PBE Economics to improve lives

Caught in a trap

Low wellbeing in the UK 2025

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July 2025

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Contents

We use economics to improve lives. Through analytical expertise and our close connection with the social sector, we help charities, funders, firms and policymakers tackle the causes and consequences of low wellbeing.

Our analysts, researchers and economists work on a wide range of issues related to low wellbeing, including mental health, education, employment, financial security, poverty, disability, inequality, volunteering and civil society. Working with over 600 volunteer economists, we have supported over 600 charities since 2009.

Summary

Key takeaways

3mn people in wellbeing poverty scoring 4 or less out of 10 in ONS self reported life satisfaction

300k increase in number of people in wellbeing poverty by 2030 without further action

£110bn annual cost of wellbeing poverty by 2030 without further action

£3,700 annual cost or 'wellbeing penalty' for a private renter

What comprises a decent life? It's a hard question to definitively answer, with any individual's response likely to differ from their neighbour's (and even from their own answer five years in the future). Money is, of course, an important factor, and it's right that a society that cares about the quality of life of all its citizens should have a clear focus on raising average incomes and on lowering the numbers who live in poverty and with material deprivation. But focusing purely on the financial situation of the nation's households isn't enough. What about our health (physical and mental), the conditions in which we live, and the quality of our connections to people around us?

There is no single answer to the question and, therefore no single, objective economic measure that we can rely on to provide a complete picture of the state of the nation. If we want to know how people are doing, we need to simply ask them.

This question has been posed across a host of regular government and academic surveys since 2011. As such, we have an increasingly rich understanding of the self-reported quality of life – or wellbeing – of people across the UK. We, therefore, also have an increasingly detailed understanding of just what it is that moves the dial on the wellbeing of the nation – for better and for worse. As a result, we should be better able to understand the policy approaches that we might take, as a country, to do more to help a higher number of people have the decent quality of life that everyone deserves.

In this report, the second of our annual state-of-the-nation series, we dive into this data and explore what it can tell us. Our hope is that the findings we present and the discussion we open will help to inform a wider understanding of the approach we should be taking as a nation – in the public, private and social sectors – to better collectively tackle both the causes and consequences of the country's wellbeing poverty.

Wellbeing poverty remains stubbornly high

The good news is that the overwhelming majority of people in the UK enjoy not just an acceptable quality of life but "high" or "very high" wellbeing. For 79% of adults, the fundamentals of life are good.

Unfortunately, a significant minority endure "low" or "very low" wellbeing. In total, some 5% of adults (around 3 million people) fall into what we can consider "wellbeing poverty". For a country with the wealth and resource of the UK, it's a condition that simply shouldn't exist.

Encouragingly, the number did fall a little in 2024 (down 200,000 from 2023) but the number remains well up on that which prevailed ahead of the pandemic, with almost half a million people in this position today relative to 2019. Increases have been especially large among younger men (16–45-year-old men account for 170,000 of the rise since 2019) and younger women (16–45-year-old women account for 130,000 of the rise).

Across all demographic groups, the overall increase in the number of people living in wellbeing poverty since the period before the pandemic has been driven almost entirely by deteriorating general health (adding 170,000 to wellbeing poverty numbers since 2019), deteriorating mental health (adding 180,000) and rising loneliness (adding a further 90,000). However, while the post-pandemic shift has been especially visible, these three trends appear to be long term and structural in nature.

The wellbeing outlook is set to deteriorate without further action

As such, despite the modest improvement recorded in 2024, there is little sign of any further recovery in wellbeing poverty numbers in the coming years. Our new UK wellbeing projection – the first modelling of its kind that we're aware of – suggests that the reinforcing effect of declining general and mental health, combined with loneliness, risks creating a "wellbeing poverty trap" that will serve to push an increasing number of people below a minimum acceptable threshold.

Projected improvements in economic conditions (and employment and incomes in particular), will provide some mitigation against this. However, we estimate that, before accounting for future changes in public service spending, the number of people in wellbeing poverty could rise by 300,000 between 2024 and 2030. This would take the total number of people living in wellbeing poverty back to 3.2 million, with the corresponding loss of quality of life equivalent to a national pay cut worth £9 billion.

On current plans, real-terms increases in spending on public services might be expected to slow this growth – holding the number of people living in wellbeing poverty broadly steady at today's, elevated, levels. But it is unlikely to be enough to bring wellbeing poverty back down to the levels recorded prior to the pandemic. We believe that more concerted action will be required to make up this lost ground.

This is something that the government should look to deliver. It can improve on the outcomes suggested by our modelling by better targeting its spending towards tackling the key drivers of wellbeing poverty – improving our health and mental health, and reducing loneliness. It can also take legislative action that can tackle the causes of low wellbeing, with developments in housing providing a strong example of what's possible.

Finding solutions to improve the experience of renters

Renting is making us miserable, with renters being three times as likely as owner occupiers to be living in wellbeing poverty. For renters in social housing, this increased risk of wellbeing poverty can be explained by differences in their underlying health and economic characteristics. However, such factors explain less of the difference experienced by those who rent from a private landlord. This group, instead, faces a separate "wellbeing penalty", which is worth £3,700 per year for the average private renter.

However, recent reforms to renters' rights in Scotland have potentially lowered the private renter wellbeing penalty north of the border with total gains equivalent to £4 billion a year. With the Renters Rights Bill currently passing through Parliament, we might hope to see similar gains in England in the coming years. Indeed, given the much larger renter population compared to Scotland, the wellbeing benefits could be even greater. We estimate that the Bill has the potential to reduce the number of people living in wellbeing poverty in England by around 50,000 and deliver improvements in quality of life across all private renters worth up to £9 billion a year.

Such gains would be welcome, but it is worth noting that the Renters Rights Bill will do little – if anything – to tackle the biggest driver of the private renter wellbeing penalty: affordability. We estimate that concerns about meeting payments in the private rented sector currently push around 110,000 additional people into wellbeing poverty. And, with an increasing number of households entering the private rented sector, we might expect this figure to continue to rise. The government should, therefore, build on any wellbeing gains secured through the Renters Rights Bill by doubling down on further action designed to deal with other challenges. Making real progress against its own housebuilding targets would be a good place to start.

Escaping the 'wellbeing poverty trap'

For the UK to escape its current trap of high wellbeing poverty, the government needs to think creatively and act decisively. Multiple different interventions will be needed to break the re-enforcing effects of long-term deterioration in the nation's mental health, general health and loneliness levels.

Again, money will matter, but as the housing example shows, it won't necessarily be the only route to securing positive change. Finding ways to work alongside the private and social sectors through partnerships, incentives and regulations can also leverage their potential for good.

In particular, the government can provide a strong signal of the priority that the nation, as a whole, should give to tackling the causes and consequences of wellbeing poverty, by establishing the measure as a headline target and setting out ambitious goals for reducing the number living in this position. We don't have to all agree on quite what comprises a decent life, but the whole country should be unified in its determination to ensure that everyone gets to have one.

Citation: If you are using this document in your own writing, our preferred citation is:

1. Jon Franklin et al., Caught in a trap? Low wellbeing in the UK 2025, PBE (July 2025)

Section 1: Introduction

Understanding who's struggling in society is essential for designing good policies. It requires more than just looking at traditional economic indicators such as GDP. Growing market output doesn't support households unable to work due to health challenges or if the cost-of-living is rising faster than their earnings. Fortunately, there is a growing body of wellbeing data that we can draw on to understand how people are really doing – how they're feeling, how they're functioning and how they're affected by the world around them (see Box 1).

This report is the second in our series of annual reports taking a data-driven approach to explore the current state of wellbeing across the UK. We follow the work of the World Wellbeing Movement by specifically focusing on the experiences of those with low wellbeing – what we describe as people living in "wellbeing poverty".[1]

The experience of wellbeing poverty will vary from person to person but, as our first exploration of low wellbeing in the UK last year showed, there is a consistent set of key issues that appear again and again for many of those within this category. These include poor physical health, mental health challenges and loneliness and, too-frequently, some combination of all of these.[2]

We believe that good wellbeing for all should be the ultimate measure of the success or failure of a society. Wellbeing measurement can, therefore, provide a powerful lens through which to design services, allocate resources and evaluate what's really working.

We start this year's report in Section 2 by giving an overview of trends in wellbeing poverty for the UK over the last decade. Section 3 discusses how we think these trends might evolve in coming years – exploring the key drivers of wellbeing and developing a projection for where our wellbeing might be in 2030. Section 4 provides an "in-focus" examination of the private rental sector – a key policy area that we know is associated with a greater risk of wellbeing poverty and provides a focal point for many of the most important drivers of wellbeing poverty. Section 5 provides some concluding thoughts.

Ultimately, our hope is that this report helps spark reflection, conversation and action. By understanding where we are now, we can start shaping a future where wellbeing is not only measured, but prioritised – in our policies, our institutions and our everyday choices.

1. These are the people that rate their life satisfaction at four out of 10 or below in response to the question, "Overall, how satisfied are you with your life nowadays?". This in line with the Office of National Statistics' definition of "low" or "very low" life satisfaction. It is very similar to the measure of "happiness poverty" originally developed in Maria Cotofan, The UK Wellbeing Report, World Wellbeing Movement 2024, although the definition of happiness poverty used in that report includes those scoring five and below in response to the life satisfaction question.
2. Jon Franklin et al., Mind, body and connection: Low wellbeing in the UK 2024, PBE (November 2024)
Note that all references in this report were accessed in May 2025.

Box 1: Measuring wellbeing in the UK

Four standardised questions are widely used across surveys in the UK to measure personal wellbeing.

These measures were introduced by the Office for National Statistics (ONS) in 2011 and are accepted as giving a good indication of personal wellbeing at the population level, allowing comparison between groups and over time. They ask people about satisfaction with their lives, their feeling that what they do in their lives is worthwhile, as well as taking a snapshot of their happiness and anxiety levels yesterday, with each question scored on a scale of 0 to 10.

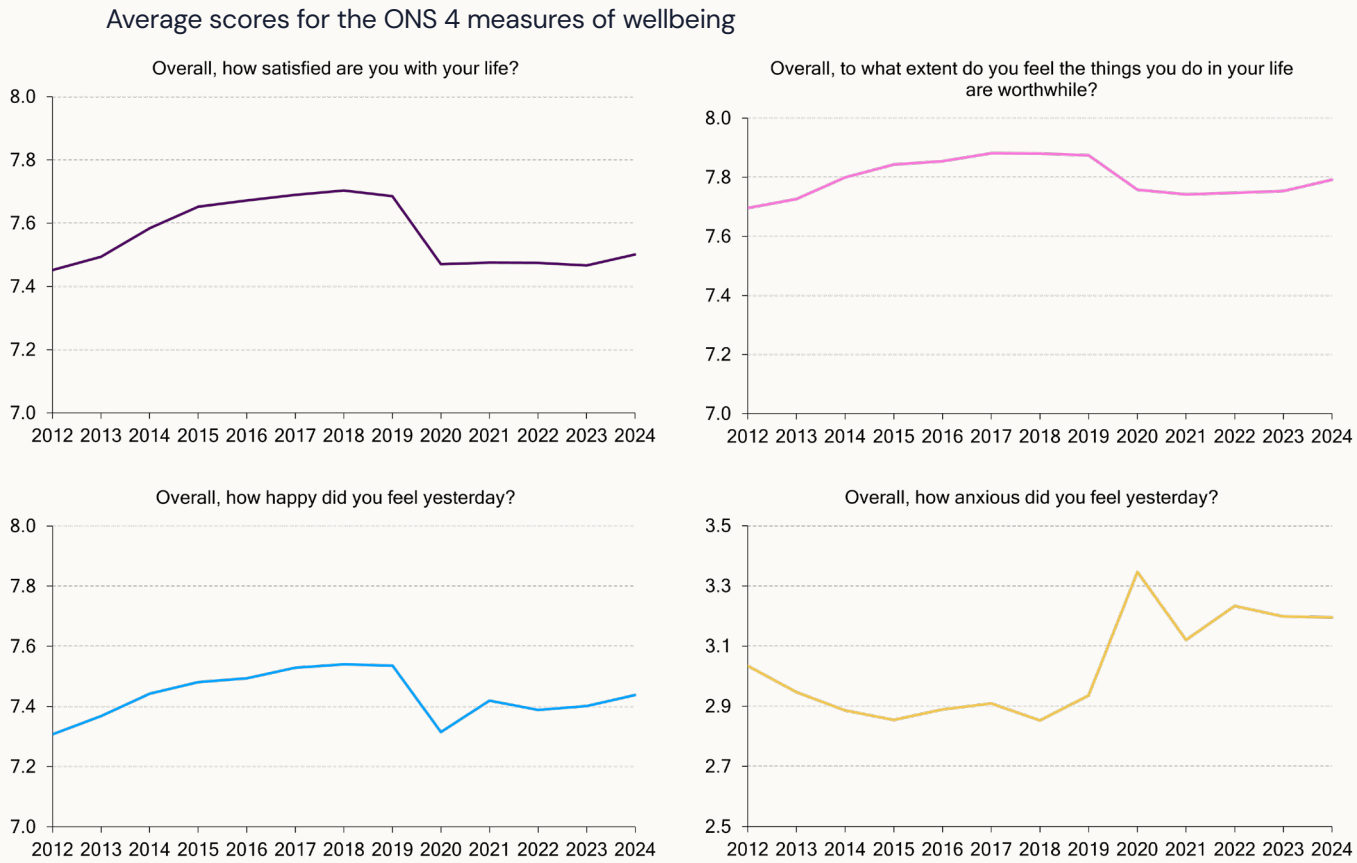
These subjective wellbeing measures ask respondents about their experience of life. This differs from traditional measures of progress that focus on "objective" outcomes – such as the value of goods produced by the market (GDP) or whether someone is in work or not. This matters because it allows people to assess and evaluate what matters to them, rather than have the importance of different factors "imposed" on them by decisions about what to measure (or not measure).

The trends in the average scores over time allow us to track the wellbeing of the UK population.[3]

The Covid pandemic clearly stands out in each of the four trends in Figure 1, with a steep decline in life satisfaction, feeling worthwhile and feeling happy, plus an increase in levels of anxiety. While we see some signs of recovery since 2020, the average scores remain worse than pre-pandemic levels.

3. The first calendar year of personal wellbeing data from the Office for National Statistics (ONS) was 2012. At this time the UK was dealing with the aftermath of the Global Financial Crisis and the resulting recession. As such it's important to be aware it may not represent a typical "baseline" level of wellbeing for the UK. For example, improvements in employment patterns as the economy recovered would be expected to impact on wellbeing. This may explain some of the increase in wellbeing from 2012 to 2019.

Figure 1: Wellbeing is slowly improving but is not yet back to pre-pandemic levels.



Notes: All measures scored on a 0–10 scale.

Source: PBE analysis of Annual Population Survey (2025).

In this report, we focus on the question that measures life satisfaction. While this represents a simplification of a complicated, multi-dimensional concept of wellbeing, this measure has become one of the key indicators of overall wellbeing. It tends to be relatively stable over time, rather than fluctuating in response to short-term feeling, which is important when exploring groups affected by wellbeing poverty and changes over time. It is also widely used in research as one of the key indicators of personal wellbeing and has been adopted by HM Treasury as the standardised unit of wellbeing in their policy appraisal guidance.[4]

4. HM Treasury, Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance, (July 2021)

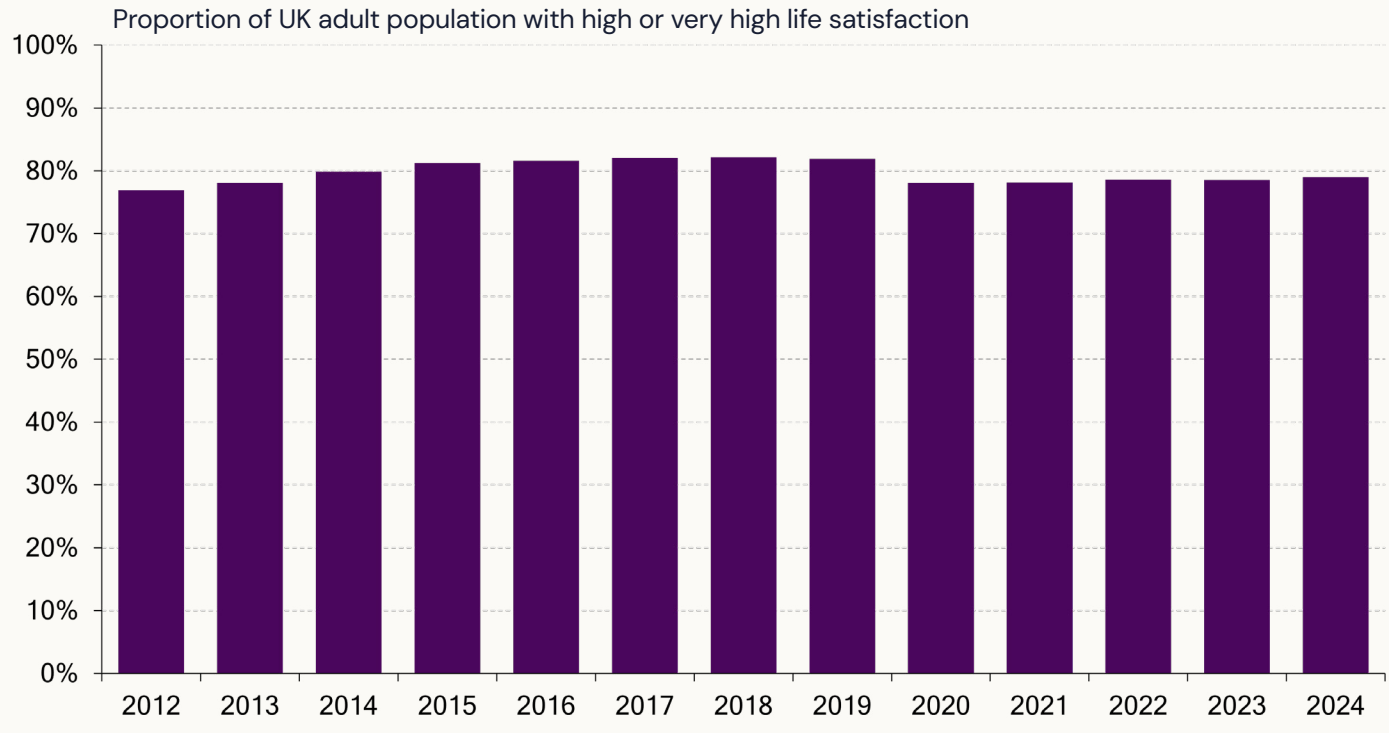
Section 2: Wellbeing in the UK

Section summary

- Around one in every 20 people in the UK, or almost 3 million people overall, are living in "wellbeing poverty".
- This number remains almost half a million higher than before the pandemic.
- Worsening trends in mental health, physical health and loneliness explain much of the rise in wellbeing poverty since the pandemic.

Figure 2 shows that the majority of the UK population enjoys high or very high life satisfaction (that is, according to the standard approach for grouping wellbeing scores, scoring 7 or more out of 10).[5] In 2024, 79% of people were in this group. This is broadly in line with the level recorded each year since 2020, although it remains lower than the level prevailing before the pandemic (82% in 2019).[6]

Figure 2: The majority of the population experiences high wellbeing.



Notes: Based on adults responding 7 out of 10 or above to the question "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Annual Population Survey (2025).

5. Personal well-being in the UK QMI, ONS, (14 January 2025).
6. We can be at least 95% sure that the change seen here is not caused by noise in the data.

This general high standard of living is worth celebrating. Life inevitably throws up challenges. We all have our share of "first world problems", but, beneath this, the overwhelming majority of people are satisfied with their lot. Unfortunately, however, this positive outlook isn't the reality for everyone. There is a significant minority who report far lower satisfaction with their lives.

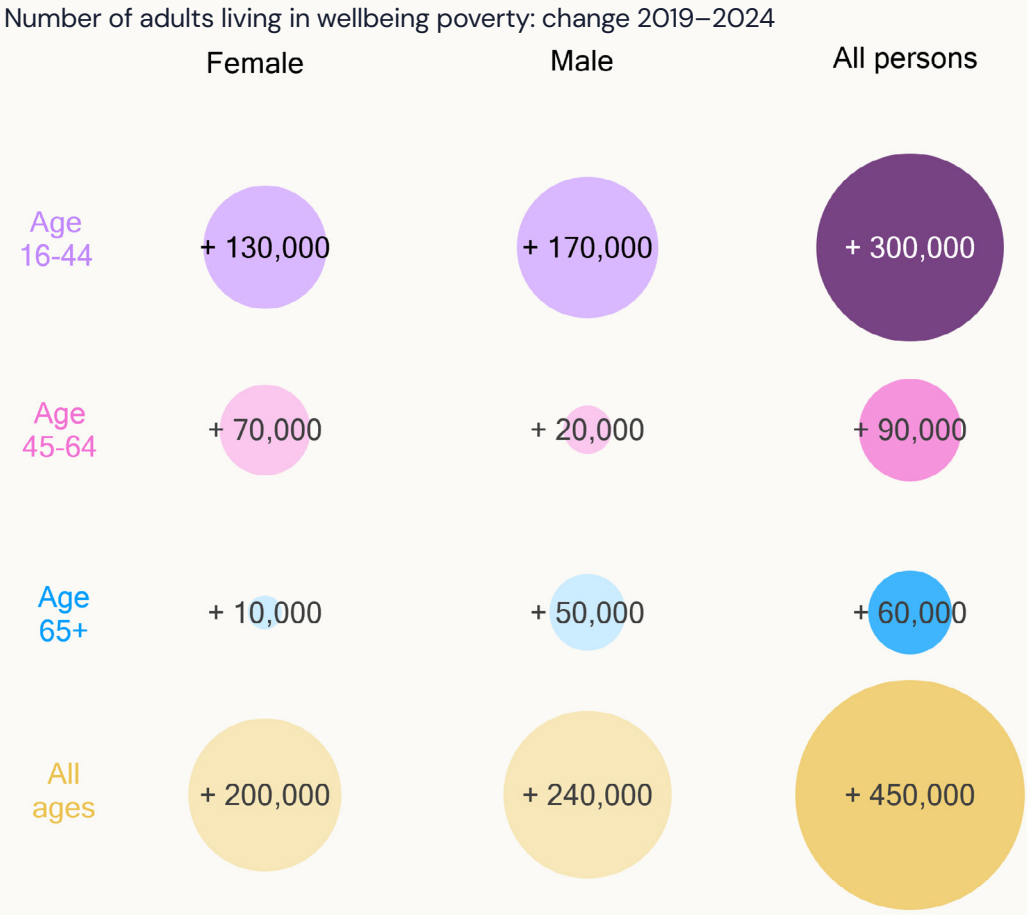
Wellbeing poverty remains stubbornly high despite improvements in 2024

Around one in every 20 people in the UK, or almost 3 million people overall, are living in "wellbeing poverty".[7] This means that they have a life satisfaction score of 4 or below. Put into context, this means that a population that is roughly equal to the entirety of North East England is struggling with life.[8] This number remains almost half a million higher than before the pandemic and suggests that the UK is facing a long-term "scarring effect" from the social and economic turmoil of the pandemic and the subsequent cost of living crisis, with more people struggling with a low quality of life than there were before.

The increase in wellbeing poverty is heavily concentrated among younger age groups. As shown in Figure 3, an additional 300,000 people age 16–44 are living in wellbeing poverty in 2024 compared to 2019 – a 34% increase over that period. A similarly large increase was recorded among both men (+170,000) and women (+130,000) over the period. However, there were more significant differences between the sexes for other age groups, as explored in Box 2.

7. These figures are based on the coverage of the Annual Population Survey (APS). While every effort is made to ensure the data is representative, we are conscious that those with lower wellbeing may be less likely to respond to the survey. In addition, the sample does not include some communal establishments such as care homes and sheltered accommodation. This means that some of the most vulnerable groups in society will potentially be missed. PBE analysis of the 2021 Census suggests these missed groups could amount to 588,000. This could create a downward bias in our wellbeing poverty statistics. To give a sense of scale, if we assumed that 30% of this group were living in wellbeing poverty (in line with the prevalence rates for highest risk groups in Figure 8) then it could add around 176,000 more people to the 3 million estimated to be living in wellbeing poverty in 2024. See: Communal establishments residents, England and Wales: Census 2021, ONS (5 January 2023)
8. Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland, ONS (8 October 2024)

Figure 3: Wellbeing poverty has risen most substantially among younger groups.

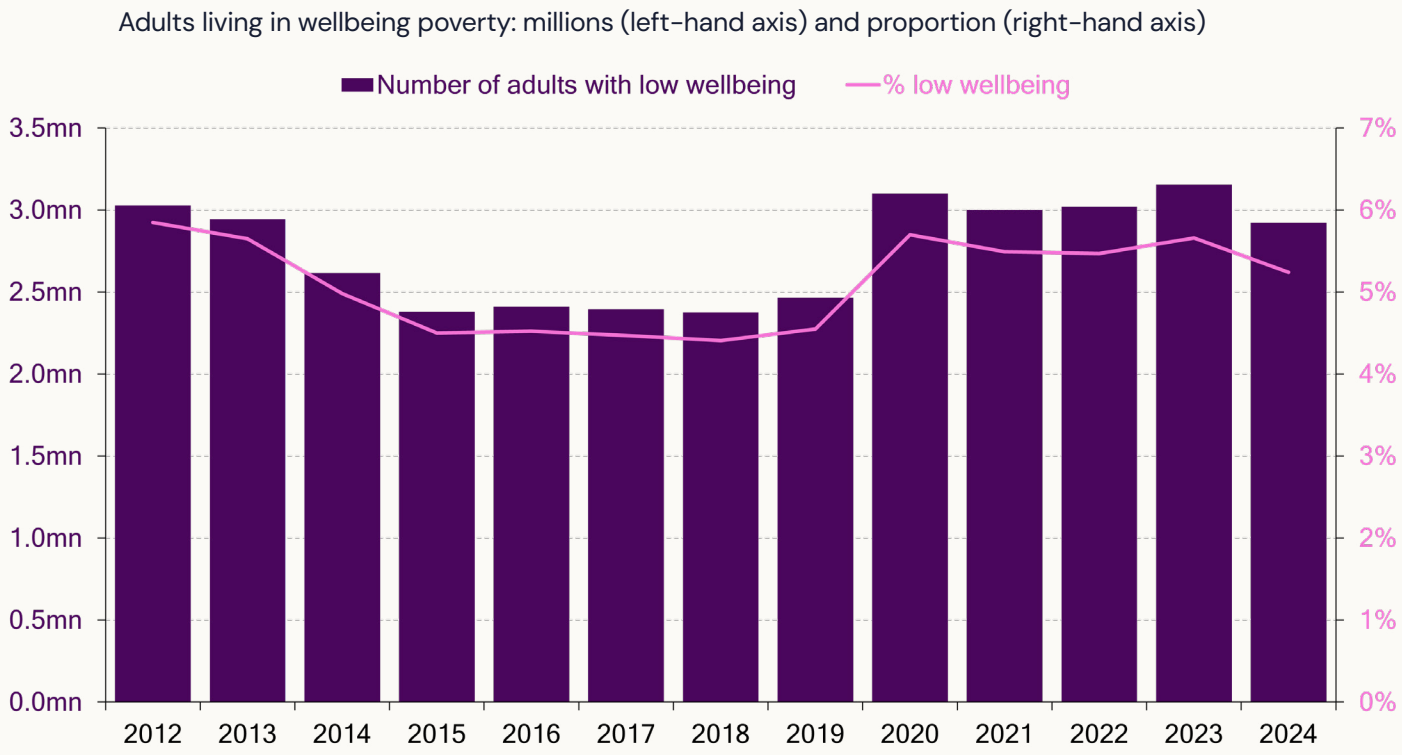


Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Annual Population Survey (2025).

There are, however, some signs of improvements in 2024. As Figure 4 shows, 5.2% of people in the UK rated their life satisfaction as 4 or less out of 10 in 2024, compared to 5.7% in 2023 .[9] This is the equivalent of more than 200,000 fewer adults struggling with their lives. This improvement is encouraging; however, there is still some way to go before we recover to pre-pandemic levels.

9. We can be at least 95% sure that the change seen here is not caused by noise in the data.

Figure 4: The number of people living in wellbeing poverty has fallen, but remains higher than in 2019.



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"

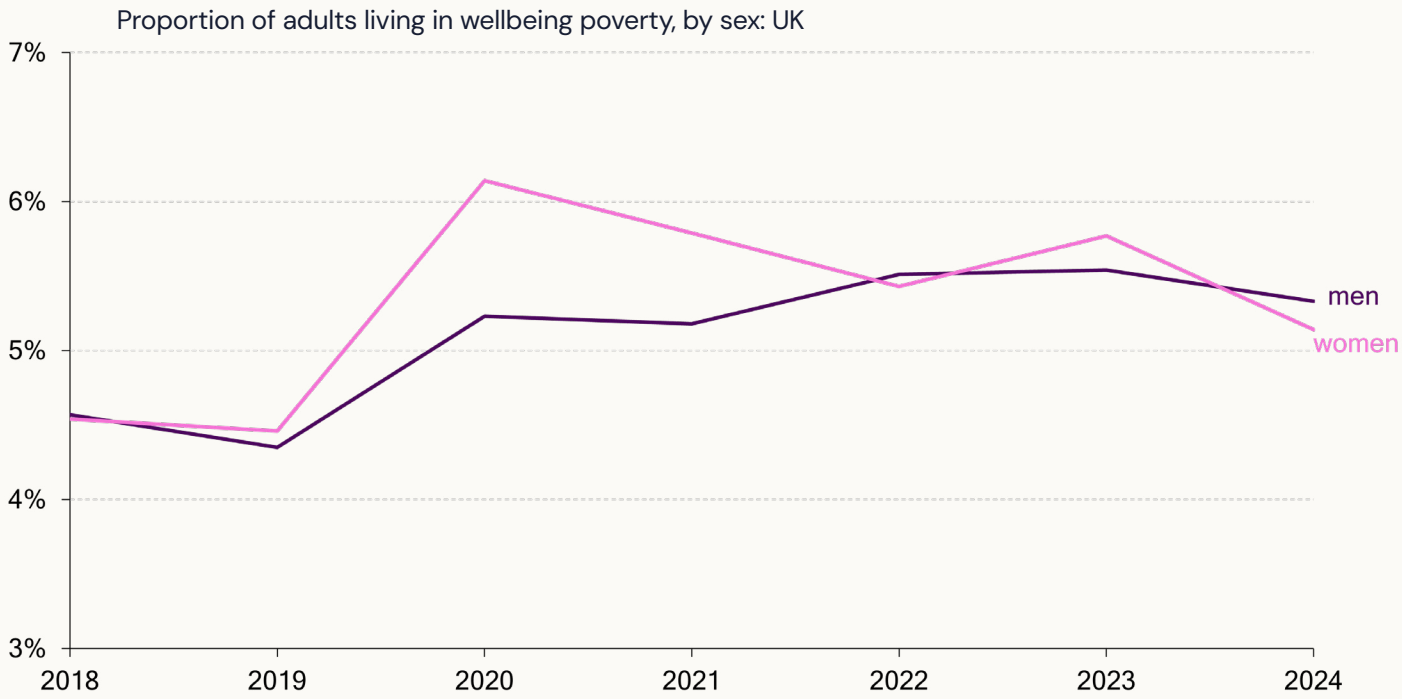
Source: PBE analysis of Annual Population Survey (2025).

Box 2: The differing wellbeing experience of men and women since the pandemic

The reduction in the number of people living in wellbeing poverty between 2023 and 2024 was primarily driven by improvements for women. However, this has to be set in the context of the far bigger rises in the number of women living in wellbeing poverty, over the pandemic, compared to men.

Before the pandemic, the proportion of men and women living in wellbeing poverty was similar (around 4.5%). However, as shown in Figure 5, in 2020, a significant gap appeared between sexes; 6.1% of women reported living in wellbeing poverty compared to 5.2% of men.[10] Since then, the proportion of men living in wellbeing poverty has remained relatively static, while the proportion of women has improved. By 2022, the gap between men and women had closed.

Figure 5: The gap in wellbeing poverty between men and women has closed.



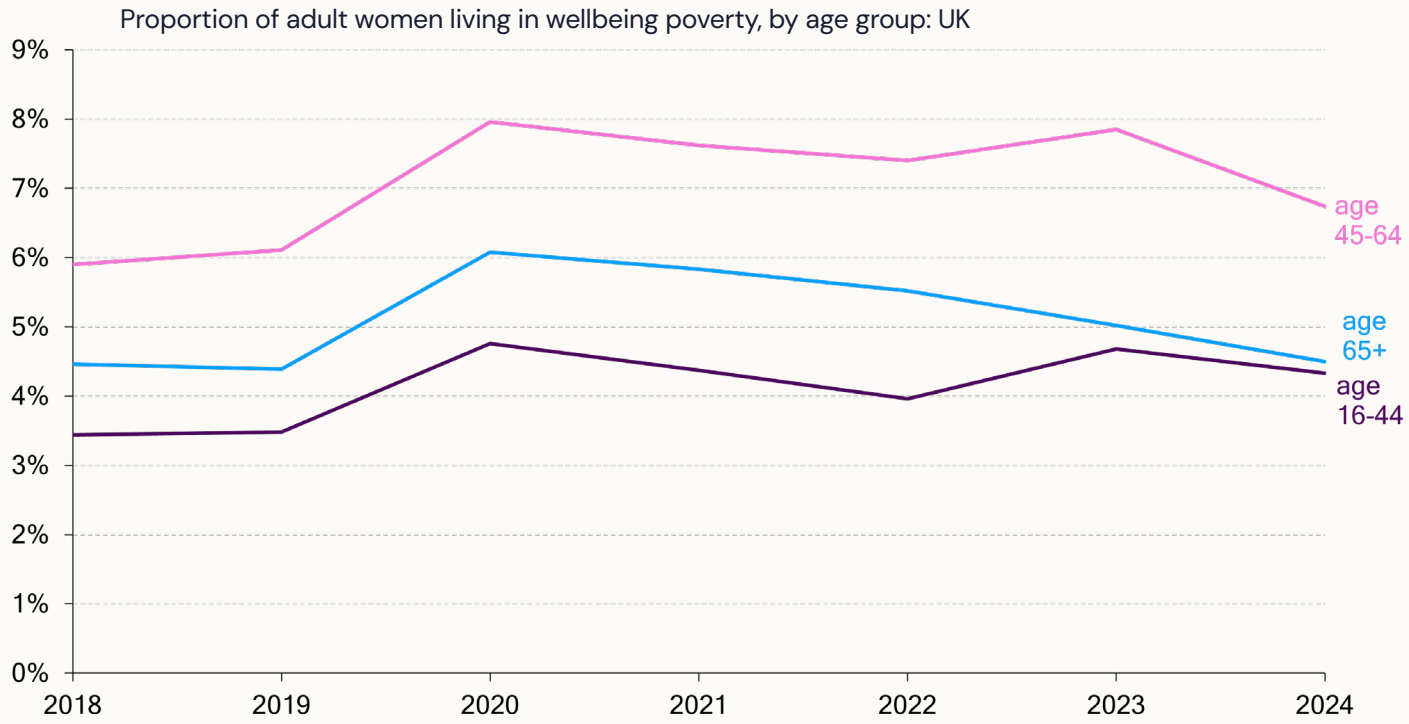
Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Annual Population Survey (2025).

The recovery in women's wellbeing appears to be strongest among older women. As Figure 6 shows, women aged 65+ are now reporting wellbeing poverty levels similar to those reported by this age category prior to the pandemic.

10. We can be at least 95% sure that the change seen here is not caused by noise in the data.

The wellbeing scores reported by women aged 45 to 64 were particularly affected by the pandemic, with the proportion of women living in wellbeing poverty in this age category significantly increasing from 6.1% in 2019 to 8.0% in 2020.7 Reported scores for this age group have partially recovered with a notable reduction from 7.9% in 2023 to 6.7% in 2024 – a key factor in the shift in the number of people living in wellbeing poverty between those years. However, wellbeing poverty reported within this age group remains at an elevated level compared to before the pandemic. The proportion of younger women reporting that they are living in wellbeing poverty appears to be stuck with relatively little change since the improvements seen in 2022.

Figure 6: Changes in wellbeing poverty have been most pronounced among older women.

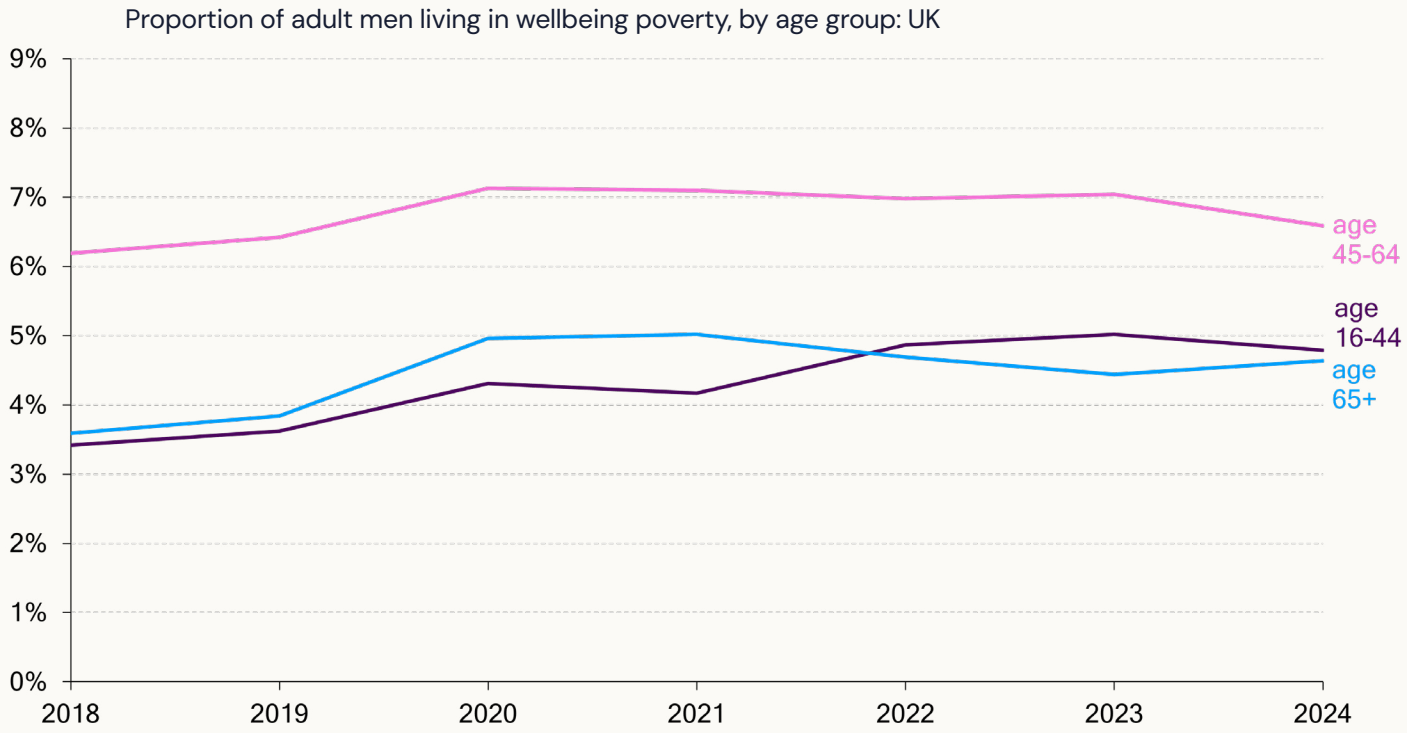


Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Annual Population Survey (2025).

On average, men experienced a far smaller rise in the number living in wellbeing poverty during the pandemic. The proportion of men living in wellbeing poverty did increase, but by about half the amount experienced by women (an increase of 0.9% pts for men compared to 1.7% pts for women). Since then, there have been small reductions in the proportion of men aged over 45 living in wellbeing poverty.

However, there is a worrying trend among younger men. It is unsurprising that everyone's wellbeing took a hit during the pandemic, but – as shown in Figure 7 – the number of younger men living in wellbeing poverty has continued to rise even further since then. The proportion living in wellbeing poverty increased from 3.6% in 2019 to 4.3% in 2020, and has since increased further to reach 4.8% by 2024.[11] While absolute levels remain lower than for many other groups, this trend coincides with deteriorations in a range of objective outcomes for young men, including poorer performance at school, a higher risk of being NEET (not in education, employment or training) and a reversal in the gender pay gap for younger people.[12]

Figure 7: The proportion of younger men living in wellbeing poverty continues to rise.



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Annual Population Survey (2025).

11. We can be at least 95% sure that the change seen here is not caused by noise in the data.
12. Centre for Social Justice, Lost boys: State of the nation, (March 2025)

Worsening trends in mental health, physical health and loneliness explain much of the rise in wellbeing poverty since the pandemic

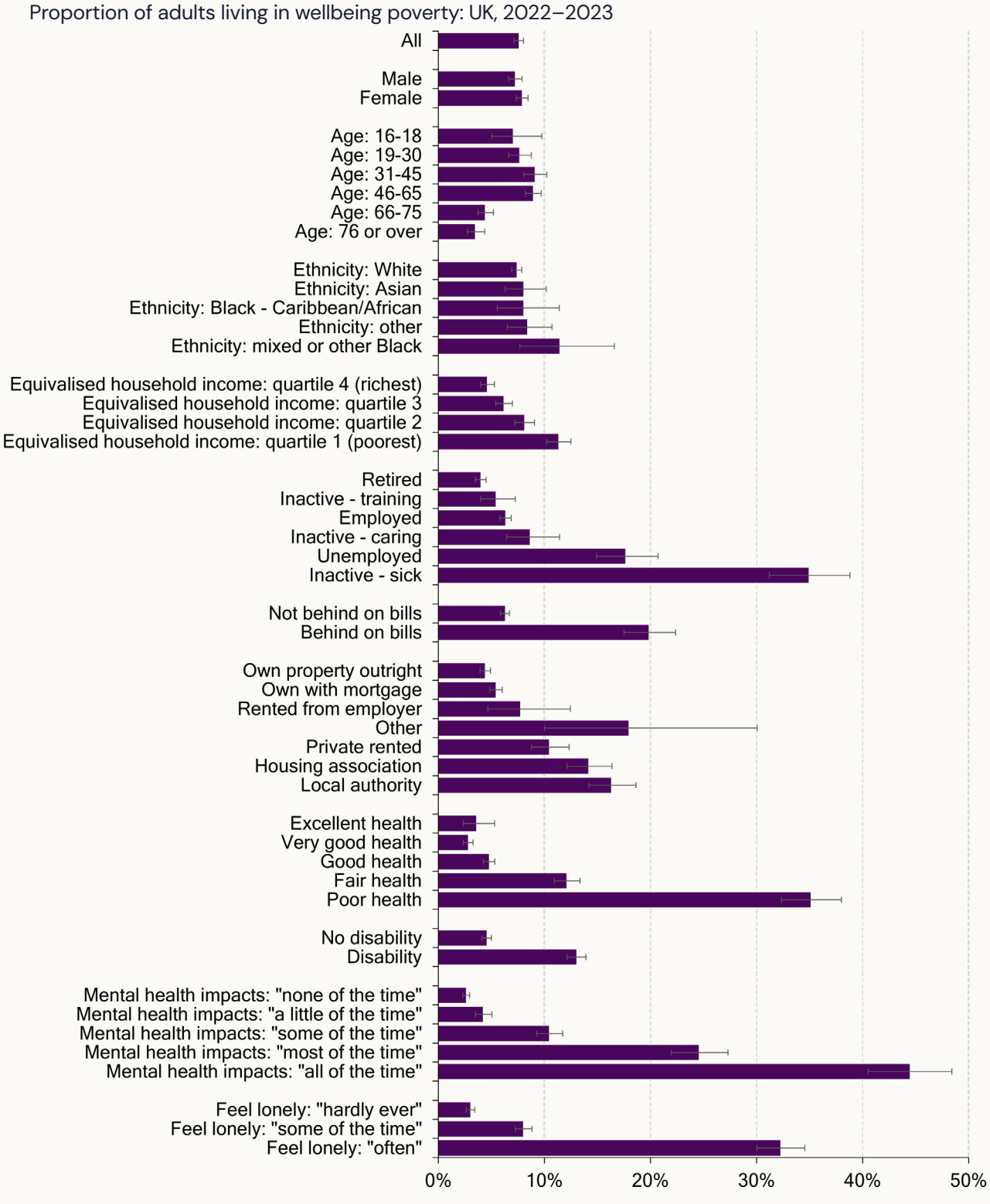
In our 2024 report, we highlighted that mental health, physical health and loneliness – or "mind, body and connection" – were key predictors of wellbeing poverty.[13] We found that these relationships hold even when we control for a host of other demographic, social and economic factors. This provides analytical support for a very intuitive finding – that these are important drivers of our wellbeing.

Analysis of latest data from Understanding Society highlights that this continues to be the case.[14] As Figure 8 shows, 44% of those who feel that their mental health impacts them all the time live in wellbeing poverty – more than 17 times the proportion of people living in wellbeing poverty among those that feel their mental health never impacts them. More than one in three (35%) of those who self-assess their general health as "poor" are living in wellbeing poverty. This is almost 10 times the level of wellbeing poverty among those that rate their general health as "excellent". Almost a third (32%) of those that feel lonely are "often" living in wellbeing poverty, more than 10 times the level experienced by those that "hardly ever or never" feel lonely. These findings are broadly consistent with those presented in our 2024 report.[15]

All these key risk factors got worse during the pandemic period, significantly impacting on the quality of life of millions of us across the UK. The proportion of UK adults viewing their general health as "poor" rose from 6.5% in 2019 to 6.9% in 2022. Meanwhile the proportion struggling with their mental health "all" or "most" of the time increased from 10.1% to 11.1%, and those who "often" feel lonely increased from 8.8% in 2019 to 9.3%.

13. Franklin et al., Mind, body and connection (2 December 2024)
14. Understanding Society is a high-quality, longitudinal research survey that captures data on a wider range of demographic, social and economic indicators on a consistent basis over time for a representative sample of around 40,000 UK households. From 2009 onwards, the data has been collected in Waves, with the most recent being Wave 14 (2022–23). For further details see, DOI change log: Understanding Society: Waves 1-14, 2009-2023 and Harmonised BHPS: Waves 1-18, 1991-2009, UK Data Service (24 February 2025)
15. Franklin et al., Mind, body and connection

Figure 8: Mind, body and connection remain key predictors of wellbeing poverty.



Notes: Based on those responding with "Completely dissatisfied" or "Mostly dissatisfied" when asked to rate "How satisfied are you with your life overall?" Note, the overall level of wellbeing poverty differs from that reported for Annual Population Survey due to a different data source.

Source: PBE analysis of Understanding Society, Wave 14 (2025).[16]

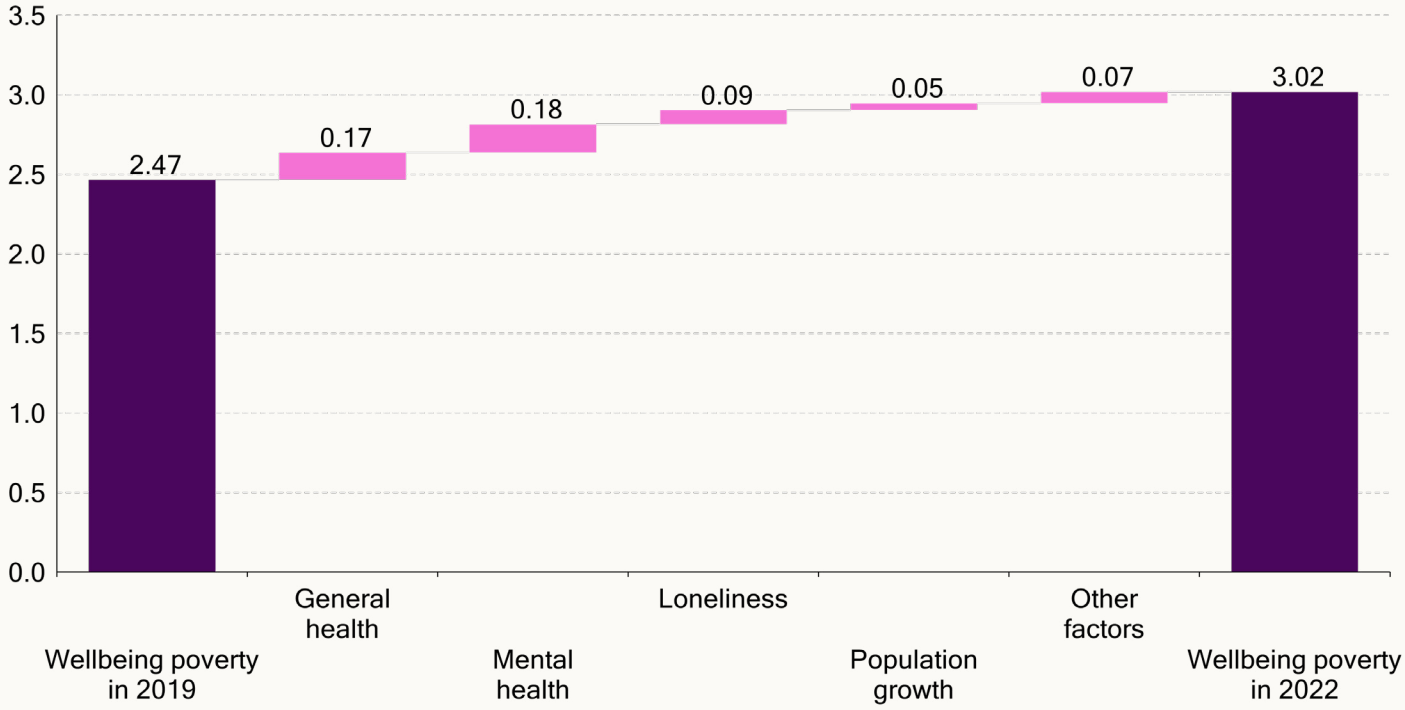
16. University of Essex, Institute for Social and Economic Research. (2024). Understanding Society: Waves 1-14,

Our analysis suggests that this deterioration in the nation's mental health, physical health and loneliness explains much of the increase in wellbeing poverty experienced during the pandemic.[17] As shown in Figure 9, these increases appear to explain around 440,000 of the 550,000 rise in the number of adults living in wellbeing poverty experienced between 2019 and 2022 (used instead of 2024 due to data limitations).[18] This amounts to around four-fifths of the change in wellbeing poverty experienced over the pandemic.

This helps to explain why, despite the small improvements seen in 2024, we haven't seen a significant recovery in the number of people living in wellbeing poverty since the pandemic. Until we see improvements in our mental health, physical health and levels of loneliness, it is unlikely that we'll see a significant improvement in the wellbeing outlook.

Figure 9: General health, mental health and loneliness are the key drivers of the rise in wellbeing poverty since the pandemic.

Number of adults living in wellbeing poverty: contributions to change 2019 to 2022, millions



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Understanding Society, Wave 14 and Annual Population Survey (2025)

2009-2023 and Harmonised BHPS: Waves 1-18, 1991-2009. 19th Edition. UK Data Service. SN: 6614

17. Unfortunately, the APS does not capture data on all three of these key drivers of wellbeing poverty so we use Understanding Society to understand shifts over time. Understanding Society releases data for the whole of the UK with a lag due to the timing of surveys in Northern Ireland; as such, we can only explore trends to 2022.

18. Estimates based on an updated multivariate analysis of the Average Marginal Effects of different predictors of wellbeing poverty developed in last year's report. Further details available in Annex C.

Section 3: The outlook for wellbeing in 2030

Section summary

- Long-term deterioration in general health, mental health and loneliness of UK adults is likely to persist.
- UK is facing a wellbeing headwind – without further action, the number of adults struggling with wellbeing poverty could increase by 0.3 million between 2024 and 2030. This would drive up the cost of wellbeing poverty from £101 billion in 2024 to £110 billion a year in 2030.
- The modest real-terms increase in spending projected in the Spring Statement 2025 by the Office for Budget Responsibility (OBR) could start to push back against the wellbeing headwind, but the number of people living in wellbeing poverty in 2030 is likely to remain well above the levels seen prior to the pandemic.

We have seen that the number of people living in wellbeing poverty remains at an elevated level compared to prior to the pandemic, driven by worsening trends for mental health, general health and loneliness. In this section, we review how trends in these key drivers could evolve going forwards and what this could mean for the number of people living in wellbeing poverty in the future.

As far as we're aware, this is the first attempt to project future levels of wellbeing in the UK. Economic forecasts are, typically, the product of combining an understanding of the drivers of change with projections for how those drivers will move in the coming years. All economic forecasts are imperfect and rely on assumptions in the models they use. Our wellbeing forecast should be viewed in this light – it is experimental and subject to uncertainties due to a lack of publicly available projections for important drivers. However, we believe it can provide a sense of the scale of the challenge being faced and the prize on offer if we can take action to address these challenges.[19]

19. We hope to continue to refine our forecasting approach over time.

We adopt a three-stage approach:

- In Stage 1, we use a set of statistical models to project the key drivers of wellbeing – general health, mental health and loneliness.
- In Stage 2, we use these projections and a separate statistical model to project what these trends are likely to mean for levels of wellbeing poverty if there is no further action from government, private or social sectors to improve outcomes.[20] This establishes our core "wellbeing outlook".
- In Stage 3, we undertake an additional "thought-experiment" based on evidence of the wellbeing improvements delivered by public services spending to explore the potential impact that changes in government expenditure profiles could make to our wellbeing outlook.

We review each of these steps at a high level throughout the rest of this section, with further details of our approach available in Annex B.

Stage 1: Trends in poor mental health, general health and loneliness risk creating a wellbeing poverty trap.

As highlighted in Section 2, mental health, general health and loneliness are important drivers of wellbeing, explaining around four-fifths of the increase in the proportion of people living in wellbeing poverty recorded between 2019 and 2022. While other factors will be important in explaining trends in wellbeing – not least because of how they interact with our mental health, physical health and our opportunity to build connections with others – understanding the outlook for these key drivers will be vital to understanding the outlook for wellbeing.

The general health and mental health of adults in UK has been getting worse over time. As shown in Figure 10, the proportion of adults in the UK stating that their general health is "poor" increased from one in 20 in 2011 (4.9%) to around one in 14 in 2022 (6.9%). Similarly, the proportion of adults saying that they accomplished less "all" or "most" of the time due to emotional problems, such as feeling depressed or anxious, almost doubled between 2011 and 2022.[21]

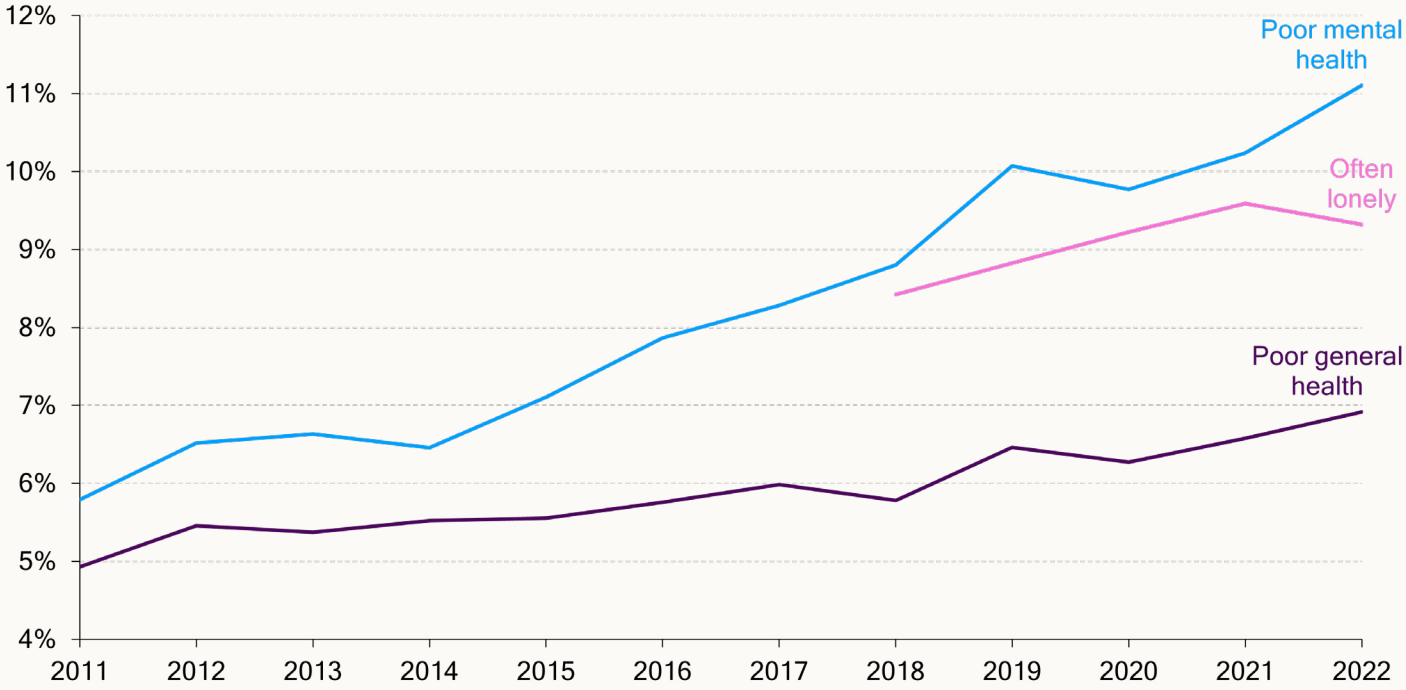
These are long-term, structural trends that make a real difference to the demand for public services. Self-reported use of GPs and hospitals rises dramatically with our concerns about our general health. For example, those who rate the general health as "poor" spend an average of 3.1 days as a hospital inpatient compared to just 0.1 days for those that rate their general health as excellent.[22] Meanwhile, mental health services in England received a record 5 million referrals

20. This projection takes into account changes in taxes and benefits that could impact on household incomes, but does not take into account the effect that changes in government expenditure could have on wellbeing trends.
21. In this report, we focus on the trends for adults, but there are also worrying trends for younger people. See, for example: Jon Franklin, Charlotte Prothero and Nicole Sykes, Charting a happier course for England's Children: The case for universal wellbeing measurement, PBE (September 2024)
22. PBE analysis of Understanding Society, Wave 14 (2025)

during 2023, up 33% from 2019 and representing a continuation of a long-term upward trend.[23]

Figure 10: General health, mental health and loneliness have been getting worse over time.

Proportion of adults with poor general health, poor mental health and often lonely: UK



Notes: "Poor general health" includes those responding "poor" in response to the prompt "In general, would you say your health is". "Often lonely" includes those responding "often" to the question "How often do you feel lonely?" "Poor mental health" includes those who responded "all of the time" or "some of the time" to the question "During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious)?"
Source: PBE analysis of Understanding Society, Waves 1–14 (2025).

While data on loneliness doesn't go back as far, it, too, has been getting worse over time. The number of adults saying that they "often" feel lonely increased from 4.5 million in 2018 to in excess of 5 million in 2022.[24] While the periods of social isolation during the pandemic are likely to have been part of the story, there is a growing concern that we're facing a longer-term scarring impact from the breakdowns in social contact over that period.

There are a range of complex drivers behind the trends in general health, mental health and loneliness.[25] However, there are two that are particularly important when considering the outlook

23. Mental health pressures in England, British Medical Association (16 May 2025)
24. These numbers are based on Understanding Society Waves 10 to 14. More recent data from the Community Life Survey shows that the proportion of adults feeling lonely "often or always" was above 2021/22 levels in 2023/24, suggesting that loneliness has continued to grow as an issue. See: Community Life Survey 2023/24: Loneliness and support networks, Figure 1.1, Department for Culture, Media & Sport (4 December 2024)
25. See reviews of the literature discussed in Annex A.

for wellbeing poverty in 2030: (i) changes in poverty; and (ii) the re-enforcing effect of current trends.

Poverty is well-established as a key risk factor for each of general health, mental health and loneliness. For example, The Marmot Review of 2010 brought the social determinants of health to prominence in the UK.[26] The review emphasised the complex interactions between our material circumstances and our social environment, and how they impact on vastly different health outcomes. More recently, struggling to pay bills has been identified as a risk factor associated with poor mental health. The ONS reported that around one in four (24%) of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, which is nearly three times higher than those who found it easy to pay their energy bills (9%).[27] Meanwhile, studies of minimum income standards have highlighted that a certain level of income is required to support "social participation", highlighting the role that poverty can play in limiting the formation of social connections that might impact on loneliness.[28]

Projected growth in real household incomes and improvements in levels of unemployment in the coming years could, therefore, provide some protection against further declines in general health, mental health and loneliness. Projections from the Office for Budget Responsibility (OBR) suggest that real household incomes are likely to largely stagnate between 2025 and 2027, before rising out towards 2029.[29] If the trend in the latter part of the forecast continues, then real household incomes could be set to rise by around 4.9% between 2024 and 2030. Similarly, the unemployment rate is forecast to improve marginally from 4.3% to 4.1%. This is likely to provide some financial relief for households and have a positive impact on trends for general health, mental health and wellbeing.

However, long-term trends, such as those we've identified in relation to general and mental health, typically, have a lot of "momentum" that makes them hard to reverse. We know that those who have poor general health, poor mental health or who are feeling lonely today are more likely to have poor general health, poor mental health or be lonely in the future. In addition, the complex interaction between physical health, mental health and loneliness risks generating downward spirals. Research highlights that there are important two-way relationships between each of these three drivers – a rise in general health concerns is likely to cause a rise in mental health difficulties and loneliness and vice versa.[30] Overall, this means that the upwards trends we have seen over recent years risk becoming mutually re-enforcing and are, therefore, likely to continue.

This runs a risk of creating a "wellbeing poverty trap". As summarised in Figure 11, the re-enforcing cycle of worsening general health, mental health and loneliness could continue to drive more people towards living in wellbeing poverty until this cycle is broken.

26. Michael Marmot et al., Fair society, healthy lives: The Marmot Review, Institute of Health Equity (February 2010)
27. Cost of living and depression in adults, Great Britain: 29 September to 23 October, 2022, ONS (6 December 2022)
28. Abigail Davis, Donald Hirsch and Matt Padley, The Minimum Income Standard as a benchmark of a 'participatory social minimum', Journal of Poverty and Social Justice (27 October 2017)
29. Office for Budget Responsibility, March 2025 Economic and fiscal outlook – detailed forecast tables: expenditure, (March 2025), Table 4.3
30. See our short review of evidence in Annex A.

Figure 11: Trends in general health, mental health and loneliness combine to create a "wellbeing poverty trap".

Our modelling suggests that concerns about mental health, general health and loneliness are likely to continue to rise out to 2030. We use a statistical model that isolates the impact of key economic determinants of general health, mental health and loneliness, as well as the interactions between them.[31] It highlights that the improvements in unemployment and household incomes may slow the trends we have seen in these key drivers of wellbeing poverty, but won't be enough to fully overcome the re-enforcement effects of the well-established, long-term trends.

Stage 2: Without further action, the number living in wellbeing poverty looks set to climb higher once more.

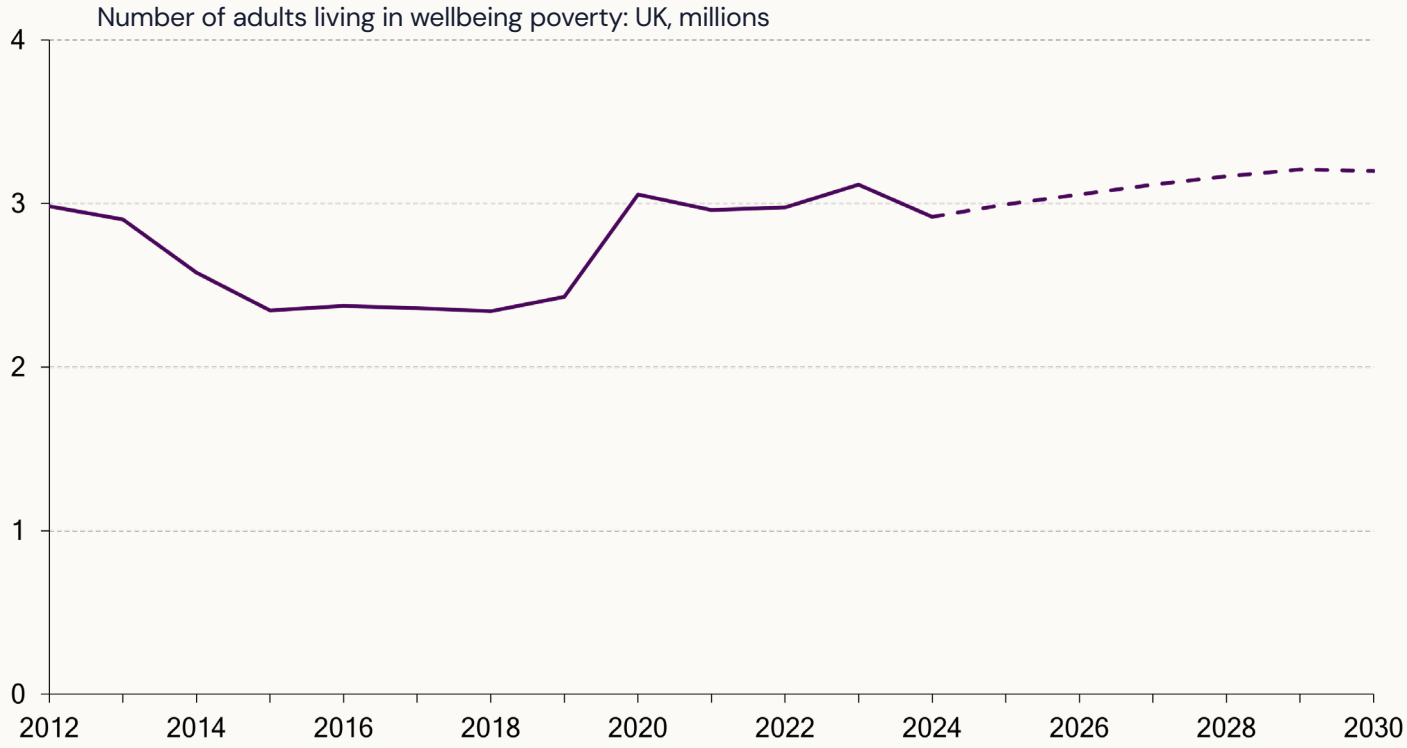
With more of us feeling that we are in poor health, lonely or that our mental health is impacting on what we can achieve on a day-to-day basis, it's reasonable to assume that future levels of wellbeing are at risk. But what do these upward trends imply and how many people will be affected? We use our projections for mental health, general health and loneliness alongside

31. Projections for household incomes, unemployment and inactivity are taken from the OBR. We develop separate models for each of the three key drivers, with lags of the other drivers included to isolate interactions between them; in other words, the variables used to predict general health in the year 2024 would include the levels of loneliness and mental health from 2023.

the direct relationship of economic factors, such as household incomes, unemployment and inactivity to explore what this could mean for future levels of wellbeing poverty.[32]

Our analysis suggests that, without further action, the number of adults struggling with wellbeing poverty could increase by 0.3 million between 2024 and 2030. The modelling suggests that, with no further changes in policy or support for those struggling with low wellbeing, there could be an increase in the proportion of adults living in wellbeing poverty from 5.2% in 2024, to 5.5% in 2030. As shown in Figure 12, when combined with rising population levels, the number of adults living in wellbeing poverty could rise to 3.2 million by 2030. This has the potential to entirely undo the progress made in 2024 and return the UK back to the levels of wellbeing poverty last seen at the peak of the pandemic.

Figure 12: Three hundred thousand more adults living in wellbeing poverty by 2030

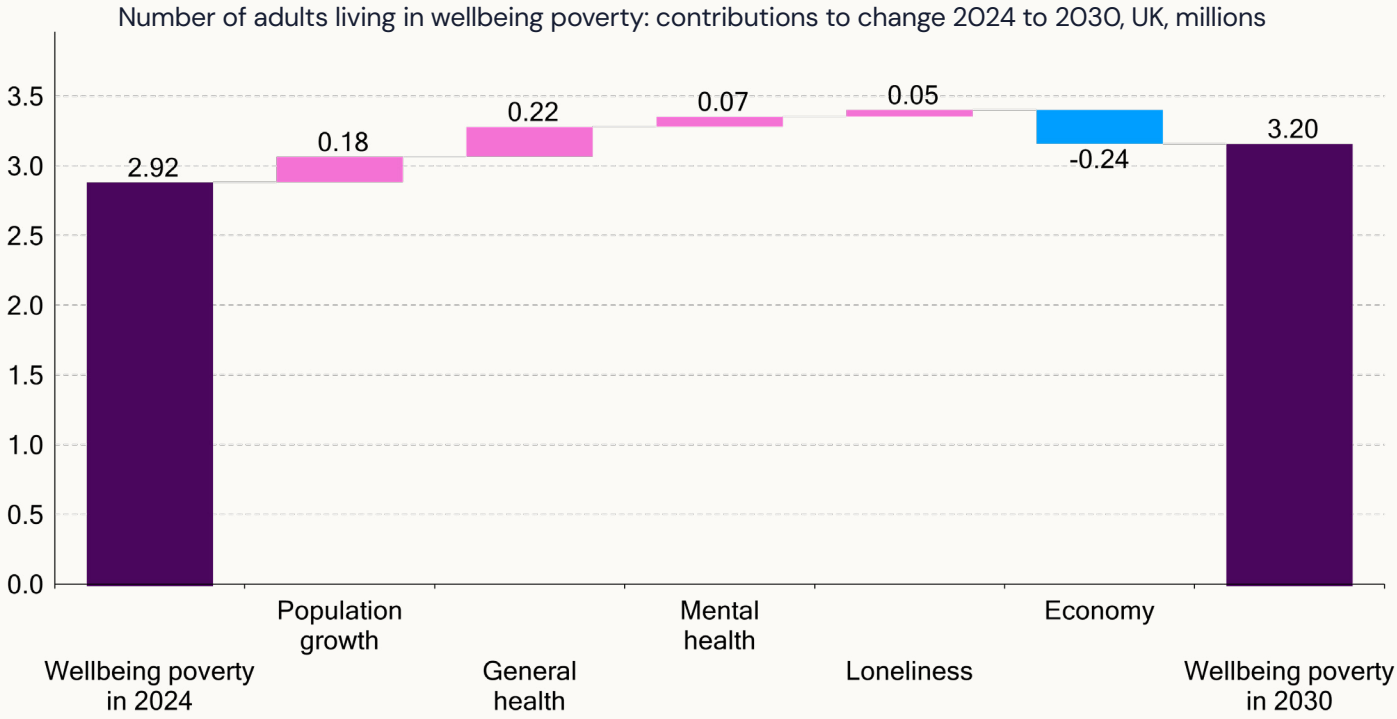


Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of Understanding Society, Waves 1–14 and Annual Population Survey (2025).

32. Overall, our system of models distinguishes between the direct effect of economic determinant, such as unemployment on wellbeing and the indirect effect via levels of general health, mental health and loneliness.

Figure 13 provides a breakdown of the increase implied by our wellbeing outlook modelling. It shows that deteriorating general health is projected to add 220,000 people to the wellbeing poverty total, with further deteriorations in mental health and loneliness adding more than 10,000 others. Projected improvements in the economic outlook partially offset these effects, but our modelling suggests they are simply not big enough to change the overall trend.

Figure 13: Worsening general health could be an important driver of growth in wellbeing poverty



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"

Source: PBE analysis of Understanding Society, Wave 14 and Annual Population Survey (2025).

Methodology derived and used by HM Treasury (see Box 3) allows us to understand the economic cost associated with a rise of this scale in the proportion of people living in wellbeing poverty. The approach effectively captures the change in income that an individual would equate with any given shift in their wellbeing and, in the interests of simplicity, might, therefore, be considered comparable with a pay rise or cut.

If the number of people in wellbeing poverty remained at current levels in 2030, then the associated cost – the wellbeing "gap" relative to ensuring everyone scores at least 5 out of 10 on the life satisfaction scale – would stand at £101 billion (at today's prices). Adding a further 300,000 adults to the wellbeing poverty total, as implied by our wellbeing outlook, pushes that cost up by 10% to £110 billion (at today's prices). In aggregate, it equates to a national pay cut of some £9 billion.

Box 3: The HM Treasury approach to valuing wellbeing

In 2021, HM Treasury published new guidance outlining how government departments should use wellbeing data and research to steer the design of government policy.[33] This guidance also included recommendations for placing an economic value on changes in wellbeing so that impacts of potential policies could be compared alongside other monetised benefits and the cost of delivery.

The approach relies on the concept of a standardised unit of wellbeing, known as a WELLBY. A WELLBY is a one-point change in wellbeing, measured using the life satisfaction scale, that is sustained for a year. For example, if a policy helps increase the life satisfaction of 10 people from an average of five out of 10 to an average of six out of ten, for a whole year, then it is said to have delivered 10 WELLBYs.

The guidance then places a monetary value on a WELLBY based on research that identifies what the average person in the UK would be prepared to pay for a one WELLBY improvement in their quality of life. The guidance states that improving someone's wellbeing by one WELLBY has a value of close to £16,400 (at 2025 prices).

Throughout our report, we use this methodology to give an indicative monetary value to changes in wellbeing. However, it's important to note that this value does not reflect savings to government departments or improvements in GDP (these would be in addition to the benefits captured in this figure). Instead, it provides a notional value to the changes in the quality of life that we believe is helpful to give a sense of scale to how important changes in wellbeing are to the average person in the UK.

Stage 3: Current government spending plans are unlikely to be enough to drive wellbeing poverty down

Our analysis suggests that, in the absence of further action, we're facing a wellbeing headwind in the coming years. In the absence of policy change, the cost of wellbeing poverty is set to rise by around £9bn per year by 2030. But how might the choices made by government (and by the private and social sectors) help us lean into this headwind?

In truth, it's very difficult to model such choices with any sort of accuracy. What we present here, therefore, is no more than a thought experiment (see Box 4). What it suggests is that the modest real-terms increase in the overall government spending envelope that the OBR projected to exist at the time of its Spring 2025 Economic and Fiscal Outlook (that is, before the Spending Review announced by the government on 11 June 2025) could provide some equally modest push back against the wellbeing headwind.

33. HM Treasury, Wellbeing Guidance for Appraisal

Even with this improvement in place, however, our thought experiment leaves the number of people living in wellbeing poverty in 2030 elevated relative to pre-Covid levels.

Box 4: The impact of changes in government spending on wellbeing

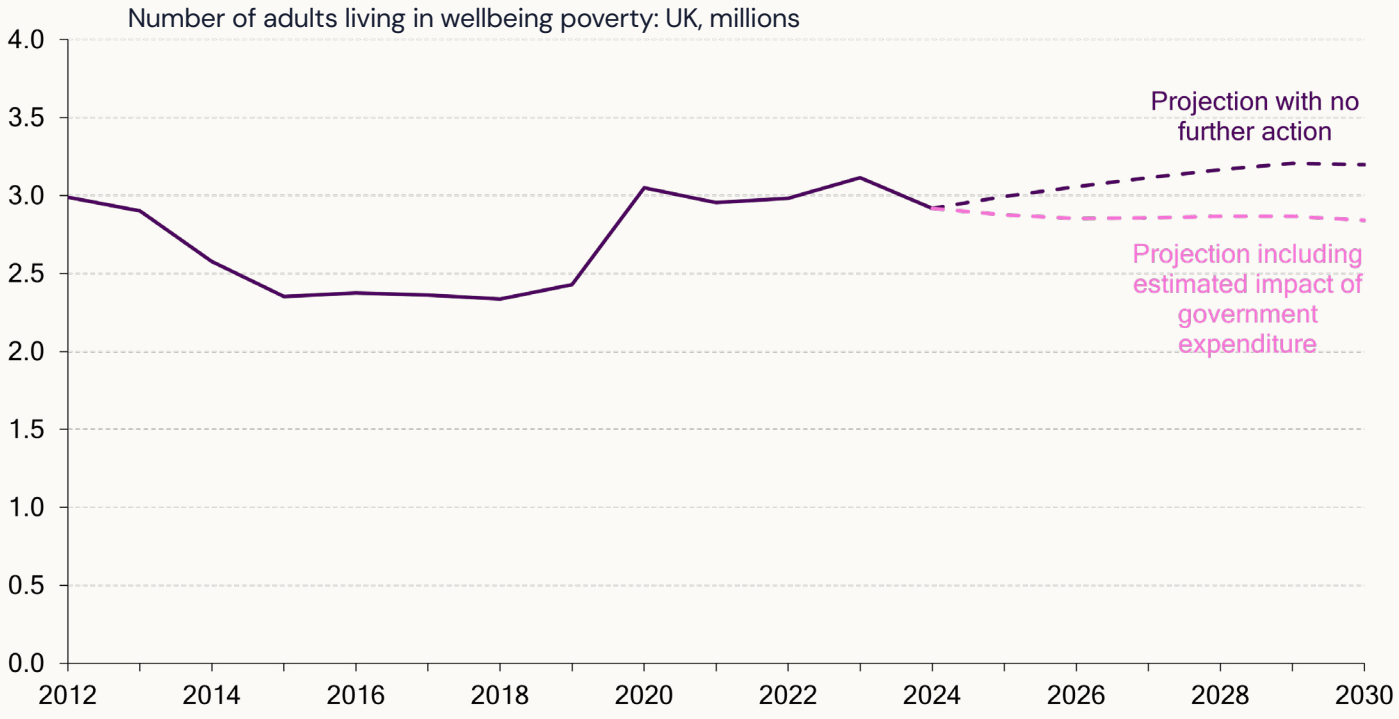
So far, our analysis has focused on the underlying drivers of wellbeing and has not considered the impacts that government spending might have (beyond those tax and welfare benefit policies that directly impact on household incomes).

We use a "thought experiment", based on estimates of how much it costs the NHS to improve wellbeing, to explore the impact that government spending could have on the number of people living in wellbeing poverty. This approach can allow us to look at how changes in real expenditure could impact on future levels of average wellbeing. We then translate this shift in average wellbeing into potential changes in the number of people living in wellbeing poverty. In our analysis, we use the breakdown of day-to-day government spending projections provided by the OBR into Resource Departmental Expenditure Limits (RDEL). RDEL covers day-to-day "current" running costs of public services, grants and administration. Around two-fifths of the expenditure relates to health and social care expenditure.[34] The projected expenditure levels published alongside the Chancellor's Spring Statement in 2025 suggested modest increases in real expenditure of around 2% per year.[35]

Our analysis suggests that current spending plans could play an important role in pushing back against the wellbeing headwinds. However, they are likely to leave the number of people living in wellbeing poverty at broadly the same level as we see today. As shown in Figure 14, rather than an additional 300,000 people falling into wellbeing poverty, we see numbers remain static. This means that the numbers of people living in wellbeing poverty would remain well above the pre-pandemic level.

34. OBR, A brief guide to the public finances (3 April 2025)
35. We will complete further work to understand the potential impact of the latest Spending Review (11 June 2025) on these projections.

Figure 14: Planned government spending increases could reverse trends in wellbeing



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"

Source: PBE analysis of Understanding Society, Waves 1–14 and Annual Population Survey (2025).

There is, of course, significant uncertainty around the exact impact of current government plans on levels of wellbeing poverty. In particular, the OBR projections for government spending are limited to high-level aggregated figures (those required to assess the government's overall budgetary position). This makes it difficult to understand which policies the spending will be allocated to and accurately assess their impact on wellbeing. In addition, there is a relatively limited understanding of the impact that government expenditure has on levels of wellbeing. Research datasets, typically, hold relatively little information on the use of public services, and it can often be difficult to disentangle causality – someone who is not well is more likely to use health services, but that doesn't mean that the greater use of public services caused the poor health.

There are always difficult trade-offs in policy making, and the current pressure on government budgets exacerbates this. But there is a very real question about whether, as a society, we think it's acceptable to leave the number of people living in wellbeing poverty stuck at the current elevated level for more than a decade?

The good news is that the government can achieve more without necessarily spending more. Tackling the causes of low wellbeing is not just about the overall quantity of spending – it's also about the quality: prioritising spend on areas that impact on wellbeing poverty makes a big difference. This means an increased focus on policies that will impact our physical health, mental health and reduce loneliness. Only by tackling these long-term challenges will we start to see the levels of wellbeing poverty decline.

As a first step, policymakers and decision takers should firm-up their understanding of which areas of their budgets deliver the strongest impacts on wellbeing.[36]

In addition, it's not just government that can make a difference to the number of people living in wellbeing poverty. Private sector companies can play an important role in creating work environments that supports employees' wellbeing, following best practices when it comes to working with vulnerable customers and being conscious of the impacts they can have on the communities within which they operate. In addition, the social sector can play a critical role in preventing families and individuals slipping into wellbeing poverty and supporting them to escape when they do.

Ultimately, we believe that trends in wellbeing should be a primary concern for policymakers in the UK. They reflect the very real impact that deteriorating perceptions of our health and increased loneliness are having on our quality of life. The value goes beyond just tracking trends. Wellbeing provides a valuable framework for making decisions about public services, looking through a fresh lens for a sharper view on old problems.

Housing policy provides a good example of how wellbeing can provide a fresh perspective. Where we live is a foundation for our wellbeing. The evidence shows that a safe, secure home underpins our wellbeing and an insecure one limits or reduces it. This is the topic we turn to in Section 4.

36. Previous work by PBE, on the wellbeing impacts of disability benefits, provides an example of how this can be done in a pragmatic way. See: Karol Rodriguez Cabrera, More than money: The lifelong wellbeing impact of disability benefits, PBE (January 2025)

Section 4: The rental sector in focus

Section summary

- Renters are three times as likely to be living in wellbeing poverty compared to owner occupiers.
- Differences in health, mental health and loneliness account for the higher rates of wellbeing poverty among social renters.
- However, the average private renter is facing a wellbeing "penalty" equivalent to £3,700 per year, primarily driven by differences in affordability and stability of rented housing.
- Reforms to renters' rights in Scotland have helped to reduce the private renter wellbeing penalty experienced there, supporting an improvement in wellbeing equivalent to £4 billion a year.
- The Renters Rights Bill might provide similar support to renters in England, with the potential to lift around 50,000 people out of wellbeing poverty and generate total wellbeing benefits worth up to £9 billion a year.

Wellbeing begins at home. More than just shelter, good housing provides us with a sense of safety and security, while the neighbourhood we live in is the setting for social connections that can provide a sense of belonging and support. As such, where we live plays a central role in our physical health, mental health and our connection to those around us.

Many people lament the state of the UK housing market, arguing that high property prices, rising rents and too few houses being built have left us with a housing crisis.[37] Others argue that the problems are overstated and that building more homes will make little difference to affordability.[38] Some suggest change should focus on delivering an equitable distribution of the properties that already exist rather than building more.[39] Meanwhile, others point to the normalisation of renting that exists in many parts of continental Europe. How, then, should we think of housing in the UK?

We take a fresh look at this question by exploring how different types of tenure and specific

37. National Housing Federation, Let's fix the housing crisis: Delivering a long-term plan for housing (2024)
38. Ian Mulheirn, Tackling the UK housing crisis: Is supply the answer?, UK Collaborative Centre for Housing Evidence (August 2019)
39. Danny Dorling, All that is solid: The great housing disaster (2015)

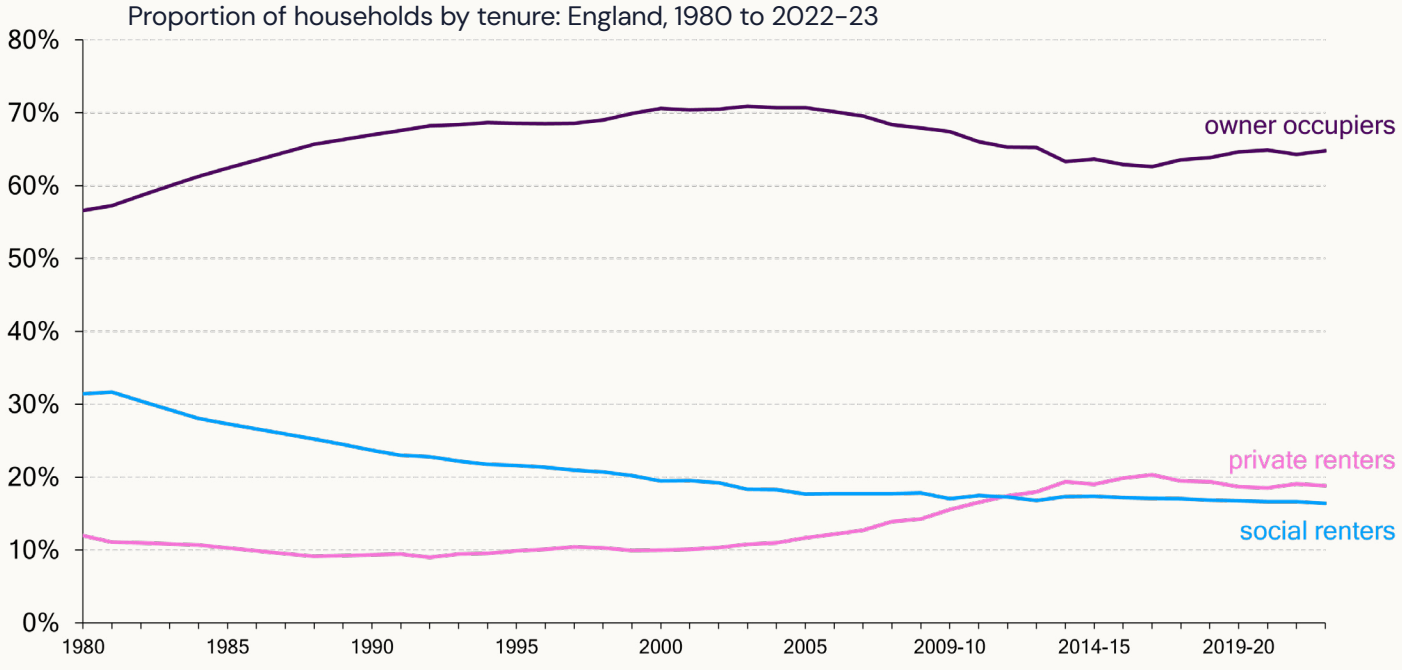
housing-related issues impact on how we feel about our lives. We draw on the most recent and comprehensive data from the English Housing Survey and Understanding Society, with a particular focus on the two-thirds of those living in wellbeing poverty that rent.[40]

Box 5: The history of housing tenure in England

The evolution of the make-up of households in England (and indeed the wider UK) is shaped by a web of local and national decision making across private and public sectors.

Owner occupation has long been the ambition of many and, as Figure 15 shows, rose steadily through the 1980s and 1990s (following a pattern that held in preceding decades too). However, rapid increases in house prices have meant that the incomes of would-be first-time buyers have struggled to keep pace with the deposits required when purchasing a home with a mortgage. Many within younger cohorts have, therefore, found themselves locked out of ownership, with access increasingly restricted to those who are able to draw down on the "bank of mum and dad".

Figure 15: The rise of private renting has gone hand in hand with the decline of social housing.



Source: Department of Environment Labour Force Survey Housing Trailer (1980 – 1991), ONS Labour Force Survey (1992 – 2008), English Housing Survey, full household sample (2008 – onwards).

40. PBE Analysis of 2023/2023 English Housing Survey (2025) The English Housing Survey (EHS) is a national survey of people's housing circumstances and the condition and energy efficiency of housing in England. It provides detailed data on a representative sample of around 13,000 households and 6,000 dwellings from across England. For more information, see: Ministry of Housing, Communities and Local Government, English Housing Survey (29 May 2025)

Social housing was a significant part of the housing picture during the post-war period, supported by a major housebuilding effort across the country. The stock has contracted sharply in more recent decades, however, reflecting a combination of reduced building and council sell-offs (not least through the Right to Buy scheme that helped to extend home ownership to those social sector tenants that were able to take the leap).

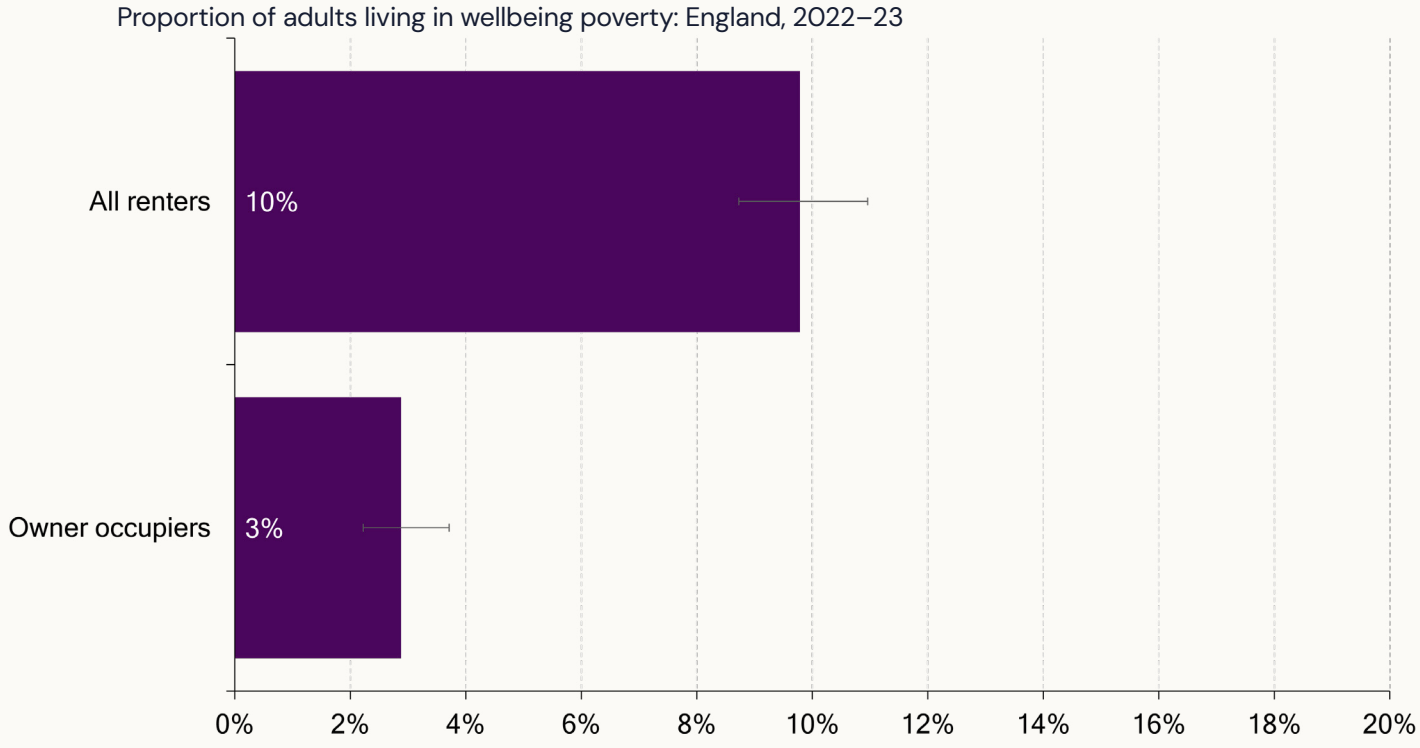
With ownership and social renting both drifting downwards since the turn of the century, the void has increasingly been filled by a rise in private renting. Indeed, the sector has been England's second tenure from roughly 2012 onwards.

By 2022–23, 65% of households in England were homeowners, 19% rented privately, and just 16% rented socially.

Renters are more likely to be living in wellbeing poverty

As Figure 16 shows, renters (private and social together) are three times as likely as owner occupiers to be living in wellbeing poverty. One in 10 (10%) renters find themselves in this position.

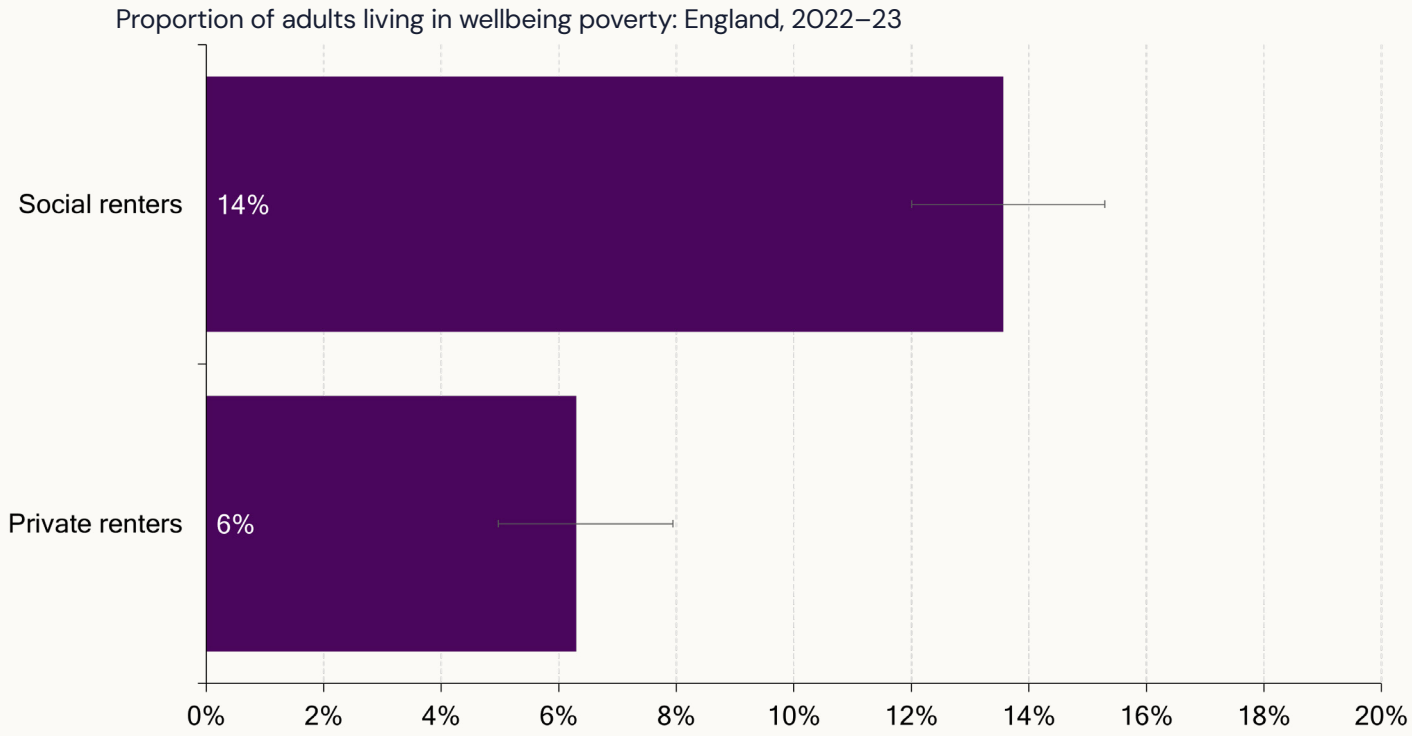
Figure 16: Renters are three times as likely as owner occupiers to live in wellbeing poverty.



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of English Housing Survey (2025).

While low wellbeing is elevated for renters in general, Figure 17 shows that the prevalence is much higher among social renters (14%) than among private renters (6%).

Figure 17: Social renters are more likely to be living in wellbeing poverty than private renters.



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of English Housing Survey (2025).

Differences in health, mental health and loneliness account for the higher rates of wellbeing poverty among social renters

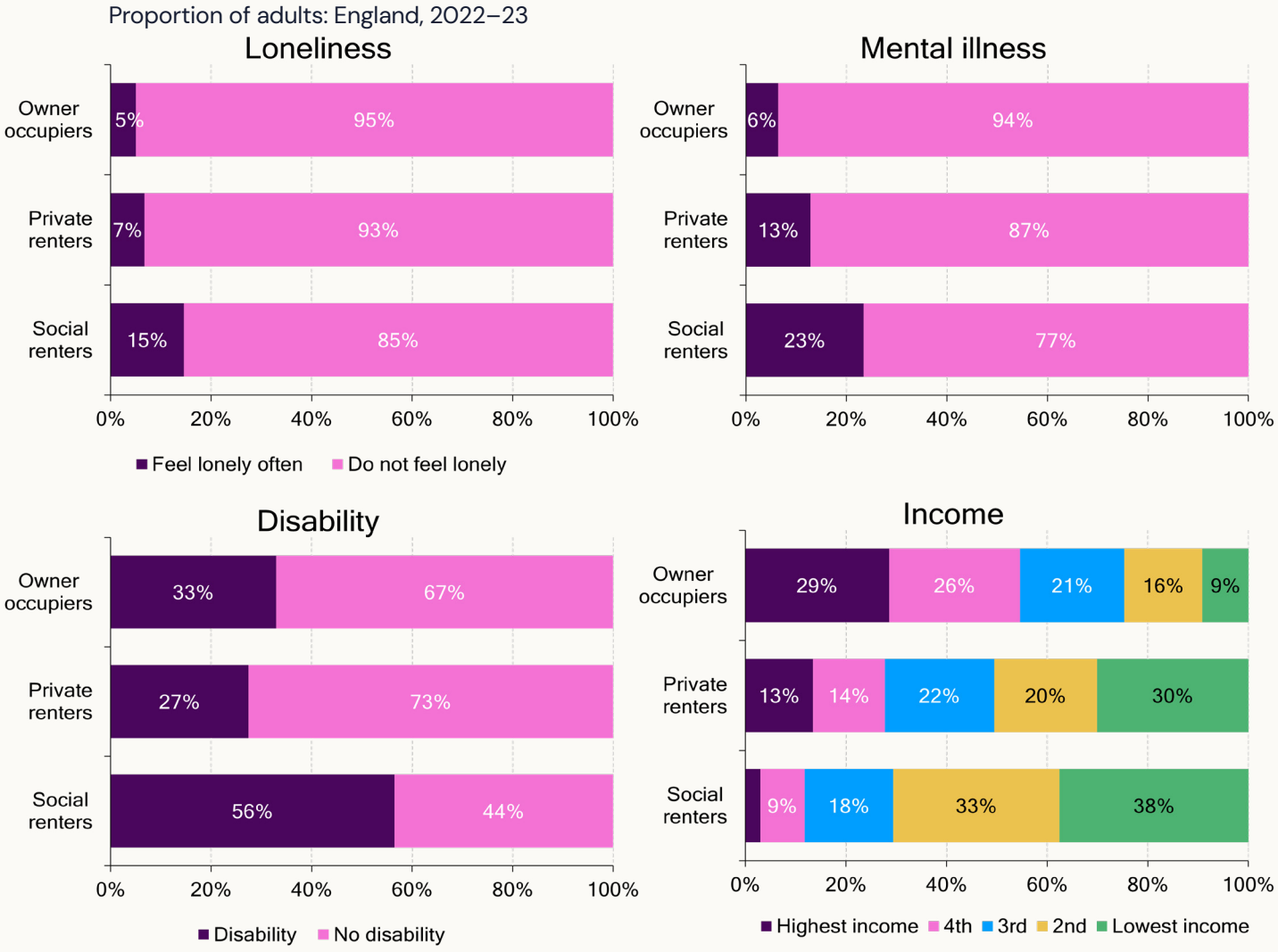
It is important to look beneath the surface of these headline differences in wellbeing. As shown in Figure 18, there are many other characteristics of renters that are associated with low wellbeing and can potentially explain these differences.

Social renters are far more likely to report health conditions, for example. More than one in every two (56%) social renters report having a disability, compared to closer to one in three owner occupiers (33%) and private renters (27%). Meanwhile, nearly a quarter (23%) of social renters report mental illness, compared to 13% of private renters and just 6% of owner occupiers. In addition, social sector renters are more likely to report feeling lonely: 15% compared to 7% among private renters and 5% among owner occupiers.

Renters are also more likely to be from a low-income household; almost two in every five (38%) social renters are from the lowest income quintile, compared to one in every three (30%) private renters and fewer than one in 10 (9%) owner occupiers.[41]

41. In addition, renters are more likely to report being unemployed or inactive: Almost a quarter (24%) of social

Figure 18: Social renters tend to experience poorer health and economic outcomes.



Source: PBE analysis of English Housing Survey (2025).

Many of these characteristics are associated with an increased risk of living in wellbeing poverty so, in many ways, it's no surprise that wellbeing poverty is a higher risk for so many renters.[42] However, we can go further and tease apart the extent to which the act of living in rented accommodation itself is associated with wellbeing poverty. To do so, we use a statistical technique to disentangle the effects of being a renter on wellbeing from the other drivers outlined above.

renters are inactive (not due to education), compared to fewer than one in 10 (8%) private renters and fewer than one in 20 (3%) owner occupiers. Likewise, social renters are more than 12 times more likely to be unemployed than owner-occupiers, while private renters are more than five times more likely.

42. Franklin et al., Mind, body and connection.

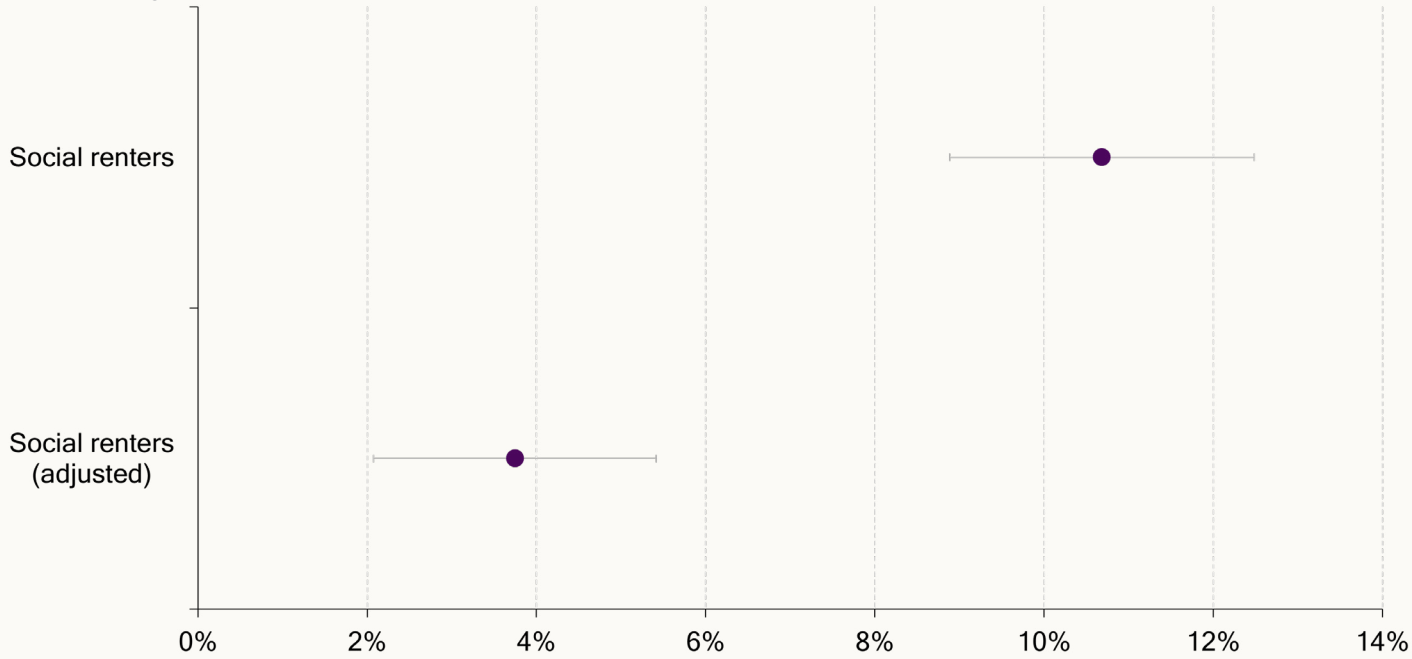
Private renting is making us miserable

This analysis confirms that much of the difference in the risk of wellbeing poverty faced by renters can be explained by the demographic, health and economic characteristics they display.[43]

This is particularly true for social renters. Before adjusting for demographic, health and economic characteristics, social renters are around 11 percentage points more likely than owner occupiers to be living in wellbeing poverty. Figure 19 shows that, after adjustment, the difference narrows to just 4 percentage points. Furthermore, our 2024 analysis found that the gap may disappear completely when more detailed general health and mental health measures are used in the model.[44]

Figure 19: Health and economic factors explain much of the differences in levels of wellbeing poverty for social renters.

Percentage point increase in the probability of living in wellbeing poverty compared to owner occupiers: England, 2022-23



Notes: Average Marginal Effects from a logistic regression predicting wellbeing poverty based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of English Housing Survey (2025).

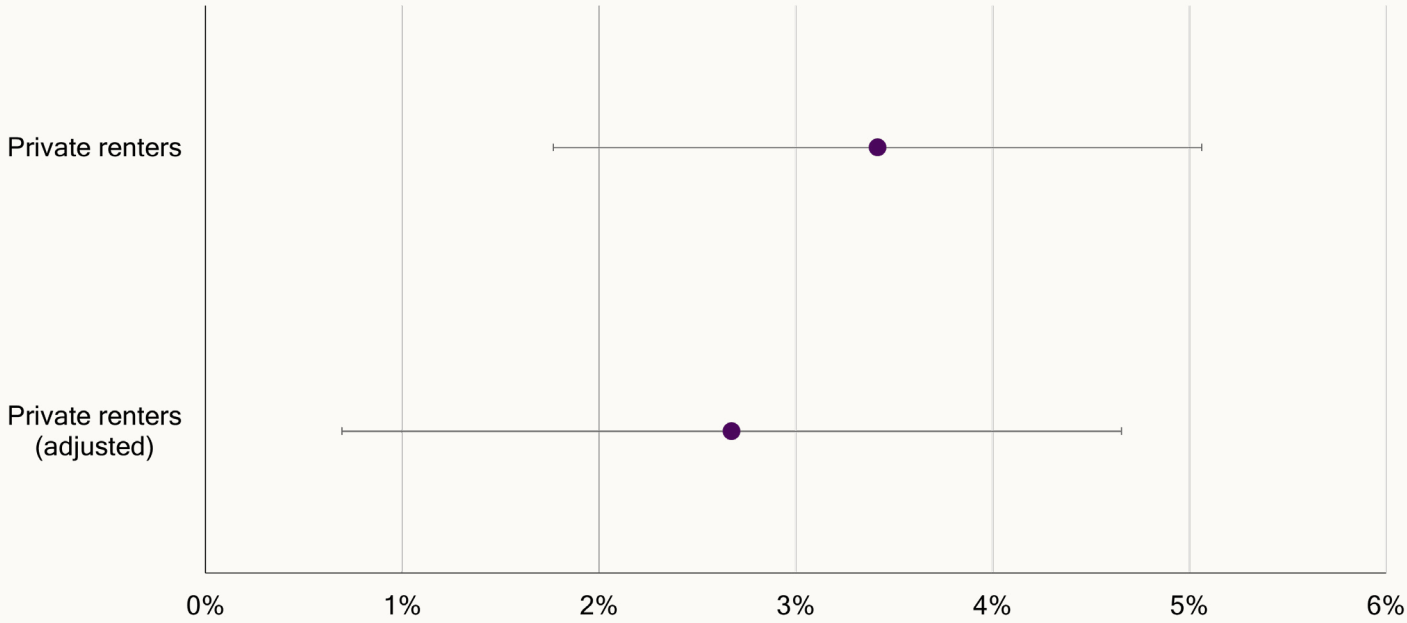
43. Full details available in Annex C.
44. The analysis in last year's report was based on Understanding Society, which includes subjective measures of general health and the impact of mental health on day-to-day functioning. When these variables are included in our analysis, the effect of social renting on the risk of living in wellbeing poverty becomes statistically insignificant. The English Housing survey includes binary indicators of whether someone has a long-term physical health condition or disability or a long-term mental illness, but does not include these more complex variables, so we are unable to control for their effect in this latest analysis.

In other words, once we take full account of the different demographic, economic and health characteristics of social renters, they appear no more likely to live in wellbeing poverty than owner occupiers.

In contrast, while demographic, economic and health characteristics are also telling part of the story among private renters, adjusting for them in the same way does *not* remove the heightened wellbeing poverty risk they face. Instead, as shown in Figure 20, private renters remain 2.7 percentage points more likely than owner occupiers to be living in wellbeing poverty.[45] This means it's likely that there is something about private renting itself that is making us miserable: a "private renter wellbeing penalty".[46]

Figure 20: Private renters face a wellbeing "penalty".

Percentage point increase in the probability of living in wellbeing poverty compared to owner occupiers: England, 2022-23



Notes: Based on adults responding 4 or below out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?"
Source: PBE analysis of English Housing Survey (2025).

45. Unlike with social renters, this difference persists even when we use more sophisticated measures of subjective general health and mental health using Understanding Society. For further detail see Franklin et al., Mind, body and connection

46. Our analysis controls for sex, age, ethnicity, disability, mental health conditions, loneliness, geographic region, employment status, income and household composition. It is possible that tenure is a driver of some of these factors (for example, loneliness) in which case it's possible our analysis underestimates the impact of tenure on wellbeing.

This private renter wellbeing penalty makes a material difference to the quality of life of the 4.6 million households living in accommodation rented out by private landlords or organisations.[47] Our analysis suggests that it is the equivalent to a reduction in wellbeing for the average renter of 0.2 points on the 0-10 life satisfaction scale.

Once again using the HM Treasury method for valuing this impact, we can conclude that removing the penalty would be the equivalent of a £3,700 pay rise for the average private renter.

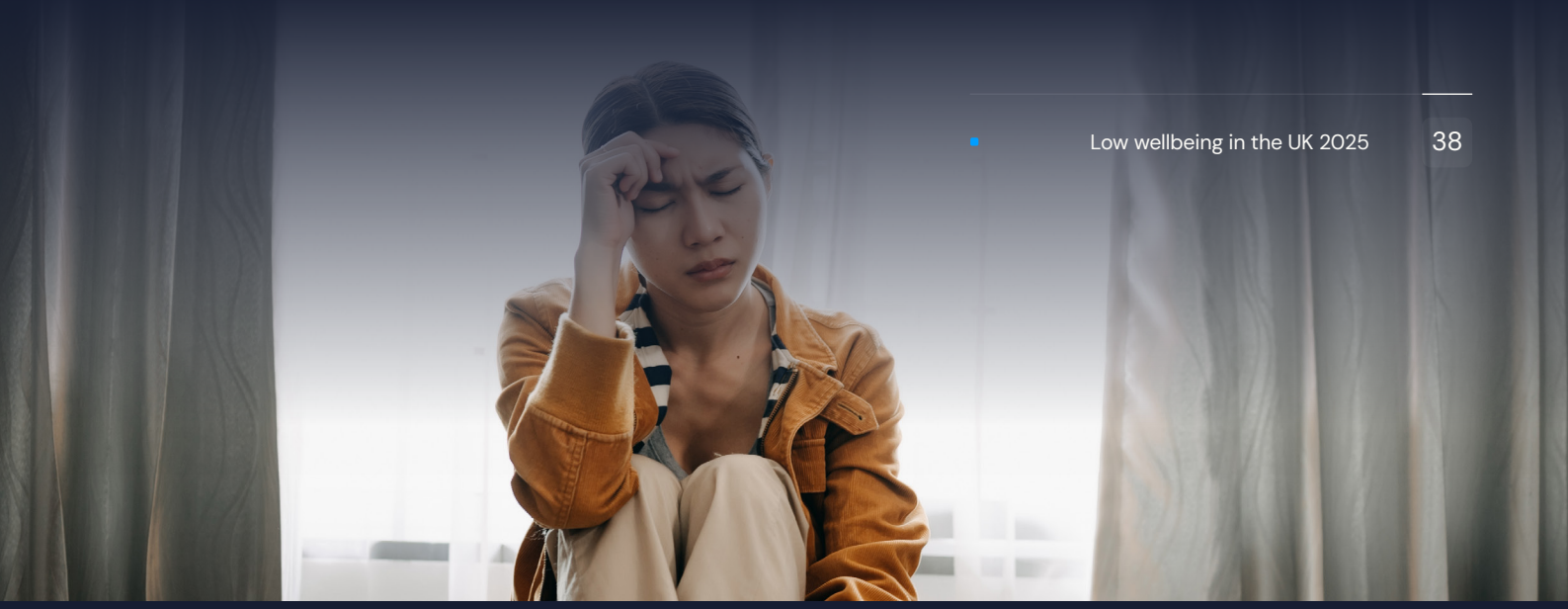
But what is it about being a private renter that causes this wellbeing penalty? Key areas of focus highlighted by organisations working in the housing and homelessness sector include:

- **Affordability of rent:** Nearly three in 10 (28%) households in the private rented sector find it "fairly" or "very" difficult to pay rent, even after receiving benefits. Although this is comparable to social tenants (26%), this figure is significantly higher than among homeowners.[48]
- **Housing stability:** With Assured Shorthold Tenancies remaining the norm – until at least the passage of the Renters' Rights Bill – it is unsurprising that almost two in five (38%) private rented households have only lived in the property for just one year or less. That's about three times more than owner-occupied (9%) and social (11%) households. Moreover, private renters are recorded as far more likely to expect to move in the next six months, compared with homeowners and social tenants. Aside from the cost and stress caused by frequent moves, it can also make it harder to build a sense of connection with a neighbourhood and the people within it.[49]
- **Quality of housing:** The number of homes that fail to meet the Decent Homes Standard has declined across the board, particularly since 2011. However, the proportion of non-decent homes in the private rented sector remains higher compared with owner-occupied and social housing. More than one in five (21%) private renter homes are too cold, in a poor state of repair or lack basic modern facilities.[50]

Our analysis confirms that these factors explain the majority of the differences in wellbeing experienced by households in the private rented sector.[51] That is, when we extend the analysis described above to further adjust for differences in affordability, housing stability and quality of housing, then private renters are no longer more likely to be living in wellbeing poverty than owner occupiers. Whereas, for social renters, it is differences in economic and health factors that explained much of the difference in levels of wellbeing poverty, for private renters it is differences in affordability, housing stability and housing quality that drive the wellbeing penalty.

This is important because it suggests that intervening to tackle these challenges could play an important role in reducing the number of private renters living in wellbeing poverty. We explore each of these factors in more detail below.

47. PBE Analysis of 2022/23 English Housing Survey (2025)
48. PBE analysis of 2022/23 English Housing Survey (2025)
49. PBE analysis of 2022/23 English Housing Survey (2025)
50. Proportion of households living in non-decent homes by tenure, Health Foundation (9 October 2024)
51. Further details available in Annex C.



Box 6: Case study – Bridget's story (supplied by Generation Rent)

I've been renting privately all my adult life, but getting a sudden rent hike still comes as a shock and has been very stressful, especially as the landlord gave us just one month's notice. This is nearly a 20% increase!

As a single parent living with my two children, with one income to live on, the impact will ripple through my life. I feel broken down by this system. Extreme damp in my previous home led to me being rushed to hospital with pneumonia.

I hoped this new home would be better, but, once again, I've suffered a huge blow to my security. Rents in my local area in County Durham are high, and I cannot simply jump to another more affordable option.

This will have a huge impact on my finances, with my home now so much more of a struggle to afford each and every month. I was already struggling to cover my essentials; this shock rent rise will put even more of a strain on me. My mental health has been badly affected, and I worry about the long-term impact this will have on myself and my family.

Affordability is a significant and growing challenge for private renters

Those in the private rented sector, typically, have to spend a higher proportion of their income on housing costs (39%) compared to either owner occupiers with a mortgage (20%) or those in the social rented sector (29%),[52] and this proportion has been rising over time. The average private rent increased by more than 18% over the last five years of available data, from £200 per week in 2018–19 to £237 in 2023–24, at a time when there have been a range of other cost pressures on household budgets.

This matters, because our analysis suggests that people's perception of whether their housing costs are affordable explains around two-fifths of the wellbeing penalty faced by private renters. Private rental affordability concerns are, therefore, pushing around 110,000 additional people into wellbeing poverty each year.[53] With an increasing number of households turning to the private rented sector, this number might be expected to continue growing over the coming years.

Private rental affordability is also adding more strain to already stretched budgets for local councils and social sector organisations. Rough sleeping has nearly doubled since 2021, and over 126,000 households – including more than 164,000 children – are now living in temporary accommodation. Social housing is in such short supply that, in some areas, families needing a three-bedroom home could wait more than 100 years.[54] At the same time, the number of people seeking housing advice from Citizens Advice has increased by over 80%, rising from around 140,133 in 2021 to more than a quarter of a million in 2024.[55]

It is vital, therefore, that more is done to meet the challenge of affordability within the private rented sector. But it's clear that quick fixes are few and far between; while the decision to increase the allowance provided within Universal Credit for housing costs will provide some short-term relief, for instance, it does not form a long-term solution to the mismatch between rents and incomes.[56]

52. Ministry of Housing, Communities and Local Government, English Housing Survey 2023 to 2024: Headline findings on demographics and household resilience. Chapter 2: Housing costs and affordability Figure 2.3, (28 November 2024)
53. Relative to if they experienced the typical affordability concerns of owner occupiers.
54. Over a hundred years' wait for a family-sized social home, National Housing Federation (8 April 2025)
55. PBE analysis of Citizens Advice dataset (2025). Data reported on Citizens Advice clients by issue, by year, from 2021 onwards.
56. Sticking plaster solutions won't do for broken housing system, PBE (25 April 2024)

Many commentators suggest that it will, instead, rest with a significant increase in the supply of housing,[57] and the government's ambition to build 1.5 million new homes by 2029 would be an important start in this regard. However, turning ambition into reality has been a challenge for successive governments and others have suggested that alternative solutions, such as expanding social housing provision, may be more effective.[58] In practice, it's likely that a combination of policies will be required.

Box 7: The London premium

The property market in London has long been viewed as different to the rest of the country. As an "international city" with a vastly larger population, a more comprehensive public transport network and a concentration of high-paying industries, we have seen the residential property market follow distinctly different trends over the last 50 years compared to the rest of the country. Renting is also far more common in the capital. More than three in 10 households (31%) rent in London compared to fewer than two in 10 (17%) elsewhere in the country. This includes a particular concentration of younger renters, those aged 25–34, compared to places outside of London.

Although the proportion of adults living in wellbeing poverty is lower in London, private renters remain around twice as likely to experience wellbeing poverty compared to owner occupiers. Some 3% of private renters in the capital live in wellbeing poverty, compared to just 1.4% of owner occupiers. Outside London, the equivalent figures are 7% and 3%, respectively.

Despite higher wages in the capital, affordability is a bigger challenge for renters in London compared to elsewhere in England. Nearly two in every five (38%) private renting households in London find it "fairly" or "very" difficult to pay their rent, compared to around one in four (26%) outside of the capital.[59]

This means that the contribution of affordability to the risk of living in wellbeing poverty is even higher in London than it is elsewhere in the country. We estimate that the loss of wellbeing would be valued at around £3,900 a person a year using HM Treasury's methodology.[60] This is 39% higher than the wellbeing penalty recorded as a result of rental affordability across the wider country.

57. See, for example: Dan Wilson Craw, Homes, not landlords, are the key to rent affordability, Generation Rent (1 August 2024); Glen Bramley, Housing supply requirements across Great Britain: For low-income households and homeless people, Institute for Social Policy, Housing and Equalities Research, Crisis and the National Housing Federation (November 2018)
58. Mulheirn, Tackling the UK housing crisis: is supply the answer? (August 2019)
59. We can be at least 95% sure that the difference seen here is not caused by noise in the data.
60. In estimating the contribution of affordability to wellbeing we used regression model coefficients from a model for London alone. Sample sizes meant that we were unable to control for the quality of housing; however, other housing-related coefficients were not statistically different to the model used for the overall English market.

The Renters Right's Bill – a chance to boost wellbeing

As more people have entered the private rented sector, so, too, have concerns about the insecure living conditions that many tenants face and the impact it has on their lives. Our analysis suggests that around one-fifth of the increased risk of living in wellbeing poverty experienced by private renters can be explained by housing instability. This means that giving tenants more certainty that they won't be forced to move offers a powerful opportunity to improve the quality of life of renters across the UK.

Concerns about the stability of private renting have resulted in legislative action across the UK.61 Reforms started earlier in Scotland and, as discussed in Box 8, there are early signs that it has potentially contributed to a narrowing of the wellbeing gap between renters and owner occupiers – delivering benefits valued at up to £4 billion a year.

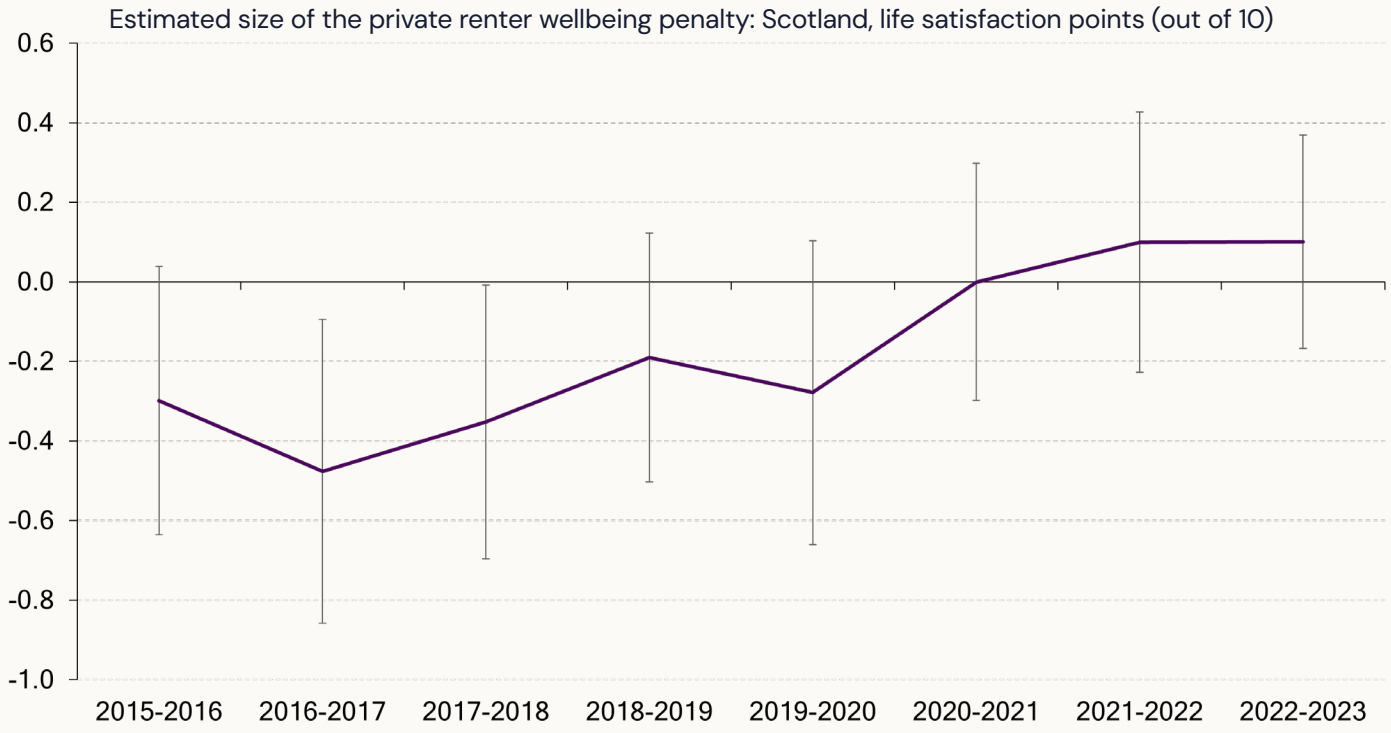
Box 8: Impact of reforms to the private rental sector in Scotland

At the end of 2017, the Scottish Government introduced significant reforms to the private rental sector. Central to these changes was the introduction of the Private Residential Tenancy, which replaced the previous assured and short assured tenancy agreements. This new form of tenancy aimed to provide additional stability and rights for renters. Additional measures, including emergency legislation during the pandemic and the cost of living crisis, also sought to limit rent increases.

61. For example, the Renting Homes (Wales) Act was reformed in 2022 to simplify renting and introduced a six-month notice for no-fault evictions. In October 2024, a Welsh Government White Paper proposed a national housing strategy and improved private rental data. While welcomed, groups such as CIH Cymru and Shelter Cymru have suggested the paper lacks ambition, warning that combining affordability and housing quality risks limiting effective action on both issues. Consultation responses are under review, while, as of May 2025, annual rent inflation in Wales remains high at 8.7%, exceeding levels experienced in England. For more detail, see: Welsh Government, Consultation on the White Paper on securing a path towards adequate housing, including hair rents and affordability (24 October 2024); CIH Cymru consultation response on the White Paper on securing a path towards adequate housing, CIH Cymru (3 February 2025); Shelter Cymru, Response to the Welsh Government White Paper consultation: Securing a path towards adequate housing including fair rents and affordability, (January 2024); and Private rents and house prices, UK: May 2025, Figure 4, ONS (21 May 2025). In Northern Ireland, rent increases are now limited to once a year with notices of three months, as part of ongoing reforms to the private rental sector. The Assembly is currently considering the People's Housing Bill, which proposes banning no-fault evictions, making longer tenancies the default, as well as creating a housing ombudsman and Rental Board to enforce standards and oversee rent controls. An Intermediate Rent scheme has also been launched for households priced out of private renting, but ineligible for social housing.

The reforms have coincided with a significant reduction in the wellbeing penalty experienced by private renters in Scotland. As shown in Figure 21, prior to the introduction of the reforms, our analysis suggests the difference in the life satisfaction score of a renter in Scotland compared to an owner occupier, on the 0–10 life satisfaction scale, was around 0.4 points (after adjusting for a range of demographic, economic and social factors). Since the reforms were introduced, we have seen a steady decline in this difference so that levels of wellbeing are now very similar between renters and owner occupiers (after adjusting for other factors).

Figure 21: The wellbeing penalty for private renters in Scotland has improved following legislation.



Notes: Aligned to score out of 10 to the question, "Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?" Wellbeing penalty is based on the coefficient for private renting from a regression estimating life satisfaction levels in Scotland, after controlling for other demographic, health and economic outcomes. It represents the difference in life satisfaction relative to owner occupiers. Understanding Society data is gathered in waves that cover two-year periods, so 2022–2023 includes observations from any point between January 2022 and December 2023.

Source: PBE analysis of Understanding Society, Waves 1–14 (2025).

This means that substantial benefits have potentially been delivered by the reforms in Scotland. If all this improvement in wellbeing outcomes experienced by Scottish renters could be attributed to the reforms, then its economic value would amount to around £4 billion a year, based on HM Treasury's methodology for monetising wellbeing benefits. This underlines how changes to housing policy have the potential to deliver substantial improvements to the quality of people's lives.

Further work would be required to confidently attribute all these benefits to the reforms.[62] In addition, previous evaluations of these legislative changes emphasise issues within the sector remain.[63] However, the fact that this improvement has been recorded at the same time as the deterioration of wellbeing outcomes for renters elsewhere in the UK should give us some confidence that the changes in the legislative backdrop have played a part.

In England, the government has introduced the Renters' Rights Bill. Currently being scrutinised in Parliament, the Bill abolishes Section 21 "no-fault" evictions, helping to ensure that tenants cannot be forced out of their homes without a valid reason. This will reduce the constant fear of sudden eviction and avoid the repeated uprooting of families from their support networks, schools and jobs. The Bill also strengthens protections against discrimination, by banning blanket policies that exclude families with children or tenants who receive benefits, ensuring more people access safe and secure homes. In addition, it aims to prevent landlords from using rent increases during a tenancy to push tenants out. Rent hikes will be limited to once a year, and tenants will have the right to challenge unfair increases through an independent tribunal. In doing so, these reforms aim to create a fairer and more stable rental market, in which tenants can live with peace of mind.

Following the Scottish example, the Renters Rights Bill has the potential to deliver significant wellbeing benefits in England. If the Bill entirely closed the gap in housing stability for renters compared to owner occupiers, then it could lift around 50,000 people out of wellbeing poverty. This could help to push back against the "wellbeing headwind" described in Section 3 and make a material difference to levels of wellbeing poverty in the UK. When we look at benefits for all renters – not just those living in wellbeing poverty – it could potentially deliver benefits valued at more than £1,100 per adult. Across the 4.6 million households in the private rented sector, it could, therefore, generate total benefits worth up to £9 billion a year.

However, delivering these potential benefits relies on the successful implementation and enforcement of the rights for renters. Campaigners warn that unless renters feel like they will receive support from local councils in ensuring that landlords stick to the new protections, the benefits may not materialise in practice. Many local councils – the bodies expected to oversee

62. For instance, more directly comparing wellbeing outcomes against a matched group of similar households from elsewhere in the UK and understanding the impact of the reforms on landlords' wellbeing.

63. Anna Evans et al., RentBetter research programme: Wave 3 final report, Indigo House in association with IBP Strategy and Research (September 2024)

compliance – lack the funding and staffing needed to monitor landlord behaviour or act on tenant complaints.[64] Furthermore, the Bill won't singlehandedly make rents more affordable, which – as discussed above – is the most pressing concern for tenants and the largest housing drag on wellbeing. Shelter, alongside the Renters' Reform Coalition, is calling on the government to include limits to rent increase during tenancy to lower wage growth or inflation, so that average rents do not outpace renters' incomes.

Notwithstanding the uncertainty that surrounds the eventual impact of the Bill, we have shown that by getting the implementation and details right, the available benefits could be substantial. It has the potential to improve the quality of life for millions who are struggling the most today.

The quality of housing has improved in England but it remains a concern

There have been marked improvements in the quality of housing in England over the last two decades. Looking across the total housing stock, the proportion of properties considered "non-decent" has declined from 34.9% in 2006, to 14.6% in 2022.[65] Also, while private renters remain more likely to live in a poor-quality house, these improvements have been secured across all types of tenure. The proportion of private rented dwellings not meeting the Decent Homes Standard has fallen from almost one in every two (46.7%) in 2006, to one in five (21.2%) in 2022.

Given these improvements, our analysis suggests that quality plays a weaker role in driving differences in wellbeing for private renters compared to owner occupiers than either affordability or tenure stability.[66] Indeed, less than 5% of the wellbeing penalty experienced by private renters appear to be explained by the quality of housing.

Nevertheless, poor housing quality remains an important challenge for some groups. The high-profile case of Awaab Ishak, a two-year old whose death was triggered by extensive mould in the flat in which he lived, shone a light on the unacceptable conditions that some households continue to face. A new law, scheduled to come into force in October 2025, will place demands on registered providers of social housing to investigate and fix dangerous damp and mould within a set period. Over time, it is hoped that this will help further drive improvements in the quality of rented housing.

64. Response to Renters' Rights Bill, Committee Stage, House of Lords, 22 April 2025, Local Government Association (30 April 2025). In addition, commentators have highlighted that the bill leaves much to future rules and guidance. Key details are vague, so tenants may still not know how the changes will affect them.

65. Proportion of households living in non-decent homes by tenure, Health Foundation

66. Measures of housing quality did not meet standard academic measures of statistical significance in our modelling, meaning that it can be hard to distinguish the impact of quality on wellbeing from general noise in the data. This may be due to a close association between housing quality and other variables used in our model, such as income and household composition. This could mean that we are underestimating the impact that the quality of housing is having on wellbeing.

Assessing priorities for housing policy

Stepping back, we have seen that renters face higher risks of living in wellbeing poverty. This gives us a strong justification for taking action to support them. However, the drivers of this – and, therefore, the solutions – are very different for social renters compared to private renters. Addressing health inequalities (including loneliness) is likely to make the biggest difference for those living in social housing. However, for private renters in England, there is a need to build on the potential gains from the Renters Rights Bill and to find ways of addressing the growing affordability challenge they're faced with.

Section 5: Conclusion

We believe the purpose of good government and effective public policy is to improve the wellbeing of the nation. More particularly, for a country with the wealth and the resources of the UK, it should be unacceptable for any person to have to endure a sustained period of living in wellbeing poverty.

There is, however, no single policy approach that government can take to lift wellbeing for all: instead, the wellbeing of households across the country will be affected by a myriad of different policy choices across various domains. Recognising this, the government must, therefore, measure what matters to people as a first step to understanding what's happening in the country and what more it might do to improve the condition of its citizens.

Our analysis suggests that, in the absence of deliberate and concerted government action, we are at risk of getting caught in a low wellbeing trap over the coming years. Challenges associated with the housing crisis, social isolation and patterns of poor physical and mental health won't change with single policies or one-off strategies: instead, they will require persistence, commitment and focus.

The 2018 Loneliness Strategy provides a good example of this. As our 2024 wellbeing report emphasised, the Strategy took important early steps forwards in establishing loneliness as a priority public health issue. However, in the absence of sustained policymaker focus, momentum appears to have faltered and levels of loneliness have continued to rise.[67]

The systemic and complex nature of many of the challenges we face doesn't mean, however, that we shouldn't also look for more rapid action. Housing policy provides a good example of where near-term changes can make a material difference, even as we get on with tackling longer-term issues. Our homes act as a hub for many of the key drivers of wellbeing and it's right that we take considered action to deal with the deep problem of rental affordability. But fresh legislation to address tenure stability in England through the Renters Rights Bill offers the prospect of following in the footsteps of Scottish reforms by deliver substantial near-term wellbeing benefits too.

Ultimately though, the complex interactions between – and the reinforcing nature of – the challenges faced by so many people living in wellbeing poverty require responses that stretch across government and across the different sectors of the economy. We believe that the government needs to make ending wellbeing poverty a central priority for the UK. In doing so, it should work with the private and social sectors to better understand the challenges that exist and the solutions that can stop the UK slipping into a "wellbeing poverty trap" that thrusts an increasing number of people into lives of deep dissatisfaction.

67. Franklin et al., Mind, body and connection

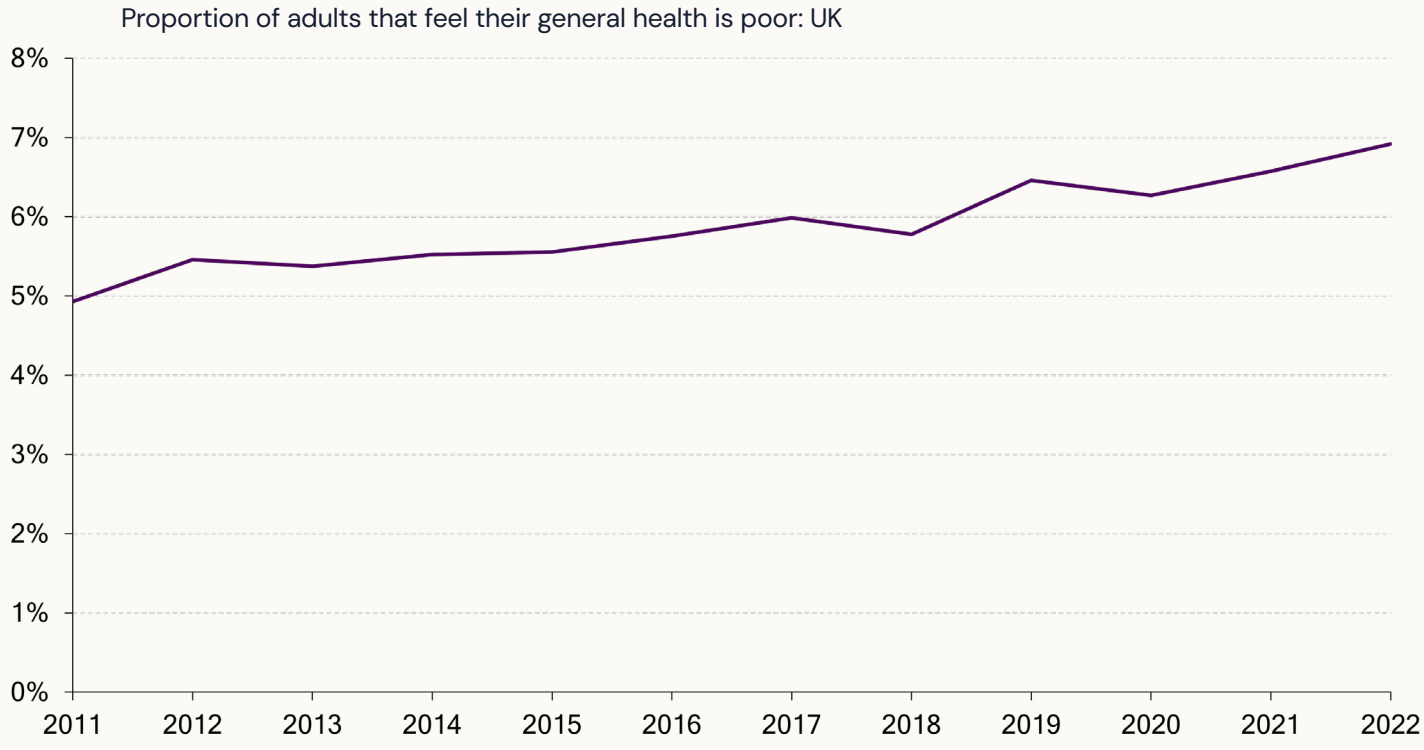
Annex A – Review of the drivers of subjective general health, mental health and loneliness measures

In this annex, we provide a short summary of rapid evidence reviews completed on the underlying drivers of subjective general health, mental health and loneliness measures. These were used to inform the design of our forecasting model for wellbeing.

General health

As a population, we feel that our health has been getting worse over time, with deteriorating trends starting well before the pandemic. Figure 22 shows that the proportion of adults in the UK stating that their health is "poor" has increased from one in 20 in 2011 (4.9%) to around one in 14 in 2022 (6.9%). This means that, in 2022, around 3.8 million people felt that they had poor health.

Figure 22: People feel that their health is getting worse.



Notes: Proportion of UK adults responding "poor" to the question "In general, would you say your health is..."

Source: PBE analysis of Understanding Society, Waves 1–14 (2025).

We have divided the research into the drivers of poor self-assessed health into five key categories:

- **Ageing population:** As people live longer and the baby boomer "population bulge" steadily approaches older age, we would expect more people to be living longer with chronic health conditions. Our analysis suggests the aging population could explain around 0.2 percentage points increase in the proportion of people reporting poor general health – around a 10th of the 2 percentage points increase we have seen.[68]

- **Bio-medical factors:** This includes the presence of specific diseases, medical symptoms or life events that impact on health. Studies have found that the prevalence of obesity or high Body-Mass Index, high blood pressure, heart conditions or diseases, such as diabetes, can have a strong impact on subjective health measures.[69] In fact, one study has shown that cardiac events, such as a heart attack, can help to predict self-assessments of health for up to 10 years after they have occurred.[70] Diseases that have a particular impact on fatigue or pain have also been highlighted as particularly important to our perceived health.[71]

- **Lifestyle factors:** This focuses on the impact that day-to-day activities can have on our health. This can include the impact of time spent investing in social relationships – potentially highlighting the two-way relationship between loneliness and perceived health – as well as physical activity.[72] However, there is mixed evidence on the strength of these relationships, highlighting that the relationship can be complex and impacted by a host of other factors, including age, gender and ethnicity.[73]

- **Sociodemographic factors:** This focuses on the impact that factors such as income, education, occupation and ethnicity have on risks of poor subjective health. These factors have received significant attention in the UK following on from the Marmot Review of health inequalities.[74]

68. Based on the increase that would have been seen had the distribution of subjective health scores remained constant across age groups at the levels seen in 2011.
69. See, for example: Jane Gallagher et al., Factors associated with self-reported health: Implications for screening level community-based health and environmental studies, BMC Public Health (26 July 2016); Linda Meurer, Peter Layde and Clare Guse, Self-rated health status: A new vital sign for primary care?, WMJ (2001)
70. Jan van den Berge et al., Predictors of subjective health status 10 years post-PCI, IJC Heart & Vasculature (June 2016)
71. Giora Kaplan and Orna Baron-Epel, What lies behind the subjective evaluation of health status?, Social Science & Medicine (April 2003)
72. See for example: Ursula Staudinger, William Fleeson and Paul Baltes, Predictors of subjective physical health and global well-being: Similarities and differences between the United States and Germany, Journal of Personality and Social Psychology (1999); Kenneth Nowack, Psychological predictors of health status, An International Journal of Work, Health & Organisations (1991); and Meurer, Layde and Guse, Self-rated health status
73. See for example: Paul Froom et al., Predicting self-reported health: The CORDIS study, Preventative Medicine (August 2004); and Andrea Bombak, Self-rated health and public health: A critical perspective, Frontiers in Public Health (20 May 2013)
74. Marmot et al., Fair Society, healthy lives

The review emphasised the complex interactions between our material circumstances and our social environment, and how they're shaped through our experiences in childhood and the physical environment around us. On this basis, it is likely that these factors are playing both a direct role in shaping our health and are acting as an indirect indicator of more complex social determinants.

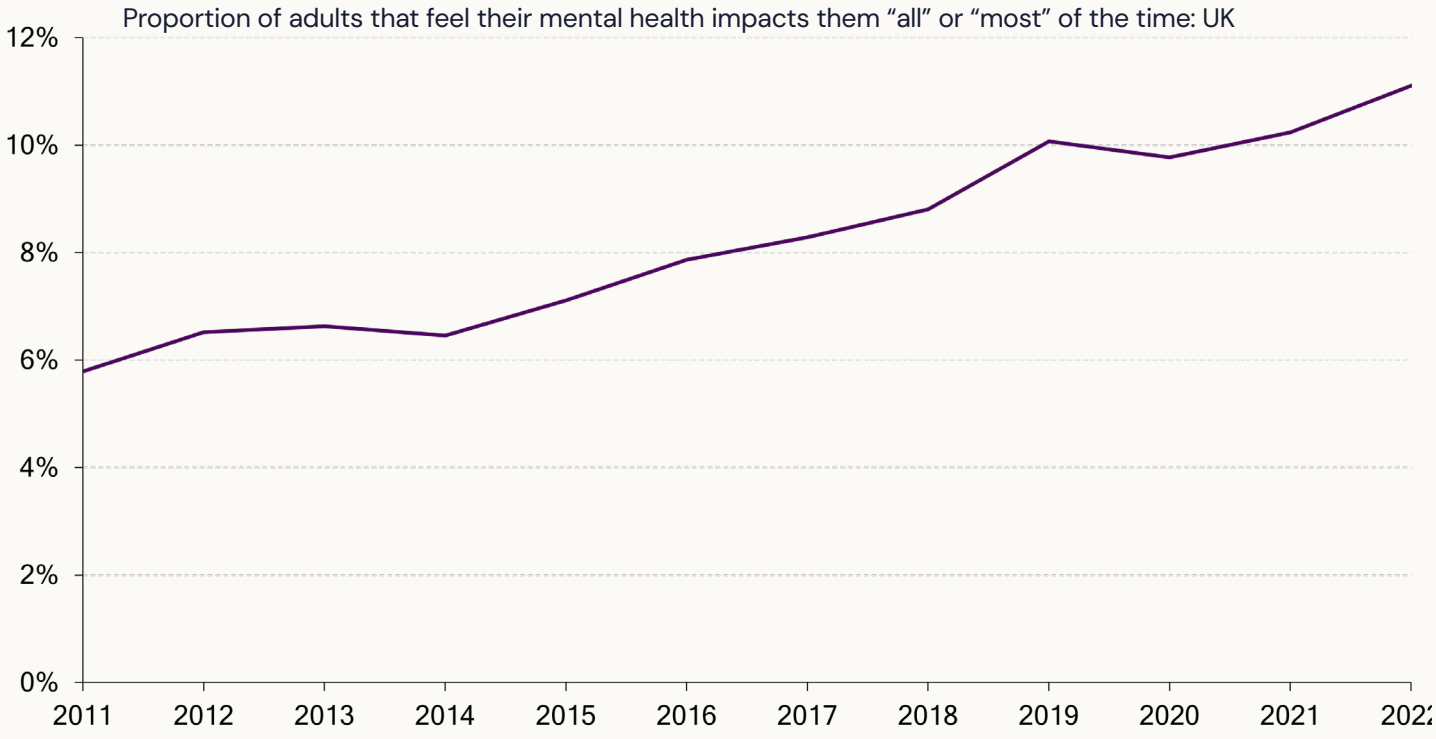
- **Personal characteristics:** This includes a range of factors such as personality traits and reference points that can impact on our perception of health. It is impossible to know whether one person's perception of "poor" health is consistent with another's – it will depend on a host of biological and psychological factors that can influence their judgement. Personality traits such as "neuroticism" – the tendency to experience anxiety, sadness and worry – can be linked to worse subjective assessments of health.[75] Meanwhile, our perception of what our health should be, given our age and socioeconomic status, can impact our judgement of whether our health is considered poor.[76] For example, an older person might expect to be living with chronic health conditions and, therefore, weigh them less significantly in their health judgement compared to a younger person.

Mental health

More of us feel that our mental health is impacting on our day-to-day lives. As shown in Figure 23, 11.1% of adults in 2022 said that they accomplished less "all" or "most" of the time due to emotional problems, such as feeling depressed or anxious. This is the equivalent of more than 6 million people – double the number that reported such difficulties in 2011.

75. Staudinger, Fleeson and Baltes, Predictors of subjective physical health and global well-being
76. Kaplan and Baron-Epel, What lies behind the subjective evaluation of health status?

Figure 23: The number of adults in the UK impacted by their mental health is rising.



Notes: Proportion of UK adults responding "all" or "most" of the time to the question "During the past 4 weeks, how much of the time have you accomplished less with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?"
Source: PBE analysis of Understanding Society, Waves 1–14 (2025).[77]

The most substantial increases in poor mental health have been recorded among the youngest age groups. In 2011, younger people were the least likely group to struggle with their mental health with just 5% of 20–29-year-olds reporting that that it impacted their day-to-day functioning all or most of the time, compared to 8% of those aged 70 years or older. By 2022, this situation had reversed, but with younger people reporting the worst levels of mental health. In 2022, 16% of those aged 20–29 reported that their mental health impacted their day-to-day functioning all or most of the time. While increases have also been recorded within other age groups, the rises have been smaller (the proportion of those aged 70 or over reporting poor mental health climbed just 1 percentage point to 9%, for example). In little more than a decade, this dramatic change represents a seismic shift in the quality of life faced by millions.

Risk factors that have been linked to worsening mental health include the following:

- **Household incomes and poverty:** Struggling to pay bills has been identified as a risk factor associated with poor mental health. The ONS reported that around one in four (24%) of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, which is nearly three times higher than those who found it easy to pay

77. University of Essex, Institute for Social and Economic Research. (2024). Understanding Society: Waves 1-14, 2009–2023 and Harmonised BHPS: Waves 1–18, 1991–2009. 19th Edition. UK Data Service. SN: 6614

their energy bills (9%).[78] Some studies report that income losses appear to have a far greater impact on mental health than income gains, with other financial pressures, such as volatility in income, job insecurity and getting into debt also linked to worsening outcomes.[79] Of course, these effects are likely to be complicated and multi-directional, but it is understandable that the stresses and strains of poverty and financial distress will impact on people's mental health.

- **Childhood experiences:** There is a rich literature highlighting the long-term impacts that Adverse Childhood Experiences can have on a child.[80] It is unsurprising that traumatic experiences such as experiencing violence, abuse and neglect, or witnessing violence or parents that struggle with addiction or their own mental health have been linked to worse adult outcomes.[81] In addition, exposure to childhood poverty has also been identified as a risk of later poor mental health.[82]

- **Loneliness and social isolation:** Associations between loneliness and mental health conditions have been well documented, particularly among younger people.[83] These findings are also reflected in wider studies on the broader concept of social capital and health outcomes.[84] However, interactions between loneliness and social isolation are likely to be complex with impacts working in both directions.

- **Discrimination:** Discrimination based on race and sexuality have both been linked to worsening mental health outcomes.[85] It can also impact on willingness to access care and support for mental health, creating a dangerous mental health trap for those from marginalised communities.[86]

- **Physical environment:** Evidence on the links between the physical environment and mental health is more mixed.[87] However, some associations have been identified between

78. Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022, Section 4, Office for National Statistics (6 December 2022)
79. James Kirkbride et al., The social determinants of mental health and disorder: Evidence, prevention and recommendations, World Psychiatry (February 2024)
80. See for example: Erica Webster, The impact of adverse childhood experiences on health and development in young children, Global Pediatric Health (26 February 2022)
81. See for example: Karen Hughes et al., Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey, BMC Public Health (3 March 2016)
82. Franziska Reiss, Socioeconomic inequalities and metal health problems in children and adolescents: A systematic review, Social Science & Medicine (August 2013)
83. Emily Hards et al., Loneliness and mental health in children and adolescents with pre-existing mental health problems: A rapid systematic review, British Journal of Clinical Psychology (16 September 2021)
84. Annahita Ehsan et al., Social capital and health: A systematic review of systematic reviews, SSM – Population Health (August 2019)
85. See for example: Yin Paradies et al., Racism as a determinant of health: A systematic review and meta-analysis, PLOS One (23 September 2015); and A. Jess Williams et al., A systematic review and meta-analysis of victimisation and mental health prevalence among LGBTQ+ young people with experiences of self-harm and suicide, PLOS One (22 January 2021)
86. Zoe McHayle, Adetola Obateru and David Woodhead, Pursuing racial justice in mental health, Centre for Mental Health (January 2024)
87. Theresa Moore et al., The effects of changes to the built environment on the mental health and well-being of

housing regeneration, air pollution and access to green and blue space.[88]

- **Exposure to social media:** This is an often-cited risk factor, particularly associated with the growth in mental health concerns among younger generations. However, the overall evidence on its effect is mixed. Intense use of social media has been linked to increased risk for a variety of mental health symptoms.[89] However, there can be positive impacts too – in some instances it can improve self-esteem and a sense of belonging.[90] More evidence is needed to unpick causality and identify specific behaviours associated with social media that are likely to have the strongest links to poor mental health.

- **Increased awareness and willingness to talk about mental health issues:** Some of this worsening of reported mental health could be down to increased awareness and willingness to talk about mental health issues. However, the strong correlation between subjective mental health scores and real-world outcomes, such as those detailed above, suggests that it also reflects underlying levels of distress.

Loneliness

Levels of chronic loneliness have been rising in the UK. We have seen the number of adults saying that they "often" feel lonely rise from 4.5 million in 2018, to in excess of 5 million in 2022.[91] While the periods of social isolation during the pandemic are likely to have been part of the story, there is a growing concern that we're facing a longer-term scarring impact from the breakdowns in social contact over that period.

adults: Systematic review, Health & Place (September 2018)

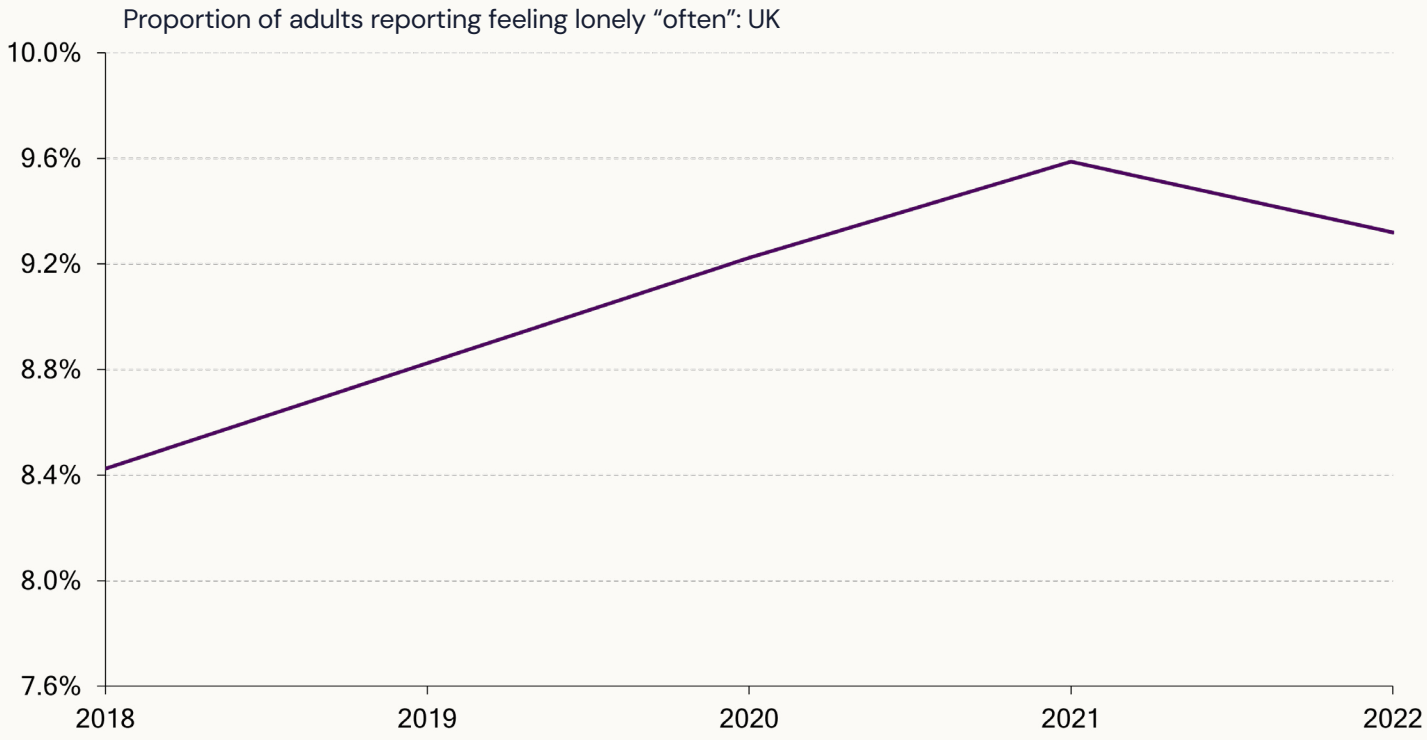
88. See for example, Charlotte Clark et al., A systematic review of the evidence on the effect of the built and physical environment on mental health, Journal of Public Mental Health (1 June 2007); Isobel Braithwaite et al., Air Pollution (Particulate Matter) Exposure and Associations with Depression, Anxiety, Bipolar, Psychosis and Suicide Risk: A Systematic Review and Meta-Analysis, Environmental Health Perspectives, (18 December 2019);Mariya Geneshka et al., Relationship between Green and Blue Spaces with Mental and Physical Health: A Systematic Review of Longitudinal Observational Studies, International Journal of Environmental Research and Public Health (26 August 2021)

89. Cecile Schou Andreassen et al., The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: A large-scale cross-sectional study, Psychology of Addictive Behaviors (2016)

90. Ágnes Zsila and Marc Reyes, Pros & cons: Impacts of social media on mental health, BMC Psychology (6 July 2023)

91. These numbers are based on Understanding Society Waves 9–14. More recent data from the Community Life Survey and Opinions and Lifestyle Survey confirm that these increases are likely to have been sustained.

Figure 24: Levels of chronic loneliness have been rising in the UK.

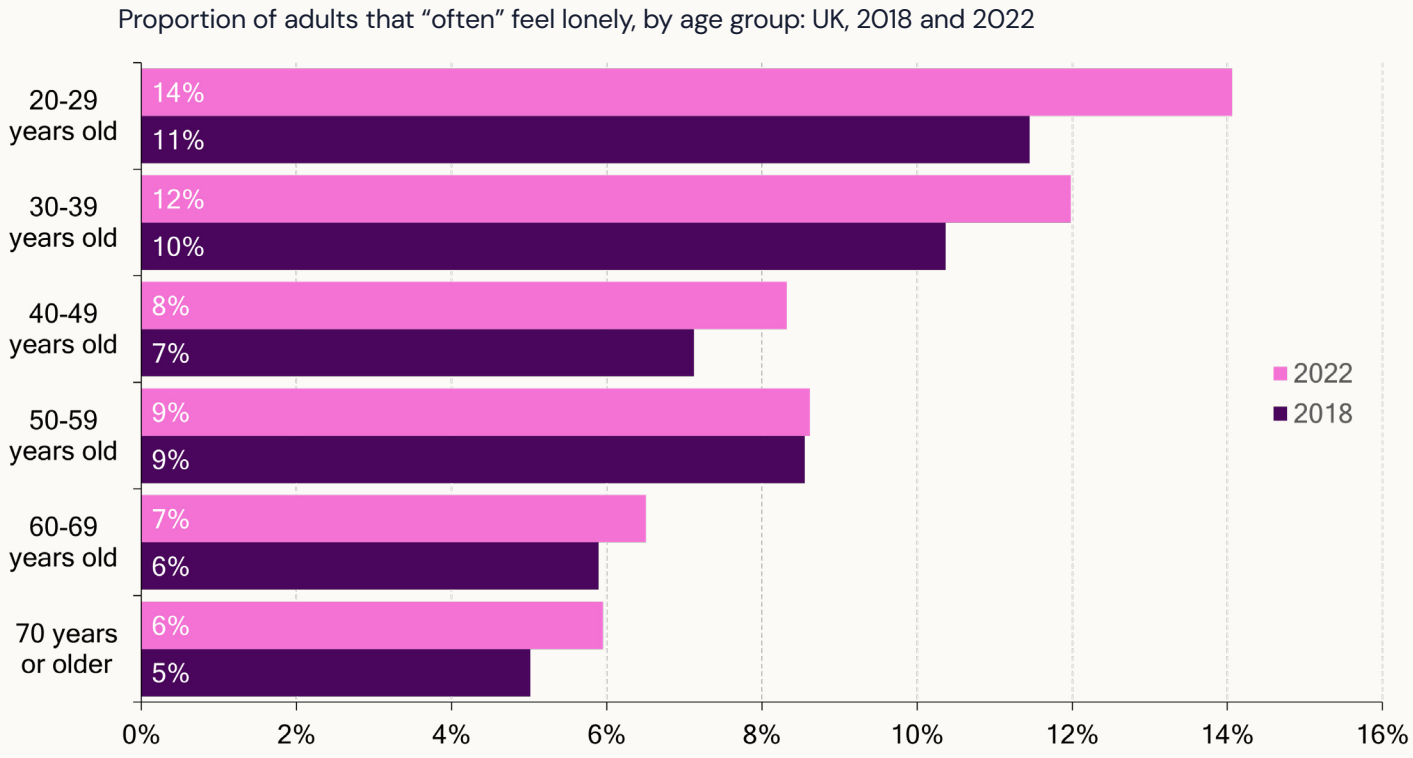


Source: PBE analysis of Understanding Society, Waves 1–14 (2025).[92]

Younger generations are experiencing more chronic loneliness. As shown in Figure 25, those aged in their 20s and 30s started at a higher risk of experiencing loneliness and have recorded larger rises over time. For example, 11% of 20–29-year-olds often felt lonely in 2018, compared to just 5% of those aged 70 or older. This rate increased to 14% of 20–29-year-olds in 2022, and around 6% of those that are 70 or older. This challenges the stereotypical perception of loneliness as something that predominantly impacts the elderly.

92. University of Essex, Institute for Social and Economic Research. (2024). Understanding Society: Waves 1-14, 2009-2023 and Harmonised BHPS: Waves 1-18, 1991-2009. 19th Edition. UK Data Service. SN: 6614

Figure 25: The youngest have been hardest hit by the increase in loneliness.



Source: PBE analysis of Understanding Society, Waves 1–14 (2025).

The drivers of loneliness are complex – resulting from interactions between multiple factors including our personal circumstances, opportunities and barriers to forming and maintaining social connections, and the characteristics of our environment.

Our personal circumstances: This can include the structure of our household – understandably living alone is associated with a higher risk of loneliness – but also a range of other factors that can act as a barrier to forming social connections. For example, poverty can act as a barrier if people can't afford to participate in social activities and caring responsibilities can diminish the opportunities to socialise, while also increasing a sense of isolation.[93] Our health is also an important factor. Some physical health conditions can limit our mobility, making it harder to participate, while living with a mental health condition can affect motivation and confidence in participating in social activities.[94]

Our environment: This can include logistical challenges caused by access to public transport as well as the availability of social infrastructure – such as pubs, community centres or religious buildings – in our local area.[95]

93. Milena Batanova, Richard Weissbourd and Joseph McIntyre, Loneliness in America: Just the tip of the iceberg?, Making Caring Common (October 2024)
94. Department for Culture, Media and Sport, Tackling loneliness evidence review: main report (17 March 2023)
95. Martina Barjakova, Andrea Garnero andBeatrice d'Hombres, Risk factors for loneliness: A literature review, Social Science & Medicine (October 2023)

Participation in opportunities for social connection: The extent to which someone "participates" in society through employment, volunteer work or memberships of organisations, such as churches, affects their opportunities to build meaningful connections with others.[96] Of course, we don't always have a free choice in this, and our degree of participation can be impacted by our personal circumstances and the wider environment in which we live. In addition, participation can be impacted by personality traits with people who feel "socially awkward" being less likely to participate in activities that build social connections.[97]

96. Jennyde Jong-Grierveld, A review of loneliness: Concepts and definitions, determinants and consequences, Reviews in Clinical Gerontology (1 February 1998)
97. Farhana Mann et al., Loneliness and the onset of new mental health problems in the general population, Social Psychiatry and Psychiatric Epidemiology (November 2022)

Annex B – Forecasting models for mental health, general health, loneliness and wellbeing

In this annex, we provide further details of the approach used to project each of mental health, general health, loneliness and wellbeing as part of our modelling in Section 3. We have used a three-stage approach:

First, we develop simple predictive models for general health, mental health and loneliness using data from Understanding Society. We then use these models, alongside publicly available projections for predictors to produce forecasts for each.

We then use these projections alongside external projections of key economic variables, to project wellbeing poverty in the absence of any response from the government, private or social sectors.

Finally, we explore the potential impact that changes in government public services spending could make to the wellbeing outlook using a "thought experiment" based on evidence of the wellbeing improvements delivered by existing spending.

All models are a simplification of reality, and forecasting models particularly so. The choice of which variables to incorporate is, therefore, a delicate balance between simplicity, availability of data and the ability to communicate what's driving changes in projections over time. It is also worth noting that there is compelling evidence that more complex models do not necessarily provide better forecasts.[98]

For this reason, we have not attempted to develop models that incorporate all the drivers identified in Annex A, but have, instead, chosen to focus on two key groups of drivers that have been found to be statistically important, where projections are available and where there are likely to be meaningful changes within the six-year timescales we're focused on. The key groups of drivers are:

- **Indicators of poverty:** Poverty was consistently identified across our evidence reviews as an important driver of mental health, general health and loneliness. The OBR produces projections of several measures that are related to poverty, including household incomes and economic activity.

- **Re-enforcing effect of current trends:** We know that those that have poor general health, poor mental health or that are feeling lonely today are more likely to have poor general health, poor mental health or be lonely in the future. In addition, our evidence review highlighted that general health, mental health and loneliness are important drivers of one another.

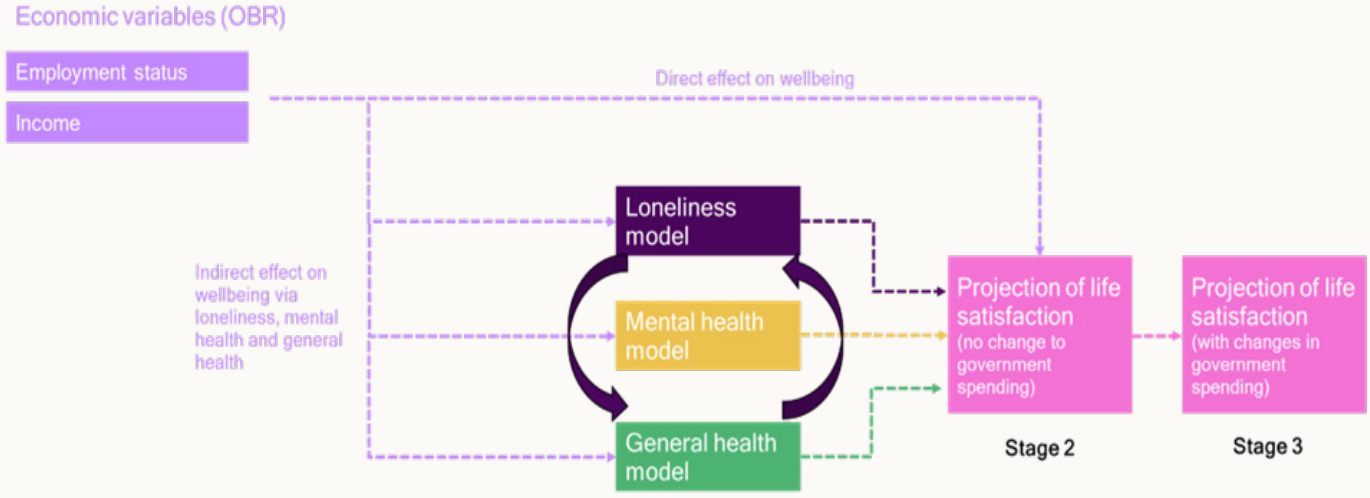
98. See for example: Kersten Green and J. Scott Armstrong, Simple versus complex forecasting: The evidence, Journal of Business Research (August 2015)

This means that modelling persistence of trends over time and their interactions is likely to give us a more complete understanding of how they are likely to evolve going forwards. We have handled this in our modelling by allowing for lags of our dependent variables and lagged interactions between different drivers, so that mental health today is predicted by general health and loneliness from last year. While this is a simplification, it provides a pragmatic solution for allowing interactions between the different drivers within our forecasting models.

We used ordinal logit models to predict each of the three key drivers and wellbeing. Rather than just providing a single estimated average score, these models allow us to model the whole distribution across the various bands used in the subjective measures we're focused on. This allows us to produce forecasts of different parts of the wellbeing distribution, meaning we can have consistent estimates of wellbeing poverty and average wellbeing.

The final challenge is that Understanding Society captures life satisfaction data using a 1–7 scale, rather than the ONS life satisfaction measure that uses a 0–10 scale. For simplicity, we project levels of wellbeing poverty and mean wellbeing using the ONS scale in line with changes observed from our modelling of Understanding Society data. Our overall approach is summarised in Figure 26.

Figure 26: Overview of forecasting approach



A summary of the technical models used for the projections is provided in Figure 27.

Figure 27: This is a summary of ordinal logit models used for forecasting.

Variables	Life Satisfation		Mental Health		Loneliness		General Health	
	Coefficient	P-value	Coefficient	P-value	Coefficient	P-value	Coefficient	P-value
Inactive – sick	0.340	0.133	-0.985***	0.000	0.0371	0.887	1.792***	0.000
Retired	0.775***	0.000	0.308***	0.000	-0.434***	0.000	0.348***	0.000
Unemployed	-0.324**	0.034	-0.419**	0.049	0.237	0.328	0.475**	0.032
Mental health affects – most of the time	0.852***	0.000						
Mental health affects – some of the time	1.179***	0.000						
Mental health affects – a little of the time	1.466***	0.000						
Mental health affects – none of the time	1.811***	0.000						
General health – very good	-0.633***	0.000						
General health – good	-1.169***	0.000						
General health – fair	-1.626***	0.000						
General health – poor	-2.271***	0.000						
Lonely – some of the time	-0.784***	0.000						
Lonely – all of the time	-1.586***	0.000						
Equivalised household income	3.15e-05*	0.060	-2.25e-07	0.992	-4.79e-05	0.110	-9.53e-05***	0.000
Lag Wellbeing – Mostly dissatisfied	0.230	0.431						
Lag Wellbeing – Somewhat dissatisfied	0.538*	0.060						
Lag Wellbeing – Neither satisfied or dissatisfied	0.891***	0.002						
Lag Wellbeing – Somewhat satisfied	1.517***	0.000						
Lag Wellbeing – Mostly satisfied	2.388***	0.000						
Lag Wellbeing – Completely satisfied	3.619***	0.000						
Lag General health – very good			-0.247	0.138	0.00493	0.977	2.239***	0.000
Lag General health – good			-0.752***	0.000	0.223	0.198	4.171***	0.000
Lag General health – fair			-1.297***	0.000	0.392**	0.036	6.434***	0.000
Lag General health – poor			-1.846***	0.000	0.587**	0.019	8.821***	0.000
Lag Lonely – some of the time			-0.297***	0.000	2.172***	0.000	0.123	0.103
Lag Lonely – all of the time			-0.448***	0.001	3.758***	0.000	-0.0143	0.912

Lag Mental health affects – most of the time			1.294***	0.000	-0.576**	0.030	0.204	0.443
Lag Mental health affects – some of the time			1.746***	0.000	-0.476*	0.053	0.315	0.202
Lag Mental health affects – a little of the time			2.521***	0.000	-0.735***	0.003	-0.164	0.506
Lag Mental health affects – none of the time			3.457***	0.000	-1.115***	0.000	-0.320	0.191
Cutoff 1	-3.388***		-2.587***		0.675**		-0.108	
Cutoff 2	-1.855***		-1.016***		3.410***		2.814***	
Cutoff 3	-0.452		0.721**				5.622***	
Cutoff 4	0.758**		1.838***				8.791***	
Cutoff 5	2.255***							
Cutoff 6	5.465***							
Observations	18,447		15,084		15,084		15,118	
*** p<0.01, ** p<0.05, * p<0.1								

Stage 1: Results

Mental health

Our analysis suggests that the number of adults struggling with their mental health could rise by more than 1 million by 2030. This is driven by a further increase in the proportion of people feeling that their mental health is impacting on their day-to-day lives from around 11% in 2022, to 12.5% in 2030, combined with population growth.

General health

Our analysis suggests that the number of adults reporting poor health is likely to rise by around 1.4 million between now and 2030. This is driven by an estimated increase in the proportion of adults with poor general health rising from 6.9% in 2024 to 9% in 2030.

Loneliness

Our analysis suggests that levels of chronic loneliness are likely to remain at an elevated level. The proportion of adults often feeling lonely is projected to rise from 9.3% in 2022 to around 9.7% in 2030 – similar to the peak levels recorded in 2021. This is the equivalent of an additional 0.5 million people struggling with severe levels of loneliness by 2030.

Stage 2: Wellbeing projection (no change in government spending)

As discussed in Section 3 of the report, our analysis suggests that, without further action, the number of adults struggling with wellbeing poverty could increase by 0.3 million between 2024 and 2030. The modelling suggests that, with no further changes in policy or support for those struggling with low wellbeing, there could be an increase in the proportion of adults living in wellbeing poverty from 5.2% in 2024 to 5.5% in 2030.

Stage 3: Wellbeing projection (incorporating changes in government spending)

We use benchmarks for the wellbeing cost effectiveness of health spending to estimate the impact that increases in government spending is likely to have on average wellbeing scores, and then wellbeing poverty. We provide a step-by-step breakdown of the approach below:

- OBR projections suggest that real government spending (RDEL) will increase by around £43 billion a year by 2029.[99]

- 42% of RDEL is spent on health and social care, 28% is spent on Defence and Education and 30% is spent on other programme types. We assume that health and social care spend generates one WELLBY for each £2,500 spending (in line with previous research), that Defence and Education spending generates no immediate improvements in wellbeing for adults and that other spending is half as cost-effective as health spending.[100] This gives us an average cost of generating a WELLBY from government spending of £5,419 in 2024 prices.

- This means that the increase in government spending could generate 7.9 million additional WELLBYs in 2029, the equivalent of a 0.11 additional points of life satisfaction per adult (on the 10-point scale). This would mean average life satisfaction rose from 7.45 to 7.56 in that year.

- We assume this increase in mean life satisfaction results from an upward shift in the wellbeing distribution, with the number of people moving upwards into the band above proportionate to the number of people starting within the band. This gives us the changes in wellbeing poverty summarised in Figure 14.

99. OBR, Economic and fiscal outlook

100. Paul Frijters and Christian Krekel, A handbook for wellbeing policy-making, Oxford University Press 2021

Annex C – Analysis of the English Housing Survey

We use a cross-sectional logistic regression model to estimate the probability that a household will experience wellbeing poverty based on a range of demographic and housing-related factors. The model is designed to disentangle the direct association between tenure (specifically renting in the private rented sector) and wellbeing outcomes from other underlying characteristics that may also influence both.

Our analysis uses data from the English Housing Survey, combining information from two separate components: the household questionnaire data, which includes wellbeing, personal and demographic information, and was collected between April 2022 and March 2023; and the physical dwelling data, which covers stock conditions and was collected from April 2021 to March 2023.

Households living in wellbeing poverty have been identified where the household respondent (HRP) has rated their life satisfaction at four out of 10 or below in response to the question "Overall, how satisfied are you with your life nowadays?"[101]

The definitions of other variables used in the regression are provided below. Note that baseline categories were chosen based on the group with the largest frequency count in the sample.

Figure 28. Definitions of English Housing Survey variables used in regression analysis.

Variable	Definition
Tenure type: private renter	Equal to 1 if variable tenure4 = 2. Baseline is "owner occupier."
Tenure type: social renter	Equal to 1 if variable tenure4 = 2. Baseline is "owner occupier."
Sex: female	Equal to 1 if variable sxhrp = 2. Baseline is "male."
Age X	Equal to 1 if HRP is in age category X, based on variable agehrp. Baseline is "45 – 64."
Ethnicity X	Equal to 1 if EHRP is in ethnicity category X, based on variable EthE. Baseline is "white."
Disability	Equal to 1 if household includes someone with a long-term illness or disability, based on variable hhltsick. Baseline is no-one in the household reports having a long-term disability or illness.

101. Note, that this means wellbeing impacts are estimated on the basis of the wellbeing of the respondent to the survey. This is the highest earning individual within a household and may not be representative of other members of the household. At present, we assume that the respondent's wellbeing is representative of other adults in the household. Further work would be required to understand the impacts on other household members.

Loneliness	Equals 1 if HRP feels lonely "often or always", based on the variable Lonely. Baseline is not feeling lonely "often or always".
Mental Illness	Equal to 1 if household includes someone with a long-term mental illness, based on variable LSILL2. Baseline is no-one in the household reports having a mental illness.
Location	Equal to 1 if household is in Government Office Region X, based on variable gorehs. Baseline category is South East.
Employment X	Equal to 1 if HRP is in employment category X, based on variable emphrx. Baseline is full-time employment. "Other inactivity" includes non-paid care work, long-term sickness, temporary sickness, other, does not want a job, wants a job but is not a student nor is retired.
Income quintile X	Equal to 1 if household is in income quintile X, based on variable AHCinceqv5. This is the net household income, after housing costs, split into quintiles, where the first quintile is lowest income bracket. Baseline is fifth income quintile.
Household composition X	Equal to 1 if household is in household composition category X, based on variable hhcompx. Baseline is "couple under 60 with dependent children".
Affordability X	Equal to 1 if HRP is in affordability category X, based on variables MorgAFF ("thinking about your mortgage, how easy or difficult is it for you to afford the mortgage payments?") and PHA2292 ("thinking about your rent, that is the amount you pay yourself on top of any after Housing Benefit/Local Housing Allowance/Universal Credit, how easy or difficult is it for you to afford the rent?") Respondents answer, "very difficult", "fairly difficult", fairly easy", baseline is "very easy".
Security	Equal to 1 if household does expect to move in the next 6 months, based on variable Mov6Mos. Baseline is "doesn't expect to move in the next six months".
Quality	Equal to 1 if household fails to meet the standard minimum for housing, based on variable Dhhhsrsxh. This variable assesses quality using Category 1 HHSRS (15 hazards version). Baseline is "meets the statutory minimum for housing".

The Average Marginal Effect of each variable is used to summarise the results of the logistic regression in Figure 29. This provides a more intuitive form for regression coefficients that can be interpreted as the average effect that the variable has on the probability of a household living in wellbeing poverty, holding other variables constant. So, a coefficient of 0.2 implies that variable could add around 20 percentage points to the probability that a household is living in wellbeing poverty.

Model 1: Basic comparison by tenure

In our first model, we look at the simple relationships between tenure type and wellbeing poverty without adjusting for other differences. This gives us a raw picture of wellbeing across homeowners, private renters and social renters. The results show significant differences, with social renters having the highest risk of living in wellbeing poverty.

Model 2: Controlling for personal and demographic factors

In the second model, we add controls for individual and household characteristics – as shown in Figures 19 and 20. Once these factors are taken into account, the differences in wellbeing between different tenure types become smaller. This suggests that some of the difference in wellbeing is due to the characteristics of the people living in each type of housing, rather than the housing itself, especially for social renters.

Model 3: Adding housing-specific factors

The third model includes additional controls for housing-specific factors: affordability, security and quality. Once we account for these factors, the remaining wellbeing differences between tenure type shrinks even further and is no longer statistically significant. This suggests that it is not just who lives in each housing type that matters, but what kind of housing experience they have.

Figure 29. Average Marginal Effects of variables used in logistic regression.

Variable	Model 1		Model 2		Model 3	
	Average Marginal Effect	P Value	Average Marginal Effect	P Value	Average Marginal Effect	P Value
Social renting	0.107	0.00	0.034	0.00	0.039	0.00
Private renting	0.034	0.00	0.027	0.01	0.012	0.33
Female			0.019	0.00	-0.038	0.00
Age 16–24			0.022	0.13	-0.026	0.11
Age 25–34			-0.026	-0.04	-0.024	0.04
Age 35–44			-0.005	-0.03	0.013	0.58
Age 65 plus			-0.009	-0.03	-0.015	0.59
Ethnicity Black/African/Caribbean/ Black British			0.021	0.28	0.060	0.03
Ethnicity Indian			0.021	0.28	0.060	0.03
Ethnicity Pakistani and Bangladeshi			0.034	0.34	-0.024	0.19
Ethnicity Other Asian			0.018	0.45		
Ethnicity Chinese			0.024	0.39	0.080	0.43
Ethnicity mixed/multiple ethnic groups			0.024	0.29	0.034	0.27
Ethnicity Other ethnic groups			0.022	0.94	-0.049	0.00
Disability			0.038	0.00	0.051	0.00
Loneliness			0.081	0.00	0.067	0.00
Mental illness			0.030	0.00	0.015	0.00
North East			0.013	0.32	0.009	0.63

North West			-0.010	0.30	-0.035	0.01
Yorkshire			0.006	0.56	-0.016	0.43
East Midlands			-0.003	0.82	-0.038	0.02
West Midlands			-0.001	0.95	-0.012	0.58
East of England			0.011	0.33	-0.018	0.33
London			-0.016	0.12	-0.039	0.01
South West			0.033	0.04	0.020	0.47
Employed part time			0.007	0.49	0.011	0.60
Retired			-0.008	0.44	-0.013	0.67
Unemployed			0.035	0.06	-0.003	0.89
Full time education			-0.029	0.09	-0.022	0.39
Other inactivity			0.016	0.11	0.005	0.72
Income 1st quintile			0.027	0.02	0.037	0.01
Income 2nd quintile			0.034	0.00	0.044	0.00
Income 3rd quintile			0.020	0.09	0.054	0.01
Income 4th quintile			0.014	0.17	0.056	0.01
Couple, no dependent children, under 60			0.023	0.11	0.056	0.04
Couple, no dependent children, 60 plus			0.007	0.52	-0.001	0.96
Lone parent with dependent children			0.021	0.06	0.035	0.03
Other multi-person household			0.041	0.00	0.041	0.06
One person under 60			0.029	0.01	0.018	0.14
One person 60 plus			0.032	0.01	0.047	0.03
Affordability –– fairly easy					0.009	0.42
Affordability –– fairly difficult					0.039	0.01
Affordability –– very difficult					0.097	0.00
Security –– yes					0.035	0.06
Quality –– fail					0.027	0.18

Economics to improve lives

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