

Ipsos MORI



CENTRE FOR  
**AGEING  
BETTER**

# Later life in 2015: An analysis of the views and experiences of people aged 50 and over

December 2015

Awarding funds from  
**The National Lottery**<sup>®</sup>



The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.

## Foreword

While many people today enjoy a good later life, this is not a universal experience. Too many people still die prematurely, suffer from ill health or disability for much of their later life, experience poverty or financial insecurity, feel lonely and isolated, or lack meaning and purpose in their lives. Ageing is still often seen as a problem, rather than as an opportunity for society and for individuals.

The Centre for Ageing Better has been established to change this. We are a new independent charitable foundation, dedicated to helping everybody enjoy a good later life. We will develop and use evidence about what works and use this information to support and scale up solutions that can drive improvements for later life.

Our work will always start with the person, and we will listen to and act on the views and voices of those we are here to help. One of our first actions therefore, has been to commission Ipsos MORI to investigate the factors that make for a good later life by understanding the views of people aged 50 years and over.

This report details the results of this research and sets out how divergent the experiences of later life are for different people. Together with the interactive report <http://laterlife.ageing-better.org.uk>, it brings to life people's stories about how they experience and feel about later life. It explores how the three dimensions of a good later life – health, financial security, and social connections - contribute to overall wellbeing.

We have taken the insights of this work, together with the views of stakeholders who responded to our consultation and a wider review of the evidence, to shape the priorities for change that the Centre for Ageing Better will focus on over the next five years.

We will help people to **prepare for the future**. While financial planning is important, there is a need for advice and support to make plans and take decisions about a wide range of issues: where to live or how to adapt the home environment, how to meet future care needs, wishes about what happens when they or their partner dies. We will identify opportunities to equip people with the confidence to manage the major life changes that they are likely to face in later life and the skills they need to fully participate in society.

We will help people to **stay active and connected**. For some this may mean support to get back to work, for others the opportunity to work for as long as they want, or to contribute their skills in other ways. The research has highlighted the importance of social contact and close relationships with others who can provide help when needed. We will explore the evidence to discover what approaches will make the most difference.

We will help people **feel in control**. Homes and neighbourhoods are critical to enabling people to remain independent as is access to care, support and services that help people live lives to the full. While solutions

might include services provided by the NHS or local government, we know that support from friends, family, neighbours, employers and the community in which we live is also important.

Our plans are ambitious and we cannot bring about these changes alone. We will work with others who share our vision of a society in which everyone enjoys a good later life. We want to equip everyone who can make a difference, whether companies, professional advisers, trainers, educators, employers, voluntary and community organisations, volunteers, social workers, health care workers, carers, town planners, housing developers, designers or citizens, with the evidence and support they need to make a positive impact. We hope you will join us.

**Anna Dixon, Chief Executive  
Centre for Ageing Better**

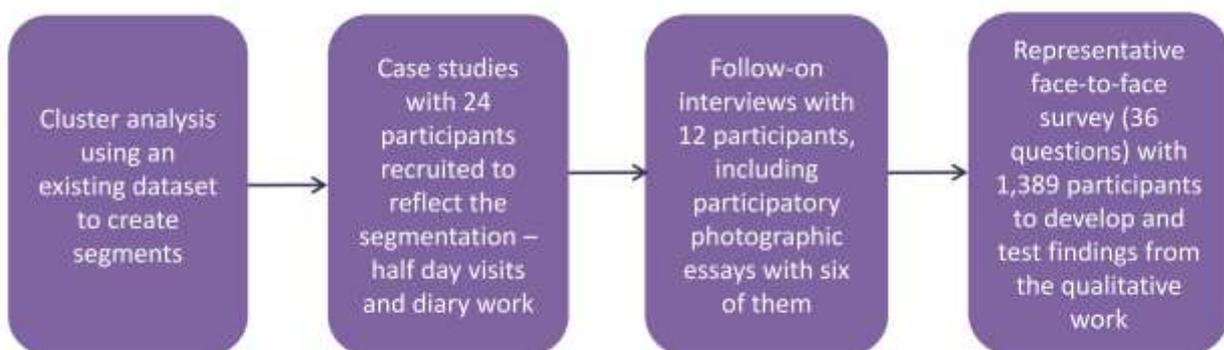
## Introduction

Life expectancy has risen greatly and is still rising. Projections of life expectancy have needed to be regularly revised upwards as we have outlived the expectations of demographers. As the baby boomer generation reach retirement age, we are experiencing a rapid growth in the proportion of the population over 65 and indeed over 85. In just ten years, by 2025, there will be 19% more people aged 65 years and older and 40% more people aged 85 years and older (ONS, 2012)<sup>1</sup>. Living longer is potentially a huge opportunity both for individuals and for society. But as well as adding years to life, we need to make sure we are adding life to years - enabling us all to enjoy a good later life.

Media portrayals of later life tend to present one of two stereotypes – the 90 year-old athlete on the one hand, or the frail and isolated older person on the other. The reality of later life, however, is of course much more complex.

The Centre for Ageing Better commissioned Ipsos MORI to investigate the factors that make for a good later life, and explore how different people are experiencing and thinking about their later life. A mixed methods approach was used, involving cluster analysis, longitudinal immersive case studies and survey work as shown in Figure 1.

**Figure 1: An outline of the research approach**



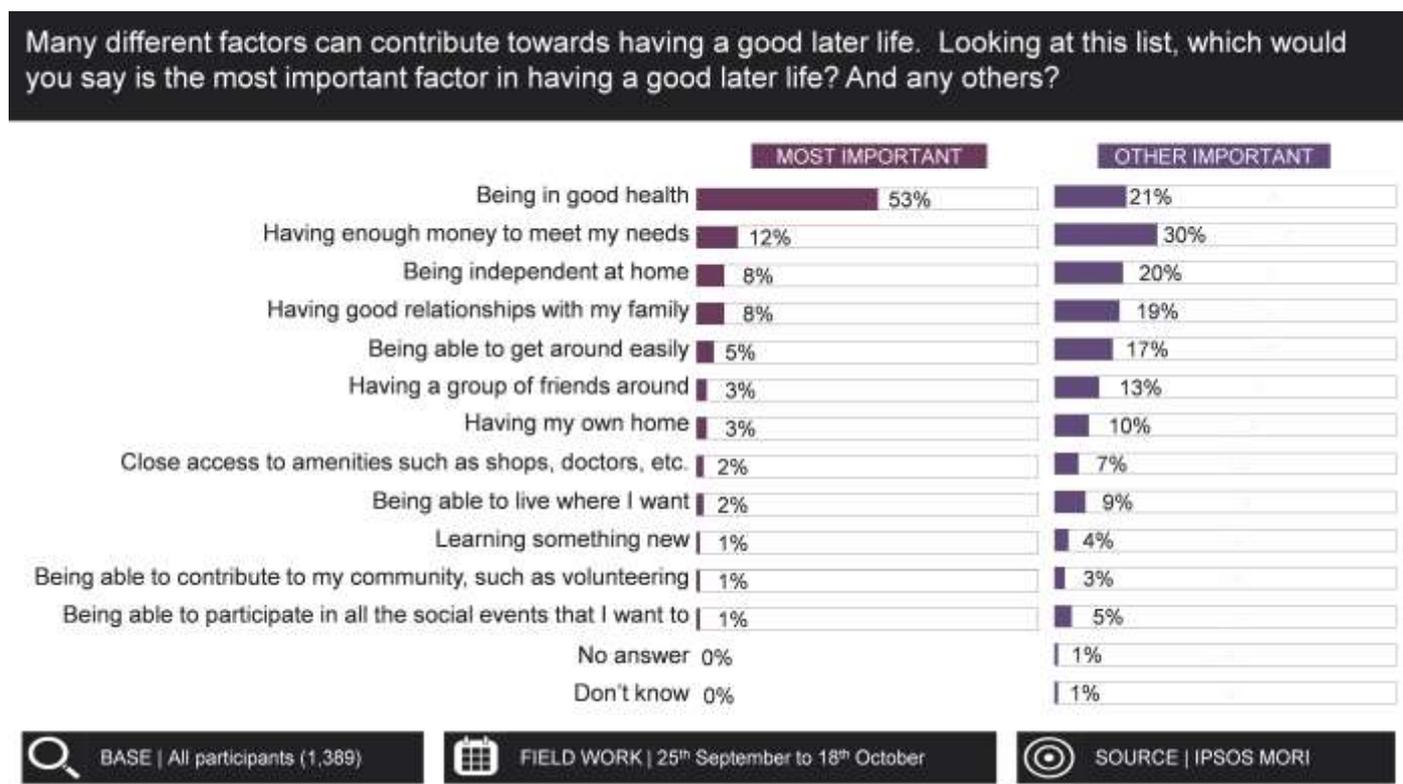
This report outlines the findings from the research. To find out more about the segments and see more details on our research approach in a separate methodology paper, go here: <http://www.ageing-better.org.uk/our-work/other-activities/later-life-2015/>. Both the Centre for Ageing Better and Ipsos MORI are extremely grateful to the people who gave their time to take part in this study.

<sup>1</sup> ONS (2012), Subnational population projections, 2010-based projections for England <http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcM%3A77-246448> (Table 1)

## What makes for a good later life?

Across the research, the key dimensions of a good later life for people include health, financial security and social connections (see Figure 2). These priorities were evident regardless of age, gender, ethnicity or other socio-demographic characteristics.

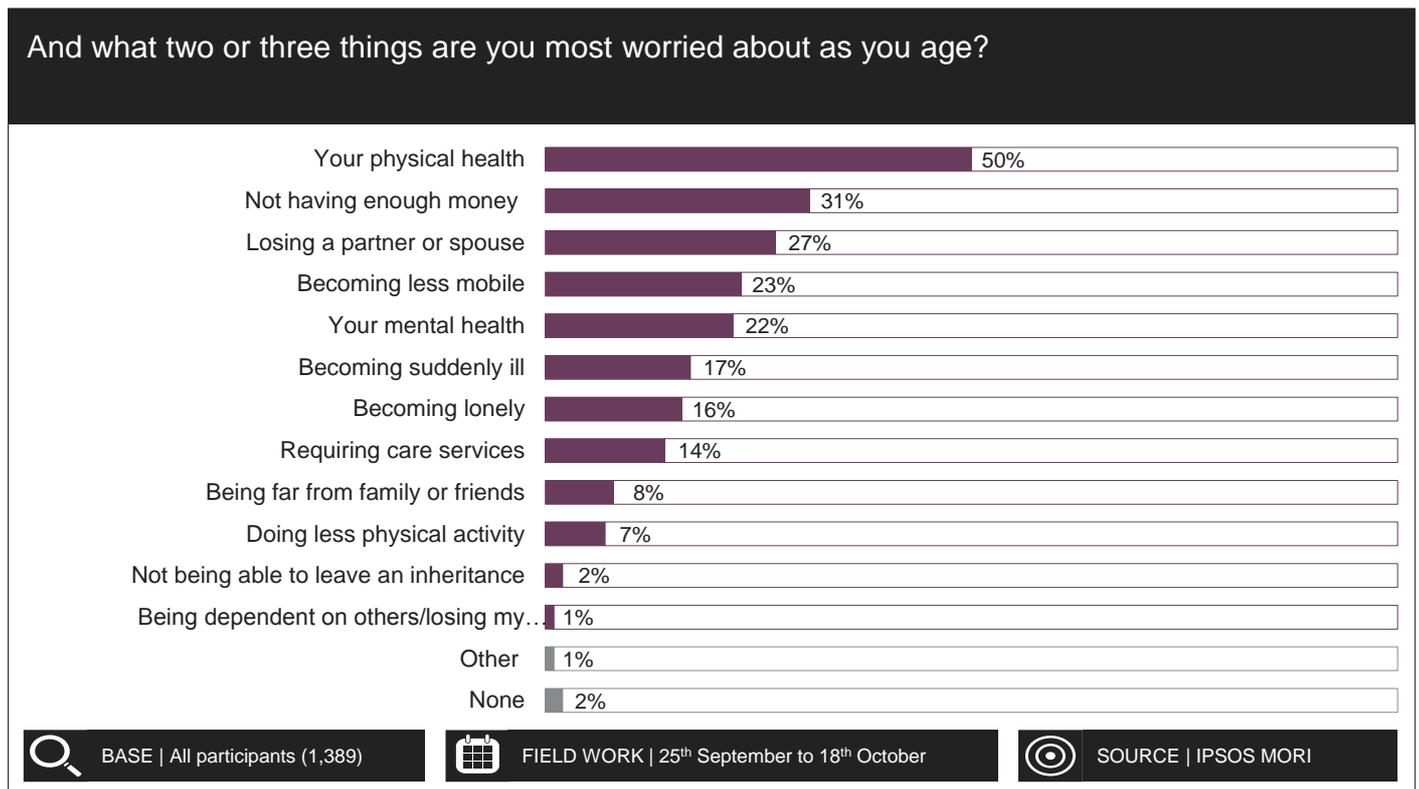
**Figure 2: Survey responses on the most important factors in having a good later life**



In the qualitative work we found that people found it hard to prioritise between health, financial security and social connections. They recognised that these factors are strongly interrelated, and they can either positively reinforce each other or compound problems.

These same priorities were evident when we asked people what they most worried about as they aged. As can be seen in Figure 3, physical health and not having enough money were the most commonly given worries.

**Figure 3: Survey responses on what most worries people as they age**



The relative importance of these worries changes over time, however. Those aged 50-54 were significantly more likely to say that physical health and money were their main concerns (55% and 41% respectively), compared to those aged 75 and above who were less worried about these factors (47% and 18% respectively).

People are pragmatic about what is possible. They didn't expect perfect health, many just wanted their health to be "good enough" to sustain a level of independence and the relationships and activities they valued. People did not expect to be rich, they simply wanted to have enough so they could fund the essentials (food, housing costs, utilities), afford to participate socially and culturally (seeing friends, taking trips) and have a buffer in place in case of any unexpected financial shocks.

People generally saw old age as a time of increasing constraints and decline rather than opportunity. For instance, when asked to identify associations with old age, people most commonly reported not being able to do certain things that you could when you were young (30%), being less physically active (29%), not working (27%) and deteriorating health (25%) – rather than positive opportunities.

*'You have to learn to accept a lot as you get older and not dwell on what you can't have or do...it helps if you've had a good life.'*

Consistency and stability is also important to people. While they expected their health to get worse as they aged, they wanted a managed decline rather than a sudden deterioration. They felt that this would enable them to make any necessary changes on their terms, rather than being forced into coping with unplanned and stressful events. Similarly with finances and social connections, stability was crucial.

## How are different people experiencing and thinking about later life?

### Six segments of population aged 50 and over

Using existing literature Ipsos MORI selected a range of indicators – including health, income, social connections, satisfaction with area and accommodation to name but a few – that could be used to understand wellbeing in later life. Once these were agreed, these indicators were applied to a dataset provided by the English Longitudinal Survey of Ageing<sup>2</sup>. This generated six distinct segments of the population aged 50 and over, all of which are of broadly equal size and are distributed across England. As with any cluster analysis, not all those aged 50 and above will fit neatly into one of these six groups. However, such analysis does provide a more nuanced way of thinking about how different types of people are experiencing later life.

These segments are named as the:

- thriving boomers
- downbeat boomers
- can do and connected
- worried and disconnected
- squeezed middle aged; and
- struggling and alone.

The **thriving boomers** (21% of the sample) are financially secure; nine in ten (91%) say they rarely or never find that they have too little money to spend on their needs. The qualitative research illustrated how through their adult lives they have typically worked in professional roles which paid a good wage meaning they have been able to set money aside for later life and, in addition, have assets in the form of property that they can fall back on. They are broadly in good health (92% rate their health as at least good) and make efforts to maintain this by exercising and eating well. They also have strong social connections providing them with a support network of people they can rely on in times of need and companionship; 99% have a friend or family member they can rely on if they have a serious problem. When comparing themselves to others they typically feel fortunate for the advantages that they have had. This translates to high subjective wellbeing scores; three quarters (77%) give high scores (of 9-10) when asked how happy they were yesterday.

---

<sup>2</sup> <http://www.elsa-project.ac.uk>

Of all the segments, the **downbeat boomers** (also 21% of the sample) are in the best financial position – three in five (59%) never run out of money. They are also in reasonable health – three in five (58%) rate their general health as at least very good. However, only one in ten (10%) give high scores (of 9-10) when asked how happy they felt yesterday – the majority (82%) report middling scores (of 6-8) on this measure of subjective wellbeing, lower than might be expected given the positive financial and health circumstances they live in. This was partly because, when comparing themselves to others, unlike the **thriving boomers** they tended to reflect on opportunities missed or things they could have done differently.

The **can do and connected** (19% of the sample) are testament to the positive effect that social connections can have and how a positive mental attitude can help to overcome challenges in later life. The oldest of the six segments, many of them have health conditions which limit what they are able to do; a third (34%) of this group describes their general health as being fair to poor. Some lack disposable income; a third (35%) report having too little money to spend on their needs at least some of the time. They have also been through a number of significant life changes; episodes of ill health aside, this segment comprises a large proportion of people who have been widowed. However, in spite of the issues they face, they have high levels of wellbeing; over two in five (44%) give high scores (of 9-10) with a similar proportion (46%) giving middling scores (of 6-8) when asked how happy they were yesterday. In part, this has its roots in their strong and reliable social networks – 95% have someone that they can rely on if they have a serious problem. These networks are not only a source of comfort and joy but, additionally, provide them with emotional and practical support – something they are also happy to give in return. Over and above this though, their high wellbeing scores are a reflection of their positive outlook on life.

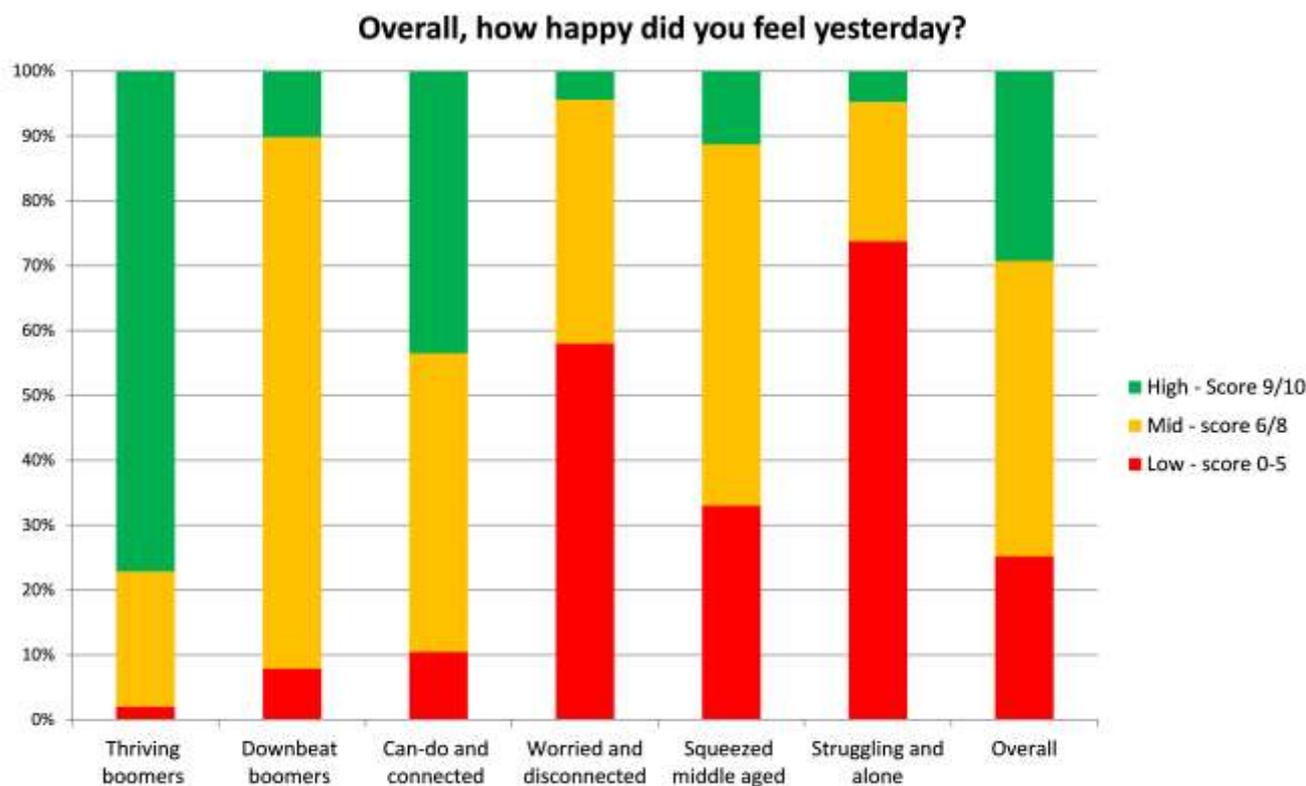
The **worried and disconnected** (13% of the sample) are typically aged 70 or over and have mostly retired. Two in five (42%) report that their health is fair or poor. Yet their weak social connections – over one in ten (13%) do not have an individual or family friend that they can rely on if they have a serious problem – means they are socially isolated. They also feel uncomfortable in asking others for support, not wishing to be a burden on others. This, in turn, translates to low levels of subjective wellbeing; nearly three in five (58%) give low scores (of 0-5) when asked how happy they were yesterday.

The **squeezed middle aged** (14% of the sample) are predominantly in their 50s, are in good health and typically still in work. However, they are squeezed for time – the caring demands of both their own children and ageing parents has left them with little time for their own interests or friends. As a result, their social connections are weakening. Only 89% have a friend or family member they can rely on if they have a serious problem, lower than average for this measure. They are also financially squeezed – nearly half (47%) find that they, at least sometimes, have too little money to spend on their needs. This is because while they are still in work, they have high outgoings; housing costs are a significant drain, as is the costs of supporting their children. Against this backdrop it is perhaps not surprising to learn that this segment reports relatively low levels of subjective wellbeing; a third (33%) give a low score (of 0-5) when asked how happy they were yesterday. What's more, the pressures they face in the here and now are such that later life is not something they feel able to prepare for – either emotionally or financially.

Scoring worst on all measures are the **struggling and alone** (12% of the sample). At the root of their challenges is their poor health; a third (33%) describe their health as poor with a roughly similar proportion stating it is only fair (37%). The qualitative work indicated they had often experienced health problems throughout their life. This had affected their ability to work, and therefore earn, thus meaning they have lower incomes, few savings and are more likely to experience financial insecurity in later life; three in ten (29%) report running out of money often or most of the time. Being out of work has also cut off an important source of social connections which have been weakened further by long periods where their ill health has prevented them from seeing people; only 72% state that they have a friend or family member that they can rely on – some twenty percentage points lower than the average score for all those aged 50 and over. With all three dimensions of a good later life absent it is no surprise that, accordingly, their wellbeing score is the lowest of all the six segments; three quarters (74%) of those in this segment give low scores (of 0-5) when asked how happy they felt yesterday.

Our six segments demonstrate the wide variation in how people can experience later life. They also demonstrate how for some people, good health, financial security and social connections do not necessarily translate into happiness or wellbeing, as illustrated by the **downbeat boomers**. Equally, they show how it is possible to be happy despite relatively poor health and finances, as illustrated by the **can do and connected**. Figure 4 sets out how happiness varies between the segments.

**Figure 4: Happiness yesterday by segment**



Source: ELSA Wave 6, 2012-13, base size 8,835

In order to better understand why some segments report high levels of wellbeing in spite of the constraints they face, and vice versa, as well as to build a better understanding of what makes for a good later life, in-depth case studies were carried out with people representative of the segments. The following sections dig deeper into the interviews to draw out further insights about how people experience these different dimensions of a good later life, and how this differs between segments. Data from the survey we conducted are used to give a wider context to the individual quotations.

## Health

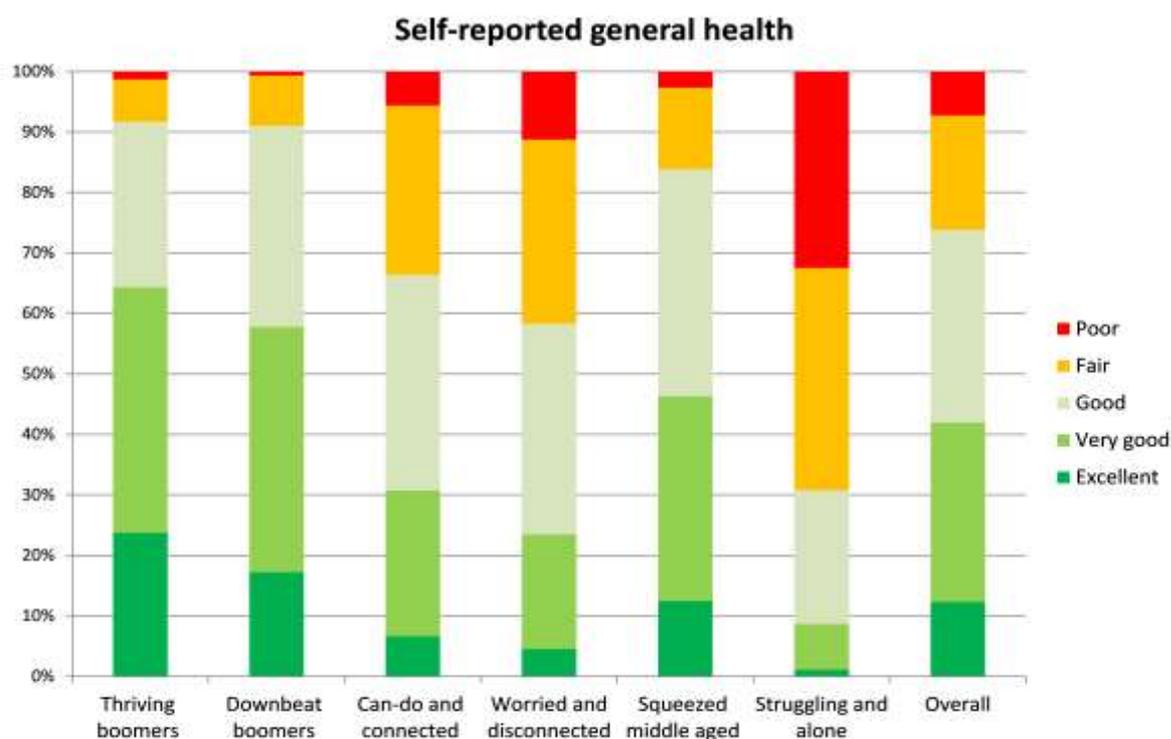
Health was typically selected as being the most important factor for a good later life as previously highlighted in Figure 1.

*‘If we don’t have our health, everything else starts to unravel.’*

Thriving boomer

Despite being significantly younger than other segments, the **squeezed middle aged** report less good health than the boomers. The **struggling and alone** report significantly poorer health than any other segment, with approximately one third stating their health is ‘poor’ (see Figure 5).

Figure 5: Self-reported general health by segment



Source: ELSA Wave 6, 2012-13, base size 8,835

## Looking after yourself

When talking about their health, most participants were referring to both physical and mental health. However, while most were clear on how they could help themselves to keep physically healthy, they were less knowledgeable on how to do the same for their mental health with suggestions for this tending to focus on keeping busy and getting out of the house.

Most believed that it was important to take individual responsibility for maintaining their physical health, and were able to cite a number of ways in which they could achieve this. Commonly this involved watching their diet – many mentioned trying to get their ‘five a day’. That said, balance and moderation were also deemed important, and participants felt that they should be able to indulge from time to time; they were aware that the time they had was finite, and so placed a premium on enjoying it.

*‘I make sure to have a balanced diet because of the diabetes – balanced carbohydrates, low fat, that kind of thing. We’re not really big snackers. Drinking too much is probably the biggest issue – try to have a couple of days of not drinking a week. But it’s a balance, I also need to enjoy myself at my age. I’m 65 now – if it’s just going to make the difference of dying at 83 instead of 82, is it worth it?’*

Thriving boomer

Exercise was also mentioned as a means of staying healthy. While vigorous activity was beyond the reach of many of those we interviewed, the majority of the **thriving** and **downbeat boomers** and the **can do and connected** still tried to keep active. For instance, one participant with mobility problems still walked to the shops and back each day describing this as their version of going to the gym while those without limiting conditions reported attending fitness classes or going jogging. They recognised that these activities were not only beneficial for their health but, over and above this, were also an important means of socialising with others and for maintaining a routine. Participants reported keeping up with medical appointments including with GPs, dentists and opticians, as well as attending specific age-related checks provided by the NHS. In general, participants were aware of what kinds of check-ups were recommended and how to get information about them.

Not all, however, felt that their health was in their control or believed that there was anything they could do to effect positive change. This was something that was commonly expressed by the **struggling and alone**, **worried and disconnected** and **downbeat boomers**. These participants, particularly those who had suffered from poor health throughout their lives, felt that this was a matter of destiny and, therefore, out of their hands. As indicated in the ELSA data, a quarter (24%) of the **struggling and alone** and one in ten (9%) of the **worried and disconnected** disagree that they have control over what happens in most situations at home.

*‘I could cut out carbohydrates and wine and have a perfectly healthy lifestyle, but why? Let’s carry on as we are. What will be will be. You can prepare for it as much as possible but destiny also plays a part.’*

Downbeat boomer

## Being cared for by others

This mattered because the loss of health was a major concern for participants – particularly the thought that they may burden others with their care needs. While all participants had at least one person who they felt they could rely on, some were more reluctant than others to call on their networks for this purpose. In some cases, this reluctance was the result of previous negative experiences of care-giving. This was particularly mentioned by the **squeezed middle aged** who recalled experiences of providing care to their own parents and also both the **worried and disconnected** and **struggling and alone** who had provided care to their partners. They all noted how difficult this was – in terms of the demands on their time as well as the emotional burden it entailed – and so did not want their loved ones to have to do the same for them.

*‘I wouldn’t want my daughter to look after me, even though I know she would, because it is horrendous watching them [parents] die. That is why I look after myself.’*

Struggling and alone

However, notably the **can do and connected** and **thriving boomers** seemed more able to ask for help should they need it. This was influenced by the fact that they tended to have a wide social network; the ‘burden’ did not just fall onto one person. Additionally, participants in these segments were also more likely to give their own time to others – either informally (helping out people they knew) or through formal volunteering activities. One **thriving boomer**, for example, gave time to a local community group using the skills they had acquired in the workplace. One **can do and connected** explained how she provided care for her grandchildren each week, allowing her daughter to work. While they did not expect anything in return for this, these participants explained that they would feel able to ask for help because they themselves had given so much.

## Planning for the future

Few participants had actively planned for their need for care or assistance in later life. Indeed, while they expected their health to decline as they aged, few contemplated it getting anything more than slightly worse. Many spoke of not wanting to put provision in place until they absolutely had to – though this lack of planning could undoubtedly serve to make an already stressful time more difficult.

*‘We had quite a heated argument about it at my wife’s wake with my old colleagues from the army. One of them has got a stair lift installed as a precaution, but I can’t be thinking like that.’*

Thriving boomer

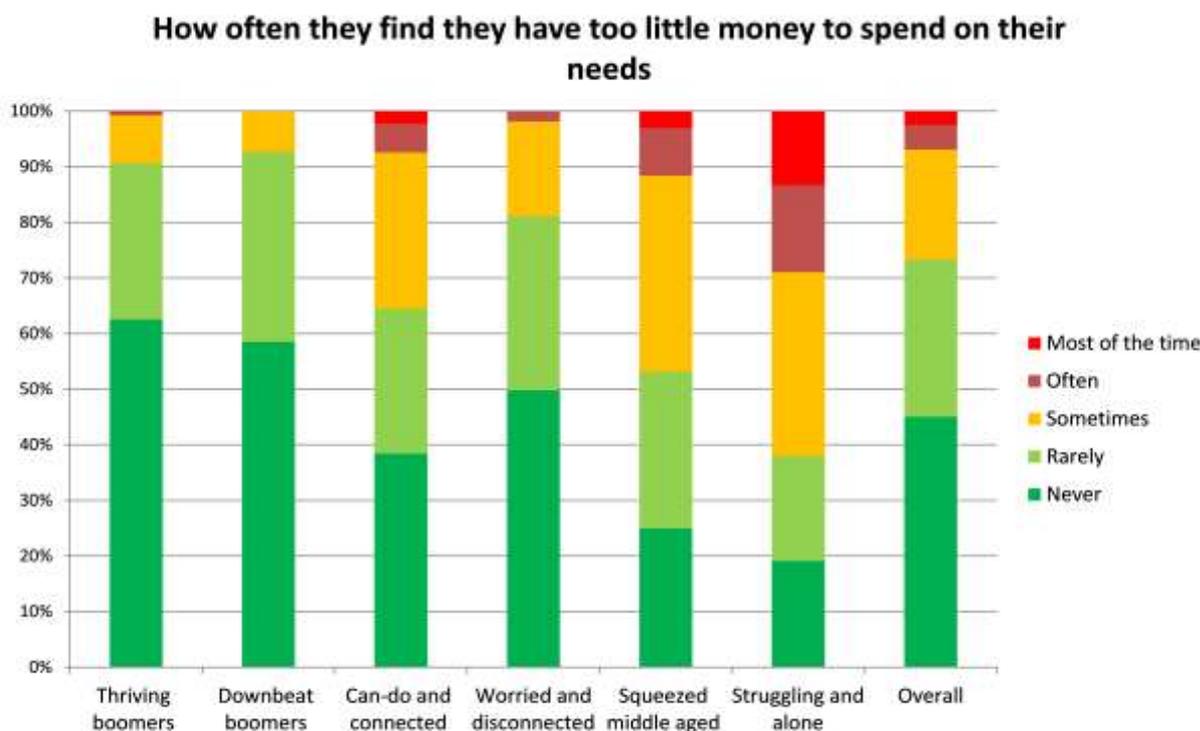
*‘I would put myself in a home. But I don’t think about it at all because I have no intention of doing it, until it hits me in the face.’*

Struggling and alone

## Financial security

Despite the majority of the **squeezed middle aged** being in work, they have lower than average incomes and report having too little to spend on their needs. Three in ten (29)% of the **struggling and alone** report they have too little money for their needs, often or most of the time (see Figure 6).

Figure 6: Having too little money by segment



Source: ELSA Wave 6, 2012-13, base size 8,835

For most participants, financial security meant having enough to cover what they considered to be the essentials - a definition that varied according to the lifestyle they had lived to that point. Those on higher incomes, such as the **thriving** and **downbeat boomers**, classified holidays and frequent trips out as essentials; whereas those on lower incomes tended to simply think in terms of bills, food and the occasional chance to socialise. Financial security also meant having a buffer in place so that they were able to cope with any unexpected financial shocks.

*'I get worried about what if I need home repairs or what if either of my daughters ever need money.'*  
Downbeat boomer

## Living within your means and accessing credit

Few were comfortable with the idea of relying on credit to cover unanticipated costs; participants spoke at length about how they had been taught to live within their means and how they *'cut their cloth accordingly'*. Some suggested that their prudent and careful attitude to money was something that was unique to their generation; having grown up without easy access to credit, they had had to save for what they wanted. The youngest of the segments – the **squeezed middle aged** – were the most comfortable accessing credit and due to their high level of outgoings often felt that they had no choice but to do this.

*'I feel relaxed, but I've worked hard for that. In one way we're lucky but we've worked really hard – we've financed ourselves. That's something that's lacking in the current generation.'*

Can do and connected

## Building up savings

Given this reluctance to turn to credit, savings were considered very important for a good later life as they provided a sense of reassurance that, in the event of the unexpected happening, they would have the finances in place to deal with it. However, building up a financial buffer for later life was not always straightforward. Participants, particularly the **squeezed middle aged** spoke about how competing financial priorities (such as supporting children through university) left them with little to put aside for their retirement. It should be noted though that providing financial support to children was not the preserve of the youngest participants we spoke to; even participants in their seventies whose children were in the thirties and forties spoke of how the high cost of living and insecure job market left them having to provide for their children financially.

*'I'm certainly not financially prepared at the moment, with one son at university and another son going to university, and my daughter just 16, we probably have more financial commitments than we've ever had...'*

Squeezed middle aged

Along with having to pay for their children, some of the **squeezed middle aged** spoke about how they were also providing care and financial support for their parents. These dual responsibilities left them feeling pressured – both for time and for money.

*'I know a lot of people are struggling a bit like us... who had children in their very late thirties and forties... so they've got teenage children and they've got elderly parents, which is something the previous generation didn't deal with at the same time.'*

Squeezed middle aged

## The impact of losing a partner

Older women we spoke to who had been bereaved often stated that, throughout their lives, they had always relied on their husbands to plan financially for their future and to manage their accounts. When their husbands died, some not only found that they were having to look after the household's finances at what was already a difficult time but also discovered that they were not as financially well prepared for later life as they had believed. The **can do and connected** had sufficient support networks in place to help them manage this change, and further, felt comfortable in asking for help. In contrast the **struggling and alone** and the **worried and disconnected** found it difficult to adapt to this added responsibility and lacked an understanding of how to make the best of their financial situation.

*'Just make sure, when your husband says you don't need a pension, that you ignore him'.*

Worried and disconnected

## Working longer

Some participants felt they had to work longer, or return to work, to ensure that they had financial security in later life. This, however, was dependent on them being physically capable of continuing to work and being able to find employment that suited them – both in terms of the hours and conditions offered, and the kind of skills required. Some explained they faced ageism when seeking work, and that they perceived they were passed over for opportunities in favour of younger candidates. This difficulty was most frequently mentioned by the **struggling and alone**, who also felt their long-standing health issues and their sporadic employment history counted against them.

For those able to work longer, employment helped to ease the financial concerns they had and brought other benefits too. Many welcomed the social interaction that came with working. Others expressed gratitude at feeling they were still able to contribute usefully. The **worried and disconnected** who had stopped work seemed to particularly value the social dimension of working.

*'When you retire, you miss people being able to give answers to questions. Someone at work would be able to tell you. You have a library of people who can tell you and you miss that'.*

Can do and connected

Such was the pull of these benefits that some went back to work after a period of retirement, stating that they found not having anything to do after so many years of being economically active difficult to adjust to.

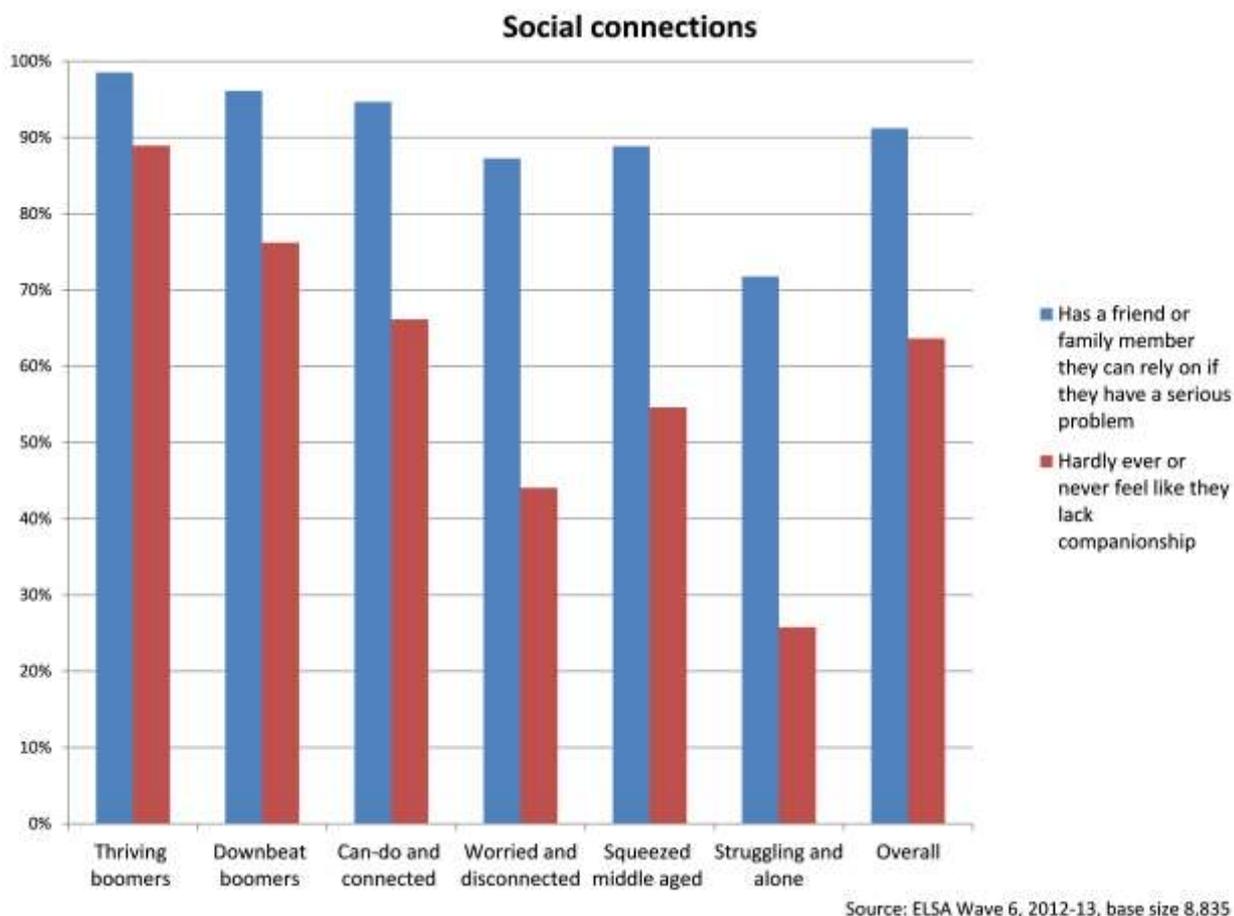
*'For me the good life is having a job again'.*

Struggling and alone

## Social connections

The **worried and disconnected** and **squeezed middle aged** segments both report lower than average in terms of being able to rely on family or friends if they have a problem (87% and 89% respectively). Further, only 72% of the **struggling and alone** segment say they can rely on others in this way (see Figure 7). Similar patterns were reported with regard to how regularly they lack companionship. The **worried and disconnected** and **squeezed middle aged** segments were both less likely than average to say that they hardly ever or never feel like they lack companionship (44% and 55% respectively). Faring worst on this indicator are the **struggling and alone** segment; only 26% say that they hardly ever or never feel like they lack companionship.

Figure 7: Having someone to rely on and lacking companionship by segment



For some, the benefit of strong social connections can help them to overcome other disadvantages that they face – like poor health or a lack of financial security. This was particularly the case for the **can do and connected** who spoke at length about the positive impacts they derived from their social networks –

including their family and friends. These networks gave them purpose and meaning – an enjoyable way to spend their time as well as a means of contributing to others. In stark contrast, the **struggling and alone** highlight the damaging effects of the absence of social connections. This group, without a network to call on, felt excluded and unsupported. Also of concern here are the **squeezed middle aged** segment, for whom time and financial pressures are limiting their opportunities to maintain their friendships and networks.

The **can do and connected** are more likely to be women, whereas the **worried and disconnected** are more likely to be men, and it could be this which in part underpins their different approach to building social networks. Building and maintaining social networks seems easier – and more of a priority – for women than men. In the survey we asked respondents about how often they meet with friends or relatives who are not living with them and it was notable that women are most likely to say ‘on most days’ in comparison to men (38% and 31% respectively). Women are also more likely to say that relationships with other people are very important (66% state this, compared to 56% of men). It therefore appears that women are more likely to place a higher value on personal relationships and, accordingly, invest more time in cultivating them and so are better connected.

## Family and intergenerational relationships

Unsurprisingly, for many participants, their most important relationship was with their partner. The survey data showed that those who were married or living with a partner were considerably less likely to feel they lacked companionship as compared to those who were single, divorced or widowed.

*‘No I don’t lack companionship at all because I’ve got such close family but it must be awful for people who don’t. Having a partner is the most important thing.’*

Can do and connected

Wider family, such as siblings, children and grandchildren, were also mentioned as important. Over and above simply enjoying spending time with relatives, participants also commented that it gave them a chance to socialise with other generations and to understand what mattered to them. While they often admitted that they lacked common ground – attitudes to finance were a particular sticking point – they welcomed being exposed to a diversity of opinions. The **thriving boomers** and **can do and connected** particularly mentioned the value of intergenerational relationships; they felt that by spending time with younger generations they were able to learn from them but, equally, they also felt as though they were able to pass on their skills and experience to them.

## Friends and social interaction

Participants also spoke of the importance of having friends to spend time with, in particular the importance of having people who they could talk to and share both the good and bad times with. The **can do and connected** had typically faced a number of challenges in their life including bereavement and periods of ill

health. However, they credited their good friends with being a vital source of support during these times and felt confident that, should they need them in the future, they would be there for them.

*'My best friend...she's always there for me. I know that if I needed her, if I had a problem and went knocking, she would be there. And vice versa'.*

Can do and connected

Social activities were important too. Participants enjoyed undertaking a range of activities and hobbies such as craft, trips out, going to the cinema and visiting galleries and museums. It was social interactions of this kind that often seemed to characterise the ways that people created purpose and found meaning in their lives.

### Friends and family as a support in difficult times

Social connections are an important source of support to people. For instance, on retirement, participants particularly **thriving boomers** and **can do and connected** explained how their friends had introduced them to new activities and hobbies – something that helped them develop a new structure and purpose away from the workplace.

On being bereaved, these participants explained how they made the most of their social networks, calling on them for support and to give their day structure and focus. Some stressed that they made a conscious effort to engage with people.

*'I don't want to become one of those people who hasn't spoken to anyone for a week'.*

Thriving boomer

Bolstered by their good social networks, both these segments report that they tend to feel in control over what happens in most situations at home; nearly all (98%) of the **thriving boomers** agree with this, as do nine in ten (88%) of the **can do and connected** – against an average figure of 81%.

### Different sources of social networks

Participants built their social networks in a number of ways. For those that had worked, former (or still current) colleagues were an important source of friendship and company. The **thriving boomers** in particular spoke of the strong bonds they had made with people that they had worked with; they had typically worked in professional roles throughout their working life, often for the same company, and this encouraged the forging of strong relationships.

Several participants – particularly the **can do and connected** and also the **thriving boomers** – also noted the importance of their faith community in terms of their social circle, described by one participant as being their *'second family'*.

Volunteering and social groups were also mentioned, particularly the University of the Third Age, as a helpful means of providing participants with a purpose but also friends in the local area. Further, such social groups enabled people of different ages and backgrounds to mix – something that was welcomed as a means of exposing them to different views and ways of life. This was thought to have quite practical benefits; some mentioned that having younger friends would be of benefit to them in later life as they were conscious that there was a risk that their friends who were their own age may die before them, leaving them lonely.

*‘When the pack of cards starts tumbling I think it will all change. Inevitably one of us has to go first and when that starts, it will have an adverse effect on the ones left, on the family, because we all share grief. And that has got to happen sooner rather than later.’*

Downbeat boomer

The ability to build social networks also depended on location; typically those who lived in more rural communities spoke of seeing their friends and family less often. In contrast, those who lived in more built-up areas, with ready access to amenities, were able to get out and about more readily thanks to good transport links and facilities like pubs and social clubs.

*‘My days are all the same, like.... If I did not go to the pub each night, I’d go barmy’.*

Worried and disconnected

Having strong local social networks also depended in part on how long participants had lived in the local area. Many of those we spoke to had been in their home for a number of years – often it was the place where they had raised their family. Consequently, they knew many of the people around them and so had a strong social network. This also meant they were reluctant to move home. Many were willing to accept a home that was less suited to them as they aged, because they wanted to remain close to their social networks.

*‘No way! ... I will die here because my heart is here. Moving is no joke you know’.*

Thriving boomer

## A positive attitude

The ability to build social networks also seemed to hinge on attitude. Those who had demonstrated resilience in the face of life events and felt in control felt more willing and able to participate and try new things. Further, it also related to how they felt about later life; many of the **can do and connected** and **thriving boomers** did not see age as being a barrier to contributing or being active.

*‘It’s funny, sometimes I pass a shop window and see my reflection and I have to stop and catch my breath because I don’t recognise the person staring back at me. This old woman, who is she? Inside, I feel the same as I did when I was in my thirties’.*

Can do and connected

Some chose to contribute to their family life, spending more time with their grandchildren, providing care and passing on traditions, while others volunteered or participated in organised social activities. They recognised that doing this would not only strengthen and expand their social networks but, what is more, would provide them with a sense of purpose and achievement – something that, in turn, boosted their levels of wellbeing.

*‘This is the time when family can say I’ve got my granddad – my granddad taught me this...’*

Thriving boomer

A common theme that emerged throughout the interviews was how participants compared themselves to people that they knew. Some participants looked at those in their network and found themselves wanting – either with regard to their health or their financial situation. This was particularly true of those in the **downbeat boomers** who felt that, in comparison to their peers, they had not achieved all that they had wanted to. They spoke of wishing that they had done more professionally, or had made the most of their relatively comfortable financial situation and travelled more.

Others in contrast, especially the **can do and connected**, found that comparing themselves to others made them feel thankful about their own situation.

*‘Everyone at the Club talks of their aches and pains. All of us take tablets for this, that and the other. But generally we look around and we think, well, we are pretty well off, aren’t we? ... One of our members came in with a “walker” and you look round the room and loads of people on crutches and with walking sticks and that just makes me think we are not doing too bad’*

Can do and connected

*‘Sometimes you look at people and you think “Please don’t let me get like that so that I can’t walk about”, because you see people who are really bad, struggling physically, or because they have Alzheimer’s. I think we all think that, don’t we?’*

Can do and connected

## The interrelationships between health, financial security and social connections

Health, financial security and social connections are clearly strongly interrelated. With the **thriving boomers**, their good levels of health enabled them to participate socially meaning they had strong social networks which, in turn, promoted high levels of wellbeing.

In contrast, the **struggling and alone** tended to suffer from long-term health conditions. This affected their ability to work to their full potential (thus limiting the provision they could make for later life) and could also mean that they incurred additional costs for their care and support. For example, one participant in this segment had had to stop working for a year due to back pain and, as a result, had suffered financially from lost income. Compounding this, they felt that the length of time they had spent out of the workplace

at this stage in their life would make it hard for them to find another job, even though they now felt well enough to work.

*'If you have not got good health, you can't even make money.'*

Struggling and alone

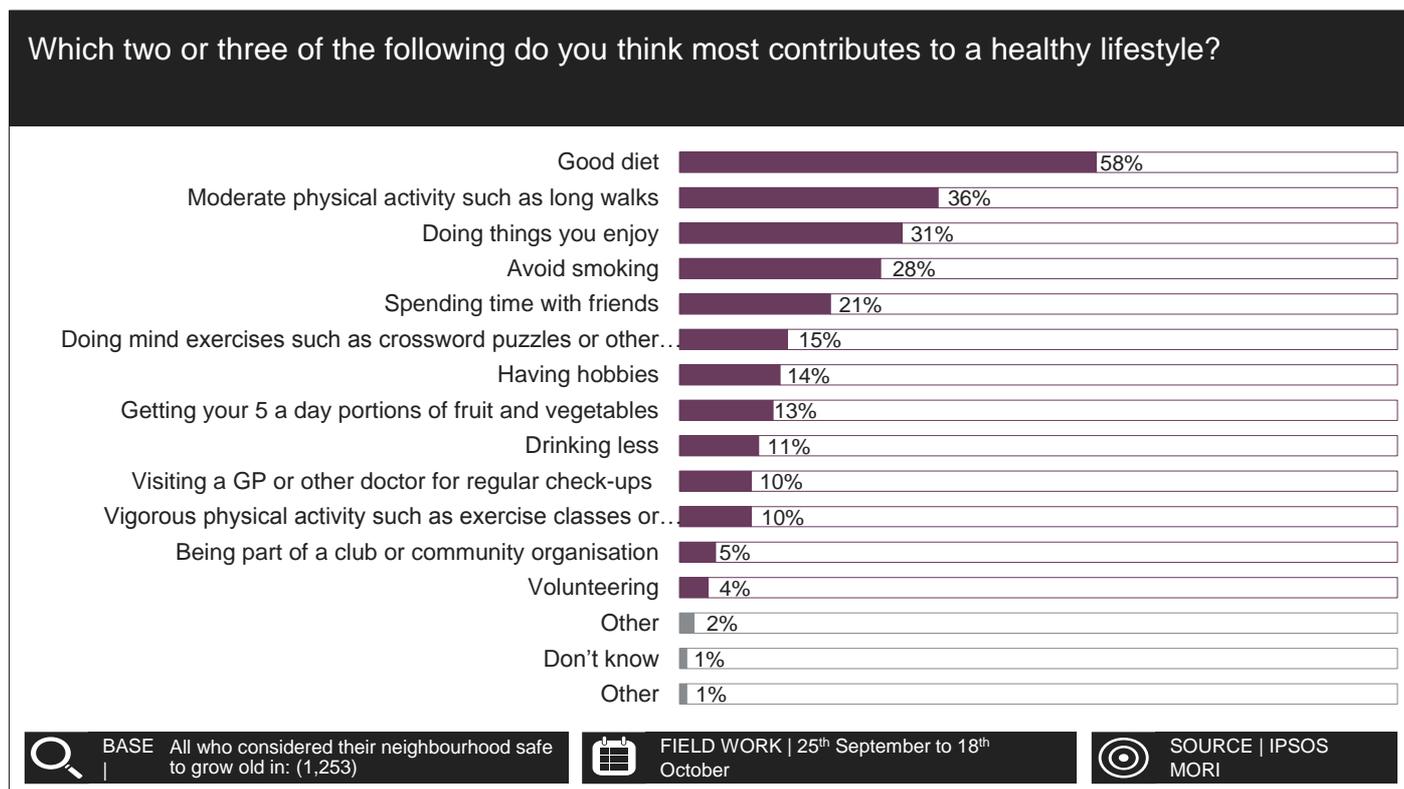
The **struggling and alone** also highlighted how poor health affected their ability to form and maintain strong social connections. They described how they felt unable to plan for social events as they did not know whether, when the time came, they would be well enough to participate. Additionally, they spoke of being reliant on people coming to see them rather than being able to call round on those that they knew, which, they felt, negatively affected the relationships that they had. The upshot of this was that people in this segment felt increasingly isolated over time which, in turn, compounded the health problems that they were already experiencing.

*'If my hip didn't hurt, I'd phone my friend Sharon and say 'what are you doing tomorrow for lunch?'...it's spontaneous.'*

Struggling and alone

The positive impact that social connections can have on health was also recognised in the survey; a fifth (21%) of respondents identified spending time with friends as one of the most important contributors to good health, as shown in Figure 8. This was mentioned more frequently than several other healthy behaviours including eating five portions of fruit and vegetables a day, drinking less and visiting a GP for regular check-ups. Those who were divorced, widowed or separated recognised spending time with friends as even more important (mentioned by 31%).

**Figure 8: Survey responses on factors contributing to a healthy lifestyle**



Having sufficient money was also seen as a prerequisite for social connectedness; participants stressed that going out for a drink or a meal all cost money. Those struggling financially, therefore, felt a lack of money was limiting their ability to build and maintain good social networks.

These financial pressures were most acutely felt by the **squeezed middle aged**; their high outgoings (including mortgage payments and supporting their family) precluded them from spending money on the things that they enjoyed – something that was compounded further still by the lack of time they had. It was also illustrated by those in the **struggling and alone** segment; their financial situation was such that, even when their health permitted, they had to spend money on other priorities rather than seeing friends and family.

In contrast, those in the **can do and connected** segment – of whom around a third at least sometimes find they have too little money to spend on their needs – spoke of participating in social activities that were largely free (or at least very cheap) including going for walks, ‘safari lunches’, where everyone invited brings a dish to eat, and so on. Thus, while those in this segment were not well off, they managed to ensure that this did not impede their ability to spend time with their friends.

## Discussion and conclusions

This research highlights the importance of health, financial security and social connections to people in later life. These three dimensions are interrelated and all influence each other; for instance, the extent to which someone can build and maintain social connections is contingent on both their health and their financial situation (while not always the case, socialising can require a financial outlay). Both in and of themselves and in combination, these dimensions also have an impact on the extent to which people feel happy, satisfied with their lives and that they have meaning, purpose and control.

We cannot however assume that everyone in good health, in a financially secure position, and with good social connections automatically has a good later life. Indeed, this research shows how it is possible to enjoy a good later life even with health problems and financial concerns. And, conversely, it is possible to feel dissatisfied with later life despite having good health, a lack of money worries and strong social connections. It is likely that personality and attitude are influencing people's wellbeing. Those inclined to be more optimistic and positive are more likely to feel satisfied, while those inclined to be more pessimistic and who feel they have not achieved as much as their peers are more likely to feel dissatisfied.

There is striking variation in how people are experiencing later life. As a society we need to find ways to prevent people from reaching a point at which their health, financial situation and social relationships leave them **struggling and alone**, and unsure how to change their situation for the better. The **squeezed middle aged** are also of particular concern. The time and money pressures they face mean they are running down both the financial and social capital other segments show us to be so important in later life. On top of this, they are managing competing demands in the here and now which leaves them unable to plan ahead.

We also need to learn lessons from those segments which have higher levels of wellbeing than we might expect on the basis of their health, financial situation or social connections. The **can do and connected's** positive attitude increases their wellbeing, the effort they put in to both building and maintaining social connections helps protect them against the health and financial challenges they face.

This understanding of people's priorities in later life and the wide variations in how people currently experience later life provide rich insights into the many opportunities that exist for us – individuals, communities, business, voluntary sector organisations, the public sector and government – to do more to improve outcomes in later life. Many of the seeds for a good later life are sown earlier on in life, so supporting people in mid-life to plan and prepare, not just financially but also to face other major life changes such as retirement and bereavement, will be essential. But equally it is never too late to help people focus on the things that matter; to support people to stay active and connected and to manage their finances. The fact that we are all living longer presents a tremendous opportunity for us to enjoy healthy, active and fulfilling later lives, but at present too many people risk missing out.

