

Older People in the UK

Analysis and segmentation of the over 50's population

Age Concern 'Lifestage' Survey
May 2009



Acknowledgements and disclaimer

This report was produced by Leslie Sopp, Head of Research, ACRS, Age Concern England, supported by Judi Aidam, Research Manager ACRS.

Factor, cluster and segmentation analysis was undertaken for ACRS by Information Tools Ltd

Further research and cluster interrogation was provided by Joanne Gallagher, Senior Research Executive ACRS, and Ruth McNeil, Response Consulting.

This is an independent report. It reflects the views of external authors and is not a statement of government policy.

Introduction

This report has been prepared under contract for the Prime Minister's Strategy Unit, working with the Department for Work & Pensions

This report comprises an analysis of specific elements of the Age Concern 'Lifestage' survey data, by a segmentation model known as **OLives³** which was developed under contract for HMG Department for Work & Pensions by ACRS (Age Concern Research Services), a division of Age Concern England. The original OLives segmentation model was developed by ACRS from 2005-2007, assisted by Douglas Johnson, Consultant.

'Lifestage' is an extensive postal survey of nearly 2,500 people aged 45+ in the UK undertaken for Age Concern England by BMRB International. Fieldwork was undertaken in July / August 2007.

The data has been reported more extensively in the seven volume 'Lifestage' survey report which has not been made publicly available but which can be accessed through ACRS by sending an email titled 'Lifestage Survey Report Request' to research@ace.org.uk. The report is **not** available free of charge. Enquirers will be sent a Prospectus and an Order Form.

The report of this analysis was made available to DWP as a MS Powerpoint presentation file. For the purposes of dissemination this has been adapted as an MS Word file and additional explanatory text added to assist. The outputs of the Lifestage survey considered by DWP in the course of this programme were the 7 Volume report; this bespoke analysis, and a technical summary report describing the factor and cluster analysis that was undertaken. The technical summary report is available from ACRS free of charge, along with a copy of the Lifestage survey questionnaire. Please send an email titled 'Lifestage Survey Technical Report Request' to research@ace.org.uk

Leslie Sopp
Head of Research
ACRS, Age Concern and Help the Aged
May 2009

Objectives

The Prime Minister's Strategy Unit, the Department of Health & the Department for Work and Pensions are reviewing Opportunity Age, the Government's ageing society strategy.

The Age Concern 'Lifestage' survey was identified as a potential tool to enable them to explore the views, needs, concerns and attitudes of people in later life.

Specifically, an examination was to be made through analysis and segmentation modelling of the barriers and opportunities that might exist for specific groups in later life, within specific 'domains' of interest.

The 'Lifestage' survey data met HMG needs to a greater extent than other available data resources.

Domains

HMG are specifically interested in five (PSA17) domains:

- Making a contribution
- Material wellbeing
- Health
- Home and Neighbourhood
- Independent living

In addition there is a sixth 'general' domain which embraces a number of factors around life; attitudes to age and ageing; demography; connection; loneliness; technology etc.

Variables

There are a substantial number of variables included in the Lifestage survey that are of potential value in meeting the objectives of this analysis. These are noted in a separate technical document ('ACRS Lifestage Analysis Support Report')

Only those variables that are a) complete¹, and b) comprise attitude rating scales have been accepted into the analysis

Methodology

Existing Cluster Model vs Domains

A new database was set up including only those 'Lifestage' survey questions which make up the five domains under separate section headings together with the demographics and the existing segment models.

Using statistical analysis tools available within the survey software, we examined how well the Domain questions supported the existing **OLives**² cluster model.

¹ By 'complete' we mean those variables where most if not all people answer the question. Variables which are only partially answered, because they do not apply to all respondents, have been excluded from the factor analysis. For example, questions relating to work only apply to a minority of respondents, as most are retired; questions on technology do not apply to all older people.

The only exception to this is the variable d7a-h (factor 3) referred to as Exercise (Incentives) which only applies if people do not do enough exercise – 50% of the survey respondents fit into this category.

For factor analysis to be effective the question format has to be very similar so that rating scales (mainly 5 point agree-disagree scales, or 4 point very concerned to not at all concerned scales) are the main components of this analysis

² 'Older Lives' ('**OLives**' – a previously developed segmentation model; © Age Concern England 2007)

New Cluster Model

The Lifestage questions which make up each of the five domains were identified for further analysis.

Key Driver Analysis was undertaken using Linear Multiple Regression to identify those questions which contribute most to two key variables: “Outlook on Life” and/or “Life Better or Worse Over Last 5 Years”

Factor Analysis was run on the significantly higher ranking predictors and regression scores were generated and saved. The new Factors were named.

Cluster Analysis was run on the saved Factor Scores to generate new cluster solutions. These new cluster solutions were run against the domain questions to find the model that is most suitable. One cluster solution was adopted.

The new clusters were named and analysis undertaken. This report gives the analysis, without commentary or interpretation.

Segmentation

ACRS have developed a segmentation model known as ‘**OLives**’ (or ‘**Older Lives**’)

This was based on a previous survey conducted by ACRS, and has been checked against Lifestage. However, it does not use the full array of attitude data available in Lifestage. Therefore the segmentation model developed in this analysis has been designed specifically for this purpose.

The match with **OLives** is quite strong (and logical) but the new OLives (which we are calling ‘**Olives³**’ for this study) differentiates more effectively across the demographic data

Factors and Clusters

Different factor models were explored using 8-12 factors. The optimum factor model we have used is 11 factors.

Cluster analysis using 4-9 cluster solutions were explored. The optimum cluster solution model adopted for the segments is 6 clusters.

The 11 Factors

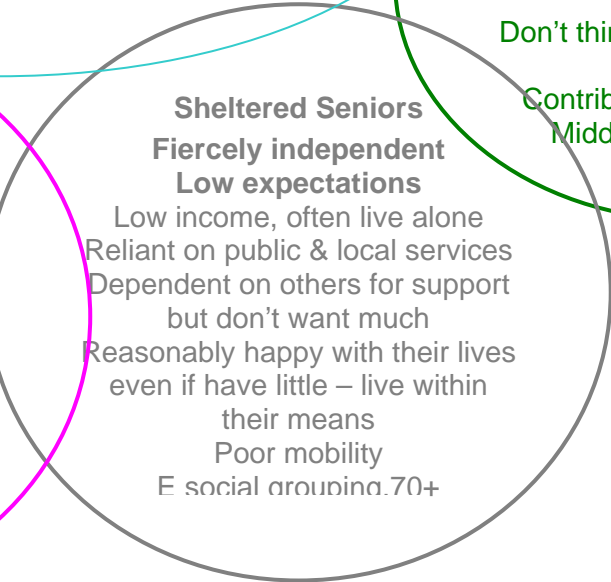
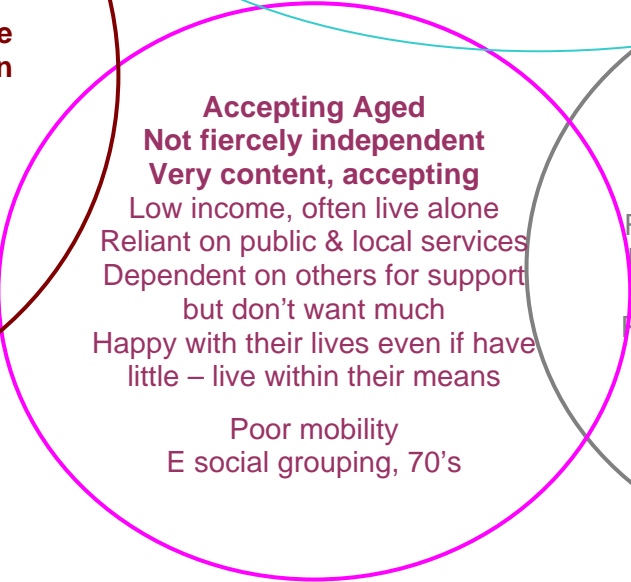
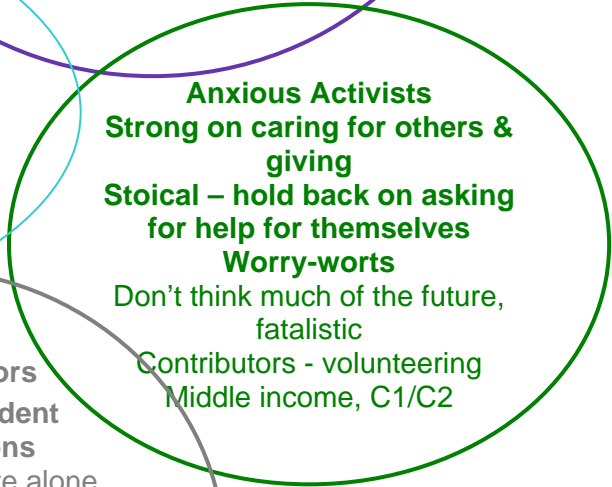
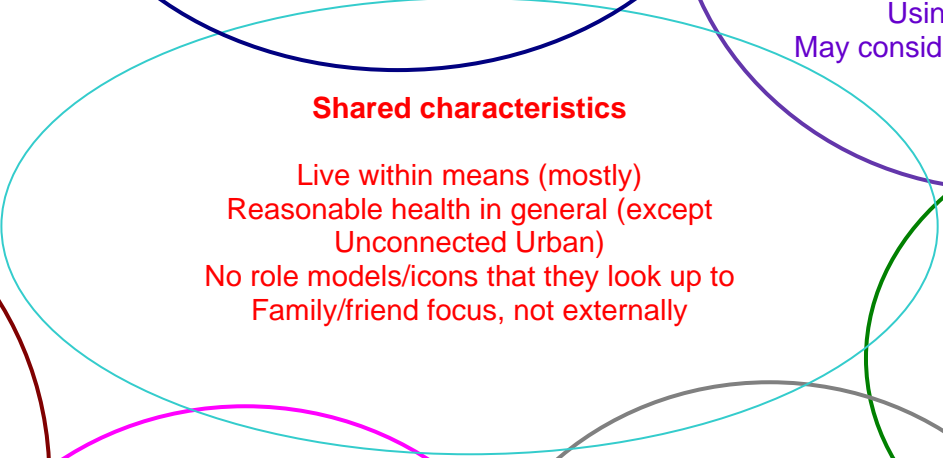
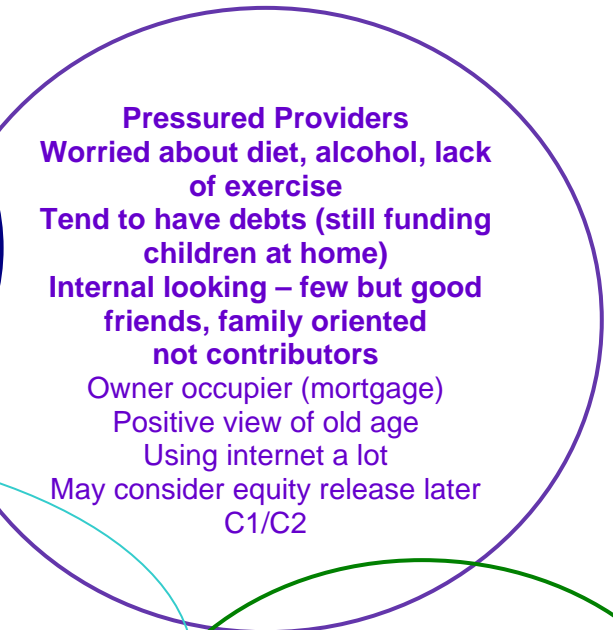
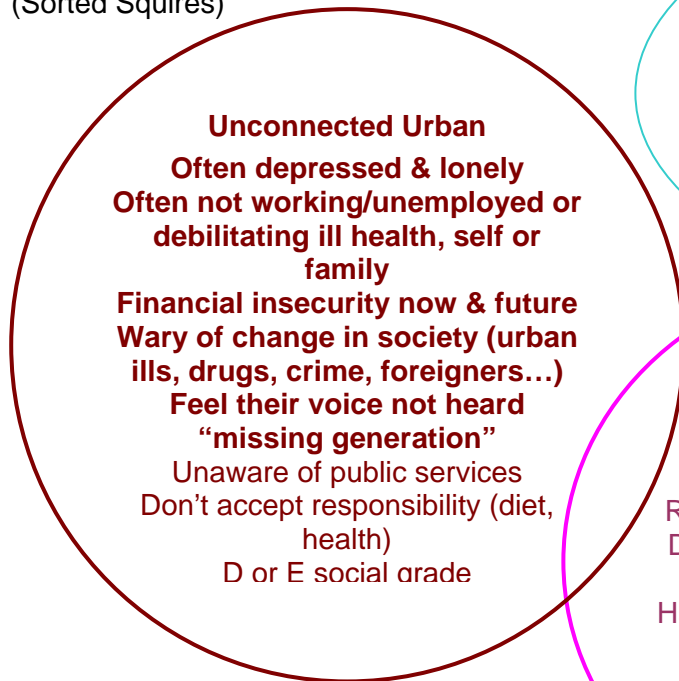
	Title (content)	Elements
Factor 1	General Concerns	16
Factor 2	NHS hospital Concerns	7
Factor 3	Exercise (incentives)	8
Factor 4	Future Care (finance)	8
Factor 5	Domestic/Personal Care assistance needed (forms/information)	4
Factor 6	Age, loneliness and outlook	6
Factor 7	Mobility	5
Factor 8	Health worries (mental health)	5
Factor 9	Economic performance	3
Factor 10	Healthy Diet / Active Lifestyle	3
Factor 11	Local access to services (Post Office)	2

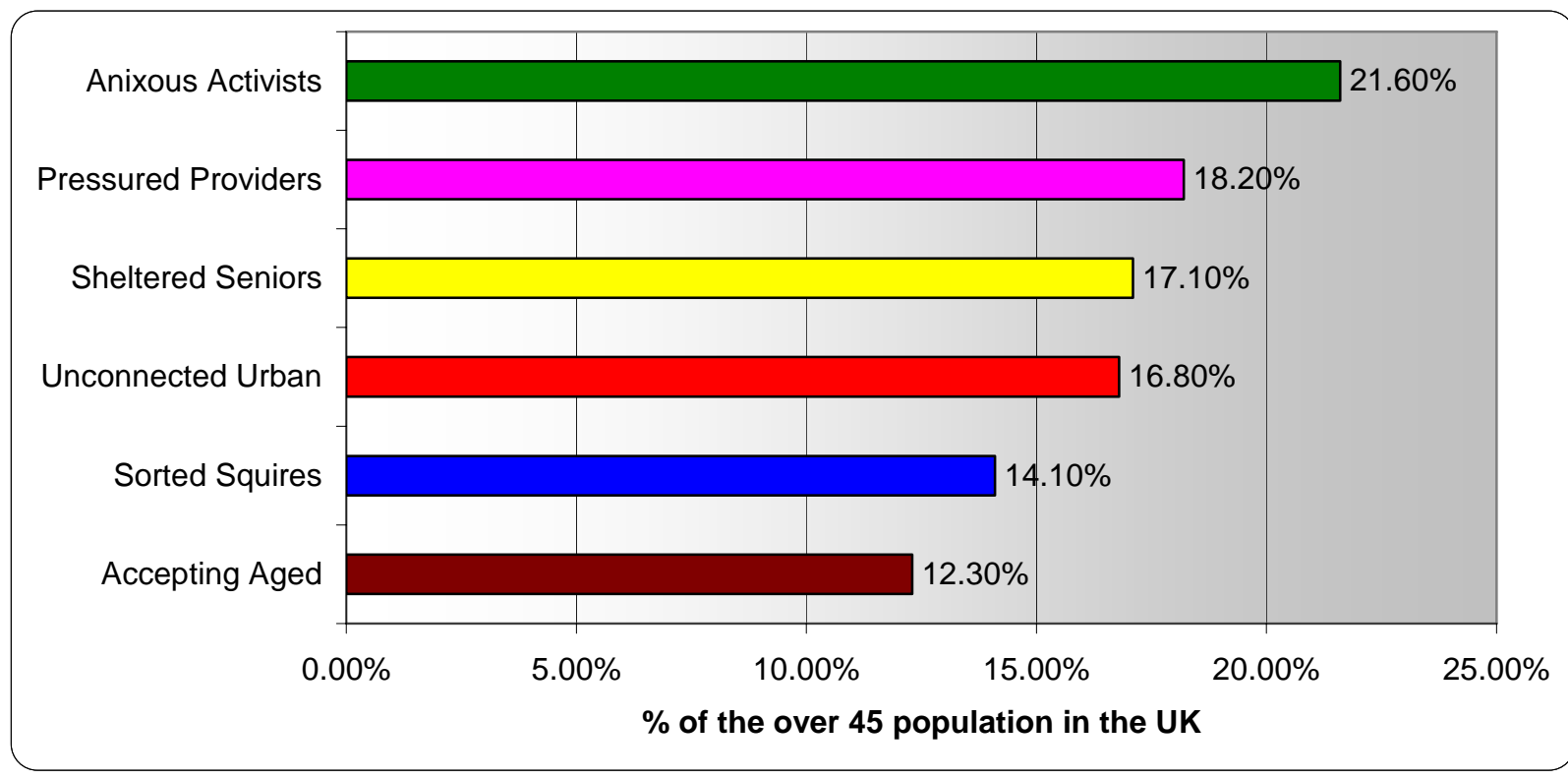
Outputs

The OLives³ segments

Discriminating characteristics are in bold, others are dominant for that segment but not unique to that segment

Income hierarchy clockwise from top left to (Sorted Squires)





Profiling notes

Each segment is described by factors and demographics and then a snapshot an overview is given of the five PSA 17 domains.

'Accepting Aged'

Demographics

More likely to be retired, in social class: E, on a low income and living alone.

Higher proportion living in South West.

Rely on State Pension and own occupational/private pension, plus some basic benefits (council tax, pension credit).

Attitudes

More likely to take every day as it comes; less likely to feel that there are things they wish to change in life, or that they have ambitions they still wish to achieve

Factors

Concerned about their future care, provision of local services and poor future mobility.

Making a Contribution

This group appears independent and almost insular/cut-off. They do not support or contribute to organizations.

They're not interested in learning. They don't use internet/ libraries as learning resources and would not consider them.

More likely to accept forced retirement (although perhaps as already retired?).

Home & Neighbourhood

Local services are important - and they are happy with what's on offer.

They're more likely to use local PO and would find it inconvenient if it closed.

Have no concerns about the quality of local services from the Council or housing.

Health

Content with current health service provisions and hospital standards – but their own health is generally good (so may not have experienced a real need yet).

Not affected by depression, anxiety or irritability and not concerned about their future mental health.

They consider their diet healthy and that they already do enough exercise.

Material Wellbeing

Rely on the state pension with some basic private provision and benefits.

Their private pension, state pension and savings will fund retirement.

They have no debt and do not appear concerned about future debt, but are not regular savers.

They are satisfied that the performance of the economy will meet their financial needs.

Independent Living

An independent group – content with their surroundings.

They don't feel lonely/ isolated or feel they lack support, and don't fear losing their independence.

They have no plans to go into a home. If they do need care, they feel they would be treated with dignity and are not worried about the quality of care they would receive.

'Sheltered Seniors'

Demographics

More likely to be female, retired, living alone/widowed on a low income.

Higher proportion living in NW/NI.

Rely on state pension and benefits (attendance allowance, council tax, income support, pension credit)

General optimistic outlook

Attitudes

More likely to agree that they tend to stay at home and life loses meaning when old

Factors

Concerns about future care, provision of local services, the NHS and poor future mobility.

Score high on negative/lonely factor

Satisfied with economic performance

Making a Contribution

This retired group appear self sufficient and are not concerned about work issues or their dependents.

They are not likely to be involved with organizations – either by contributing or supporting.

Home & Neighbourhood

This group are more organised in terms of their home – rather than just planning, they have already moved or adapted their homes for later life.

Local services are important and they're more likely to use a local PO and would find it inconvenient if it closed.

Health

Poor mobility is limiting for some, but don't need much exercise and generally feel well. They are not worried about their future health and are not likely to have made any plans.

They think health services are good – but are most concerned about hospital food and waiting times. They are not registered with a dentist (could not afford treatment and do not rate private dentists).

Get health information from age-related charities (and not friends / family, books etc or internet).

Material Wellbeing

Come across as generally organised as do save occasionally and have no debt – so not concerned about bills, money.

Plan to rely on state pension and benefits for retirement – not likely to have other plans.

Plan to pass on as much as possible to children.

Do not understand financial issues but not sought any advice. But are likely to have arranged a funeral plan themselves.

Independent Living

This group come across as self sufficient.

They use public transport frequently and find it punctual and reliable (have never driven).

They find it easy to source domestic help/personal care and know enough to arrange it. They will turn to charities and friends/ family for help with care.

They are confident they would be treated with dignity if went into care (perhaps some are already in sheltered accommodation?) their concerns are around having money for personal needs.

'Unconnected Urban'

Demographics

More likely to be younger older, living alone (never married / divorced) in rented homes (mix of council, housing association and private), on a low income – due to being unemployed or sick/disabled (Social Class DE) and living on state benefits.

More likely to live in town centres/cities, a higher proportion are in London.

Not in perfect health and get lonely sometimes – outlook is neutral/ pessimistic.

Attitudes

More likely to stay at home and do get lonely.

Old age seen as a time of loss, when life loses meaning and your opinions are not noted.

This group - who don't see retirement in a positive light – are not active or independent

Factors

Concerned about many areas of their lives – from health to finance / bills.

Poor mobility is an issue, along with loneliness, negative outlook, the availability of local services and quality of NHS.

More likely to be depressed/anxious and in need of incentives to exercise

Making a Contribution

This group are more likely to be unemployed or permanently sick / disabled – with learning disabilities or mental health issues.

Concerned about work issues and looking after dependents. But support a number of health-related organisations and contribute to Help the Aged.

More likely to be members of Diabetes UK.

Have used community groups/ charities for learning.

Home & Neighbourhood

More likely to have experienced distraction burglary/ bogus calls & doorstep selling and suffered poor quality work.

Concerned about security, crime, housing, quality of council services. Poor local amenities (e.g. shops closing)

Plan to move for later life. ...perhaps a reflection of their more urban location.

Health

Are more likely to have a long-term illness, limiting their activities, and more likely to suffer depression/ anxiety/ irritability.

Poor eyesight, hearing and mobility all impact.

Not registered with a dentist (say not eligible) and agree they don't do enough exercise.

Concerned about their diet, how much they drink and smoke, their health needs and NHS inpatient services.

But overall, have used a number of healthcare services and content with provisions.

Material Wellbeing

Finance is a key area of insecurity - finding money to live, pay bills & debts (have loans and credit cards)

Live on benefits and do not understand financial issues.

Do not save and have not made any future plans or arrangements for later life, but would like to make funeral plans and draw up a will.

Do not have faith in the general economy and have used charities and family/friends for finance/advice.

Independent Living

This dependent group are more likely to be relying on formal care from council, along with informal family care – due to age and also illness/disability.

Care received at GP surgery, hospital and in home.

Used to drive but now frequent users of public transport – but find costs, access and personal security can prevent use. They're concerned about availability of public transport, being dependent and feeling lonely / isolated.

And in terms of care, they worry about future quality of care, being ill-treated and the costs.

'Sorted Squires'

Demographics

More likely to be men, working part time or self-employed, this is the most affluent group (Social Class: AB, income of £30K plus).

They've paid off their mortgage, are more likely to live in a village, have good health, are never lonely and have an optimistic outlook.

They're still in their first marriage (any children are no longer at home). They're likely to have a second home (financed with a mortgage)

Making a Contribution

This affluent group are likely to have retired early (51-59) or plan to (51-64).

They are likely to be members of several organizations (RSPB; National Trust; English Heritage; Christian Aid) and contribute to or support some (Christian Aid, Amnesty International) – for personal fulfillment.

And for further learning they have used libraries, Open University and the Internet.

Home & Neighbourhood

This group are more likely to be using the phone/internet/post for financial purposes.

They aren't concerned about housing, personal security/crime in the area or quality of local council services.

They also live in rural areas where there are local shops that are not closing.

Attitudes

They are an active group and see retirement as a positive stage of life. They need lots of friends and are often out.

They do not agree that life loses meaning when you are old – they are very positive about getting older.

Health

This group are in good health, with no long-standing illnesses and are not likely to suffer from depression or anxiety.

They feel fit and consider their diet very healthy.

They have private dental care and could afford dental treatment easily.

They are less likely to have faith in NHS dental care and day surgery, opticians and pharmacists.

They have already made plans for later life in terms of healthcare (e.g. insurance).

Factors

Satisfied with the economy and pension schemes in general.

They are less concerned about financing future care, the NHS and loneliness

Material Wellbeing

An affluent group, with a good understanding of finance and have made plans for their future income. They source financial information from various sources, including media, books, internet and IFAs.

Current income is from being self-employed, but also investments, interest from savings, property, pensions & child benefit. Still save money and plan to spend it on self/family in later life and also leave some in a legacy to charity.

The only group to have made future arrangements (e.g. enduring power of attorney, made/changed a will, made a living will, left legacy to charity).

Not concerned about debt or fuel bills and have done nothing to manage fuel bills.

Independent Living

Care is not something this group need yet, but they have thought about it. They are positive about it, but have not made plans.

However, they are likely to be financing the care of their own elderly relatives (in homes).

They do not need help with finding care (would use friends/family, GP, local NHS trust, internet) or form-filling.

They would find it easy to source personal care or domestic help, paying privately if necessary (funding their own future care with savings/equity release). They are confident they'd know how to arrange care and that they'd be treated with dignity, but agree that carers do not have enough time to care.

'Anxious Activists'

Demographics

More likely to be older women (60-74), working part-time or homemakers (Social Class:C1/C2).

They've paid off their mortgage but their financial future is insecure. They are more likely to live in rural areas/a village, have good health and are never lonely – but do tend to have a pessimistic outlook.

They're still in their first marriage or are re-married (and may still have one child with them at home).

Attitudes

Active, sociable and independent with a positive view of retirement.

Factors

This group have many concerns, in particular around NHS and financing of future care.

Local services are important to them, as are worries about physical and mental health.

However, they do not suffer poor mobility and don't have issues with domestic/personal care - and do not have a particularly negative or lonely outlook.

Making a Contribution

This group are giving and caring.

They're likely to be caring for older / frail / disabled relatives / friends and looking after their dependents is a key concern – as are work issues.

They retired age 60-64 and those not yet retired don't plan to do so before age 70.

Members of National Trust, they support Friends of the Earth but contribute to a number of charities (Amnesty International, British Red Cross, Cancer Research, Mencap, NSPCC, Oxfam, RSPB, RSPCA, Scope).

Further learning is also important.

Home & Neighbourhood

They are concerned about personal security, local crime and the quality of local council services.

They find it hard to find local trades people.

Local services are important – without a car it would be difficult to shop – and they are more likely to use a local PO and would find it inconvenient if it closed.

Health

This group have good general health with no long-standing illnesses.

They get enough exercise and have a good, healthy diet – but they do worry about their future physical and mental health.

They do get anxious and irritable, but not likely to consult their GP about depression.

They are registered with a private dentist/dental insurance, but paying for treatment would be difficult. Have had problems getting a GP appointment and an NHS dentist recently.

With hospitals, they're concerned about the attitude of staff to older people, the choice & quality of food, cleanliness, waiting times and quality of care.

Material Wellbeing

This group rely on wages and pensions, with no benefits.

They are concerned about bills and having enough to live on.

They have some storecard debt and have made some plans for income in later life and have made a will.

They do not understand financial issues well and have used IFAs, TV/radio, internet and savings clubs in last year.

They have turned their thermostat down and adapted radiators to curb fuel bills.

Independent Living

An independent group, still driving and caring for others, but receiving no help.

They are concerned about the availability of public transport and becoming dependent on others.

In terms of their own care, they worry about the quality of care and being ill-treated, financing their care and getting good care if terminally ill.

They would get help from charities and CAB on what care is available and charities, council/social services and friends for the form-filling.

More likely to consider equity release to fund their future care.

'Pressured Providers'

Demographics

This group are younger (45-59), work full-time and fairly affluent (Social Class: C1/C2).

They are drivers, have a mortgage and live in the suburbs/outskirts of town. They are more likely to be living with a partner or divorced, but in households of 4 people (suggesting they have children at home).

They are ambivalent about their future financial security

Attitudes

As a group they don't need lots of friends and they have a positive view of old age (they disagree that life loses meaning when you are old and that it is mainly a time of loss)

Factors

Concerns about financing of future care are strong among this group, as is agreement that certain initiatives would encourage them to take more exercise.

They are less prone to anxiety, depression and poor mobility; and are less attached to local services.

Also less likely to agree they have a healthy diet/lifestyle.

Making a Contribution

Currently working full-time, key concerns are work issues and looking after dependents.

They plan to retire earlier (51-65).

They have considered college, open university and the internet for further learning, but are not likely to have taken them up.

Things that would influence them to do so include personal fulfilment, to aid their career or to increase their income.

They are not contributors or members of any organizations.

Home & Neighbourhood

Local services / Post Office closures are not an issue for this group – they have no mobility problems and are more likely to be using the phone/internet/post for financial purposes.

They aren't concerned about housing and have not yet adapted their home for later life.

Health

This group are generally in good health. They don't suffer anxiety, depression or irritability.

They use family/friends and the internet for health advice.

Worried about their future health, they are concerned about the amount of alcohol they drink. They know they should do more exercise and various things would encourage them (more/better local facilities, having a personal trainer/someone to exercise with, help from NHS & more spare time).

They can afford routine dental care, but not serious treatment.

In terms of hospitals, cleanliness and waiting times are a concern, as are the staff/quality of care for older people.

Material Wellbeing

Main income is salary, plus child benefit.

They are 'finance-savvy' but if wanted information on benefits would turn to colleagues or internet.

They support children financially and have credit card debt and other loans in addition to the mortgage.

Regular savers, they have plans to fund later life (e.g. equity release, investments, savings, personal & state pensions and inheritance from family).

Plan to arrange a will but have done nothing to manage fuel bills.

Independent Living

This group are currently independent.

They drive and do not rely on public transport and have not yet made plans for their home in later life (e.g. moving, 'downsizing') – although they are likely to have thought about it and would consider a retirement village.

Concerns about care in later life centre around quality of care, being ill-treated and also the cost (e.g. paying for private or long-term care).

For information on care and form-filling they'd use the internet and for finance they'd use equity release or take out a loan.

General Domain

Analysis of specific questions by OLives³

The following pages show analysis of specific questions in the Lifestage survey by the 6 OLives³ segments. The data for each segment is compared against the total for statistical significance. The colour coding is noted below.

Ref	>99%	>95%	>90%	<90%
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Green: highly significant difference (more than 99 times out of 100 we would expect this difference to be replicated in other studies among this population; with a 1% or less risk that this arises by chance);

Orange: significant difference (more than 95 times out of 100);

Purple: different, but not as strong;

Red: not a statistically significant difference.

In table 1, for example, only 5% of the Unconnected Urban say that life has got a lot better over the last five years, compared with 15% overall. This is clearly a significant (important and noteworthy) difference, which is statistically significant.

In drawing any conclusions from this data you should look at the overall (total) data distribution and compare this with the data distribution for each segment, using the mean score (where provided) to indicate differences between segments. For example, the mean score for the Unconnected Urban in Table 1 is -0.26, with a net difference between those saying that life has got better and those saying that life has got worse of -33%. This is the most negative segment for this variable, whereas the Sorted Squires are the most positive.

Table 1: Has life got better or worse over L5 Years?

Life Better Or Worse Over L5 Years	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total Row %	100%	14%	22%	17%	18%	12%	17%
A Lot Better (+100)	15%	19%	17%	5%	18%	13%	18%
A Little Better (+50)	23%	28%	24%	13%	29%	19%	23%
Hasn't Changed (0)	30%	31%	28%	28%	28%	34%	33%
A Little Worse (-50)	19%	13%	19%	27%	16%	23%	18%
A Lot Worse (-100)	12%	8%	12%	24%	8%	9%	7%
Don't Know	1%	2%	1%	2%	0%	2%	1%
Mean (approx)	0.05	0.19	0.08	-0.26	0.17	0.02	0.14
Better	38%	47%	41%	18%	47%	32%	41%
Worse	31%	21%	31%	51%	24%	32%	25%
Net	7%	26%	10%	-33%	23%	0%	16%

By OLives³ Database – DomainSeg

Table 2: Why Life Better?

Why Life Better	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	17%	24%	7%	25%	10%	17%
Financial Security/Situations	25%	27%	25%	27%	29%	19%	17%
Job (Include Change Of Job)	23%	25%	19%	19%	30%	19%	21%
Retirement	18%	17%	22%	15%	14%	20%	17%
Lifestyle	15%	13%	16%	17%	15%	17%	14%
Children	13%	15%	12%	7%	13%	14%	11%
Own Health	12%	9%	10%	13%	10%	19%	17%
Moving Home/Home Improvements	10%	11%	10%	10%	9%	6%	15%
More Time/Free/Spare Time	9%	7%	14%	12%	7%	6%	10%
Grandchildren	9%	11%	13%	2%	7%	4%	10%
Refused	8%	8%	8%	11%	10%	7%	5%
Marriage/New Partner	7%	7%	7%	2%	8%	9%	7%
Contact With Friends/Family	5%	6%	3%	7%	3%	11%	4%
Hobbies And Interests	5%	5%	8%	2%	4%	3%	6%

Base: Those rating life a lot better or a little better. Only responses given by 5% or more are shown. Free text response coded into categories

Table 3: Why Life worse?

Why Life Worse	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	9%	21%	28%	15%	13%	13%
Own Health	40%	39%	29%	45%	33%	57%	36%
Financial Security/Situations	23%	15%	27%	26%	23%	24%	10%
Bereavement - Partner	13%	15%	10%	14%	17%	4%	20%
Health Of Others	11%	11%	18%	8%	7%	9%	17%
Job (Include Change Of Job)	9%	4%	8%	14%	16%	3%	4%
Bereavement - Other Relative	8%	15%	7%	9%	9%	2%	9%
Social Change	7%	3%	20%	3%	4%	9%	1%
Refused	5%	8%	5%	5%	4%	3%	8%
Lifestyle	5%	7%	4%	4%	7%	7%	2%
Living Circumstances	4%	11%	1%	5%	2%	3%	5%
Retirement	4%	6%	3%	4%	4%	4%	2%
Family Issues	4%	6%	4%	3%	5%	1%	3%
Divorce	4%	6%	2%	5%	1%	5%	1%
Caring For Others	3%	0%	3%	6%	1%	3%	2%
Redundancy	3%	2%	1%	2%	8%	0%	7%
Regular Income	3%	0%	2%	5%	3%	1%	1%
Getting Older/Ageing	3%	3%	2%	2%	3%	3%	2%

Base: Those rating life a little worse or a lot worse. Only responses given by 3% or more are shown. Free text response coded into categories

Table 4: Attitudes to life

Life now	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	22%	17%	16%	12%	17%
Look for new ideas to keep busy	52%	50%	57%	58%	45%	54%	50%
Take every day as it comes	73%	69%	67%	65%	73%	82%	85%
Things like to change in life	63%	57%	62%	83%	69%	52%	48%
Regret not done things earlier	58%	47%	58%	75%	60%	53%	52%
Have ambitions want to achieve	45%	48%	51%	50%	45%	34%	36%
Don't like thinking about future	36%	21%	38%	50%	29%	38%	35%

Base: Strongly/Tend to Agree

Table 5: How satisfied are you with the performance of the Government in listening to the views of older people?

Satisfied-Govt Listening To Older People	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	22%	17%	18%	12%	17%
Very Satisfied (100)	2%	2%	1%	3%	1%	3%	1%
Fairly Satisfied (75)	19%	24%	10%	19%	15%	21%	26%
Neither (50)	21%	31%	13%	19%	25%	23%	20%
Fairly Dissatisfied (25)	34%	32%	34%	33%	38%	35%	35%
Very Dissatisfied (0)	24%	11%	41%	26%	22%	17%	17%
Don't Know	0%	0%	0%	0%	0%	0%	0%
Mean (approx)	35.49	43.61	23.91	35.26	34.47	39.17	39.42

Table 6: Discrimination Because of Age

Discrimination Because Of Age	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
Insurance Products	9%	7%	11%	8%	5%	11%	11%
Financial Products	2%	0%	2%	4%	1%	2%	1%
Health Care/Treatment	2%	1%	3%	3%	1%	2%	1%
Personal Care	0%	0%	0%	1%	0%	0%	0%
Consumer Products/Services	1%	0%	1%	1%	0%	0%	0%
Workplace/Promotion	2%	1%	3%	2%	2%	1%	1%
Applying For Jobs	5%	3%	7%	5%	7%	2%	3%
Volunteer/Apply Volunteer	0%	1%	0%	1%	0%	0%	0%

Table 7: Technology uptake June/July 2007

Appliances Already Have	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
A Computer (PC Or Laptop)	63%	76%	70%	55%	76%	51%	48%
Dial Up Internet Connection	20%	26%	25%	16%	22%	21%	13%
Broadband Internet Connection	46%	58%	48%	41%	60%	31%	32%
A Mobile Phone	80%	87%	85%	76%	87%	69%	72%
iPod/MP3 Player	18%	28%	16%	13%	25%	14%	12%
Digital Camera	55%	66%	62%	46%	61%	47%	45%
Video Recorder	69%	70%	71%	70%	70%	69%	66%
Digital Camcorder	15%	21%	18%	16%	15%	10%	11%
DVD Player/Recorder	74%	78%	81%	69%	82%	67%	67%
PDA (Personal Digital Assistant)	3%	7%	3%	1%	5%	3%	2%
Satellite Navigation System Car	12%	20%	13%	10%	14%	10%	6%
Flat Screen TV (Incl Plasma LCD)	30%	34%	32%	27%	35%	26%	27%
None Of These	6%	3%	3%	7%	3%	9%	12%

Table 8: Internet use at home June/July 2007

Frequency Use Internet At Home	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	17%	24%	14%	22%	10%	13%
Everyday	31%	39%	32%	27%	31%	25%	25%
Most Days	20%	24%	17%	21%	19%	18%	20%
2-3 Times A Week	15%	10%	16%	12%	19%	23%	15%
About Once A Week	85%	6%	10%	4%	12%	6%	5%
Once Couple of Weeks	3%	3%	2%	2%	4%	1%	5%
About Once A Month	3%	1%	4%	2%	3%	3%	2%
Less Often	5%	4%	3%	10%	3%	9%	7%
Never	12%	10%	11%	18%	9%	12%	18%

Base: A Computer (PC or Laptop)

Table 9: Internet use at home (broadband users) June/July 2007

Frequency Use Internet At Home	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	17%	23%	15%	22%	10%	13%
Everyday	31%	38%	32%	27%	30%	25%	27%
Most Days	20%	25%	17%	21%	19%	18%	20%
2-3 Times A Week	15%	10%	16%	12%	18%	23%	15%
About Once A Week	85%	6%	10%	4%	12%	6%	5%
Once Couple of Weeks	3%	3%	2%	3%	4%	1%	4%
About Once A Month	3%	1%	4%	3%	3%	3%	1%
Less Often	5%	4%	3%	10%	3%	9%	7%
Never	12%	10%	11%	17%	9%	12%	18%

Base: A Computer (PC or Laptop), Broadband Internet Connection

Table 10: Attitudes to technology

Technology - Strongly / Tend to Agree	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
	100%	14%	21%	17%	18%	12%	17%
I use technology because I have no choice	29%	27%	34%	31%	32%	20%	23%
I find it hard to get to grips with new technology	41%	31%	41%	50%	38%	43%	41%
I am not interested in learning how to use new technology	21%	17%	19%	22%	17%	29%	26%
The internet has changed my life	22%	27%	23%	20%	31%	14%	16%
I'm keen to try products involving new technology as soon as I can	15%	15%	16%	16%	19%	11%	10%
I keep up with developments in technology, even if I don't buy the product straight away	27%	36%	28%	22%	36%	23%	18%
I need more confidence to learn how to use new technology	36%	29%	39%	43%	38%	31%	34%
Digital photography has made a big difference to me	22%	27%	27%	15%	25%	18%	17%
I'm keen to use technology more effectively in my home for when I get older	28%	30%	34%	27%	35%	21%	21%

Technology - Strongly / Tend to Agree	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
People tell me that I could get good deals by searching the internet, but I'm afraid to shop on the internet	22%	17%	26%	30%	19%	19%	18%
E-mail has changed my life	23%	30%	25%	19%	27%	17%	17%
I'm not interested in learning how to shop on the internet	22%	19%	21%	26%	18%	25%	24%

Base: Technology Strongly/Tend to Agree

Table 11: How often see family

Frequency	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	22%	17%	18%	12%	17%
Everyday	18%	14%	20%	21%	14%	17%	20%
Two Or Three Times A Week	29%	27%	32%	26%	25%	28%	34%
Once A Week	18%	17%	15%	20%	19%	20%	17%
A Few Times A Month	12%	16%	12%	9%	12%	10%	11%
Once A Month	6%	6%	7%	5%	9%	5%	3%
Once Every Two Or Three Months	9%	11%	7%	7%	12%	11%	8%
Less Than Once In Three Months	9%	10%	7%	11%	10%	10%	7%

Table 12: How often see friends

Frequency	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	15%	22%	16%	19%	12%	16%
Everyday	20%	20%	23%	17%	17%	25%	21%
Two Or Three Times A Week	34%	41%	33%	30%	34%	36%	35%
Once A Week	17%	13%	18%	20%	17%	15%	18%
A Few Times A Month	14%	19%	11%	14%	15%	15%	14%
Once A Month	5%	3%	4%	5%	6%	4%	4%
Once Every Two Or Three Months	5%	3%	5%	7%	6%	2%	3%
Less Than Once In Three Months	5%	2%	5%	7%	4%	2%	6%

Table 13: Feeling lonely

Ever Feel Lonely	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	22%	17%	18%	12%	17%
Feel Lonely Most Days	4%	2%	1%	14%	3%	3%	3%
Feel Lonely Some Days	9%	4%	5%	20%	9%	6%	11%
Feel Lonely Every Now And Then	13%	9%	7%	23%	15%	14%	12%
Feel Lonely Only Rarely	19%	19%	19%	16%	20%	20%	20%
Don't Feel Lonely	55%	67%	68%	26%	54%	57%	54%

Table 14: Life issues

Life Issues	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	22%	17%	18%	12%	17%
I'm very active	61%	72%	81%	37%	57%	58%	59%
I don't need lots of friends	43%	37%	41%	41%	49%	44%	45%
Life loses its meaning when you become old	12%	3%	3%	33%	8%	10%	17%
I tend to stay at home nowadays	32%	17%	16%	59%	29%	34%	43%
I like the idea of making my views known	53%	53%	56%	50%	56%	52%	49%
I see retirement as a positive stage in my life	60%	67%	70%	39%	57%	65%	61%
I like the company of others	78%	81%	82%	76%	75%	77%	78%
I'm very independent	82%	81%	85%	74%	85%	80%	85%
I feel that my opinion is take less note of nowadays	34%	19%	33%	55%	31%	34%	30%
I feel lonely from time to time	34%	22%	18%	66%	33%	32%	38%
I like being a member of a club or organisation	44%	49%	44%	47%	41%	46%	41%
I see my old age mainly as a time of loss	14%	7%	6%	34%	10%	8%	16%

Base: Strongly Agree / Tend to Agree

Table 15: Location

Location	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
Centre Of Town or City	13%	10%	10%	21%	11%	11%	12%
Suburbs/Outskirts Of Town/City	58%	57%	53%	54%	66%	59%	60%
In A Village	21%	26%	25%	17%	16%	21%	20%
In A Rural Location	7%	6%	10%	7%	6%	7%	7%

Table 16: Age profile

Age Groups	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
45-49	17%	20%	16%	17%	25%	10%	13%
50-59	32%	32%	29%	37%	42%	24%	23%
60-69	25%	22%	31%	23%	20%	26%	24%
70-79	17%	16%	19%	13%	9%	24%	25%
80-89	9%	11%	5%	8%	4%	16%	14%
90+	0%	0%	0%	1%	0%	0%	1%
Average (approx)	61.18	61.15	61.35	61.05	57.35	66.05	65.2

Table 17: Size of household

No. Living In Household	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
1 Person	34%	29%	23%	43%	31%	40%	44%
2 People	39%	44%	48%	31%	36%	42%	33%
3 People	14%	13%	17%	15%	17%	10%	11%
4 People	8%	10%	8%	8%	11%	4%	7%
5 People	2%	3%	2%	2%	3%	3%	2%
6 People Or More	1%	1%	1%	1%	1%	0%	2%

Table 18: Income

Income	Total	Sorted Squires	Anxious Activists	Unconnected Urban	Pressured Providers	Accepting Aged	Sheltered Seniors
Total	100%	14%	21%	17%	18%	12%	17%
Under £2,500	1%	1%	1%	2%	1%	1%	1%
£2,500 - £4,999	4%	1%	3%	8%	2%	5%	4%
£5,000 - £9,999	16%	7%	11%	23%	12%	22%	24%
£10,000 - £14,999	13%	9%	13%	15%	11%	17%	15%
£15,000 - £19,999	11%	12%	12%	12%	10%	11%	7%
£20,000 - £24,999	7%	8%	9%	6%	11%	5%	3%
£25,000 - £29,999	6%	7%	7%	3%	8%	4%	3%
£30,000 - £34,999	6%	10%	6%	3%	7%	3%	5%
£35,000 - £39,999	3%	5%	3%	1%	4%	3%	4%
£40,000 - £44,999	2%	3%	2%	0%	6%	1%	2%
£45,000 - £49,999	2%	4%	2%	1%	2%	1%	1%
£50,000 Or More	6%	16%	6%	0%	9%	3%	3%
Prefer Not To Say	18%	13%	19%	19%	14%	18%	23%
Mean (excl. refusal) [very approx]	£21,142	£29,724	£22,231	£13,528	£25,206	£16,768	£17,400

FURTHER INFORMATION

For further information about Lifestage and the OLives segmentation model, please contact consumer research at Age Concern and Help the Aged (see below).

For a prospectus about the report, including price, please send an email titled 'Lifestage Survey Report Request' to research@ace.org.uk. The report is **not** available free of charge. Enquirers will be sent a Prospectus and an Order Form.

For a free copy of the Technical Support document and questionnaire please email 'Lifestage Survey Technical Report Request' to research@ace.org.uk

Age Concern and Help the Aged

Age Concern England (charity number 261794) has merged with Help the Aged (charity number 272786) to form Age UK, a charitable company limited by guarantee and registered in England: registered office address 207–221 Pentonville Road, London, N1 9UZ, company number 6825798, registered charity number 1128267. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru.