



# The Big Survey 2023

Full Report

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# Foreword

The aim of The Big Survey is to capture the views and experiences of people over the age of 50, identify the challenges older people face in Scotland today, and broadly track how lives have changed over time. It explores a wide range of topics including health and wellbeing, the workplace, finances, social issues, social care, transport, community and housing, the use of technology, social security, and planning for the future.

Our first edition of this extensive, national survey was undertaken in 2021, soon after the second national “lockdown”, and gave us eye-opening insight into the severe impact of the Covid-19 pandemic on the lives of older people. Two years later, the effects of this virus and how it changed our society are still deeply felt by older people - particularly so with regards to health, confidence, and access to vital services.

This second edition is even bigger than the first, with more than 4,100 over 50s from all over Scotland taking part.

It has taken place during a new national crisis which has put an extraordinary squeeze on household finances, with large numbers of older people cutting back on necessities such as household energy and food because they are unaffordable.

The physical and mental health of the nation has not improved since those Covid-19 related national lockdowns, and levels of loneliness amongst older people remain sky high.

Compared with just two years ago, fewer people believe that life is getting better for older people and far greater numbers believe life is getting worse. Only **13%** of respondents feel valued by society (down from **21%** in 2021) and two thirds do not feel valued (up from **51%** in 2021).

Just **3%** feel it is easy to have their voice heard by politicians and decision makers.

Importantly, The Big Survey demonstrates the vast contribution made by older people to our country, the economy, workplace, as carers and volunteers, across society, and highlights just how deeply they care about the lives of younger generations.

We have a long way to go to make Scotland the best place in the world to grow older, but we hope that you find this edition of The Big Survey valuable in identifying what needs to change for it to be so.

# Summary of Findings

## 1. BACKGROUND TO STUDY

The Big Survey 2023 is the second iteration of this comprehensive Age Scotland research questionnaire, first undertaken in 2021, inviting residents of Scotland age 50+ to provide feedback on the issues and challenges they face and identify where change is needed. The Big Survey is commissioned by Age Scotland, the national charity for older people, to inform and assist its campaigns and help shape media, policy development, and influencing work. It is an important way to give older people a voice.

Scotinform Ltd managed The Big Survey on behalf of Age Scotland in 2021 and has done so again in 2023. This report, prepared by Scotinform, presents the findings from survey responses received from 4,167 people living across all 32 of Scotland's local authorities.

Of the 4,167 responses, **34%** were completed on paper and the balance of **66%** were completed online. These findings highlight the need for both online and paper versions of the Big Survey in order that it is accessible to residents of Scotland aged 50+.

## 2. PROFILE OF RESPONDENTS

**71%** of respondents were female. Respondents ranged across all age groups but primarily in the 65-69, 70-74 and 75-79 age ranges. This profile is similar to that reported in 2021.

All 32 local authorities were represented in the sample of respondents with the highest representation from residents of Aberdeenshire, City of Edinburgh, Dumfries and Galloway, Fife, City of Glasgow and Highland local authority areas.

**71%** of respondents were retired and **5%** were semi-retired. **17%** of respondents were in employment (full-time, part-time and self-employed) and **6%** were unable to work due to disability/illness.

**39%** of respondents lived alone and **48%** with one other person.

Two thirds of respondents (**67%**) owned their property outright and a further **9%** were buying their home with a mortgage/loan. These findings were similar to those reported in 2021.

### 3. HEALTH AND WELLBEING

Respondents were most likely choosing **watching television (81%)**, **seeing friends (74%)**, **seeing members of their family (73%)** and **reading (73%)** for **fun and relaxation**. Other activities undertaken by respondents were very broad, and ranged from playing darts to Tai Chi. Over a third of respondents were not able to participate in their preferred activities as much as they would like. For respondents in their 50s, this figure was much higher, at **57%**.

The majority of respondents (**72%**) said that they **preferred to spend time with people who were a mix of ages** but **26%** said they enjoyed spending time alone. **32%** of respondents aged 50-54 liked to spend time alone in comparison with **23%** aged 85-89.

A third of respondents (**32%**) were currently **volunteering** and **23%** had done so in the past. **35%** of males and **31%** of females were currently volunteering, along with a third of respondents (**33%**) who were retired and **39%** who were semi-retired. Reasons respondents who had volunteered but no longer did so included organisations closing due to lack of funding, and stopping during Covid-19 and never returning.

Over half the sample (**57%**) described their **general health** as 'very good' or 'good'. Females were more likely than males to rate their general health as 'very good' i.e. **18%** of females and **12%** of males. A fifth of males (**20%**) rated their general health as 'poor' and 'very poor' in comparison with **16%** of females. Across the age ranges rating of general health as 'very good' varied from **24%** of respondents aged 50-54 to **5%** of those aged 90-94.

A fifth of respondents (**20%**) had not tried to secure a **GP appointment** in the past year but **17%** said they had been able to get a same day appointment whilst **16%** had had a GP appointment one-two days from calling the surgery. Respondents' preference was for an in-person GP appointment (**82%**).

Only **1%** of respondents had a preference for a **video consultation with a GP**.

**16%** of respondents had already paid for **private health treatment** and **14%** would consider this option in the future. Respondents who had already paid for private health treatment were from across the age ranges and of note is that **6%** of respondents with a total gross annual household income of less than £10,000 had paid for private healthcare.

Over half the sample (52%) exercised regularly and this included walking, dog walking, exercise classes etc. A further 35% didn't get out as much as they used but were still mobile. Doing exercise with friends (29%) and being part of a group or class (28%) were motivations to taking part in physical activity, but other motivations ranged from enjoying the music and weather to the positive impact it has on mental health. Poor mobility was the key barrier to undertaking exercise and mentioned by 90% of those who did not undertake physical activity.

**Covid-19** continues to have an impact on older people. Whilst the largest cohort of respondents (41%) were going out as much as they had prior to the pandemic, 15% were going out less because they were concerned about their health. 23% of respondents aged 85-89 were going out less because they were concerned about their health in comparison with 10% of respondents aged 55-59.

27% of respondents rated their current mental health as 'very good' with 34% rating it as 'good'. Respondents who lived alone tended to rate their mental health lower than those who lived with others in their households: 24% of those who lived alone rated their mental health as 'very good' in comparison with 30% of those who lived with one other person.

8% of respondents felt that their mental health had improved over the last two years but 23% felt that it had got worse in the time period. The top three reasons why mental health had got worse were: Covid-19 and its legacy; loneliness and isolation (sometimes also linked to Covid-19 and the lockdowns) and a deterioration in physical health.

The pandemic continues to impact on respondents with 37% of respondents overall citing this as a factor which had impacted on their general health and wellbeing. Respondents' own health issues also had an impact (mentioned by 39%) along with the increase in the cost of living and winter months (37% and 35%).

40% of respondents said that they never felt lonely whilst 49% sometimes feel lonely. 49% of males said they never felt lonely in comparison with 37% of females. Respondents aged 50-54 were more likely than respondents in other age ranges to say they felt lonely most of the time, 10% in this age range selected this option. Respondents living on their own were more likely than those living with others to feel lonely. 11% of this group felt lonely most of the time and 3% always felt lonely (13% and 4% in 2021).

## 4. OLDER PEOPLE AND THE WORKPLACE

Two thirds of respondents (**66%**) were **retired**: males were more likely than females to be retired (**72%** and **65%**).

**7%** of females (and **1%** of males) had planned to retire at 60 but state pension age changes mean they will have to work longer. **21%** of respondents aged 55-59 and **18%** aged 60-64 also fell into this category.

## 5. USING THE INTERNET AND DIGITAL TECHNOLOGY

**89%** of respondents had **access to the internet** at home and this was the same percentage reported in 2021.

Internet access varied across the age ranges from **73%** aged 85-89 to **95%** aged 50-54 and **95%** aged 55-60.

**5%** of respondents aged 85-89 would like internet access but don't know how to go about organising it. **13%** of respondents aged 80-84 and **14%** aged 85-89 don't have internet access but don't want/need it.

**78%** of respondents were accessing the internet via mobile smartphone and **66%** used a tablet/iPad.

Only two thirds of respondents were 'very confident' or 'confident' in navigating the internet and using online

services. This confidence differed across the age ranges with **92%** of respondents aged 50-54 stating that they were 'very confident' or 'confident' in navigating the internet in comparison with **33%** of respondents aged 85-89. This demonstrates people who are online may still face challenges when using the internet to access services.

Responses to open-text comments later in the survey highlighted digital exclusion as a barrier to accessing services – for example applying for a blue badge.

## 6. WHERE RESPONDENTS LIVE

**28%** of respondents felt that the concept of a **20 Minute Neighbourhood** was currently possible where they lived and **23%** felt that it could be achieved. A third of respondents (**32%**), however, did not feel this was achievable. The three services which respondents felt were essential in a 20 minute neighbourhood were: a bank (**32%** of respondents), a post office (**23%**) and community spaces (**23%**). The three facilities respondents considered were essential were: accessible toilets (**41%**), good digital connectivity (**33%**) and buses/local bus stops (**26%**).

The three main issues in respondents' local areas were housing affordability (**61%**), fuel poverty (**50%**) and lack of accessible housing (**44%**).



## 7. PUBLIC TRANSPORT

**66%** of respondents **owned a car** and **20%** lived in a household where someone owned a car. Ownership varied across the age ranges from **39%** of respondents 85-89 owning their own car to **73%** of respondents aged 55-59.

For **58%** of the sample driving their own car was their most used mode of transport with **14%** taking the bus. Respondents aged 85-89 were most likely to state that the bus was the mode of travel they used the most (**21%**).

**52%** of respondents **did not use public transport** because they had their own car or access to one. Of note, however, is the number of respondents for whom bus services were not frequent enough (**34%**), where routes weren't what they were looking for (**31%**) and concerns about getting on/off public transport (**26%**).

Further feedback on public transport highlighted the lack of services, the infrequency and unreliability of services, accessibility issues (i.e. with a walker), proximity of bus stops/train stations to where respondents live and a lack of buses in the evening and on Sundays. Comments also indicated that some timetables had not fully returned following Covid-19 related changes, including cancellations and service restrictions during lockdowns and when social isolation measures were in place. Those living in rural areas were more likely to feel that public transport was unreliable. High car ownership could be linked to poor perceptions of public transport availability.

## 8. SOCIAL CARE

Three quarters of respondents (**75%**) did not feel that people should have to sell their home to pay for **residential care home** costs and **61%** felt that it should be free to attend day centres providing social care support.

Respondents tended to agree with statements **regarding free social care**, but a third selected people should make a financial contribution to residential care home costs based on their wealth and income and a financial contribution to care received at home also based on their wealth and income.

**46%** 'strongly agreed' that they were concerned about the current costs of social care and **28%** 'agreed' with this statement. Respondents were even more likely to 'strongly agree' with the statement 'I am concerned about paying for social care in the future' – **53%** 'strongly agreed' that this was a concern and **28%** 'agreed'.

**49%** of respondents thought that a **National Care Service** in Scotland was a good idea and **44%** would like to know more about it.

**25%** of respondents had an **unpaid caring role** for a family member/members (**24%** in 2021) and **4%** cared for a friend/someone else they know.

## 9. SCAMMING AND FRAUD

**57%** of respondents had not been scammed. Of those who had, **10%** had been scammed by phone.

Respondents who had been scammed tended to be older i.e. **17%** of respondents aged 80-84 and **19%** aged 85-89 had been scammed by phone in comparison with **4%** of respondents aged 50-54. Younger respondents, however, were more likely than their older counterparts to know someone who had been scammed i.e. **27%** of respondents aged 50-54 and **34%** aged 55-59 in comparison with **11%** of respondents aged 85-89.

**36%** of the 735 respondents who had been scammed lost money – **44%** of respondents aged 60-64 who had been scammed had lost money.

Respondents who had been scammed were asked what the nature of the scam was. Trying to access bank details, trying to extort money and mis-selling a product/service were the most likely scams (**39%**, **31%** and **31%**).

Encouragingly, in 2021 a third of respondents (**32%**) did not see the point in reporting the scam but in 2023 this has decreased to only **9%**.

The findings suggest that older people may have become more aware of scamming tactics and more confident about reporting when they feel they have been targeted.

## 10. FINANCES

**41%** of respondents said they felt **financially squeezed** which is a significant increase on the **26%** reported in 2021. Respondents in their 50s and early 60s were most likely to feel currently financially squeezed. **68%** of respondents with an annual gross household income of £10,000 felt financially squeezed along with **53%** of respondents whose annual household income was £10,001-£20,000.

A further **35%** of respondents feel that they may become more financially squeezed in the next year.

**Energy bills and food bills** were the ones which caused respondents the most concern (**97%** and **67%** of respondents). In 2021, energy bills and Council Tax were the bills of most concern (**82%** and **46%** of respondents). (Note: food did not feature as a pre-code in Big Survey 2021.)

All respondents were asked if they were cutting back on spending and **70%** were **cutting back on energy/heating**. The impact of energy/heating was noted across all ages from **63%** of respondents aged 50-54 cutting back on heating to **53%** aged 85-89. **26%** of respondents aged 50-54 and **27%** aged 55-59 were **cutting back on saving for retirement**.

**Due to financial pressures** **60%** of respondents were heating their homes less and **38%** were socialising less.

Of concern is that **9%** of respondents were skipping meals –this ranged from **4%** of respondents aged 80-84 and **4%** aged 85-89 to **12%** aged 60-64 and **12%** aged 65-69.

**50%** of respondents said that their **standard of living dropped** due to rising household costs over the past year. **53%** had had to dip into savings unexpectedly to meet rising costs. Across the age groups this ranged from **35%** of respondents aged 85-89 to **65%** of those aged 60-64.

**10%** of respondents were **using credit or taking on debt** to cope financially. It is concerning that **15%** of respondents with less than £10,000 annual gross household income were using credit or taking on debt to cope with their finances.

Over three quarters of respondents (**77%**) stated that they would claim any additional money for which they were eligible through **social security**. **56%** would not claim additional money because they felt there were coping without but **31%** would not claim additional funds because of guilt and a sense that others need it more. 939 respondents were in receipt of social security/benefits and were asked how they found the application process. Of note is that **29%** of respondents rated the application process as '*not at all easy*' which is an increase on the **15%** reported in 2021. A further **19%** described the process as '*not easy*'.

## 11. PLANNING AHEAD

Over half the respondents (**56%**) had a **will** which stated their current wishes (**60%** in 2021). **38%** had a **Power of Attorney** (**43%** in 2021) which stated their current wishes and **43%** had spoken to friends/family or made arrangements regarding their wishes about **end of life care**.

Just **8%** of respondents had spoken to medical professionals or made arrangements regarding their future care preferences (for instance, **Anticipatory Care Planning** or a **Do Not Attempt Resuscitation Order**).

## 12. OLDER PEOPLE IN SOCIETY

Only **13%** of respondents felt that **older people were valued for their contribution to society** which is significantly less than the **21%** reported in 2021.

**42%** of respondents were assisting younger family members financially. **25%** of respondents with a gross annual household income of less than £10,000 were financially assisting family members but this increased to **60%** of those with an annual income of more than £50,000.

Just **3%** of respondents felt that it was easy for **older people to have their voices heard by decision makers** but over half (**56%**) felt that it was not easy.

Respondents were not satisfied that the issues affecting older people are treated with due consideration by politicians and other decision makers. **32%** were '*not satisfied*' and **24%** were '*not at all satisfied*'.

Over half the sample (**53%**) strongly supported the idea of an **Older People's Commissioner in Scotland** and **25%** tended to support it. These findings are perhaps unsurprising given that **56%** did not feel that it was easy for older people to have their voices heard by decision makers and two thirds were '*not satisfied*' and '*not at all satisfied*' that the issues affecting older people are treated with due consideration by politicians and other decision makers.

The top three biggest concerns about getting older were concerns about **health/deteriorating health** including **dementia** (mentioned by **40%** of respondents), concerns about **care/social care** currently and in the future (**21%**) and concerns about **finances** (**21%**)

The top three best things about getting older were an increase in **free time/leisure time** (mentioned by **21%** of

respondents), **12%** of respondents said there was **nothing** good about getting older and **12%** mentioned **no work pressures**.

The top three things which would make Scotland the best place in the world to grow older were **improved social care** (mentioned by **16%** of respondents), **better healthcare** (**12%**) and **respect/support** for older citizens (**12%**).

Just as this questionnaire went to print, a new First Minister was being elected. A new open-ended question was added asking respondents what they thought Scotland's new First Minister's top priority for older people should be. The three top priorities identified by respondents were **social care** (mentioned by **23%** of respondents), the **NHS** (**18%**) and **pensions** (**14%**).

The questionnaire featured a series of issues and respondents were asked to identify which of these were important to them. **Healthcare, cost of living** and **energy** were the top three issues to emerge which reflects views which have come through throughout this report in both quantitative and qualitative findings. These findings provide Age Scotland with feedback which can enable them to prioritise their resources.

## 13. CONCLUSIONS

### 13.1 Methodology

The 2021 and 2023 studies adopted a mixed approach to engaging with older people across Scotland which ensures that the questionnaire is accessible to residents aged 50+. Accompanying each paper version of the survey with a freepost envelope also boosts the response rate given that respondents did not incur postage costs in returning their completed surveys.

This year's questionnaire included a number of open-ended questions which provided respondents with the opportunity to share their views. These comments have provided rich and valuable insights and a mixed format of questions i.e. pre-coded, rating scales and open-ended, is an important aspect of this study.

The sample included representation across all of Scotland's 32 local authorities and a mix of gender and age. In terms of ethnicity, however, there was a low response from older people from diverse ethnic communities. This profile is similar to that reported in 2021. Whilst Age Scotland does an excellent job in distributing the questionnaire across its networks, the time in between each Big Survey should be used to continue to build relationships with ethnic minority communities to increase representation in future reports.

### 13.2 Impact of Covid-19

It has now been some time since lockdowns and restrictions linked to Covid-19 have elapsed. It is notable, however, that its legacy continues and this was particularly noted in open-ended feedback. Clearly, respondents have suffered bereavements linked to the pandemic and their behaviours have changed as a result of the instruction to stay at home. This has led to loneliness and isolation. There needs to be greater focus on assuring older people that they can return to socialising and mixing with people outside their households.

### 13.3 Health

Of note is the percentage of older people who have already paid privately for healthcare and/or would consider doing so in the future. This suggests concerns about access to NHS services and associated waiting lists. The demand for in-person appointments is also notable.

The top three reasons why mental health had got worse over the last two years were: Covid-19 and its legacy; loneliness and isolation (sometimes also linked to Covid-19 and the lockdowns); and a deterioration in health. These are all issues which not only impact on mental health but general health. It is important that decision makers and politicians take note.

### 13.4 Cost of living

This research has taken place at a time when there is a cost of living crisis with people concerned about energy and food bills. This report has identified that these are real concerns for older people, and are having a serious impact on quality of life. Of note is that some older people fall outside the criteria for receiving benefits and there is an element of frustration amongst those who have worked and saved hard for their retirement only to find their savings are being impacted by high bills and no support is forthcoming. This is particularly acute for those who narrowly miss out by not falling within the criteria for receiving benefits.

Older people are cutting back on heating, food and socialising. These three areas impact not only finances but physical and mental health and wellbeing.

### 13.5 Scamming and fraud

This research highlights the devastating impact scams can have. It is important that raising awareness continues and of note is the way in which older people feel when they have been the subject of a scam and/or fraud.

### 13.6 Role of older people in society

The study has identified that older people do not feel valued or that their voices are heard. The open-ended feedback in particular has highlighted what concerns them most and what priorities the First Minister should be focussing on for older people. These are also priorities for Age Scotland.

### 13.7 The Big Survey

The Big Survey has provided a voice for older people across Scotland and identified the concerns that they have about getting older. The survey has highlighted that older people do not feel valued nor that their views are listened to by politicians and decision makers.

Age Scotland has given older people in Scotland a voice through the second Big Survey. The results of this survey should be essential reading for politicians and policy makers, prompting action to ensure that older people are not being failed.

If you'd like a copy of the full report findings, or discuss the content of Age Scotland's Big Survey 2023 in further detail, please contact the Age Scotland Policy Team at [policy@agescotland.org.uk](mailto:policy@agescotland.org.uk) or call 0333 323 2400.

# 1. Introduction

## 1.1 BACKGROUND

The Big Survey was first launched by Age Scotland in February 2021 and invited older people across Scotland to provide feedback on the issues and challenges they face and identify where change is needed. The output from the Big Survey assisted Age Scotland in prioritising its campaigns and helped shape its media, policy development, and influencing work.

In 2023 the Big Survey was repeated in order to better understand the key issues affecting older people at this time including the cost of living, energy prices and living in a post-pandemic world.

Scotinform Ltd managed The Big Survey on behalf of Age Scotland in 2021 and has done so again in 2023. This report, prepared by Scotinform, presents the findings from survey responses received from 4167 respondents living across all 32 of Scotland's local authorities.

## 1.2 METHODOLOGY

The Big Survey 2023 was prepared by Scotinform and Age Scotland and aimed to capture feedback on issues which were important to people aged 50+ living in Scotland including:

- Health and wellbeing
- Older people and the workforce
- Using the internet and digital technology
- Where respondents live
- Transport
- Social care
- Scamming and fraud
- Finances
- Social security
- Planning ahead i.e. a will, Power of Attorney etc
- Older people in society
- Priorities for Age Scotland

The questionnaire, as in 2021, included both pre-coded and open-ended questions with the latter providing respondents with sufficient opportunity to enter detailed feedback on their experiences and issues which are important to them.

The survey was distributed through Age Scotland's networks, and the general public, and was available online and in paper format. The latter was accompanied by a freepost envelope, ensuring that no costs were incurred by those wishing to take part in the study. The Big Survey also featured a prize draw with an opportunity for ten respondents to each win £50.


All completed surveys – online and paper – were returned to Scotinform and uploaded/input to Snap software which has been used to analyse the findings and prepare the charts and tables contained within this report.

Of the 4167 responses received in 2023, 1425 were submitted on paper (34%) and the remaining 2742 (66%) online. In 2021, 50% of completed surveys were submitted via paper. The findings highlight, year on year, the importance of having both online and paper versions of the Big Survey in order that it is accessible to older people across Scotland who can complete the survey in a format which meets their needs.

## 1.3 REPORTING

In the following sections we detail the responses to the Big Survey. Throughout this report please note the following:

- 'Respondents' refers to those who completed a survey

- Where percentages do not add up to 100%, this is due to no-responses.
- Where percentages exceed 100%, this is due to multiple responses.
- If not otherwise stated the base for all charts and tables is 4167
- Open-ended feedback from respondents which has been captured throughout the survey is preceded with the following visual: 

In 2021, the research was conducted at a time when Scotland was still enduring restrictions linked to the Covid-19 pandemic with Scottish Government guidance encouraging people to stay at home and for older people and those with ill health to shield from the community.

The context for the 2023 survey is that Scotland – and the UK as a whole – is attempting to recover from the Covid-19 pandemic, the impact of Brexit, a cost of living crisis with specific concerns around food and energy costs, and political changes at Westminster and Holyrood. At the time this research was taking place Humza Yousaf had just been elected as Scotland's First Minister, replacing Nicola Sturgeon. This all should be taken into consideration when interpreting these findings and the way in which respondents have responded to questions specifically open-ended questions.



# 2. Profile of respondents

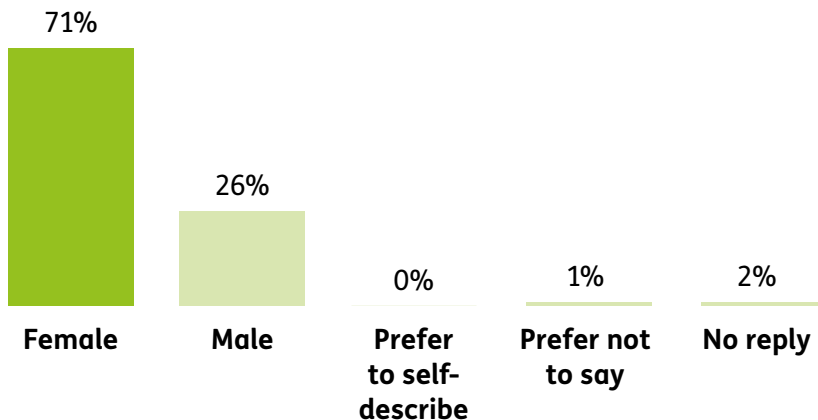
This section of the report details the profile of respondents who completed the Big Survey 2023 including age, gender, place of residence, occupational status, people within household etc.

## 2.1 GENDER, AGE AND SEXUALITY

The majority of respondents (**71%**) were female, an increase on the **66%** recorded in 2021.

**Chart 2.1 | Gender**

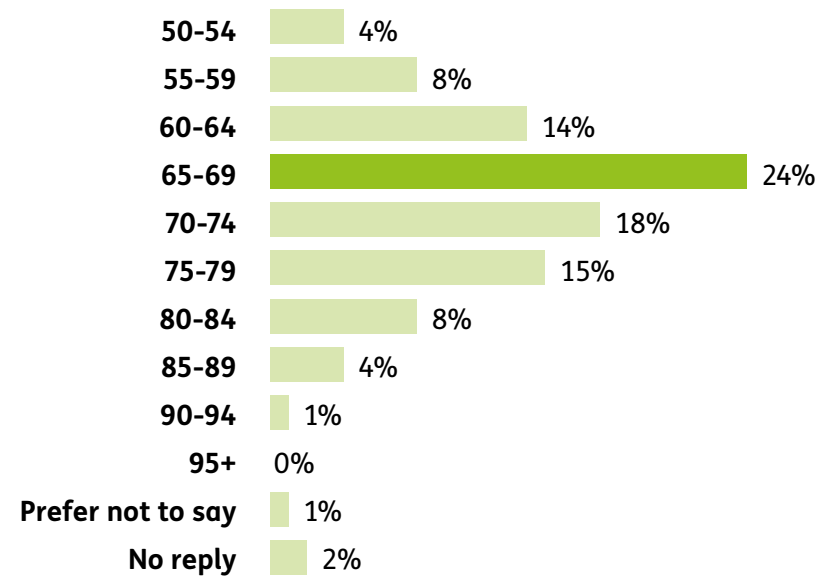
Base: all respondents



The sample included respondents across all age groups but primarily in the 65-69, 70-74 and 75-79 age ranges. This reflects the findings from the 2021 survey.

**Chart 2.2 | In which age range are you?**

Base: all respondents



**89%** of respondents described themselves as heterosexual/straight, **1%** gay/lesbian, **1%** bisexual and **1%** 'other'.

**8%** of respondents provided no response to this question.

## 2.2 PLACE OF RESIDENCE

In 2023, as in 2021, all local authority areas were represented by respondents. Chart 2.3 details the responses by local authority in alphabetical order but respondents were most likely from the City of Edinburgh Council area, Highland, Glasgow, Fife, Aberdeenshire and Dumfries and Galloway. The findings are testimony to the hard work of Age Scotland in distribution of the paper version of the questionnaire and the link to the online survey across its extensive networks across Scotland.

**Table 2.3 | In which local authority area do you live?**

Base: all respondents

Local authority	Number of respondents	% of respondents
Aberdeen	106	3
<b>Aberdeenshire</b>	<b>255</b>	<b>6</b>
Angus	94	2
Argyll and Bute	120	3
<b>City of Edinburgh</b>	<b>294</b>	<b>7</b>
Clackmannanshire	43	1
Comhairle nan Eilean Siar	27	1
<b>Dumfries and Galloway</b>	<b>212</b>	<b>5</b>
Dundee	79	2
East Ayrshire	68	2
East Dunbartonshire	66	2
East Lothian	83	2
East Renfrewshire	70	2
Falkirk	126	3
<b>Fife</b>	<b>267</b>	<b>6</b>
<b>Glasgow</b>	<b>284</b>	<b>7</b>

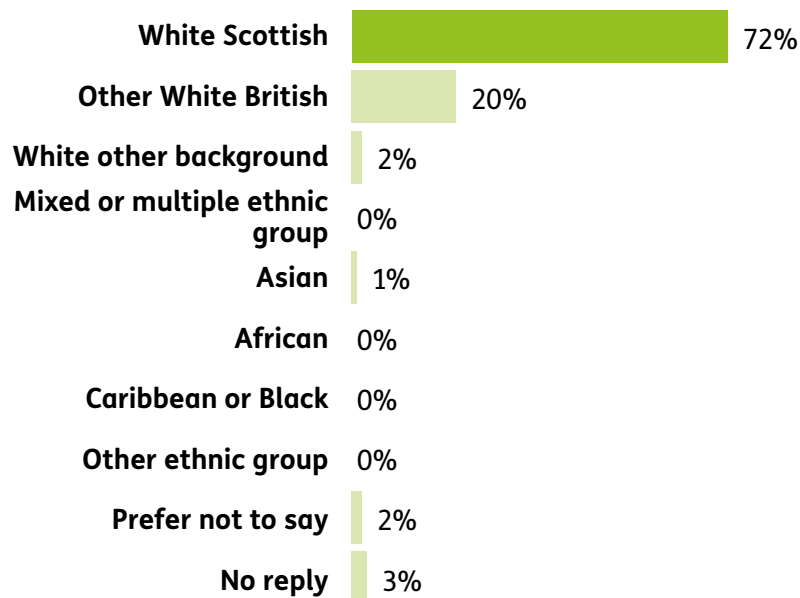
Local authority	Number of respondents	% of respondents
<b>Highland</b>	<b>288</b>	<b>7</b>
Inverclyde	43	1
Midlothian	109	3
Moray	143	3
North Ayrshire	151	4
North Lanarkshire	141	3
Orkney Islands	35	1
Perth and Kinross	145	3
Renfrewshire	113	3
Scottish Borders	123	3
Shetland Islands	17	0
South Ayrshire	116	3
South Lanarkshire	197	5
Stirling	70	2
West Dunbartonshire	57	1
West Lothian	108	3

## 2.3 ETHNICITY

The majority of respondents were from a white background and were primarily white Scottish (72%, 71% in 2021). Looking ahead, Age Scotland should continue to build on work being done to ensure that the organisation is accessible to all communities including in partnership with the Ethnic Minority Older People’s Forum hosted by the charity.

**Chart 2.4 | How would you describe your ethnicity?**

Base: all respondents

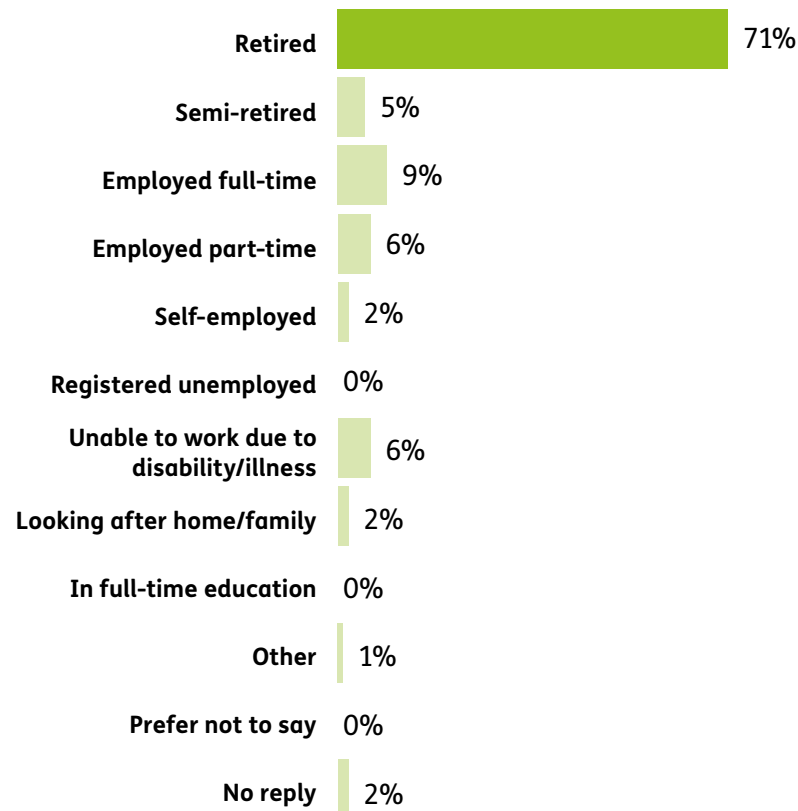


## 2.4 OCCUPATIONAL STATUS

The majority of respondents (71%) were retired, 17% of respondents were in employment (full-time, part-time and self-employed) and 6% were unable to work due to disability/illness. These findings are very similar to those reported in 2021.

**Chart 2.5 | Which of the following best describes your current situation?**

Base: all respondents

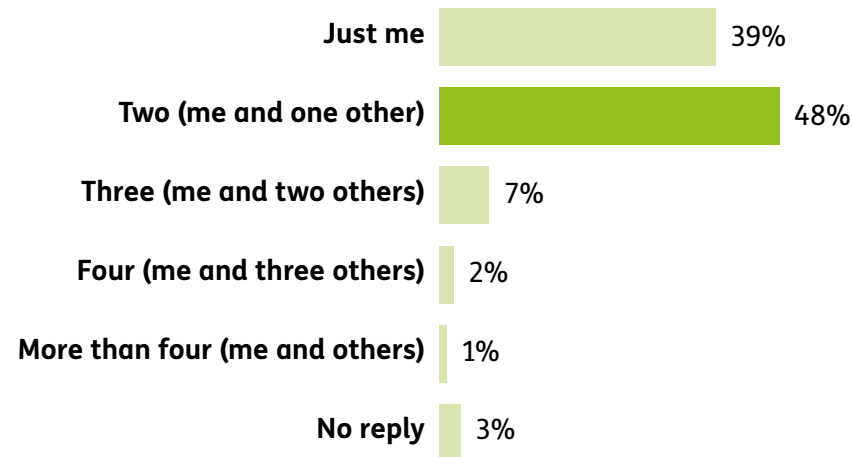


## 2.5 NUMBER OF PEOPLE IN HOME

39% of respondents lived alone and 48% lived with one other person (42% and 44% in 2021). Females were more likely than males to live alone (43% and 32%) and older respondents were more likely than their younger counterparts to live alone. 20% of respondents aged 50-54 and 21% aged 55-59 lived alone in comparison with 66% of respondents aged 85-89 and 71% aged 90-94. Seven respondents aged 95+ completed the survey and all lived by themselves.

**Chart 2.6 | How many people live in your home?**

Base: all respondents



## 2.6 DISABILITIES

Respondents were asked if they, or anyone in their household, had a long-standing health problem, disability or dementia. In 2021, these questions elicited a low response but this was not the case in 2023.

46% of respondents had a long-standing health problem and 27% had a disability. 87% of households did not have a resident living with dementia.

Male respondents were more likely than females to have a disability and long-standing health problem. 53% of males had a long-standing health problem (45% of females) and 30% had a disability (26% of females).

**Table 2.7 | Do you or anyone in your household have a long-standing health problem, disability or dementia?**

Base: all respondents

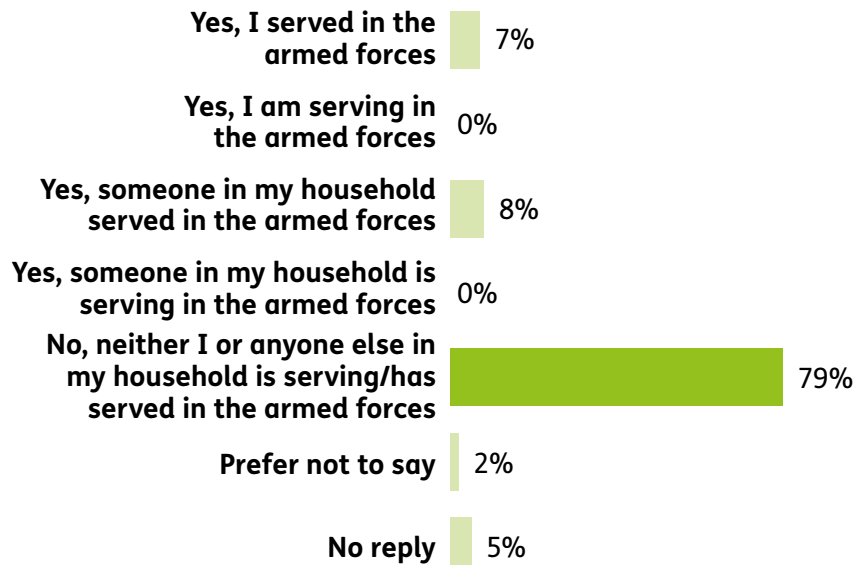
	Yes, me	Yes, someone else in my household	No	Prefer not to say	No response
Disability	27%	13%	55%	3%	5%
Long-standing health problem	46%	23%	33%	3%	3%
Dementia	1%	3%	87%	2%	7%

## 2.7 VETERANS

The majority of respondents did not live in a household where someone had links to the armed forces. **7%** of respondents, however, had served in the armed forces and **8%** had someone in their household who had done so.

**Chart 2.8 | Have you, or someone in your household, ever served in the armed forces?**

Base: all respondents



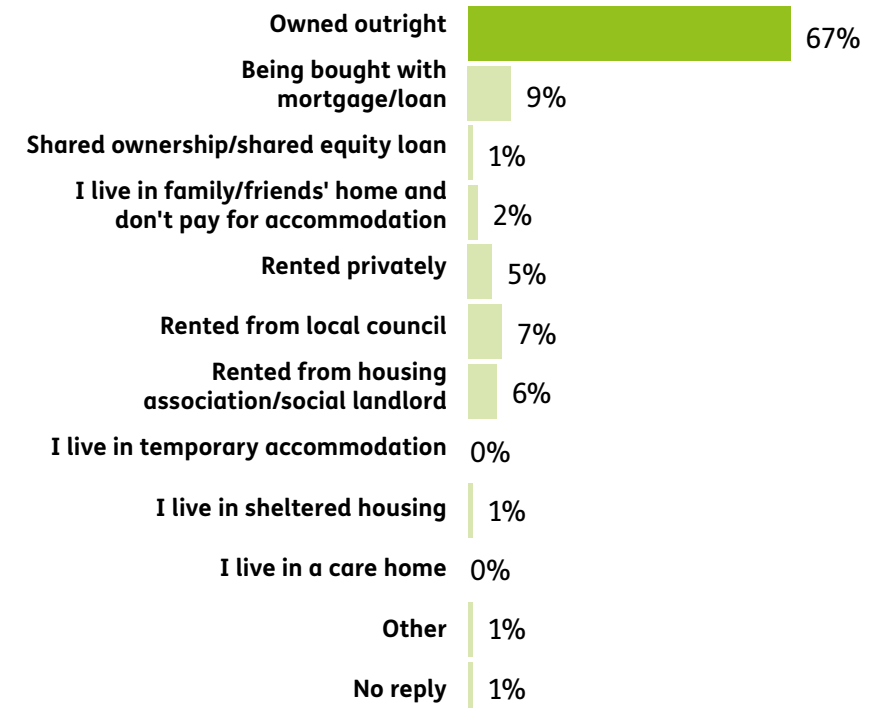
## 2.8 HOME OWNERSHIP

Two thirds of respondents (**67%**) owned their property outright and a further **9%** were buying their home with a mortgage/loan. These findings were similar to those reported in 2021.

Respondents aged 65+ were more likely to own their home outright whilst those in their 50s were most likely to be buying their home with a mortgage/loan.

**Chart 2.9 | Which of the following describes your housing situation?**

Base: all respondents



## 3. Health and wellbeing

The health and wellbeing section of the questionnaire captured what respondents do for fun and relaxation, with whom they spend their time, whether they volunteer, how they describe their general health and access to health services. This section also asked respondents how they rated their mental health and to what extent this had changed over the last two years.

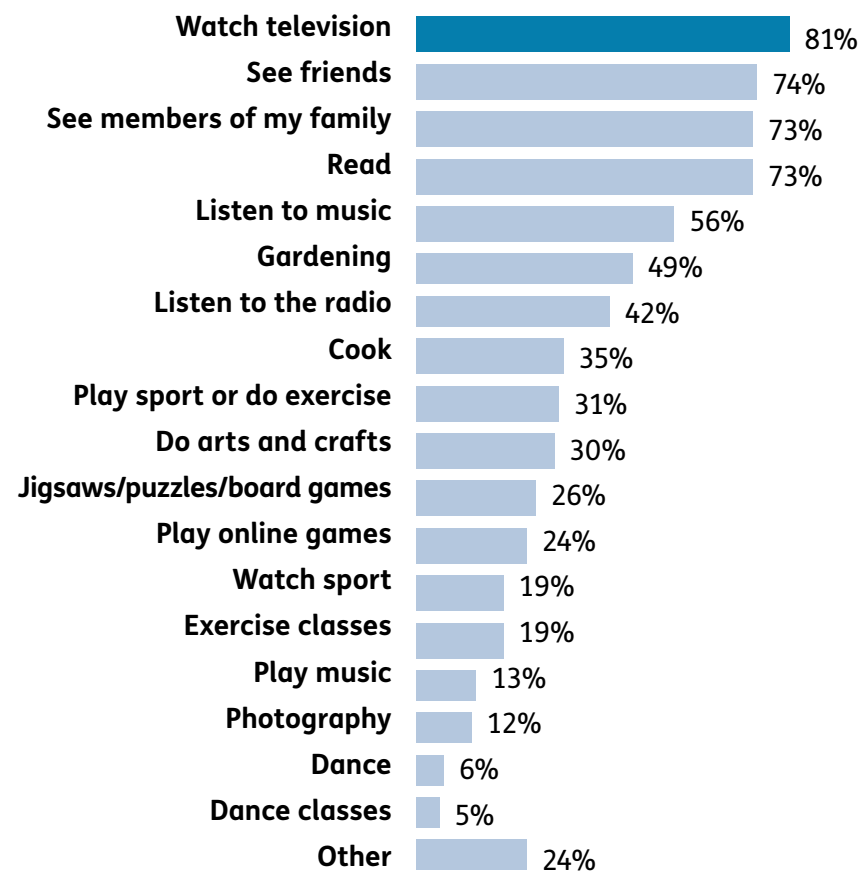
### 3.1 FUN AND RELAXATION

Respondents were most likely choosing watching television (**81%**), seeing friends (**74%**), seeing members of their family (**73%**) and reading (**73%**) for fun and relaxation.

**24%** of respondents selected 'other' in response to this question with other activities undertaken including yoga, listening to books, podcasts, acting, hillwalking, kayaking, wild swimming, bingo, family history research, sewing, knitting, singing in choirs, eating out, theatre, DIY, writing, Tai Chi, bird watching, playing bridge, going to the gym, playing darts, walking the dog, gardening, taking care of an allotment and getting involved in local politics.

#### Chart 3.1 | What do you like to do for fun and relaxation?

Base: all respondents



**61%** of respondents felt that they got to do these activities as much as they would like but **36%** did not.


**57%** of respondents in their 50s felt they did not get to do the things they liked for fun and relaxation as much as they would have liked. This was significantly more than the **38%** of respondents in their 60s, **28%** in their 70s and **30%** in their 80s who felt the same.

1319 respondents provided comments, via an open-ended question, about why they didn't have enough time for fun and relaxation.

Analysis of the comments highlighted that working and caring impacted on respondents' time for fun and relaxation along with health. Reasons included:

- Poor health (mentioned by **29%** of the 1319 respondents)
- Full-time or part time working (**28%**)
- Caring responsibilities (**16%**)
- Cost of living and finances associated with classes etc (**7%**)
- Taking care of grandchildren (**3%**)

- Lack of transport and/or requirement of transport to reach classes/leisure facilities (**3%**)
- Family commitments (**3%**)
- Family live too far away to spend time with regularly (**3%**)
- Lack of time (**2%**)
- Busy with volunteering roles (**1%**)
- Procrastination (**1%**)
- Weather (**1%**)
- Lack of opportunity and facilities (**1%**)

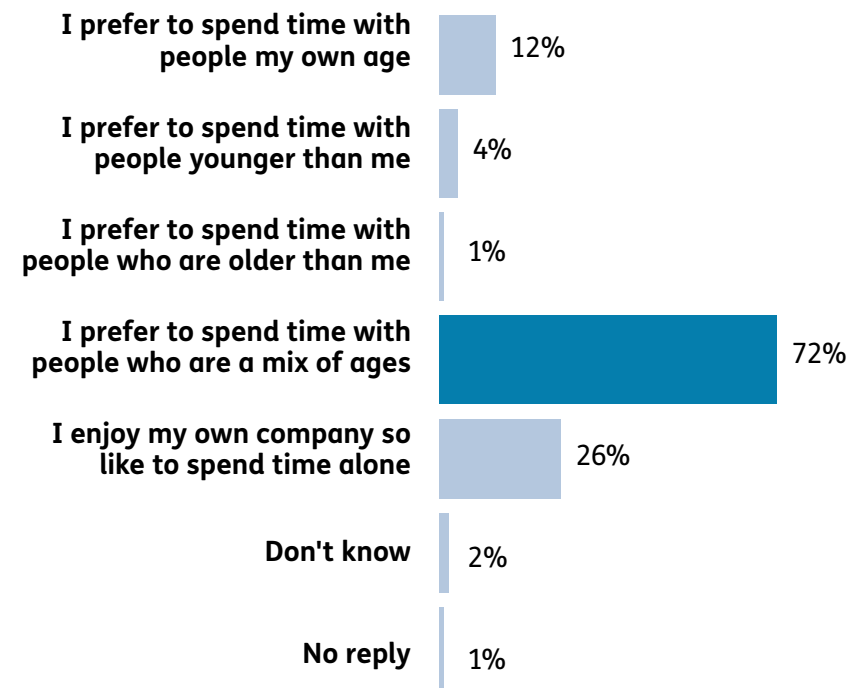
-  Time not the issue, lack of facilities the issue, as councils close swimming pools and libraries while continually hiking prices and constantly changing online booking systems making booking ever more complex, absolute bureaucratic nonsense!
-  Forced into continuing to work. Caught between childcare for grandchildren and elder care for parents and care for an adult child.
-  I do a lot of community volunteering as well as watching my grandson before and after school.
-  Too squeezed caring for parents and children and doing my job.
-  I don't drive at night which restricts me taking part in certain hobbies.
-  The exercise class I used to attend twice a week is now only once a week due to the organisers not finding a replacement when the instructor gave up one of her classes.

## 3.2 WITH WHOM RESPONDENTS SPEND TIME

The majority of respondents (**72%**) said that they preferred to spend time with people who were a mix of ages but **26%** said they enjoyed spending time alone. **32%** of respondents aged 50-54 liked to spend time alone in comparison with **23%** aged 85-89.

### Chart 3.2 | Which statement best describes how you prefer to spend your time?

Base: all respondents





### 3.3 VOLUNTEERING

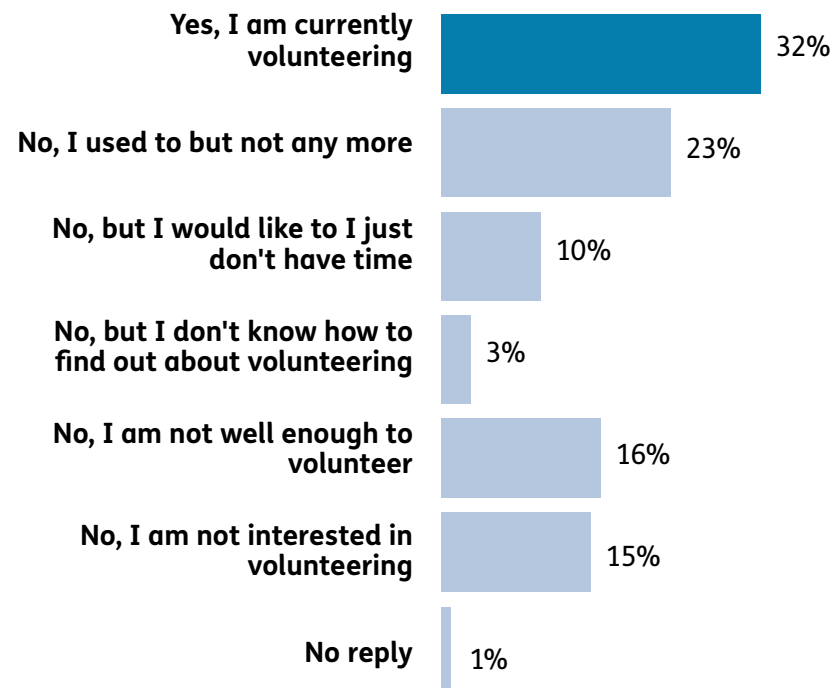
A third of respondents (**32%**) were currently volunteering and **23%** had done so in the past. **10%** didn't have the time to volunteer and **16%** were unable to do so because of their health.

**35%** of males and **31%** of females were currently volunteering. A third of respondents (**33%**) who were retired and **39%** who were semi-retired were volunteering. Respondents in the 70-74 and 75-79 age ranges were more likely to be volunteering (**36%** and **36%**) than respondents in younger age groups.







1228 respondents provided feedback on their volunteering role and this varied considerably from gardening to volunteering in charity shops to being trustees and fundraising. We have highlighted the volunteering roles most likely to be mentioned. Of note is that many respondents tended to volunteer with more than one organisation.

#### Chart 3.3 | Do you volunteer?

Base: all respondents










- volunteering in a range of roles for the church (**11%**)
- volunteering in a charity shop (**7%**)
- volunteering with Men's Shed (**6%**)
- volunteering with Community Council (**3%**)
- volunteering with a foodbank (**2%**)
- volunteering with the Rotary (**1%**)

-  Blood Bikes rider/driver delivering medical equipment in Aberdeenshire. Also take part in relaying blood products from elsewhere in Scotland to Labs in Aberdeen.
-  I volunteer in the Dundee Guide Shop with other current or ex Guiding leaders mostly retired from their work.
-  Fundraise for a charity, work in the Marie Curie shop. Volunteer at events e.g. Kiltwalk, Commonwealth Games, Cycling.
-  Two local walking groups, as organiser, walk Leader, secretary. Volunteer director with small non-profit company. Volunteer member of Scout Executive Committee. Volunteer on local group looking at home energy use.
-  Chair of Community Council. Chair of local Residents Group. Organising, finding funding, encouraging residents, lots of talking to people.
-  Secretary of a Men's Shed and general dogsbody.

The main reasons for not continuing to volunteer were health/age, Covid-19 making respondents feel more nervous in these roles, charity/charity role no longer

running, and for a few the lack of appreciation and rules and regulations becoming too much and impacting on their decision to continue volunteering.

-  The organisation I volunteered with had its funding withdrawn (local Council funding).
-  Lost touch due to Covid, and got interested in other things.
-  I used to volunteer through WRVS – Covid stopped this and I am older now.
-  I want to spend more time with my sister's grandchildren and brothers.
-  Being used and people who put too much pressure on me.
-  Covid anxiety.
-  Health issues. When I ask in charity shops they ask me can I go up and down stairs. Also the volunteer workers see my age and walking aid etc seem to think I couldn't help. I have good days been educated and could help with policies fundraising etc but don't get any encouragement or never hear back.

## 3.4 GENERAL HEALTH

Over half the sample (**57%**) described their general health as 'very good' or 'good'.

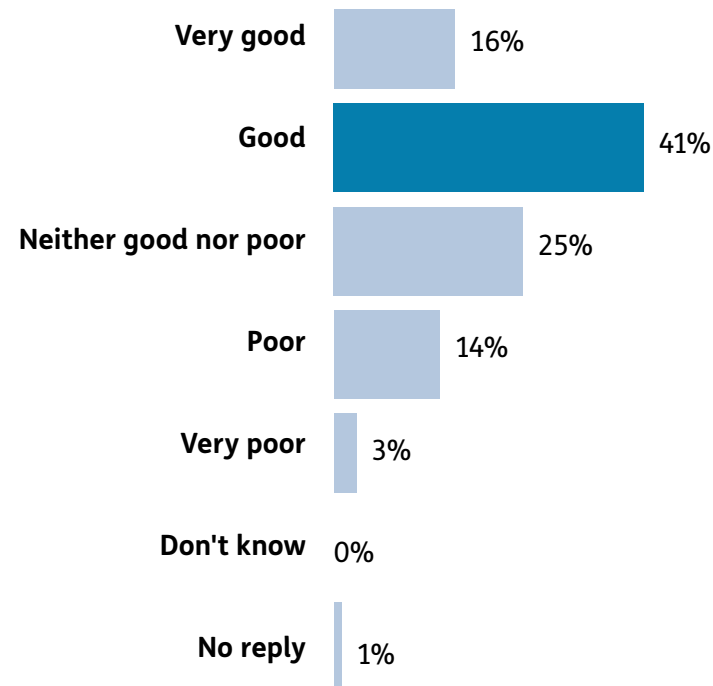
Females were more likely than males to rate their general health as 'very good' i.e. **18%** of females and **12%** of males. A fifth of males (**20%**) rated their general health as 'poor' and 'very poor' in comparison with **16%** of females.

Across the age ranges the rating of general health as 'very good' varied from **24%** of respondents aged 50-54 to **5%** of those aged 90-94.

**27%** of respondents with a long-standing health problem rated their general health as 'good' but a further **27%** rated their general health as 'poor'. A third of respondents (**32%**) with a disability rather their general health as 'neither good nor poor' but **35%** rated it as 'poor' and **10%** as 'very poor'.

### Chart 3.4 | How would you describe your general health?

Base: all respondents

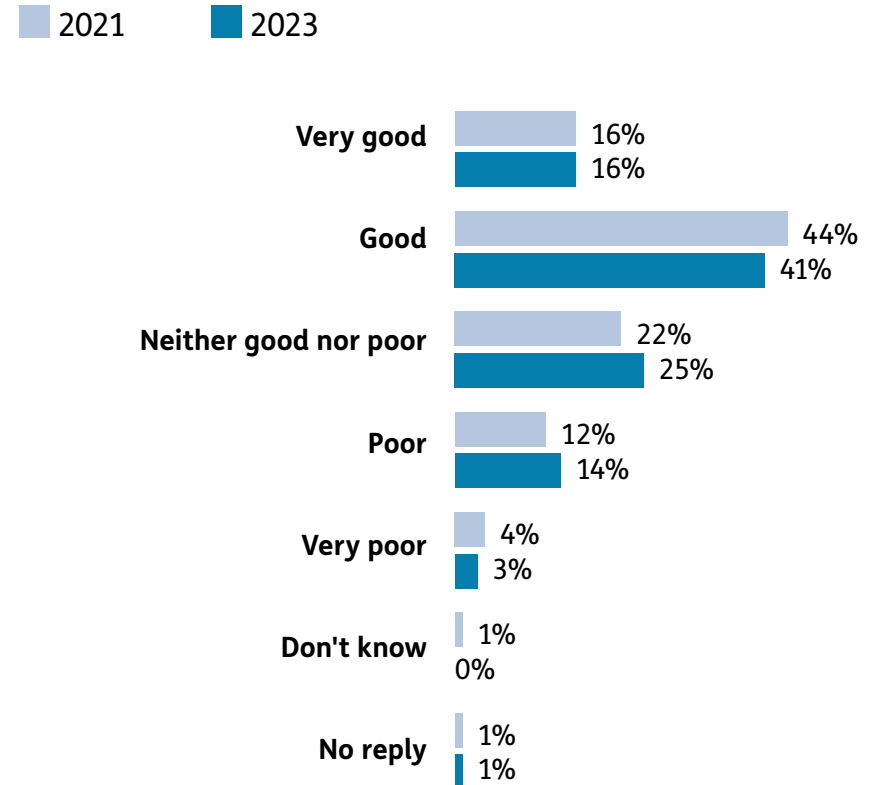


The 2023 findings are compared with 2021 in Chart 3.5 below. The findings report a slight decrease in 2023 of respondents who described their general health as 'good' and a small increase in those describing their general health as 'poor'.

There has also been a slight shift, year on year, in the rating of general health across the age ranges. In 2021, **22%** of respondents in their 50s described their general health as 'very good' in comparison with **10%** of respondents in their 90s. In 2023, these percentages have decreased to **19%** of respondents in their 50s and **6%** in their 90s classifying their general health as 'very good'.

### Chart 3.5 | General health 2021 and 2023

Base: all respondents 2021 (3562) and all respondents 2023 (4167)



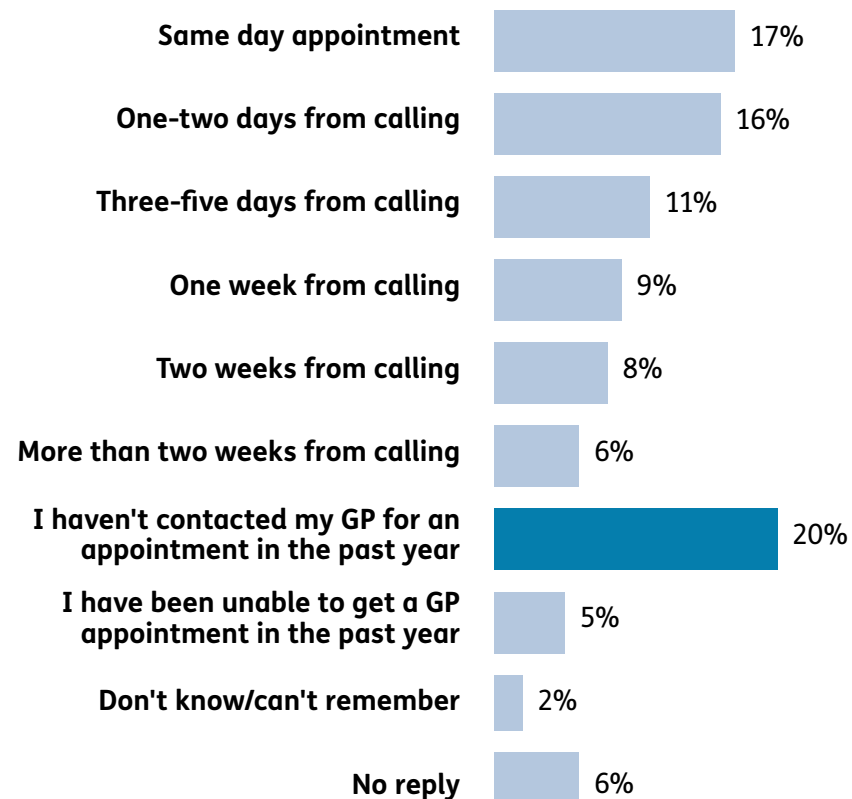
## 3.5 GP APPOINTMENTS

A fifth of respondents (20%) had not tried to secure a GP appointment in the past year but 17% said they had been able to get a same day appointment whilst 16% had had a GP appointment one-two days from calling the surgery.

Of note is that we did not capture the reason for the call and whether surgeries allocated appointments randomly, or according to urgency of the condition. We also acknowledge that there will be different approaches across different surgeries and this was evident in the open-ended feedback.

**Chart 3.6 | On average, in the past year, how long has it taken you to get a GP appointment?**

Base: all respondents

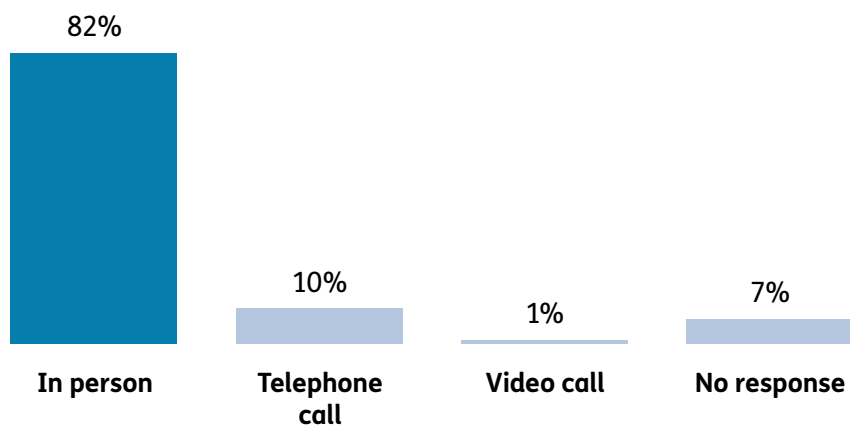


**82%** of respondents preferred an in-person GP appointment whilst **10%** preferred a telephone call and **1%** a video call.

Preferences varied across the age ranges with respondents in their 50s and 60s more likely than older respondents to prefer a telephone call or video call. **17%** of respondents in their 60s and **12%** in their 60s preferred a telephone call in comparison with **7%** in their 70s and **6%** in their 80s. **3%** in their 50s and **2%** in their 60s preferred a video call with no-one in their 70s, 80s and 90s selecting video call as their preferred means of engaging with their GP.

### Chart 3.7 | What kind of GP appointment do you prefer?

Base: all respondents



Overall, **46%** of respondents were able to get the type of GP appointment they preferred and **35%** were not.

## 3.6 OTHER HEALTH SERVICES

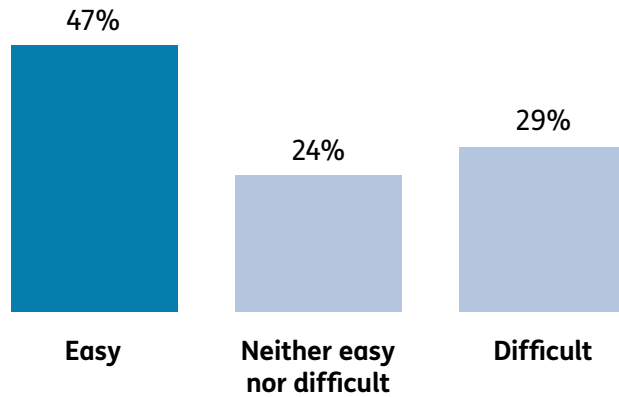
Respondents were asked how easy they had found it to get an appointment, in the past year, for the dentist, optician, podiatry, physiotherapy, audiology and/or a mental health assessment.

**47%** of respondents had found it easy to get a dental appointment in the past year but **29%** had found it difficult to do so.

There were variations across local authority areas. **42%** of the 175 respondents based in Dumfries and Galloway who had tried to make a dental appointment found it difficult to do so. This was also the case for **41%** of the 233 respondents in the Highlands who had attempted to make a dental appointment and **35%** of the 218 based in Fife. Difficulty in acquiring a dental appointment tended to be more pronounced in rural areas but of note is that **24%** of the 248 City of Edinburgh Council residents who had tried to make a dental appointment had difficulty in doing so as did **27%** of the 215 respondents based in the City of Glasgow local authority area.

### Chart 3.8 | Dental appointment

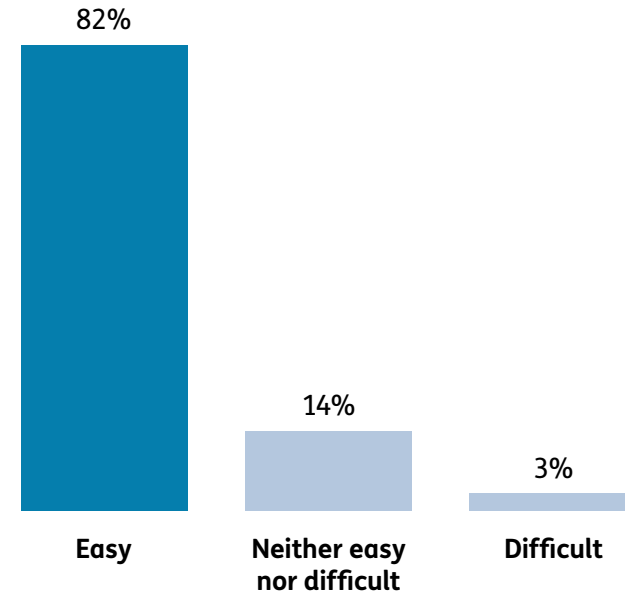
Base: respondents who had tried to make an appointment and provided a response to this question (3362)



It was easier to secure an optician appointment in the past year than to see a dentist with **82%** of those who had attempted to make an appointment finding it easy to do so. Of note, however, is that respondents in Dumfries and Galloway (175 respondents from this area) were more likely to have difficulty in securing an optician appointment if they had attempted to do so with **10%** having difficulty.

### Chart 3.9 | Optician appointment

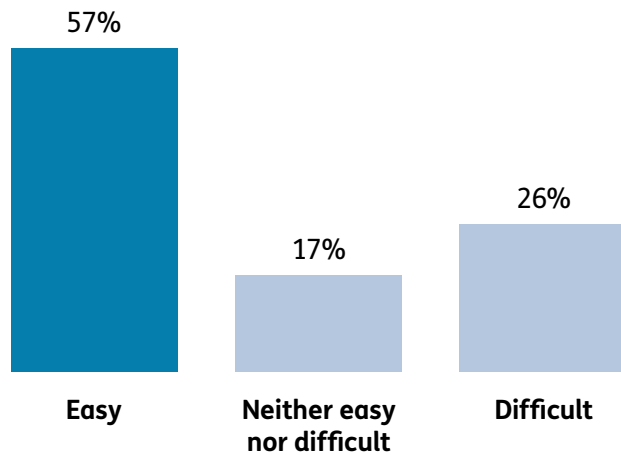
Base: respondents who had tried to make an appointment and provided a response to this question (3469)



Over half the respondents (**57%**) who had tried to make an appointment with a podiatrist in the past year had found it easy to do so.

### Chart 3.10 | Podiatrist appointment

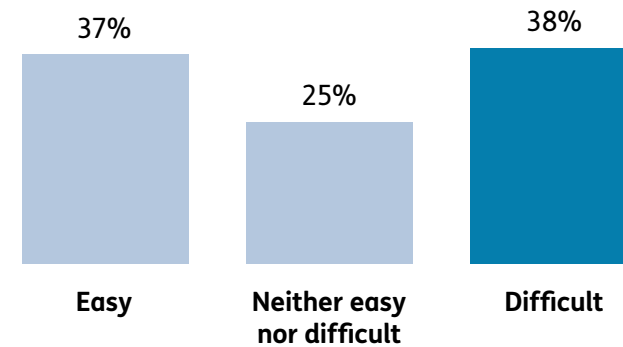
Base: respondents who had tried to make an appointment and provided a response to this question (1223)



Whilst **37%** had found it easy to make a physiotherapy appointment in the past year, **38%** had found it difficult to do so.

### Chart 3.11 | Physiotherapy appointment

Base: respondents who had tried to make an appointment and provided a response to this question (1118)

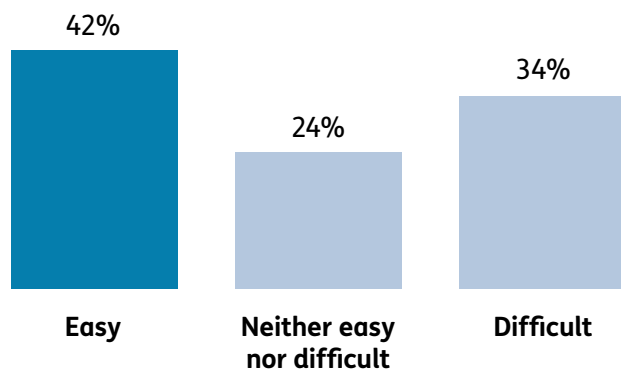




**42%** respondents had found it easy to make an appointment with an audiologist in the last year but **34%** had found it difficult.

### Chart 3.12 | Audiology appointment

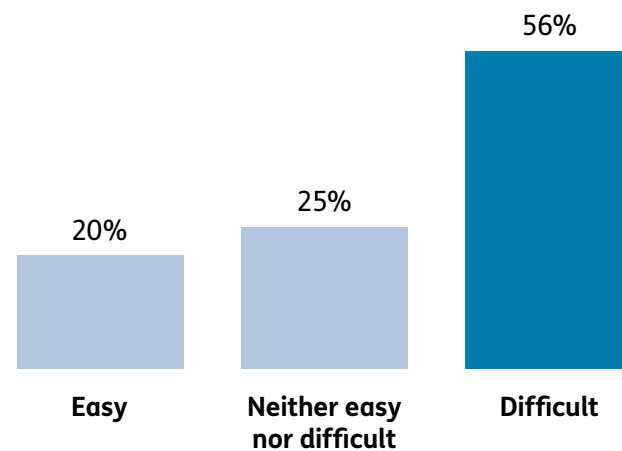
Base: respondents who had tried to make an appointment and provided a response to this question (864)



Acquiring a mental health assessment was the service which respondents were least likely to try to get an appointment for but, of those who had, **56%** had found the process difficult.

### Chart 3.13 Mental health assessment

Base: respondents who had tried to make an appointment and provided a response to this question (434)



## 3.7 PRIVATE HEALTH CARE

Respondents were asked if they had had difficulty accessing NHS healthcare or faced a long waiting time for treatment, and whether they had considered paying for private treatment. **16%** of respondents had already paid for private treatment and **14%** would consider this option in the future. For **30%** of respondents this was not an option they could afford.

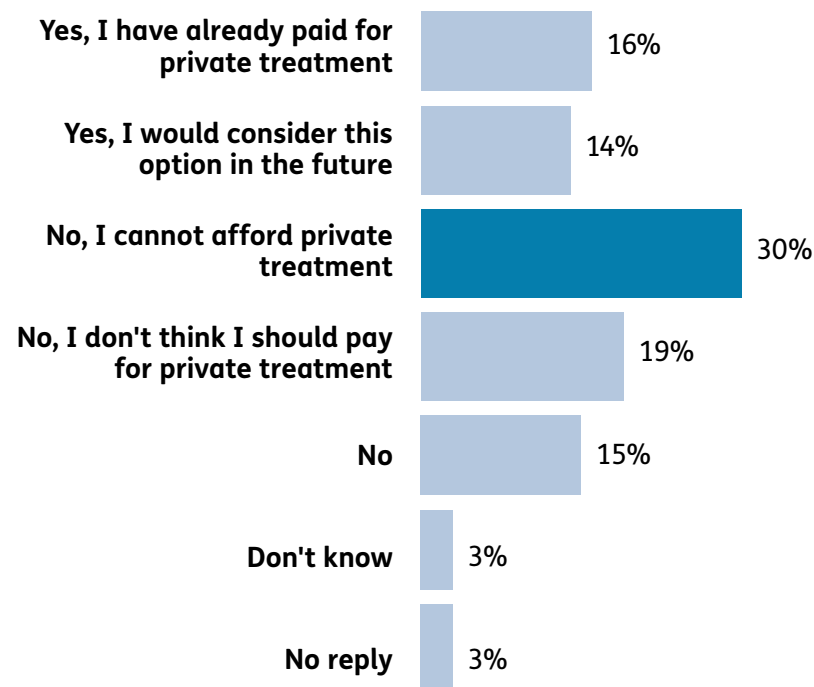
Respondents who had already paid for private health treatment were from across the age ranges. **18%** of respondents in their 50s had already paid for private healthcare along with **15%** in their 60s, **17%** in their 70s and **19%** in their 80s. Similarly those working and not working were equally likely to have already paid for private treatment i.e. **15%** in employment and **17%** who were retired.

Of note is that **6%** of respondents with a total gross annual household income of less than £10,000 had paid for private healthcare. In general, however, those with greater total gross annual household were more likely to have paid for private healthcare including:

- **22%** of respondents whose total gross annual household income was £30,001-£40,000
- **20%** of those whose household income was £40,001-£50,000 and **30%** of respondents whose total gross annual household income was £50,000+.

### Chart 3.14 | If you have had difficulty accessing NHS healthcare or are facing a long waiting time for treatment, have you considered paying for private treatment?

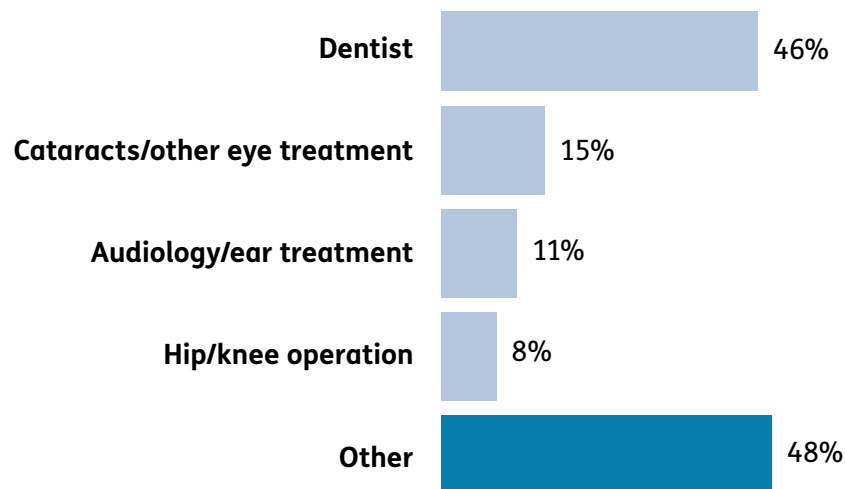
Base: all respondents



Respondents who had paid for private medical treatment were asked what this was for. **46%** of respondents had paid for private dental care – of note is that **23%** (Chart 3.6) had stated that they had found it difficult to get an appointment with a dentist.

### Chart 3.15 | If you have paid for private medical treatment, what was this for?

Base: 687 (those who had paid for private treatment)



**48%** of respondents selected 'other' in response to this question. Analysis of this feedback from 313 respondents identified the following treatments for which they had paid:

- Physiotherapy (**27%**)
- Podiatry (**15%**)
- Dermatology/skin treatment (**4%**)
- Cardiology (**3%**)
- MRI scan (**3%**)
- Mental health assessment/counselling (**3%**)
- Scans/x-rays/tests (**3%**)
- Gastroenterology (**2%**)
- Bone treatment/DEXA scan (**2%**)
- CT scan (**2%**)
- Chiropractor (**2%**)
- Gynaecology (**2%**)

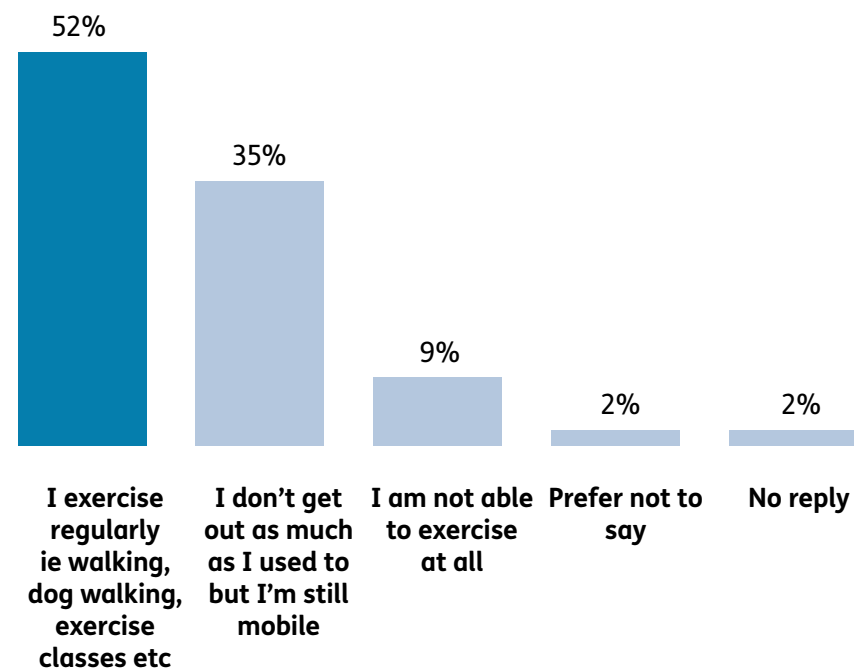
## 3.8 PHYSICAL ACTIVITY

Over half the sample (52%) exercised regularly and this included walking, dog walking, exercise classes etc. A further 35% didn't get out as much as they used to but were still mobile.

Females were more likely than males to be exercising regularly (53% females and 49% males) as were respondents in the younger age ranges (57% of respondents aged 50-54, 59% aged 55-59 and 59% aged 60-64).

**Chart 3.16 | How physically active are you (i.e. walking, running, playing sport, exercise class, cycling etc)?**

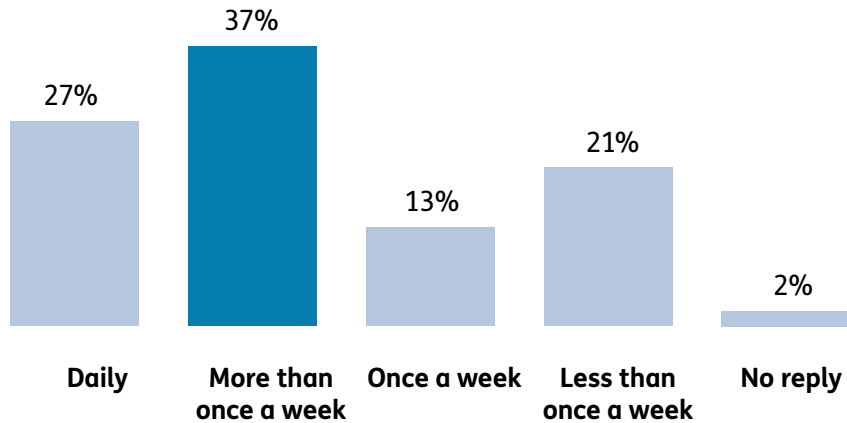
Base: all respondents



Approximately a quarter of respondents (27%) who were regularly taking physical exercise were undertaking moderate or vigorous exercise for at least 15 minutes on a daily basis and 37% were doing so more than once a week.

**Chart 3.17 | How regularly do you undertake moderate or vigorous exercise for at least 15 minutes?**

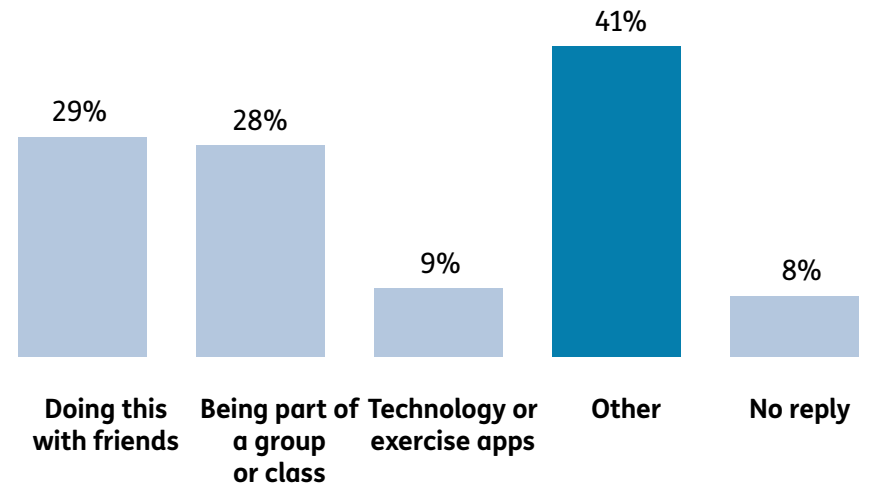
Base: 3611 (respondents undertaking physical activity)



Doing exercise with friends (29%) and being part of a group or class (28%) were motivations to taking part in physical activity.

**Chart 3.18 | If you exercise, what are the things that help motivate you?**

Base: 3611 (respondents undertaking physical activity)



1391 respondents provided an 'other' responses to this question highlighting the importance of the following in motivating them to take part in physical activity:

- Dogs which need exercising every day (**20%**)
- The desire to keep fit and healthy (**12%**)
- Self-motivation (**6%**)
- Good weather (**5%**)
- Respondents' partner (**4%**)
- Being outside/outdoors (**4%**)
- Weight loss/weight management (**3%**)
- Enjoyment – **3%** of respondents enjoy taking exercise
- The opportunity for 'me time' when exercising (i.e. running, walking, cycling) alone (**2%**)
- The positive impact exercise has on mental health (**1%**)
- Health benefits (**1%**)
- Helping mental health (**1%**)



I like being outside...seeing trees, plants, birds.... flowers.



Fear of the detrimental effects of old age. Pride in my fitness. I exercise alone and do it to stay fit and healthy and for enjoyment of the outdoors.



Knowing that taking exercise will maintain physical and mental wellbeing.



I am self-motivated. I usually combine exercise (walking) with some distant task that I might otherwise use public transport to get to.



Setting myself goals, such as swimming twice a week, and currently training for a 26 mile sponsored walk.



I am self-motivated to ensure I can keep active for as many years as possible.

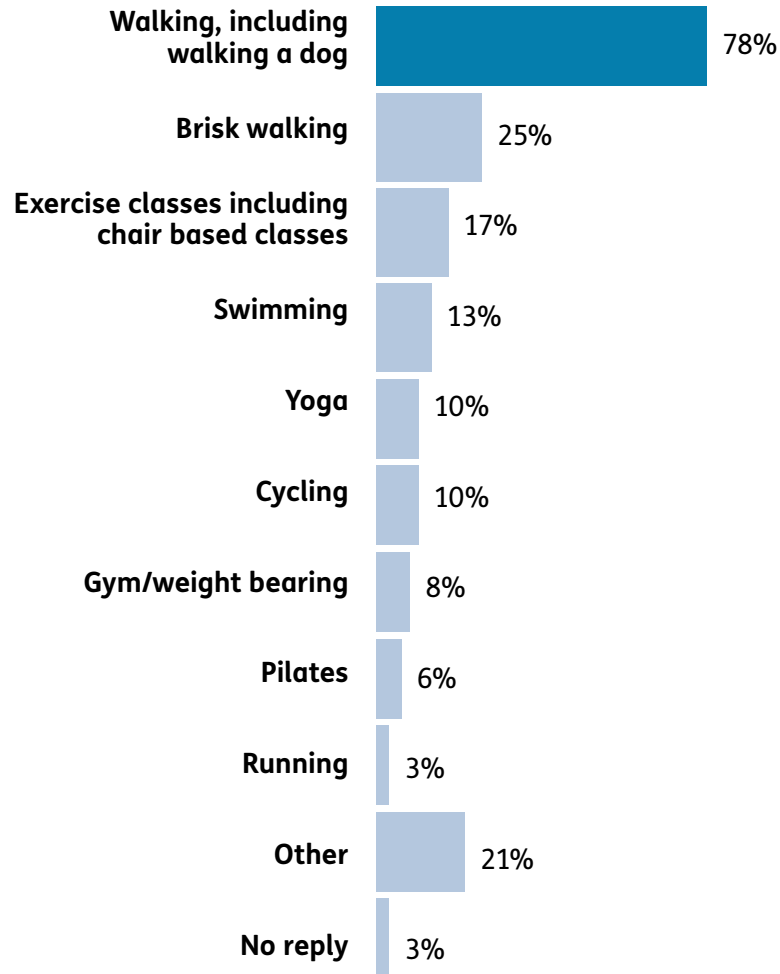


Walking the dog twice a day.

Respondents undertaking regular physical activity were most likely walking including walking a dog (**78%**) and brisk walking (**25%**).

**Chart 3.19 | What exercise do you undertake?**

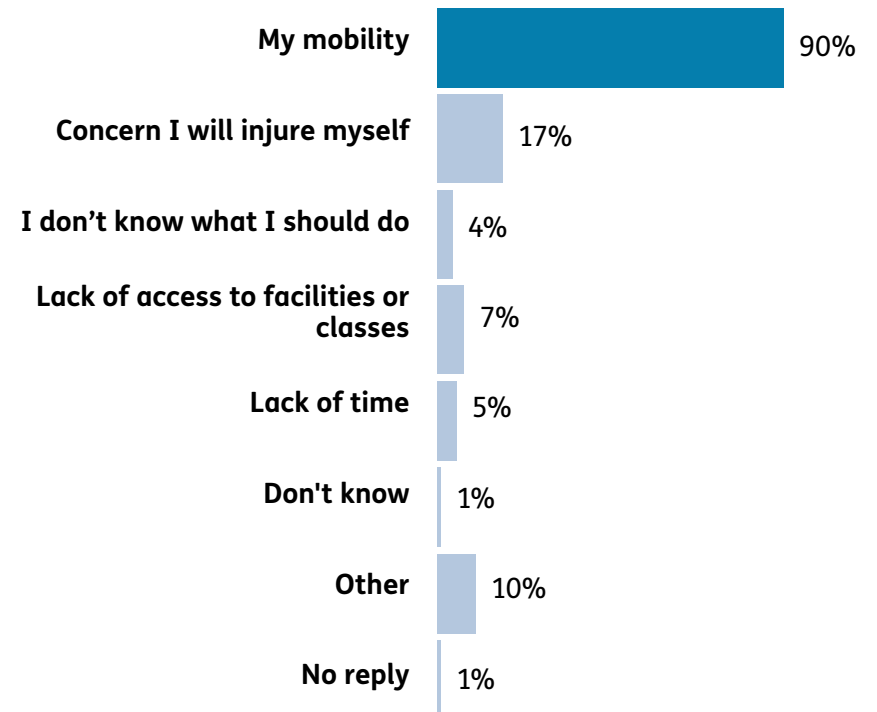
Base: 3611 (respondents undertaking physical activity)






Mobility was the key barrier to undertaking exercise and mentioned by **90%** of those who did not undertake physical activity. Concern about injuring themselves was mentioned by **17%** of respondents suggesting perhaps that if they were in a safe environment, and/or had professional supervision, they may be willing to undertake physical activity.

**Chart 3.20 | If you do not exercise, what are the main barriers for you?**

Base: 389 (respondents not undertaking physical activity)



'Other' responses to this question highlighted that the key barrier to undertaking exercise was severe pain/ill health.

-  Pain and stiffness, visual impairment.
-  Heart problems, arthritis, Palmoplantar Pustulosis.
-  Arthritis, heart block, pacemaker, lymphedema, hbp, sleep apnoea.

## 3.9 GOING OUT POST-PANDEMIC

Following the pandemic, respondents were asked if they were going to public places i.e. museums, visitor attractions, shopping, less than they did prior to Covid-19.

The majority of respondents (**41%**) were going out as much as they had prior to the pandemic but **15%** were going out less because they were concerned about their health. **23%** of respondents aged 85-89 were going out less because they were concerned about their health in comparison with **10%** of respondents aged 55-59.

**30%** had got out of the habit of going to public places during the pandemic. Cost was also an issue and raised by **16%** of respondents. Cost was most likely raised by those with lower gross annual household income, i.e. **27%** of respondents with less than £10,000 income annually and **21%** with £10,001-£20,000.

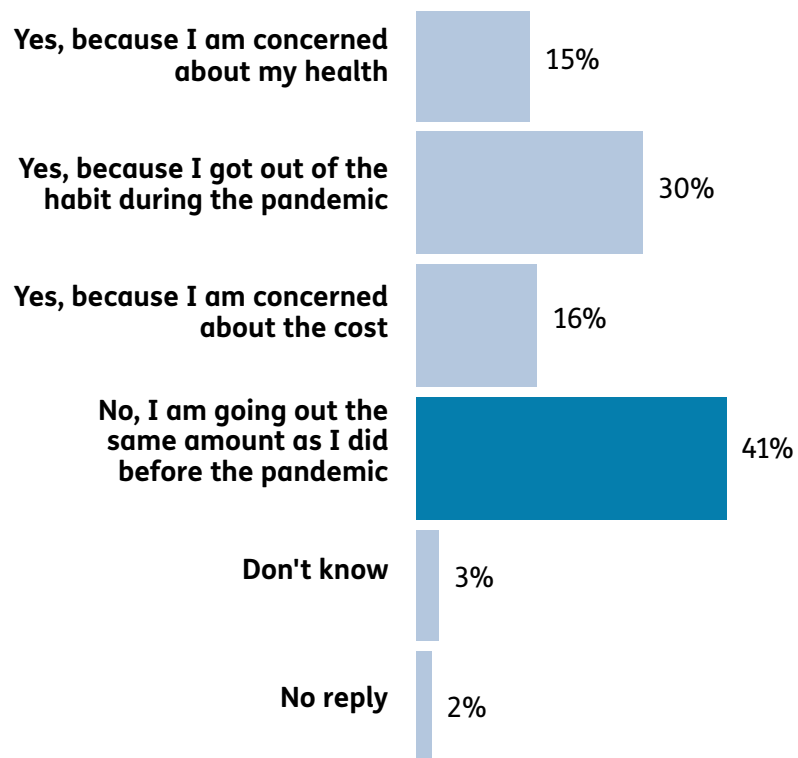
Male respondents were more likely than female respondents to be going out as much as they were pre-pandemic, i.e. **49%** of males and **39%** of females.

The findings clearly indicate that Covid-19 continues to have a legacy and this is further evident later within this report.



### Chart 3.21 | Are you going out to public places, i.e. museums, visitor attractions, shopping centres less than you did prior to the pandemic?

Base: all respondents



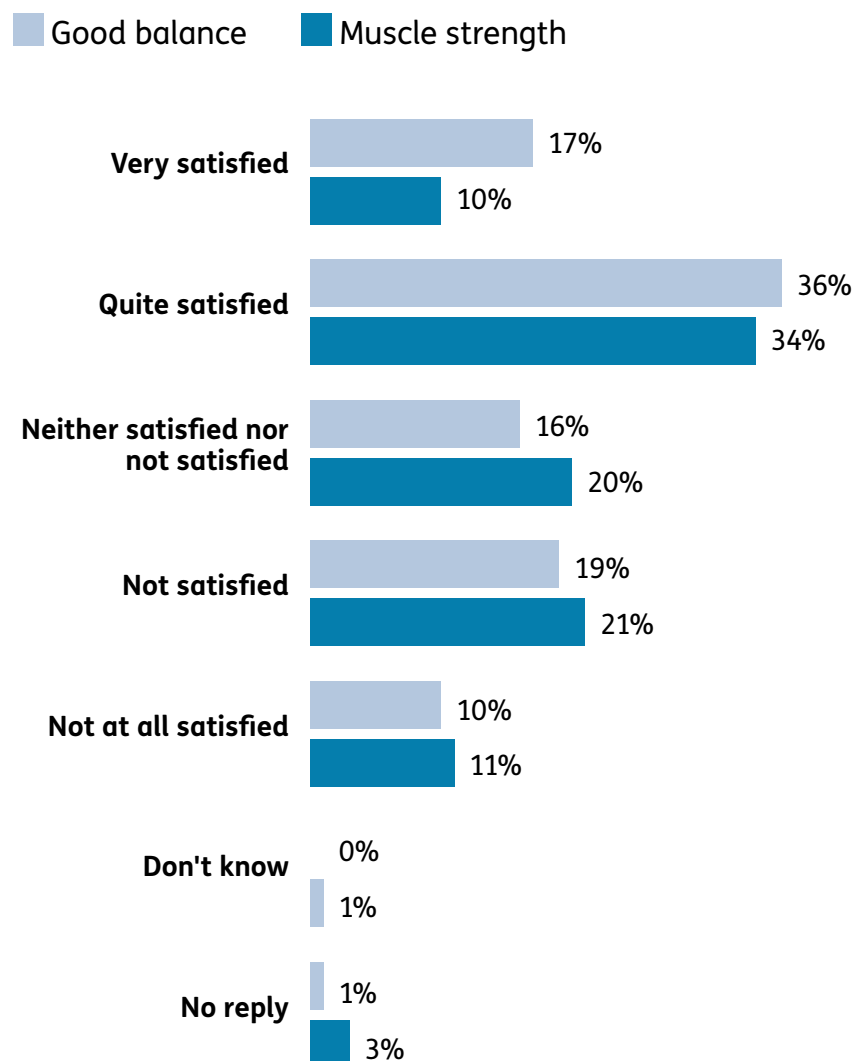
## 3.10 BALANCE AND MUSCLE STRENGTH

Respondents were more likely to be satisfied with their balance than muscle strength.

In both instances, respondents in their 50s and early 60s were more likely to be satisfied with their balance and muscle strength in comparison with respondents aged 65+. **27%** of respondents in their 50s were 'very satisfied' with their balance in comparison with **19%** of respondents in their 60s, **19%** in their 70s and **14%** in their 80s. Similarly, there was a contrast between younger and older respondents in their 50s and 80s when it came to muscle strength: **15%** of respondents in their 50s, **10%** in their 60s, **9%** in their 70s and **7%** of respondents in in their 80s were 'very satisfied' with their muscle strength.

### Chart 3.22 | How satisfied are you that you have good balance and muscle strength?

Base: all respondents



## 3.11 MENTAL HEALTH

The NHS define mental health as a ‘positive state of mind, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’. Having read this, respondents were asked how they would rate their current mental health.

**27%** of respondents rated their current mental health as ‘very good’ with **34%** rating it as ‘good’.

Respondents who lived alone tended to rate their mental health lower than those who lived with others in their households. **24%** of those who lived alone rated their mental health as ‘very good’ in comparison with **30%** of those who lived with one other person.

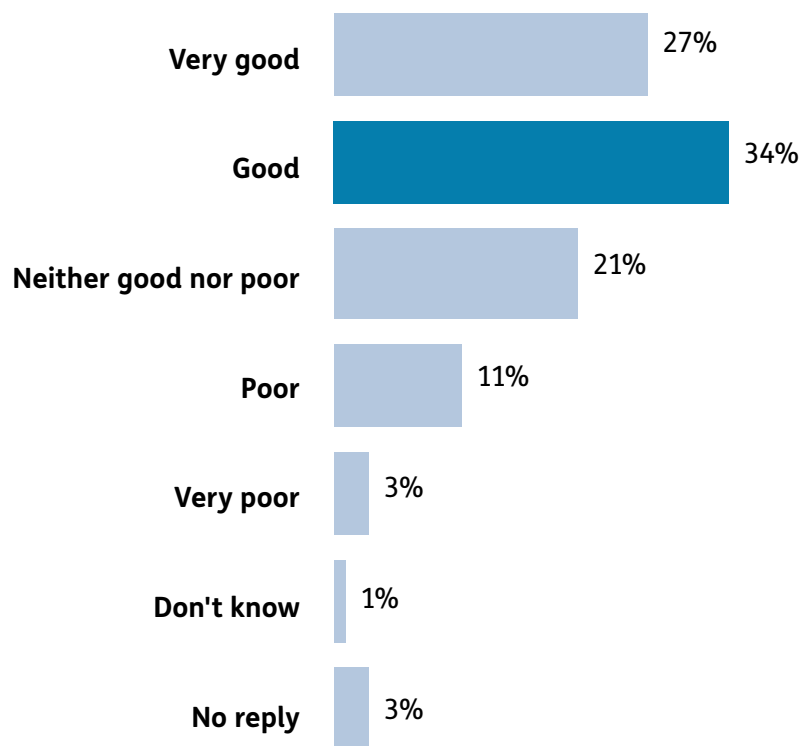
Respondents with lower annual gross household income also rated their mental health lower than those with greater household income. **19%** of those with an annual household income of less than £10,000 rated their mental health as ‘very good’ in comparison with **36%** of respondents whose annual household income was £50,000+.

A third of respondents (**35%**) who undertook regular exercise rated their mental health as ‘very good’ in comparison with **10%** who were unable to undertake any exercise at all.

Of note is that **18%** of respondents in their 50s rated their mental health as 'very good' and **17%** rated it as 'poor'. **26%** of respondents in their 60s rated their mental health as 'very good' along with **30%** in their 70s and **31%** in their 80s.

### Chart 3.23 | How would you describe your current mental health?

Base: all respondents

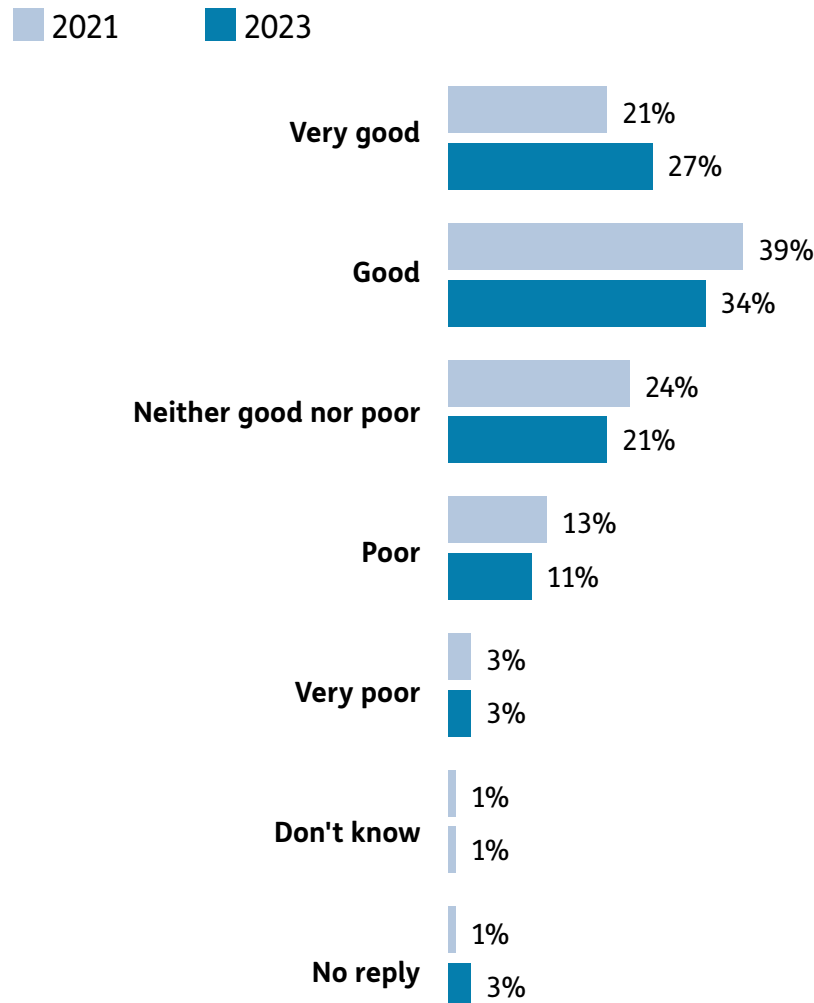


The following table presents the findings in 2023 with those captured in the Big Survey 2021. Of note is that in 2023 there is a higher percentage of respondents who rated their mental health as 'very good'.

In 2021, it was reported that those who rated their mental health as 'very good' and 'good' increased with age and this is also the case in 2023. Please note that in 2021 when the first Big Survey was undertaken we were still living with a degree of restrictions following the pandemic and this is apparent when we compare the findings year on year in Chart 3.24.

### Chart 3.24 | Rating of current mental health 2021 and 2023

Base: all respondents 2021 (3562) and all respondents 2023 (4167)

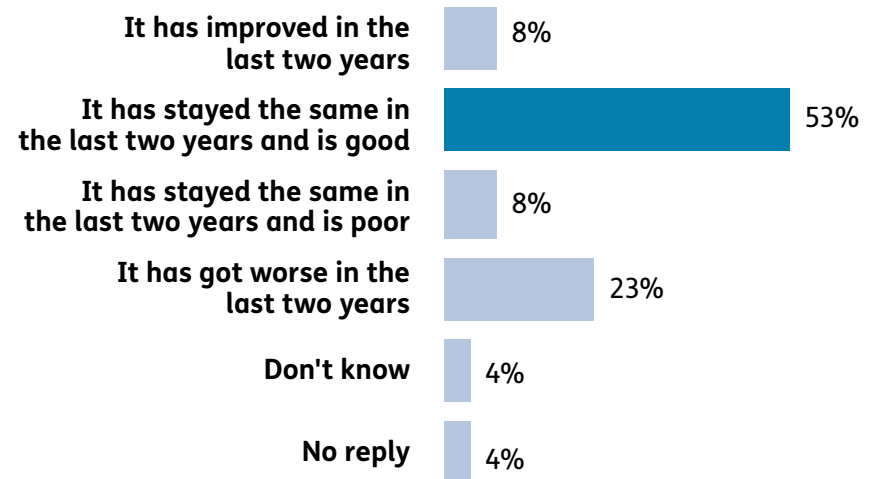


**8%** of respondents felt that their mental health had improved over the last two years but **23%** felt that it had got worse in the time period (this figure was **34%** in 2021).

Females were more likely than males to say their mental health had got worse in the last two years – **24%** females and **18%** males – as were respondents in the younger age ranges, i.e. **33%** of respondents aged 50-54 and **34%** aged 55-59.

### Chart 3.25 | Please choose the phrase that best describes your mental health


Base: all respondents









939 respondents stated that their mental health had got worse in the last two years and, of these, 814 provided feedback on why their mental health had deteriorated during that time.

- **20%** mentioned **Covid-19** and its legacy impacting on their mental health
- **12%** felt **lonely and/or isolated**. In some instances this was a legacy of Covid-19 and the associated lockdowns
- **12%** had seen a **deterioration in their health** during that time period
- **10%** had **caring roles** and, in some instances, felt unsupported by other family members and/or the NHS
- **9%** were dealing with **bereavement** of a partner and/or close family member/s
- **9%** of respondents mentioned **financial worries** often linked to the cost of living
- **7%** had **work related** issues/stress
- **5%** had **family issues** which were sometimes linked to family living far away and/or 'problems'
- **4%** mentioned **ageing** as the issue that had impacted on their mental health







- **Loss of confidence** was mentioned by **3%** of respondents
- **3%** of respondents had **anxiety**
- **3%** of respondents were having problems with **mobility**
- **2%** were concerned about their **memory** and felt that they were forgetting things more often
- **2%** were dealing with **cancer** and/or a family member with cancer
- **2%** said **world events** were impacting on their mental health i.e. Ukraine, economy, political instability, etc
- **1%** had **moved house** or were looking for somewhere new to live
- **1%** were coming to terms with **retirement**
- **1%** were living with **depression**
- **1%** had had a **relationship break-up/divorce** during this time period

-  I think the pandemic and lockdown affected me and I worry about my husband's health.
-  I'm more isolated than pre-pandemic.
-  Now retired so less interaction with people outside my household.
-  The sheer panic at being on a fixed income and having to worry about energy bills and food costs.
-  A combination of circumstances: traumatic accident and surgery, Covid and Lockdown, Brexit, poor political leadership, ill with Covid, serious long term illness and deaths in family, cancerous growth and removal.
-  Poor government, long waiting lists for everything, no housing options for my family, everything too expensive, lost 6 years pension with short notice so had to use savings, no respect or recognition for the input of older women to society, poor behaviour of sections of society.
-  I found the pandemic very challenging mentally and I also separated from my husband of 22 years and moved house – there has been a LOT of stress.

-  Pressure trying to maintain standards in a cost of living and energy crisis? How to pay bills and eat and heat?? Staying safe in an ever increasing, dangerous way of life. Staying healthy, when it is becoming impossible to get hospital etc appointments and care.
-  My responsibilities are increasing and I'm getting older and less energy. My patience/tolerance has lessened. Covid had a large impact on my wellbeing.
-  I have a sister in cancer treatment, parents-in-law who are ageing, and have no support apart from family, and have significant financial concerns. Gave up good income as exhausted coming out of Covid regs.
-  I forget names, places and my medicine.
-  My husband passed away just over a year ago, and it is a lonely existence.
-  I lost my partner of 18 years due to cancer. I live alone and have no family, my finances worry me, find life not as good or enriching.

**56%** of respondents would feel comfortable seeking support for their mental health, **14%** would not feel comfortable in doing so and **23%** responded 'don't know'.

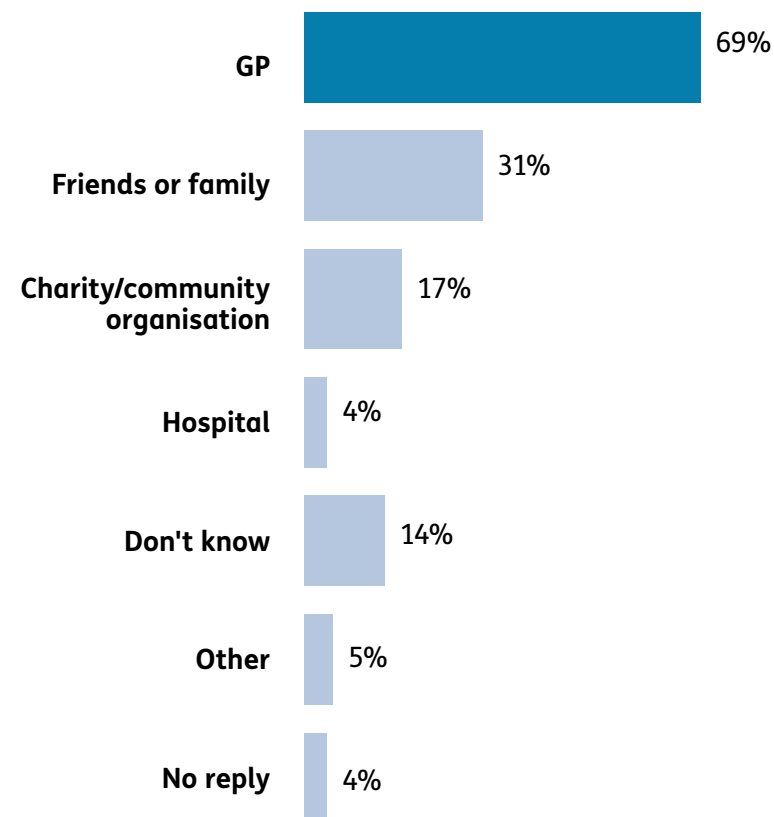
The respondents who would not feel comfortable seeking support cited privacy issues, wanting to remain independent, wanting to self-help and embarrassment.

-  Have a lot of friends and would rather talk to people I know.
-  Stigma attached to having mental health issues.
-  Don't want to bother Doctor.
-  It would be too embarrassing.
-  Too independent, and simply talking to my wife and good friends is sufficient to motivate me.
-  I am trying to solve the problem myself and I am improving.

Respondents were significantly more likely to seek support for mental health from their GP with **69%** selecting this option. **31%** would seek support from friends or family but **14%** responded 'don't know'.

### Chart 3.26 | Where would you go to get support or treatment for poor mental health?

Base: all respondents



## 3.12 LONELINESS

**40%** of respondents said that they never felt lonely whilst **49%** sometimes feel lonely. **49%** of males said they never felt lonely in comparison with **37%** of females.

Respondents aged 50-54 were more likely than respondents in other age ranges to say they felt lonely most of the time, **10%** in this age range selected this option.

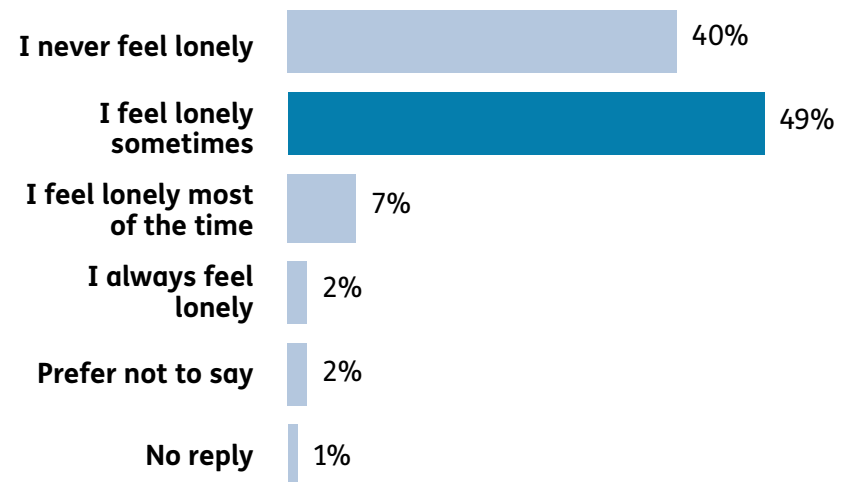
Respondents living on their own were more likely than those living with others to feel lonely. **11%** of this group felt lonely most of the time and **3%** always felt lonely (**13%** and **4%** in 2021).

The number of people who felt lonely all or most of the time (**9%**) is broadly unchanged from 2021.

There was a correlation between loneliness and physical exercise – ie **48%** of respondents who exercised regularly never felt lonely in comparison with **26%** of those who were unable to exercise.

### Chart 3.27 | Which statement best describes how you feel?

Base: all respondents



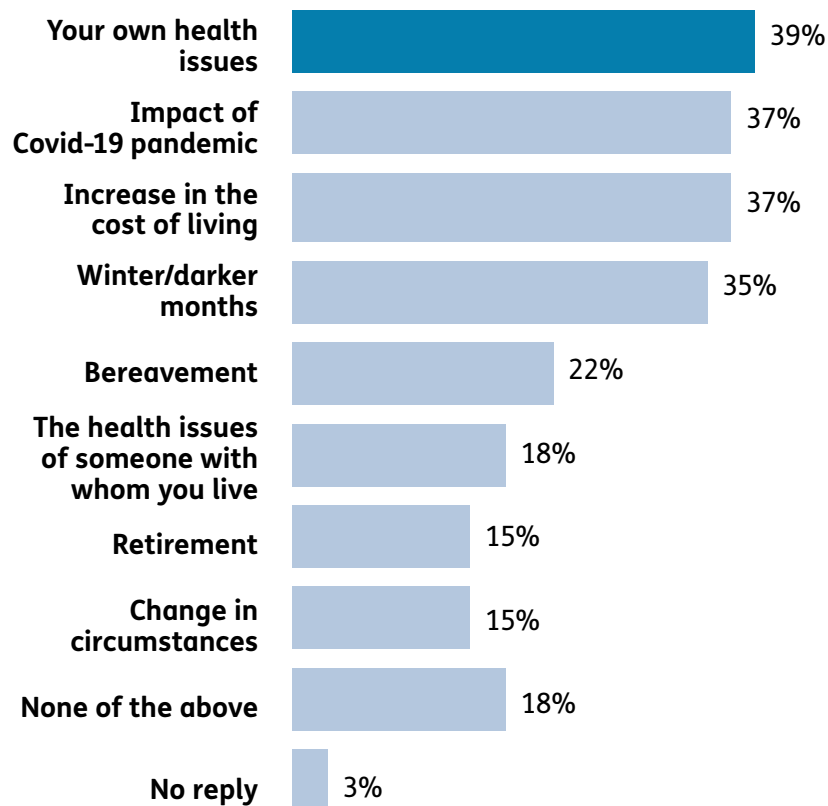
## 3.13 FACTORS WHICH IMPACT ON MENTAL HEALTH AND WELLBEING

The pandemic continues to impact on respondents with **37%** citing this as a factor which had impacted on their general health and wellbeing. Respondents' own health issues had also impacted (mentioned by **39%**) along with the increase in the cost of living and the challenge of the winter months (**37%** and **35%**).



**Chart 3.28 | Has your answer to the questions about mental health, and your wellbeing generally, been affected by any of the following?**

Base: all respondents

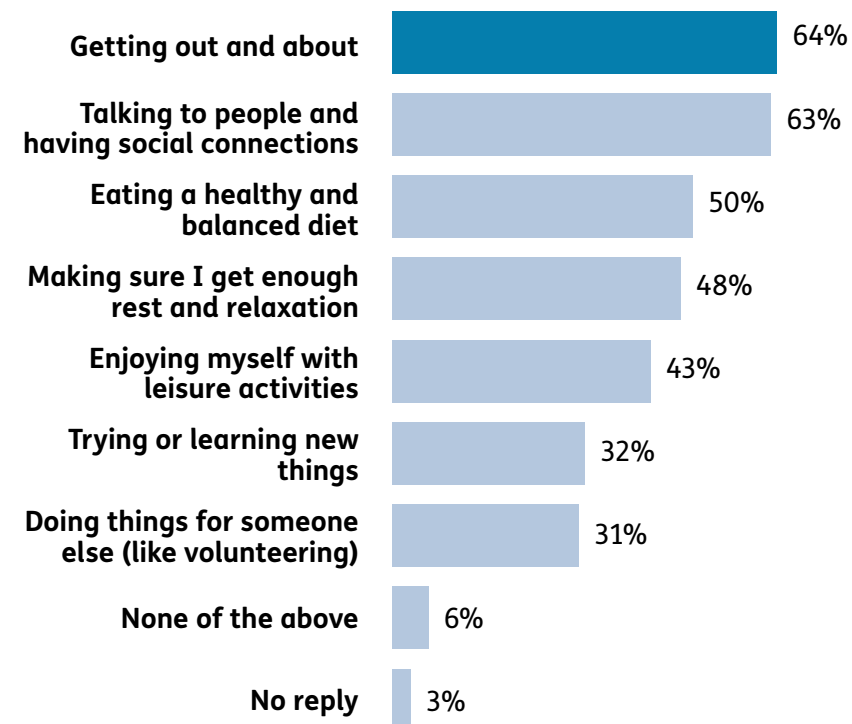


## 3.14 STEPS TAKEN TO HELP MENTAL HEALTH AND WELLBEING

Respondents were asked if they took any steps (from a pre-coded list) to help with their mental health and wellbeing. **64%** of respondents get out and about and **63%** talk to people and have social connections.

**Chart 3.29 | Do you take any of the following steps to help your mental health and wellbeing?**

Base: all respondents



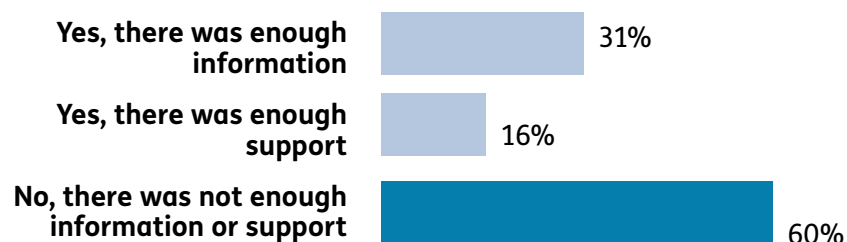
### 3.15 MENOPAUSE

Respondents who lived in a household where someone, including themselves, had experienced the menopause, were asked whether there was enough information and support available.

**60%** of respondents in households where the menopause had been experienced felt that there was neither sufficient information nor support to help with the symptoms of the menopause.

**Chart 3.30 | if you, or someone in your household, have experienced the menopause, do you feel there was enough information and support available?**

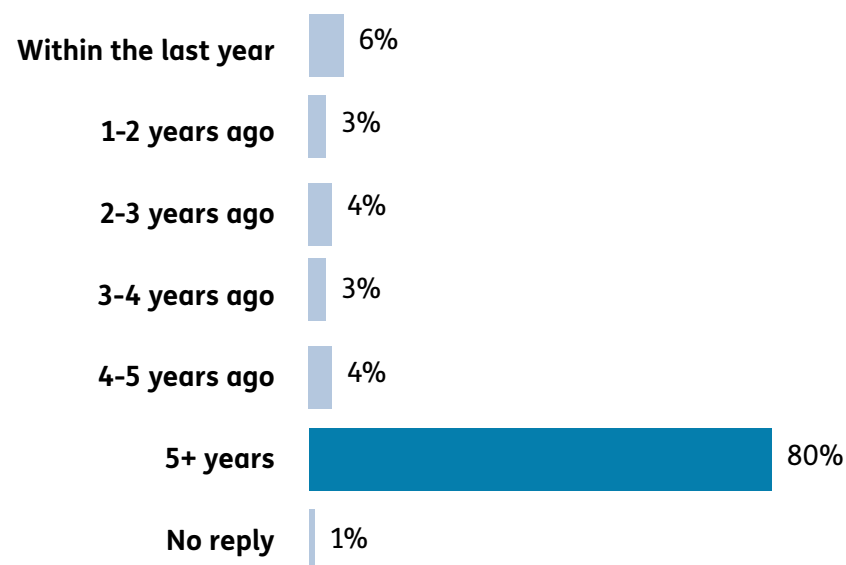
Base: respondents in households where the menopause had been experienced (2660)



In households where the menopause had been experienced, the majority of respondents (**80%**) stated that this was over five years ago.

**Chart 3.31 | When did your experience of the menopause (or that of someone within your household) take place?**

Base: respondents in households where the menopause had been experienced (2660)



When the question regarding sufficient information and support for menopause is asked of the 507 respondents whose households had experienced the menopause in the past five years:

- **23%** considered there was enough information
- **14%** considered there was enough support but
- **70%** felt that there was not enough information or support

Of those who had experience of the menopause in the past year (154 respondents):

- **23%** considered there was enough information
- **15%** considered there was enough support but
- **69%** felt that there was not enough information or support

This is particularly interesting when there is more media coverage of the menopause at this time than any time previously. Of the 697 respondents in employment:

- **27%** were aware that there was a menopause policy in their workplace
- **20%** were aware that menopause awareness training was taking place



## 4. Older people and the workplace

The 'Older People and the Workplace' section of the questionnaire asked respondents about their employment status, any discrimination they had experienced/observed in the workplace and hybrid working (for those in employment).

The questionnaire also sought to establish whether their workplace had offered respondents a range of opportunities from skills development and training specifically aimed at older workers to policies and support to help with caring responsibilities.

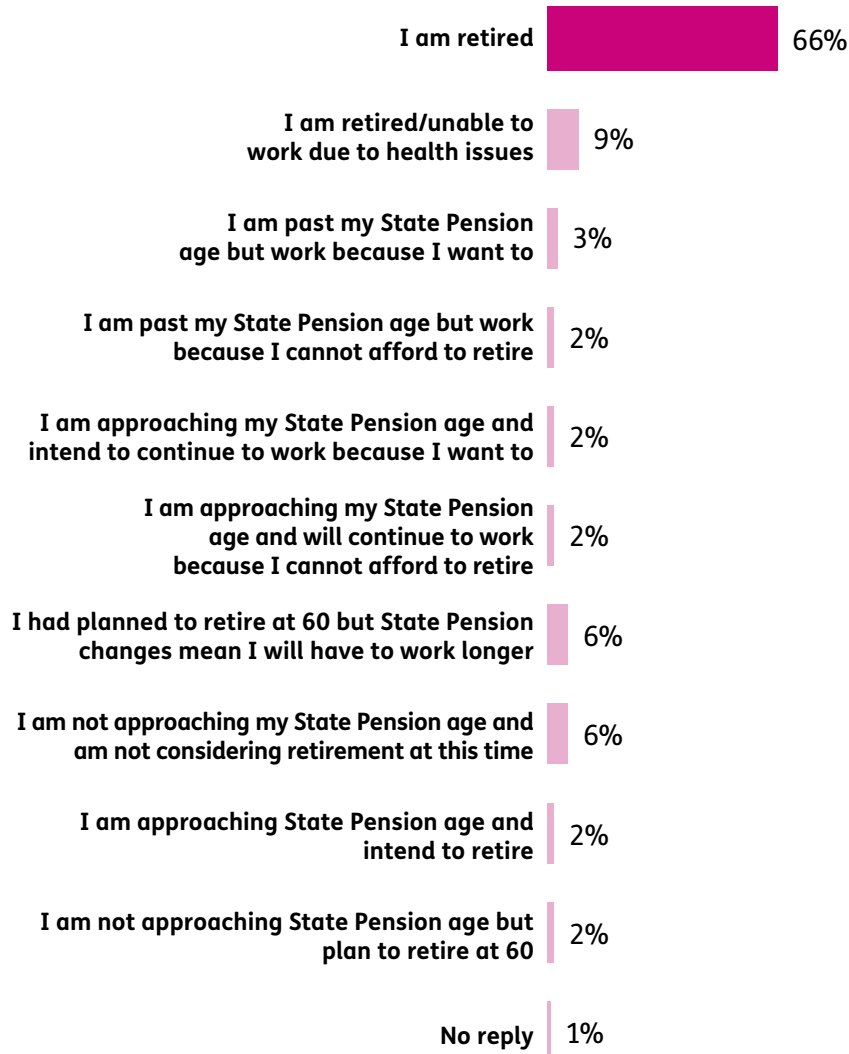
### 4.1 RETIREMENT/APPROACHING RETIREMENT

Two thirds of respondents (**66%**) were retired. Males were more likely than females to be retired (**72%** and **65%**).

**7%** of females (and **1%** of males) had planned to retire at 60 but state pension age changes mean they will have to work longer. **21%** of respondents aged 55-59 and **18%** aged 60-64 also fell into this category.

### Chart 4.1 | Which statement best describes your situation?

Base: all respondents



## 4.2 HYBRID OR REMOTE WORKING

**66%** of respondents in employment thought that hybrid or remote working was a good idea and **52%** of respondents currently use that format.

## 4.3 DISCRIMINATION AT WORK

Of the 697 respondents in employment, **23%** felt they had been discriminated against or missed out on opportunities at work because of their age. **11%** had seen older colleagues discriminated against and **3%** had seen younger colleagues discriminated against.

## 4.4 POLICIES IN PLACE

Those in employment were most likely to be in workplaces where there was support for health and wellbeing but least likely to have dedicated health and wellbeing support for older workers.

### Chart 4.2 | If in work, or retired within the last 5 years, please tell us if your workplace offers/offered any of the following

Base: respondents in employment (697)

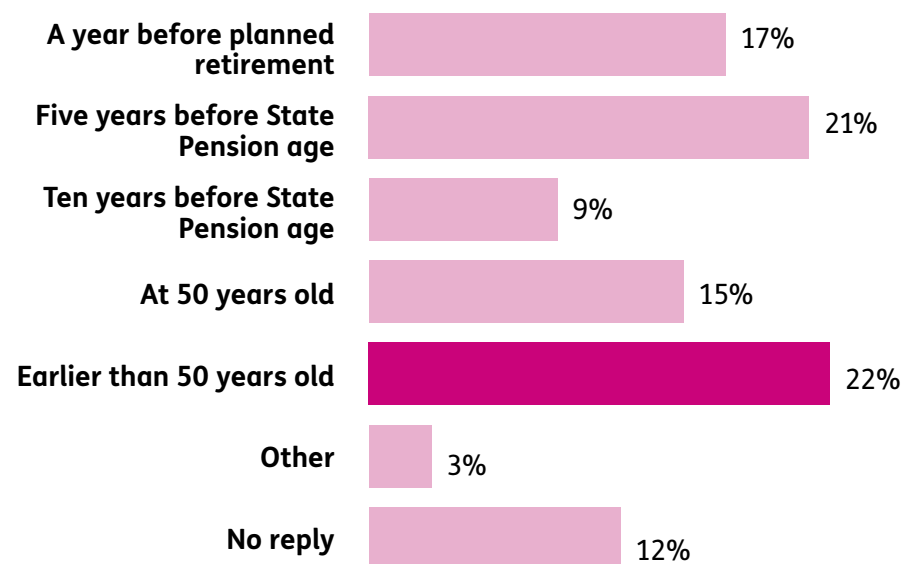
	Yes	No	Don't know	No response
Support for health and wellbeing	66%	17%	11%	6
Flexible working for all staff	61%	26%	8%	5
Policies/support to help workers with health conditions/disabilities	57%	19%	18%	6
Policies/support to help older workers who have caring responsibilities	36%	32%	26%	6
Unconscious Bias training	22%	37%	35%	6
Skills development aimed specifically at older workers to help them make positive plans about their future work opportunities	20%	52%	22%	5
Dedicated Health and Wellbeing support for older workers	10%	52%	32%	6

## 4.5 TIMING OF RETIREMENT ADVICE

**22%** of respondents considered that it would be helpful to get information and advice about retirement, such as understanding pensions, earlier than 50 years old whilst **21%** felt that five years before State Pension age would be a helpful time.

### Table 4.3 | At what age do you think it would be helpful to get information and advice about retirement, such as understanding your pensions?

Base = all respondents



# 5. Using the internet and digital technology

This section of the questionnaire featured questions about use of the internet and for what purposes, ownership of mobile phones and where respondents would seek support to use the internet and/or digital services.

## 5.1 ACCESS TO THE INTERNET

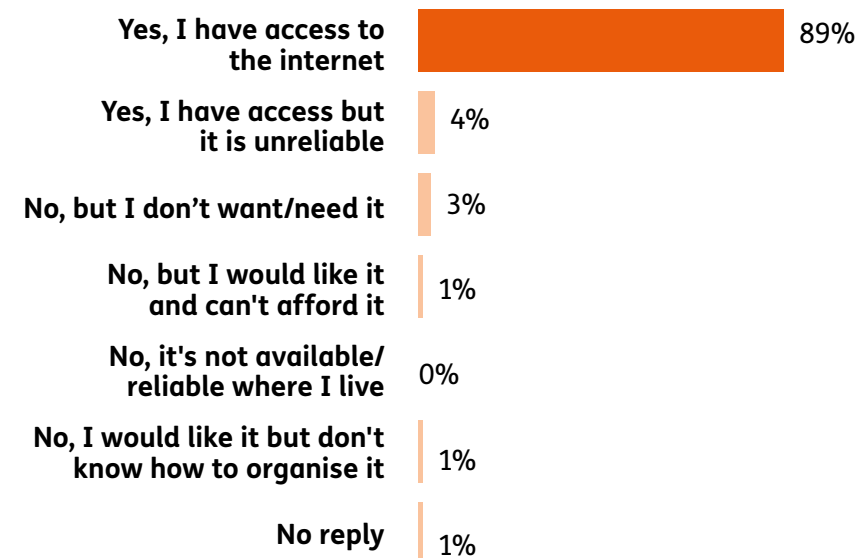
**89%** of respondents had access to the internet at home and this was the same percentage reported in 2021.

Internet access was across the age ranges from **73%** aged 85-89 to **95%** aged 50-54 and **95%** aged 55-60.

**5%** of respondents aged 85-89 would like internet access but don't know how to go about organising it. **13%** of respondents aged 80-84 and **14%** aged 85-89 don't have internet access but don't want/need it.

### Chart 5.1 | Do you have access to the internet at home?

Base = all respondents

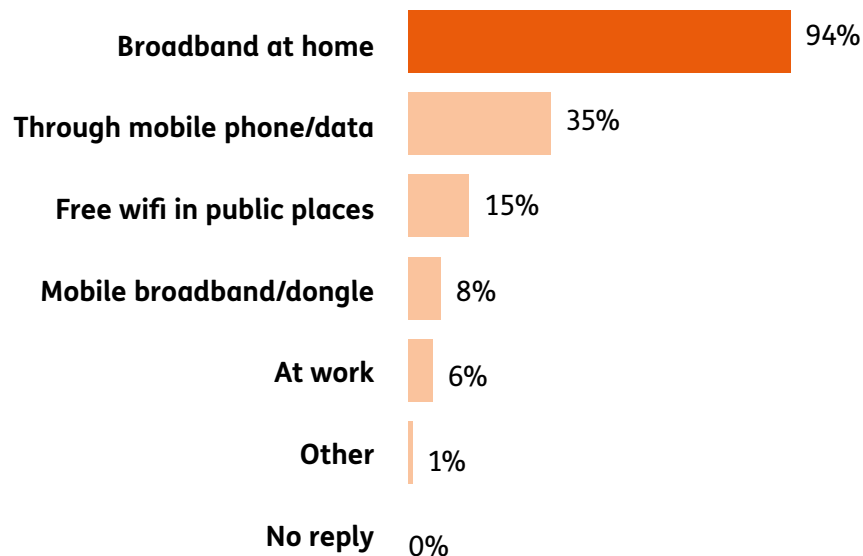


Of interest is that of the 1425 respondents who completed the paper version of The Big Survey 2023, **80%** had access to the internet. This suggests that although they would have been able to complete this survey online their preference was to do so on paper. This cohort, however, were more likely to say that they didn't need it/want the internet (**9%**).

**94%** of respondents accessed the internet via their home broadband whilst **35%** accessed it via their mobile phone/data.

### Chart 5.2 | If you use the internet, what is the main way you access it?

Base = 3894 (respondents with access to the internet)



**78%** of respondents were accessing the internet via mobile smartphone and **66%** used a tablet/iPad.

Respondents in their 50s were more likely than those in older age ranges to be accessing the internet across the different devices prompted in the questionnaire with the exception of desktop computer. **92%** of respondents in their 50s were accessing the internet using a smartphone, along with **86%** of respondents in their 60s, **72%** in their 70s and **53%** in their 80s. **25%** of respondents in their 50s were using a desktop computer to access the internet, **23%** in their 60s, **26%** in their 70s and **30%** in their 80s. Respondents in their 50s were significantly more likely than those in other age groups to be using a games console – **13%** of respondents in their 50s and **0%** in their 80s!

Respondents were most likely using their devices for email (**88%**), browsing for information (**70%**) and online banking (**69%**).

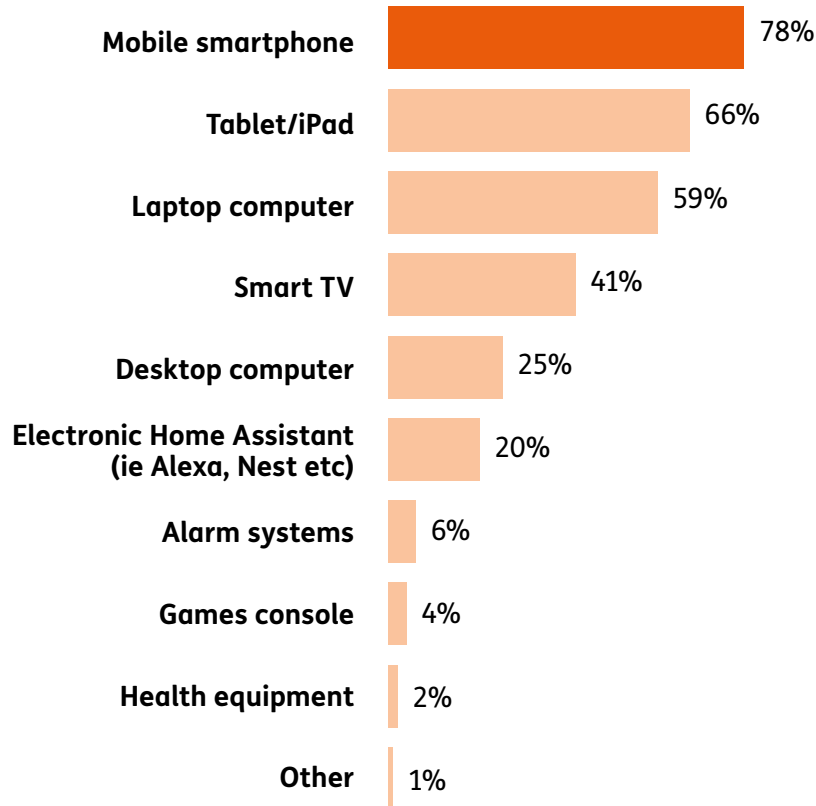
**96%** of respondents in their 50s were accessing the internet for email, along with **94%** in their 60s, **88%** in their 70s and **72%** in their 80s. Whilst **84%** of respondents in their 50s were using the internet to browse for information this decreased to **47%** of respondents in their 80s.

Females were significantly more likely than males to be using the internet for video calls (**66%** of females and **55%** of males), groceries/food shopping (**44%** and **31%**), buying clothes (**63%** and **48%**), social media (**63%** and **51%**) and online games (**34%** and **17%**).



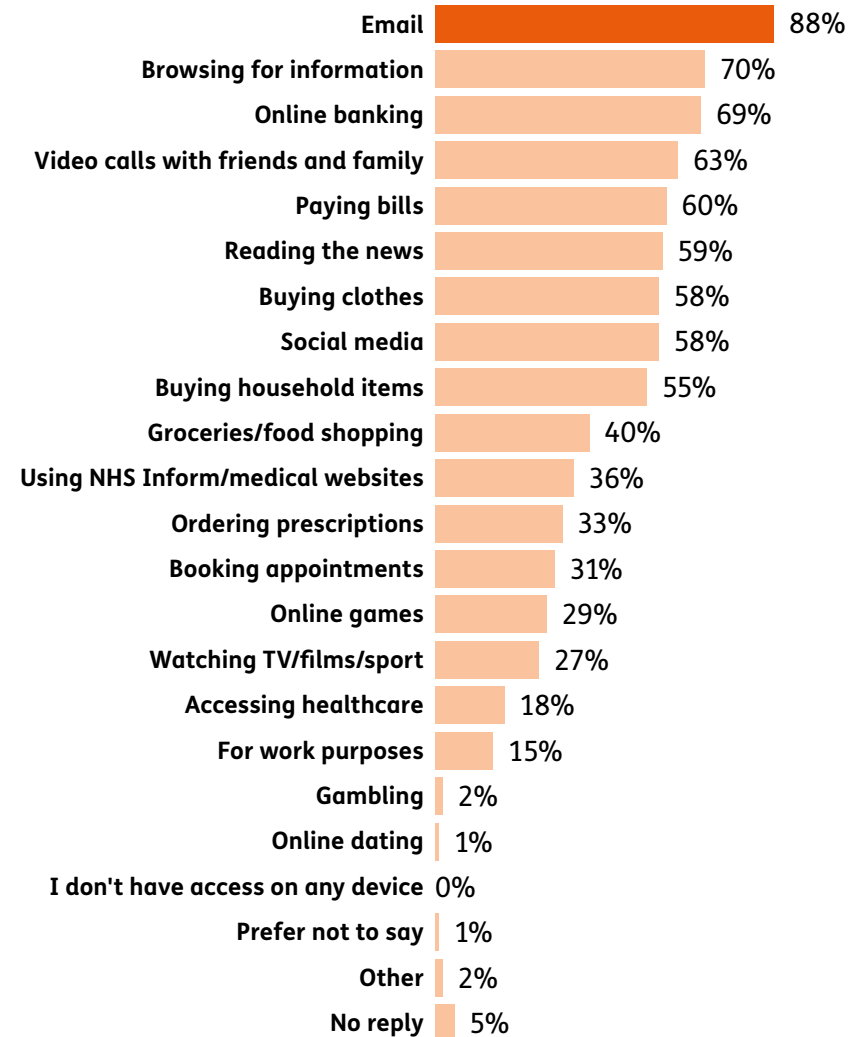
**Chart 5.3 | If you have access to the internet at home, what devices do you use to connect to it?**

Base = 3894 (respondents with access to the internet)



**Chart 5.4 | If you have internet access, on any device, do you use it for any of the following?**

Base = 3894 (respondents with access to the internet)



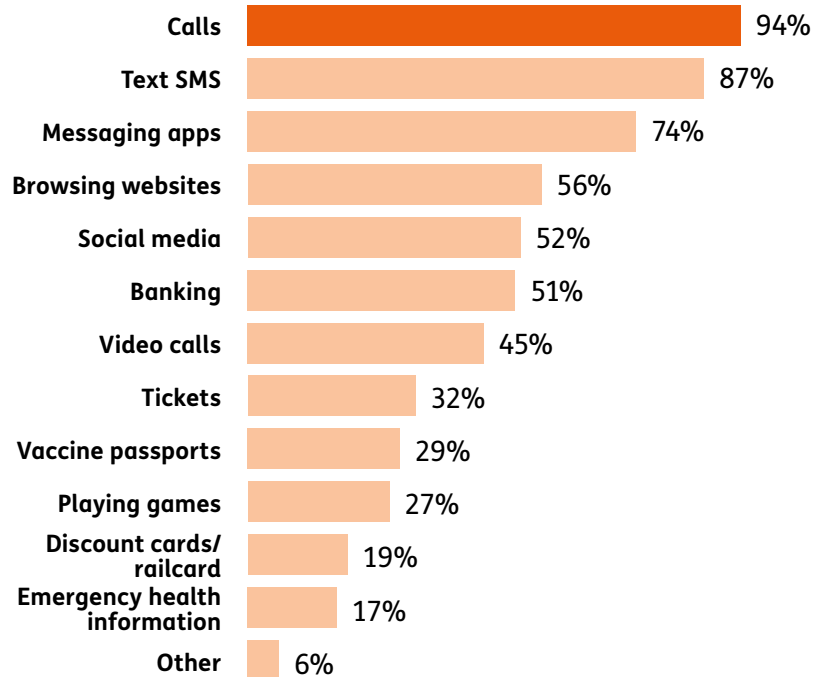
## 5.2 MOBILE PHONE

**95%** of respondents had a mobile phone and **79%** had a smartphone. Smartphone ownership ranged from **96%** of respondents aged 50-54 to **44%** aged 85-89.

Respondents were most likely using their mobile phone for making calls (**94%**), text SMS (**87%**) and messaging apps (**74%**).

### Chart 5.5 | If you own a mobile phone, what do you use it for?

Base: respondents with a mobile phone (3971)



## 5.3 IMPACT OF COVID-19 ON INTERNET USE

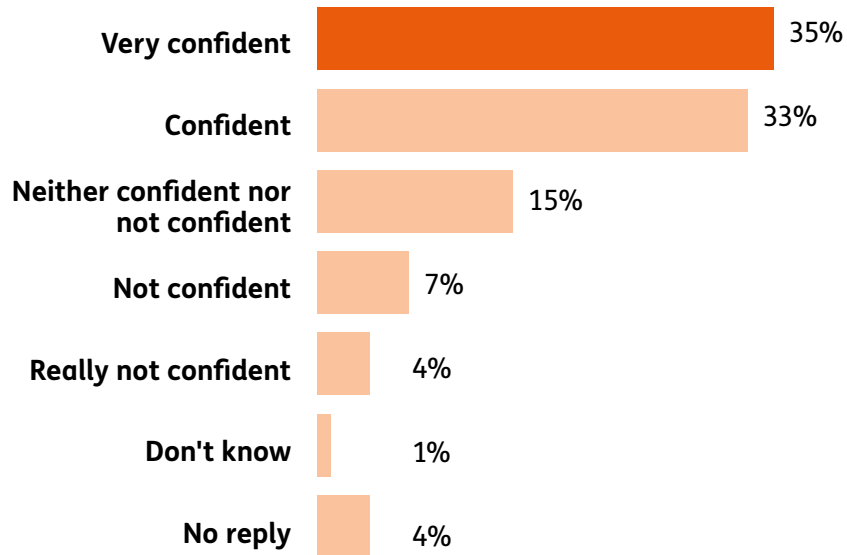
**32%** of respondents agreed that the impact of the pandemic had led them to use the internet for new things (**36%** of females and **24%** of males). **12%** of respondents said that there were services they could not access because they were only available online.

## 5.4 CONFIDENCE IN USING THE INTERNET AND ONLINE SERVICES

Two thirds of respondents were 'very confident' or 'confident' in navigating the internet and using online services. This confidence differed across the age ranges with **92%** of respondents aged 50-54 stating that they were 'very confident' or 'confident' in navigating the internet in comparison with **33%** of respondents aged 85-89.

**Chart 5.6 | How confident are you with navigating the internet and using online services?**

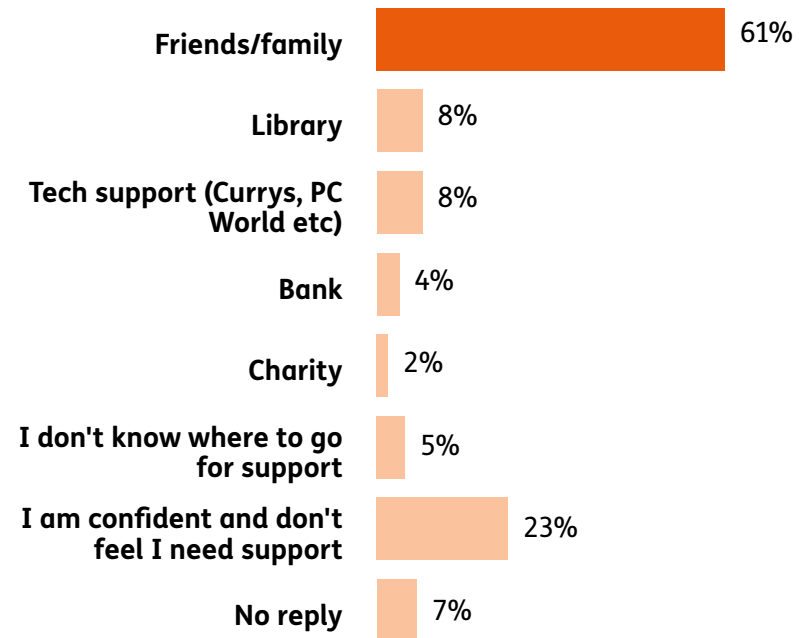
Base = 3894 (respondents with access to the internet)



**23%** of respondents felt sufficiently confident in using the internet that they didn't feel they needed support. For those who did need support, friends and family were where they would go for that help.

**Chart 5.7 | Where would you go for support to use the internet?**

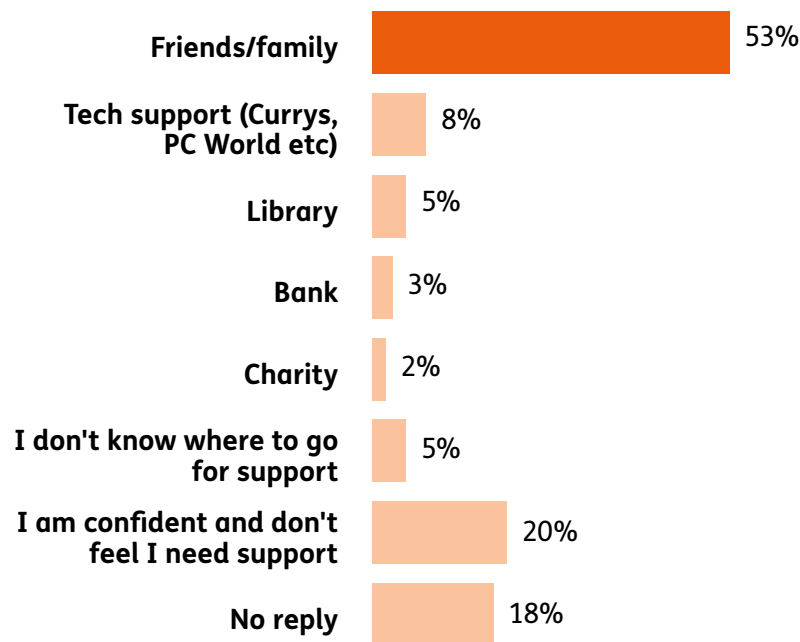
Base = 3894 (respondents with access to the internet)



Similarly friends and family were where respondents would go for support for using digital devices although **20%** felt that they were sufficiently confident that they didn't need support.

### Chart 5.8 | Where would you go for support to use digital devices?

Base = 3894 (respondents with access to the internet)



299 respondents provided further feedback on where they would seek support to use the internet and/or digital devices. Analysis of these comments, captured via an open-ended question, identified the following key support services:

- **32%** would go **online**, and in most cases to Google, to search for support
- **13%** would seek support from **local classes/groups/ community centre**
- **11%** would contact their **phone/broadband provider**
- **10%** would seek help from their IT support/department at their **place of work**
- **9%** would go onto **YouTube**
- **9%** would go to their **local computer shop/ professional** and
- **6%** mentioned the **Apple store/helpline**

## 6. Where respondents live

This section featured questions about 20 Minute Neighbourhoods and what housing issues were most important to respondents.

### 6.1 20 MINUTE NEIGHBOURHOODS

The questionnaire featured text about 20 Minute Neighbourhoods which read as follows:

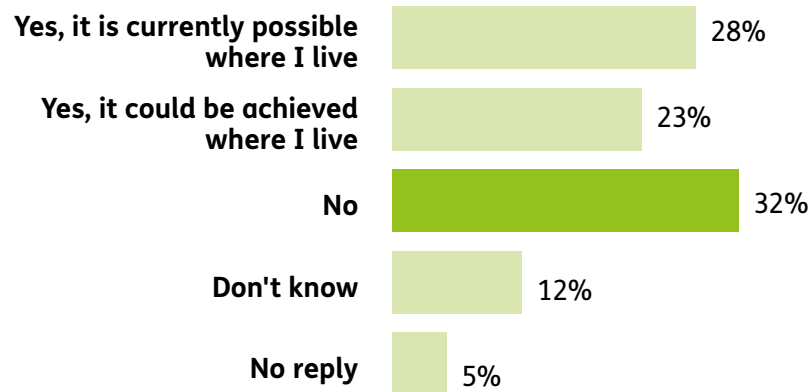
*The Scottish Government is looking to develop '20 Minute Neighbourhoods' to help facilitate the growth and sustainability of local communities across Scotland. This is to ensure that people can access all essential local and services within a 20 minute journey, for example a manageable 10 minute walk to and from home.*

**28%** of respondents felt that the concept of a 20 Minute Neighbourhood was currently possible where they lived and **23%** felt that it could be achieved. A third of respondents (**32%**), however, did not feel this was achievable.

Respondents who did not feel a 20 Minute Neighbourhood was achievable in their area were from rural areas including Aberdeenshire (**40%** of respondents there did not feel this was achievable), Argyll and Bute (**53%**), Dumfries and Galloway (**46%**), Highlands (**52%**) and the Scottish Borders (**42%**). Note: We have included areas for which there are more robust samples.

### Chart 6.1 | Is a 20 Minute Neighbourhood currently possible where you live, and if not, do you think it could be?

Base = all respondents



Respondents were then asked which services and facilities they felt were required in a 20 Minute Neighbourhood.

The responses feature in Charts 6.2 and 6.3 on the following pages.

The three services which respondents felt were essential in a 20 minute neighbourhood were: a bank (**32%** of respondents), a post office (**23%**) and community spaces (**23%**).

The three facilities respondents considered were essential were: accessible toilets (**41%**), good digital connectivity (**33%**) and buses/local bus stops (**26%**).

Please note the high no response rates in the following charts.

**Chart 6.2 | What services would you require in a 20 Minute Neighbourhood?**

Base = all respondents

Service	Already have within 20 minutes of where I live	Essential to have in a 20 minute neighbourhood	Not essential to have but useful	Not essential to have	No response
Hospital	28%	21%	28%	7%	16%
GP	63%	20%	8%	1%	7%
Pharmacy	69%	17%	6%	1%	7%
Opticians	46%	13%	24%	6%	11%
Audiologist	18%	11%	35%	15%	21%
Dentist	47%	19%	19%	4%	11%
Post Office	59%	23%	9%	2%	8%
Bank	30%	32%	21%	6%	12%
Nursery school	37%	16%	9%	14%	24%
Primary school	44%	14%	7%	12%	23%
Secondary school	32%	13%	16%	14%	24%
Library	47%	16%	17%	5%	15%
Community spaces	43%	23%	11%	5%	19%
Council offices and services	25%	20%	27%	10%	18%
Mixture of housing	42%	20%	13%	9%	17%

**Chart 6.3 | What facilities would you require in a 20 Minute Neighbourhood?**

Base = all respondents

Service	Already have within 20 minutes of where I live	Essential to have in a 20 minute neighbourhood	Not essential to have but useful	Not essential to have	No response
Accessible toilets	22%	41%	18%	5%	15%
Sports facilities	35%	17%	23%	8%	19%
Pubs	44%	9%	19%	15%	17%
Cafes	49%	19%	17%	4%	13%
Restaurants	45%	14%	22%	7%	15%
Petrol station	46%	19%	18%	7%	13%
Supermarket	52%	24%	13%	3%	10%
Butchers	41%	17%	21%	7%	15%
Greengrocer	29%	24%	24%	6%	18%
Convenience store	60%	20%	9%	2%	13%
Good digital connectivity/ free public WiFi	23%	33%	13%	4%	20%
Local parks/green spaces	61%	23%	5%	1%	12%
Buses and local bus stops	65%	26%	3%	1%	9%
Trains	34%	19%	24%	9%	17%
Trams	3%	4%	21%	43%	30%
Entertainment venue (theatre, cinema, etc)	18%	15%	36%	15%	19%



## 6.2 MOST IMPORTANT HOUSING ISSUES

The three main housing issues in respondents' local areas were housing affordability (61%), fuel poverty (50%) and lack of accessible housing (44%). The findings regarding housing issues have been analysed for those local authority areas for which there were the largest sample sizes.

City of Edinburgh (294 respondents): housing affordability (67%), fuel poverty (31%), short term lets and second homes (27%), antisocial behaviour (22%) and lack of public services or amenities (21%).

City of Glasgow (284 respondents): housing affordability (62%), fuel poverty (53%), lack of accessible housing (46%), antisocial behaviour (36%) and lack of public services or amenities (30%).

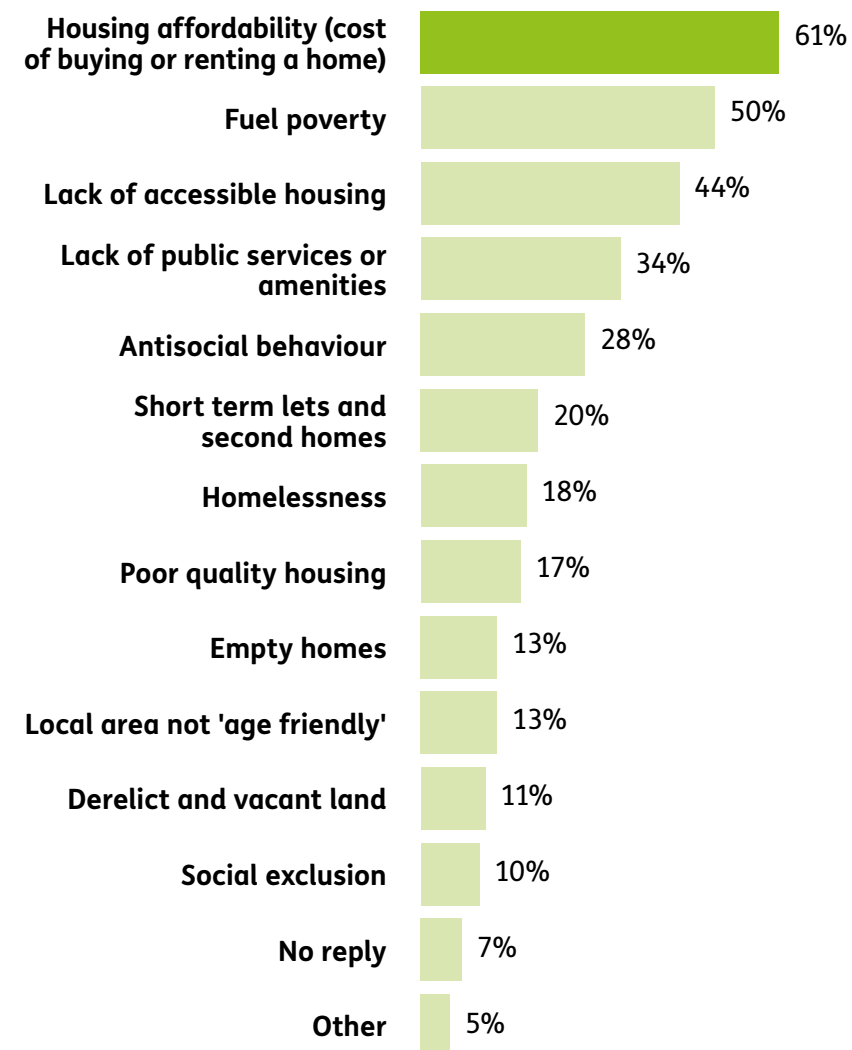
Fife (267 respondents): housing affordability (63%), lack of accessible housing (54%), fuel poverty (54%), lack of public services or amenities (36%), antisocial behaviour (34%).

Aberdeenshire (255 respondents): housing affordability (62%), fuel poverty (48%), lack of public services or amenities (39%), lack of accessible housing (37%), antisocial behaviour (18%).

Dumfries and Galloway (212 respondents): fuel poverty (57%), housing affordability (53%), lack of accessible housing (45%), lack of public services or amenities (41%) and short terms lets and second homes (29%).

### Chart 6.4 | What do you think are the most important housing issues in your local area?

Base: all respondents



# 7. Transport

Transport questions sought to capture feedback on the use of public transport, barriers to using public transport and satisfaction with access to public transport where respondents lived.

## 7.1 CAR IN HOUSEHOLD

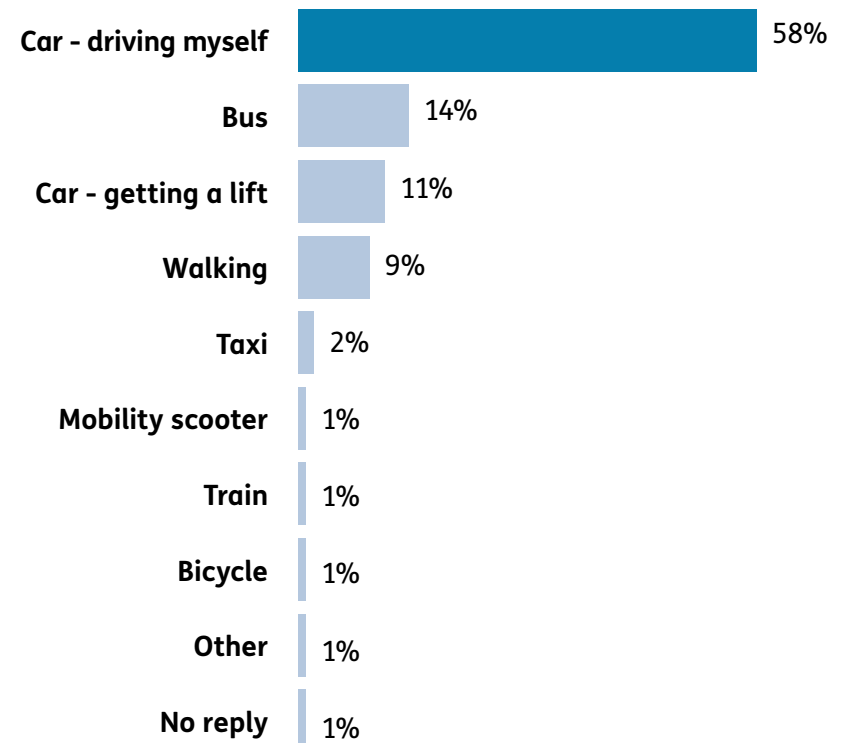
**66%** of respondents owned a car and **20%** lived in a household where someone owned a car. Ownership varied across the age ranges from **39%** of respondents aged 85-89 owning their own car to **73%** of respondents aged 55-59.

## 7.2 METHOD OF TRANSPORT MOST USED

For **58%** of the sample driving their own car was their most used mode of transport with **14%** taking the bus. Respondents aged 85-89 were most likely to state that the bus was the mode of travel they used the most (**21%**).

### Chart 7.1 | Which mode of travel do you use the most?

Base: all respondents



## 7.3 RELIANCE ON MODE OF TRAVEL

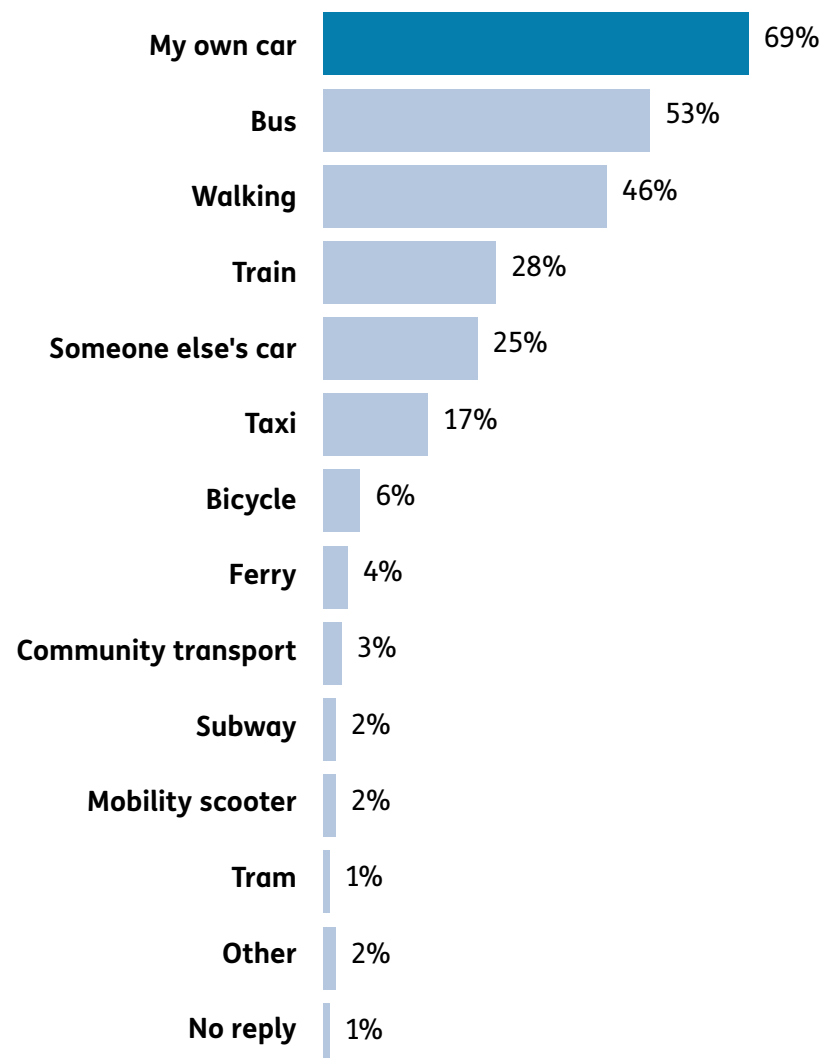
Respondents were most reliant on their own car as a means of travel, with **53%** selecting the bus. Reliance on the bus was across the age ranges from **38%** of respondents aged 50-54 to **58%** aged 65-69. Respondents who live on their own were as reliant on their own car as the bus (**60%** of respondents who lived alone relied on their car and **60%** relied on the bus). Respondents who were employed full-time were more reliant than others on their own car (**82%**).

## 7.4 USE OF PUBLIC TRANSPORT

**67%** of respondents used public transport and respondents in the 60-64 and 65-69 age range were most likely to do so (**72%** and **73%**).

### Chart 7.2 | Which modes of travel do you rely on or are important to you?

Base: all respondents

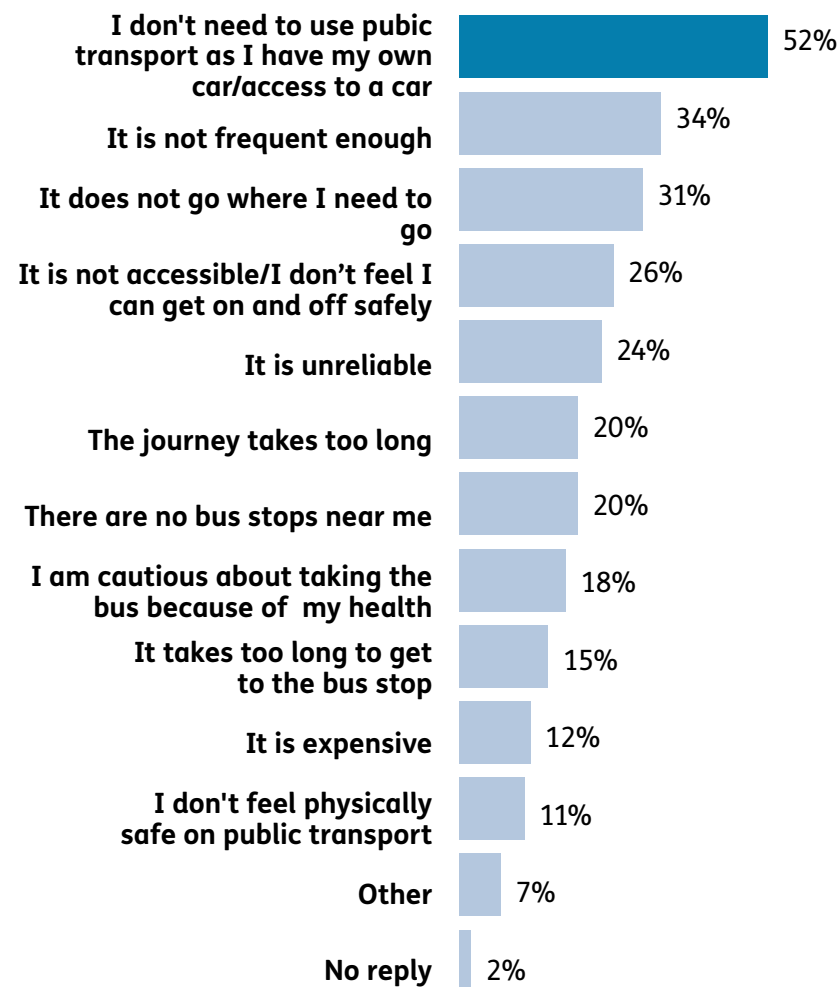


## 7.5 BARRIERS TO USING PUBLIC TRANSPORT

**52%** of respondents did not use public transport because they had their own car or access to one. Of note, however, is the number of respondents for whom bus services were not frequent enough (**34%**), where routes didn't go where they needed to go (**31%**) and concerns about getting on/off public transport (**26%**). It is interesting to consider whether fewer people would choose to drive if the public transport options available to them were better.

### Chart 7.3 | If you don't use public transport, why is this?

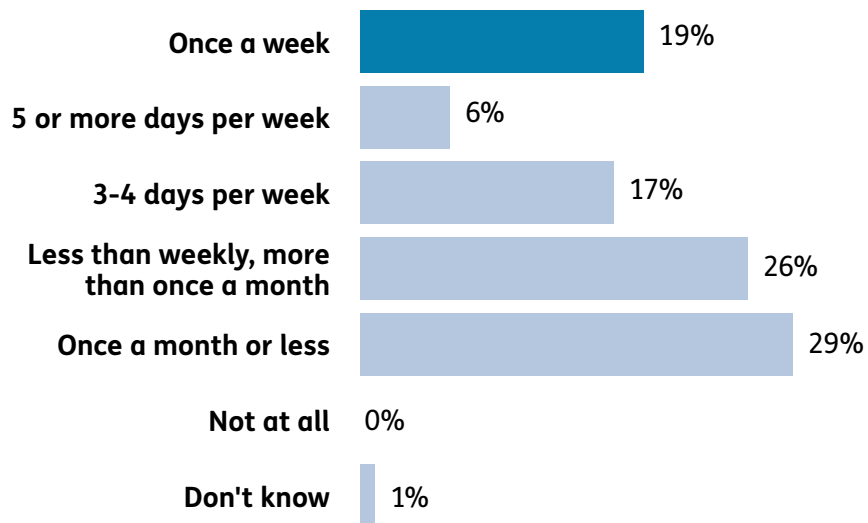
Base: all respondents who use public transport (1268)



Just **6%** of respondents were using public transport on a very frequent basis i.e. five or more days per week. **26%** were using it less than weekly, more than once a month and **29%** were using public transport once a month or less.

### Chart 7.4 | How regularly do you use public transport?

Base: all respondents who use public transport (2789)



## 7.6 SATISFACTION WITH PUBLIC TRANSPORT

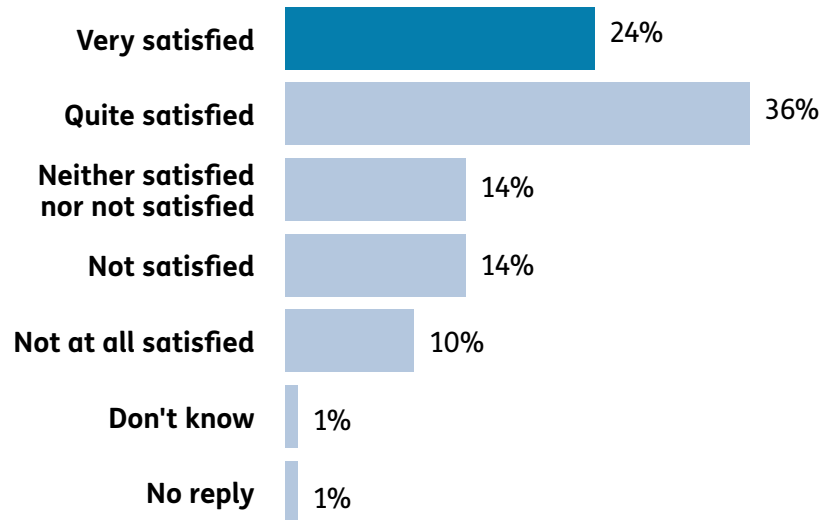
All respondents were asked how satisfied they were with access to public transport in their area. A quarter of respondents (**24%**) were 'very satisfied' with public transport and **36%** were 'quite satisfied'.

**30%** of respondents who used public transport on five or more days were 'very satisfied' and **36%** were 'quite satisfied'. Satisfaction was lowest amongst those who used public transport once a month or less – **20%** were 'very satisfied' and **36%** were 'quite satisfied'.


Satisfaction varied across local authority areas and we have drawn out those for which the sample of respondents was more than 100. Satisfaction levels were particularly high in City of Edinburgh local authority area where **48%** of 263 respondents who used public transport were 'very satisfied'. Whilst **17%** of 133 respondents who used public transport in the Highlands were 'very satisfied' a further **17%** were 'not at all satisfied'.


### Chart 7.5 | How satisfied are you with access to public transport in your area?


Base: respondents who used public transport (2789)




Further feedback on public transport highlighted the lack of services, the infrequency and unreliability of services, accessibility issues (for example with a walker), proximity of bus stops/train stations to where respondents live and a lack of buses in the evening and on Sundays. Comments also indicated that some timetables had not fully returned following Covid-19. Those living in rural areas were more likely to feel that public transport was unreliable.





- 

They have stopped the buses. The last one coming to Beith from Glasgow is 5.15pm. Can't go to plays, nights out. So sad. (North Ayrshire local authority area)
- 





We used to have 4 buses an hour into town – now we have only 2 – and they often don't turn up. (Falkirk local authority area)
- 

Cutbacks were made, blamed by Covid. Normal services have not resumed. (East Ayrshire local authority area)
- 

Sometimes long waits then two show up at same time – don't keep to timetables advertised. (City of Glasgow local authority area).

-  No regular bus service. Not reliable. Hours between buses. Trains only twice in the morning and one in the afternoon. (Highland local authority area)
-  Rural area and buses are few and far between. (Dumfries and Galloway local authority area)
-  Trains are infrequent in the evening. Bus routes don't also go where needed. (East Lothian local authority area)
-  Absolutely awful, particularly bus services which have been continually reduced and are not reliable to arrive on time. Train is reliable but prices far too high. Ditto taxis, which have rocketed in price. No wonder people don't get out. (South Ayrshire local authority area)

There was also positive feedback regarding public transport.

-  Living in a rural area, public transport is understandably limited, but the service is acceptable given constraints on bus companies. (Dumfries and Galloway local authority area)
-  Lothian buses are punctual, reliable, offer an App, road work delays are covered. (City of Edinburgh local authority area)
-  Good efficient services. (Fife local authority area)
-  Excellent bus service. Prestwick/Ayr/Glasgow (South Ayrshire local authority area)

## 8. Social care

This section of the questionnaire started with a definition of social care and read *'social care includes care and support at home. Your care needs are fully assessed by your local council. Social care can include equipment, support from carers and a budget you can use to pay for your own care. Social care also includes care in a care home'*.

Thereafter, respondents were asked about paying/contributing towards social care, the concept of a National Care Service and whether respondents were caring for others.

### 8.1 PAYMENT AND SOCIAL CARE

Three quarters of respondents (**75%**) did not feel that people should have to sell their home to pay for residential care home costs and **61%** felt that it should be free to attend day centres providing social care support.

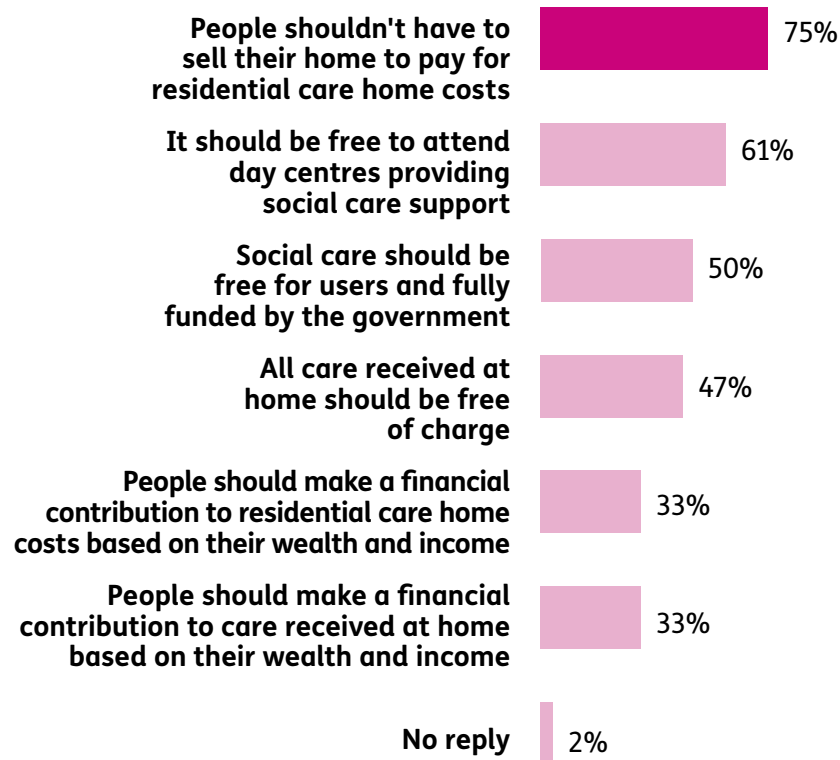
Respondents tended to agree with statements regarding free social care but a third selected *'people should make a financial contribution to residential care home costs based on their wealth and income'* and *'people should make a financial contribution to care received at home based on their wealth and income'*. These respondents were most likely living in households with a gross annual income of £40,000+ i.e. **49%** of respondents with a household income of £40,001-£50,000 and **46%** of those with a household income of £50,000+ felt that people should make a financial contribution to residential care home costs.

**46%** *'strongly agreed'* that they were concerned about the current costs of social care and **28%** *'agreed'* with this statement.



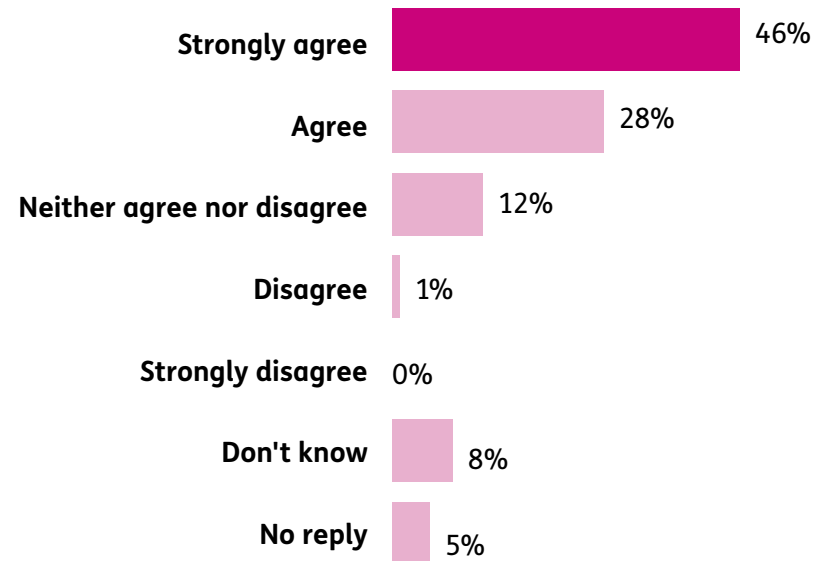
**Chart 8.1 | Please select from the statements below those with which you agree**

Base: all respondents



**Chart 8.2 | Please tell us whether you agree or disagree with 'I am concerned about the current costs of social care'**

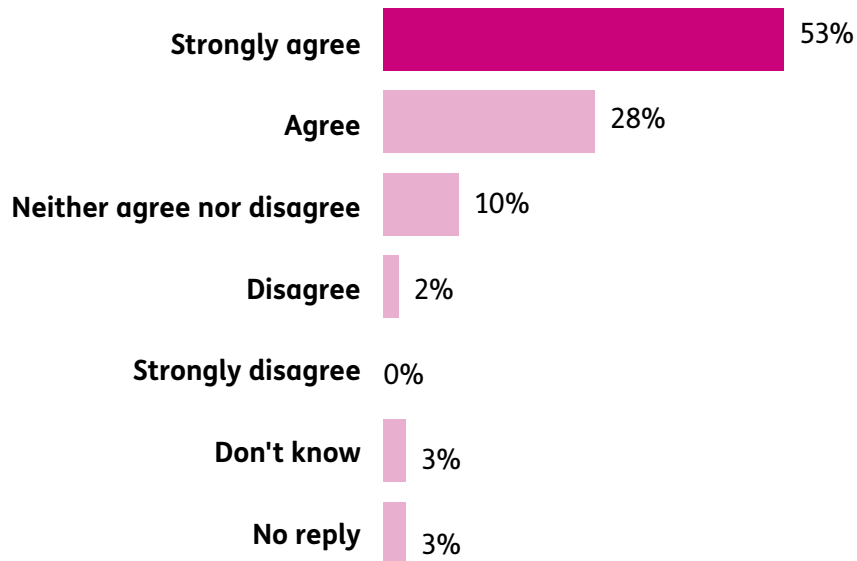
Base: all respondents



Respondents were even more likely to 'strongly agree' with the statement 'I am concerned about paying for social care in the future' – **53%** 'strongly agreed' that this was a concern and **28%** 'agreed'.

### Chart 8.3 | Please tell us whether you agree or disagree with 'I am concerned about paying for social care in the future'

Base: all respondents



## 8.2 NATIONAL CARE SERVICE

The questionnaire provided details about proposals for the National Care Service. This read *'The Scottish Government is proposing a new national body for social care, for which it would have overall responsibility and accountability. Care would be delivered by Care Boards, comparable to how health services and Health Boards work. This would be called the National Care Service. Under the current system, Local Authorities deliver social care services in their area, and are responsible and accountable'*.

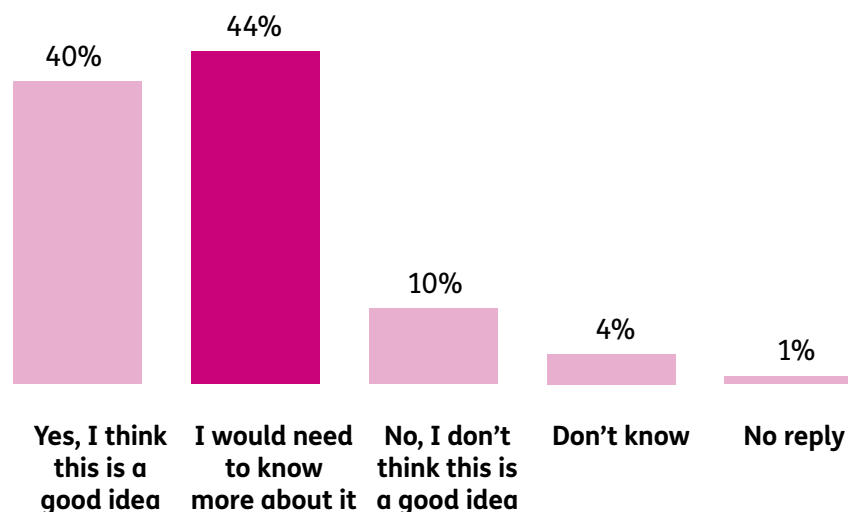
Based on this information, respondents were asked if there should be a National Care Service in Scotland.

**49%** of respondents thought that a National Care Service in Scotland was a good idea and **44%** would like to know more about it. **10%** of the sample, however, did not think this was a good idea. Male respondents were more likely than females to think the National Care Service in Scotland was a good idea (**46%** of males and **38%** of females).

Respondents in their 50s and 60s were more likely to agree that the concept was a good idea i.e. **43%** of respondents in their 50s and **44%** in their 60s thought this was a good idea, in comparison with **38%** of respondents in their 70s and **35%** in their 80s.

### Chart 8.4 | Do you think there should be a National Care Service in Scotland?

Base: all respondents



## 8.3 CARING ROLE

**25%** of respondents had an unpaid caring role for a family member/members (**24%** in 2021) and **4%** cared for a friend/someone else they know. **26%** of females and **20%** of males had an unpaid caring role. **12%** of respondents aged 85-89 had a caring role but this tended to be a role that was undertaken by younger respondents i.e. **39%** of respondents aged 50-54 and **38%** aged 55-59 had a caring role.

**21%** of respondents with a long-standing health problem had a caring role, along with **20%** of those with a disability.

The majority of those with a caring role (**76%**), cared for one person and **18%** cared for two people. **4%** of respondents cared for three people and **2%** for more than three. **50%** lived with a person for whom they cared (**54%** in 2021).

**25%** of respondents in a caring role cared for a person/people living with dementia.

These figures highlight the prevalence of unpaid caring in Scotland, and the enormous value added by unpaid carers.

# 9. Scamming and fraud

This section asked respondents about their experience of scams and frauds. Of note is that some respondents took exception to the use of 'victim' in the questionnaire and this should be noted for future research on this topic. Comparisons with the 2021 survey have not been made here due to the different wording of questions at that time.

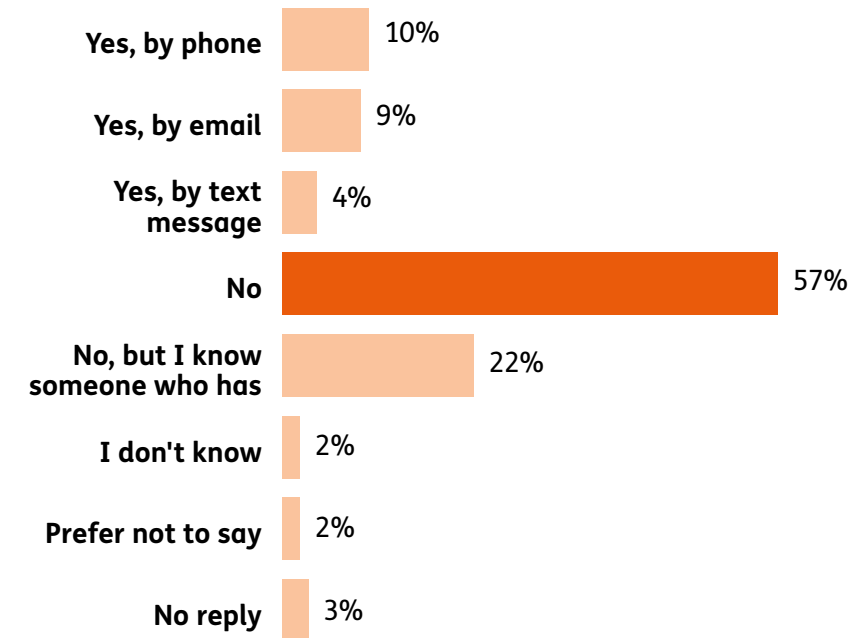
## 9.1 TARGETED BY A SCAM

**57%** of respondents had not been scammed. Of those who had, **10%** had been scammed by phone.

Respondents who had been scammed tended to be older i.e. **17%** of respondents aged 80-84 and **19%** aged 85-89 had been scammed by phone in comparison with **4%** of respondents aged 50-54. Younger respondents, however, were more likely than their older counterparts to know someone who had been scammed i.e. **27%** of respondents aged 50-54 and **34%** aged 55-59 in comparison with **11%** of respondents aged 85-89.

**Chart 9.1 | Have you ever fallen victim to a scam?**

Base: all respondents



## 9.2 LOSING MONEY

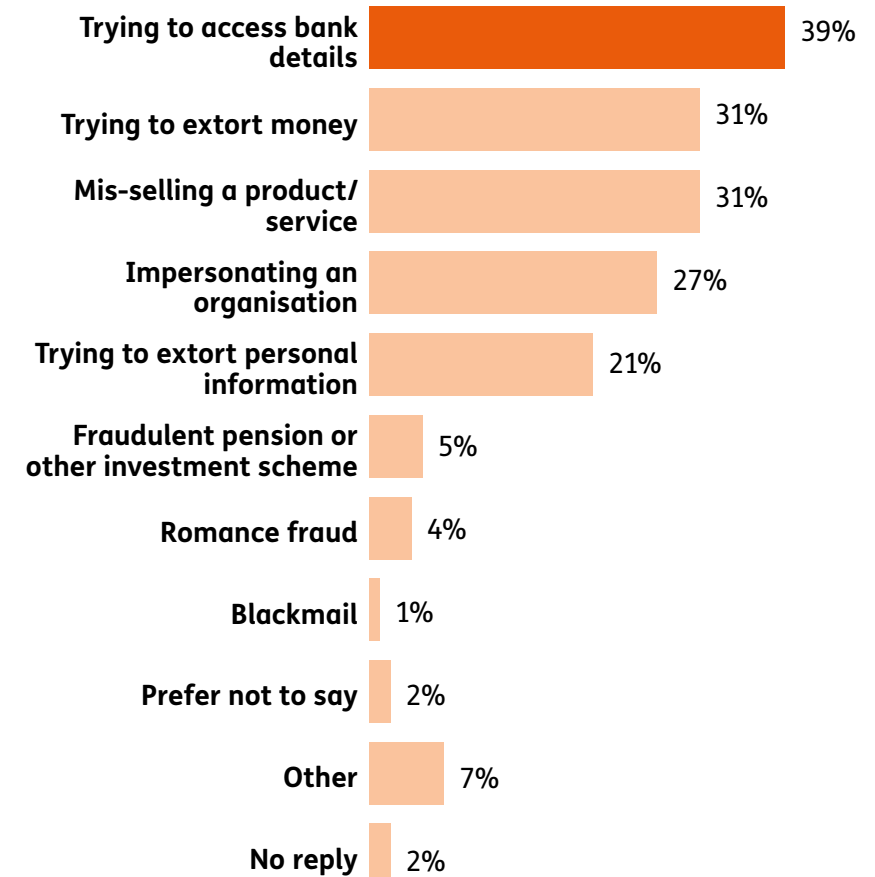
**36%** of the 735 respondents who had been scammed lost money – **44%** of respondents aged 60-64 who had been scammed had lost money.

## 9.3 TYPE OF SCAM

Respondents who had been scammed were asked what the nature of the scam was. Trying to access bank details, trying to extort money and mis-selling a product/service were the most likely scams (**39%**, **31%** and **31%**).

### Chart 9.2 | What was the nature of the scam?

Base: all respondents who had been targeted by a scam (735)

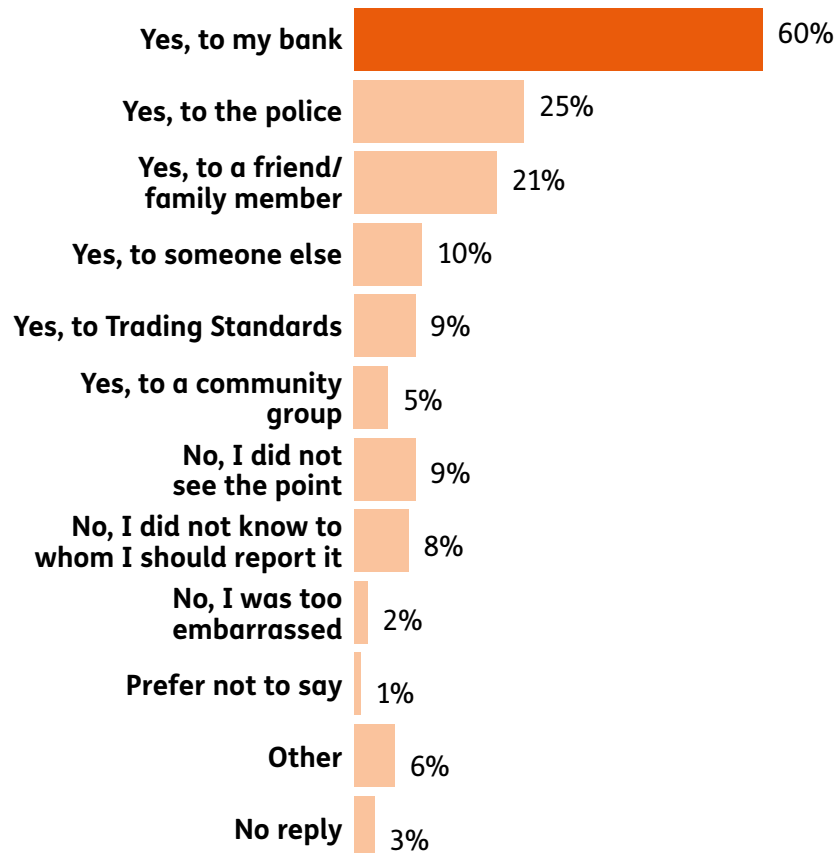


## 9.4 REPORTING A SCAM

60% of respondents who had been targeted reported the scam to a bank, 25% to the police and 21% to a family member.

**Chart 9.3 | If you were the victim of a scam was this reported and, if so, to whom?**

Base: respondents who had been targeted by a scam (735)

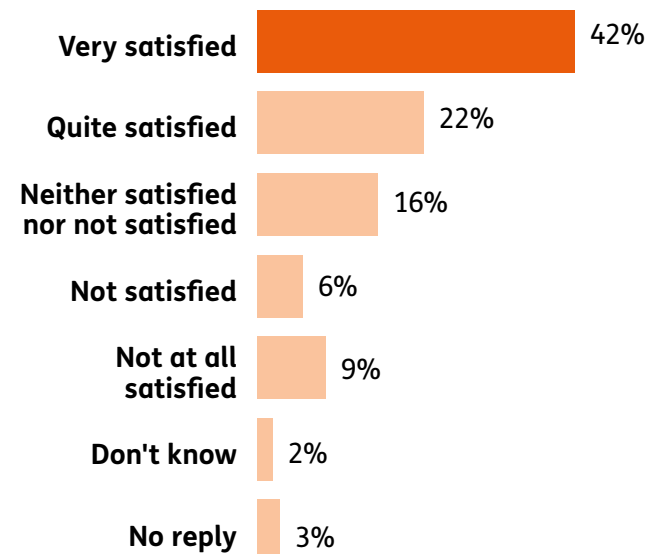


## 9.5 SATISFACTION WITH SCAM REPORT OUTCOME

The 576 respondents who had reported a scam were asked how satisfied they were with the outcomes/process. 42% were 'very satisfied' and 22% 'quite satisfied' suggesting that they found the process straightforward and were pleased with the outcome.

**Chart 9.4 | If the scam was reported, how satisfied were you with the outcomes/process?**

Base: respondents who reported a scam (576)



An open-ended question asked respondents if there was anything further they would like to share about their experience relating to scams and fraud.

148 respondents provided further feedback about their experience which was, in general, a description of the scam. Of note, however, is how the experience made respondents feel with 24 using words such as 'embarrassed' and feeling 'stupid' for having not questioned what was being asked of them i.e. bank details.

Absolutely the most awful time of my life and no-one to help me. Apparently companies can just take £ 900 odds of your money for nothing and it is ok for them to do that. And if you want assistance you don't get it. I wasted 6 months of my life trying to get my money back to no avail.



General embarrassment and shame.

I was laughed at for being so stupid.

It frightened me a great deal, so much so I could not think clearly for days. It upset me so much I kept bursting into tears. They told me the scammer was in my local bank. It scared me badly, so I did not immediately phone the bank, and I kept doing what they told me to do, I was very badly frightened. I felt I could not trust banks again.





It frightens me. I don't feel safe using any technology because I don't understand in simple terms how it works, how I can it and stay safe.

27 respondents were pleased with the way in which the bank/financial company/organisation dealt with the scam and their money was reimbursed but ten respondents lost money.

-  Lost a lot of money got nothing back had to sell my home and downsize as state pension had been delayed for 6 years and was refused benefits.
-  Was deceived by man at door offering to sort my leaking roof. Paid him £450. Reported him to Trading Standards who offered to come round if I got him back to do another “job”, but he did not come. I also paid for plumbing work and nothing was done – never got money back when I told him.

15 respondents had learned lessons from the experience with one saying *‘if it feels wrong trust your gut instinct’*.

There was frustration, however, that little seemed to be done about stopping scams.

-  I paid for a product advertised on Facebook which was a fake ad but the same people are still putting fake ads on Facebook and everybody who responds gets nothing.
-  Not enough being done to stop scamming and to prosecute criminals.
-  I feel there’s not enough done proactively by media platforms to prevent scamming.
-  What’s the point? The Government can’t control it, if we report it there is nothing they can do BUT, be aware, if the Government become so automated people will think these are scams and will ignore the message.



# 10. Finances

This research took place during a cost of living crisis with specific concerns over energy prices. The survey featured questions about whether respondents felt financially squeezed, whether they had made any changes to their lives/lifestyle due to financial pressures and whether they had received any financial support with the cost of living.

## 10.1 FINANCIALLY SQUEEZED

Respondents were asked if they felt financially squeezed by their bills and **41%** said they did; a significant increase on the **26%** reported in 2021.

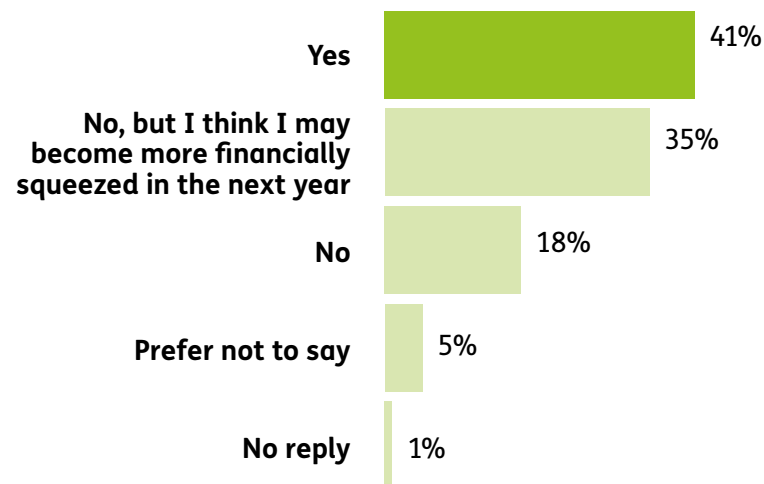
Respondents in their 50s and early 60s were most likely to feel currently financially squeezed – **51%** of respondents aged 50-54, **51%** aged 55-60 and **54%** aged 60-64. **16%** of respondents aged 85-89 felt financially squeezed.

**68%** of respondents with an annual gross household income of £10,000 felt financially squeezed along with **53%** of respondents whose annual household income was £10,001-£20,000.

A further **35%** in 2023 feel that they may become more financially squeezed in the next year.

### Chart 10.1 | Do you feel financially squeezed by your bills?

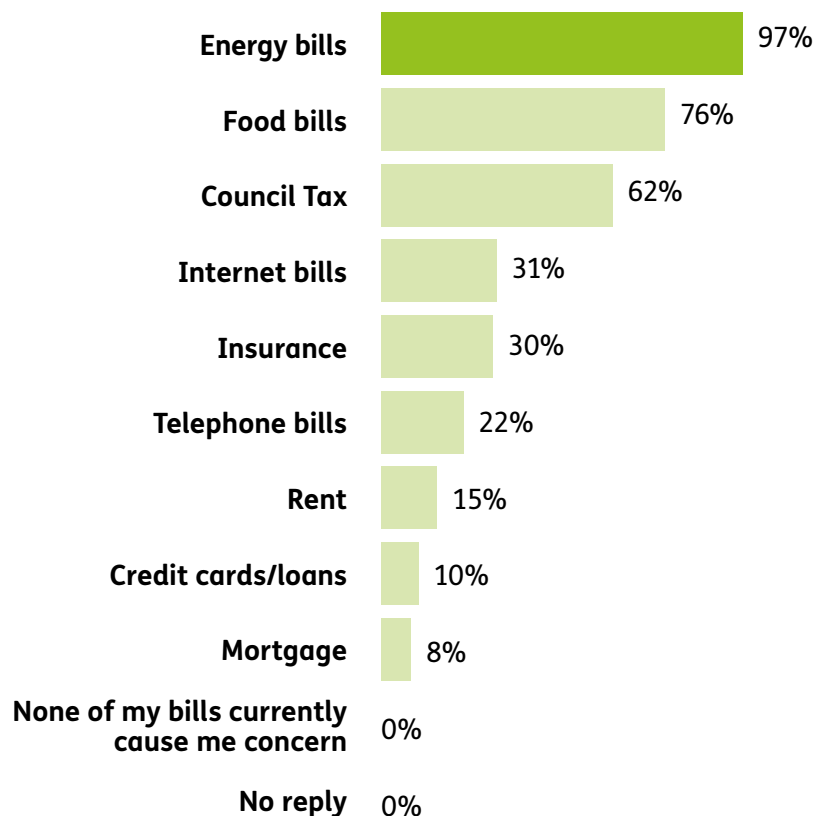
Base: all respondents



Energy bills and food bills were the ones which caused respondents the most concern (97% and 76% of respondents). In 2021, energy bills and Council Tax were the bills of most concern (82% and 46% of respondents). (Note: food did not feature as a pre-code in Big Survey 2021.)

**Chart 10.2 | If you feel financially squeezed or think you may become more financially squeezed, which of the following currently cause you the most concern?**

Base: respondents who feel financially squeezed (1721)



## 10.2 CUTTING BACK ON SPENDING

All respondents were asked if they were cutting back on spending and 70% were cutting back on energy /heating.

Respondents in their 60s were most likely to be cutting back on energy (73%) whilst those in their 80s were least likely to be doing so (61%).

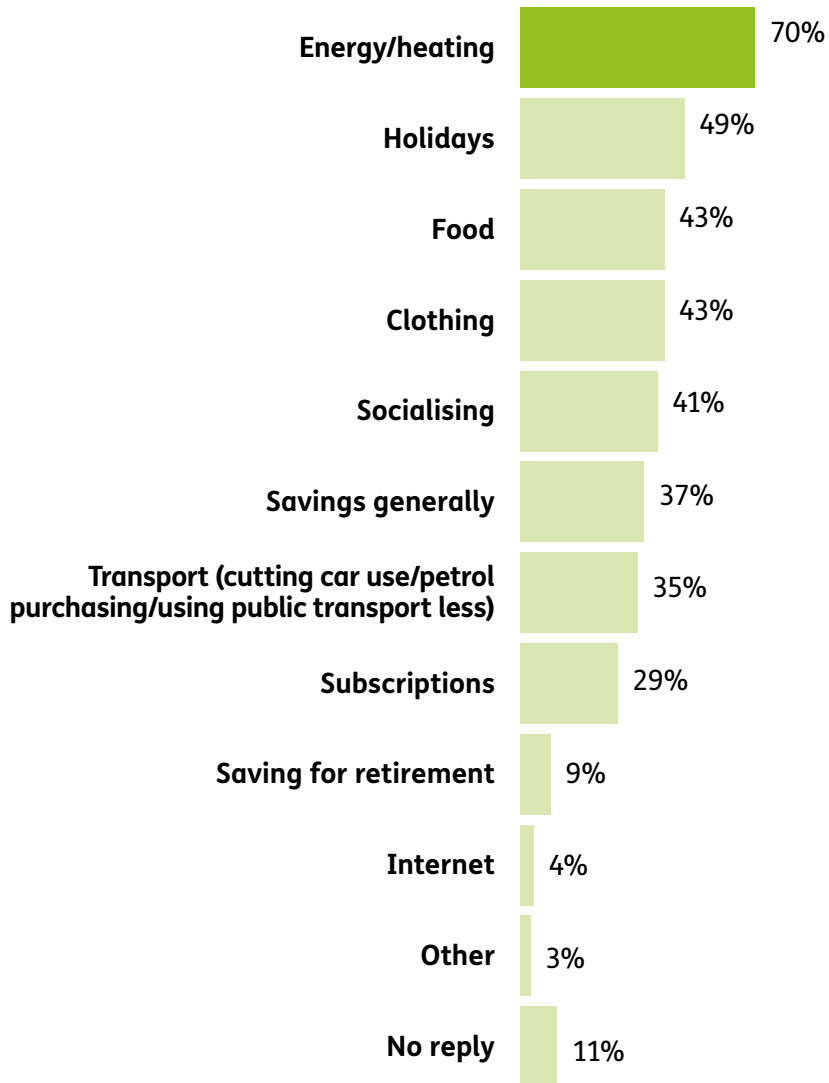
Respondents cutting back on food included 53% of respondents in their 50s, 49% in their 60s, 41% in their 70s and 31% of respondents in their 80s.

57% of respondents in their 50s and 54% in their 60s were cutting back on holidays in comparison with 46% in their 70s and 38% in their 80s.

26% of respondents in their 50s were cutting back on saving for retirement with 12% in their 60s also doing so.

**Chart 10.3 | Are you cutting back on your spending on any of the following things?**

Base: all respondents



**10.3 CHANGES MADE DUE TO FINANCIAL PRESSURES**

Due to financial pressures **60%** of respondents were heating their homes less and **38%** were socialising less.

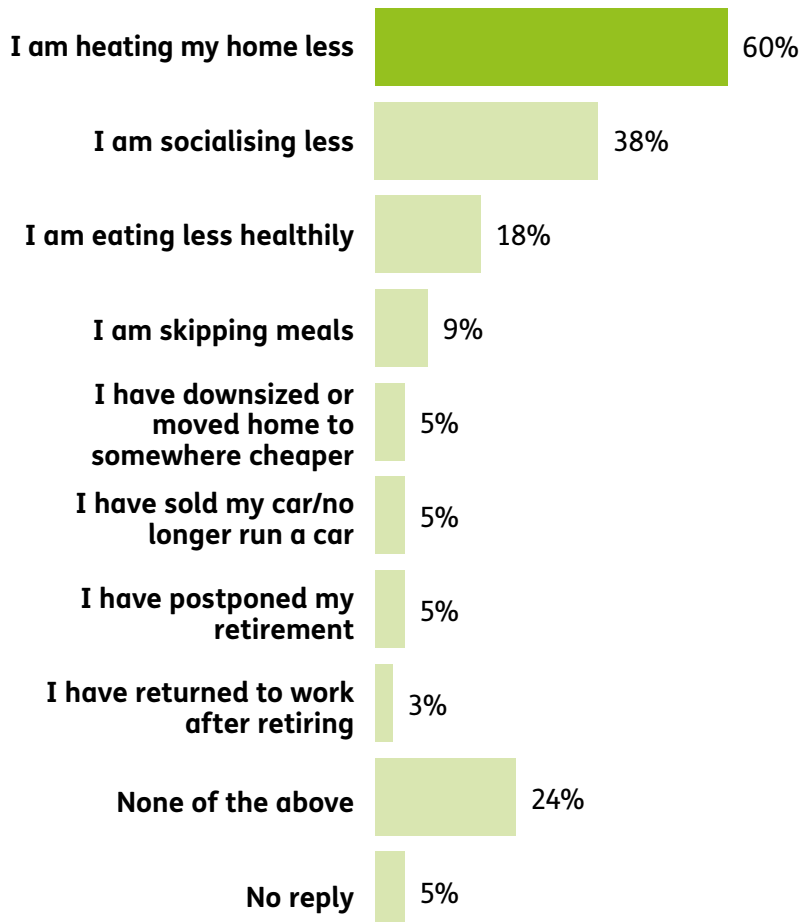
Of concern is that **9%** of respondents were skipping meals – this included **10%** of respondents in their 50s, **12%** in their 60s, **9%** in their 70s and **4%** in their 80s.

**20%** of respondents in their 50s and **20%** in their 60s were eating less healthily as were **17%** in their 70s and **11%** in their 80s.

Respondents with less than £10,000 annual gross household income were least likely to respond ‘*none of the above*’ to this question (**9%**). **75%** of respondents who fell into this income bracket were heating their homes less, **52%** were socialising less, **35%** were eating less healthy and **24%** were skipping meals.

### Chart 10.4 | Have you made any of the following changes due to financial pressures?

Base: all respondents



## 10.4 IMPACT OF RISING COSTS

**50%** of respondents said that their standard of living has dropped due to rising household costs over the past year. **59%** of respondents aged 60-64 had seen their standard of living drop.

**53%** had had to dip into savings unexpectedly to meet rising costs. Across the age groups this ranged from **35%** of respondents aged 85-89 to **65%** of those aged 60-64.

**10%** of respondents were using credit or taking on debt to cope financially. **15%** of respondents with less than £10,000 annual gross household income were using credit or taking on debt to cope with their finances.

Respondents were asked if they were behind on payments for bills including energy, rent, mortgage, Council Tax etc. Over three quarters of respondents (**78%**) provided no response to this question and **15%** respondents 'prefer not to say'.

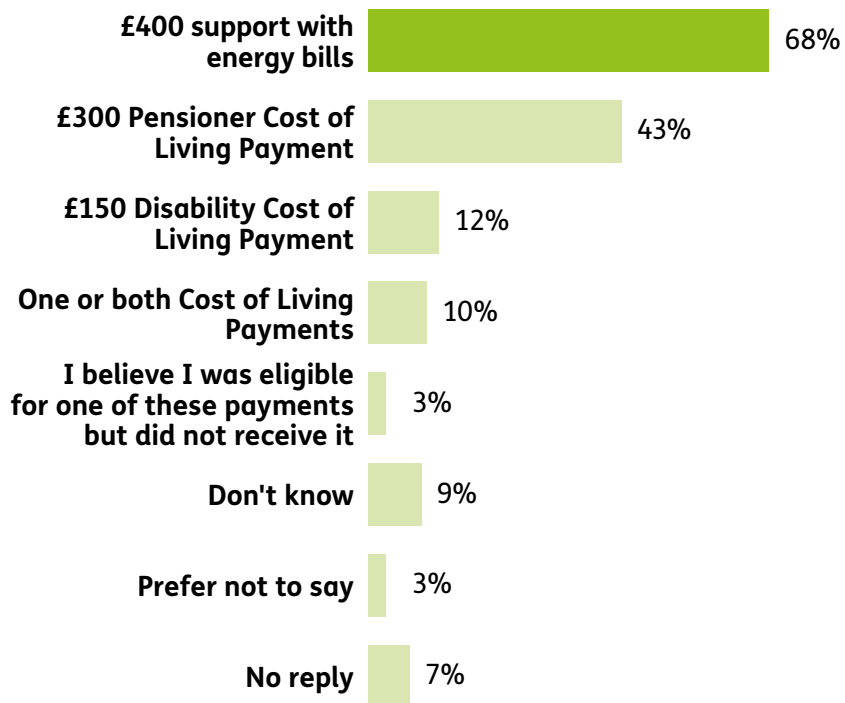
**11%** of respondents had accessed mental health support, **6%** had sought welfare advice, **5%** of respondents had accessed warm space and **5%** debt advice, whilst **4%** had accessed foodbanks.

## 10.5 SUPPORT WITH COST OF LIVING

Two thirds of respondents (68%) were in receipt of £400 support with energy bills. Those with the lowest annual gross household income (less than £10,000) were most likely to be in receipt of one or both Cost of Living payments.

**Chart 10.5 | Do you receive any of the following support with the cost of living?**

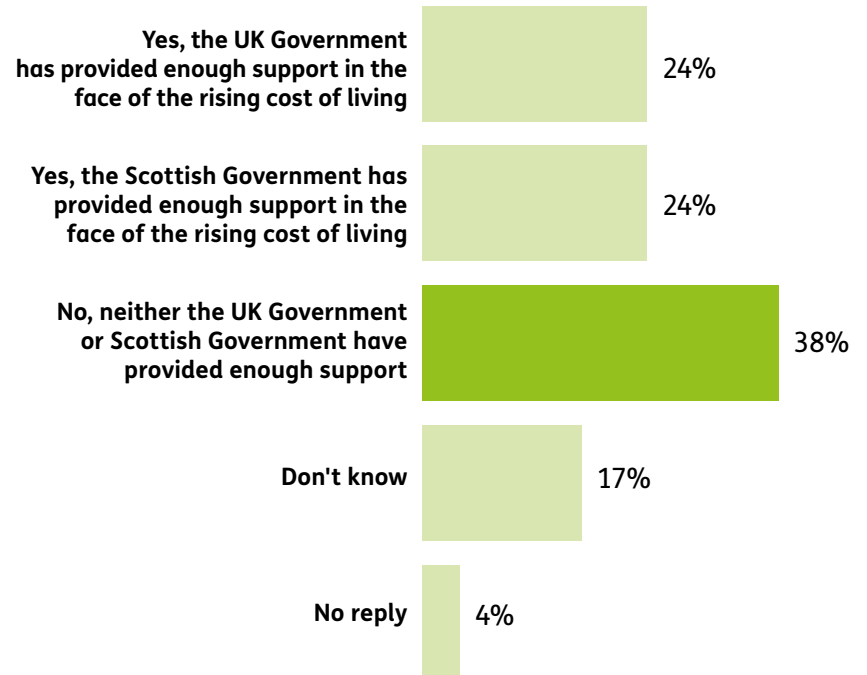
Base: all respondents



Respondents were equally like to feel that the support they have received from the UK and/or Scottish Government has been enough to support them in the face of the rising cost of living. Over a third of respondents (38%), however did not feel either Government had helped them in this regard.

**Chart 10.6 | Do you feel the support you have received from the UK and/or Scottish Government has been enough to support you in the face of the rising cost of living?**





Base: all respondents



833 respondents provided feedback, via an open-ended question, on their financial situation and/or the cost of living. Analysis of these comments identified the following themes:

- **26%** of respondents expressed concern over **rising fuel bills** and a feeling that Government should have done more to cap these/deal with the energy companies
- **16%** of respondents were seeing their **savings dwindling** as they used them to pay rising bills
- **12%** of respondents mentioned the **state pension** with comments including it being the lowest in Europe
- **12%** mentioned **benefits** with comments including that some respondents were not aware if they were eligible for certain benefits, that benefits should be increased and that, for some, the fact that they had a pension and/or savings meant they were not eligible for benefits
- **9%** of respondents felt that there was a **lack of financial support** for older people
- **7%** mentioned rising **food prices**
- **5%** had concerns about their **standard of living** and
- **3%** had concerns for **the future**.

Comments included:

-  Struggling daily to keep up with cost of living increases, soaring energy prices, Council Tax rises etc. I never ever imagined it would get this bad.
-  Cost of gas/electricity bills are ridiculous out of control.
-  Although State Pension is to rise by 10% this is offset by SG tax rate at 21%. Also, in the UK we receive the lowest pension in many of the G7 countries. France, Germany, Holland, Denmark, Norway, etc.
-  Pensioners who have a small private pension taking them just above the limit for pension credit miss out on lots of other benefits.
-  Have worked in the NHS as a nurse for 37 years. Feel extremely angry that I am now facing a retirement at 67 when I will have worked 43 years as a nurse. We are being worked to death and abandoned to a retirement of poverty.
-  People of my age were encouraged to “save for their old age”. This now works against me as I do not receive any additional financial support.



Whenever the governments talk about cost of living and helping those on low incomes, they are focusing on the young. Pensioners are rarely mentioned. Many, many pensioners are living below the poverty threshold but I do not think the Governments care. Raising the state pension this year has helped slightly, but they need to go a lot further to help pensioners. We have worked all our life yet reap no benefits in older age.



# 11. Social Security

This section featured questions about claiming social security/benefits and the application process.

## 11.1 CLAIMING SOCIAL SECURITY

Respondents were asked if they were eligible for more money through social security would they claim it.

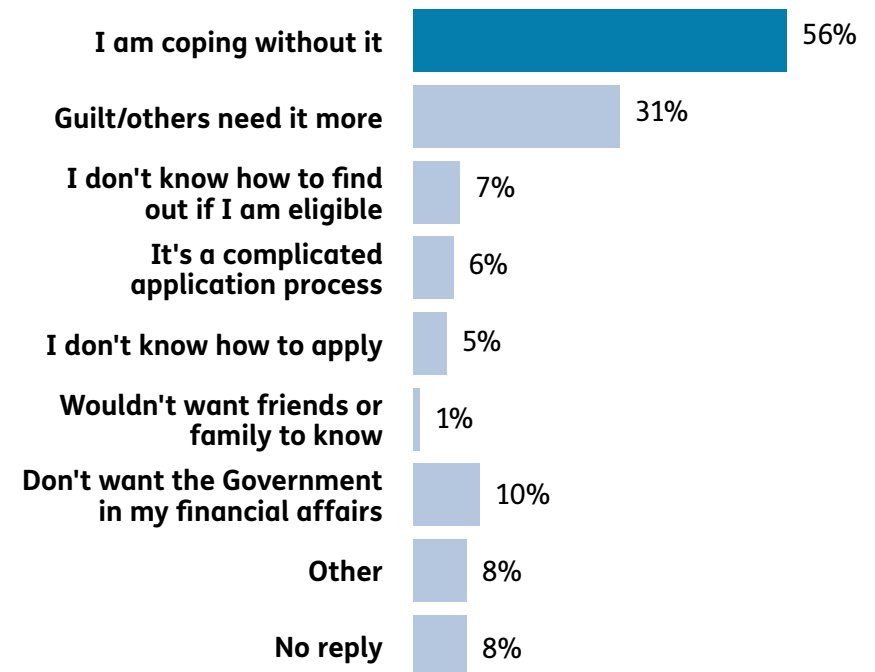
Over three quarters of respondents (**77%**) stated that they would claim any additional money for which they were eligible through social security.

**56%** of those who would not claim additional money wouldn't do so because they felt they were coping without, but **31%** would not claim additional funds because of guilt and a sense that others need it more.

Age Scotland believe this is a significant factor for many of the tens of thousands of households believed to be eligible for Pension Credit and other available forms of Social Security they do not claim.

### Chart 11.1 | If you would not claim additional money, why is this?

Base: respondents who would not claim additional money (268)





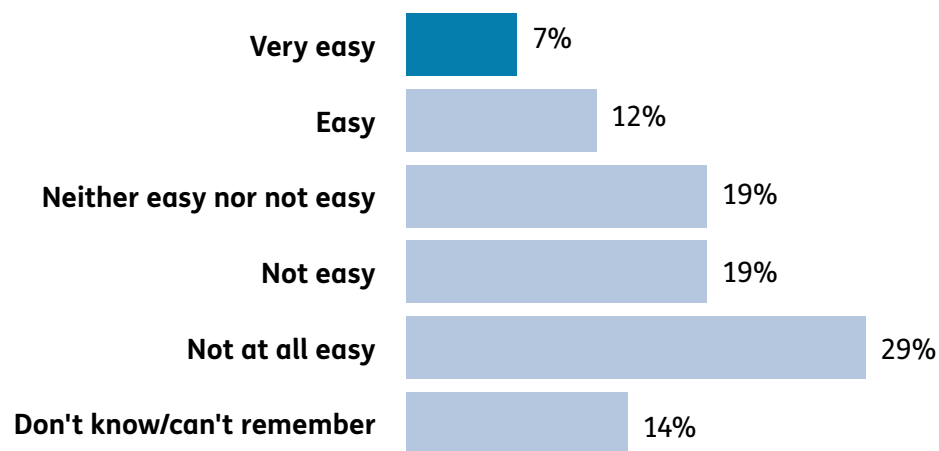
## 11.2 APPLICATION PROCESS

939 respondents were in receipt of social security/benefits and were asked how they found the application process.

Of note is that **29%** of respondents rated the application process as '*not at all easy*' which is a notable increase on the **15%** reported in 2021.

### Chart 11.2 | If you are in receipt of social security/benefits, how did you find the application process?

Base: respondents in receipt of social security/benefits (939)



# 12. Planning ahead

Questions under the 'planning ahead' section asked respondents whether they had written a Will and/or Power of Attorney, whether they had made financial provision for their future and savings with regards to retirement.

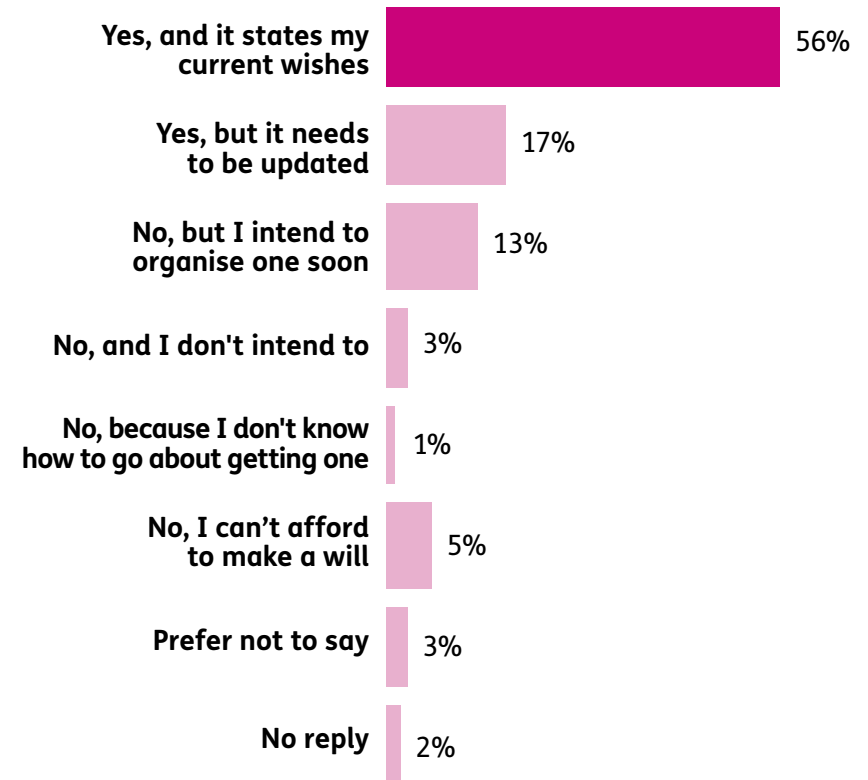
## 12.1 WILL

**56%** of respondents had a will which stated their current wishes (down from 60% in 2021). This increased with age with **35%** of respondents in their 50s, **51%** in their 60s, **64%** in their 70s and **72%** in their 80s having a will which includes their current wishes.

**43%** of respondents with a total gross annual household income of less than £10,000 had a will which stated their current wishes but **13%** of respondents in this income bracket said they could not afford to make a will.

### Chart 12.1 | Do you have a will?

Base: all respondents



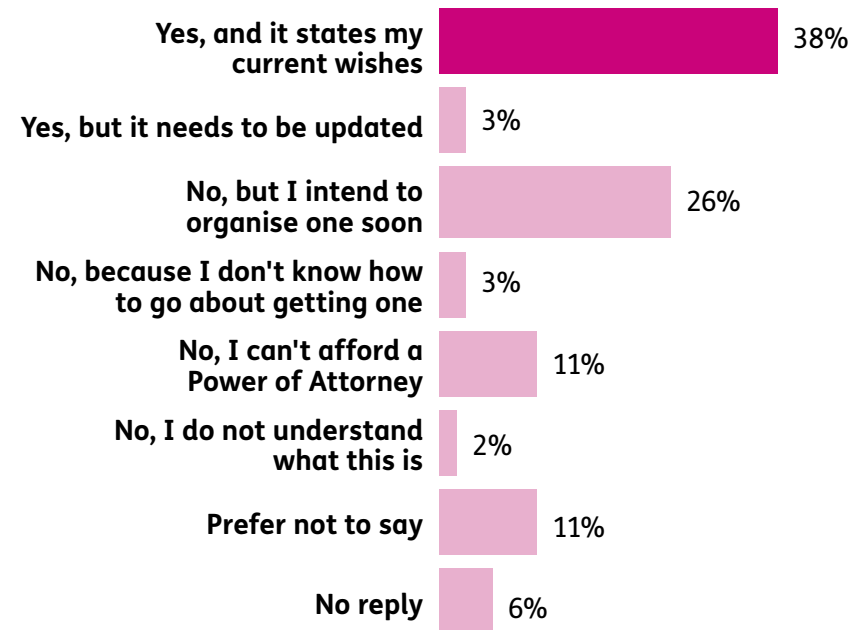
## 12.2 POWER OF ATTORNEY

Respondents were less likely to have a Power of Attorney than a will. **38%** of respondents had a Power of Attorney which states their current wishes (**43%** in 2021). Older respondents were significantly more likely to have an up-to-date Power of Attorney in comparison with those in their 50s and 60s. **16%** of respondents in their 50s, **29%** in their 60s, **47%** in their 70s and **63%** in their 80s had a Power of Attorney which states their current needs. Of note is that **14%** of respondents in their 50s and **15%** in their 60s stated they could not afford a Power of Attorney and **3%** respectively in these age groups did not understand what a Power of Attorney was.

**26%** of respondents with a total gross annual household income of less than £10,000 had a Power of Attorney which stated their current needs but **25%** in this income bracket said they could not afford a Power of Attorney.

### Chart 12.2 | Do you have a Power of attorney?

Base: all respondents



## 12.3 FUNERAL ARRANGEMENTS

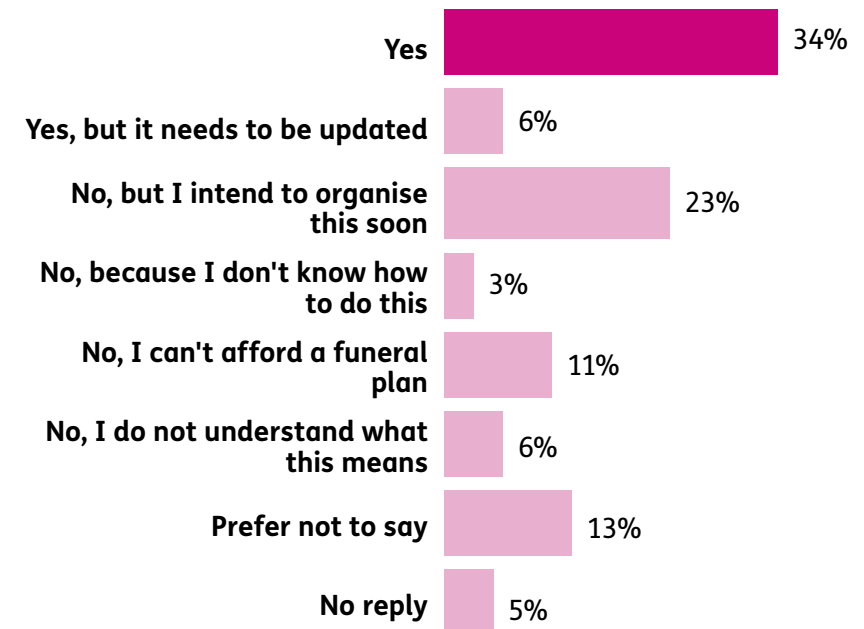
Over a third of respondents (**34%**, **36%** in 2021) had made arrangements, including financial provision, for their funeral which stated their current wishes.

Funeral planning increased with age: **13%** of respondents in their 50s, **27%** in their 60s, **43%** in their 70s and **50%** in their 80s had made arrangements, including financial provision, for their funeral. **18%** of respondents in their 50s and **16%** in their 60s said they couldn't afford a funeral plan. This decreased to **8%** of respondents in their 70s and **4%** in their 80s.

**34%** of respondents with a total gross annual household income of less than £10,000 had made provision for their funeral but **24%** in this income bracket said they could not afford a funeral plan. **14%** of respondents with a total gross annual household income of between £10,000 and £20,000 also said they could not afford a funeral plan.

### Chart 12.3 | Have you made arrangements, including financial provision, for your funeral?

Base: all respondents



## 12.4 END OF LIFE CARE

**43%** of respondents had spoken to friends/family or made arrangements regarding their wishes about end of life care but **50%** had not. These conversations were more likely to have taken place with older respondents i.e. **37%** of respondents in their 50s had spoken to friends/family or made arrangements regarding their wishes about end of life care, **42%** of respondents in their 60s had done so, **45%** in their 70s and **46%** in their 80s. Still less than half had had these conversations.

## 12.5 FUTURE CARE PREFERENCES

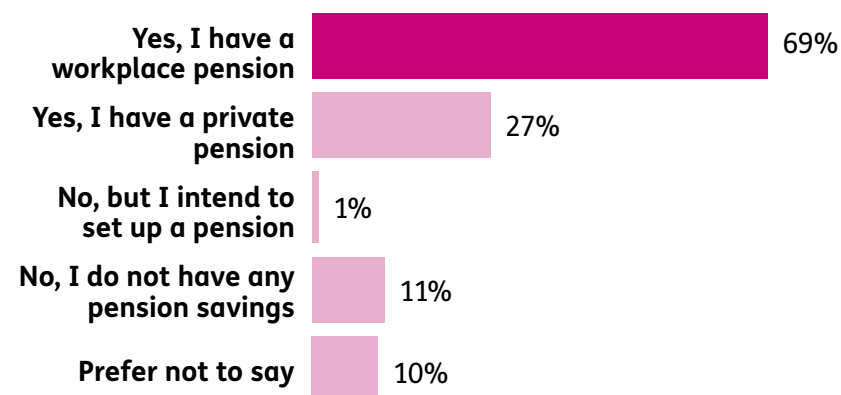
Just **8%** of respondents had spoken to medical professionals or made arrangements regarding their future care preferences (for instance, Anticipatory Care Planning or a Do Not Attempt Resuscitation Order). This also increased with age with **4%** of respondents in their 50s and **6%** in their 60s having had these conversations in comparison with **9%** in their 70s and **14%** in their 80s.

## 12.6 SAVING FOR RETIREMENT

The majority of respondents in employment (full-time, part-time and self-employed) had a workplace pension (**69%**) but **11%** stated that they did not have any pension savings. **8%** of respondents in their 50s in employment and **16%** in their 60s did not have any pension savings.

### Chart 12.4 | If you have not yet retired, have you begun saving for your retirement?

Base: respondents currently full-time employed, part-time employed and self-employed (697)

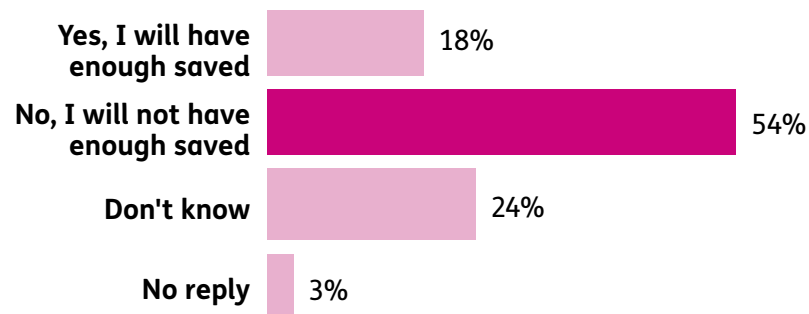


## 12.7 RETIREMENT FUNDS

Over half the respondents (**54%**) who were not yet retired did not feel that they would have sufficient savings to live on when they stopped working. **56%** of respondents in their 50s and **54%** in their 60s did not feel they will have saved enough to live on when they retire.

### Chart 12.5 | If you have not yet retired, do you feel you will have enough saved to live on when you do?

Base: respondents currently full-time employed, part-time employed and self-employed (697)



## 12.8 SUITABILITY OF CURRENT HOME

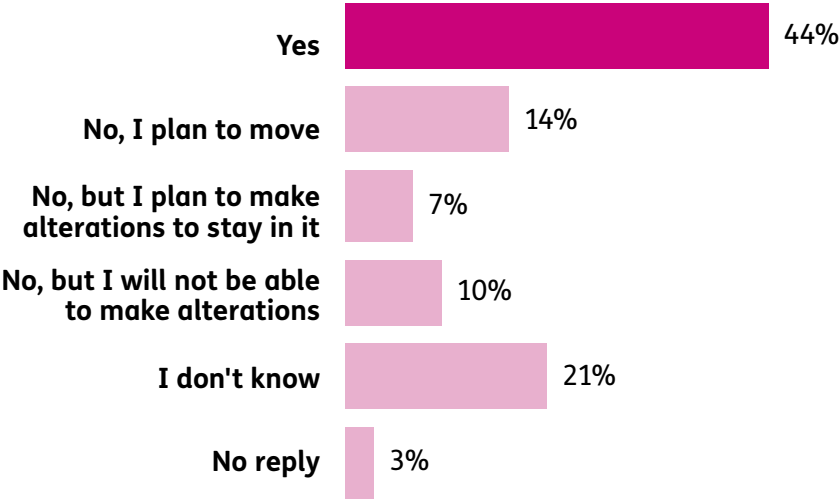
**44%** of respondents considered that their current home would be suitable for their needs in 10 years' time.

Respondents in their 70s and 80s were more likely than those in their 50s and 60s to feel that their home would be suitable for their needs in ten years' time: **41%** of respondents in their 50s felt their home would be suitable, **42%** in their 60s, **46%** in their 70s and **49%** in their 80s. Respondents in their 50s were more likely than those in other age categories to say they planned to move (**24%** in this age group).

Of note is that a fifth of respondents (**21%**) were not sure if their home would be suitable; these tended to be older respondents. **18%** of respondents in their 50s were unsure if their home would be suitable in 10 years' time along with **21%** of respondents in their 60s, **23%** in their 70s and **21%** in their 80s.

### Chart 12.6 | Will your current home be suitable for your needs in 10 years' time?

Base = all respondents



# 13. Older people in society

The older people in society section captured feedback about whether respondents felt older people were valued, how older people are presented in the media and levels of interest in an Older People's Commissioner in Scotland.

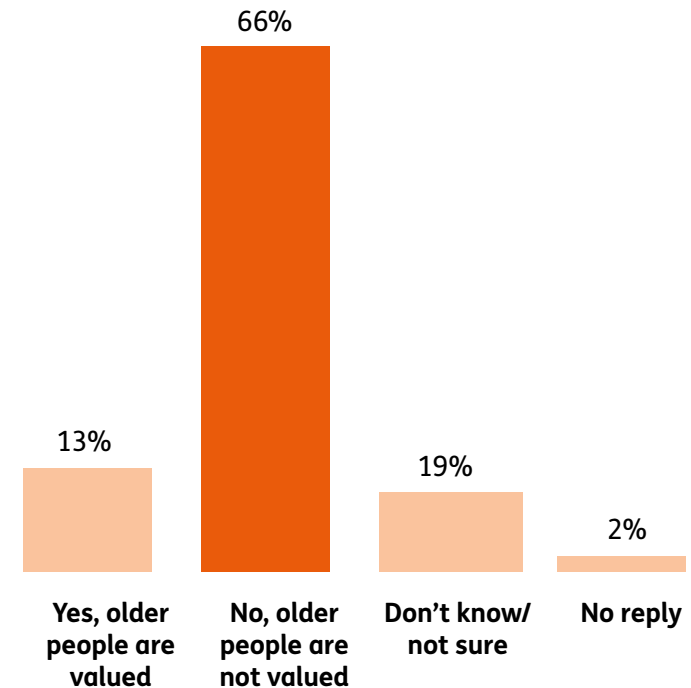
## 13.1 OLDER PEOPLE'S CONTRIBUTION TO SOCIETY

Just **13%** of respondents felt that older people were valued for their contribution to society, which is significantly less than the **21%** reported in 2021. **12%** of respondents in their 50s, **10%** in their 60s, **13%** in their 70s and **18%** in their 80s agreed that older people are valued for their contribution to society.

Two thirds of respondents (**66%**) did not feel that older people were valued for their contribution to society and this is higher than the **51%** reported in 2021. Respondents in their 50s and 60s were most likely to select 'no, older people are not valued' (**72%** and **73%** in these age ranges) in comparison with respondents in their 70s and 80s (**63%** and **50%**).

**Chart 13.1 | Do you think that older people are valued for their contribution to society?**

Base = all respondents





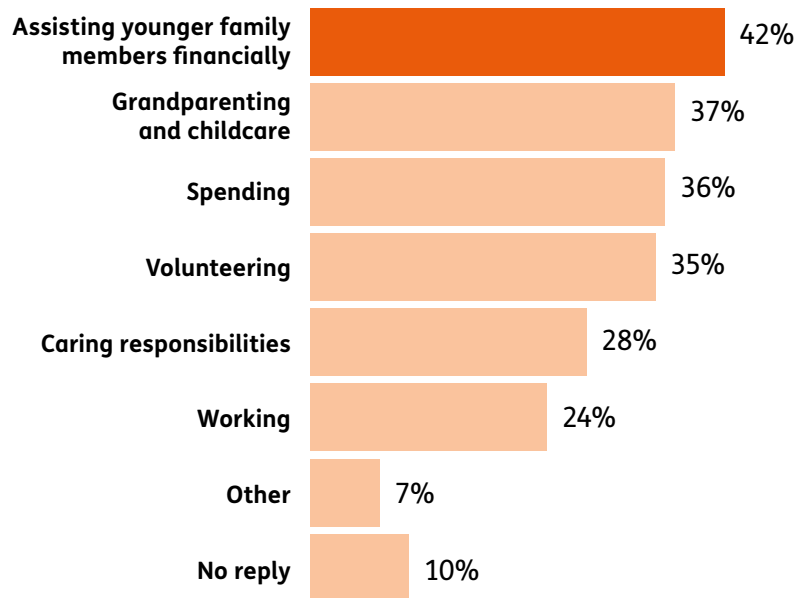
## 13.2 CONTRIBUTION TO SOCIETY

**42%** of respondents were assisting younger family members financially. **25%** of respondents with a gross annual household income of less than £10,000 were financially assisting family members but this increased to **60%** of those with an annual income of more than £50,000.

**43%** of respondents aged 65-69 and **48%** aged 70-74 were helping with grand parenting and childcare.

**Chart 13.2 | In what ways do you feel you contribute to society?**

Base = all respondents



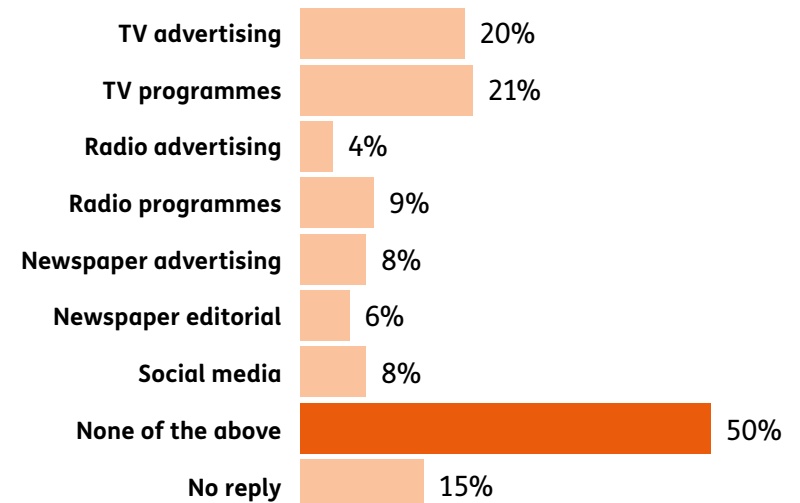
## 13.3 OLDER PEOPLE AND THE MEDIA

Respondents were given a list of different types of media platforms and asked on which they felt that older people were represented appropriately.

**20%** and **21%** of respondents felt that older people were represented appropriately in TV advertising and TV programmes (**26%** and **29%** in 2021) but **50%** of respondents selected 'none of the above' (**38%** in 2021). Newspaper editorials dropped from **10%** to **6%** year on year.

**Chart 13.3 | On which media platforms do you feel that older people are represented appropriately?**

Base: all respondents



When asked examples of where older people had not been shown in an appropriate way, respondents provided feedback highlighting concerns about how they were portrayed on television programmes and advertisements as infirm and a burden to society.

- Too much emphasis placed on health/death issues during daytime TV.
- TV = stair lifts = everyone looks well-groomed. Young people need stair lifts too, for disabilities and it's always implied it's only for old folk.
- TV programmes, made to look stupid, unintelligent.
- Ads confusing aloneness and loneliness spread condescension.
- Marginalised on TV/advertising or often featured as less able or dependent. Positive older age role models rare (except in comedy).

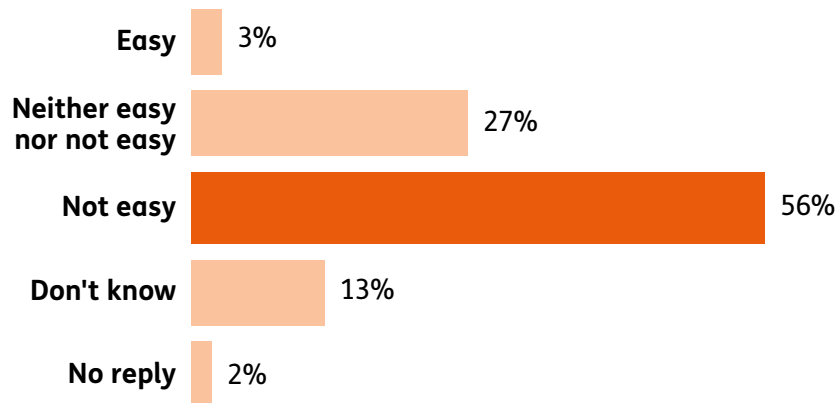
- They always seem to be shown as one of 2 extremes i.e. wealthy, healthy, attractive and active, or vulnerable, dodderly, forgetful, mad, ugly, useless, burdensome.
- An older person is usually depicted as sitting drooling in a chair. Actually, you can become President of the USA in your 70s.
- I do not feel that I as a person of colour from the Sikh community having been born and bred in Scotland at the age of nearly 70 find that there is practically no representation of us as people and as the 'ageing population' have any real services that meet our needs we are still an invisible minority within a minority. Yet we are taxpaying citizens of this country.

## 13.4 LISTENING TO OLDER PEOPLE

Just **3%** of respondents felt that it was 'easy' for older people to have their voices heard by decision makers but over half (**56%**) felt that it was 'not easy'.

**Chart 13.4 | How easy do you feel it is for older people to have their voices heard by decision makers?**

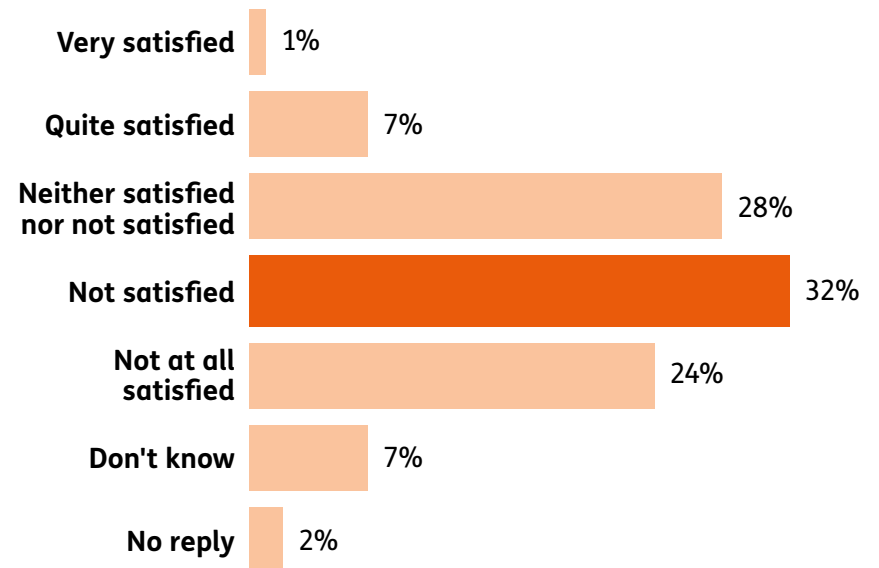
Base: all respondents



Respondents were 'not satisfied' that the issues affecting older people are treated with due consideration by politicians and other decision makers. **32%** were 'not satisfied' and **24%** were 'not at all satisfied'.

**Chart 13.5 | How satisfied are you that the issues affecting older people are treated with due consideration by politicians and other decision makers?**

Base: all respondents



## 13.5 OLDER PEOPLE'S COMMISSIONER

The questionnaire featured information about An Older People's Commissioner and read as follows:

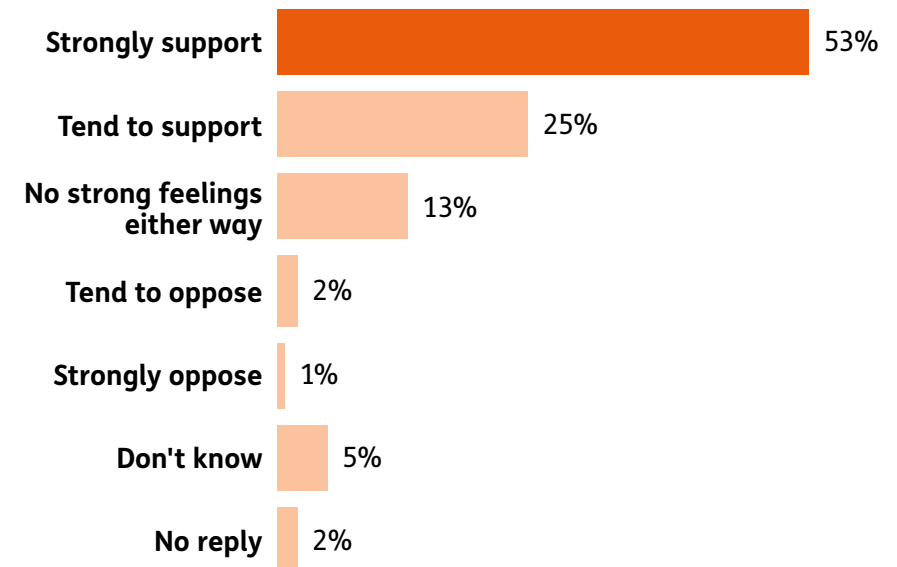
*An Older People's Commissioner would stand up for the rights of current and future older people in Scotland. They would be independent and hold government to account. They would have legal powers to challenge age discrimination and push for positive change. This does not exist in Scotland, but Wales and Northern Ireland each have an Older People's Commissioner.*

Based on the information provided, over half the sample (**53%**) 'strongly supported' the idea of an Older People's Commissioner in Scotland and **25%** 'tended to support it'.

These findings are perhaps unsurprising given that **56%** did not feel that it was easy for older people to have their voices heard by decision makers (Chart 13.4) and two thirds were 'not satisfied' or 'not at all satisfied' that the issues affecting older people are treated with due consideration by politicians and other decision makers.

### Chart 13.6 | To what extent do you support or oppose the introduction of an Older People's Commissioner in Scotland?

Base: all respondents



## 13.6 OLDER PEOPLE AND SOCIETY STATEMENTS

The Big Survey 2021 featured a series of statements about older people and society and respondents were asked with which they agreed. This was repeated in 2023.

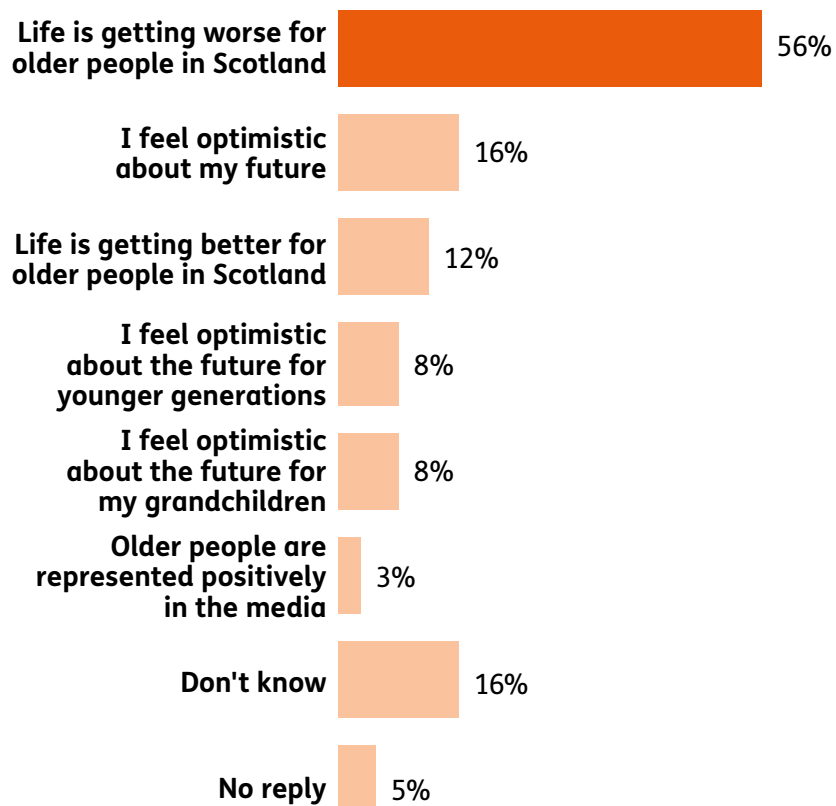
Over half the respondents (**56%**) agreed with '*life is getting worse for older people in Scotland*' which is a significant increase on the **34%** reported in 2021. In 2023, the age range most likely to select this statement were respondents in their 50s (**61%**) and 60s (**64%**) in comparison with respondents in their 70s (**41%**) and 80s (**37%**).

**16%** of respondents felt optimistic about their future but this is a decrease on the **21%** reported in 2021.

Optimism for the future of younger generations and grandchildren was also lower in 2023 when compared with 2021 – this year **8%** were optimistic about the future for younger generations and **8%** were optimistic about the future of their grandchildren. These figures were **12%** and **12%** in 2021.

### Chart 13.7 | With which of the following statements do you agree?

Base: all respondents



## 13.7 BIGGEST CONCERN ABOUT GETTING OLDER

An open-ended question asked respondents what was their biggest concern about getting older. 3445 respondents provided a response and analysis of those comments identified the following themes:

- Concerns about **health/deteriorating health** including **dementia** (mentioned by **40%** of respondents)
- Concerns about **care/social care** currently and in the future (**21%**)
- Concerns about **finances** (**21%**)
- Losing **independence** (**14%**)
- **Isolation and loneliness** (**7%**)
- Feeling **undervalued** (**4%**)
- Being **a burden to family** (**4%**)
- **Housing related concerns** i.e. being able to stay in home/afford home (**2%**)
- **Digital exclusion** (**1%**)
- **Assisted dying** and having the right to choose (mentioned by 16 respondents)



Watching my Grandchildren losing the freedom they have now.



Losing my children's inheritance which I have worked hard for all my life. Getting Dementia. My health issues worsening. State of social care by the time I may need it.



Immobility and the need for carers, when there are very few around. "Bed Blocking" – why are there no convalescent homes being built or at least modern hotels being used. Any champion for the elderly needs to actually do the job rather than being a well-paid figure head and must be totally independent from Government.



Being trapped in one place, be it my home or a care home, and not being able to go out when I feel like it.



That I will have to pay for any care if ill, meaning my savings/home will be taken from me. I will not get a state pension as my works pension will be taken into account.



Cost of living. Inability to access GP, also unable to even speak with GP or any health care professional.

There is no acknowledgement of me as an individual being from an ethnic minority getting older. There are currently no statutory services that can address my needs when I get older. All there is a handful of third sector organisations that are expected to cover all BAME groups – it's ridiculous, and very scary as I go into my 70s. We have paid our taxes and contributed to the economy of this country for over 75 years and we still are treated as 'the other'. It's my biggest worry and concern that will happen to me, and many others like me who may need a care home or day centre that is aware of our cultural needs???????

Being allowed to get older. People who have worked since 17 years old at an honest job, in all weathers in Scotland, should be allowed to retire at 60 years old or earlier.

Marginalisation due to isolation due to digital age – everything is online, even applications for Blue Badge, bus pass, library card.










Lack of care in the local community placing old people far away from their communities and family. Not enough home helps and far too short a time given to each person.

End of life care should have the right to choose (assisted dying). I have observed end of life for both parents and it is not pleasant.

## 13.8 BEST THING ABOUT GETTING OLDER

Respondents were asked, via an open-ended question, what they thought was the best thing about getting older. Analysis of 3257 identified the following key themes:

- More **free time/leisure time** (mentioned by **21%** of respondents)
- **12%** of respondents said there was **nothing** good about getting older
- **No work pressures (12%)**
- **Freedom (11%)**
- **Knowledge/wisdom (10%)**
- **Self-contentment/confidence (9%)**
- **Grandchildren/being a grandparent (6%)**
- **Retirement (6%)**
- Being able to **say what you think (3%)**
- **Financial security (2%)**
- **A bus pass (1%)**
- **Travel (1%)**
- **New interests (1%)**

-  Don't care what people think of you – confidence with who I am.
-  Time to do what I want and to help others. Time to appreciate the good things in life.
-  I am more settled and content than for many years.
-  The freedom to live my life my way and have time to enjoy nature, wildlife, scenery for as long as I please.
-  Not having to commute and face work issues.
-  Retirement. Doing the things I enjoy. Socialising with people I like. Being able to say no.
-  You don't give a hoot. You express your opinions freely, dress how you want and do what you want as you no longer care what people think.
-  Not sure at the moment. I hope my children are happy and have a life they are secure and healthy and I get to see that.
-  Being much more experienced and confident. Appreciate the value of family and good friends.
-  Not having to watch the clock and enjoying spending time with my grandson.

## 13.9 MAKING SCOTLAND THE BEST PLACE IN THE WORLD TO GROW OLDER







The third open-ended question in this section sought respondents' feedback on what they thought would make Scotland the best place in the world to grow older. 3187 respondents provided a response to this question and the key themes to emerge from analysis of these comments were:








- **Improved social care** (mentioned by **16%** of respondents)
- **Better healthcare** (**12%**)
- **Respect/support** for older citizens (**12%**)
- **Scottish independence** (**11%**)
- **Better pension** (**10%**)
- **No devolution** (**7%**)
- **Better weather** (**6%**)
- **Improved housing** (**6%**)
- **Better government** (**5%**)
- **Community spaces/programmes** for like-minded people (**5%**)
- **Improved benefits** (**4%**)
- **Better transport** (**3%**)
- **Representation** for older people (**1%**)



Thirteen respondents suggested **dying with dignity** and ten respondents suggested **reversing Brexit**.

Comments included:

-  A fool proof support service for sick and disabled elderly at home.
-  Better state pensions. Improved Health care- shorter waiting times, quicker access to medical help. More care workers.
-  Tackle the environment and social issues. Build more social housing for working people. Address the stranglehold large building developers have on house building. Train more doctors, dentists, nurses and care workers and pay them a fair wage.
-  More community spirit housing for older people in central parts of towns – more help for basic pensioners.
-  Recognising older people for their knowledge and experience from their younger years & giving them more of a voice in decision-making.
-  Recognition as part of society not a drain and nuisance as they are portrayed as by governments and workplaces.

-  Recognition of skills and experience of older people. Using their talents and experience to build a better community, instead of constantly seeking to change and improve things without anything ever being allowed to embed. A focus on kindness – everything else flow from that.
-  Shared living complexes for the over 50s like they do in Holland.
-  A much fairer benefits system as if you are over a small threshold you get no help.
-  Meaningful health and social care policies with the funding to implement the policies, monitor their effectiveness and make the right changes based on evidence.
-  Not having to worry about having to pay for my care, should I get Alzheimers. If that happens, I want to be able to end my life rather than leave my family with a small inheritance.
-  Better access to healthcare without needing to use technology.
-  A more equitable society in terms of healthcare, housing, decent state pension for those that need it.

## 13.10 FIRST MINISTER'S PRIORITIES

Just as this questionnaire went to print a new First Minister was being elected. A new open-ended question was added asking respondents what they thought Scotland's new First Minister's top priority for older people should be.

3292 respondents provided feedback with the key priorities emerging:

- **Social care** (mentioned by **23%** of respondents)
- the **NHS** (**18%**)
- **pensions** (**14%**)
- **Respect, Consult and Listen** (**13%**)
- **Cost of living** (**9%**)
- **Scottish independence** (**4%**)
- **Housing** (**3%**)
- **Older people** (**2%**)
- **Facilities/sports/leisure** for older people (**2%**)
- **Transport** (**2%**)
- **Creating advice centres** (**1%**)



Sorting out the NHS and reducing waiting lists.



Ensuring the systems are in place to allow people to move out of hospital settings to appropriate care in a place of their choice. This needs to be far more seamless, joined up and understandable.



Resisting privatisation of health, caring and other services as the recipients and staff in those services always lose out as a result of privatisation.



High quality, free, quick and easy to access healthcare.



Cost of living, not having the savings you made for retirement depleted by care/nursing home fees when if you have no money it's free. You save for retirement then it is possible that your money will have to pay for your care.

- Decent pension (state), arrangement to make sure they all can afford to eat and heat in winter months.
- Better quality of care homes preferably taken out of private sector.
- Increase state pensions and reduce the age at which they are issued. And stop calling the state pension a 'benefit'. I worked all my life and still don't get the full amount.
- Ensuring that those that live in Scotland's rural areas have the same access to facilities as those that live in the central belt.
- Start listening to older people they haven't lived that long and not learned about life and treat them with respect and realise not all will end up in nursing homes and contribute massively to society.

- Ability to see a doctor without those 8am calls.
- Pay attention to the results of this survey and others and act on the requirements. Could use the money being allocated to build new ferries – that would go a long way!
- Just to make sure older people are taken into consideration when making policy decisions.
- Hear us, see us.

## 13.11 IMPORTANT ISSUES

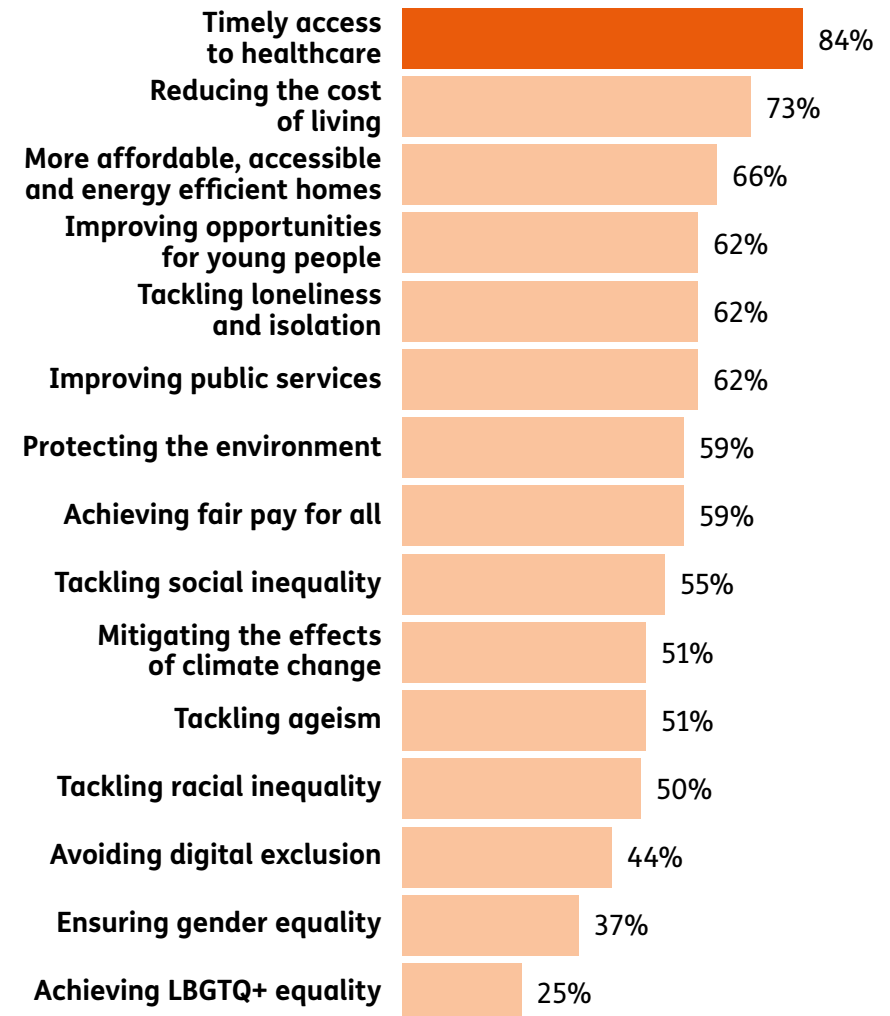
The questionnaire featured a series of issues and respondents were asked to identify which of these were important to them. Chart 13.8 reports the issues that respondents selected as 'very important'.

Healthcare, cost of living and energy were the top three issues to emerge which reflects views which have come through throughout this report in both quantitative and qualitative findings. Of note is that all topics were rated as 'very important' by respondents.

These findings help Age Scotland identify where they might prioritise their resources.

**Chart 13.8 | To what extent are these issues important/not important to you? (Chart shows those rating issues as very important)**

Base: all respondents



# 14. Conclusions

## 14.1 METHODOLOGY

The 2021 and 2023 studies adopted a mixed approach to engaging with older people across Scotland which ensures that the questionnaire is accessible to residents aged 50+. Accompanying each paper version of the survey with a freepost envelope also boosts the response rate given that respondents did not incur postage costs in returning their completed surveys.

This year's questionnaire included a number of open-ended questions which provided respondents with the opportunity to share their views. These comments have provided invaluable insights and a mixed format of questions i.e. pre-coded, rating scales and open-ended, is an important aspect of this study.

The sample included representation across all of Scotland's 32 local authorities and a mix of gender and age. In terms of ethnicity, however, there was a low response from older people from diverse ethnic communities. This profile is similar to that reported in 2021.

## 14.2 IMPACT OF COVID-19

It has now been some time since lockdowns and restrictions linked to Covid-19 have elapsed. It is notable, however, that its legacy continues and this was particularly noted in open-ended feedback. Clearly respondents have suffered bereavements linked to the pandemic and their behaviours have changed as a result of the instruction to stay at home. This has led to loneliness and isolation. There needs to be greater focus on assuring older people that they can return to socialising and mixing with people outside their households.

## 14.3 HEALTH

Of note is the percentage of older people who have already paid privately for healthcare and/or would consider doing so in the future. This suggests concerns about access to NHS services and associated waiting lists.

The top three reasons why mental health had got worse over the last two years were: Covid-19 and its legacy; loneliness and isolation (sometimes also linked to Covid-19 and the lockdowns); and a deterioration in health. These are all issues which not only impact on mental health but general health and this needs to be shared with decision makers and politicians.

## 14.4 COST OF LIVING

This research has taken place at a time when there is a cost of living crisis with people concerned about energy and food bills. This report has identified that these are real concerns for older people. Of note is that some older people fall outside the criteria for receiving benefits and there is an element of frustration amongst those who have worked and saved hard for their retirement only to find their savings are being impacted to pay bills and no support is forthcoming.

Alarming, older people are cutting back on heating, food and socialising: actions which are harmful, and which can have truly devastating consequences.

## 14.5 SCAMMING AND FRAUD

The findings from the Scamming and Fraud section of the report highlight the continued need to raise awareness of potential scams and fraud particularly for older people.

## 14.6 ROLE OF OLDER PEOPLE IN SOCIETY

The study has identified that older people do not feel valued nor that their voices are heard. The open-ended feedback in particular has highlighted what concerns them most and which priorities the First Minister should be focussing on for older people.

## 14.7 THE BIG SURVEY

The Big Survey has provided a voice for older people across Scotland and identified the concerns that they have about getting older. The survey has highlighted that older people do not feel valued nor that their views are listened to by politicians and decision makers.

The results of this survey should be essential reading for politicians and policy makers, and action taken by them to ensure that older people are not being failed.





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