

# In Focus

## Experiences of having a physical health problem

- Approximately 1 in 5 older people have a severe physical health problem.
- This equates to 1.9m older people in England.

This briefing summarises findings from a project undertaken by Independent Age to explore the experiences of specific groups of older people.

This is one of a series of six briefings based on findings from 45 interviews with older people in 2019 and analysis of data from the *Understanding Society* survey. It focuses on England only.

This briefing focuses on older people who have a physical health problem. In our quantitative work, we defined physical health problem as measured by the SF-12 questionnaire<sup>1</sup>.

### Health and wellbeing

#### A daily struggle

- Our interviews showed that physical health problems created difficulties for people to get outside and exercise. As well as limiting mobility, physical health problems also excluded people from some public spaces. These circumstances left many feeling trapped at home and exacerbated their mental health difficulties.
- Older people with a severe physical health problem are considerably more likely to have lots of energy only a little or none of the time (Figure 1).
- Older people with a severe physical health problem are more likely to be at risk of a psychiatric disorder.

### Financial security

#### Less savings/income

- Older people with a severe physical health problem are more likely to be in the poorest income quintile after housing costs (Figure 2).
- Many of the older people we interviewed had been forced to stop working at a younger age because their physical health problem made work impossible. This meant many individuals accrued lower levels of savings and pensions.

#### High need means high costs

- We found that many interview participants had incurred one-off high costs as a direct result of their physical health problem.
- These costs often related to pieces of technical equipment to help them with their physical health problem, eg a stairlift costing £7,000.
- Some noted that their physical health problem meant they required regular visits to the GP and they were forced to spend high amounts on private travel, such as taxis.

Figure 1: Have lots of energy only a little or none of the time

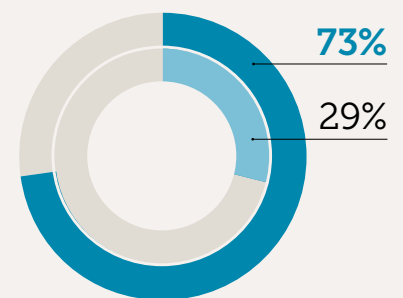
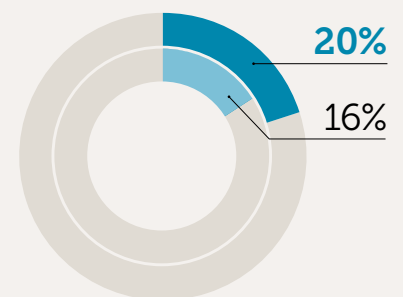


Figure 2: Likelihood of older people belonging to the poorest fifth of the general English population



- Older people with severe physical health issues
- All older people



*I can't walk, I can't get on a bus. Since I lost my car it means that I can't get to the end of the road.*

**Molly, 92**

<sup>1</sup> The SF-12 is a multipurpose suite of 12 questions designed to measure mental and physical functioning. The questions on physical health focus on limitations on daily activities of living, mobility and pain. It uses four subcategories: no health problem; mild health problem; moderate health problem; and severe health problem.

## Social connectedness

### Staying connected

- Older people with a severe physical health problem are more likely to live alone, have two close friends or fewer and to not go out socially or visit friends when they feel like it (Figure 3, Figure 4).
- Many of those interviewed highlighted that their physical health problem limited the opportunities they had to meet and feel connected to friends and family.
- Their physical health problems made leaving the house difficult but it also had an impact on how much time they could spend out of their home. It could also limit the type of place they were able to visit, because many public areas or friends' homes weren't tailored to their physical needs.

### Built environment and transport

- Our interviews highlighted the importance of the built environment and transport to those with physical health problems. It was often the built environment and local transport that determined whether individuals with physical health problems were able to maintain key social connections.
- However, even for those who could still get out, their physical health played a significant role in altering their quality of life. For one interviewee, the local bus was so irregular that they had to sit at the doctor's surgery for a whole day waiting for their appointment.

### Expressing individuality

- Many interviewees with physical health problems felt their conditions limited the opportunities they had to express their personality.
- Some interviewees identified key events that they had attended in the past but now couldn't because of difficulties both getting there and taking part, eg being unable to attend and see local football matches properly.

## Care home and sheltered accommodation residents

Among the people we spoke to who had a physical health problem, some lived in either a care home or in sheltered accommodation.

### It's the small things that matter

- Some individuals felt unable to truly express their own personality within their residential home. Where opportunities were limited, it was often the small things that had a big impact on their wellbeing. For instance, having food they liked and were used to.

### Checked out of active society

- There was a sense among residents that they had checked out of wider society and that their voices were no longer being heard.

### Accepting their lot / not planning ahead

- It was clear that residents felt a sense of resignation about their situation. This resignation, combined with a feeling they were approaching the end of their lives, meant they were sometimes reluctant to plan ahead.

Figure 3: Likelihood of having two close friends or fewer

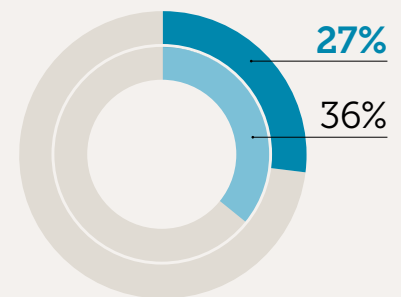
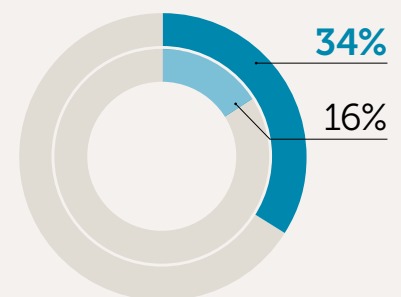


Figure 4: Likelihood to not go out socially or visit friends when they feel like it



- Older people with severe physical health issues
- All older people



*I find it difficult going out by myself. I'm inclined to trip over as I can't see down. If I'm going out anywhere someone always has to go with me... it hinders me... my freedom's gone."*

**Frank, 76**



### How to find out more

You can read our in-depth report and other briefings on mental health, low income, carers, black, Asian and minority ethnic (BAME) older people, and older people without children at [independentage.org/in-focus](https://independentage.org/in-focus)