

Qualitative analysis

Understanding the
experiences of those
approaching later life

November 2021

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Introduction

Why is this life stage important? The years between 50 and 69

Later life can be a time of great fulfilment and personal satisfaction. However, to make the most of this time of life, essential foundations need to be in place – whether they're a secure home, a decent income, good relationships or a sense of meaning and purpose. We know that people's experience of later life varies hugely (Centre for Ageing Better 2018a) and the quality of those experiences reflect personal circumstances that are shaped long before reaching retirement. Therefore, better understanding of what shapes experiences and circumstances in the years *approaching* later life - and why - is critical to understanding how to improve the quality of later life.

In this report we examine the experiences of people approaching later life in the UK today, with our primary focus on those aged 50 to 69. This period is typically a transitional one, when important changes and life events take place. Many people reorient their roles in family and professional life, for example as children become more independent and leave home, older relatives need additional care and support, and working lives shift and change. These years are also often a time of consolidation when planning and preparation become particularly important, whether it's in relation to saving for retirement, making adjustments to lifestyle to better maintain health or considering when to leave work or move home. However, some are better placed than others to plan and prepare by virtue of their personal circumstances (Centre for Ageing Better 2018b).

Why is this research important?

There is a significant and rising population of those approaching later life. At present, 3 in 10 (29%) adults in England are aged 50-69, an estimated 13.5 million people. By 2030, the population of this age group is expected to increase by 6% to 14.3 million (ONS 2019). Born between 1951 and 1970, this group is different in some key ways from people of their age in earlier years. They are more ethnically diverse; the group includes both post-war immigrants and the UK-born children of post-war immigrants. They also have fewer children and, if female, are far more likely than their own mothers to work outside of the home.

The experiences of this group for the next 30 years are not just critical for the individuals themselves, but also for the rest of society. The health and wellbeing of this age group will be consequential for the future of public services, how they are planned and commissioned across every government department, as well as the ways in which families will need to balance care with work. The experiences of work for those 50-70 will influence the future productivity of the workforce as older workers remain in work for longer. These and other factors in relation to this age group will also be decisive for public finances, with the Office for Budget Responsibility estimating that total public spending will increase from 33.6% to 37.8% of GDP between 2019/20 and 2064/65 – equivalent to £79 billion – due largely to the ageing population (Government Office for Science, 2016).

Despite their increasing size and significance in societal terms, this age group has been the focus of less research, discussion and specific policy focus than other age groups. We deepen the existing evidence base in demonstrating the heterogeneity of this age group (for example Corlett 2017, Macnicol 2015), revealing a wide set of *intra*-generational differences that are important to appreciate for those seeking to improve experiences and outcomes for this group. This information is of key importance for policymakers in central and local government seeking to prioritise support and to plan public services, as well as for

commissioners and practitioners in the private and voluntary sectors who are aiming to identify disadvantaged and vulnerable groups.

This report

This qualitative research was commissioned by the Centre for Ageing Better and produced by IPPR. Ageing Better also commissioned complementary quantitative research from University College London (UCL). Ageing Better has produced a summary report that brings together both elements of the research and outlines their recommendations. Both reports are available to download from the Centre for Ageing Better's website. This report does not necessarily reflect the Centre for Ageing Better's views.

Chapter 1: Definitions and methods

1.1 Defining a good later life

We draw on the framework outlined in the Centre for Ageing Better's 2018 strategy, 'Transforming Later Life' (Figure 1.1). This strategy, developed in response to what people say matters most to their quality of life, identifies four key issues that are especially important in determining quality of life for older people: fulfilling work, healthy ageing, connected communities and safe and accessible housing. Each of the themes is interconnected across eight areas of people's lives that are necessary for maintaining a good quality later life (Centre for Ageing Better 2018a).

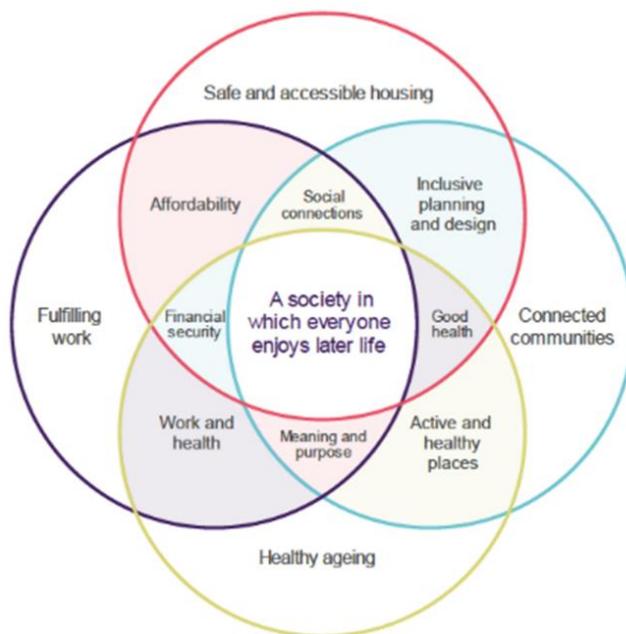


Figure 1.1: The Ageing Better Strategy (Centre for Ageing Better 2018a)

We draw on these themes and sub-themes to identify the key features of a 'good later life', as well as the factors that mean people are at risk of missing out on this. We define people as being at risk of missing out on a good later life when they face challenges in one or more of the areas. We briefly introduce each of these areas here.

- **Fulfilling work** – Overall, factors that make work fulfilling for older workers are largely the same as they are for other ages (Marvell and Cox 2017), however workers aged 50 and over may be more likely to face certain barriers to remaining in work or re-joining the workforce. The health profile of this age group means that they may be more likely to need adjustments to manage health conditions or disabilities, or even support to change their role at work – for example, if physical demands are no longer manageable. Agency at work is highly valued by older workers, particularly those with high levels of skill and experience (ibid). Yet, despite changes in legislation, age discrimination – covert, cultural or even overt – still exists (George et al 2015, DWP 2015).
- **Healthy Ageing** – People are more likely to experience long-term health conditions that can impact on their quality of life as they move through life, and both chronic and acute health issues are more common in older populations. However, many health

conditions are preventable, and more still can be managed, with appropriate support, to limit their impact on daily life. Research suggests that effective prevention and management depend on access to and engagement with appropriate health services, as well as on the social and economic factors that affect mental and physical health (Marmot 2015).

- **Connected communities** – Connections with other people, and the sense of belonging to a community, are important to wellbeing for people of all ages. Those approaching later life may be at particular risk of missing out on opportunities to engage with people outside their immediate household and family as they juggle work (perhaps with increasingly senior roles or the need to take on more hours to save for retirement), caring responsibilities (as grandchildren and older relatives need additional care) and changes in their health.
- **Safe and accessible housing** – Different life stages and personal circumstances bring the need for different kinds of housing. As with other age groups, those approaching later life benefit from accommodation that is affordable and accessible. But not being able to access suitable housing in later life can reduce both independence and quality of life. Many older people live in cold and poor-quality housing; in 2018/19 almost one in five (19%) of people aged 65 and over lived in homes that failed the Decent Homes Standard (MHCLG, 2020). Poor and inaccessible housing design has been identified as a key barrier to independent living ([Oldman 2014](#)).

1.2 Methods and sample

This qualitative research was carried out with a sample of 91 participants aged 50-69 and six participants aged 70 and over. Participants were recruited to offer a balance of characteristics according to gender, ethnicity, sexuality, relationship status, housing and employment status and geographical location (see Annex for full details). Interviews were conducted during July and August of 2020.

The aims of the qualitative research were to document the experiences of a wide range of people in this age group, from those at low risk of missing out on a good later life to those at medium and high risk. We also sought to build on and deepen insights gained through the quantitative analysis undertaken by University College London (see the UCL technical report available to download from the Centre for Ageing Better's website). Semi-structured 'depth' interviews were carried out with 66 individuals and 12 small focus groups were held. Six diaries were also completed over the two-month period to provide insights into the impacts of key life events unfolding in real-time. Six interviews were carried out with participants aged 70 and over to capture attitudes of previous generations to later life and to explore the findings of the quantitative research.

Chapter 2: Fulfilling work

Employment rates for people aged 50-69 have risen substantially over recent decades. In 2020, the employment rate for people aged 50-64 was 73%, compared with 60% two decades earlier (ONS 2020c). This compares to an increase in the overall employment rate over the same period of just 2.5%. Work then, and the quality of that work, is becoming a much more salient aspect of life for those in their fifties and sixties. It is providing an income for longer as the state pension age rises, but it is also a more important aspect of identity and financial security for those in their fifties and sixties than in the past.

2.1 Quality of work

As the Taylor Review into Modern Working Practices highlighted, people who have less autonomy over what they do at work tend to report lower wellbeing rates¹. The Taylor Review explores the nature of 'quality' of work and outlines six indicators that provide the foundations of 'quality work' as wages; employment quality (including job security, contract type etc.); education and training (including opportunities for skills development); working conditions (including autonomy, work intensity and social support); work life balance; and consultative participation and collective representation. Poor job quality causes significant problems in the UK including stress, poor mental health and sickness (Health Foundation 2020) and has only recently been identified as an important government policy objective alongside boosting employment levels.

In our interviews, we sought to understand more about the role of autonomy in people's experiences of work, the experiences of those in relatively low-paid or low-status work, what people valued in their work and what caused workplace stress. Interviews sought to understand the experiences of those in insecure work, as this was not an area the quantitative analysis was able to explore. Given the decline of the 'job for life' and the transitional nature of this period, we also sought to understand more about the career changes people made at this time of life and why.

Interviewees valued work in which they had a relatively high degree of autonomy in their job. Some freelancers and small business owners had actually made the decision to move into self-employment to gain more autonomy in their work:

'I love my job, when I'm working, I find it satisfying and rewarding, it is just mine I go there and control ... everything.'

Poor management practices were a source of frustration and stress, especially for workers in lower-paid and lower skilled jobs. Issues included 'micro management' and poor workplace relationships. Cultures that ignore the 'human factors' in workplaces, focusing on targets or the 'bottom line' rather than on the quality of the work or its impact on people, were also problematic as demands that were felt to be unrealistic. Work was also unfulfilling for people who felt that their experience and expertise at work were not valued or were ignored. This related both to the treatment of individual workers, and a lack of consultation by managers with the workforce.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/627671/good-work-taylor-review-modern-working-practices-rg.pdf

'... everything kept changing, you couldn't talk to people... No consultation with workers, new managers brought in even if they couldn't do the job, new demands which made the job unenjoyable.'

Interviewees in relatively low-paid or low-skilled work, including those on short-term contracts of various kinds, were particularly likely to describe experiences of this kind (although they were not alone in this, and some workers in these roles had had good experiences). For some there were compensations even to the financial stresses of not being about to work because of COVID-19:

'My most recent jobs were in retail... they treat you badly anyway. I'm glad that I'm not working, though, glad that I've not had to go back, really...'

Overall, however, interviewees who were working or had recently worked were relatively positive about their experiences, ranging from people who loved their job to those who felt that it was not actively damaging their life. Some participants felt that their work was, to some extent, a part of 'who they are'. Others described their investment of identity in work as contingent; they took pride in what they did but it was ultimately 'just a job'.

Many interviewees valued having a job where they could 'make a difference', feeling satisfaction and fulfilment when they contributed to positive change and outcomes. This applied across many different areas of work, well beyond public services, civil society and the services sector. Fulfilment also came through opportunities to train and support co-workers and less experienced staff.

Social connections at work were important. Good relationships with colleagues were highly valued. Many interviewees who described long-term friendships noted that these had been formed at work. Some also valued the opportunities to interact with clients, customers and others that work brought; this was true across a wide range of different types of jobs. Losing the social life of work is a worry associated with COVID-19 and its impacts:

'I have been a workaholic; I do not like to sit idle, all my activities have stopped, my volunteering has stopped.'

Female interviewees who had returned to work after taking time out to raise children or provide care were especially likely to talk about the identity and social benefits of work:

'I love my job. You lose yourself when you have kids; I spent 20 years bringing them up, having to think about what I need to do. It is a really refreshing life stage - it feels like a new beginning.'

Strong identification with work could be associated with stress, however, where it comes into conflict with issues such as a lack of autonomy, poor management or de-personalisation. Unrealistic demands at work was a theme raised by interviewees in a very wide variety of jobs – though it was mentioned less often by very senior managers and the self-employed. Stressors included unattainable or apparently arbitrary targets, high accountability with low control and 'work politics'.

Several interviewees stated that certain stressors might have been bearable when they had less experience, knowledge and expertise, but that given their experience it was harder to 'put up with' poor treatment.

A few interviewees had turned down or even reversed promotions to more prestigious and better-paid roles because they wanted to continue in front-line and people-focused work and to avoid stress. This was sometimes *more* important than achieving a higher rate of pay:

'You can either manage teams or do more complex frontline work. I'm a people person... It pays me what I need and it doesn't cause me too much stress'.

Some interviewees described low job satisfaction because they found their work relatively dull and routine. Work of this kind might not be stressful, if management practices were relatively good, but it could also be unfulfilling. This was sometimes balanced by a good social life at work, or by factors outside work that brought satisfaction in other areas.

Box 1: Experiences of insecure work

People aged 50-69 (like the rest of the workforce) are increasingly likely to work in the 'gig economy', and to hold jobs that are to some extent 'insecure'. Earlier research by Ageing Better (Thomson 2017) found that only just over half of people aged 45-64 felt that they had 'job security' – compared to 65% of all workers, and a higher proportion of younger workers. For our interviewees, this kind of experience ranged from casual or 'supply' work in an area related to a former career, through freelancing of various kinds (including turning a previous hobby into a business), to zero hours contract work primarily in service industries.

For freelancers and professional or managerial staff who worked some casual hours, gig work could be a useful part of the transition from full-time work to retirement. They were able to keep some of the social and identity benefits of work while cutting their hours and escaping tedious tasks or workplace politics. For those raising children on their own or providing care for older relatives, flexible work was valuable if they could exercise sufficient control over their hours to fit work around these other commitments. This, of course, depended on a good relationship with their employer.

However, even such 'voluntary' gig workers sometimes found that their careful financial planning had been thrown into doubt by COVID-19. In sectors with high levels of furlough or job loss, the 'extra' work they had expected to do simply was not available – with financial ramifications that would be less of a worry for people in jobs with a longer-term contract.

Others found themselves in the gig economy because COVID-19 had disrupted either a long-term career path or a planned change of career. Those who had been made redundant and faced a serious income shock had sought what work they could and tried to put an income together; however, some were worried that ageism could damage their chances.

We also spoke to some interviewees who had a long history of working in sectors where insecure and 'gig' work had become more common than when they started out (for example hospitality, retail, personal services or social care). Some people in this group had found themselves with few options other than to seek zero hours contract or short-term work: *'I was working for hospitality and cleaning in shops, everyone is on zero-hour contracts'.*

Financial security could be a problem for those in insecure work, especially in the context of COVID-19. A few interviewees were juggling two (or more) jobs (*'I'm spinning lots of plates to keep the money coming in'*), which could leave them tired and stressed. Some of those in insecure work experienced a 'perfect storm' of factors that make work unfulfilling, including low and variable pay, poor management practices and a lack of control. Several contrasted this with their early career:

'... companies want you to do more and pay you less...'

'... you've got to change and adapt – it's the twenty-first century... zero hours contracts, it's just rubbish how they treat the workforce... they can do whatever they want with you.'

Interviewees in insecure work could miss out on both the statutory entitlements of employees and the social relationships with colleagues that employees sometimes enjoy. For example, it was suggested that accessing sick pay and saving for a pension can be challenging in this situation, which has the potential to result in increased stress and have lifelong financial implications. Insecure work often doesn't incorporate the wraparound social structures of 'usual' working life, meaning it can also be harder to build the social contacts and friendships with co-workers that so often contribute to fulfilling work, when short-term teams do not necessarily build up the same levels of camaraderie in the workplace.

Interviewees in insecure work were especially vulnerable during the pandemic. Some had been unable to access furlough and instead had been made redundant. Even those who still had at least some paid hours worried that they might lose even these, and workers who had previously valued the opportunity of flexible work now feared that they could lose their income altogether:

'It's a period of a lot of uncertainty. The people they want to keep on full-time are their regular employees.'

2.2 Ageism and discrimination in the workplace

For those aged 50 and over, the risks of ageism and discrimination in the workplace typically increase. In particular, it can be harder to re-gain employment once a job is lost. For women in particular, the huge increase in their participation in the labour market has not always been matched by a shift in attitudes towards gender equality, or flexibility in the workplace, and ageism is more likely to be linked to stereotypes and appearance. In interviews, it was therefore important to understand more about the role of ageism and discrimination in limiting fulfilment at work.

A number of interviewees discussed experiences of racial discrimination at work, and instances in which they had observed racist behaviours or cultures in the workplace. In general (although not universally) these were associated with *earlier* points on the career path, and interviewees noted that things have improved in recent years. For some interviewees, discrimination had been associated with slower or more difficult routes to promotion at key stages in their career, and a sense that one had to do more to achieve as much as White colleagues. Given the disparities in income and wealth between ethnic groups that were identified in the quantitative analysis, this should be a priority area for further qualitative research.

Discrimination on grounds of age has been illegal in the UK since 2006, and age is one of the protected characteristics in the 2010 Equality Act. Despite this, many interviewees spoke of ageism as a barrier to employment and progression and equality at work. This was not universal, and some participants felt that their age and experience meant they would remain employable and well-positioned to get another job if they needed to. Others, however, had experienced ageism at work themselves, or seen it happen to colleagues, friends and family.

Some interviewees – and in particular those under 60 – were surprised and annoyed when they were treated as ‘old’. Examples included the belief that they would necessarily be ‘winding down’ to retirement, or that they would want to move into ‘old people’s’ housing.

Many believed that if they were made redundant it would be harder to find work because of their age. This view was expressed by both sexes; it was more common among women, but by no means absent among men. Some interviewees (again, of both sexes) noted that ageism is a gendered issue: *‘It is harder for older interviewees, and for older women in particular’*.

Interviewees were frustrated by the unfairness, and *none* suggested that ageism was acceptable or understandable. However, very few would consider a formal or legal complaint, either about recruitment practices or experiences in the workplace (although a few had contested ageism informally). The most common response was weary acceptance: *‘The first few times you think it’s not fair, but that’s just the way it is’*. A handful of comments suggested that some employers and employees are not fully aware of the law regarding age discrimination.

Ageism at interview was seen as a barrier to getting a job. People who had believed this to be the case described strategies such as using personal contacts to find work or seeking out phone rather than face-to-face interviews. One person with recent experience of job seeking spoke of getting ‘one callback out of 20’ when they would have got ‘one out of three or four’ ten years earlier – despite offering more experience now (and not demanding any more money). Others had attended interviews and felt ‘fobbed off’ with excuses and feedback when they were unsuccessful (*‘I know they say there’s no age restriction, but you pick up on that’*).

This was a source of considerable stress for interviewees who found themselves unemployed between 50 and 69 and feared they might not be able to get another job. The context of COVID-19 exacerbated worries about ageism in recruitment (and, much less often, retention).

The factors underlying ageism were less discussed than the phenomenon itself. Few participants discussed the view that older workers would require higher wages – and indeed some said that they had been clear at interview that they would *not* demand more money. In some cases, ageism was framed as being a fairly baseless prejudice, grounded in old-fashioned attitudes about when people ‘should’ retire. Others had encountered the belief that ‘older workers’ would be less competent due to cognitive decline or lack of motivation (both views that they strongly opposed).

‘I know they aren’t going to employ someone over 60 in a young office – they think you won’t fit in, you won’t be part of the office culture. It’s just the way it is. Legally they aren’t allowed to discriminate on the grounds of age, so they say you’re unsuitable because... you aren’t a good fit.’

For interviewees in secure work, age could be a barrier to promotion.

‘At 58, there is not much chance of being promoted into a higher wage bracket; there may be fewer opportunities to progress.’

‘Sometimes I think that I’m written off because of my age... I’ve been in meetings where I’m not listened to, or I’ve been passed over for a promotion... The response is, “Oh, you’re being silly and we were going to talk to you” and I know that’s not the truth. I am angry and sad about this.’

Again, however, this was not a universal experience, and some interviewees were confident that they had a good chance of advancement at work – and had clear plans to seek it.

People had also encountered an assumption that older workers would be unwilling to learn and develop their skills, despite widespread enjoyment of learning and desire to learn:

'It's still important to me to be moving forward and learning every day – my mind is always refreshing myself and taking on challenges.'

'I have done nothing but learn for all of my adult life... You shouldn't stop wanting to do more things and learn more stuff.'

Although people of both sexes were aware of discrimination, women were considerably more likely to describe experiences of it. These included feeling patronised (and encountering surprise and retreat when they challenged this), invisible, and excluded. Women, in particular, felt that *appearing* older than their colleagues meant they were in danger of being viewed as 'past it', not ambitious or not worth listening to. Several spoke of their efforts to make sure that they did not dress or present themselves in ways that might be read as 'dowdy' or 'mumsy', or alternatively as inappropriately youthful. Several mentioned comments and '*little asides*' that teetered on the border between insensitive 'banter' and actual discrimination.

Just as ageism at work was part of people's experience, so was ageism in the wider society.

Some interviewees also noted that they could find themselves missed out or forgotten, between groups that are established for younger people (parents of school-age children, the under-40s, etc.), and people such as retirees or state pension recipients:

There was nothing for people aged between 50 and 60.'

'I don't have a natural place... there is that retirement zone which I am not in. I do feel overlooked. There is stuff there which isn't easy for me, seeing images and brands. Generally if you are young you are everything.'

Several interviewees noted that that media representations of people in their fifties are often absent, or tend to portray them as considerably older than most of this group feel or behave. This was especially marked for people whose biography didn't fit the majority trajectory, such as women without children and LGBT people. This has some important implications for policy that addresses approaching later life, or the years between 50 and 69; if it is framed as being about 'old people' or even 'ageing', it may simply not engage the people for whom it is intended.

Box 2: Career transitions

The demise of the 'job for life' is often cited as a new phenomenon. However, many interviewees had changed careers at some point. These changes had been driven by diverse factors including redundancy, entrepreneurship, caring responsibilities and family life. Family circumstances and the need to spend more time with children or to reduce stress had also prompted changes.

Some *had* always worked in a single type of job or sector; this was more common for men than for women, and for employees in the public sector or in science and technology. Many of this group found work fulfilling and got a strong 'intrinsic' satisfaction from their job, citing congruence with their personal values, opportunities for creativity, leadership

and personal recognition, and strong workplace friendships. They were often fairly ambivalent about retirement.

However, many interviewees had made at least one career change. They had moved between sectors, engaged in periods of entrepreneurship (freelancing or starting a business) and held multiple jobs. Others had left an established job with the intention of starting a new career. Some career changes had been effectively forced by redundancy, especially when the previous job was in a sector that was declining or changing very substantially.

Women had more varied career paths than men, often because they had taken time out to raise children or provide care, or because their career had been shaped by their partner's. The periods away from the workforce to care for children for example ranged from a few years until children started primary school to over a decade until they left for college or university. Similarly, the career changes varied from moves to a different company or – often – a less stressful role that would leave more family time, to a move into a completely different kind of work from what had gone before.

Some interviewees (predominantly men) had taken career decisions in their 30s and 40s that reflected the impact of work on family life. Reducing stress was a driver of career change, often for health or family reasons. Women – especially those who had raised children alone – had sometimes sought less stressful work when their children were small, to directly preserve their energy for parenting: *'My kids were growing up... I wanted something less stressful so that I was bringing less stress home.'*

Many interviewees said that at their current career stage, they were still very keen to learn new skills and keep on learning. People under 60 were largely confident users of technology and adapted easily to new systems. Technological skills and confidence were more varied in the 60-69 group from experts to those who assessed their skills as poor. There were IT and digital professionals across the age range.

Those who had studied for a degree later in life had found this transformative both professionally and personally. Several interviewees had completed a degree in their 40s or 50s. This has often been undertaken with the aim of changing careers, which in most cases had been achieved. However, interviewees who had studied as a mature student had often found it 'life-changing' for reasons that went far beyond work and enhanced earnings.

2.3 Attitudes towards and experiences of retirement

2.3.1 Attitudes to retirement

In general, interviewees in their 50s did not consider retirement as 'on the horizon' for them. Many spoke of paid work as something that would be an important part of their lives for some time to come. Even those who had planned carefully for retirement often did not see it happening in the near future. Some had clear ambitions relating to work, ranging from a desire to change jobs or roles (possibly to something more fulfilling), to a desire for promotion and career advancement:

'My next career move... [should include] opportunities to be at the cutting edge of change and innovation.'

'I want something more strategic – a very senior role.'

Others wanted to make a major change for the next phase of their working life; they were keen to do something new or 'push themselves'. These views were more common among participants aged 50-59, but we also heard them from some older people. The following quotations are from participants aged 65-69:

'[this project] has been like my baby all along. If I needed to work until midnight to sort something out, I would. Now if we can get this to work it would be fantastic.'

'It's part of who I am, part of my identity... without COVID-19 I would have wanted to go on and on.'

Those who felt that COVID-19 might lead to the end of their working life were often unhappy about this, partly because of the financial implications, but also because they did not want to stop working. The small number of younger interviewees who stated at recruitment that they had already retired had either done so for health reasons or were actively planning to return to work (or both).

Among participants over 60 who were still working, retirement was a more concrete prospect. Some were unequivocally looking forward to leaving work, either because they found their jobs stressful or unfulfilling, or because they were keen to do something else (such as volunteering, spending time with family, or pursuing a hobby). For people who were unhappy at work but felt that they could not afford to retire, this tension could increase stress. The 'trade off' between saving more for retirement *later* and putting up with frustrations at work *now* was often described in terms of stress, and its long-term impacts. For some interviewees, stepping back from stressful work had not felt like an option and they had stayed in jobs that caused them high levels of stress. They worried about how this might affect their health or personal lives in the future, or how it was *already* affecting them – but they felt that they could not afford to stop.

Others were ambivalent about retirement or did not plan to retire in the short-term. Those who had found a good balance between part-time work and personal time were often very content with this.

Our interviews suggest a complex set of factors underlying this change. On the one hand, many interviewees in their fifties and sixties felt positive about work (if it was of good quality) and wanted to keep working for social and identity reasons. On the other, some felt that they could not afford to retire – whether or not they wanted to. Different wage and career structures, changes to pension provision, shifting career pathways and the cost of property all played a part, and trend towards supporting adult children for longer may also be an issue.

Some interviewees felt that '*We face more economic struggles than people of our age did in the past*' (some noted that their children would face more struggles). Their parents had been able to access good-quality social housing, which was often fondly remembered ('*My parents were in a very nice council house that I grew up in*'). And social safety nets were stronger, including access – for some people at least – to types of occupational pension that are rarely available today. Both the 'core' age group (50-69) and our small group of interviewees aged 70 and over thought that people in their fifties were much worse off today than they were a generation ago:

'People at 50 today are going to have to work a lot longer – there aren't going to be early retirement schemes – people have to have a longer perspective now when it comes to work than I had – a lot of benefits like the free bus pass have been taken away from people at younger ages.'

Based on their parents' experiences, some interviewees had assumed that they would be able to retire in their fifties and had been surprised that this was not possible – although, as discussed above, it might not always have been welcome. Long retirements were seen as one of the drivers for a different approach to ageing, including substantial changes in behaviour: *'Back then people retired and then died'*.

2.3.2 Ambivalence towards 'full' retirement

Narratives around retirement were often complex. A typical pattern was a very positive discussion of retirement and the opportunities that it offers to be free from the demands and stress of work, followed shortly afterwards by a statement that 'full' retirement would be unwelcome because of the potential for boredom, social isolation and/or inactivity.

For example, a working participant said how much she enjoyed her job and found it fulfilling. She then explained how much she was looking forward to retirement and stated that she would have retired already if she could afford it. A few minutes later she stated that she would 'have to' do voluntary and part-time work because she could not bear to be inactive.

A retired participant talked about how much he had wanted to retire in order to have more time to do what he wanted and escape the frustrations that had built up over recent years in a job he had once enjoyed. He then explained after retiring from his long-term career he had worked for several years in a different field and had felt some regret when he had to give this up for family reasons.

Some older participants found the prospect of retirement less inviting as it got closer. Some participants who had initially planned to retire early explained that they were now happy to work until they were 67 or beyond – adding that this was a good thing, because they could not really afford to stop.

'I am lucky, I always thought I'd work to 55 and that is no longer an option, I am still happy doing it.'

Women who had taken time out to raise children or care for relatives described both the financial and the social and identity benefits of work as reasons they wanted to continue:

'When my kids were very little, I didn't work and it was just so isolating and boring, I couldn't wait to not do that anymore. It [retirement] will be like that only feeling more achy and tired.'

Some interviewees planned to continue working, even if they did not enjoy their job, because they could not afford to retire. This often was associated with a lack of pension provision:

'Retirement – you think about it a lot but there's no chance of it at the moment and not for a long time; ten, 15 years.' [60-64 year old interviewee]

The following is a typical narrative showing the interplay of financial, social and personal drivers:

'I enjoy my job on the whole – there are a lot worse jobs to be doing... I'd hold my hand up that I'd love to be retired now.... I'm looking forward to retirement. I'll be 66 when I retire. But even then I might carry on working one day a week... If I do this it will be mainly for the financial reasons... It's nice to be at work because you've got people there, and friends, and you meet people outside your home.'

2.3.3 Experiences of retirement

Just as autonomy and control are key determinants of fulfilling work, they are also important in the experience of retirement. Retired interviewees tended to feel positive when they had

been able to plan and manage the process, building a pathway to a life after work that matched their priorities and needs. This sometimes included extended processes of planning, with a practical and financial focus but also a personal and psychological one. 'Push factors' (see below) might have contributed to the decision to retire, but some interviewees had been able to take at least some control of how and when it happened. In many cases they had transitioned gradually to retirement, with a period of part-time work or a 'bridge job' between a long-term career and full retirement.

By contrast, interviewees who felt that they had less control over the timing and nature of retirement had often had a more negative experience. They might have lacked sufficient time to plan, leaving them to deal with a big drop in income alongside a big shift in their social role. This group included people who had left work because of 'push factors' such as illness, caring responsibilities, difficulties and changes at work or redundancy. For example, one interviewee described a negative experience of retirement that had happened through a set of circumstances that were *'fully out of [their] control'*.

Even people who had been attracted by the 'pull factors' of retirement, such as more time and more freedom, had mixed feelings if they had felt little autonomy over how it had happened. However, the negative impacts of a 'pushed' retirement could diminish over time, as people found ways to manage their new life.

Key factors in the quality of retirement include financial security (see 4.1 below) and the opportunity to replace the social, personal and identity aspects of work. Again, interviewees who had been in a position to plan and manage their retirement were more likely to feel positive, and to consider that the trade-offs of living on a lower income were worthwhile. Work by Ageing Better has previously advocated approaches to encourage more retirement planning for the future, underpinned by external support from peers, service providers and government (see Centre for Ageing Better 2018b).

However, some retirees had returned to work (as discussed above) or planned to do so. This could be because living on a pension was harder than expected, or because of new expenses (particularly the need to support adult children), or because of the loss of the social and identity benefits of work. Even some people who enjoyed or had looked forward to retirement were in this position. Others felt that they had made the wrong decision about whether to retire, under-estimating how important work was to them:

'I had no qualms about retiring. You look forward to retiring... you're counting the days off... but when it comes it's a big void.'

'I'd like the financial uplift – but that's not the main thing but it's important – I also want a job because of the opportunities to get out, develop, fulfil my purpose and I really love meeting people.'

'I haven't got enough going on in my life... [work] keeps you young. I felt the decision was forced on me... but I'd go back tomorrow, even with all the changes.'

Several interviewees felt that they had retired almost by default, having left work due to 'push factors' and then finding it difficult to get or retain a job. For example, one had got a new job but had to leave because of *different* push factors associated with approaching later life (urgent caring responsibilities for a parent). Others had been made redundant and then been unable to get work, at least partly because of the pandemic. People who felt that retirement had to some extent been thrust upon them were especially likely to mention negative impacts such as loneliness, isolation and the loss of a 'sense of purpose' that came

with work. Particularly for recent retirees, COVID-19 could create difficulties because it was hard to find ways to fill the time that had been occupied by work.

Some people's long-term plans for retirement included volunteering, freelance work, or starting a business. These activities were often framed as part of retirement *rather than* as alternative types of work – even if they were paid or offered good financial prospects. This was usually because they brought more fulfilment than a previous career, including more autonomy and/or greater intrinsic rewards. In addition, self-employment could be 'de-risked' by the guaranteed income of a pension, so that work was not associated with as much pressure to make ends meet. People who had engaged in volunteering and/or entrepreneurship in retirement reported being very satisfied with their experiences on the whole.

We spoke with some people who had gone directly from work to retirement. For many, though, retirement was 'a process rather than a moment', with gradual or partial withdrawal from the workplace at least in the first instance. This could involve reducing hours in an established job, or working on a contract, supply or freelance basis for a while. Some people had converted a hobby into a small source of earnings, or exchanged a 'high stress' job for a lower stress one.

A gradual retirement facilitated planning and control, offering a period of time to adjust to a lower income, and opportunities to maintain some of the social and identity benefits of work while shedding the stresses of a permanent contract. Inevitably, COVID-19 had disrupted some plans for a staged retirement. Some interviewees found that a previously reliable source of part-time income had become precarious because of the pandemic. Others had been unable to access work that would help them to avoid loneliness or isolation, where their chosen sector was severely impacted. By contrast, we also spoke to people who had found themselves working far *more* than they expected as a result of COVID-19.

As well financial planning, 'psychological' planning often contributes to a good experience of retirement. Those who had prepared mentally for retirement and recognised that it could bring problems as well as enjoyment described good experiences. This pre-retiree was already thinking about their psychological adjustment, having observed family and friends:

'I look at retirement with nervousness and trepidation... Having retired to do nothing scares me... I will probably start to manage this about a year or so before I retire by working at home more often, taking more holidays...'

This option had worked out well for several interviewees, but it depends on several factors including the type of work they do, the nature of their sector and the context in which it operates, and on their employer's willingness to let them work part-time or flexibly. Those in lower-paid work with limited autonomy and poorer pay and conditions were less keen to prolong their former employment, and instead looked towards a retirement that involved doing something else altogether; for example spending time with family, pursuing hobbies, volunteering or trying a new type of work while relying on a pension for at least some income.

Conclusion

Overall, we find that there is a long way to go before those in this age group are not just remaining in work, both for financial reasons and for the sake of a sense of belonging and purpose, but thriving at work. Age-related discrimination was highlighted as a problem in our interviews, particularly for women, and we found that many more people could be kept in the

workforce and with positive impacts for their quality of life if the appropriate changes to their job role or adaptations were made by their employer.

Chapter 3: Financial security

Perhaps nowhere is the diversity of those aged 50-69 more apparent than in relation to financial security. Far from an entire generation of so-called 'baby boomers' financially prepared for retirement in possession of exceptional levels of housing wealth, this age cohort includes a significant minority who are not well prepared for later life, having little or no private pension, housing or material wealth.

Approximately 2.4 million people aged 50-69 now live in relative poverty. This is an increase of 16.3% since 2010, with the rising number of impoverished people in this age group outpacing that of other age groups (DWP 2019).

3.1 Income adequacy

Within our group of interviewees, we heard from people at both ends of the disparity in income and wealth that was identified in chapter two – and many in between. Some described their life as 'very comfortable', stressing that they knew they were fortunate. This awareness may have been heightened by the context of COVID-19. Others spoke of experiences that ranged from being 'alright', to having insufficient income and facing uncertainty about how they would manage in the future.

Financial security was key to being able to manage unexpected events. For example, interviewees who had experienced a health shock had been able to focus on their recovery and – where necessary – on making adaptations to their home if they lived in a household with adequate income. Being financially secure both gave people the 'headspace' to focus on other aspects of their life, and the resources to make practical changes if necessary. Having some savings had become very important to people who had lost immediate income because of COVID-19.

Some interviewees described dwindling savings, and the anxiety that came with an unexpected bill or expense. When both partners in a household experienced a sudden loss of income, or where adult children also found themselves out of work and needed support, things were even more difficult. Responses included seeking work in completely different industries, including roles in delivery, retail, caring or services. These often did not fully replace lost income, and were themselves quite precarious – but they were seen as better than nothing:

*'Family and friends say I need to slow down. I say, "Are they going to pay me to slow down?"
I'll do anything to earn a few bob.'*

COVID-19 had reduced income for some interviewees still in work. People who had been furloughed or made redundant, especially from lower-paid jobs, sometimes found it hard to make ends meet. Those who had been unable to access government support were in a particularly difficult position, for example if they had been working multiple gig jobs or their employer had ceased trading. Some small business owners and freelancers were also hard hit, facing hardship or even bankruptcy.

Some interviewees said their own experiences during the pandemic, or those of friends, neighbours and family, had made them more sympathetic to those trying to manage on a low income. We spoke to people who had never expected to face redundancy or reduced income, and who were shocked at how easy it is to find themselves in financial difficulty despite 'doing all the right things'. The gravity of the situation and its sudden onset meant that they often felt powerless, and tended to express fatalism, describing few contingency plans besides radically cutting back on their outgoings:

'I do think about the future, but there is only so much I can do with the resources I have and there is no point dwelling on it.'

Interviewees who had retired fully were less likely to have experienced a change in income due to the pandemic, although some had lost opportunities to supplement their pension through earning. The state pension was generally considered to be very modest, and many felt that it does *not* make a good standard of living affordable. This view was common both among interviewees who were living on it at the time of interview and those who faced this prospect later on:

'My financial situation is – well, I've got a state pension... Financial circumstances can be perilous at the moment – having to walk on this tightrope.'

Many interviewees believed that the state pension would need 'topping up' with earnings or savings and private provision. However, some of those with less adequate private pension provision felt that even these were inadequate. Interviewees who had had limited opportunities to plan and save for retirement, for example because of low earnings or because they had had to leave work abruptly because of illness or caring responsibilities, sometimes described pension insufficiency:

'I have a pension – occupational and state... I couldn't live on that money. If I hadn't inherited property... I would have had to go back to work full-time.'

The response to pension inadequacy for others was to combine work with a frugal life:

'We'll most probably both work a day a week until we can't, and when we can't we won't be worried about doing all the things we want to do. I just hope financially we are going to be OK, but we will do.'

Those relying on a state pension and unable to supplement it managed in various ways, including cutting back on non-essentials such as holidays, new clothes or household items seeking out cheap deals, or – rarely – reducing expenditure on items such as heating. Spending on grandchildren was often the last thing to be cut. Some were embarrassed at having to limit their social lives for financial reasons and had hidden the fact that they relied on a state pension from their friends. For a small number of interviewees, the need or wish to support adult children was another reason why the state pension was seen as inadequate: *'Your pension isn't enough to live on when you've got a family'*.

A few participants, however, did say that they were content with the state pension. Those who had experienced insecure work and/or irregular earnings while in work (primarily women) felt that it was adequate, or even generous when combined with subsidised travel and other benefits. These interviewees described extremely careful budgeting, very frugal habits, and 'saving up'.

'The regular pension income is wonderful... Even if you're skint on a Sunday you know pension's going in on a Monday.... I have the state pension and pension credit – that's all.'

This small group also spoke about aspects of their life other than material lifestyle that brought them fulfilment, including good opportunities for leisure, social and community activities, strong networks of family and friends, and positive experiences in areas such as healthcare. These factors seemed to mitigate the personal, if not all of the practical, impacts of low income.

3.2 Saving – now and then

Interviewees who were financially ‘comfortable’ in retirement or who anticipated being in this situation often had several things in common. They had carefully planned their finances for retirement from an early stage – usually in their thirties or even earlier – and they had earned enough money to let them save fairly substantially. They were also homeowners, tended to have followed a stable career path, and most had *not* experienced relationship breakdown or long periods away from work to provide care.

Several recalled a ‘prompt’ that had led them to start making substantial concrete steps for retirement planning. This was usually externally facilitated, by their peer group, family, employer, or a mentor whom they respected, and meant that money became something that they had to think about, challenging though that might be. Several noted that in their youth they may not have fully appreciated the importance of saving for retirement, but they had come to see its value later on.

‘I didn’t plan for retirement! But when I was a kid, my father insisted that I took out a policy. They used to have insurance salesmen, not financial advisors, and he had this guy who came around to the house, and when I started working he insisted that I took out a pension, and that was that... when I started work, it was like the worst thing in the world because it was money out and I could have gone out and spent it on wine women and song, but then I realised it wasn’t so bad.’

We did not hear a narrative of this kind from any women interviewees.

A second group (which *did* include some women) described a kind of ‘reckoning’ in their forties or fifties which led to a decision to make major lifestyle changes and start proactive planning and saving for retirement. Sometimes this followed a health scare (for them or for someone around their age) and a realisation that they might not be able to work long into later life, or might not want to. For others, the retirement of a parent or a significant birthday had caused them to think about later life. Changes included reducing expenditure on lifestyle items such as holidays, expensive clothes and ‘partying’, setting up savings accounts and private pension arrangements, and – often – buying their own home. People who had taken this route described the changes as emotionally challenging at first, but – as they approached later life – well worthwhile.

For many interviewees (including both of the above groups), saving for a retirement involved striking a balance between a good life *now*, and a good life in the future:

‘We’ve been sensible over the years. We’ve not been rich, but we’ve been prudent. Some people haven’t got a clue how they can live on a small amount and still have a life.’

‘I will save as much as I can, but I won’t go without the things I enjoy.’

Interviewees who felt that their pension income was or was likely to be inadequate often talked about a lack of planning for retirement. This had arisen for various reasons, often in combination. These included avoiding or putting off financial planning for retirement, not making enough money to save or to save enough, and disruptions to income over the life course. These were often part of the narrative for interviewees who were struggling financially in retirement, or who felt that they could not afford to retire (in the short or the long-term). Some interviewees said that they had tried to avoid thinking money and ageing (both of which are often ‘taboo’ topics in British culture):

‘I didn’t do any active planning for later life – that’s terrible – no savings... You do think about it deep down but then you don’t think about it.’

For younger interviewees, lack of savings was a reason to continue working for as long as possible. However, this could lead to *further* postponement of discussions and decisions:

'Retirement... we don't have any kind of pension or anything like that. We have no plan like that really. It's not something [we] talk about.'

Others were trying to save, but found it difficult to put much money aside. Learning to cut back while still working was seen as good practice for retirement, both in building up a little savings income and also in living on a limited budget.

However, saving or contributing substantially to a pension was simply not affordable for some interviewees. Low incomes, high living costs and the need to support family members all played a part. These were sometimes compounded by a crisis such as redundancy, relationship breakdown or major illness. Interviewees in this position found it easy to see that they *should* have saved, but hard to understand how they *could* have managed it. Potentially COVID-19 will add to the pressures on saving, although interviewees did not raise this issue – possibly because the immediate income shocks associated with the pandemic seem more pressing at this point.

Once again, agency was important. Some interviewees felt that without a private pension or an inheritance, little could be done to make retirement affordable – and therefore it was not worth worrying about. They might be anxious about the future, but felt powerless to affect it. Fears about future poverty could actually make planning *more* daunting. One interviewee described feeling 'scared' of finding out more about retirement finances, for example by using online planning tools. Others said they decided not to think about planning because it was too overwhelming, and the sums required for a comfortable requirement were far beyond anything they could imagine earning. Others had sought information, but thought that it was difficult to find and hard to understand.

Although interviewees did not raise this possibility, we suggest that planning for retirement may be more difficult for people who have followed the complex career paths that many people described, with periods of gig work and multiple employment. Remaining with one employer or even in the same sector makes it easier to keep track of retirement planning, and saving for a particular level of pension income is more straightforward on a fairly stable income. Moving between jobs, employers and types of employment may mean that people miss out on prompts to save and opportunities to do so easily. Those who have taken career breaks or worked flexibly may be particularly at risk. Among our interviewees, more women than men fell into this category.

3.3 Relationships and money

Divorce, separation and bereavement disrupted financial plans and career paths, and made it difficult to save for retirement even if this had previously been part of a clear plan. People who had invested in property early in a relationship could also lose out when a relationship ended, and this could have 'knock on' impacts for finances. For example, one interviewee who had envisaged paying off a mortgage and living without regular housing costs by their mid-fifties was now faced with high rental costs.

The impacts of relationship breakdown in someone's thirties or forties were still felt between the ages of 50 and 69, especially for interviewees who had become single parents. The costs of raising a family on a single income, often including the need to pay for childcare, were named as a key factor. Divorced and separated interviewees noted that having no one to share the costs of living is more expensive than living with a partner at any age.

Some interviewees used their income to support family members, on a regular or an *ad hoc* basis, and both in cash and in kind. Many helped out adult children (including, but by no means limited to, students) and grandchildren. Wanting to provide some financial support for adult children was a common aspiration, even for people with very modest incomes of their own. This was occasionally named as a reason for postponing retirement, or even for returning to work.

The desire to provide financial support for adult children was sometimes associated with a perception that things are generally more difficult for young people now than when people aged 50-69 were 'starting out'. Several interviewees noted that their adult children were especially vulnerable to redundancy and hardship because of COVID-19. Some interviewees also provided financial support, to varying degrees, to older parents or to siblings.

Support in kind for family members was also common – for example helping adult children by providing a rent-free room and/or some elements of board, or paying a bill or for some food shopping for parents. Many interviewees spoke very positively about spending money on grandchildren, to offer them opportunities, ease their way, and also to 'spoil' them.

A small number of participants noted that while a difficult relationship had brought financial as well as emotional problems, separation had actually made things easier because they did not have to live with a partner whose financial approach was at odds with their own.

3.4 Housing

Interviewees who lived in social housing were generally happy with their experiences. Housing associations are seen as particularly good landlords, for a number of reasons. They tended to be proactive in dealing with maintenance issues and responsive to tenants' concerns, while housing association communities were often described as cohesive and sociable. Interviewees who had needed to move for health reasons had found that their housing associations were willing to help them find a suitable property – although it could be some time before one became available. Social landlords were also co-operative about making adaptations to properties.

By contrast, experiences of private landlords were mixed. '*They are very money grabbing. They always go down the cheapest routes for maintenance and so forth,*' was the reflection of one long-term private renter. This both increased costs of living and reduced feelings of security in their home. Several interviewees had been evicted at some point from a home that they rented privately – where they mentioned the reason for this, it was usually because the property had been sold. Those who rented from a friend or family member (who held commercial property) generally felt safer, although even this was no guarantee of a long-term tenancy. Private tenants described various maintenance issues, and delays in getting repairs done. However, they often felt an attachment to their home and neighbourhood, which meant that they did not want to move.

Interviewees overwhelmingly felt that their current housing met their needs in terms of accessibility. None in their fifties, and relatively few in their sixties, had considered how their accessibility requirements might change as they grew older. A few older interviewees who *already* lived in a bungalow or flat noted that this would be convenient if they did experience reduced mobility. Others accepted that their current house *might* not be ideal, but felt a strong attachment to staying where they were – often because it was where they had raised their family, or because they liked the neighbourhood.

For most interviewees at this life stage, housing decisions related mostly to family considerations and household composition, with the age of their children a key factor. Interviewees had children who ranged from primary school age to over 40, with the majority in their teens, twenties and early thirties. Many parents were keen to maintain a 'family home' until children had established roots of their own. A common theme was the possibility of moving to a smaller place when the children finally left, but this was almost always a vague plan for the future rather than an imminent prospect.

The length of time for which children lived at home varied with parental expectations and opportunities for young people. Many stayed with their parents while job hunting or saving for a deposit. Others had returned when they graduated, or following redundancy or relationship breakdown, and some moved out only when they married or found a partner (and occasionally, not even then). COVID-19 had, in several cases, meant that young people had returned to the parental home after losing their job or finding it hard to get one, or because they did not want to spend lockdown in a studio flat or shared house.

A few interviewees joked about wanting to 'send them packing', but having adult children at home was generally viewed in very positive terms. Adult children were often regarded more like friends or even housemates, and parents often described them as good company. Where they contributed financially, they could make staying in a larger family home a viable option for parents who were not keen to move – but could not afford to keep up the rent or mortgage on a pension or a reduced wage (especially after a relationship breakdown). For single parents their presence could be very important in avoiding loneliness and isolation – again, especially during the pandemic.

Conclusion

We have seen in this chapter how people are set on hugely divergent paths in later life depending on their levels of financial security. While costs will diminish for those who have paid off their mortgage, those continuing to rent in the private sector will face persistent monthly outgoings, and for those still renting as they approach later life, the prospect of poverty will therefore be greater. Our findings underline the importance of taking steps to reduce economic insecurity, including by increasing the supply of affordable housing and regulating the private rented sector. They also highlight the very different experiences between those who have been able to plan for their retirement due to reliable levels of income and savings, and those who had either not got round to retirement planning or who were unable to plan due to unreliable earnings and an inability to save.

Chapter 4: Healthy ageing

While the previous chapter highlighted growing inequalities in income and wealth, this analysis is set against the backdrop of growing inequalities in health outcomes. Between 2014 and 2016, men from the most-deprived tenth of areas in England were expected to live almost 19 fewer years in good health than people from the least-deprived tenth of areas. Achieving this will require ongoing improvements in diet, levels of exercise and health habits and wellbeing. At a time when the health of many has been affected by the COVID-19 pandemic, leading to renewed calls for the early prevention of common health conditions and disabilities, it is crucial to understand the state of health among those approaching later life.

4.1 Experiences of health

4.1.1 Health states and conditions

Health was a concern, to some extent, for virtually all our interviewees. Those in good health were keen to maintain this, while poor health limited life in various ways. Health mediates most aspects of later life, including the ability to work, to plan for retirement, to enjoy time with family and friends and to make social connections.

Interviewees were asked about their general health, any diagnoses, events or long-term conditions, and about how they felt generally. They reported a very wide range of health states. Overall health generally worsened with age, although some interviewees in their fifties had experienced serious illnesses and some of the oldest participants were in excellent health.

Assumptions about a 'normal' level of ill-health for interviewees aged 50-69 also varied greatly. Some interviewees described conditions such as high blood pressure or the use of certain medications as 'the usual', while others considered these to be a major issues, or felt that in health terms, their fifties could potentially be very little different from their forties or even thirties. Those who experienced multiple relatively common conditions tended to be more fatalistic:

'Everyone has some problems about health... I try to keep myself busy and not think about it.'

Others felt glad that they experienced no serious or diagnosed conditions:

'Probably lucky to be a working-class man with no health problems at my age, and I just think I will be lucky until I die. I don't bounce about as much as I used to, but no specific concerns.'

A number of our interviewees expressed agency in relation to their health and said that they had taken action to stay as healthy as possible. The intensity of these efforts varied from trying to take a short daily walk and to eat fairly healthily, to wholesale overhauls of daily routines and menus. Changes were sometimes associated with COVID-19, with the pandemic acting as a 'prompt' to try and improve health. This was attributed, variously, to having a little more time, wanting to avoid becoming too sedentary during lockdown, and building resilience to infection.

Family and peer support were important in maintaining healthy habits. However, some interviewees felt that health should be balanced with 'enjoying life' and accepted some aspects of an unhealthy but enjoyable lifestyle as causing little harm. While relatively few

said that they smoked, others admitted to being 'a bit' overweight, or drinking 'a bit' too much.

Managing a diagnosed condition, or preventing the recurrence of a diagnosis, was another area where interviewees exercised agency over their health. This included efforts to lose weight, take more exercise, or use medication to control symptoms.

'I can't go about as I did pre-diabetes; it can be like before if I control it... I have had to adapt to it, I can't say it has been easy but I manage.'

Such 'wake up calls' also drove efforts to reduce stress, especially at work. They could even cause interviewees to change their aspirations for a financially comfortable retirement (achieved by working harder and longer) in favour of a healthy one that they might actually get to enjoy.

Our participants discussed the impacts of poor health on their lives in interviews. Poor health brought risks of financial hardship. Interviewees who had been forced by a medical condition to leave their job or to reduce their hours at work had to manage on a reduced income, often with little time to plan for this. Some people in this position *had* planned a return to work but now could not do so because of vulnerability to COVID-19, and this increased their financial anxieties. Illness could also lead to social isolation (see 4.2 below).

A health issue that was highly salient for the younger group of women in the sample was the menopause. Several interviewees commented that they had had a bad experience of this, but only one elected to speak about it in any detail. She noted that the *lack* of much discussion and information about menopause, and the relatively taboo nature of the subject, could actually make it more difficult to manage, physically and emotionally. This was echoed by the fact that several other women kept their accounts very brief and framed the menopause as something that you 'just have to get on with' – despite some fairly serious physical impacts, such as severe anaemia and fatigue.

Mental health was less discussed *explicitly* than physical health, although interviewees with diagnosed conditions often talked very openly about these. Interviewees also discussed the impact of key life events and also of the pandemic on their emotional wellbeing. In some cases, participants described mounting anxiety or depression, especially over their own physical health, and health of their parents, or money worries. Isolation was a particular source of distress, including *new* isolation due to Covid-19:

'I feel a bit annoyed with myself that I keep putting things off, like cleaning the house... I do lack motivation... There's not really much to get up for in the morning, but I do get up... I waste a lot of time. I'm annoyed with myself. I can't believe how much time I waste. This has got a lot worse since lockdown. My friends said that they felt "my brain's gone to pot", and I feel like that. I don't think I'm depressed, but I'm really worried about everything.'

Anxieties over health were a major factor in how interviewees felt about the future. They worried that this would impact on their quality of life, their costs of living, and their relationships, especially if they became dependent on other interviewees (their partners or children). Being in good health was seen as a blessing: *'The older you get, you realise it is precious'*. Dementia was a particular source of worry, especially for interviewees with a parent who had suffered from the condition. Several interviewees noted that their minds were 'as sharp as ever', but that even so they were afraid of cognitive decline.

4.1.2 The impact of a major illness or diagnosis

In our interviews, participants highlighted how a major illness or diagnosis brought practical challenges as well as a shift in identity. This was often distressing for participants, signaling the end (at least temporarily) of life as they had known it. Many interviewees had experienced a major illness or diagnosis with a long-term condition in the past few years. The impact of a 'health shock' of their own or of someone their own age was often substantial, and could lead to a rethink of priorities:

'I hadn't realised how stressful [work] was becoming for me. It was a wake-up call... I went to my colleague's funeral. He'd had all these plans for his retirement and he never even got the chance to enjoy it.'

As discussed above (1.3.1), interviewees in their fifties and sixties do not think of themselves as old, but long-term illness is identified as an 'old people's issue'. Alongside the pain and inconvenience of illness, there is also an important shift in identity – and a reminder of their own mortality.

For some interviewees, diagnosis with an illness had led to dramatic changes in behaviours with the aim of improving health; people described complete overhauls of family menus, or going from a sedentary lifestyle to daily walks or gym visits. The illness or death of a friend or relative of their own age could have the same impact, prompting both lifestyle changes and changes in outlook.

New conditions or diagnoses came as a shock to interviewees who had considered themselves as healthy and for whom health had been 'ticking along in the background' as they focused on other priorities such as work and family. For example, one interviewee (aged 65-69) had been strongly focused on work and '*had a five-year plan*' for her professional life when she was diagnosed. This event immediately put her on a different trajectory – one which was suddenly about age, progressive decline and, ultimately, mortality. Another interviewee, whose health crisis in her late fifties had left her with disabilities, said that: '*If you imagine it, it is almost like an execution order*'. The immediate aftermath of an illness or diagnosis brought multiple practical challenges and disruptions, such as hospital appointments or the inability to carry out regular tasks. This was easier for people with a strong support system, for example a healthy partner who had time to help, or adult children living nearby. Interviewees who could draw on such a system reiterated its importance throughout their interviews. Those who could not found things hard, practically, emotionally and financially. Most were philosophical ('*You just have to get on with it!*') but also described difficulties. Interviewees who had caring responsibilities, or who lived some distance from services could face mounting financial costs as well as a strong sense of isolation.

Interviewees who had experienced a health shock while still working reported a range of experiences. Outcomes were better if they held a job that could be done, or done with adaptations, following diagnosis, and also an employer who was willing to help with this. Employers who had been proactive in reaching out and making adaptations, including opportunities to work flexibly or from home (before this became the norm) were very much appreciated. People in this position were often relieved that they could keep working for the social and identity benefits, as well as the income. We suggest that the former is especially important given the identity impacts of illness. However, some interviewees had not been able to return to work because of the nature of their job, the severity of the illness, or because their employer had not explored options with them. Some illnesses left people unable to earn and dependent on benefits, with financial ramifications and a change in their

sense of identity. As well as a sharp drop in income (which was difficult especially when the illness itself had costs), the process was sometimes cumbersome and people disliked the 'idea' of being on benefits, because they felt that it was associated with stigma:

'I had to start navigating the benefit system, it still does not feel right. When we were growing up, work was important, benefits were not such a good thing, I'd much rather go out and work. I have to accept that, it took me a long time to accept I had become disabled too... People have negative thoughts about people on benefits... I was made to feel worthless.'

For older interviewees, ill-health could mean the end of working life and sudden drop in income, especially for people with limited pension provision. However, when the first stages of illness had happened alongside physically demanding and/or unfulfilling work, the respite was welcome even if the loss of earnings was not: *'I was getting more and more worn out... I don't miss working'*.

Illness could disrupt friendships and social contacts, partly because they removed people from their normal activities, but also because they had an impact on identity (*'I am a different person [since my illness]*). Where support groups for people with a particular condition or illness were set up by a local authority or NHS this was greatly appreciated. Some interviewees described themselves as becoming close to people they had met in hospital (*'my hospital friends'*). Interviewees often rethought their social lives in the aftermath of illness because of changes to their physical health, and also in their outlook.

The experience of managing a health condition also varied depending on the quality of relationships with medical professionals. Some interviewees had received outstanding support, while others described long processes of seeking diagnosis and treatment as their condition worsened, before finally reaching a practitioner who identified the problem. In some cases they felt that they had not been taken seriously and only received a diagnosis after pushing hard or changing doctors. A few had waited a long time for a diagnosis because a condition had initially been ascribed to a 'normal' process of ageing or physical decline.

Where interviewees had been in a position to research their own condition, engage in dialogue with professionals, and make changes to their diet, lifestyle or even medication, they both felt better physically and gained in confidence. But doing so took resources, including the time and support to adapt lifestyles, and willingness to challenge someone in a position of authority.

An added layer of difficulty came with COVID-19 for interviewees whose health conditions made them particularly vulnerable. Those without a strong local support network of family and friends could face considerable anxiety and practical challenges. Social isolation was also a major problem; even if they were very proactive in using the internet and the phone to keep in touch, people missed face-to-face and physical contact, as well as normal community life.

Diagnosis with a health condition often prompted interviewees to think back over their life history and consider how their earlier lives related to the current situation. In some cases, this prompted a degree of fatalism, if a medical condition had come 'out of the blue' into a very healthy lifestyle. Others regretted not having taken action such as controlling their diet or giving up smoking.

Attitudes and outlooks following a health crisis varied considerably, from distress and depression to surprising levels of optimism. Some interviewees were happy to have survived a major illness and to feel that they were now recovering. A determination to make the most

of life meant that interviewees often put a positive interpretation on circumstances that when listed in isolation seemed fairly bleak. So, for example, one interviewee with several life-limiting conditions as well as a demanding role as an unpaid carer and limited income, talked positively about her family, friends, hobbies, and plans for the future.

In these narratives, it appeared that a strong 'safety net' of social and community ties could help mitigate the impact of issues such as financial worries and physical pain or disability. For example, one person who had reduced her working hours because of multiple health conditions (and was in ongoing pain) repeatedly referred throughout her interview to her anxiety about her financial situation, which objectively was precarious. However, she also emphasized how much she valued her family and her strong and cohesive community, which provided practical and emotional support. On this basis she stated that she felt she was overall in a fortunate position.

This does not mean that hardship and illness can be *alleviated* by these circumstances; rather it shows the importance of family, community and personal fulfilment as coping mechanisms, and therefore the importance for policy of supporting social connections and relationships.

4.1.3 Health and work

For some interviewees, health issues led to changes in working life or even to retirement - demonstrating how one life event can trigger another. Some people who said that they wanted or needed to work up to or beyond the state pension age followed this with a comment that doing so would depend on their health at that time. Those with physically demanding jobs were aware that they might encounter difficulties in continuing:

'I have done it all my life, so I am used to it, I do less physical stuff today than I did... how I have managed not to break or strain anything is a miracle.'

Emotional as well as physical stressors at work were a concern for some interviewees, and work stress could drive decisions about reducing working hours or changing working conditions to make a longer working life practical. For example, one interviewee explained that after a period of working in a very stressful job that affected their health, they had taken steps to move into a new career that would allow them to keep on working but stay healthier. Interviewees who had left work that had become too stressful, or which had ceased to provide fulfilment, were often positive about retirement, but were aware that they needed to strike a balance between reducing work stress and dealing with the stress of living on a lower income.

A health shock (or '*health scare*' as some interviewees styled it) could prompt a change of plan. For some it had made the prospect of retirement 'real' rather than theoretical, requiring active planning:

'I had a health scare when I was around 50, and that was a huge wake up call. So I thought we needed to do more financial planning...'

Some interviewees who had experienced a health issue had sought to adapt their established job or find alternatives that were more practical for them. Again, this depended on the nature of their job, the availability of alternatives, and – if they had the option of suitable work – their employer's approach. Interviewees whose employers had been helpful stressed that they felt very fortunate.

The 'societal' health shock of COVID-19 had also affected attitudes to retirement. Working from home and spending more time with family meant that interviewees had taken a fresh

look at the amount of time they spent at work. Others, who had lost friends close to their own age to the virus, had been forced to confront their mortality:

'I've re-thought this since the lockdown... I've known quite a few people who passed away from COVID-19 and that has shown me that life is too short.'

4.2 Life event – becoming a carer

Around a third of our interviewees said that they provided care of some kind, and several more had done so in the recent past. The majority were looking after elderly parents, providing support that ranged from regular 'dropping in' to help with shopping, cleaning and meal preparation, to a daily commitment of many hours that included some personal care.

Interviewees often felt positive about providing care. Those who cared for a parent spoke of 'giving back', while people who cared for a partner sometimes framed this in terms of an ongoing loving relationship. Carers said that they could see the value for their charges of receiving care from someone who knew them well. This was the case even for people who encountered practical issues such as a lack of time, difficulties in fitting caring around work and other responsibilities, or withdrawal from work and loss of income.

Caring involved a complex combination of physical and mental demands, including inevitable changes to important long-term relationships. This was particularly marked for people who cared for a person experiencing dementia. The positives of caring were sometimes described alongside distress about a loved one's illness or disability:

'The vulnerability that [my mother] is experiencing is pretty overwhelming – going from being an active powerful individual to this...'

Caring was easier, both practically and emotionally, for interviewees who had the time, resources and flexibility to provide care without excessive loss of income or impact on their own lives. Interviewees who remained in work while providing care were hugely dependent on the goodwill of their employer and sometimes their colleagues as well (*'You can recognise that some problems come up very suddenly [as a carer]'*). Some described excellent support from their workplace, including extensive adaptations and a good ongoing dialogue about their needs. Others had not been able to make any useful adjustments or to work flexibly, and in some cases this had effectively forced them to leave a job.

Caring responsibilities could be time-intensive, leaving carers tired and stressed, with limited opportunities to keep up their social lives or meet their own needs. Many went into it with the attitude that 'you just get on with it', but the effects on their lives were substantial. This was especially marked for the 'sandwich generation' who provided care for children and/or grandchildren as well as older parents:

'Caring for my parents was very hard, I was happy to do it, but it was just tough. You never seem to stop. The moment you thought you would finish, something else would come up... it's hard with children... you half-do everything.'

However, having children and a partner of their own could also provide a welcome 'retreat' from the emotional and practical strain of caring for older parents.

For interviewees who were not in a position to negotiate flexibility at work, caring could mean reducing hours or even giving up a job – with the associated financial challenges. More women than men reported having reduced or left work to provide care. Carers could be also at risk of social isolation as care took up an increasing proportion of their time and they withdrew from work, social life and other activities.

Interviewees who had health issues of their own and who cared for a parent worried about what would happen if they become unable to provide the same level of care. They were anxious about both the physical and mental wellbeing of their parents, and the cost of residential or social care.

Even when interviewees were in good health themselves, they were sometimes anxious about their parents' quality of life. Several spoke of trying to balance fears about 'going into a home' with the safety of parents experiencing physical or cognitive issues (*'I don't think I slept soundly the whole time she was with us'* was a typical reflection by an adult child who had provided long-term care at home for a parent). Those whose parents had entered residential care spoke of their relief that they would be well looked-after, alongside guilt at not being able to keep them at home. Stress also came from the need to make crucial decisions for another person. This reflection sums up the feelings of several interviewees who had been in this position:

'... I also have regrets over whether I made the right decisions concerning mum in her last few years and maybe I could have handled things differently. I have been told that everyone has these kinds of thoughts following bereavement, but that doesn't make it any easier.'

The wellbeing of older parents during COVID-19 was a source of considerable anxiety. Extended face-to-face contact had largely been avoided, although many interviewees had dropped off shopping or prepared meals, and spoken to their parents through windows and across gardens. This lack of socialization caused concern, but so did the prospect of a vulnerable parent catching COVID-19. Creative responses included 'visits' through windows and extensive use of PPE, but even then interviewees knew that their parents missed extended contact and physical proximity. They also feared that without the opportunity to observe their parents closely, they might miss the first signs of a crisis or illness. The interviewee described the situation as 'horrible', which summed up the prevailing view.

Some interviewees with experience of caring described their task as a lonely one. This was more common among people who had provided more intensive caring. The loneliness was partly due to withdrawal from work and other activities, and partly because the time they spent with a partner or parent who was seriously ill or incapacitated emphasized the ways in which their relationship had been changed by the medical condition. One speaker said wryly that caring for someone who was terminally ill had prepared her well for the isolation of lockdown. In addition, some interviewees felt that certain illnesses put people off keeping in touch:

'And friends move on – the three D words: they get divorced, they die or they see that you've got dementia in the house and they think it's catching, so they don't come around.'

Just as interviewees who had experienced an illness valued the friendship of people who had experienced the same condition, so carers found solace in meeting others with similar experiences. Support groups brought social contact and much-needed understanding and compassion.

'So where we live now, there are a couple of groups that are for interviewees who have dementia and their partners. We do go to one of those, which is only every two weeks. They are so very welcoming. You can speak with interviewees who are in a similar situation to yourself. Birds of a feather flock together.'

Conclusion

The implication of our findings is that unless health behaviours among people in their fifties and sixties improves, many of these people will develop a largely preventable health condition or disability. This will greatly impact on their quality of life and probably also their ability to work for as long as they want to – and may need to.

Chapter 5: Connected communities

Connections with other people and the sense of belonging to a community are just as important as money and health when it comes to enjoying a good later life. While for some, the fifties and sixties may be a time when people can reclaim more time for themselves after children have left home, others may be at risk of missing out on opportunities to engage with people outside their immediate household and family as they juggle work, caring responsibilities and changes in their health. The COVID-19 pandemic has created a particular set of pressures, but also opportunities to 're-set' family and working life.

5.1 Family

For our interviewees, family was still the main source of social contact. Even people with an active friendship group and strong community ties often looked first to their immediate family:

'I would be lost without contact with my family. They are an extension to you. It would not be nice without being able to contact them.'

'My family contact gives me a sense of belonging, a sense of family.'

Interviewees with family nearby, including parents, adult children living outside the parental home, siblings and others, often had regular schedules for keeping in touch and – in normal times – meeting up. Many adult children with families of their own lived close to their parents, often less than an hour's journey away. For interviewees in their fifties and sixties, this proximity facilitated support – but this generally involved the interviewees supporting their children, rather than the other way around. Adult children were not generally expected to help out parents in their fifties and sixties *except* in the aftermath of a major illness, or sometimes with care for the interviewee's parents.

Interviewees felt close to their adult children and considered this relationship to be a central element of their life. Some talked about the difficulty of adjusting from a 'parent-child' dynamic to a friendship between two adults. Poor relationships with adult children were rare, but where conflict existed it was a source of considerable stress and unhappiness.

For interviewees who had grandchildren (mostly those over 60) this was a hugely important relationship. Grandchildren were seen as 'keeping you young', and their presence drove decisions about where to live and even about work – as interviewees wanted to have more time to spend with them. They were also a factor in decisions about money, from wanting to have enough to '*spoil them a bit*' to ambitions to help them out with larger sums later on. A few interviewees provided regular or informal care for grandchildren, which was generally viewed positively.

Not being able to see family because of COVID-19 was a major issue. Many interviewees used social media (WhatsApp was especially popular) as a way to keep in touch with family. A typical social media 'schedule' during the pandemic involved regular (often daily) telephone calls to older parents, daily contact with siblings via WhatsApp, and messaging several times a week with one's wider family. At the time of interview, many people were also meeting with family in outdoor settings and using social distancing, for example talking to older parents through a window.

Interviewees with older parents living (the ages mentioned ranged between 76 and 97) mostly provided them with at least some support, if not actual care. Often these relationships were very positive; interviewees spoke of wanting to make the best use of 'what time

remains' and took active steps to do so. However, the pressures of caring for older parents could lead to practical and emotional strain. This was especially true for women who juggled this with raising younger children.

Given the importance of family life to connectedness, it is not surprising that a lack of family relationships could be a source of stress and often loneliness.

Relationship breakdown in one's thirties, forties or fifties was often associated with loneliness later on in life. Interviewees who had faced the pressures of working and raising a family as a single parent were particularly likely to raise this issue. This group had often found themselves without the time (even if they had the inclination) to meet a new partner or to nurture their own social lives; this was compounded if they also had caring responsibilities for their elderly parents.

One reason for loneliness was the financial impact of divorce or separation. Interviewees who found themselves worse off after separation had little money for socializing or going out, and spare cash was mostly spent on their children. This both made it harder to keep up with existing friendship groups, and to move towards a new relationship.

The loss of friendship groups that had been established as a couple was another issue. Some interviewees felt that divorce and separation could be stigmatized, with friends withdrawing over time and single people finding themselves excluded. One participant who was now in a serious relationship after being single for many years following divorce said:

'If you're single and your friends have got partners, they don't like to invite you because you're on your own. If I have got single friend I used to [pre-COVID-19] invite them out because I used to feel alone... I wouldn't want to go through all that again – that is quite horrible.'

A very small number of interviewees disclosed that they were involuntarily childless. This topic was not explored in detail, but the narratives of the few who did expand on the subject suggested that it had had a profound impact on their lives. This was the case whatever the reason for not having children (reasons mentioned included infertility, relationship breakdown, and relationship trajectories). Interviewees described the emotions associated with missing out on the milestones of parenthood, as well as loneliness and isolation. Some were also anxious about being alone in later life. One participant, who had close relationships with siblings and parents as well as a strong friendship group, said that:

'I am thinking the next 25 years, it would be a shame to live under these circumstances... I get a bit stuck where I have to put next of kin...'

5.2 Friendship

Most interviewees described themselves as having friends who were important to them – whether this was a small and close-knit group, or a large circle. Interviewees often said that they felt they would be able to rely on at least some of this group for practical or emotional support in a crisis, although a small number said that they would *always* rely on family rather than friends. Very few felt that they would ever consider relying on friends to help them out financially – or even asking.

Interviewees drew a distinction between large social circles that might interact fairly regularly but were relatively superficial, and the 'long-term, old and close' friends whom they had known for many years, in some cases since they were in school. A lot of investment (emotional and financial) went into these relationships, including travel over quite long

distances to meet up in person. Interviewees were clear that they made a conscious effort to work on their friendships:

‘Very regular contact with friends and neighbours, I call them all the time. Those are my principles and beliefs about the need to keep contact.’

The specific difficulties that men encounter in making friends were mentioned several times in interviews. Male interviewees tended to explain their comparative difficulties in creating or maintaining social connections in terms of women’s greater family orientation, and to some extent women concurred with this. However, sports – both as a participant and as a supporter – were a site for men’s social lives and friendships. A few male interviewees had taken part in organized activities designed specifically for men, and had found these valuable:

‘I am involved in MenShed, that has been quite an interesting experience, sitting with a group of men and talking has been an interesting experience.’

The need to invest time and money in social life meant that financial constraints and caring responsibilities could limit opportunities to build and maintain strong social contacts. Social media had increased in importance as a way to maintain long-distance friendships. It had become crucial for many people since COVID-19, when face to face meetings became impossible.

For interviewees with children (the vast majority), family life had been a major driver of their social lives: *‘This is our environment, when you have kids you meet people with kids.’* Some of these friendships endured and added to the small group of long-term close friends, but frequently they drifted as children grew up.

The importance of friendships and social contact with ‘like-minded people’ was emphasised. Interviewees sought social contact with others who share similar values and interests, not just who are the same age. Some narratives separated ‘close’ or ‘real’ friends from contacts made through hobbies and activities, although in other cases the two were closely emmeshed. In general, shared values and experiences were *more* important than just shared interests. It was not enough to have people around you – they needed to be people you can connect with in a meaningful way.

As discussed above, factors such as illness, relationship breakdown or caring responsibilities could disrupt friendships. Some interviewees in their sixties, and a few in their fifties, had been bereaved of friends around their own age. This left a large gap emotionally and changed the dynamic of social groups. It was often a prompt for ‘re-thinking’ one’s own life, as friends were sometimes considered more ‘like you’ than older family members.

The relatively transitional nature of life between the ages of 50 and 69 could lead to some uncertainty and flux around friendships. Friendship groups at work were missed as interviewees retired or went part-time, and caring commitments – for parents, grandchildren and partners – meant that it was easy to lose touch. As discussed above, a radical change in financial circumstances could also mean it was no longer possible to enjoy a shared social life. It was a time when people valued friendship more than ever and also needed to invest more in it – with important returns.

5.3 Community social life

Many interviewees described social lives in which clubs, societies and hobbies played an important part, while others were adamant that they were not ‘club people’. A wide variety of

activities were named in interviews, including sports, creative arts, crafts, culture and the environment. Some interviewees stressed that they did not want to return to their 'pre-children' social life centred on 'bars and clubs', while others were delighted to do precisely that. Practically everyone we spoke to missed their pre-COVID-19 social life, despite extensive engagement online.

Exercise was important to many interviewees, both as a social opportunity and for health reasons. Specialised exercise provision for 'older people' was rarely mentioned. People either kept up the kinds of exercise they had enjoyed throughout their lives (swimming, walking and cycling were mentioned often), or exercised with family, friends or clubs with members of all ages. Interviewees who had taken up exercise in later life (again, often for health reasons) tended to have joined a gym rather than a class or programme specifically designed for their age group.

Libraries were another highly valued resource – which was missed during COVID-19. They are used both for 'core' services, such as loans and IT, and as a broader community hub. Libraries are useful as places to visit alone, and also because the services they offer are free.

Many interviewees were regular volunteers, and attitudes to volunteering were very positive; it offers both social contact and intrinsic satisfaction. In particular, volunteering is a way to connect with people who share similar values and outlook. Despite the time commitment involved, some interviewees managed to volunteer alongside busy work and family lives, while some retirees spent a great deal of time volunteering. During COVID-19, interviewees had undertaken both formal and informal volunteering. This had helped people to strengthen links to their local community and neighbourhood (or in some cases to build these from scratch).

Religious communities were valuable sources of social interaction and of support. Interviewees described the importance of faith in their lives both in relation to their community, and their inner life – including their response to challenges such as bereavement or anxiety, and their way of 'making sense' of the world. Churches, mosques, temples and Buddhist groups were also important co-ordinators for social action and volunteering.

Cost can be a barrier to social life for some people in this age group, especially those with a limited retirement income or who are trying to save. Sometimes this could mean that people who were *most* vulnerable to loneliness could lack the resources to build connections. For example, the financial impact of relationship breakdown could make it hard to build up a new social circle.

The extent to which interviewees participated in social life in their immediate neighbourhood varied considerably. People who had lived in the same area for a long time (for example, since their children were small or even since their own childhood) often had strong bonds in their local area:

'All the houses around here are people who've been here since I grew up, so it's like a big family or community. Everyone helps each other, everyone talks to each other... Especially nowadays, not having good neighbours and a good community can make your life hell, to be honest.'

'Neighbours, I catch up with all the time. Pre-COVID, we would go out and about.'

A few interviewees described strong social lives within a particular neighbourhood that were co-ordinated in some way, for example through social media. However, the situations just described were relatively unusual, and tended to be associated with either very urban or very rural areas. (By contrast, some very urban and very rural areas were described as having little or no community.)

A more common experience was of reasonably good but superficial relationships with neighbours. The phrases '*We're not in and out of each other's houses*' and '*we don't live in each other's pockets*' recurred frequently enough to feel as if they described a specific type of experience.

'I like living here because I have a great community around where I live... It's very, very sociable. We're not in each other's houses, but we can mingle on the street.'

A small number of interviewees actively disliked their neighbours. Where this happened it was a major source of stress, sometimes to the point of prompting a decision to move away altogether. Sometimes the situation arose because of changes or perceived changes to the local community, including 'gentrification' or increases in anti-social behaviour. However, most interviewees were at least *relatively* content with where they lived – and they lived in a vast variety of different places.

The difficulty of making *new* friends for those approaching later life was mentioned repeatedly. This was especially difficult for interviewees who had been preoccupied with work, childcare or caring for a long period, or who had recently moved to a new area (possibly after bereavement or relationship breakdown). Those who sought to make new friends, or who had done so successfully, were keen to connect – as discussed above – with people who were 'like them' but *not* specifically with people of their own age. They wanted to be part of a whole community, not of an age group within it.

One factor that could make things easier was a built environment with pleasant spaces and sites for people to come together. Housing association properties were mentioned by several interviewees as providing precisely this. Interviewees also gave examples of 'informal' communality in blocks of flats or cul-de-sac and pedestrian streets. Communal spaces, such as community gardens or courtyards, helped to foster relationships that then moved beyond these initial sites. Some housing association tenants did describe negative experiences with neighbours, but others enjoyed good connections and had been able to forge friendships. These were especially important during lockdown.

Interviewees felt that belonging to a community where you live was especially important for those in later life as well as those approaching it. Several described the value of communal and supported accommodation to their older parents. However, the option of 'supported' accommodation was generally seen as irrelevant to the needs of people aged 50-69. It was the opportunity for interaction and connection with interviewees close by that was valued highly, rather than the presence of 'support' – or even other features such as security and accessibility.

As we heard from interviewees, volunteering and community action offer both social contact and intrinsic satisfaction, as well as often being a way of finding people with shared values and interests. This is positive given the findings above, and evidence that both activities are known to improve 'social capital' and wellbeing².

²<https://scvo.scot/policy/evidence-library/2019-volunteering-and-its-effects-on-social-capital-and-wellbeing-in-the-uk-insights-from-the-united-kingdom-household-longitudinal-study>

5.4 Connections through social media

Most interviewees were active social media users and had increased their use during the COVID-19 pandemic. This built on established use, rather than starting from scratch. Social media was important for keeping in touch with family and friends, replacing regular face-to-face contact and activities (*'it's been a lifeline'* was a common sentiment). In addition, people whose work included a person-facing or office-based element in normal times had shifted to remote working, mostly online.

The most popular platform – by some way – was WhatsApp, with many interviewees belonging to family groups as well as friendship- or interest-based communities. Facebook was used less, although it was popular for clubs, societies and communities. Instagram was used to share photographs with friends and – particularly – with family overseas, while Houseparty and Zoom facilitated social gatherings that might have taken place in person pre-COVID-19. Few engaged with Twitter or TikTok, largely because they did not really match their needs and interests.

Very few participants described any difficulties in understanding social media platforms, either technologically or culturally. This contrasted with the age split in relation to technology at work (3.1.3 above). We suggest that interviewees were more confident about using social media to interact with family and friends because they could select a single platform or a small number of platforms that closely met their needs, they could ask for support from people they knew well and trusted, and the stakes were fairly low if they made a mistake. By the time we spoke to them in summer 2020, interviewees had had four or five months of COVID-19 isolation in which to build their proficiency – as well as a strong incentive to do so.

Interviewees generally felt positive about social media, a view that may reflect its importance during the pandemic:

'I think social media is good, helps people communicate in a much easier way, there are obviously downsides, but that's the case for everyone.'

Many, however, were clear that they were *judicious* users and that they regarded social media as a tool that let them meet their needs – primarily, their need to keep in touch with friends and family. They stressed that they did not want to document every aspect of their daily lives (*'Instagramming your lunch'* was seen as a pointless indulgence by some), and were dismissive of many trends and fads online. This sense of *'making social media work for you'* was more common among people under 60.

Interacting with *strangers* online was of little interest to many interviewees, and although a small number thought it was important to *'have their say'* (this was most commonly associated with Twitter and to a lesser extent Facebook), most were keen to avoid entering into arguments online:

'I get posts come up which are of no interest to me. I don't comment, although I will just say happy birthday. I'm not getting into a political discussion with some guy sitting in his bedroom just causing problems.'

Women, who were generally enthusiastic social media users, were aware that online interactions can place pressures to look and behave in particular ways on young interviewees – and girls in particular. Some were anxious about their daughters' exposure to the online world, and said that they were glad they had not had to deal with this at the same age.

5.5 Life event - bereavement

A relatively large number of interviewees had experienced a recent bereavement. Relatively few had lost their partner or spouse; however, that meant that widows and widowers under 69 found themselves both left alone, and out of step with many of their contemporaries. The death of a partner was a huge upheaval, and led to disruption in every aspect of life, from work and finance to socializing and friendships.

Where a partner had been ill for some time before their death, their husband or wife often reduced their working hours or even left work to care for them – and to spend more time with them – leading to a loss of income. This period was also extremely stressful for the bereaved partner, who faced the physical and emotional strains of *caring* at the same time as the prospect of bereavement – all the while trying to be ‘the strong one’.

Like other carers, people who eventually lost their partner experienced considerable disruption to their working lives. One interviewee decided to ‘change direction’ when her wife became ill, leaving more time to support her emotionally and practically. Another had gradually withdrawn from work to provide care, and eventually retired because she was exhausted. In the aftermath of loss, both women had returned to work in some capacity, and neither had any desire to remain fully retired.

The loneliness of losing a partner is compounded by the difficulty of relating to family and friends who had known them as part of a couple – and who, in many cases, are still together and in reasonable health. On top of this comes grief. One interviewee had found Facebook useful, because it allowed her to avoid updating people on a one-to-one basis about her husband’s condition (effectively, posting photographs offered a ‘soft’ way to let people know that he was still alive). In the aftermath of bereavement, widows and widowers could find it difficult to resume their previous activities, especially if these had involved their partner and brought back painful memories.

Forming a new relationship after bereavement was a daunting prospect:

‘I did feel lonely. It’s difficult to admit that you are lonely after bereavement, but I was. You miss intimate relationships. I went dating with that in mind after I lost my partner. We had a happy relationship for 30 years and it’s very difficult to imagine that you can have another relationship after that...’

People had, in fact, formed new relationships, although this demanded ‘substantial changes and adjustments’ in order to make things work. The challenges of merging two ‘mature lives’, as well as the emotional shifts, contributed to the difficulty.

A few participants had been bereaved of someone in their children’s generation, which made a huge emotional impression. Where a son or daughter had been widowed, people found their own lives disrupted as they sought to offer support; for example they might move home or need extra help with grandchildren. Interviewees said that the unexpectedness and shock often led to big decisions or changes of direction in their *own* lives as well as their children’s:

‘It changes the way you think about things. Life is so precious, it is not something you think about beforehand.’

These losses were, thankfully, rare. Far more common was the loss of one or both parents, which – again unsurprisingly, given the age of the core sample – had often happened fairly recently.

As the loss of a younger person was shocking, so people were sometimes surprised at how hard they had been hit when their mother or father died – partly because it is ‘natural’ for parents to die well before their children. Some interviewees had been reminded of this, not always sensitively, as they grieved. One woman had sought counselling over a long period of time after her mother’s death, while several people had not expected the lasting ‘trauma’ (*‘I lost my father last November, that was traumatic; I am still feeling that’*). A parent’s death had prompted some interviewees to re-evaluate their own relationships with their family, often leading to a decision to devote more time to them.

Friendship groups sometimes seemed to constitute a ‘surrogate family’ and the deaths of friends often had considerable impact. It felt very close to home, as it became apparent that people of the same age are mortal – and by extension, you are too.

As the death of a parent could lead to more family-oriented decisions, so the death of a friend tended to spark a sense that life is fleeting and should be enjoyed:

‘It makes you sad, it makes you evaluate what is important in your life.’

This was especially marked if the person was seen as having missed out on plans, for example to retire or to change direction. Some interviewees described decisions prompted by the death of a friend that went against the need for saving and financial prudence:

‘I cashed in one small pension – I’m 55, it’s not really worth worrying about.’

The loss of a friend was especially different during COVID-19, both because it was hard to support their partner and the wider social group, and because normal social life had *already* taken a major ‘hit’. Bereavement of someone one’s own age was described in terms that alluded to depression (or even suicidal thoughts), although these were not mentioned. Often interviewees often responded by throwing themselves into activity that both distracted them, and affirmed that life goes on:

‘I generally get very busy and build things that don’t need building... It either destroys you or you get through it.’

Conclusion

In our interviews, participants spoke of factors that could disrupt friendships and relationships with partners and family during these years, including financial constraints (which made socialising or travelling to meet friends unaffordable), long working hours, caring responsibilities, illness and relationship breakdown. Not being able to see friends and family due to COVID-19 will undoubtedly have made the challenges of building and maintaining close friendships and family relationships harder. The importance of understanding this shift and of trying to reverse it is underlined by both our analysis, which suggests close friendships and relationships are extremely important for protecting health, and mitigating the impact of financial and personal pressures at this time of life.

Chapter 6: Key lessons and policy implications

While there are many important issues that emerge from this research and analysis, we highlight **four key lessons** here, each with implications for policymakers, employers and practitioners.

1. Relative poverty rates among those 50-69 are likely to continue to increase unless action is taken to shift inequalities in current housing, pay and caring trends

While many people approaching later life will have enjoyed decades of wage growth and opportunities to accumulate adequate savings for retirement, for the majority of the working population, average wages have stagnated since 2007 and a substantial proportion of this age group is earning wages far below the median³. Since 2010, the number of people in relative poverty has been rising for those aged 50-69 - from 2.3m in 2010-11 to 3.1m in 2019-20. This represents a real increase beyond population growth and demographic change. Unless existing housing, pay and caring trends are tackled, it is likely that relative poverty rates will continue to rise and experiences of later life will increasingly diverge.

As we have seen, 1 in 5 people in their fifties and sixties now lives in the private rented sector, with levels of home ownership falling significantly since 2002 [insert ref to UCL report]. Those who rent are more likely to live in poverty in later life due to higher household costs and the reduced opportunity to save for a pension (JRF 2018). Inequalities resulting from unequal caring responsibilities grow as people age, with women often shifting from caring for children to caring for parents (often at the same time) with the consequent impacts on their earnings potential and ability to save. Caring hours are expected to increase as the number of adult children required to care for older people falls short of what is needed (Carers UK 2020). To prevent a further rise in poverty and insecurity in later life, a number of changes are needed.

First, a new approach is required to tackle affordability problems in the private rented sector and to provide more alternatives to private renting. This is particularly important for reducing racial inequality, given the high numbers of those in their fifties and sixties from Black, Asian and Ethnic Minority groups (BAME) who are renting. These should include tackling the undersupply of homes and, in particular, reversing the decline in the supply of social housing. More should also be done to improve the regulation of the private rented sector to improve the poor quality and condition of some homes, as recently recommended in a wide-ranging review of the sector (Rugg and Rhodes 2018).

Second, if we want people to enjoy decent incomes in retirement, we need to start by ensuring people enjoy decent incomes in work. The government needs to be more ambitious in its strategy for improving wages, benefits and working conditions to support incomes, so that people can actively plan for retirement. It could consider raising the minimum wage to the real living wage, a higher minimum wage for those on zero-hour contracts and enforcing workers status for those in precarious work where relevant⁴. This would help increase incomes for those from BAME groups who are disproportionately likely to be in low paid work. Expanding our social security system would prevent people from falling further into debt and destitution during their working lives.

³ For example, the bottom 10% of full-time employees aged 50-59 earned just £17,681 per annum in 2018 (ASHE 2019)

⁴ See IPPR's Commission on Economic Justice for more details on these and other proposals to improve prosperity and justice <https://www.ippr.org/cej>

Third, government needs to be far more proactive in reducing the risks individuals will face later in life. The lack of proper social care infrastructure increases pressures on family carers and fosters a climate of uncertainty in which people are expected to take financial decisions with little understanding of how their needs may change in the future. Options to address the social care crisis are set out below (see 4). Improving financial security throughout working life would also help give people the stability they need to plan for their retirement. We found that those who had been able to plan for their retirement had more choice and control over their retirement age and were more financially 'comfortable'. Compelling retirement planning would do little to help those struggling with financial insecurity, but for those who have simply not prioritised this, there is scope for government and employers to consider how to make retirement planning a more standard feature of policy, as Ageing Better have previously argued (Centre for Ageing Better 2018b).

Finally, the findings suggest pension coverage must be improved further. While participation in employee pension schemes has risen since auto-enrolment began, not everyone is benefitting. Many who are on low-incomes and in part-time work, who are disproportionately more likely to be women and from BAME groups, are still without access to a decent pension scheme, and the challenge is compounded by the erosion of employer contributions. The government is developing a 'Pensions dashboard' in partnership with industry - this is a digital interface that enables people to see all of their lifetime pension savings in one place, in order to help encourage better retirement planning. We found that people in this age group who had intermittent work histories and complex career paths, with gig work, multiple employment or career breaks, found planning for retirement much harder. As such, whatever form the pensions dashboard takes it must consider the varied nature of people's working lives today if it is to benefit those who need it most, and not just those who have enjoyed stable incomes.

2. Government and employers must do more to support those aged 50 and over not just to find or remain in work but to thrive at work

The country's economic success is increasingly tied to that of older workers as they become an increasingly large proportion of the workforce. Yet, as we have seen, too many older people experience a lack of autonomy and control at work. Evidence suggests clear links between job satisfaction and performance at work, resulting in greater productivity (Oswald et al 2015). Our findings that least a third of those in their fifties and sixties have poor experiences of work suggest they are not reaching their full potential, which is of concern given low productivity rates in the UK.

In the wake of pandemic, the focus will rightly be on reducing unemployment, and the government's *Restart* scheme will be particularly important for older workers who are at greater risk of becoming long term unemployed - though it is vitally important that it is able to deliver for those with the most barriers to work (Centre for Ageing Better 2020b). While analysis of low-quality work has focused particularly on job insecurity and the gig economy, these findings suggest the problem is broader, with a need to focus on the challenge low-quality work presents for health at all stages of life.

The re-thinking of work that has taken place during the pandemic presents an opportunity to improve both the quality of working relationships and the design of jobs. As over half of older workers face excessive demands at work, yet want to keep on working, now is the time to advance flexible working for all age groups. The government's Employment Bill should examine how to ensure those aged 50 and over have a wider range of options as they transition to retirement or as they return to work after illness, whether through increased availability of part-time work, flexible working or a four-day week (Coote et al 2020).

3. Following COVID-19, a new national effort is needed to reverse the pre-existing weakening in social connections among those in their fifties and sixties, to help safeguard health and wellbeing in later life

Our analysis shows a significant weakening of social connections across gender and ethnic groups for those in their fifties and sixties, with men in their fifties seeing an especially significant impact. A relatively high number – over a third – reported feeling somewhat isolated. Those from BAME groups were particularly likely to report feelings of isolation and weaker social connections, with over half (57%) of Asian women feeling this way.

For many, this is a time when busy family life is no longer as dominant feature as in previous decades, and people often start to have more time for themselves. Yet interviewees also pointed to financial constraints, long working hours and caring responsibilities as barriers to maintaining close friendships and relationships. Our analysis showed that this is perhaps the first generation of people in their fifties and sixties making regular use of social media - a trend that had accelerated during the pandemic, with WhatsApp by far the most popular platform for communicating. But this 'WhatsApp generation' is also a cohort at risk of entering loneliness sooner than others, as the impact of COVID has brought forward exits from work and strained relationships.

Given evidence in this report of the importance of relationships for wellbeing and health in later life, these findings suggest any efforts to tackle loneliness and social isolation in the wake of the pandemic should not just focus on those aged 70 and over (see ONS 2021). While there has been an increasing focus on social isolation and loneliness in government policy in recent years, this has typically prioritised those who are retired - but good relationships and social connections are important at all stages of life. These findings suggest that as the country recovers from COVID-19, helping people re-establish sense of belonging and connection needs to be as serious a policy goal as health for improving the quality of later life.

With work pressures and long working hours regularly cited as a problem for improving social connections, one goal for policy in tackling this problem could be measures that can reduce working hours while maintaining adequate income (as suggested above). Increased investment in shared public spaces such as libraries and parks would be important as these were also mentioned as key for nurturing friendships and making new ones. And while few of our interviewees had taken part in the mutual aid groups that sprung up during the pandemic, volunteering and taking part in community life were an important social activity for many, suggesting further growth in volunteering and community action should be encouraged. There was, however, little enthusiasm for activities framed as being for those aged 50 and over, as people do not see themselves as being 'old' and enjoy meeting those from other age groups.

4. A renewed national push on disease prevention should aim to put the 'life' into 'life expectancy' for those approaching later life

Our evidence suggests that people are increasingly feeling empowered to take care of their health, with the risk of missing out on healthy ageing having fallen significantly over the past two decades. While this is encouraging, there is much further to go, with over half of all adults in their fifties and sixties still at risk of missing out on a good later life because of unhealthy activities and insufficient exercise.

These findings suggest that the NHS is right to be planning to significantly scale up its commitment to public health and prevention of ill-health in the wake of the pandemic⁵. Further government support for this could include expansion of local public health services, by restoring the public health grant – and increasing its annual funding in line with the NHS thereafter. Other action could include bolder measures on tackling the key determinants of health in later life, for example on tackling obesity, introducing minimum unit pricing for alcohol and going further to reduce rates of smoking, as well as encouraging people to maintain some of the healthier habits developed during periods of 'lockdown', such as walking and cycling.

Finally, we saw how the experience of becoming an informal carer can be a source of pressure and anxiety for some, as well as impacting on working life. These risks will only increase in the future, as prevalence of chronic and multiple chronic health conditions continue to rise in the years to come. The attendant risk is of increases in gender inequality as a result of more women providing unpaid care, particularly Asian women, who are already experiencing some of the highest levels of social isolation in this group. There is a clear need for a better, formal system of state provided social care. While the government is consulting on a range of proposals for this, one option for this would be to introduce free 'personal care' for those aged 65 and over⁶. This would mean that care – whether in a care home or in someone's house – would become free at the point of need, as is currently the case in Scotland, funded through general taxation⁷. Alternative proposals such as those set out in the Dilnott Commission⁸ would also help to reduce financial insecurity as a result of care needs.

Our analysis has provided new evidence of several key shifts that need to be grappled with by policymakers and practitioners to improve the quality of later life, from growing income and wealth inequality, to entrenched racial disadvantage, and lower levels of fulfilling work and weakening social connections over time. Tackling these issues should be a priority for any country that is serious about securing a good later life for its citizens. But action on these issues needs to begin well before the start of later life itself. The foundations of a good later life are laid long before we are old. We hope that this new body of evidence will make a substantial contribution to raising the profile of this important debate.

⁵ <https://www.dailymail.co.uk/news/article-9431829/Lessons-learned-vaccine-rollout-tackle-illnesses-NHS-chief.html>

⁶ For example see: <https://www.ippr.org/research/publications/social-care-free-at-the-point-of-need>

⁷ For more details see: <https://www.ippr.org/research/publications/social-care-free-at-the-point-of-need>

⁸ See https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/briefing-dilnot-commission-social-care-jul11.pdf

Technical appendix

The qualitative data used in this project was collected using the following activities:

- 60 semi-structured individual 'depth' interviews with people aged 50-69. These interviews lasted around an hour and were conducted by telephone or video call.
- In addition to these interviews, we carried out 12 small-scale focus group sessions, each lasting around an hour, with between 2 and 4 participants aged 50-69. These sessions were conducted by video call, and participants discussed scenarios relating to later life.
- Six semi-structured individual 'depth' interviews with people aged 70 or above. These interviews lasted around an hour and were conducted by telephone or video call.
- Six diaries, completed during August and September by people aged 50-69. Participants were asked to write at least four diary entries of at least 100 words each, reflecting on their lives.

We used three different interview guides:

- One that explored in detail six key aspects of people's experiences between the age of 50 and 69 (work, housing, affordability and costs, health, social connections and sense of meaning and purpose/attitudes). We used this guide in 30 interviews, all with participants aged 50-69.
- One that explored perceived differences between life at the age of 50-69 for people currently in this age group and for people who are now in their seventies in detail. We used this guide in 18 interviews with people aged 50-69 and also with our six older interviewees.
- One that explored key 'life events' and their impacts. We used this guide in 12 interviews with people aged 50-69.

The demographic profile⁹ of participants aged 50-69 in the qualitative work was as follows:

- 42 were male and 49 were female.
- People were asked to describe their ethnicity in their own words. 64 people described themselves as belonging to a 'White' ethnic group, while 27 described their ethnicity in terms that indicated an ethnic identity other than White
- Over 90% identified as 'heterosexual'.
- Just under half (43 people) were married, while 20 described themselves as 'divorced' and 15 as 'single'. 11 people were currently 'cohabiting', almost all of them in the younger (under 60) part of the group. Very few people said that they were widowed.
- 36 people lived with their spouse or partner and 19 lived with a partner and children (including both minor and adult children). 24 people lived alone. Smaller numbers lived with children (minor or adult), with other family, or with people to whom they were not related.
- Just over two-thirds (59 people) owned their home, while 32 people rented. Slightly more renters were social rather than private tenants.
- Just over one third (31 people) had caring responsibilities for someone other than a minor child or grandchild.

⁹ This information is included to illustrate the diversity of the sample, which was *not* representative of the wider population; our aim was rather to include a wide range of experiences.

- 53 people lived in urban areas (ranging from core cities to large towns) and 29 in rural areas. 9 people lived in coastal areas.
- Almost two-thirds of participants (59 people) working in paid employment when their interview was conducted. However, the research took place during a period of major labour market disruption due to COVID-19. Four people were furloughed from full-time work, and five described themselves as 'unemployed' and seeking work. All of these participants considered themselves part of the workforce. Some of the 22 participants who described their work as 'part-time' did so because their hours had been reduced due to the pandemic.
- 22 people described themselves as 'retired' at recruitment stage. However, during their interviews a small number of this group stated that they were actually involved in some kind of paid work, or that they were actively applying for jobs. Several others described some continued involvement in the labour market (for example working on a casual basis in a family business), or said that they were considering a return to part-time work or self-employment. In most cases this was primarily for financial reasons; people felt that their pension was insufficient, or they or anticipated that they would struggle in the near future.
- The six older interviewees were aged between 72 and 78. Three were male and three were female, and all but one described themselves as 'retired', although two said that they still engaged in limited or occasional paid work – for example, helping out in a family business or a few hours of freelancing. Two of this group were married, two were divorced and two widowed.

Interviews were conducted during July and August of 2020. This was an extraordinary time by any standards. The first national lockdown to control the spread of COVID-19 had largely come to an end, but many restrictions remained in place and the long-term trajectory of the virus and its economic impacts remained highly uncertain. The impacts of the pandemic affected most aspects of people's daily lives, wider attitudes and outlooks. We therefore have not separated out these findings, but have referenced the specific impacts of the pandemic where appropriate.

References

- Age UK (2011) *Older people and human rights: A reference guide for professionals working with older people*, Expert series, Age UK, https://www.ageuk.org.uk/documents/en-gb/professionals/equality-and-human-rights/older_people_human_rights__expert_series_pro.pdf?dtrk=true
- Barton C (2016) *Home ownership and renting: demographics*, Briefing Paper CBP 7706, 9 June 2017, House of Commons Library
- Centre for Ageing Better (2017) *Gig economy: time to shift the spotlight onto older workers* <https://www.ageing-better.org.uk/news/gig-economy-time-shift-spotlight-older-self-employed-workers>
- Centre for Ageing Better (2020a) *The state of ageing in 2020*, Centre for Ageing Better, <https://www.ageing-better.org.uk/sites/default/files/2020-11/The-State-of-Ageing-2020.pdf>
- Centre for Ageing Better (2020b) *Tackling worklessness among over 50s after Covid* <https://www.ageing-better.org.uk/sites/default/files/2020-08/Tackling-worklessness-among-over-50s-after-covid-report.pdf>
- Centre for Ageing Better (2018a) *Transforming later lives – Strategy 2018*, Centre for Ageing Better, <https://www.ageing-better.org.uk/sites/default/files/2018-07/Ageing-Better-Transforming-Later-Lives.pdf>
- Centre for Ageing Better (2018b) *Planning and preparing for later life: summary of research findings* <https://www.ageing-better.org.uk/sites/default/files/2018-09/Planning-and-preparing-for-later-life.pdf>
- Corlett A (2017) *As time goes by: Shifting incomes and inequality between and within generations*, Resolution Foundation
- Department for Work and Pensions [DWP] (2015) *Pensioner income projections*, DWP ad hoc research report no. 23, Department for Work and Pensions
- Gardiner L (2016) *Stagnant generation: the case for renewing the intergenerational contract*, Resolution Foundation
- Gardiner L, Gustafsson M, Brewer M, Handscomb, Henahan K, Judge L & Rahman F (2020) *Inter-generational audit for the UK*, Resolution Foundation <https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/10/Intergenerational-audit-2020.pdf>
- George A, Metcalf H, Tufeki L and Wilkinson D (2015) *Understanding age and the labour market*, Joseph Rowntree Foundation
- Government Office for Science, (2016), *Future of an ageing population*
- Health Foundation (2019) *Mortality and life expectancy trends in the UK* <https://www.health.org.uk/publications/reports/mortality-and-life-expectancy-trends-in-the-uk>
- Health Foundation (2020) *What the quality of work means for our health* <https://www.health.org.uk/publications/long-reads/the-quality-of-work-and-what-it-means-for-health>
- Ilmarinen J (2001a) 'Aging workers', *Occupational and Environmental Medicine* 58(8): 546-552. <http://oem.bmj.com/content/58/8/546>

Insuring Women's Futures [IWF] (2019) Women's risks in life: an interim report
https://www.insuringwomensfutures.co.uk/wp-content/uploads/2017/03/COH_J012648-IWF-Womens-Risk-in-Life-Report-Update-C1.pdf

Macnicol J (2015) *Neoliberalising Old Age*, Cambridge University Press

Marmot M, Allen J, Boyce T, Goldblatt P and Morrison J (2020) *Health equity in England: The Marmot review 10 years on*, Institute of Health Equity, University College London

Marmot M (2015) *The Health Gap: The Challenge of an Unequal World*, Bloomsbury Publishing

Marvell R and Cox A (2017) *Fulfilling work: What do older workers value about work and why?* Centre for Ageing Better

MHCLG (2020) *English Housing Survey 2018: profile and condition of the English Housing stock*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898172/2018-19_EHS_Stock_Profile_and_Condition.pdf

Oldman J (2014) *Housing in later life*, Age UK, https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/safe-at-home/rb_july14_housing_later_life_report.pdf

ONS 2021 Coronavirus and the social impacts on older people in Great Britain
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsonolderpeopleingreatbritain/3aprilto10may2020>

ONS (2020a) *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland*, Dataset, Office for National Statistics,
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

ONS (2020b), *People with long-term health conditions, UK: January to December 2019*, User-requested data, Office for National Statistics,
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/adhocs/11478peoplewithlongtermhealthconditionsukjanuarytodecember2019>

ONS (2020c) *A05 SA: Employment, unemployment and economic inactivity by age group (seasonally adjusted)*, Dataset, Office for National Statistics, 15 December 2020,
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentunemploymentandeconomicinactivitybyagegroupseasonallyadjusted/a05sa/current>

ONS (2020d) *Earnings and hours worked, age group: ASHE Table 6*, Dataset (part of Annual Survey of Hours and Earnings), Office for National Statistics,
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/agegroupashtable6>

ONS (2020e) *Living longer: changes in housing tenure over time*, Office for National Statistics,
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglonger/changesinhousingtenurevertime>

ONS (2019a) *Health state life expectancies, UK: 2016 to 2018*, Data release, Office for National Statistics,

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2016to2018>

ONS (2019b) *Total wealth: wealth in Great Britain*, Dataset, Office for National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/totalwealthwealthingreatbritain>

ONS (2019c) *Total wealth: Wealth in Great Britain*, Dataset, Office for National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/totalwealthwealthingreatbritain>

ONS (2016) *Births in England and Wales: 2015*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2015>

Round A (2017) *Extending working lives: A devolved, lifecourse approach to extending work beyond state pension age*, IPPR North

Shelter (2019) *Building for our future: a vision for social housing* https://england.shelter.org.uk/support_us/campaigns/a_vision_for_social_housing

Steptoe A, Fancourt D. (2019). *Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use*. Proceedings of the National Academies of Sciences USA, 116: 1207-1212.

Thomson P (2017) 'Decline in job security over the last decade for older workers', blog post, 14 February 2017, Centre for Ageing Better, <https://www.ageing-better.org.uk/news/decline-job-security>

Zaninotto P, Batty G, Stenholm S, Kawachi I, Hyde M, Goldberg M, Westerlund H, Vahetera J and Head J (2020), *Socioeconomic Inequalities in Disability-free Life Expectancy in Older People from England and the United States: A Cross-national Population- Based Study*. Journals of Gerontology Series a-Biological Sciences and Medical Sciences, 75(5): 906-913