

What matters to you?

Current experiences of people aged 50 or over in Wales

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September 2025
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About this research

From April to June 2025, Age Cymru worked in partnership with Active Wales, Cymru Older People's Alliance, Wales Seniors Forum and National Pensioners Convention Wales to understand what matters to people aged 50 and over in Wales. Focusing on a range of subject areas – from healthcare to transport, housing to scams – our survey asked people about their experiences and what they needed to live happy, healthy and fulfilling lives.

Exactly 1,700 people from across all 22 local authorities in Wales completed our survey either online or on paper. 8% submitted paper copies. Unusually, the largest number of responses came from Conwy (16%), rather than Cardiff (15%). Swansea provided the third highest number of responses (12%).

The age of respondents ranged between 50 and over 100, with 43% aged over 70 (up from 35% last year). 92% of respondents identify as White Welsh, English, Scottish, Northern Irish or British, while 5% of respondents are from Black, Asian or Ethnic Minority backgrounds. 30% consider themselves to have a disability (according to the terms of the Equality Act 2010) and 6% are Armed Forces veterans. 33% of respondents reported that they live alone.

73% identify as female and 26% as male, representing a more imbalanced gender split than last year. 8 respondents identify as transgender. In terms of sexuality, 87% identify as heterosexual/straight, while 6% identify as gay, lesbian, bisexual or preferred to self-describe.

87% stated that their preferred language is English, 6% Welsh and a further 3% English or Welsh. Other languages listed (often alongside English) included Arabic, Bengali, Urdu, Gujarati, Chinese, Spanish, French, German, Afrikaans and British Sign Language.

We also asked people for more detail about their Welsh language abilities, as a simple Yes/No binary does not accurately reflect the varying levels of Welsh across the population. Of those surveyed, 27% told us that they could understand spoken Welsh, 20% could read Welsh, 19% could speak Welsh and 16% could write in Welsh.

This marks our sixth annual survey since 2020, when we launched our first survey with the aim of gaining a better understanding of older people's experiences during the Covid-19 pandemic. Half a decade on, older people in Wales are still feeling the after-effects of the pandemic, as well as increased living costs that have driven many into relative income poverty. The 2025 survey also considered more recent challenges faced by older people, such as the growing frequency of scams and public uncertainty around recent changes to the benefits system. Lastly, this was our first annual survey to ask for respondents' views on climate change and its impact on older people's lives, reflecting Age Cymru's new engagement in this policy area.

This report offers a glimpse into the diverse experiences and opinions of people aged 50 and over across Wales. It aims to provide practitioners and policymakers with the robust evidence they need when considering what they can do to ensure that older people can live in good health, security and comfort well into the future.

This research has been funded by Welsh Government. We're grateful to everyone who responded to this research and thank them for sharing their views and experiences.



Healthcare

Getting the right healthcare at the right time can have a major impact on an older person's ability to maintain good health, improve their health after illness or injury, and prevent its long-term deterioration.

The following pages look at how older people reported their experiences of booking and accessing GP appointments, access to secondary services, travelling to and from healthcare services and arranging dental care.

This year, we made some adjustments to the questions around access to healthcare, including introducing a new question aimed at finding out why an increasing number of older people are seeking private healthcare. A commentary on these results is included on page 13.

GP appointments



Half of older people told us that it is difficult or very difficult to make GP appointments.

Primary care services are the entry point to most other health services. If older people can't secure an appointment with a GP, then diagnosis, treatment and ongoing care are all delayed and personal health may worsen.

This year, 83% of older people said that they had made appointments for themselves, while 18% had made appointments for someone else. Only 13% told us that they hadn't visited a GP at all over the last twelve months.

Like last year, we heard about numerous problems with GP booking systems, including the rush to book appointments first thing in the morning, patients not being able to book routine appointments in advance, and barriers for those who are digitally excluded.

"You have to phone the surgery at 8.30, with tens of other people. By the time you get through, all the appointments for that day and for the future are gone, so you go through the same situation for days. There is no continuity of care – when you finally manage to get an appointment, you have to see a different doctor every time."

Waits of four weeks for a GP appointment were frequently mentioned, and we even heard from some people who had waited several months.

"Unless it's an emergency, it can be 3/4 weeks before you can get an appointment. If you prefer to see a particular doctor, it can be much longer."

Many older people told us how concerned they are about losing the quality and continuity of care they need due to frequent staff changes, especially in cases where GPs have left their local practice and been replaced by locum doctors.

"A lot of the regular GPs have left the [local] practice. There are now locums and 2 regular doctors left. I had an appointment with a locum, as my memory had become bad and I thought that I might be getting dementia, like my mother. She just laughed at me!"

Nonetheless, 29% of older people said that it's easy, or very easy, to make GP appointments. Some told us how having a range of methods helps them get the care they need more easily.

"My local surgery allows patients to phone for appointments throughout the day, as well as making appointments on the online system or going into the surgery to talk to the receptionist. You can make an appointment as far in advance as you need. There is a nurse practitioner who is also available Monday to Thursday for routine appointments. The systems are as flexible and patient friendly as they can possibly make them. I don't understand how our surgery can get it so right, but none of the other surgeries in the area can do the same."

We heard how despite pressures and not being able to get everything right for all patients, practices are making every effort to prioritise appointments for those that need it the most, as well as making sure ensuring ongoing treatment is available to prevent deterioration.

“Our local surgery makes a great effort to at least give a phone consultation on the same day as contacted. I have had all the immunisation on offer and am most grateful for the regular eye injections I receive to contain my eye problem. However, trying to access guidance for my husband has proved more challenging.”

Of those that said it was easy, many caveated this with comments about long waiting times for the appointment to happen, and that they only found it easy once they had figured out the complexities of the appointment booking system.

“As long as you’re quick, you can [book] the appointment OK, but you can’t delay - if it takes longer than 2 minutes to complete the form, the list will be full and you can’t make an appointment.”

Some told us how online systems have allowed easier access for those who aren’t digitally excluded.

“GP practice has an online booking system, and one can get appointments pretty fast.”

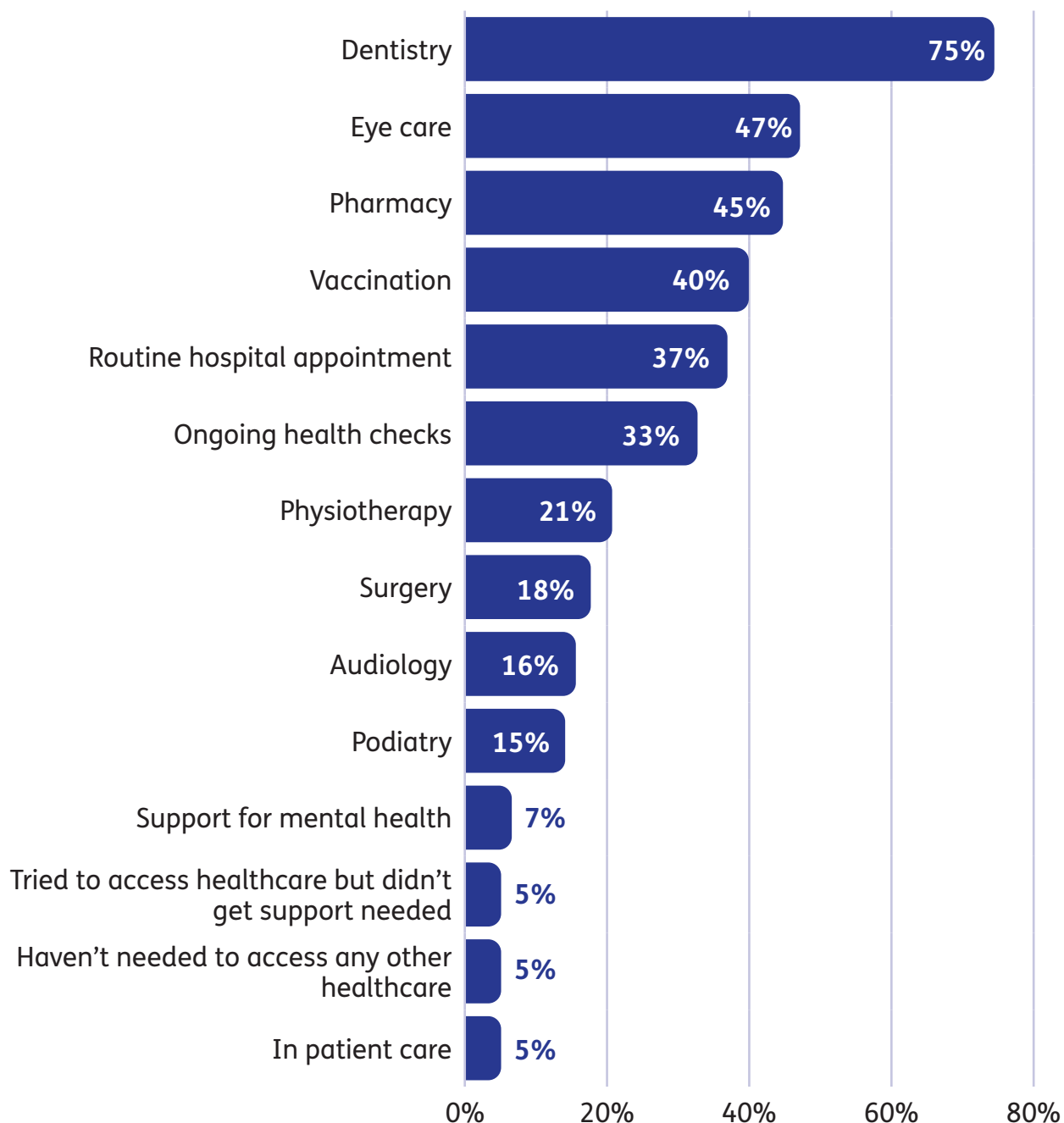
Several older people told how much they appreciated GP home visits whenever they have been unable to get to the surgery in person.

“We have a good accessible GP practice. They have, when needed, come to the house to treat my husband.”



Secondary care access

We asked older people about what healthcare other than the GP they had accessed – or tried to access – in the last 12 months. As in last year's survey, people frequently talked about long delays in getting appointments and treatment, including the time it takes for a GP referral to be picked up by secondary care services.



In the comments, we heard about delays in referral appointments and how people are currently on multiple waiting lists for diagnosis and treatment.

“It took two years to get an appointment with a gastroenterologist, a further 3 months for an endoscopy and colonoscopy and another 3 months for my results. I am still waiting to see a cardiologist 6 months after being given a heart monitor and prescribed medication for angina.”

Some people had encountered long waiting lists for tests that could help them avoid falls and fractures.

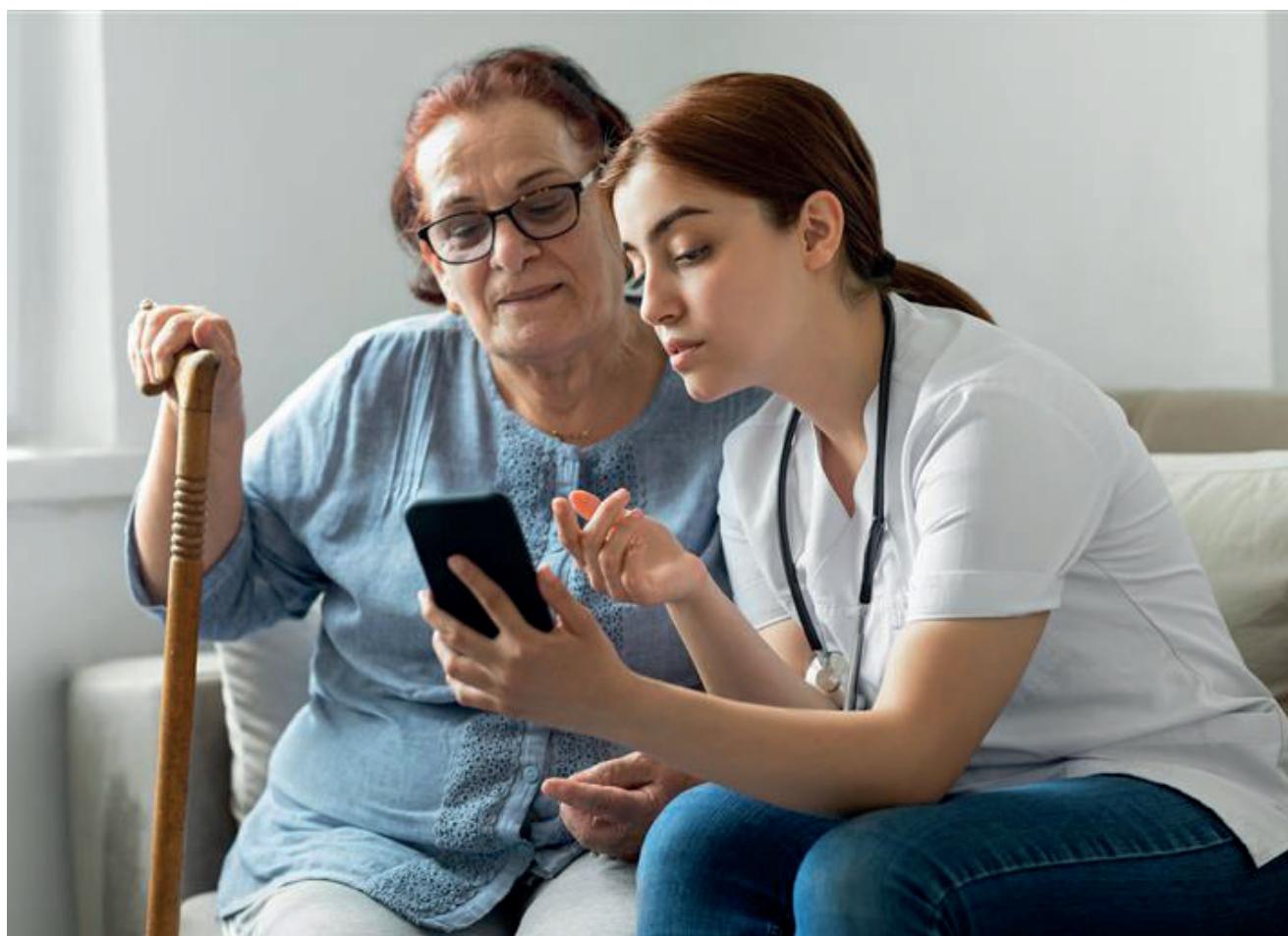
“The waiting list for a bone density scan (DEXA) is long (2-3 years). Once I’d had the scan the waiting list for the scan to be reported on and the result made available is over a year. This is ridiculous. By the time the result is available, it out of date.”

Several people commented on how planned appointments might be cancelled at very short notice, causing further delays.

“Blood tests are done at community hospitals and are frequently cancelled at an hour’s notice on the day of appointment due to a shortage of staff. This results in having to make a new appointment – the earliest being in another month’s time.”

Mental health was another aspect of secondary care that experienced long delays.

“I tried to get my husband some counselling but have been waiting over 1 year.”



Travelling to health appointments



58% of older people told us that they find it easy or very easy to travel to health appointments.

By contrast, 13% find it difficult, while a further 6% find it very difficult.

Generally, those who reported finding it easy or very easy to get to health appointments also mentioned that they're able to drive themselves.

"Have use of a car and surgery half a mile away."

However, those who can drive often reported a lack of available parking spaces at healthcare centres.

"Being able to drive and having access to a car makes travel easy, but lack of accessible parking can be a problem for my partner who is sometimes less able to walk."

Some also told us that they have had no problem accessing healthcare appointments, as they either live within walking distance or have access to a convenient bus route.

"There is a bus which takes me right into the grounds of the hospital. It only runs once an hour and so if I've just missed a bus I may have to wait for a while on the return journey. However, the hospital has quite a nice canteen and I always take a book with me!"

We also heard how a growing number of people are now using new active travel routes to get to and from appointments.

"I cycle from my home to University Hospital of Wales, Cardiff Royal Infirmary, GP, dentist etc."

Those who told us it was difficult or very difficult to get to health appointments were more likely to be living with more than one health condition, have caring responsibilities, be digitally excluded, or live in rural areas.

This range of issues was summed up by one person for whom getting to health appointments is extremely stressful:

"I can no longer drive due to my prescribed medicines and health. The bus service is unreliable and updates to changed schedules are no longer available in print. It's all online and there's a long walk to the bus stop that I can't do any more. Some of my health appointments are [...] local and some are an hour to two and a half hours' drive. I have to be taken to these appointments as it's too far, there's no transport and I'm too unwell. Trying to juggle being an unpaid carer and having to organise my elderly mum's care as well - it's very stressful."

We also heard how cuts to services are increasing the distance that people are required to travel to receive healthcare.

“Swansea Bay Health [Board] takes it for granted that everybody has a car. I have a dietary appointment in Neath-Port Talbot Hospital next week. It isn’t available in Swansea. On public transport that means taking a whole day off work, pretty much. It is absolutely outrageous that some services are simply not available in a city the size of Swansea.”

Getting to appointments can be costly, especially for those on welfare benefits.

“With my Motability car gone it’s a nightmare as I can’t afford a taxi to get there.”

Some people in rural areas told us how much further they now need to travel for even the most basic health care. This often requires them to travel by car, even if they would prefer to use public transport.

“I live in a rural area - the doctor is 14 miles away, dentist 12 miles, nearest hospital 20 miles, limited public transport - so a car is essential.”

This was particularly true for the 40% of people who had received a vaccination in the least year, who often had to travel great distances to reach the vaccination centre.

“Annoyingly, vaccinations are often offered in an inconvenient place.”

Lastly, we heard how difficulty travelling to and from healthcare appointments can impact upon friends and family.

“My son takes me to my GP appointments. He has to juggle his commitments to take me to them.”



Access to dental services



Three quarters of older people have accessed dental services in the last year.

This has increased slightly since 2024 (74%) and by a considerable margin since 2023 (59%).

Many older people told us that they can no longer find an NHS dentist, with practices now only accepting private patients.

“Our dentist practice has now kicked us out as NHS patients. I have been phoning around to find an NHS dentist practice but in vain. Not even the dentistry department in Swansea hospital takes on new NHS patients.”

We heard how difficult this can be for those living on a low, fixed income.

“No NHS dentist availability had to pay in excess of £300 for private dentist. This amount exceeds my total monthly income.”

Those who still have access to NHS dental care often commented that services were operating at reduced capacity, and that the range of care on offer was more limited than in private practices.

“Fortunate to have an NHS dentist - but not always easy to get an appointment, especially in an emergency. My dentist also seems to offer less and less NHS services, stating it's too complicated for them to deal with but offering private treatment at a sister (private) practice.”

We likewise heard from people who have paid considerable amounts for private dental care because the long wait for NHS care would have had a detrimental effect on their health.

“I had to spend £2,000 on private dentistry this year as I had a problem that my NHS dentist is not experienced enough to deal with. Following an assessment there, I was told at the dental hospital that I would have to wait 2 years for the relevant dental consultant to be able to treat me. I was also told that they would not advise me to wait that long as it would impact negatively on my jawbone, so I felt I had no choice but to spend some of my pension lump sum to try to sort it out.”

Sadly, those who cannot afford private dental treatment continue to suffer while waiting for NHS care.

“My dentist has not been offering NHS checkups for over 18 months and is only offering emergency treatment rather than preventative treatment, which often means extraction which could have been unnecessary if found earlier at a checkup.”

However, we did hear from a small number of older people about good experiences they have had with local NHS dental services.

“I use a local dental teaching practice which is run by the NHS. Making appointments for myself or my children is always very easy - it can be done by phone or in person (it’s close to the town centre, and I can walk there in 10 minutes or park nearby).”



Private healthcare



Nearly **one third (31%)** of older people have used private health care in the last year for themselves, while 8% have used it for someone else.

The most frequently used private healthcare service was dentistry. Other services included audiology, cardiology, cancer diagnosis, follow-up checks for cancer following NHS treatment, foot care services, dermatology, eye care, mental health support, treatment for menopause and gynaecological issues, hip and/or knee replacements, hernia operations, physiotherapy, and private GP appointments.

Most of those who had paid for private treatment told us that they did so because of long waiting times for NHS care, rather than this being a ‘true’ choice. We heard that the wait to see NHS services about ongoing health conditions is severely impacting the quality of many older people’s lives, to the point that they are paying for treatment by using their life savings, cashing in pensions or taking out loans.

As one person told us:

“I have been referred by my GP for specialist appointments, but the waiting times are not good. I went privately to get my ADHD diagnosis as the waiting time was 2.5 years for the NHS. I had to cash in a pension to pay for it. Then I waited 13 months to get my medication. I waited 2.5 years to see orthopaedics about my hands. I am on a waiting list to see an ENT specialist. I’ve waited a year, and I have another 18 months to go.”

One of the most regularly used private services was physiotherapy. One older person told us this was because they need face-to-face physiotherapy sessions.

“[NHS] surgery physios only give out sheets of exercises, but I require hands-on facility.”

A similar number of people told us that delays in NHS podiatry services are prohibitive.

“Unable to obtain a podiatry appointment from college and told to phone back at the end of August. Could not wait that long, so had to go private.”

A concerning minority of older people told us how, despite the urgency of their needs, NHS services simply could not see them in time.

“My husband [went private] for cardiac symptoms. He was advised by the NHS that he was an urgent/priority case to be reviewed. However, the earliest he would be seen would be in 18 months’ time. We went privately and he was seen within days and within a month had a stent and 2 angioplasties for triple vessel disease. If we had waited, he would more than likely have had a heart attack and due to the position of the narrowed arteries may well have not survived.”

We also heard from unpaid carers who have no choice but to pay for treatment so that they can continue to care for a loved one.

“I was almost 3 years waiting for a total knee replacement, my husband [has] late-stage Alzheimer’s [and is] being cared for by myself. [...] I could no longer walk. I gave up on the NHS - went private so I can carry on caring for my husband at home.”

A few older people told us that it was the poor quality of NHS services that pushed them to pay for private care.

“I got a hearing aid from private firm as it’s a quicker and easier option than waiting for NHS and also quality/appearance are better.”

Lastly, we heard from some people who had once been able to access services on the NHS, but now found that those services were no longer available.

“Podiatry. I am diabetic and used to have regular appointments with NHS podiatrist. No longer provided so I have to pay for private foot care.”





Social care



19% of older people asked for help or had support from social care in the last year.

46% told us that they had asked for help for themselves and 54% had asked for help for someone else. 57% said that they provide unpaid care for at least one person.

Those trying to access social care were more likely to report struggling with obtaining food and other essential items, with unsuitable housing, poor mental or emotional health, collecting prescriptions, accessing cash, social isolation, neighbourhood disputes and being able to exercise their human rights (such as securing social care support and respite care when required).

“I asked for more hours [of care support] in November prior to my knee replacement. My hubby is seriously deteriorating [...] it is slowly killing me now as his carer.”

More than half of our respondents (54%) told us that it was difficult or very difficult to access the social care support they needed.

Often this was due to delays in getting the help needed from social care services.

“My wife has problems with her balance. It’s taken six months to get help from OT and Falls Team.”

We heard how difficult it can be to get help with moving from independent living into residential care.

“Having to move a relative from a rented flat into a nursing home with no help [...] was stressful. I’m sure anybody having to access these services for the first time would find it equally difficult.”

Stretched services also mean that older carers cannot get the respite breaks they need to keep themselves well.

“Social worker has been great but struggling to get respite carer due to lack of services.”

In some cases, people reported that they had simply given up trying to access social care.

“I’ve given up asking now. I’ve asked for help for my son, who I’m a carer for, and not received any.”

Just over half (52%) said they received the social care support they needed, even if it took a long time in some cases.

“After numerous falls, a lot of arguing and a second six weeks in hospital after a broken hip and subsequent falls, we finally got her a care plan. Very happy now but it took six falls and two years!”

Of those who got the support they needed, it was clear how much difference this made to the person’s independence. For example, we heard how getting minor home adaptations made moving around the house much easier.

“I had an Occupational Therapy assessment which resulted in financial support for some adaptations at my home.”

Those who found it relatively easy to access social care tended to have it prearranged before a hospital discharge. Others mentioned having help from community support agencies.

“I have help from Crossroads and Llanelli Mind.”

We also heard how agencies working together made a difference.

“Co- ordination between doctors and other departments was efficient and quickly implemented.”

However, as with healthcare appointment booking systems, we heard how people often need a detailed understanding of social care systems before they can easily access support.

“We are quite switched on and know how to navigate the systems, but I think other people without our resources wouldn’t know how to access help.”

Paying for social care



41% of older people told us that they had to contribute towards the cost of the social care they needed.

Nearly a third told us that it was hard to understand the charging arrangements when organising care. We heard how difficult it can be to secure an agreement on who will pay for care, especially when the person requires a high level of care.

“Attended meetings with social workers and an NHS assessor who insisted that [my husband] did not qualify for ongoing NHS care funding despite having dementia and not being able to walk, bear weight, wash or dress himself, being doubly incontinent and needing help with eating.”

We heard how mistakes have been made when charging for social care, such mistakes may go unrecognised if not picked up on by the relatives of those in care.

“The Council would not give us a proper answer to why a Trust set up 25 years before was considered as ‘deprivation of assets’. When we eventually went for a review and made a complaint about the lack of response, they agreed to repay fees without giving any explanation of why the Council had changed its view.”

Some people told us that those doing the needs assessments don’t always understand the charging arrangements.

“The local occupational therapist had no idea of the rules.”

Many respondents also complained of the complexity of the various charging arrangements for social care.

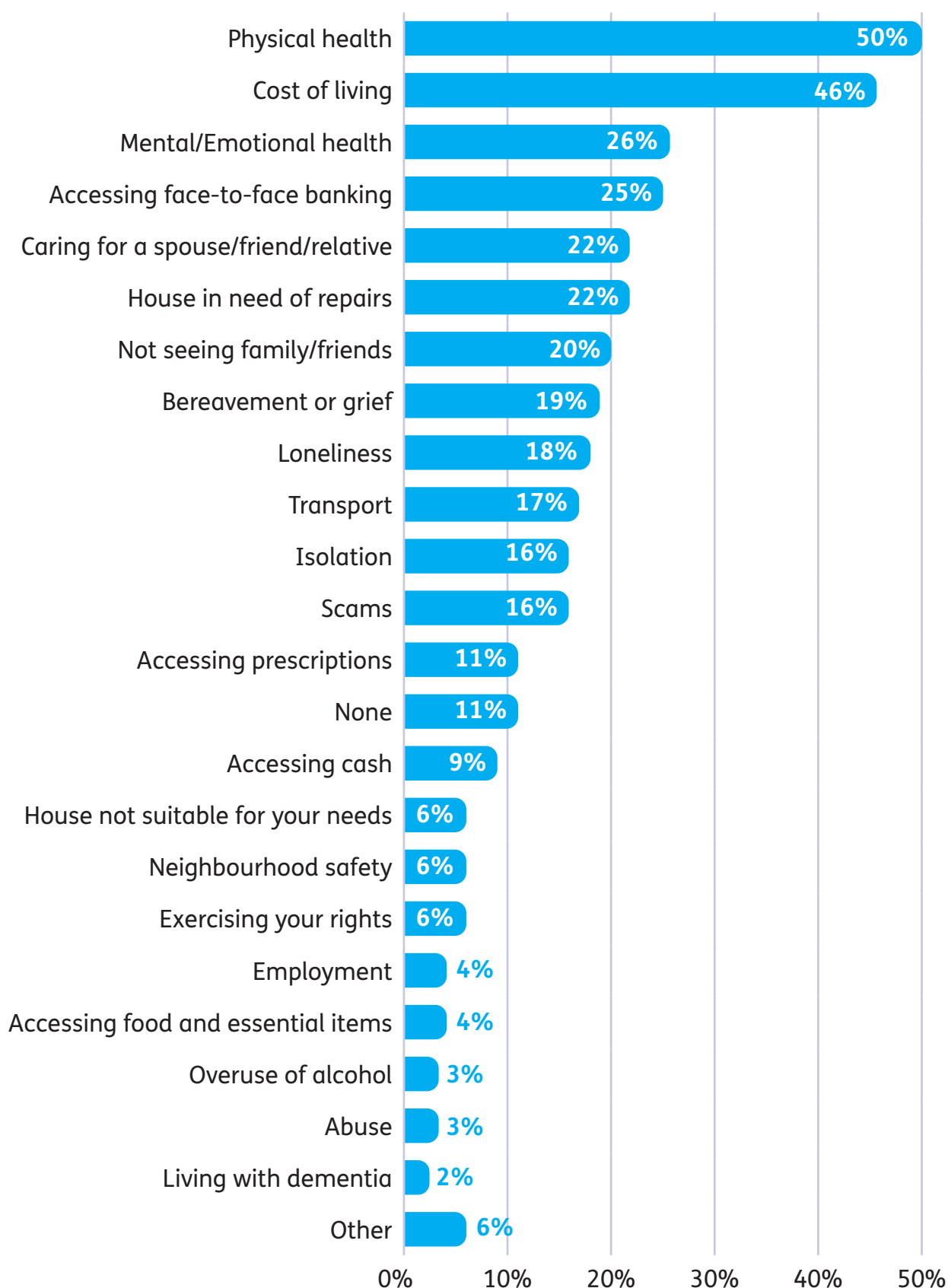
“The charging system is complex and difficult to understand.”

Lastly, we heard how the cost of a care home placement varies across Wales, resulting in families sometimes having to pay ‘top ups’ that depend on their location.

“The rates paid to care homes for adult social care do not relate to the cost [of care]. They vary by up to £400 within individual councils in Wales and, as [care homes] are underfunded, families have to pay top ups of varying amounts. It’s a post code lottery. Rates should be set nationally.”

Challenges over the last 12 months

As in previous years, we asked our respondents about the wider challenges they have faced over the last twelve months.



Physical health remained the most common challenge for the third year in a row, affecting 50% of our respondents – only 1% less than last year. The next most commonly reported challenge was the cost of living, at 46% (2% lower than last year). Beyond this, other widely reported challenges included mental/emotional health (26%, 3% lower than last year), reduced access to face-to-face banking (25%), caring responsibilities (22%) and homes being in need of repair (22%).

We also introduced several new categories this year, including ‘House not suitable for your needs’ (6%), ‘Living with dementia’ (2%) and ‘Neighbourhood safety’ (6%).

In most cases, the proportion of people affected by each challenge had either decreased slightly since 2024 or stayed roughly the same.

The only challenge that had increased in frequency since last year was loneliness, which rose from 17% to 18%.

The following section explores some of the common challenges mentioned by respondents in more detail.



Physical health



Physical health has been a challenge for **half** of older people over the last year.

This makes physical health the most frequently reported challenge for older people for a third year running.

Overall, 31% felt that their health had worsened during the year, while only 8% felt it had improved. 26% of respondents told us that their health is now poor (23%) or very poor (3%).

We heard how poor physical health has a huge impact on people's daily lives.

"Had to move to bungalow because of stairs. Had to give up job because of physical disability. Problems driving."

Many older people who had experienced physical health challenges told us of their struggles with getting out and about, making it harder for them to attend health appointments and maintain a social life. This is particularly true for people whose local public transport services have been cut.

"Because the bus changed route, I couldn't go to get exercise at my local gym."

For some people, the inability to get out and about means being stuck at home with unpredictable flare-ups in ill health.

"I have been unwell with Crohn's for the past few months so have not been able to leave home. I don't drive and transport to other towns is not reliable."

In one case, an older person with poor physical health told us how they had been attacked in the street and are now too frightened to leave home.

"Was harassed by a teenager who wanted to move in and kept hassling me for about 9 months. I also got attacked outside my home. I wouldn't go out at night for a long time and would now only go using my car."

Like previous years, we heard how the after-effects of the Covid-19 pandemic continue to affect people with poor physical health.

"I am no longer the same person as before Covid. I used to be outgoing and friendly [but] I no longer am. I have become more insular and in pain and can't do as much as I used to be able to do."

Many older people told us how tight their finances are, and how expensive it can be to live with ill health. The cost of living and reductions in financial entitlements mean some older people living with poor physical health are now struggling with their mental health too.

"With everything going up and government cutting benefits, my mental health has gone through the roof."

We likewise heard how expensive it can be to get to vital but distant health appointments.

“We need a large hospital/test centre in Llandrindod, as travelling many miles for scans etc is difficult and expensive.”

9% of respondents told us they were concerned about falling if they leave the house.

“Mobility means I find it hard to get out and about. I am very self-conscious of myself, so I tend to stay in when I am not in work. I do not socialise.”

We also heard from people who said that going out and about can be difficult when essential facilities such as public toilets are lacking.



30% of older people told us they consider themselves to have a disability under the Equalities Act 2010.

Older people living with disabilities were more likely to tell us that they experience difficulty getting food and other essential items; that their home is not suitable for their needs; that they are affected by abuse; that they struggle to access prescriptions; that they suffer with isolation or loneliness, and that they have poor mental health.

A survivor of domestic abuse who is living with a disability told us how this has only added to her existing challenges.

“I’m in full-time employment but on a single income. I have brought up 4 children, 2 of whom live locally, and I know how to live within my means. However it is a financial struggle, and the cost of living has exacerbated the situation. I’m also stuck due to waiting for a second knee replacement - my first was done just before Covid in December 2019 and I was supposed to have the second one in 2020 - but this hasn’t happened!”

Disabled older people who live in remote areas likewise reported having to contend with multiple overlapping challenges, both physical and financial.

“I live very remotely and can only go out weekly to shop due to the cost of diesel. Also, I’m cold again due to cost of electricity and my arthritis flares up with the cold and wet. Power prices need to come down to allow the elderly to keep warm.”

Several people told us how hard it can be to leave the house when living with a disability.

“We only have 2 buses per week from my village. Unfortunately, my trip is cut short if there’s already a wheelchair user onboard.”

Lastly, we heard about the difficulties experienced by disabled people who have struggled to live independently after the death of a close relative or friend.

“Since my husband passed 4 years ago, I have had to make enormous adaptations to allow me to continue living at home on my own and it hasn’t been easy.”

Mental/Emotional health



26% of older people found their mental/emotional health a challenge over the last year.

This has reduced from 30% in 2024.

Of those who told us that their mental health was a challenge, 7% said it had improved over the last year, 41% said it had got worse, and 53% said it was unchanged. Those who had found their mental health a challenge were more likely to be bereaved, to be an unpaid carer, to be struggling with finances or work, to have housing issues or to be socially isolated.

We heard how bereavement following a long period of caring can be incredibly difficult to cope with.

“I used to be quite robust emotionally. I was strong when my husband needed care during his battle with cancer. I feel I’ve fallen apart and lost my sense of purpose and resilience. I never expected to be this devastated.”

Older carers told us how the demands of their caring role leave little or no time for any form of self-care.

“Stress caused by all my free time spent supporting an 89-year-old mother and a 99-year-old aunt 300 miles from me, as well as chores. No time for my own interests or to look after my own mental health.”

This was particularly true of people living in areas that lack adequate social care services.

“I’m having to take on things I am too disabled to do, completely let down by social care.”

We frequently heard how reduced physical strength and accumulating physical health conditions influence mental health.

“Everything is far more difficult to do now, the mind is willing but the body not...things like just fixing bit of trellis in garden which would take able-bodied person minutes, but don’t have anyone to help me.”

The cost of living, changes to benefits and concerns for financial security in retirement likewise often impacted on people’s mental wellbeing.

“Worrying about money after son moved out. Having to apply for benefits when I am agoraphobic and going out makes the stress and anxiety a thousand times worse. Worried about the future regarding having enough money to live on.”

For those of working age, concerns around job insecurity – often due to poor physical health – have also had an impact.

“My job is insecure. I’m the one responsible for keeping a charity afloat and keeping staff in employment but funding is non-existent. Also having issues with one of my children and trying to resolve a long running divorce settlement - mental health is at an all-time low and anxiety/lack of confidence in myself, is high.”

For older people living in larger homes who are struggling financially, the mechanics of downsizing can be very daunting.

“I live in a house that is too big for me and is currently on the market. However, unless I move during this calendar year, I will just have to find some way of making living here more manageable. My gradual decline means I cannot manage without help and I find that depressing.”

Isolation was often mentioned by older people living with poor or very poor mental and emotional health.

“I feel more and more forgotten about by friends and family as I cannot now go out for meals and events as I used to do. I was a very sociable person.”

A lack of local mental health support services was another widely reported issue.

“I am registered disabled with my mental health but no support in my area.”

However, we heard largely positive feedback from those who have been able to get through to support services over the last year.

“Family issues, bereavement, relationship issues, isolation and loss of independence due to poor health greatly affected my mental health. Counselling with Ystradgynlais Mind saved me. Moving to a bungalow near town 4 months ago has also helped my depression.”

Some told us how receiving long-awaited surgery for physical health conditions had greatly improved their mental wellbeing.

“New hip has revitalised me.”

We also heard positive stories from carers whose caring roles have been reduced, allowing them more time for their own wellbeing. Similarly, some reported that their mental health has improved since retirement or since reducing their working hours.

“I have gone from a full-time desk job to working 2 days per week and doing more activities in the past year. It has given me time to focus on my health and spend more time with family. The desk job was crippling my leg joints.”

Cost of living



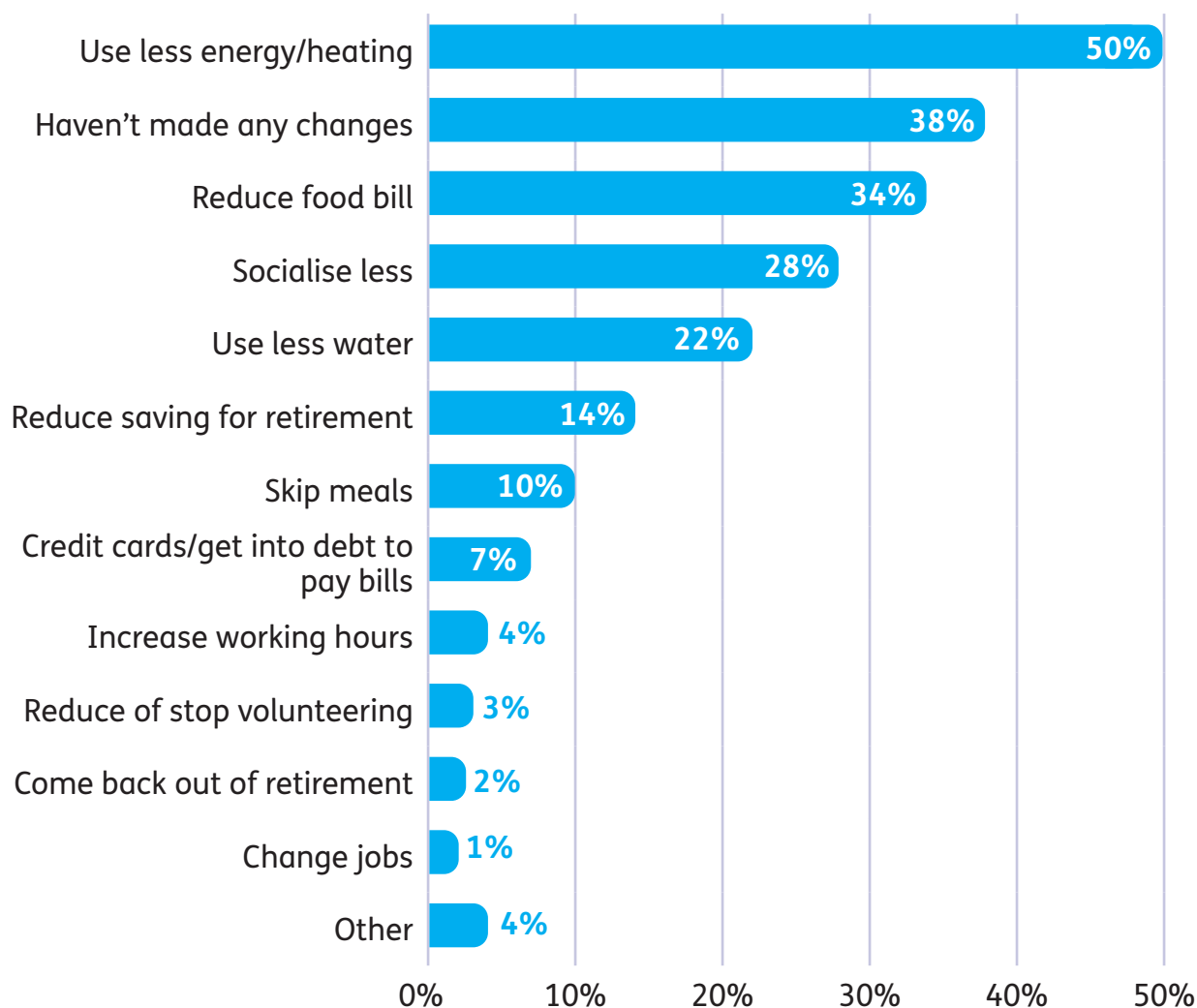
46% of older people found the cost of living a challenge over the last 12 months.

As with last year, the cost of living was the second most commonly reported challenge among respondents - although the proportion has dropped by 2% since 2024. Despite this slight decrease, the proportion of respondents who listed the cost of living as a challenge remains far higher than it was in our first survey in 2020, when only 9% reported struggling with living costs.

Looking ahead, 35% of people told us that they are confident that they'll have enough money to live on for the next year, while 21% are very confident. 10% were unconfident and 4% were very unconfident. 26% were neither confident nor unconfident.

“Our heating bills are twice the cost they were a few years ago, and all bills are increasing - food, council tax, insurance etc. But our income is not increasing and our savings are being eaten away by inflation and low interest rates.”

Almost two thirds (62%) of older people reported making changes in the last 12 months due to ensure that they will continue to have enough money to live on.



Half of respondents said that they have used less energy/heating during the last year, while over a third have reduced their food bill (34%). 28% have socialised less and 22% have lowered their water use. Others mentioned adapting to meet ever-increasing costs by postponing necessary home repairs or selling their car.

Several people told us that they are now staying in work instead of retiring, while others are returning to work after retirement to make ends meet. Some are also going into debt with credit cards or withdrawing money early from pensions or retirement savings to pay for necessities. Lastly, we heard of some people buying less food or even skipping meals, while a couple of respondents told us that they had started buying cheap vitamins as a cost-effective alternative to real food.

“We can’t afford to have the heating on for longer than a couple of hours a day in the winter. We have been cold this year. Fresh food is a luxury. We eat what’s on the discounted shelf at the supermarket. We’re always watching our money, we owe a lot to credit card companies, and we are always overdrawn. It’s unsustainable.”

Many people told us of the mental strain of managing on a small pension amid rising energy water, council tax and food bills.

“It’s a disaster. I’m in a state of extreme anxiety all the time. Cannot see a future.”

Just over one quarter (26%) of people told us that they receive state benefits of some kind, other than a pension.

The benefits most frequently reported in the survey were Personal Independence Payments (PIP) (9%), Attendance allowance (6%) and Pension credit (5%).

People receiving benefits were more likely to report other challenges than those not receiving benefits, including physical health, the cost of living, mental/emotional health and problems with loneliness and isolation.

“I suffer from memory loss, mental health and mobility issues. I also rely on benefits, so often I cannot afford to do the things I’d like to even if my head and body would let me.”

38% of respondents told us that they were impacted by the decision to means test the Winter Fuel Payment (WFP) over 2024-25. While the UK Government has now expanded the eligibility criteria for the WFP, many older people remain upset about the original decision.

“The Winter Fuel Payment was a good support for me in the winters, but I did not receive it this year and I don’t know why this payment, which we are in dire need of, was stopped.”



Access to face-to-face banking and cash



A quarter of older people told us that accessing face-to-face banking services has been a challenge this year.

Over the last ten years, the number of bank branches in Wales has dropped from 560 to 165, as financial services have moved online.¹ While many older people are able to use online banking, a significant number are unable to do so or feel safer or more comfortable using in-person services.

“My eyes are not good, so I don’t like online banking. My hearing isn’t good, so I don’t hear everything on the telephone. I need face-to-face communications for everything.”

Several people told us of their frustration at being expected to be digitally literate when it came to banking.

“Going to the local bank and everyone tells me to go online. No idea how!”

We also heard of people travelling increasingly long distances to access in-person banking services, which can be difficult in areas where public transport services are infrequent. Fear of fraud can likewise discourage people from banking online.

“No banks available within 13 miles. Have to travel to Cardiff, [despite] reduced public transport over the last year. I don’t do online banking as a few of my friends have been scammed.”

9% of respondents told us that accessing cash has been a challenge, partly due to a diminishing number of ATMs - an issue linked to the closure of local bank branches.

“There are no banks left in the closest town to my village. The one free cashpoint remaining is a half hour walk away and is now frequently out of order [...] There are lots of businesses round here that don’t do electronic payments so it’s incredibly frustrating.”

¹ Josh Wilson, ‘Bank branch closures: is your local bank closing?’, Which?, 23 May 2025, <https://www.which.co.uk/money/banking/switching-your-bank/bank-branch-closures-is-your-local-bank-closing-ayYyu4i9RdHy>.

Isolation and loneliness



16% of older people found isolation a challenge in the last 12 months, and **18%** loneliness.

Isolation and loneliness were categorised as separate challenges in the survey, in recognition of the fact that many people are socially active but still feel lonely - or are physically isolated but do not experience loneliness.

“At times I feel lonely even though I live with my husband.”

In this year's survey, one of the most commonly reported causes of isolation and/or loneliness was a physical health condition that prevented the person from working, socialising and undertaking day-to-day activities.

“I had severe sciatica last May, which has left me with drop foot and nerve damage. I was in bed and housebound for 6 weeks and after that could only walk with 2 sticks outside [...] I lost all my volunteering work and now feel very lonely as my husband works away.”

Older people living in rural areas likewise continue to face difficulties, as the local population dwindles and amenities face closure.

“I live in a small village, no shop, no pub, no village hall, winter months are lonely.”

Financial challenges have been another contributing factor, as people struggle to afford the costs of maintaining a social life, such as taxi fares or meals out.

“I feel quite isolated as I don't drive and there is no public transport in the evenings. The taxi service is limited and expensive, so I can't go to events I would like to in the local town (Machynlleth).”

Others stated that they are simply too busy to maintain social relationships, often due to work or caring responsibilities.

“My job is primarily work from home, I am very isolated and lonely as when I'm not working I have to do caring, housework, gardening, shopping, DIY repairs etc., so there is no opportunity to socialise.”

In many cases, isolation and/or loneliness had been triggered by a sudden change in a person's life, usually the loss of a partner, family member or close friend.

“Lost my wife of 43 years and have no family or children. I'm so lonely and isolated. I wish I had been taken with her.”

Some also found that they developed feelings of isolation or loneliness after retirement.

“Although I am lonely due to recent retirement, I feel I have robust and resilient mental and emotional health.”

While most people reported their own circumstances, we heard from some people who are concerned about a relative or friend. Notably, one person was worried about the social isolation experienced by adults who live with (and often care for) their older parents.

“They all live a very lonely existence and there’s not much out there for them to do where it doesn’t involve an online activity.”

Some people experiencing isolation and/or loneliness said that they want to seek help, but don’t want to trouble friends or family.

“Although I have family nearby, I sometimes find myself lonely as I don’t want to be a nuisance and bother them.”

Several people also commented that they’d like to see more social groups and support services in their local area.

“Organisations like Age Cymru should have more centres where older lonely, isolated people can personally visit to have support and company. They are very much needed.”



Transport



17% of people told us about challenges relating to transport, which was 7% lower than last year.

These challenges mostly involved public transport, particularly bus services, although we heard of some issues with train services too. As with last year, transport challenges were recorded in all local authorities across Wales, impacting both rural and urban areas.

36% of older people listed public buses as one of their main forms of transport. Several respondents described services as ‘poor’, noting the reduced frequency of buses, cuts to routes and the unreliability of existing services. All of these issues can have an impact on a person’s ability to live a healthy, active and sociable life.

“Buses are unreliable. Can’t factor them in when going to health appointments because using them might mean arriving late and missing the appointment.”

A lack of bus services in the evenings and on Sundays and bank holidays was also a commonly reported problem.

“With only one bus an hour, no buses after 7pm and no buses on Sundays or bank holidays, it is difficult to get anywhere to do shopping, meet people, go to the cinema, visit people in hospital, etc.”

While we did hear about good bus services in some areas, these were often let down by a lack of regular bus stops.

“Good bus service that passes my house, but no bus stop for more than 2 miles. I have to drive to catch a bus!!!”

Older people told us how much they value their bus passes.

“I have a bus pass which I use often instead of driving to more local destinations.”

17% of respondents told us that they regularly use trains. However, those who do also commented that rail fares can be very expensive and that cancellations or delayed services often put people off using trains altogether.

“I’ve started to use the train over past months, as I find the experience with the new Valley Lines trains has improved significantly, even though they can be quite expensive.”

“The train doesn’t run consistently enough and has been cancelled when I’ve used it. Not a good experience.”

Others commented on the need to better integrate existing rail and bus services.

“Buses and trains need to be coordinated more.”

82% of people told us one of their main methods of transport is their own car, which is 8% more than last year. In some areas a car is the only option as no public transport services are available.

“We live rurally, and there is literally no public transport here at all. The closest accessible transport links are five miles away and very sparse at best. Thankfully we both drive, but we would be completely isolated if we didn’t.”

Some older people stated that they are worried about being unable to access services and social activities if they ever lost the use of their cars.

“I find it hard to walk to bus routes with my arthritis. I do have a car at the moment but if I was to lose it I don’t know what I would do.”

33% of people cited walking as one of their main methods of transport. Issues mentioned included busy roads, poorly maintained pavements, parking on pavements and the danger posed by electric bikes and e-scooters.

“Following eye surgery over the last six years I’ve been experiencing an ongoing worsening of my sight [...] Even a walk to my local post box means I encounter many challenges and obstacles. Many more people think pavements are for parking on and the roads are too busy to easily negotiate the cars. There are also electric bikes and scooters continually up and down the same route with no regards to other people.”

17% of respondents said that they relied on family and friends for transport, 8% on taxis and 1% on community transport. 5% of respondents cycle regularly, and we heard how more people would cycle if there were more cycle paths available.

“Would like to cycle more but the roads around here are a nightmare of potholes, broken tarmac surfaces, etc.”

When respondents were asked if they have a blue badge (which help people with disabilities or health conditions park closer to their destination), 20% answered that they have a blue badge, 68% said that they don’t need one, and 12% said that they need one but have found it too difficult to apply for (1% more than last year.)

“Need to apply for a blue badge for my daughter, the application process puts me off, especially after having to apply for PIP.”

We heard of some instances where applications to renew a blue badge were unsuccessful, despite evidence of need.

“My husband had a blue badge and despite a letter from his consultant and physio at the hospital his badge was not renewed.”

We also heard from people who told us that there are insufficient blue badge parking facilities, including at hospitals.

“Regular appointments at Glan Clwyd Hospital a real concern as nowhere to park, despite having a blue badge. Need to leave at least an hour to go round and round looking for a space [...]”

Housing



22% of older people told us that their house is in need of repairs.

This is a slightly lower percentage than last year, when nearly a quarter of respondents reported the same challenge.

For those who own their own homes, the main issue continues to be the sheer cost of repairs and maintenance.

“House is damp and needs new windows but cost is a barrier. House is not weatherproof.”

People told us that it can be difficult finding reliable (and available) tradespeople.

“It can be difficult to find reliable tradespeople to do odd jobs that I am no longer able to do.”

7% of respondents rent from a local housing association or the council. Among these social tenants, we heard of issues including lengthy waits for repairs and consistent problems with damp.

“My house is full of damp and I can’t afford to keep replacing things.”

We also heard concerns about rent increases in both the social and private rented sectors.

“I have already had to use my little bit of savings to try and survive. I live in a rented house and the rent continues to increase.” (Renting from housing association/social landlord)

“I am worried about yet another rent increase. I need to look for cheaper accommodation.” (Renting privately)

Being homeless - or fear of being made homeless - was raised by a few people.

“Finding myself homeless at 62 years old and being put in shared temporary accommodation by the council has really affected my health.”

“Worrying day and night as to how to survive with a threat of becoming homeless.” (Rent from local council)

In response to a new question this year, 6% of respondents told us that their house is no longer suitable for their needs.

Accessibility was the key issue raised across various tenures. Some people told us about the isolation that inaccessible housing can cause, and how this impacts on their mental health.

“I need work done on my house to make it easier for me to move around and shower, but as I’m on benefits I can’t afford the work. I find myself isolated and this has an effect on my mental health.”

We also heard about the difficulties experienced by those wishing to move to a smaller or more accessible property. Notably, several respondents commented on the lack of bungalows available to buy or rent.

“We own our house. We are both struggling now to get up and down stairs and would love to downsize to a bungalow, but there are hardly any in our area and [developers] don’t seem to be building any new ones.”



Bereavement and grief



19% of older people found bereavement or grief a challenge in the last 12 months.

This represents a small decrease since 2024, when the figure stood at 20%.

Most people who responded to this question, reported losing a partner, though it was also common for respondents to mention losing a parent or close friend.

“My husband died last year and the grieving process has not finished for me.”

This year we asked about older people’s experiences of getting support from bereavement services. (including outside of the last 12 months). Of those who responded that they had ever experienced a bereavement, 12% told us that they had accessed services to support them with it.

Of those that didn’t access support, 37% said that they didn’t access professional help as they had support from family and friends.

“My family and friends network is excellent, which has been a great support. I also have a positive attitude and, whilst I feel sad and lonely sometimes, I understand this’s part of the grieving process. Talking to family is important in this process.”

Just over a quarter (26%) of respondents told us that they didn’t want support, a quarter weren’t aware that they could get support, and 4% couldn’t get professional help as there was no support nearby.

Of the 12% of older people who replied that they have actively sought support from a professional service at some point for a bereavement. Most mentioned receiving support from charitable organisations specialising in bereavement support, such as Cruse and Mind.

“Women Connect First provided me with psychological support through a counsellor.”

A large number also reported receiving support via the NHS and other public services.

“I had access to counselling specifically because my husband died in ICU [...] that led me to Mindfulness at Singleton Hospital which helped massively with grief and managing physical pain; finally, my GP referred me to the mental health clinic in Swansea where I accessed CBT - that was life changing and I will be forever grateful to the services for that support.”

Hospices were another common source of bereavement support.

“Support from City Hospice when I lost my husband two years ago.”

Some said that their employer had contributed to bereavement support in the past.

“[I accessed] a bereavement support group via my employer, plus one-to-one counselling sessions.”

A relatively small number said they have explored private services, such as counselling. Of those who have paid for private services, several commented that they had initially tried to access public sector services but had been unable to do so.

“Private psychology as no support available from NHS Wales.”

Access to bereavement services seems to be patchy across Wales. While some people have found it easy to get support, others reported either being unable to find services in their local area or facing lengthy waiting times.

“I tried to get grief counselling when my husband died. No appointments available for 6 months minimum.”



Scams



34% of older people said that they have experienced a scam during the last 12 months.

While 12% of respondents identified scams as an ongoing challenge in their lives. Those who reported experiencing scams were more likely to be male and under 70.

2025 was the first year in which we asked people to give us detailed information on scams they have experienced.

A large number of respondents told us that they are concerned about both the number and complexity of scams witnessed on a regular basis, especially online.

“Only had attempted scams, by phone and online. They are becoming more frequent.”

One of the most common types of scam reported in the survey involved the victim being tricked into buying goods from a seemingly legitimate online seller.

“I ordered an item on the internet. The company wasn’t a legitimate one. It used the logo, name and layout of a genuine company. Luckily, I realised quite soon after making the purchase and, as I had used my credit card, I was able to recoup my money.”

Multiple people reported receiving text messages and emails from scammers posing as public bodies, including the DWP, HMRC and DVLA, as well as local authorities.

“Phone call supposedly from the tax office, another car insurance. I didn’t pay either, but it shook me up - concerned in case my disabled son had answered.”

Scam attempts by rogue traders were likewise reported by several people.

“It was advertised as installing heat pumps etc and government backed. They asked many financial and medical questions, then they ghosted us. Turns out they were NOT recognised by our council, although the logo was on their headed paperwork.”

This year’s survey also saw a few cases of investment scams, particularly those involving bitcoin.

“Financial investment scam which cost £200. Still getting phone calls wanting me to transfer £2,244 into a bitcoin account so I can access my supposed £75,000 in investment gains.”

Several people mentioned being targeted by scammers on social media (particularly Facebook). This includes cases of scammers impersonating people’s friends to gain money from them.

“Facebook Marketplace. Purchasing stuff for my hobby, machine embroidery. Realised it was fake profile so was able to stop payment.”

While most of those who have experienced scams lost relatively small amounts of money, many still reported being affected by the shock of the experience.

“It upset me a lot and caused me to shake and be scared of the phone and my emails.”

Others commented that the apparent proliferation of scams has made them less trusting of people and of society as a whole.

“No confidence or trust anymore.”

There were mixed views on the support offered by banks. While several people praised the speed at which banks refunded lost moneys, others expressed concern that the loss of in-person services has left them feeling less in-control of their finances.

“My bank is pushing for me to use internet banking; however I am afraid I will get scammed or make an error.”

More positively, the survey results also showed a growing awareness among respondents of how to take care of themselves and how to identify and report scams.

“Lots of phone and email scams. Send them to Action Fraud.”

Numerous people also commented on how they are now working to protect others from scams, including family, friends and neighbours.

“Luckily I was present at my neighbour’s when she was being scammed, otherwise she would have had her account wiped.”



Neighbourhood safety



6% of older people told us that they do not feel safe in their communities.

Concerns were raised over anti-social behaviour, crime, and a perceived lack of police presence.

“Unfortunately there are many people in this area who take drugs and are addicted to alcohol, which makes me afraid to go out or come home late.”

“We have reported issues to the authorities and police but haven’t got responses about anti-social behaviour.”

Fear of crime and anti-social behaviour can lead to older people becoming isolated and afraid to leave their home, particularly after dark.

“Too afraid to go out after a certain time of the day, I don’t feel safe to go out alone.”

Speeding traffic, e-scooters, e-bikes, and off-road motorbikes were also raised as concerns.

“Pedestrian safety is deteriorating where I live. Only one pedestrian lights and zebra [crossing] on the main road nearby, the rest of the time you take a chance. Drivers on phones and running red lights with impunity.”

We also heard from people who face abuse in their local area, including one case of specifically homophobic abuse.

“As a gay person I face abuse often where I live.”

“Neighbours that are abusive and threatening that makes you scared to go in and out of your home and your garden.”



Employment



Almost two thirds (65%) of older people stated that they are retired.

30% said that they are in paid employment of some kind (full time, part time, or self-employed), 9% doing unpaid volunteering and 7% unable to work due to disability or illness. 3% stated that they are homemakers and 2% that they are unable to work due to caring responsibilities.

14% of older people said that they have changed their retirement plans in the last 12 months.

Some people explained that they now plan to retire later to keep their minds active, and that work gives them drive and satisfaction. Others commented that the cost of living is too high and that the state pension is not enough to live on, so they need to keep working to make ends meet – even if they have poor physical health.

A couple of people told us that they are single parents and can't afford to retire yet, while a small number said that, following the recent loss of their partner, they have decided to continue working beyond retirement age – partly for the money, but also for the social interaction and personal stability.

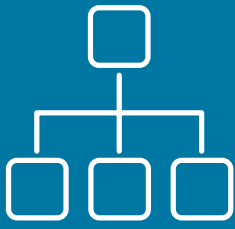
“The state pension is not enough to live on as it only covers my rent and Council Tax. Therefore, I work 2 jobs to survive.”

Reasons were similarly varied among those planning to leave retirement to return to work. Some said that they had taken early retirement to care for a close relative but now plan to return to work following that person's death. Others feel that they have no choice, as their pension no longer covers their needs. A small number expressed regret at retiring, believing that they still have more to give in work.

“I retired from nursing at 55 after 37 years. When I retired my superannuation pension was enough to live on. 8 years later my pension is barely enough to cover bills. I have considered part-time work, but my ill health has been an issue.”

4% of respondents told us that they're still looking for paid employment, having not yet retired. Some said that they want to find a new role to fit with caring responsibilities, while others are looking to work more hours to cover basic bills. A small number said that they're simply looking for a new challenge.

To help them find employment, people told us that it would be useful to have free IT training and support with caring responsibilities. They also argued that employers should have a more flexible and open-minded attitude towards employing older people.



9% of older people reported that they have experienced ageism in the workplace, or in the recruitment process.

This represents a reduction since last year, when 11% reported the same problem.

Of those who have experienced ageism, most believe that it was because employers implicitly prefer younger workers.

“It makes you feel that youth is valued over experience.”

“Employers want people they can mould, and too much knowledge is not welcome in some areas.”

Meanwhile, several respondents said that they have experienced bullying or pressure from colleagues relating to their age.

“Stupid comments making me feel devalued and disrespected. I had a huge amount of knowledge, experience and expertise compared to the person making the comments.”

Some gave us insights into how workplace ageism has impacted upon their mental health.

“Self-worth was diminished, as was that of others who were ‘made’ redundant years before retirement age.”



Accessing information about support and services



47% of older people said that they find it easy or very easy to access information about support and services.

42% said that they find it neither easy nor difficult, while 10% of respondents said that they find it difficult or very difficult.

“Some services are easy to find online and the information is clear and concise, while others are not easy to find, or the information is not clear or well presented.”

A key issue raised by many respondents was the inability to contact service providers by telephone. People told us that it is often difficult to find contact numbers and that, when such numbers are available, the caller is usually expected to wait a long time before someone answers.

“Rarely find it possible to speak to someone to resolve things, keep being sent to speak to a computer [...] Often no telephone number for companies and directed to go online, which does not help.”

“I have in the past looked [to] a certain government department for information, been given a number to call and either got no answer, been cut off after a certain time or put through to an automated service.”

Many respondents said that being able to speak to a person about their support needs is more useful than going through online or automated services.

“I can find information online about the services which are available, but I prefer to talk to people face-to-face, because it is quicker and easier.”

Some mentioned finding it hard to know where to look for reliable information online.

“It can be frustrating looking for information online as the quantity can be overwhelming and finding a reputable website difficult. Chat bots never answer the question properly, so I start online and then phone - although finding phone numbers can be a frustrating experience.”

Others highlighted the importance of being cautious about the authenticity of online information.

“Finding information online is very straightforward. Filtering it requires a certain level of skill.”

Meanwhile, we heard from some people that it can be hard to keep up with changes in technology.

“I am increasingly being left behind by technology changes. Especially in work. The biggest threat to my carrying on working is that the IT systems keep changing and more keep being added.”

Similarly, some told us how important it is to be able to access information and help in ways other than online.

“I am lucky in that I can use the internet and a computer to email. Unfortunately, many older people are unable to do so but society expects everyone to be able to use the internet. Organisations need to be aware that they should offer alternative means of communication and not expect everyone to be able to use a computer.”

Finally, one respondent observed that, while it may be easy to access information about services, the services themselves are not always available.

“I know how to access online information about services, but the services themselves are limited. I can access the GP practice pages but there are no appointments, I can access transport pages but the buses are not available or going where and when I need them. Older people can be very technically aware, but the services they need may not actually exist.”



Getting out and about



61% of older people told us that they find it easy or very easy to get out and about.

22% find it neither easy nor difficult, while 16% find it difficult or very difficult. Just over 1% said that they don't go out at all.

Poor physical health was the main reported reason for why people find it difficult to get out and about. This included back pain, knee pain and arthritis.

"I am waiting for treatment for a spinal condition, so find it difficult to walk. Some days I can get in the car and drive myself. It depends on the pain I have at the time."

A lack of public toilet facilities was the second most cited reason for people having difficulty getting out and about.

"I suffer from bowel issues and need to be able to access a toilet very quickly at times. In the winter months, when council closes public toilets, I really struggle to go out as my anxiety about lack of toilets makes my condition worse, so it's a case of staying at home."

Money was the third most common reason.

"Can't even go for a walk and buy a coffee without it costing a fortune. We have to think about every penny, which wears you down after a while [...] you just stay in and it's one less worry."

Some mentioned being concerned about experiencing a fall.

"I have become very reluctant to go out as I'm scared of falling."

Several people stated that they go out less often these days due to the lack of available public seating.

"Need to sit down and rest on occasions if legs are hurting, but lack of seating stops me going out if uncertain of the area."

The importance of an accessible built environment was likewise highlighted by another respondent.

"My mobility is limited and variable. I need good safe paving and roads, plenty of clean, accessible seating, clean accessible toilets and for people to understand what 'accessible' really means."

A lack of public transport was another common reason, with several people complaining that unreliable bus services limit their ability and willingness to leave home.

“The buses are known to be unreliable, wary of getting stranded.”

Similarly, a lack of evening bus services prevents people going to social events.

“Because the last buses from nearby towns are around 6.30pm, I can’t go to the cinema or any evening events.”

The cost of owning a car was also cited as a reason for people staying at home.

“I have to watch my pennies, so if I can afford to put petrol in my car, then I can go out.”

Away from transport issues, some people told us that poor mental health acts as a barrier to them leaving the home.

“PTSD and depression make it very hard to go out - even when I really want to.”



Unpaid carers

Of the unpaid carers who told us that caring had been a challenge over the last year, 52% (171) were aged 50-64 and 48% (168) were aged 64 and over.

We heard about the various challenges that carers have faced over the last year and how these have affected them. Transport, finances, cost of living, housing conditions, physical health, neighbourhood safety, access to cash and banking, and loneliness were all frequently mentioned as challenges.

“Poor physical and mental health. Wheelchair user. Living on Benefits. Lack of social life. Can’t attend groups/clubs/friends.”

Mental/Emotional health

Older carers were much more likely to tell us of challenges with their mental and emotional health than people not in caring roles. Hours of caring, stretched finances and reduced social opportunities were all mentioned by many as affecting their wellbeing.

“I don’t get enough sleep or respite being a carer.”

Some have struggled with the stress of living on a reduced income, as their caring responsibilities take up time that could otherwise be spent in paid employment.

“I had to give up my job because it would have compromised my father’s health to go into the workplace (a primary school) and I miss work.”

Those older carers who told us that their mental wellbeing has worsened explained that a lack of external help has been a contributing factor.

“I’m having to take on things that I am too disabled to do. Completely let down by social care.”

Similarly, we heard how carers have tried to get help for their mental health but have often been unsuccessful.

“I am registered carer for an elderly friend and experiencing issues getting support for her and myself regarding this. Social services and GP have been great but mental health support is severely lacking.”

Bereavement

Older carers were also more likely to tell us they have been affected by bereavement in the last year. For some, this was because the person they provided care for had died. Others reported losing a friend, parent, child or even grandchild.

Those who had lost a partner often reported struggling with the pressure of coping with day-to-day tasks that they had previously managed as a couple.

“I’m still struggling to get my life back together after losing my husband [and] my mother and sister the same year. Plus, I have a son with severe mental health issues. I’m worried about my severely reduced finances, my capacity to manage my fairly large house and garden on my own. [...] I feel I have too many things to resolve, house repairs, garden restoration, dealing with paperwork, just basically looking after myself, to find the time to join group activities.”

Finance and employment

Older carers were much more likely to tell us that employment has been an issue over the last year. Worries over finances, the increased cost of everyday goods, and higher energy prices were often mentioned.

“Since my wife is disabled and I have had a stroke and other medical issues through doing too much, it means our income doesn’t cover what we pay out.”

We heard how some have given up work because of their caring role, while others have reduced their working hours because of increased caring responsibilities. In some cases, older carers reported facing redundancy.

“I have caring responsibilities for my husband, mother and adult son as well as working full time. [...] I am currently under notice of redundancy, and it has been stressful and difficult to apply for professional jobs when over 60.”

We also heard from carers who feel forced to find work despite both their caring role and own health prohibiting this.

“I have osteoarthritis and am nearing retirement. I’m on UC and they keep telling me to find full-time work.”

Older carers also told us about their struggles to provide care while tackling their own health issues, service closures and increasingly limited public transport.

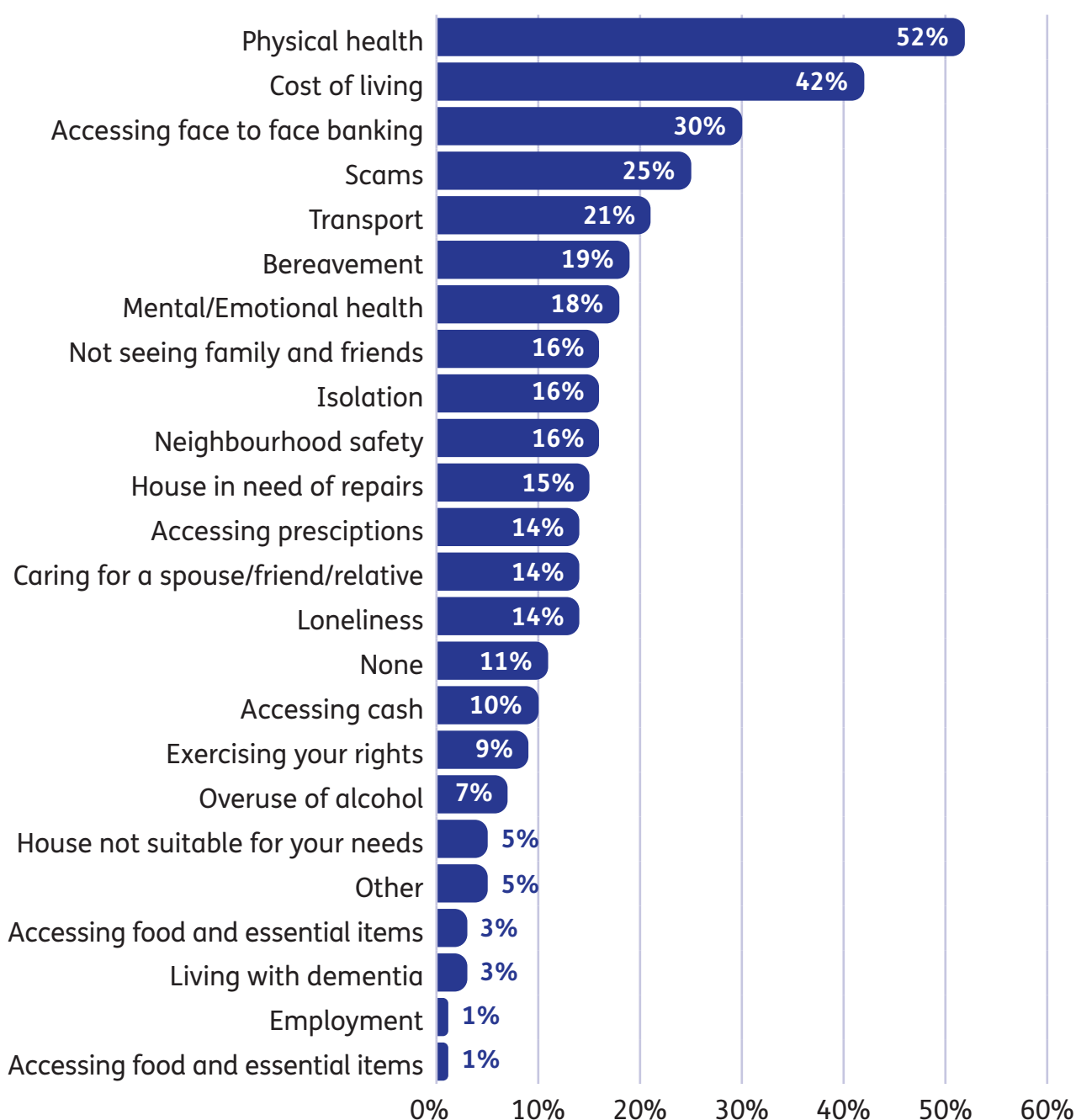
“Still recovering from knee replacement due to lack of rehab. Banks closing so have to go into main town rather than own high street. Elderly father came out of hospital with heart failure but lives 5 hours from my house.”

Armed Forces veterans

6% of those who completed the survey are Armed Forces veterans, with 31% identifying as female and 62% identifying as male. Two thirds of the veterans who responded are aged 70 or over, and a third are living with a disability.

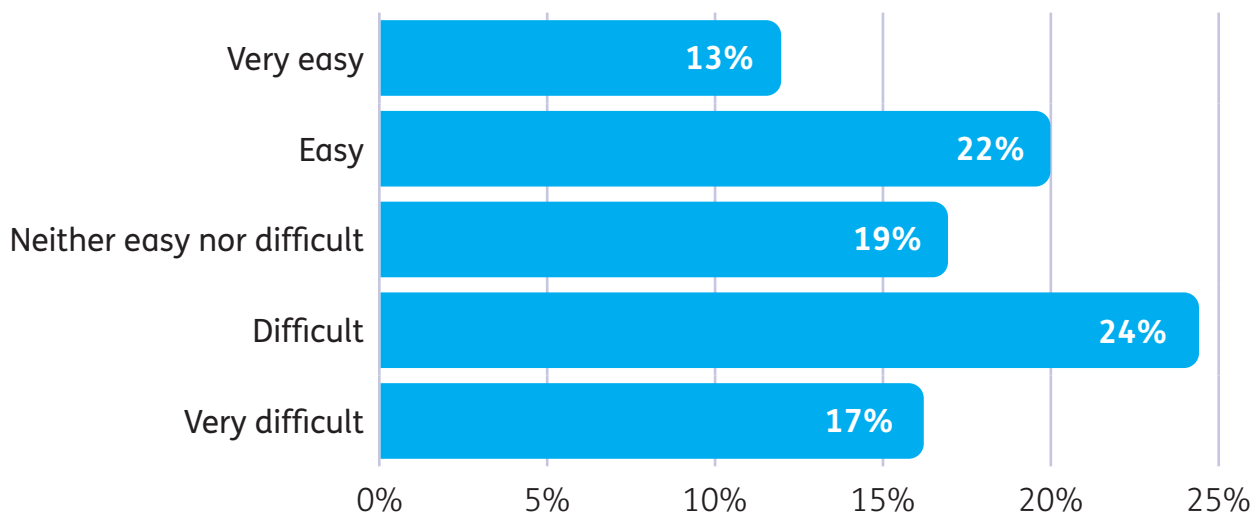
Physical health was the most common challenge experienced by veterans across the last twelve months, followed by the cost of living (mirroring the experience of non-veterans).

The next most frequently reported challenges were accessing face-to-face banking (30%), scams (25%), transport (21%), bereavement (19%) and mental/emotional health (18%). This differed from non-veterans, who recorded mental/emotional health as the third-most common challenge (26%), followed by access to face-to-face banking (25%), caring for someone (22%), home repairs (22%) and not seeing family/friends (20%).



Health

86% of veterans reported having made or tried to make an appointment with a GP in the last year. Just over one third (35%) told us that they found making these appointments easy or very easy, and 41% found it difficult or very difficult. This is in comparison to 29% of non-veterans who found making a GP appointment easy or easy, and 50% who found it difficult or very difficult.



36% of older veterans told us that they used private healthcare in the last 12 months, whether for them or someone else. When asked why, they told us of the frustrations of long waiting lists, the impact of living with untreated health conditions and worries about a decline in health whilst waiting.

“My husband paid to get an operation privately. He was desperate. His quality of life was affected. He served his country and when he needed treatment it wasn’t there after waiting two years.”

Cataract operations were a common form of private healthcare accessed by veterans, as well as orthopaedic operations. Likewise, some told us that they had access dentistry and podiatry support privately, due to a lack of availability on the NHS.



Bereavement

8% of veterans told us that they have accessed support after experiencing a bereavement, in comparison to 12% of non-veterans. Support mostly comprised of counselling from third sector organisation such as Cruse, Marie Curie and Paul Sartori Hospice at Home. One person received medical and emotional support from Macmillan nurses, and another was supported via their employer.

Of those that had experienced a bereavement but not accessed support, just over one third (36%) stated that this was due to having support from family and friends. 32% didn't want any support, while a quarter wasn't aware that they could get support. 7% reported that there were no local support services available.

Social care

29% of veterans told us that they had asked for support from social care in the last 12 months, either for themselves or someone else. This is 10% more than non-veterans. 61% of these didn't get the help or support they needed, with many people telling us that the support wasn't available, waiting lists were too long or there was minimal communication from services.

"I called adult services and was told I would get a call back. I never received that call."

Finance and employment

62% of veterans have made changes in the past 12 months due to financial pressures – the same proportion as non-veterans.

Many veterans told us of the need to cut back on essential items and socialising in response to rising bills and the limitations of living on a small, fixed pension. Some also told us that this making them feel lonely and isolated.

"Less socialising, so can feel lonely at times. Don't have a large personal pension so therefore have had to miss time away with friends as need to watch finances very carefully so that I can pay all my bills. Not how I expected my retirement!"

72% of veterans are retired, compared to 65% of non-veterans, while 22% are in employment (full time, part time or self-employed), 4% are unable to work due to disability/illness, 2% can't work due to caring responsibilities and 4% are looking for paid work. In addition, 14% of older veterans are carrying out unpaid volunteering.

"I retired to look after my mother as an unpaid full-time carer in August 2023; my mother passed away in October 2024."

16% of older veterans have changed their retirement plans in the last 12 months. 11% now plan to retire later, 4% plan to come out of retirement, and 1% plan to retire earlier.

Representation in society



60% of older people said that they don't believe that older people are well represented in society, down from 70% in 2024.

18% felt that they are well represented, while 22% were unsure.

“Often stereotyped but better represented than about 20 years ago.”

The term ‘representation’ can be interpreted in different ways, e.g., representation in the media, in politics, in employment or in advertising. We left this question open for respondents to interpret how they wished.

Most took ‘representation’ to mean political representation, which many people argued is lacking for older people both in Wales and the UK more widely.

“I get a feeling that this government [...] see us as being a drain on the system, regardless of the many years of input from us during our working lives.”

In many cases, people pointed to the UK Government’s scrapping of the universal Winter Fuel Payment in July 2024 as evidence of a lack of political representation for older people (Note: the survey was distributed before the announcement in June 2025 that the payment would be reinstated for all pensioners with an income under £35,000).

“The first thing the Government did was take the winter fuel off us, we are such easy targets, what can we do? Nothing.”

However, not everyone thought that older people are politically underrepresented.

“In some ways, old people are over-represented, since politicians know that they vote in larger numbers.”

In particular, several respondents noted that local councillors are usually drawn from older age groups.

“The majority of councillors tend to be from the older generation.”

Besides politics, many people commented on representation in the media. A common theme was a dislike of how media narratives drive a wedge between generations by blaming older people for society’s problems, including long NHS waiting times and high house prices.

“There is too much emphasis on problems between generations instead of looking for ways we can help and support each other.”

Others criticised the media – particularly advertising – for perpetuating negative stereotypes of older people.

“The media tends to represent anyone over 65 as either vulnerable and pitiable, or a drain on society.”

A small number commented that the media is selective in its portrayal of age, noting that older women tend to be depicted as weaker and more helpless than older men.

“We have to be so tough to continue to show up and take up space in a society that disregards older women and does not see us in the same way as older men.”

Others raised practical concerns around older people’s representation in matters such as housing, transport and disabled parking.

“Affordable housing never includes bungalows despite an ageing population.”

Similarly, a large number felt as though rapid technological changes are making it harder for older people to access day-to-day services, including GP appointments and banking.

“There are instances when technology is beyond me [...] It makes me feel as though I am on the fringes of society, that I am inadequate, being left behind.”

Lastly, a few respondents suggested ways that older people could be more well represented in society in future.

“Older people need to be seen as an active part of society, not just people who need extra support or who are past it.”



Climate change

2025 was the first year in which we asked older people for their views on climate change. This follows Age Cymru's recent decision to explore the impact of climate change on older people in Wales, including its effects on personal health, finances and access to services.



43% of older people said that they are greatly concerned by climate change, with a further 31% saying that they are sometimes concerned.

Conversely, just under 11% told us that they are rarely concerned by climate change, while 13% do not consider it a concerning issue at all.

Of those surveyed, women were more likely to state that they were 'greatly' or 'sometimes' concerned by climate change than men (76% to 65%).

Most people showed some awareness of the dangers posed by climate change, including an understanding of its social impact.

"Climate change must be tackled urgently. The effects of climate change are now so obvious."

"We're having more storms and floods. With [these] changes, crops will fail more regularly, and we can't adapt fast enough."

Many respondents expressed a fear about the impact of climate change on future generations.

"We are damaging the environment for our grandchildren to be left to deal with it."

However, several people mentioned that they feel under-informed about climate change, and that there is a need for more reliable, accessible public information.

"I try to be interested but it goes over my head."

A similar number argued that, while they are aware of the dangers of climate change, they have more pressing issues to worry about, like personal health or finances.

"I don't have time to worry about this on top of everything else!"

Many of the 74% of respondents who reported being sometimes or regularly concerned by climate change criticised the lack of political will among politicians to take meaningful climate action.

"Politicians are too interested in staying in power than dealing with a long-term problem like climate change."

Others argued that climate action needs to happen at an international level, with several people expressing frustration at inaction from the world's largest economies.

“We try hard in Wales but until the big countries start to get on board we are just a little fish in a big pond.”

Some people focused on individual responsibility, highlighting the importance of making environmentally friendly lifestyle choices.

“If everyone did something small to help it would be beneficial.”

Conversely, some questioned how much difference individuals can make, arguing that responsibility should lie primarily with governments and industry.

“I have tried to adapt and change behaviours in lifestyle, recycling, travel, etc. However, corporate and government policy is not changing nor being held accountable for the obvious global environmental weather changes.”

While most respondents acknowledged the threat of climate change, there was nonetheless a number of people who stated that they did not believe that climate change existed, or who repeated debunked conspiracy theories about its causes.



The year ahead



42% of older people said that they feel optimistic about the year ahead.

34% reported feeling pessimistic, while another 24% are unsure.

Of those who are optimistic, many commented that they are looking forward to retiring within the next year.

“I am leaving paid work and will have more control over my time. I will be able to do many of the things I’ve been unable to up till now including focus on my freelance work.”

Others said that they are planning to celebrate important life events with family and friends.

“My daughter is getting married and I am very happy about it.”

Among those who did not report feeling optimistic, physical health was the main concern.

“Hopefully I’ll have my hip replacement. It’s currently restricting everything. If I don’t have it, my situation will deteriorate further [...] If it’s not offered soon, I feel I will have to go private which will have cost implications for me.”

Similarly, the cost of living was a commonly reported barrier to feeling positive about the future.

“Increasing cost of living. I am not sure how I will be able to afford price increases without going into debt.”

Another commonly mentioned concern was the pressure of meeting the care needs of a relative or friend.

“My mother is elderly and becoming frail, I am worried that she will deteriorate and need more support.”

Others looked at broader issues, commenting that they are worried about the political situation at home and abroad, the economy or climate change. We also heard from some people who are concerned about the Assisted Dying Bill currently working its way through the UK Parliament.

“Political developments across the world cause me concern. Resurgent populism is likely to impact badly on older, disabled, and poorer people.”

Challenges around employment and preparing for retirement were likewise a common concern, mainly among younger respondents.

“Getting a new job when my contract ends.”

Lastly, some said that they feel pessimistic due to the likelihood of experiencing long periods of isolation and loneliness over the next 12 months.

“Being stuck at home.”



What might help

As well as asking people how they felt looking ahead, we also asked what changes could be made to help people feel more optimistic about the next year.

Most respondents called for improvement to healthcare services, including shorter waiting times, easier access to GPs and greater availability of specialised services (e.g., dentistry, podiatry, physiotherapy).

“I’d like advice on pain management, and I’d like to be told when I’m likely to have my hip operation so I can make plans.”

Likewise, many people were keen to see improvements in social care provision.

“Having information about what support my mother could request and making the application process for this simple and stress free, rather than a nightmare.”

Numerous respondents asked for greater support for carers, including better advice services and wider availability of respite care.

“Someone to turn to for medical guidance (NHS so overwhelmed that I don’t like to ask) for husband, and some ‘time off’ now and again!”

Away from health and wellbeing, we also heard from many people who are calling for greater financial support for older people.

“Information and support around applying for PIP. Also information about concessions etc that I may be entitled to.”

Another popular call was for public services to be improved and expanded. This particularly applied to public transport.

“Much better public transport including more buses in the evenings and at weekends.”

Others asked for more suitable housing, noting the lack of appropriate homes for older people, especially those with long-term health conditions and disabilities.

“Finding a new home to move to. We’re not ready for a care home, we don’t want to downsize to a flat, and there aren’t enough bungalows.”

Several people called for better access to grief and bereavement support services.

“Bereavement support if needed, including stroke and diabetes support groups.”

Finally, some older people told us that they would like to see more social groups and activities available in the community, as well as befriending services.

“More social groups, preferably daily or perhaps three or four days a week. Having the knowledge that there is a place to go when lonely.”

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