [online] Available at: <https://ageing-better.org.uk/state-ageing-2025> (Accessed: day/month/year)

Individual chapters (e.g. Homes):

- Centre for Ageing Better (2025) Homes. In: *State of Ageing 2025*. [online] Available at: <https://ageing-better.org.uk/homes-state-ageing-2025> (Accessed: day/month/year)

Individual charts (e.g. chart 2.01)

- Centre for Ageing Better (2025) *2.07 Percentage of people aged 50 to 64 providing unpaid care, by hours per week and region, England, 2021* [online chart] Available at: <https://ageing-better.org.uk/our-ageing-population-state-ageing-2025> (Accessed: day/month/year)

The PDF Summary report

- Centre for Ageing Better (2025) *State of Ageing Summary 2025*. London: Centre for Ageing Better. [online] Available at: <https://ageing-better.org.uk/summary-state-ageing-2025> (Accessed: day/month/year)

This Technical Report

- Centre for Ageing Better (2025) *State of Ageing 2025 Technical Report v1*. Centre for Ageing Better. Available at: <https://ageing-better.org.uk/resources/state-ageing-2025-technical-summary> (Accessed: day/month/year)

## 4. Terminology

### 4.1. Ethnicity

- We acknowledge that using terms and categories to describe ethnicity is contentious, and that there are different views on how to do this. Using Black, Asian and Minority Ethnic (abbreviated as BAME) as a category can demonstrate an overall difference in measures as compared to the majority White population and is therefore useful in highlighting structural racism. However, there is significant variation between minority ethnic groups, which means that the BAME category obscures an individual's or a specific community's experience. Therefore, where the data allows, we include data for individual ethnic groups as well as for a BAME and an "All" category. The "All category" enables us to compare individual ethnic groups' experience with the average, rather than using White British as the reference category.
- Not all surveys allow analysis at the level of individual ethnic group however, because of inadequate samples sizes, and so can end up using different composite categories of ethnic groups (or just a combined BAME group). We have noted where this occurs.
- These are the terms we use in the report:
  - **minority ethnic communities / backgrounds** to describe all ethnic communities / backgrounds other than White British
  - **Black, Asian and Minority Ethnic communities / backgrounds** to describe all communities / backgrounds excluding all White communities / backgrounds.
- Note that one of Ageing Better's recommendations is to **close the ethnicity data gap** through the collection of adequate data that allows us to understand the experiences of individual ethnic groups.

### 4.2. Sexual orientation and gender identity

We use terms that reflect those used in the 2021 Census

- LGB+ includes people who identify as lesbian, gay, bisexual, pansexual, asexual, queer and other minority sexual orientations
- Trans includes all people who identify as a gender that is different from their registered sex at birth
- LGBT+ includes both categories above

### 4.3. Disability

- Centre for Ageing Better uses a social model of disability. We use the term Disabled people with a capital D to signify a collective identity as a group that is marginalised in society (note that we do not a capital D in non-disabled).
- Many data sources cited (e.g. Census data) use the GSS Harmonised definition of disability which corresponds to the definition in the Equalities Act 2010. This requires a person to answer "yes" to both the following questions to be classed as a Disabled person:

- Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
- Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

This definition has several advantages but may result in under-reporting in some circumstances (see p.18-19 in [this report](#) for further discussion).

#### 4.4. Economic inequality, poverty, and deprivation

When researching and discussing economic inequality, measures related to poverty are frequently used to describe the economic situation of individuals, and measures related to deprivation to describe the situation of localities.

- **Poverty**, according to the Joseph Rowntree Foundation, means [“not being able to heat your home, pay your rent, or buy the essentials”](#). It can be measured in absolute terms (lack of basic needs for survival) or relative terms (having significantly less than the average income in a society), with no one single measure being best.

In our report, the definition of poverty we use, unless otherwise stated, is living on less than 60% of median income (equivalised) after housing costs, known as relative poverty.

Although we use an income based measure of poverty we recognise that [broader definitions](#) of poverty include not just financial hardship but also lack of access to education, healthcare, and other essential services that contribute towards well-being, quality of life and participation in society.

Deprivation measures relate to the areas where people live – two measures we use are Income Deprivation and Index of Multiple Deprivation.

- **Income Deprivation** is measured by looking at the proportion of people with low incomes within a certain area or population. This proportion includes both people receiving out-of-work benefits and people who are on low earnings who meet the [means test requirements](#) for benefits such as Pension Credit or Working Tax Credits (see note below in section 5.2). In State of Ageing when the data relates to income deprivation in areas, we use the terms “richest” and “poorest” areas.
- The Income Deprivation Domain is one of [seven domains](#) that make up the **Index of Multiple Deprivation (IMD)**. The other domains are: Employment Deprivation; Education, Skills and Training Deprivation; Health Deprivation and Disability; Crime; Barriers to Housing and Services; and Living Environment Deprivation. The IMD thus provides a place-based measure of deprivation that goes beyond financial measures to give a broader definition of poverty in a place. In State of Ageing, when the data relates to the IMD in areas, we use the terms “most deprived” and “least deprived” areas.

Although we use these terms in our State of Ageing report for accuracy and to enable comparison with other sources, we recognise that they are problematic, in that they can reinforce stigma for both individuals and places and do not reflect the fullness of living in a community. In the community sessions we carried out as part of this report, we spoke to people about how it felt to live in a place described in official statistics as “deprived”. The people we spoke to wanted us to highlight the challenges of ageing in places that

lacked the infrastructure, services and resources they need to age well but also to highlight the strengths and assets within their communities.

#### 4.5. Households and homes

The **household head** is the person in whose name the dwelling is owned or rented or who is otherwise responsible for the accommodation. In the case of joint owners and tenants, the person with the highest income is taken as the household head. Where incomes are equal, the older person is taken as the household head.

The **Decent Homes Standard** was introduced in 2006. It looks at how safe a home is, or whether it has any features, such as damp, that could harm the health and wellbeing of the people who live there. For a dwelling to be considered 'decent' under the Decent Homes Standard, it must:

- meet the statutory minimum standard for housing – that is, be free of Category 1 hazards, defined as anything that causes a 'serious and immediate risk' to the occupants' health and safety. Category 1 hazards are the most common reason for failing the decent homes standard
- provide a reasonable degree of thermal comfort
- be in a reasonable state of repair
- have reasonably modern facilities and services

#### 4.6. Financial measures

- In the UK, "after housing costs" (AHC) refers to the income remaining after deducting various housing-related expenses. These typically include:
  - Rent or mortgage payments: The primary cost of housing.
  - Council tax: A local tax on residential properties.
  - Service charges: Fees for maintenance and services in communal areas, often applicable to flats.
  - Ground rent: A regular payment made by leaseholders to the freeholder.
  - Utility bills: Costs for essential services like electricity, gas, water, and sometimes internet.
  - Home insurance: Insurance to cover potential damages to the property.
  - Maintenance and repairs: Regular upkeep and unexpected repairs to keep the property in good condition

## 5. Notes on Data Sources

### 5.1. Census 2021 data

Charts 2.04, 2.05, 2.06, 2.07 and 5.04 use data from Census 2021.

- The population type used is “Usual Residents” which includes people usually living in England and Wales and excludes non-UK born short-term residents and visitors. Although this information is displayed on the initial custom dataset page it is not included in the metadata once spreadsheets are generated.
- Coverage will either be England, or England and Wales. Area types and coverage can easily be amended from the initial custom dataset page before downloading the data. This enables selection of different countries, or indeed smaller geographical areas of interest (although users need to be aware that some data in small geographical areas may not be available due to data disclosure rules).
- Once data has been downloaded, we generally inserted pivot tables to create tables on which to perform further analysis, such as combining categories and calculating proportions from the raw numbers generated. Where we created datasets that cover both England and Wales, we have filtered pivot tables to return data for England only.

#### 5.1.1. Ethnicity

For custom datasets in which ethnicity is a variable, we have used 20 ethnic group categories (19 ethnic groups plus “Does Not Apply”) to generate data at the most detailed level available.

#### 5.1.2. Sexual Orientation

- Please note it is not possible to combine Census figures provided for LGB+ and trans identities to calculate totals for LGBT+ people because these categories are not discrete – i.e. combining these would result in double counting of individuals who identify as both LGB+ and trans.
- Due to data disclosure concerns sexual orientation and gender identity are not available as variables in the custom dataset table builder (see introduction to section 5.1 above). Centre for Ageing Better requested the following data from ONS, which is now published online: [Sexual orientation of the older population by different characteristics](#). This covers sexual orientation, age (50 and over) and sex by general health, hours of care provided, tenure type and household size.

#### 5.1.3. Disability

It is difficult to compare rates of disability over time using Census data, as the question was changed for the 2021 Census to align with the Equality Act 2010 definition (see section 4.3). The reported rates of disability in the 2021 Census for older people are much lower than previously – which could be related to removal of reference to including “problems related to old age” in the new question. It is likely therefore that the rates reported for older people are an under-estimate of disability among this age group.



## 5.2. Income deprivation data

Charts 2.06 and 5.03 use income deprivation data

Income deprivation is one of the seven domains that make up the [Index of Multiple Deprivation](#). It refers to the proportion of the population in an area experiencing deprivation due to low income. This includes both people who are out of work and those who are in work but have low earnings.

Income deprivation is calculated by measuring the proportion of the population experiencing deprivation due to low income. This involves the following:

1. Identifying Low-Income Households: this includes households receiving certain benefits, tax credits, or other government support, such as Income Support, Jobseekers Allowance or Universal Credit.
2. Counting dependents: in which the dependents of these low-income households, including children and older adults are counted.
3. Population estimates: these counts are then combined with population estimates to determine the proportion of the population experiencing income deprivation.

See [here](#) for a list of indicators included in this domain.

## 5.3. Index of Multiple Deprivation data

Where IMD data is used, this is taken from the [2019 Index of Multiple Deprivation](#), which is due to be updated later in 2025. Data at a local authority level is taken from the dataset [Mapping income deprivation at a local authority level](#).

## 5.4. Community Life Survey data

The greatly increased sample size for the [2023/24 Community Life Survey](#) (176,876) compared to previous years (circa 10,000) was designed to allow for more granular analysis of the data at local authority level. It also enables more granular analysis of other characteristics, including ethnicity at a national level.

We plan to do further bivariate analysis of this data by age plus other demographic characteristics once the data is deposited with the UK Data Service. We will publish a longer Society chapter once this has been analysed.

Also see section 6.4 for information on our analysis of **English Housing Survey** data.

## 6. Notes on Chapters

This section only includes notes on selected charts and bullet points where we felt further clarification was necessary. As stated in the introduction, all charts have a footnote with a link to the sources used, and there are further links in the text where needed.

If you require further details of the data sources used, or the calculations performed to produce charts and accompanying bullet points, please email:

[evidence@ageing-better.org.uk](mailto:evidence@ageing-better.org.uk)

### 6.1. Summary

No references to this technical report. See associated chapters for chart details.

### 6.2. Our Ageing Population

#### **Chart 2.02b Change in median age (in years) between 2013 and 2023, by local authority, England**

Table MYE6 in the Mid-2023: 2023 local authorities edition of this dataset was used. City of London data was excluded as, because as the population is very small, fluctuations in median age occur which may not be representative of longer term trends. The median age in City of London fell 6.7 years from 40.3 years to 33.6 years between mid 2013 and mid 2023.

The final bullet point includes the statement: “The seven local authorities that saw the largest increase in median age between 2013 and 2023 were already in the top 20 for median age in 2013”. These authorities, with their positions in 2013 are:

Local authority	Change in median age in years 2013-2023	Rank median age 2013 (from total 304 local authorities)
Derbyshire Dales	4.6	10
Isle of Wight	4.5	16
Torridge	4.1	12
New Forest	3.8	10
Fylde	3.8	13
Dorset	3.8	9
West Devon	3.8	7

North Norfolk, which had the highest median age in both 2013 and 2023 ranked joint 12<sup>th</sup> in terms of increase in median age between these years.

Concerning the following bullet point in “**We also know that:**”

“There can be considerable variation within local authorities, which is seen in the youngest cities that have large student populations. In Manchester the percentage of people aged 50 and over varies between 7% and 33% in different wards compared with a national average of 38%”



The data for Manchester is based on a Census 2021 custom dataset:  
<https://www.ons.gov.uk/datasets/create/filter-outputs/e0e4011e-21ef-4576-ac04-cc2fa5acec30#getdata>

In Manchester the percentage of people aged 50 and over in the city centre ward of Deansgate is 7%, compared to 33% in the wards of Brooklands, Didsbury East and Moston.

### Chart 2.03 Projected population (thousands), by age, England, 2025 to 2045 and 2065

The source file for chart 2.03 is en\_ppp\_machine\_readable.xls, principal variant, available from the table of contents file for the 2022-based national population projections table of contents.

Concerning the following bullet point in “**We also know that:**”

“The pattern of population change seen in local authorities since 2013 is predicted to stay the same – the oldest places will age at the fastest rate. Places that already had a greater proportion of people aged 65 and over in 2023 are predicted to see the largest increases in this age group between 2023 and 2043. The Isle of Wight is set to have the highest percentage increase, and six other local authorities in the top 20 for the proportion of people aged 65 and over in 2023 are also in the top 20 for the projected increase in this proportion by 2043”.

Data is from the statistical bulletin [Subnational population projections for England: 2018-based](#) which is due to be updated in February / March 2025.

The six emboldened authorities within the 20 highest for percentage of people aged 65 and over in 2023 listed below are also in the top 20 for projected growth between 2023 and 2043:

	% 65+ 2023	% 65+ 2043	ppt change 2023-2043	Rank projected ppt change
<b>West Somerset</b>	<b>36.3</b>	<b>44.0</b>	<b>7.7</b>	<b>10</b>
North Norfolk	34.3	40.4	6.1	82
<b>Rother</b>	<b>33.5</b>	<b>41.1</b>	<b>7.6</b>	<b>15</b>
<b>West Dorset</b>	<b>33.1</b>	<b>41.9</b>	<b>8.8</b>	<b>2</b>
East Dorset	32.4	38.3	5.9	94
Christchurch	32.3	39.7	7.3	21
East Lindsey	31.1	37.8	6.7	40
East Devon	31.1	37.1	6.0	87
New Forest	30.8	37.4	6.5	50
Tendring	30.3	35.3	5.0	160
<b>Isle of Wight</b>	<b>30.1</b>	<b>39.3</b>	<b>9.2</b>	<b>1</b>
Arun	29.6	36.5	6.8	33
<b>Purbeck</b>	<b>29.6</b>	<b>36.9</b>	<b>7.4</b>	<b>20</b>
South Lakeland	29.6	35.0	5.4	128
<b>Suffolk Coastal</b>	<b>29.5</b>	<b>37.2</b>	<b>7.6</b>	<b>13</b>
South Hams	29.5	35.2	5.7	107

Malvern Hills	29.3	35.5	6.1	78
Craven	29.2	35.7	6.5	51
Wyre	29.2	35.7	6.6	44
West Devon	29.2	35.7	6.6	42

Note that this is based on 2018 boundaries and some of these local authorities no longer exist.

#### **Chart 2.05b Top 20 local authorities for percentage of people aged 55 and older who are LGB+, by coastal/rural/urban classification, 2021, England**

The total number of people living in London aged 55 and over is 3,127,375 out of a total of 26,460,199 in this age group in England. So the percentage of people aged 55 and over in England who live in London is 12%. The number of LGB+ people aged 55 and over living in London is 38,336 out of the 187,332 LGB+ people aged 55 and over in England (187,332). This is equivalent to 20% of the LGB+ population.

Questions on sexual orientation and gender identity are sensitive and were not compulsory in the Census. Around 8% of people aged 55 and over did not answer questions about sexual orientation. This figure is broadly similar to that for younger ages. Therefore, it is possible that the numbers of LGB+ people in the population are somewhat higher than cited here. Also see note 5.1.2 above regarding combining data on sexual orientation and gender identity..

Concerning the following bullet point in “**We also know that:**”

“The 2021 Census data on sexual orientation revealed that there are more than four times as many LGB+ people aged 45 to 64 (294,000) as those aged 65 and over (65,000). So, as these people age over the next two decades, diversity in sexual orientation among people aged 65 and over is set to increase, with this increase set to continue as 430,000 LGB+ people aged 25 to 34 grow older”

See chart 2.07 in [State of Ageing 2023/24](#) for figures.

#### **Chart 2.06 Percentage of people aged 50 to 64 and those aged 65 and older who are disabled under the Equalities Act, by income deprivation rate in English local authorities, 2021**

This chart displays [disability data from the 2021 Census](#), the [local authority income deprivation rate](#) based on the English Indices of Deprivation 2019 and the local authority [rural urban classification](#) derived from the [2011 Local Authority Rural Urban Classification](#). (Note that the [English Indices of Deprivation](#) are due to be updated in late 2025).

See section 5.2 for further details on how income deprivation data is calculated.

Due to certain local authority boundaries being redrawn since 2019 (the year for which data was most recently available), it was not possible to make a rural urban classification for the following local authorities: Bournemouth, Christchurch and Poole, Buckinghamshire, Dorset, Folkestone and Hythe, East Suffolk and West Suffolk. These local authorities have therefore been omitted from this analysis.



Also see section 5.1.3 on limitations of Census disability data for older people.

### **6.3. Work**

Data from the Labour Force Survey are used in this chapter but we acknowledge that there are known to be [issues with the accuracy](#) of Labour Force Survey data that have worsened since late 2019. For this reason, we have focused mainly on cross-sectional analyses rather than on time series.

#### **Charts 3.02, 3.03, 3.05, 3.07, 3.09, 3.10 and 3.12**

These charts use Labour Force Survey data that was downloaded from the UK Data Service and analysed in STATA. Code available on request (please email: [evidence@ageing-better.org.uk](mailto:evidence@ageing-better.org.uk)).

The same analysis supplied the following data at **Chart 3.06**:

- Of the 3 million people who are currently out of work (unemployed or inactive) with a long-term health condition, more than half (53%, or 1.6 million) are aged 50-65.
- More than half a million people aged 50 to 65 who are economically inactive – and not actively job seeking – say they would like to work. 348,000 of these are out of work due to sickness or disability

#### **Charts 3.04 and 3.08**

Annual Population Survey data was downloaded from [NOMIS](#) and analysed in Excel.

#### **Chart 3.13 Employment rate, by age (%) UK, Jun-Aug 2011-2024**

“Data discontinuity” at 2019 signifies the reweighting of Labour Force Survey estimates from January to March 2019 onwards. This reweighting exercise creates a discontinuity between December 2018 to February 2019 and January to March 2019 where there will be a step change in the Labour Force Survey estimates. See [here](#) for more information.

All quotations in the Work chapter are taken from participants in an evaluation of the Steps to your Goal programme – a 50+ employment support programme delivered by Triage in Middlesbrough with referrals from across the Tees Valley. Triage works with local, regional and national stakeholders to deliver government-led initiatives in the skills and employability sector. The fieldwork took place between 27 August and 5 September 2024. The Centre for Ageing Better is evaluating this programme with a report to be published in 2025.

### **6.4. Homes**

All analyses have been conducted for Ageing Better by the National Centre for Social Research (NatCen) using data from the [English Housing Survey](#) (EHS), a continuous national survey collecting information about people's housing circumstances and the physical condition of their properties.

The EHS is run annually and each year of fieldwork can be used to provide estimates of the state of the nation's housing in that year (Household data). In addition to this annual data, a combined two-year dataset – the Housing Stock data – is published. The Housing Stock data includes a more detailed inspection of the property but as it is only conducted for a subset of the EHS sample, is only published for two combined years of fieldwork.

The datasets used are primarily the Household datasets for 2021/22 and 2022/23 and the EHS Housing Stock 2022 data, which is a combination of the two years (2021/22 and 2022/23) of Household data. It covers the time period from April 2021 to April 2023.

In previous years EHS collected data about the condition of properties based on a full survey of the property. During the COVID-19 pandemic this was not possible and only an external examination was conducted, based on which the condition of the property was estimated. This means that the methodology of determining the condition of housing has changed and this may have had some impact on the numbers of houses found to not meet the Decent Homes Standard, to have Category 1 hazards (under the Housing, Health and Safety Rating System), and to have damp.

Most estimates are weighted to be representative of the population of households in England (which excludes vacant dwellings). The same weights are applied in producing the total counts of households. Where estimates are made of the number of dwellings, the base includes all dwellings including those that are vacant.

Also see section 5.4 for definitions of terms used.

#### **Chart 4.10 Percentage of households in poverty before housing costs, by tenure type, England 2022/23**

A person was defined as being in poverty if they had a monthly income after housing costs that was 60% or lower of the median monthly income after housing costs.

### **6.5. Health and Wellbeing**

#### **Chart 5.03 Life expectancy at birth for men and women by quintile of income deprivation in local areas of England, 2020-2022**

##### **Data sources**

This chart displays [life expectancy data](#) from 2021-23, the local authority income deprivation quintile based on the English Indices of Deprivation 2019 and the local authority [rural urban classification](#) derived from the [2011 Local Authority Rural Urban Classification](#). (Note that the [English Indices of Deprivation](#) are due to be updated in late 2025).

The dataset [Mapping income deprivation at a local authority level](#) was used to provide the income deprivation quintile and the rural urban classification for each local authority.

See section 5.2 for further details on how income deprivation data is calculated.



## Creating the chart

Because some local authority boundaries have been redrawn, there are discrepancies between the lists of local authorities from the three sources (life expectancy, income deprivation and urban-rural classification). As a result, some local authorities have had to be removed from the final list included in the chart.

Specifically, we have 2021/23 life expectancy data for Buckinghamshire, North Northamptonshire, West Northamptonshire, Cumberland, Westmoreland and Furness, North Yorkshire and Somerset but not income deprivation data because the dataset [Mapping income deprivation at a local authority level](#) is from 2019, before boundaries were redrawn.

We have assigned Buckinghamshire an income deprivation quintile of 5 because [Bucks data exchange](#) states that "At aggregate level, Buckinghamshire's deprivation levels are low. With a 2019 Index of Multiple Deprivation (IMD) deprivation score of 10.1, Buckinghamshire is deemed the least deprived LEP area in England"

However, North Northamptonshire, West Northamptonshire, Cumberland, Westmoreland and Furness, North Yorkshire and Somerset all appear to have a mix of income deprivation levels across their neighbourhoods. So, it has not been possible to assign an income deprivation quintile to these local authorities and hence they have been removed from the data set used in this chart.

Bournemouth, Christchurch and Poole, Buckinghamshire, Dorset, Folkstone and Hythe, West Suffolk are identified in [Rural-Urban Classification 2011 lookup tables for higher geographies](#).

East Suffolk is not included in the tables above but a google search reveals that it is largely rural, so we have assigned it as category 1 (Predominantly rural).

The 5-category rural urban classifications (RUC11CD) were combined into a 3-category classification as follows:

- Mainly Rural (rural including hub towns  $\geq 80\%$ ) + Largely Rural (rural including hub towns 50-79%) becomes *Predominantly rural*
- Urban with Significant Rural (rural including hub towns 26-49%) + Urban with City and Town + Urban with Minor Conurbation becomes *Urban with significant rural*
- Urban with major Conurbation becomes *Predominantly urban*

The [Local Authority District to Region Lookup](#) tables were used to assign a region to each local authority (North East, North West, Yorkshire and The Humber, East Midlands, West Midlands, South West, South East, East of England and London).

These were then combined into a 4-category classification as follows:

- North East + North West + Yorkshire and the Humber becomes *Northern regions*
- East Midlands + West Midlands + East of England becomes *Midlands and the East*
- London + South East becomes *London and the South East*
- South West remains *South West*

### Chart 5.04a Age structure versus health in local authorities, England 2021

Data was produced using the [census custom table builder](#) with an area type of 2023 lower tier local authorities. Variables were age (3 categories: 15 and under; 16–64 and 65 and over) and General health (4 categories: very good or good, fair, bad or very bad, does not apply).

The percentage of the total population aged 65 and over in each local authority was calculated and the percentage of the population aged 65 and over who are in bad or very bad health was calculated.

[2011 Rural Urban Classification lookup tables for all geographies](#) was used for the urban rural classification of each local authority.

The 5-category rural urban classifications (RUC11CD) were combined into a 3-category classification as follows:

- Mainly Rural (rural including hub towns  $\geq 80\%$ ) + Largely Rural (rural including hub towns 50–79%) becomes *Predominantly rural*
- Urban with Significant Rural (rural including hub towns 26–49%) + Urban with City and Town + Urban with Minor Conurbation becomes *Urban with significant rural*
- Urban with major Conurbation becomes *Predominantly urban*

The list of local authorities with a rural urban classification pre-dates the 2023 local authority list produced by the census. As a result, Cumberland, Westmorland and Furness and E. Suffolk not listed in any of the rural urban tables. However, a google search reveals that these are “Largely rural” citing the urban-rural tables in gov.uk and the ONS. So, these local authorities are classified as *Predominantly rural*.

Concerning the following bullet point in “**We also know that:**”

“Ethnic makeup may explain why in Central Bedfordshire, alone among predominantly rural local authorities, the proportion of people aged 65 and older is lower than the national average: among predominantly rural local authorities the proportion of the population (of all ages) from an ethnic minority background ranges from 1.8% in (Torridge) to 11.0% (South Cambridgeshire) with the proportion in Central Bedfordshire (9.8%) the third highest overall.”

The [census custom table builder](#) was used to determine the ethnic makeup of each local authority. Area type was 2023 lower tier local authorities (England only) and the variable was ethnic group (6 categories: Asian, Asian British or Asian Welsh, Black, Black British, Black Welsh, Caribbean or African, Mixed or Multiple ethnic groups, Other ethnic group, White and Does not apply). The number of people from the non-White ethnic groups were added together, then divided by the total number of people in each local authority to give the percentage of the population from an ethnic minority background.

The [2024 GP Patient survey analysis tool](#) was used to find the prevalence of specific health conditions in Integrated Care Systems in England (overall and by quintile of IMD in each ICS).

1. Click on 2024 results/ICS results and input the name of an ICS
2. Create a crosstab
3. Section 1: Select Your health/Q39. Which of the following long-term conditions or illnesses do you have?
4. Section 2: Comparator question 1 select Deprivation

5. Select age groups 55 to 64, 65 to 74, 75 to 85 and 85 or over to filter. The results will be produced for these age groups combined (i.e. everyone aged 55 or older).

Note that these steps have to be repeated for each ICS one by one.

### **Chart 5.06 Inequality in life expectancy at age 65 for men and women, by region, 2010-12 to 2018-20**

This shows the slope index of inequality taken from the Office for Health Improvements and Disparities Fingertips tool (since discontinued).

The slope index of inequality is a measure of the social gradient in life expectancy; that is how much life expectancy varies with level of deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

The slope index is calculated using population weighted linear regression. To allow for differences in population size between deprivation deciles, each is given a rank score based on the midpoint of its range in the cumulative distribution of the area's population. The deciles are first ordered from most deprived to least deprived. If decile 1 then contains 12 per cent of the population, its rank score 1 would be  $12/2 = 6$ . If decile 2 includes 10 per cent of the population, its rank score would be  $12 + (10/2) = 17$ . The life expectancy for each decile is plotted against this rank score and a population weighted regression line is fitted to the data by the least squares method. The SII is the gradient of the resulting fitted line.

The Index of Multiple Deprivation (IMD) 2015 has been used to define deprivation deciles for time periods 2010–2012 to 2015–2017, and the IMD 2019 has been used to define deprivation deciles for 2016–2018. In doing this, areas are grouped into deprivation deciles using the IMD which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

### **Chart 5.09a Prevalence of common conditions, by age, England, 2024 and Chart 5.09b Prevalence of health conditions, by Index of Multiple Deprivation (IMD) quintile among people aged 55 and over, England, 2024**

The [2024 GP Patient survey analysis tool](#) was used to find the prevalence of common conditions by age group and by index of multiple deprivation (in quintiles) for people aged 55 and over.

For Chart 5.09a

1. Click on 2024 results/National results
2. Create a crosstab
3. Section 1: Select Your health/Q39. Which of the following long-term conditions or illnesses do you have?
4. Section 2: Comparator question 1 select Age
5. Do not apply a filter.



For Chart 5.09b

1. Click on 2024 results/National results
2. Create a crosstab
3. Section 1: Select Your health/Q39. Which of the following long-term conditions or illnesses do you have?
4. Section 2: Comparator question 1 select Deprivation
5. Select age groups 55 to 64, 65 to 74, 75 to 85 and 85 or over to filter. The results will be produced for these age groups combined (i.e. everyone aged 55 or older).

## **6.6. Financial Security**

Data in the following bullet points which are included in “**We also know that:**” under **Chart 6.02** and **Chart 6.09**, respectively, was the result of analysis conducted for Ageing Better by NatCen using data from the English Longitudinal Study of Ageing:

“There are disparities in who is eligible for Pension Credit but is not claiming it. Our own analysis of data from Wave 10 of the English Longitudinal Study of Ageing shows that almost one in five (19%) people from Black, Asian and Minority Ethnic backgrounds aged 50 and over are eligible for Pension Credit but are not claiming it compared with just 7% of people from a White background in the same age group.”

“Compounding the financial precarity of older renters, the percentage of people aged 50 and over who are eligible for Pension Credit but are not claiming it is more than twice as high among renters (14%) as those who own their home outright (6%).”

Please email [evidence@ageing-better.org.uk](mailto:evidence@ageing-better.org.uk) for further information.

### **Chart 6.08 Percentage of pensioners in relative poverty after housing costs, by region, England, 2002/03 to 2022/23 (3-year averages)**

Note that the data shown in this chart is for number of pensioners in relative poverty in overlapping three-year periods (see Table 6\_10ts [here](#)). This is because this is the only data that is available by region. It gives a relative poverty rate of 17% for pensioners in England for the 2020/21 to 2022/23 period (or 1.7 million people), whereas the proportion for the single 2022/23 period is 19% (or 1.9 million people)

### **Chart 6.09 Percentage of pension age adults in relative poverty, by tenure type (after housing costs), UK, 2002/03 to 2022/23**

- Note that data relating to 2020/21 is not available by tenure type due to data quality concerns affecting many of the HBAI estimates calculated below UK (headline) level for that year. There is a value of 14.7% for all pension age adults in 2020/21 but for consistency with data by tenure – and due to the need for caution because of the pandemic – this data point is not shown here.
- See section 4.6 for definition of “After Housing Costs”

## 6.7. Society

### Chart 7.01 Rates of formal and informal volunteering at least once a month, by age, England, 2015/16 to 2023/24

Table C1b(A) was used to retrieve the demographic breakdown of regular formal volunteering, and table C1b(C) for regular informal volunteering. Published tables only include demographic data by single variables, we are planning to commission further (bivariate) analysis to look at age combined with other variables, including ethnicity.

The “all age” ethnicity data demonstrates that there is considerable variation within some of the broader ethnic categories, which demonstrates the need for sample sizes that allow for analysis at the 20 ethnic group category level (see section 4.1) and also in combination with other variables such as age, for example:

*Table C1b(C): Informal Volunteering at least once a month in the last 12 months, by demographic characteristics, people aged 16 and over, England, October 2023 to March 2024, [Community Life Survey 2023/4](#)*

<b>Asian / Asian British total</b>	<b>24%</b>
Bangladeshi	31
Chinese	18
Indian	23
Pakistani	28
Any other Asian Background	21

The Asian / Asian British average (24%) is the same as the overall England average. But this obscures differences by ethnicity within the Asian / Asian British category.

### Chart 7.02 Percentage of adults who feel they very or fairly strongly belong to their immediate neighbourhood, by age, England, 2013/14 to 2023/24

Concerning the following bullet points in “**We also know that:**”

“A sense of belonging varies by place as well as age. EHS data shows that the proportion of people who felt a sense of belonging to their neighbourhood in 2022/23 was higher for the least deprived 10% of areas than for the most deprived 10% of areas across all age groups.”

Analyses have been conducted for Ageing Better by NatCen using data from the EHS, a continuous national survey collecting information about people's housing circumstances and the physical condition of their properties.

*Percentage of people who very strongly or fairly strongly feel that they belong to their neighbourhood, by age and IMD decile*

<b>Age</b>	<b>IMD 1 (most deprived 10% of areas)</b>	<b>IMD 10 (least deprived 10% of areas)</b>
54 and below	65	86
55-64	82	90
65-74	80	90
75 and over	78	88

In relation to the market research conducted for our Age Without Limits campaign: data is taken from our unpublished survey by Opinion Matters of a sample of 796 nationally representative people aged 50 and over in the UK conducted 28/02/2024 to 01/03/2024. The data cited is in response to the following questions:

- *To what extent, if at all, do you agree or disagree with the following statements? 'I feel less valued in my community as I age' (Net agree counted)*
- *Do you think there are enough activities and groups in your area that allow you to feel connected to your local community and meet with other people?*

### **Chart 7.03 Percentage of adults, aged 25 and over, who feel satisfied with their neighbourhood, by age, England, 2015/16 to 2023/24**

Concerning the following bullet points in “**We also know that:**”

“Older people from Black, Asian, Mixed and Other ethnic backgrounds tend to be less satisfied with their neighbourhood than people from White backgrounds.”

See Community Life Survey 2023/24 table [B15b](#) for a more detailed breakdown of ethnic backgrounds. For all age data, 75% of people with White backgrounds (and also of people with White British backgrounds) felt satisfied with their local area as a place to live. The only ethnic groups that were more likely to feel satisfied with their local area were Chinese people, (77%) and people from “other ethnic groups” (i.e. those not specified). Black African people (75%) were as likely as people with White backgrounds to feel satisfied with where they live. We plan to do further analysis of this by age.

“Our own research suggests that:

- Only half (49%) of people aged 50 and over feel positive about growing older where they live now, with a third (33%) feeling neutral and one in six (17%) feeling negative.
- Only a quarter (24%) of people aged 50 and over think that the voices of older people are sufficiently represented and heard regarding changes and developments where they live.”

This data is from our 2024 Opinions Matter survey (see note for chart 7.02) in response to these questions:

- *How positive or negative, if at all, do you feel about growing older where you live now? (Net positive responses counted).*
- *Do you think the voices of older people are sufficiently represented and heard regarding changes and developments where you live? Options were yes (24%); no (39%); unsure (37%).*

### **Chart 7.04 Percentage of people aged 50 and over who have experienced ageism since turning 50, by gender, UK, 2025**

Data for this chart and subsequent bullet points is taken from our unpublished survey by YouGov Plc. Total sample size was 2259 adults. Fieldwork was undertaken between 19th - 23rd September 2024. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 50+).



**Chart 7.05 Percentage of people who do not use the internet at home, by internet access and age, UK, 2023 and 2024**

In [Adults' media use and attitudes 2023: interactive report](#) and also in [Adults' media use and attitudes 2024: interactive report](#) under “Digital Access” select “Internet access”. To retrieve the percentages by age, select age groups individually in the drop down box. For the 2023 report, hover over columns to read the percentages. Percentages are displayed above the columns in the 2024 report..