

Ipsos MORI



CENTRE FOR
**AGEING
BETTER**

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

Methodology Report

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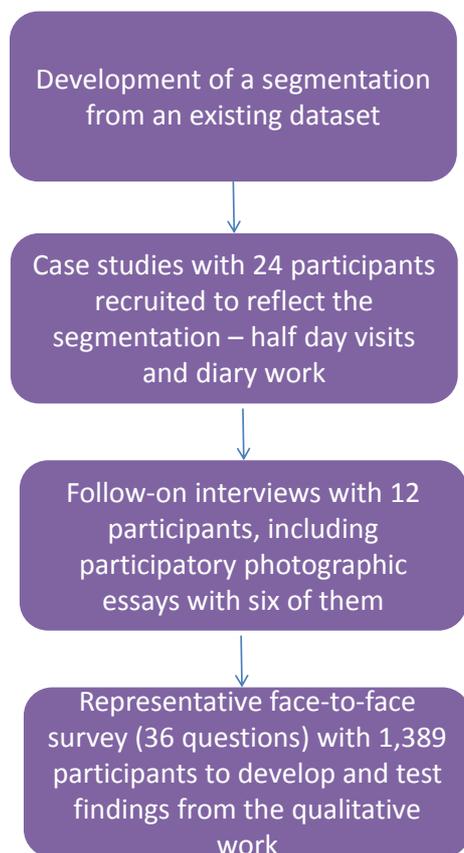
Summary

This study, Later Life in 2015: An analysis of the views and experiences of people aged 50 and over, the full findings from which can be found here <http://laterlife.ageing-better.org.uk> was commissioned by the Centre for Ageing Better, in order to address the following questions:

- How do older people conceive of a good later life, and what are its key constituents?
- What do older people see as the barriers and opportunities to enjoying a good later life and which of these do they consider most important?
- Which of these barriers and opportunities do older people feel are already being well addressed, which are not, and which are priorities for action.

The complexity of the questions necessitated a multi-stage approach, grounded in the experiences of older people themselves. The approach taken was underpinned by initial scoping work that Ageing Better had already undertaken to look at evidence relating to the factors that influence wellbeing in later life.

Our approach is outlined in the diagram below, while the following sections describe each stage in more detail.



Development of a segmentation from an existing dataset

The aim of the segmentation was to establish a framework for analysing England's older population in terms of wellbeing in later life. Within this, it was important that this recognised the diversity of the older population, provided an understanding of those most at risk of missing out on a good later life as well as being methodologically robust and feasible within the time allowed for the study.

While it would have been possible to collect new data for this purpose, by using outputs from an existing survey we were able to work with data that we know stands up to scrutiny and are comprehensive. What is more, we know this approach to developing a segmentation is tried and tested – for instance, as with NatCen's Multidimensional Poverty work¹.

Selection of dataset

The first issue was, therefore, to select a suitable dataset. The English Longitudinal Study of Ageing (ELSA) is a longitudinal multidisciplinary study of people aged 50 and over in England, which collects both objective and subjective data relating to health and disability, biological markers of disease, economic circumstance, social participation, networks and wellbeing². It is jointly administered by University College London's Research Department of Epidemiology and Public Health Institute for Fiscal Studies, NatCen and the University of Manchester, School of Social Sciences. We used Wave 6 of ELSA, which ran between May 2012 and June 2013.

This dataset was selected on the basis that it is:

- Sufficiently large-scale (The sample contains 8,835³ individuals aged 50 or over and living in private households in England);
- Up-to-date (we used the most recent wave of ELSA - data collected May 2012 - June 2013); and,
- Inclusive of the key determinants of wellbeing in later life

Understanding Society is a household panel study that also meets these three vital criteria. We considered using this dataset for the segmentation but decided against this as local area data could not be made available within the time.

¹ <http://www.natcen.ac.uk/media/24779/multi-dimensional-poverty.pdf>

² <http://www.elsa-project.ac.uk/>

³ The overall sample was 10,601, but we used a subset of these – only those who were asked the wellbeing questions

Developing the segments

Cluster analysis was used to identify groups of respondents who gave similar response patterns for a set of 30 wellbeing indicators (i.e. they respond to sets of survey questions in similar ways, have similar scores, etc.). The indicators are listed in Appendix 2.

The aim of this exercise was to generate a set of independent sub-groups containing individuals who have similar experiences and levels of wellbeing. These sub-groups were then used to guide the qualitative research to help us understand how older people conceive of a good life as well as the barriers to and enablers of a good life.

The method of clustering used was Latent Class Analysis (LCA). This is the only method appropriate for categorical data (other clustering methods, such as k-means and hierarchical clustering, are designed for continuous data and are often used with scales, i.e. where respondents have been asked to rate things on a scale of 1 to 10, etc.). LCA also tends to be preferred because there is a mathematical model underlying the process, as opposed to the other methods which are purely data driven.

LCA is based on a type of modelling called 'finite mixed modelling'. Put simply, the theory is that there exist a finite number of distinct sub-groups. These sub-groups will have been mixed up to form a population. The purpose of the LCA is to 'un-mix' the population and separate out the distinct sub-groups. It does this by modelling the underlying structure of the data and using that to predict sub-group membership.

As a consequence of this our sub-groups are based on older people's experience and levels of wellbeing but these groups are mixed up within the population of older people. We don't actually have information about each person's sub-group membership, so we need to predict it using the wellbeing information available to us.

LCA models the data structure and gives every individual a probability of belonging to each sub-group. We have six segments, so each of our respondents had six probabilities. These probabilities are used to allocate people to segments. Some will obviously be stronger than others. Person A might have an 80% chance of being in Segment 1, which means they have a lot of the wellbeing characteristics which define this cluster. Person B might be more evenly split between one or more segments. The LCA program runs twenty iterations to allocate individuals to segments based on their probabilities. The individual is then allocated to the 'best fit' segment, i.e. the one that came up most in those twenty iterations.

The resulting segments are distinct and interpretable. The profiling and checking at the end of the LCA indicated that, while there may be some differences within segments, segment members had far more in common with other individuals within their segment than they did with individuals in other segments. The segments were geographically spread across England and are all broadly similar in size as highlighted in the table below.

	ELSA cluster sample size	Estimate size of segment in England population
Thriving boomers	1,853	3,976,010
Downbeat boomers	1,856	3,982,447
Can-do and connected	1,678	3,600,510
Worried and disconnected	1,171	2,512,632
Squeezed middle aged	1,203	2,581,295
Struggling and alone	1,074	2,304,498
Total England population aged 50 and over	8,835	18,957,394

The names and brief descriptions of the resultant six segments are as follows:

- **Thriving boomers** - typically in their 60s and early 70s and living with a partner. They are financially secure, in good health and strong social connections. They feel fortunate and have the highest overall levels of happiness.
- **Downbeat boomers** - demographically similar to the thriving boomers. Despite being financial secure, having good health and a large number of social connections, their overall levels of happiness are only average. They tend to reflect on missed opportunities or things they could have done differently.
- **Can do and connected** - usually in their 70s or 80s and often widowed. Their health can be poor and they lack disposable income, but despite this they have higher than average levels of happiness. They have strong social connections, can rely on others for support and have a positive outlook on life.
- **Worried and disconnected** - typically aged 70 or over and are retired. While financially stable they sometimes have poor health. They have fewer social connections, often due to a bereavement or losing social connections that they had enjoyed through work which makes them socially isolated. Many are apprehensive about later life and they have below average levels of happiness.
- **Squeezed middle aged** - predominantly in their 50s, in good health and still in work. They are squeezed for time, finances and in their homes. With caring responsibility for both children and their own parents, they have less time for their social connections or preparations for later life. They already have low scores in terms of happiness and, with retirement a long way off, there is real cause for concern about the future.
- **Struggling and alone** - distributed across all ages. They have long standing health conditions which affect their ability to work and impact their ability to have social connections. They are more likely to be living alone and have fewer people they can rely on for support. They are more likely to experience financial insecurity than other segments and run out of money often or most of the time. They have the lowest levels of happiness of all the segments and are finding life very difficult.

Case studies with 24 participants recruited to reflect the segmentation

The segmentation gave us a framework on which we could hang the rest of the study. The next phase comprised half-day case study visits with 24 participants recruited to reflect the segments. This ensured that the research questions were asked of people that illustrated the diversity of experiences and wellbeing within the over 50s population.

The in-depth case study work was designed to deliver depth of insight, provide an understanding of the diversity of the older population, and ground our findings in their experiences. The nature of the research questions were sensitive – covering what older people conceptualise as a good later life and the extent to which they feel able to achieve one as well as matters such as health, financial security and how they spent their time. As such, individual discussions were a more appropriate forum for these kinds of conversations than group work. Further, a one-to-one approach also facilitated depth of insight; we were able to spend more time with the participants and observe their behaviour as well as discuss the key issues with them.

Recruitment

Participants were recruited and interviewed in eight locations across England. A range of locations were selected in order to help ensure diversity and range in the responses gathered. Further, we hypothesised that people's experiences of later life would, in part, be contingent on location; for instance there may be differences between rural and urban areas. The locations selected, which were agreed with Ageing Better during the project's inception, covered a range of factors including urbanity and rurality, affluence and deprivation, and a range of demographic compositions.

The locations selected were:

- London (both inner and outer)
- Redcar and Cleveland
- Manchester
- Leicestershire
- South West England (Devon and Cornwall)
- Nuneaton, Warwickshire
- Eastbourne
- Rural Kent

Participants were recruited to one of the six segments identified. To do this, we developed brief pen portraits for our recruiters to work with; short descriptions of the typical characteristics of each segment. These were complemented by screening questionnaires to facilitate recruitment and ensure certain key quotas (like age, ethnicity and the presence of health conditions) were met. Our face-to-face recruitment team then worked with these materials in the eight specified locations to find the 24 participants required. In a few cases it became clear during the interviews that a participant would fit better in a different segment to the one that they were recruited to. In these instances the participant was recoded to the appropriate segment after the interview had taken place. In the interests of quality, this required us to recruit an additional participant to ensure that we had fair coverage of each discrete segment.

The spread of case studies across the segments and geographic locations is indicated in the table below:

Segment	Location	Gender
Thriving boomer	Cornwall/Devon	Female
Thriving boomer	Eastbourne	Male
Thriving boomer	London	Male
Thriving boomer	Kent	Female
Downbeat boomer	London	Female
Downbeat boomer	Eastbourne	Male
Downbeat boomer	Cornwall/Devon	Couple (male and female)
Can-do and connected	Manchester	Female
Can-do and connected	London	Female
Can-do and connected	Leicestershire	Female
Can-do and connected	Nuneaton	Couple (male and female)
Can-do and connected	Redcar and Cleveland	Male
Worried and disconnected	Kent	Female
Worried and disconnected	Leicestershire	Female
Worried and disconnected	Redcar and Cleveland	Male
Squeezed middle aged	Leicestershire	Female
Squeezed middle aged	Redcar and Cleveland	Male
Squeezed middle aged	Kent	Female
Squeezed middle aged	Kent	Female
Struggling and alone	Manchester	Female
Struggling and alone	London	Male
Struggling and alone	Nuneaton	Female
Struggling and alone	Nuneaton	Female
Struggling and alone	London	Female

Case study approach and content

Each of the case study interviews took place over the course of half a day, face-to-face, in the participant's home. A guide including key topics, questions and explorative techniques was used to structure our discussion with the participant and to ensure there was commonality between all the interviews. This was designed collaboratively with the Ageing Better and agreed in advance.

The key topics included in the guide followed up on some of the key findings from the literature review as a means of us understanding in more detail the key features of a good later life. To illustrate, our discussions with participants covered the following issues:

- **Their definition of a good later life** – what they thought the essential features of one was, their reasoning for this, and how close they felt to this description themselves;
- **Social participation** – who they spent time with, how often and in what context;
- **Financial capability** – what their main sources of income and outgoings were, how they made financial decisions and the extent to which they had sufficient money to realise their aims in later life and, also, to cover any unexpected financial shocks;
- **Health** – how they rated their health, the impact that any health condition had on their lives, what they did to stay healthy, how they expected their health to change and what plans they had in place to manage declining health;
- **Transport** – what transport methods they used, how reliable these were and the extent to which they felt they were able to access all the amenities they needed to;
- **The outdoor environment** – what amenities were available to them in their local area, how accessible they felt these to be, and what else they required access to in order to have a good later life. We also discussed more broadly how they felt about their local area – whether they felt safe and a part of the community.
- **Housing** – what kind of housing situation did they think was ideal for someone in later life and the extent to which their home matched this description. We also spoke about adaptations they had made to their accommodation as well as those that they had planned for. What their home meant to them and the associations they had with it were also a key focus in these conversations.
- **Priorities for action** – what kind of changes would need to be made for them to achieve a good later life, according to their definition of one.

Following the initial interview, each participant was asked to complete a diary over the course of a week. This diary focused on how participants spent their time and, accordingly, the impact that this had on their levels of wellbeing. Of the 25 diaries issued to participants, 16 were returned to us.

Follow-on interviews

Twelve participants, two from each segment, were selected to participate in a follow-on interview. While there were some pragmatic considerations to take into account in the selection of these 12 participants – we could only go back to those who had given their permission to be recontacted – they were mainly chosen on the basis of their being the best representation of their particular segment.

This interview, which again lasted up to half a day in length, was conducted face-to-face in-home and was designed to explore in more detail some of the issues raised in the first meeting. By revisiting participants, it also allowed them a period of reflection in which they could reconsider the responses given and whether or not they still stood by them.

Participatory photography

In six of the follow-on visits (i.e. one per segment) we conducted a participatory photography exercise. This involved working with the participant to determine their key constituents of a good later life and then asking them to select items, objects or views that best represented this. We worked with a professional photographer, and the photographs can be found in the interactive report - please click on the following link for more details: <http://laterlife.ageing-better.org.uk/>

We found that this approach encouraged participants to think more deeply about the issues raised. It was also empowering; participants were in charge of how their story is told and understood visually.

Representative survey

An important supplementary element to this research programme was a quantitative survey to test and develop some of the findings from the qualitative work. Running complementary 'representative' survey research allows us to more robustly extrapolate findings to the wider population. The quantitative survey was conducted on Ipsos MORI's Capibus - the first omnibus of its kind to make use of computer-assisted personal interviewing ("CAPI") to enhance accuracy and quality of responses. Capibus uses a controlled form of random location sampling (known as 'random locale') to ensure that the sample drawn each week is closely matched to the UK population it covers. This approach involves the weekly random stratified selection of between 170 and 190 primary sampling units (PSUs - aggregated from UK Census Output Areas), with quota interviewing based on age, gender and working status within the randomly selected PSUs to match the geodemographic make-up of each one selected.

The survey was designed by Ipsos MORI in collaboration with the Ageing Better including defining older age, social, financial and health expectations and experiences of ageing, wellbeing and happiness, and community aspects of ageing. The survey questionnaire was 36 questions in length and ran at an average of 16 minutes per respondent. The questionnaire, together with headline results, is included in Appendix 1.

We interviewed a representative sample of 1,389 adults aged 50 and over across England between 25th September and 18th October 2015. The data are weighted to indicators matching the profile of the population aged 50 and over living in England including age group, region, gender, social grade, employment status, housing tenure and ethnicity. The tables are published, and can be found here: <http://laterlife.ageing-better.org.uk/>

Appendix 1

Survey topline results

Ipsos MORI interviewed a representative sample of 1,389 adults aged 50 and over across England. Interviews were conducted face-to-face, in home using Computer Assisted Personal Interviewing (CAPI), between 25th September and 18th October 2015. Data are weighted to match the profile of the population aged 50+ living in England.

Results are based on all participants unless otherwise stated.

Where results do not sum to 100%, this may be due to computer rounding, multiple responses or the exclusion of don't know/ not stated/ refused responses.

An asterisk () indicates a percentage of less than 0.5% but greater than zero.*

01 Which two or three of the following phrases define “older age” to you?

	%
Not being able to do certain things that you could when young	30
Being less physically active	29
Being retired / not working	27
Deteriorating health	25
Having grandchildren	20
Your age	19
More time to yourself	19
Collecting a pension	19
Getting grey hair or losing your hair	10
Requiring care services	9
Doing something new	9
Living off savings	6
Moving to a smaller home	5
Free bus pass	*
Being alone/lonely	*
Loss of memory/mental slowing/forgetfulness	*
Other	2
Don't know	1

02 **And at about what age do you personally think “older age” begins?
Please answer in terms of the number of years.**

	%
30-35	*
36-40	*
41-45	*
46-50	4
51-55	1
56-60	11
61-65	16
66-70	27
71-75	12
76+	15
Don't know	13

People sometimes talk about later life as being when you reach a certain age (e.g. when you are eligible for a state pension) or when you might experience other changes in lifestyle such as thinking about retirement or becoming a grandparent.

03 People often have different aspirations for things they'd like to do or achieve in their later life. Which, if any, of the following do you aspire to do in your later life?

	%
Travelling	44
Spending more time with family	37
Spending more time with friends	26
Taking up a new hobby or pastime	24
Volunteering	18
Learning a new skill	16
Taking up a new type of exercise/becoming fitter	15
Getting involved in the community	14
Some form of paid work	9
Further training or education	7
Continue working full time	6
Stay healthy/live longer	1
Gardening	1
Walks/walking	*
Take is as it comes/live each day separately/do as I please	*
Spending more time with myself/my partner	*
Moving away/abroad	*
Keeping busy/getting out and about/socialising	*
Fishing	*
None	1
Nothing	*
No answer	2
Other	2
Don't know	2

04a **Many different factors can contribute towards having a good later life. Looking at this list, which would you say is the *most* important factor in having a good later life?**

04b **And any others?**

	Most important %	Other important %
Being in good health	53	21
Having enough money to meet my needs	12	30
Being independent at home	8	20
Having good relationships with my family	8	19
Being able to get around easily	5	17
Having a group of friends around	3	13
Having my own home	3	10
Close access to amenities such as shops, doctors, etc.	2	7
Being able to live where I want	2	9
Learning something new	1	4
Being able to contribute to my community, such as volunteering	1	3
Being able to participate in all the social events that I want to	1	5
Happiness / positive thinking	*	*
Religion / faith	*	*
None	*	*
No answer	*	1
Other	*	*
Don't know	*	1

05 **And what two or three things are you most worried about as you age?**

	%
Your physical health	50
Not having enough money	31
Losing a partner or spouse	27
Becoming less mobile	23
Your mental health	22
Becoming suddenly ill	17
Becoming lonely	16
Requiring care services	14
Being far from family or friends	8
Doing less physical activity	7
Not being able to leave an inheritance	2
Being dependent on others/losing my independence	1
Dying/death	*
Welfare of my children	*
Nothing / I don't worry	*
Other	1
None	2
Don't know	*

Now I'd like to ask you a few questions about you and your community.

06 **Overall, how satisfied or dissatisfied are you with your local area as a place to live?**

	%
Very satisfied	47
Fairly satisfied	39
Neither	5
Fairly dissatisfied	6
Very dissatisfied	3
Don't know	-

07 **Would you say that this is a good neighbourhood to grow old in?**

	%
Yes, definitely	56
Yes, to some extent	34
No	10

08 **Why would you say this is a good neighbourhood to grow old in?**

All who consider their neighbourhood good to grow old in (1,253)

	%
It is a safe area	44
It is a quiet area	42
There are lots of local amenities such as shops, doctors, etc.	36
I have friends in the local community	36
There is good public transport	24
The area is well-maintained and tidy	17
There are opportunities to meet people and get involved in groups	14
There are lots of other older people	13
There are opportunities to get involved in decisions affecting the local area	6
Good neighbours	2
Close to family	1
Close to the countryside	1
Good environment	1
People here care/look after each other	1
Close to the city/town	*
Close to the sea/good sea air	*
Good community / community spirit	*
Good parks / open/ green spaces	*
Its beautiful/picturesque	*
It's flat / all on one level/ no hills	*
Know the area well	*
Lots to do / activities / events	*
Other	1
None	*
Don't know	*

09 **How much do you agree or disagree with the following statements?**

	Strongly agree	Somewhat agree	Neither / nor	Some-what disagree	Strongly disagree	Don't know
	%					
I use public transport in my area often	18	19	12	18	33	1
The public transport in my area is affordable	25	26	29	8	7	5
The public transport in my area has frequent services	27	30	18	10	12	3
The public transport in my area can get me to most places that I need to go	28	30	18	10	11	3

10 **We would like to ask how often you meet people, whether here at your home or elsewhere. How often do you meet friends or relatives who are not living with you? Is it...**

	%
On most days	34
Once or twice a week	40
Once or twice a month	17
Less often than once a month	7
Never	2
Don't know	-

11 **How often do you feel you lack companionship?**

	%
Hardly ever or never	70
Some of the time	24
Often	5
Don't know	*

12 **And how strongly do you agree or disagree with the following statements?**

	Strongly agree	Somewhat agree	Neither / nor	Some-what disagree	Strongly disagree	Don't know
	%					
I have family members close by that I can rely on if I had a problem	49	24	6	9	13	-
I have friends or other members of the community close by that I can rely on if I had a problem	51	32	7	6	4	-

13 **In what year did you move to this accommodation?**

	%
2010-2015	21
2000-2009	23
1990-1999	19
1980-1989	17
Before 1980	18

14 **Which of the following statements best describes your current attitude to moving to different property in the future?**

	%
I intend to move within the next 5 years	14
I intend to move within the next 5-10 years	8
I intend to move sometime after the next 10 years	5
I do not intend to move	72
Don't know	2

15 Why do you intend to move?

All who intend to move in the future (341)

	%
To move to a smaller property	41
To move closer to family/friends	13
Other change in personal circumstances (e.g. health issue, giving care/ support)	11
To move to a larger property	7
To move to a single floor house	6
To live abroad/in a warmer climate	5
Smaller/more affordable mortgage payments	5
To move closer to amenities	5
To be in the countryside/more rural area	4
To get some peace and quiet/get away from all the noise	2
To have somewhere of my own/own my own home	1
To be near the sea/coast	1
To return to an area previously lived/ where raised	1
To live somewhere new/ different	1
To be with my partner	1
To release the equity in the property	1
To live somewhere more manageable/ not so large	1
To live somewhere more affordable/ not so expensive	*
To get away from building work/ local developments	*
To improve health/ wellbeing	*
Other	7

16 **Have you made or installed any of the following adaptations to your current home in order to improve your quality of life?**

	%
Grab rails	12
Safety devices, such as gas detectors and water-level alerts	10
Equipment for washing and for using the toilet, such as bath seats or raised toilet seats	9
Adaptations to seating and beds, such as chair or bed raisers	4
Ramps	2
Stair lift	2
Shower room/walk in shower/wet room	1
Double glazing	*
Kitchen refurbishment	*
New conservatory added	*
Smoke alarm	*
Downstairs toilet/ bathroom	*
New boiler/ heating	*
Bathroom refurbishment	*
Alarms installed	*
Other	1
None	64
Don't know	2

17 **Thinking more broadly about your wellbeing and happiness, how would you rate the following in terms of importance?**

	Very important %	Fairly important	Not very important	Not at all important	Don't know
Health	85	14	1	*	-
Financial security	64	33	2	*	*
Relationships with other people	61	33	4	1	*
Where you live	52	42	4	1	*

18a On a scale of 0 to 10, where '0' means 'not at all' and '10' is completely, overall, how satisfied are you with your life nowadays?

18b And using the same scale, overall, to what extent do you feel that the things you do in your life are worthwhile?

	KT18a	KT18b
	%	%
Not at all – 0	*	1
1	1	*
2	*	*
3	1	1
4	2	1
5	6	7
6	7	7
7	17	15
8	32	30
9	15	15
Completely - 10	18	23

19 I'd now like to ask you how you feel about different aspects of your life. For each one, please say how often you feel that way.

	Often %	Some- times	Not often	Never	Don't know
I feel that what happens to me is out of my control	10	32	28	29	1
I feel left out of things	4	22	25	49	*
Family responsibilities prevent me from doing what I want to do	6	22	22	51	*
On balance, I look back on my life with a sense of happiness	55	35	7	3	*
I feel satisfied with the way my life has turned out	53	34	9	3	1
I feel that the future looks good for me	42	44	10	3	1

20 **How strongly do you agree or disagree with the following statements?**

	Strongly agree %	Somewhat agree	Neither / nor	Somewhat disagree	Strongly disagree	Don't know
I tend to bounce back quickly after hard times	33	41	15	9	2	*
I have a hard time making it through stressful events	6	21	20	31	22	*
I usually come through difficult times with little trouble	25	44	18	11	3	*
I tend to take a long time to get over setbacks in my life	4	18	19	32	26	*

21 **Do you have any long-standing physical or mental impairment, illness or disability? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to trouble you over a period of at least 12 months.**

	%
Yes	37
No	63

22 **Does anyone, whether family, friend, professional or volunteer, provide you with personal care or special help?**

	%
Yes	10
No	90

23 **About how many hours on per week on average do they spend looking after you?**

All who receive personal help/ care (147)

	%
Less than 20 hours per week	69
More than 20 hours per week	31
Don't know	-

24 **Does this person live with you?**

All who receive personal help/ care (147)

	%
Yes	36
No	63
Don't know	1

25 **Which two or three of the following do you think most contributes to a healthy lifestyle?**

	%
Good diet	58
Moderate physical activity such as long walks	36
Doing things you enjoy	31
Avoid smoking	28
Spending time with friends	21
Doing mind exercises such as crossword puzzles or other games	15
Having hobbies	14
Getting your 5 a day portions of fruit and vegetables	13
Drinking less	11
Visiting a GP or other doctor for regular check-ups	10
Vigorous physical activity such as exercise classes or attending a gym	10
Being part of a club or community organisation	5
Volunteering	4
Mental wellbeing/ keeping the mind active	*
Happiness/ laughter	*
Positive thinking	*
Other	2
Don't know	1

26 **How do you expect your health to change in the next 5 years compared to how healthy you are now? Do you expect to....**

	%
Become much healthier	2
Become somewhat healthier	7
Stay the same	67
Become somewhat more unhealthy	20
Become much more unhealthy	2
Don't know	2

27 **At what age do you expect to retire or will consider yourself to be retired?**

	%
54 or below	*
55-59	3
60-64	9
65-74	26
75+	3
MEAN	65.76
Already retired	49
Don't know	10

28 What is the main reason you are not yet retired?

All aged 50+ in England who are not yet retired in (627)

	%
I need to earn money	31
I think I'm too young to stop	16
I enjoy the work I do	14
I want to earn money	5
Work gives me a sense of purpose	4
Already retired	4
Not currently at retirement age	4
I don't know what else I would do with my time	2
I earn more money working than I would get when I retire	2
My partner is working so I want to keep working too	2
Work gives me a good social life	2
I don't have much pension savings so I will work and save for the future	2
I like the people I work with	2
Carer	1
Not working due to ill health/ long-term sick	1
Work keeps me fitter and healthier than if I stopped	1
Health	1
Housewife	1
Still working/ semi-retired	1
Disabled	1
Don't need to retire	*
Other	2
Don't know	2

29 **What are the main reasons why you retired when you did?**

*All aged 50+ in England who are retired
in (762)*

	%
Felt ready to retire	32
I reached state pension age	25
Onset or development of ill health/disability	13
My finances were sufficient to allow me to retire	8
I was made redundant	7
I had always planned to retire then	6
I wanted to spend more time with family or friends	5
I felt I was expected to retire	5
I didn't like work anymore	5
I became eligible for my private/occupational pension	4
Became a carer for a partner, relative or friend	4
My employer suggested that I retire	2
Unhappy with role change/ working conditions/ environment	2
End of contract/ completion of service/ no work available for me	1
To look after my grandchildren whilst their parents are at work	1
Health reasons	1
Moved house	1
Business closed	1
To have children	1
Retirement leaves me financially better off	*
My partner and I retired at the same time	*
Had the opportunity to take early retirement	*
Partner's wishes	*
Other	3
Don't know	1

30 **Now that you are retired, what do you miss about work?**

All aged 50+ in England who are retired in (762)

	%
I don't miss anything	44
I miss the social interaction	36
I miss the income	8
I miss the feeling that I'm doing something useful	8
I miss earning money	6
I miss having structure to my week	4
I miss having something to do	4
I miss getting out of the house	3
Other	7
Don't know	1

31 **How well would you say you yourself are managing financially these days? Would you say you are...?**

	%
Living comfortably	27
Doing alright	47
Just about getting by	21
Finding it quite difficult	4
Finding it very difficult	1
Don't know	*

32 **And how do you expect your financial situation to change in the next 5 years compared to how it is now? Do you expect it to....**

	%
Become much better	3
Become somewhat better	13
Stay the same	74
Become somewhat worse	8
Become much worse	1
Don't know	1

33 How much do you agree or disagree with the following statements?

	Strongly agree	Tend to agree	Neither/nor	Some-what disagree	Strongly disagree	Don't know
	%					
I have experienced discrimination at work or applying for work because of my age	4	7	17	19	53	1
Older people should be allowed to stay in work as long as they want to	45	32	12	8	4	*
Older people have a valuable contribution to make in the workplace	52	34	10	3	1	*

34 **Do you provide any of the following help or assistance for someone either living or not living with you? If yes, about how many hours on average per week do you spend looking after them?**

	Less than 20 hours per week	More than 20 hours per week	Not applicable/ Do not provide care	Don't know
	%			
Caring for a spouse or partner	1	5	94	*
Caring for a parent or parent-in-law	6	3	91	*
Caring for any other relative	4	2	94	*
Caring for a friend or neighbour	4	1	95	*
Help providing unpaid childcare for a grandchild or any other child	10	3	87	*

35 **When considering all the efforts that you have put into caring for someone please tell me how strongly you agree or disagree with the following statements.**

All who provide personal care/help (391)

	Strongly agree	Tend to agree	Neither / nor	Some-what disagree	Strongly disagree	Don't know
	%					
It can at times cause me stress	16	35	10	11	28	*
It can at times prevent me doing other things I would like to do	14	39	13	13	21	*
I enjoy the time I spend caring for someone	46	35	12	5	2	-
I feel I'm making a contribution because I care for someone	53	31	11	2	3	-

36 **In the last 12 months, have you been involved with any of the following types of groups who get together to do an activity or socialise? If you have not taken part in any group please say so**

	%
I have not taken part in any group	52
Hobbies/social clubs	18
Sports/exercise groups, including taking part, coaching or going to watch	15
Local community or neighbourhood groups	11
Groups for children or young people	10
Religious groups, including going to a place of worship or belonging to a religious based group	10
Adult education groups	5
Groups for older people	5
Health, disability and welfare groups	4
Environmental groups	3
Political groups	3
Trade union groups	2
Other group	1
Don't know	*

Appendix 2

Variables used to profile clusters

Demographic indicators

- Sex
- Age group
- Housing tenure
- Number of rooms in house
- Short of space in house
- Accommodation has been adapted
- Ethnicity
- Benefit unit type
- Marital status
- Activity (occupation)
- NS-SEC 8 category classification (individual)
- Region (GOR)
- Access to a car/van if needed (incl as passenger)
- Age mother finished education
- Age father finished education
- Self-reported general health

Wellbeing indicators

- Overall, how satisfied did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Individual has a friend or family member they can rely on if they have a serious problem
- How often respondent feels they lack companionship
- At home, feels has control over what happens in most situations
- Severity of pain most of the time
- Whether long-standing illness is limiting

- CES-D depressive scale
- Whether respondent felt well-rested yesterday morning
- Whether the respondent feels satisfied with their job
- Whether the respondent feels satisfied with their job (workers only) (easier to interpret)
- How often over the last 12 months have you volunteered/generally helped?
- Engaged with arts at least 3 times in last year
- Does moderate of vigorous sports activity once a week
- Count amenities that are easily accessible (out of the 10 listed)
- Problems in accommodation
- In retirement accommodation
- Household has equivalised total income <60% of median
- Equivalised income (weekly)
- Wealth (excl pension wealth)
- How often they find they have too little money to spend on their needs
- Self-perceived (subjective) social status - mean score
- Educational qualification - info merged from current and previous waves
- Respondent feels they have been adequately appreciated for caring for others
- Respondent feels they have been adequately appreciated for caring for others (carers only)
- Has taken a holiday or day trip in last 12 months
- Respondent is NOT a member of any organisations, clubs or societies
- CASP19 Quality of Life score

