



## Planning and preparing for later life

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# About the Centre for Ageing Better

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The Centre for Ageing Better is a charity, funded by an endowment from the Big Lottery Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.

## Acknowledgements

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# Executive summary

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There is a widespread and common-sense-based perception, backed to some extent by evidence, that planning and preparing for later life is associated with increased wellbeing in older age. Despite this, many people at mid-life have not thought much about their later life nor taken fundamental future-oriented actions, such as engaging in financial planning or writing a will. This mismatch between the perceived benefits of planning and the prevalence of planning is the impetus for this scoping review of the evidence. It involved the synthesis of evidence from 116 papers and is structured around three overarching research questions:

1. Who does, or does not, plan and prepare for later life during mid-life?
2. What are the barriers and enablers to planning and preparing for later life?
3. What does or might work to enable people to overcome barriers, or to better facilitate enablers?

This review focuses on planning for later life (age 60 and over) from mid-life (age 40-60) onwards. It characterises planning for later life as the range of activities people deliberately pursue with the aim of achieving desired outcomes in later life. Such planning can consist of a variety of strategies in different domains, from the often researched activity of contributing to a pension, or deciding when to retire, to less studied forms of planning, such as deciding not to downsize, or to nurture existing friendships. Planning is often conceived as an individual pursuit, yet it is undertaken in relation to others, such as family and social networks, and it is shaped by social, economic and political contexts. These factors, as well as individual level ones, create differences between people's propensity to plan.

## The demographic characteristics of planners, non-planners and reactive planners

### Evidence base

Financial literature dominates evidence about who plans and who does not. Evidence tends to consist of data recording concrete planning activities because this is readily accessed and understood. As a result, other significant forms of planning get relatively little attention, particularly those which result in actions or behaviours that are hard to measure. One example is evidence of people planning to maintain the status quo, perhaps by continuing to live in the same location. Another is the kind of informal planning or 'thinking through' that people may do in regard to goals such as happiness, sense of purpose and companionship. These are known to be aspects of later life that people value but far less is known about the demographic characteristics of people who engage in these forms of planning than in

regard to financial planning. This is one aspect of the gendered understanding of planning. Another arises from the literature's focus on retirement from paid work as the mark of transition into later life, which overlooks unpaid work such as caring.

## Findings

The demographic characteristics of people who plan, people who do not plan and those who plan reactively (eg in response to a crisis) rather than proactively depend on the planning activity. This review presents separate evidence from various domains of planning and brings these together in the following conclusions:

- People who are less likely to plan for various aspects of later life are defined by a cluster of demographic characteristics. Chief among these is having lower income or assets. This makes it less likely that people will contribute to a workplace or private pension, less likely that they will make a will and also less likely that they will undertake activities to maintain long-term health. Low income is also associated with having less choice about when to leave work and move house.
- Other variables in the cluster are: living in rented accommodation, which is associated with less saving for retirement, a lower likelihood of contributing to workplace or private pensions and with higher likelihood of moving involuntarily in later life; lower educational attainment, which is associated with lack of planning in financial areas and end of life care. Part-time work and working in the private sector are also associated with not saving for retirement.
- Income partly accounts for the lower likelihood of women saving for retirement or contributing to a workplace or private pension, compared to men. This also reflects the greater likelihood that women in older cohorts have more disrupted work histories than men and tend to be paid less. Women are also more likely than men to be carers and carers are less likely to save for retirement. But women are more likely than men to engage in financial planning generally, rather than just for later life. Women are also likely to have had discussions about end of life, whereas men are more likely to have made a living will and arranged power of attorney. Men, especially those with strong masculinity beliefs, are less likely to engage in preventive health care.
- Poor health is associated with engaging more in some kinds of planning and less in others. For example, those in poor or fair health are less likely to contribute to workplace or private pensions but those in good health are less likely to engage in discussions about end of life (for obvious reasons). Poor health is also associated with less choice about when to leave work and whether to move house.
- Age affects planning in various ways. Although being younger is associated with a lower likelihood of planning in most regards – wills, living wills, maintaining health, pension savings – people closer to 65 years of age are less likely to plan financially for retirement than those closer to 50. Planning to move house, rather than moving in response to events, is more common among younger-old people than in older-old groups.

# Enablers and barriers to planning

## Evidence base

Evidence about the barriers and enablers to planning comes from literature on various domains of planning, including paid work and housing. Financial literature is less dominant in providing this evidence, partly because smaller qualitative studies are often as useful as large-scale quantitative studies in understanding 'why people plan' rather than 'who plans'. Different studies frame research in this area in different ways, based on their underlying understandings of why people behave the way they do. Some perspectives look more to the context of people's lives to explain behaviour. More rationalist perspectives, which see decisions as a result of individuals weighing up available information, often focus on knowledge and understanding. The result is that the evidence for particular barriers and enablers is often dominated by literature from a particular domain. For example, inadequate knowledge has traditionally been seen as a key barrier in financial literature, whereas literature from other domains focuses more on the absence of choice and control.

## Findings

A 'bottom up' synthesis of the literature resulted in the categorisation of enablers and barriers described in the table below. Because the synthesis was not theory led, the resultant enablers and barriers reflect the literature, rather than being a complete theoretically-based typology of likely enablers and barriers. The categorisation of the enablers and barriers is nonetheless consistent with the COM-B model of behaviour change and its division of factors impacting behaviour into Capability, Opportunity and Motivation (Michie et al, 2011). Some of the enablers and barriers operate more at a micro or individual level (eg, those in awareness and salience) others at a meso level (eg social networks and peers), and others at a macro level (eg socio economic constraints, infrastructure, age stereotypes). These levels are themselves interlinked.

	<b>Enablers</b>	<b>Barriers</b>
<b>Awareness/salience</b>	Wanting to attain something in future	Issue seems a long way off
	Wanting to avoid a perceived risk	Personal exposure to the issue or risk seems low
	Wanting to escape a current aspect of life	
	Wanting to preserve an aspect of life	
<b>Choice and control</b>	Feel that they can exercise choice and control over future	Experience of life as unpredictable
	Positive life-course experience of planning	Fatalistic attitude about survival into old age
	Sufficient financial resources to plan	Socio-economic constraints
<b>Knowledge and skills</b>	Sufficient knowledge and skills	Inadequate understanding of and familiarity with planning products and services
		Difficulty in predicting probable future timeline and understanding risk
<b>Instrumental and informational support</b>	Sufficient support from employers	Inadequate support from employers, industry, regulators and landlords
		Inadequate infrastructure
<b>Social influence</b>	Social networks promote planning	Peers' views undermine planning behaviour
		Gendered role beliefs undermine planning
	Positive age stereotypes	Negative perceptions and terminology of ageing

It was also possible to make a number of observations from the evidence:

- Barriers and enablers act in combination. For example, planning requires that people have an objective in mind and feel able to plan. By contrast, awareness of a future risk coupled with a sense of powerlessness to do anything about it can lead to a fatalistic attitude which obstructs planning.

- Evidence about the cluster of demographic characteristics that define people who do not plan is compounded by evidence that these same factors are associated with a sense of uncertainty and powerlessness that impedes planning. Overall this suggests that people whose lives might be described as 'precarious' are less likely to plan.
- Lack of knowledge and skills do act as a barrier to planning, and evidence for this is relatively common regarding financial planning. However, ascribing lack of financial planning to lack of knowledge also reflects a rationalist model of decision-making, which underplays social influences. It is also pertinent that, in regard to pension planning, the application of behaviour-change techniques in the form of auto-enrolment – which largely removes the need to plan at all – has proved far more successful than previous reliance on informing people about the benefits of pensions.
- Actual and perceived temporal distance from an issue affects the likelihood of planning for it. In general, the closer people are and feel to an issue, the more likely they are to plan for it. However, other evidence suggests this effect can be overridden by attitudinal factors such as hedonism. Attitudes, in turn, are related to socio-demographic features and life course.

## What works or might work to encourage planning

### Evidence base

Evidence for 'what works or might work' comes from two main sources. The first is evaluation of later life and retirement planning programmes and courses. The second consists of more indirect evidence and suggestions, derived from:

- conclusions about what might work from studies about planning in various domains
- studies not directly focused on planning that nonetheless offer insights on what might work to encourage it
- experience from behaviour-change literature about how to achieve the benefits of planning without necessarily promoting planning

### Findings

#### Formal planning programmes

The evidence on formal retirement and later life planning courses often suffers from methodological shortcomings and where it is more robust, it does not demonstrate a strong benefit. However, the scope and application of interventions has been quite limited until now, so there is room for development in this area. There are various promising ideas for developing courses, including combining changes to existing behaviours with planning ahead, and focusing on aspects of later life beyond retirement, financial security and health. Another issue is that formal programmes are not open to all – their provision depends on employers and private or third sector organisations. Making such courses more widely available requires the political will to do so.

## General strategies

The review suggested several more general recommendations about how larger numbers of people might be enabled to plan more widely. These are divided into: strategies focused at the individual level (1-4); strategies that question and focus on structural level change (5-6); alternative strategies (7). Although the individual level strategies are presented first, this does not imply they are more effective. On the contrary, without structural change, there are limits to what can be achieved from encouraging individuals to plan.

1. Encourage people to preserve 'the good things in life'. This strategy is about identifying aspects of life at middle age which will serve people well as they age and taking steps to maintain or preserve these. This tackles the damaging combination of being aware of an issue but feeling powerless to do anything about it. Instead, it encourages the setting of achievable goals.
2. Work on time perspectives. There is some evidence that interventions can encourage people to become more future oriented. Other evidence suggests this strategy would have to be combined with others if it were to lead to more planning activity.
3. Avoid imposing an external sense of obligation on people to plan. Evidence shows that this form of external pressure tends to have negative effects, such as leading to feelings of guilt.
4. Better inform people. This includes tailoring advice and support. It is common in the literature to recommend better informing people about issues that they may plan for and resources to help them. This emphasis is partly explained by the bias towards financial planning, where there is arguably more need for information and where traditional models of decision-making have supported this strategy. In contrast, the influence of behavioural change literature on pensions' policy demonstrates the limited benefits of simply giving people more information.
5. Do not conceive planners as isolated individuals. Various studies suggest that planning might be better understood if there was more recognition that people plan as couples and with respect to their families. The impact of social influence on behaviour is also recognised both in sociological literature and behaviour change literature but less so in planning literature. The literature on age-friendly cities and co-housing also demonstrates that planning can be carried out by groups of people rather than individuals. Thinking of planning as an individual pursuit overlooks ways of encouraging it and ways of harnessing it for more widespread benefit.
6. Facilitate planning through policy change and structural support, as the material context of our lives is important. The evidence shows that planning is hampered by structural barriers such as a lack of suitable housing and care homes and support from employers. More fundamentally, this review demonstrates the link between socio-economic based precariousness and lack of planning. Addressing this requires wider structural support and a greater recognition in policy and practice of groups of people who are disadvantaged in their capacity to plan. Planning to improve later life wellbeing is a

joint endeavour that requires coordinated action by national and local government, the private sector and civil society, as well as action on the part of individuals.

7. Acknowledge the limits of planning. Encouraging mid-life planning for later life is just one route to changing behaviours towards those known to benefit later life – for example staying fit. However, evidence from behaviour change literature suggests it may not be the most effective and may even be vulnerable to a number of biases that reduce the impact of planning on behaviour. Any strategy to encourage planning should be based on a clear articulation of what it is seeking to achieve based on evidence of how well it might do this, compared to alternatives. Strategies to improve later life wellbeing are, of course, not necessarily mutually exclusive and planning is perhaps best thought of as one among various possibilities.

# Chapter 1: Introduction

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There is a widespread and common-sense-based perception, backed to some extent by evidence, that planning and preparing for later life is associated with increased wellbeing in older age. Despite this, many people at mid-life have not thought much about their later life nor taken fundamental future-oriented actions such as engaging in financial planning or writing a will (see Chapter 2). This scoping review, commissioned by the Centre for Ageing Better, seeks to understand why. It also seeks to understand how to enable greater numbers of people to plan.

## What is planning?

This review draws on Street and Desai (2011) to characterise planning for later life as the range of activities people deliberately pursue with the aim of achieving desired outcomes in later life. Such planning can consist of a variety of strategies in different domains, from the often-researched activity of contributing to a pension, or deciding when to retire, to less-studied forms of planning, such as deciding not to downsize, or maintaining one's existing social networks.

Planning need not be a solo activity. Although the vast bulk of research individualises planning, there is some recognition that a better unit of analysis might be a couple rather than a single individual and that families are often factored in to planning (Moen et al, 2005; Khan, 2012; Moorman and Inoue, 2012). Some literature also shows planning can be done on a group or community basis, for example in regards to co-housing and age-friendly cities (eg, see Emlet and Mocerri, 2012; Brenton, 2013; Steels 2015).

## Aim

This multi-disciplinary scoping review of the evidence aims to answer the following research questions:

1. Who does, or does not, plan and prepare for later life during mid-life?
2. What are the barriers and enablers to planning and preparing for later life?
3. What does or might work to enable people to overcome barriers, or to better facilitate enablers?

This review focuses on planning for later life (age 60 and over) from mid-life (age 40-60) onwards.

## Methods

Responding to the three research questions concerning planning for later life requires a methodologically robust approach to collecting, interpreting and presenting a potentially considerable amount of evidence. The approach used involved conducting a scoping review, full details of which are presented in Appendix 1. Unlike many scoping reviews, this one used a systematic search to find the best evidence available. The report summarises this evidence and identifies gaps in existing knowledge.

The work comprised two stages. The first involved identifying research answering the three questions (who plans for later life, the barriers and enablers, and what works or might work to promote future planning) in a variety of domains including financial, paid work, housing, social care, physical activity, leisure and health. The second stage involved synthesising the domain evidence in order to address each of the review questions in turn.

Underpinning the scoping review is an extensive search of the scientific literature (published and grey literature), conducted using subject heading and keywords relating to planning and preparing for later life. Specific searches were conducted first, then snowball searches in areas where less literature was found. Searches and search terms are given in Appendix 1. This report refers to the 116 unique papers that met our inclusion criteria (see Figure 1).

## Background

Part of the rationale for encouraging planning for later life is the understanding that many people in mid-life are underprepared for and vulnerable to the challenges that later life can bring (eg Iparraguirre and Ray, 2014; Hochlaf and Frankline, 2017, also see Chapter 2). Yet mid-life is seen as a pivotal life stage, during which change can have a positive impact on future trajectories (eg Lachman, 2015; Public Health England, 2015; Hagger-Johnson et al, 2017). Meanwhile, concerns over budgetary constraints, coupled with the ageing of the population have helped focus national government policy on extending working lives and encouraging financial planning for later life. This reflects a wider policy trend of placing responsibility for later life on the individual.

Planning is frequently promoted from the successful and productive ageing paradigms (eg Rowe and Kahn, 1998). Key literature from this perspective emphasises that it is within an individual's control how they age. "Our main message is that we can have a dramatic impact on our own success or failure in ageing. Far more than is usually assumed, successful ageing is in our own hands." (Rowe and Kahn, 1998: 18). And "To succeed... means having desired it, planned it, worked for it (ibid: 37). From this perspective, planning is not just about improving wellbeing but also about focusing responsibility for ageing at an individual level. This latter point is widely critiqued, mainly on the basis that it fails to fully take account of the social and economic structuring of the ability to plan (Holstein and Minkler, 2003; Street and Desai,

2011; Katz and Calasanti, 2014; Moffat and Heaven, 2017). This means that people are not as free to exercise choice as the extract above implies.

## Does planning lead to better outcomes in later life?

On the question of whether planning improves wellbeing, evidence on the direct links between planning at mid-life and improved wellbeing in later life is patchy. Finding these links would require a separate review, so this section is restricted to a very brief overview of relevant evidence. One problem is that establishing whether planning is beneficial to later life first requires deciding what constitutes a good later life – a subject which provokes much debate (for a critical review see Barnes et al, 2013). According to one review of planning in later life, this lack of agreement means that, in practice, income and health status tend to be used as proxies for planning outcomes because these factors are readily understood and measured over time (Street and Desai, 2011). Meanwhile more diffuse but fundamental markers of a good life, such as meaning and purpose, and social connections, can get overlooked, despite evidence that these rank alongside health and finance as key outcomes ([www.ageing-better.org.uk/our-work/wellbeing-later-life](http://www.ageing-better.org.uk/our-work/wellbeing-later-life)).

Some insight about the possible benefits of planning on later life is present in the literature on retirement adjustment. However, many studies in this field are not interested primarily in singling out planning as a determinant of adjustment but rather in developing models to show how various factors, of which planning is just one, interact to determine retirement outcomes (Donaldson et al, 2010; Muratore and Earl, 2015; Wang and Shi, 2014).

A recent systematic review of factors that promote retirement adjustment included an effort to quantify adjustment through a number of these outcomes (Barbosa et al, 2016). These comprised five variables, all of which were “subjective life evaluations often studied in the field”: retirement adjustment, life satisfaction and wellbeing, cognitive and subjective evaluations, quality of life and contentment with life during retirement (Barbosa et al, 2016: 263). The review found that retirement preparation was not among the strongest determinants of these outcomes (Barbosa et al, 2016). Retirement preparation was described as including informal preparation, such as talking to a spouse, counselling, planning leisure activities, psychological planning, or simply thinking about retirement, in addition to formal activities like attending meetings addressing retirement planning. Retirement preparation was one of 26 groups of predictors that the review identified. Retirement preparation featured in 23 studies, 56.5% of which showed positive effects on adjustment, 34.8% of which showed a null effect and 8.7% a negative effect. Other predictors, notably physical health, finances and psychological health and personality related attributes featured in greater numbers of studies (94, 66 and 102 studies respectively) and had a higher percentage showing a positive effect (83%, 80.3% and 79.4% respectively). Retirement voluntariness was another predictor with a stronger positive effect. This is relevant in the context of this review because involuntary retirement implies a disruption to plans or an inability to plan. A previous study in this field (Topa et al, 2009) also found that lack of

retirement planning was a predictor of subsequent illness, although retirement planning did not itself predict retirement satisfaction.

One of the studies that Barbosa et al (2016) included in their review is widely cited elsewhere as demonstrating the positive impacts of planning (Noone et al, 2009). Noone et al built on earlier cross-sectional and retrospective research that established a relationship between pre-retirement planning and later life wellbeing by conducting an analysis of the US Health and Retirement Study (see Chapter 2). Their analysis demonstrated that individuals who had discussed retirement with their spouses and had retirement superannuation or savings plans in 1992 reported greater wellbeing in 2004 (controlling for health status, the reason for retirement, and income in 1992). Another study, also included in the Barbosa et al review, found that among Hong Kong Chinese retirees, the effects of pre-retirement planning depended on the type of planning – psychological planning had a positive effect on psychological wellbeing and attitudes to retirement, while social life planning was associated with greater subsequent psychological distress (Yeung, 2013). The inconsistency between the findings of studies in this field is attributed to narrow samples of planning behaviour, and an overly strong focus on financial planning (Donaldson et al, 2010) and to methodological limitations, such as relying on cross-sectional and retrospective data (Moffat and Heaven, 2017).

There is also evidence about whether particular forms of planning and decisions about later life improve wellbeing. This report references some of this literature (for example, Nowok and Findlay, 2018, on relocation; and Di Gessa et al, 2018, on working after state pension age) but a thorough investigation of it would be an essential component in understanding the relationship between planning and wellbeing in later life.

## **Different perspectives on planning**

Literature that addresses planning for later life can be divided into various categories according to its perspective and where it places most emphasis. These categories are useful for sorting purposes but are by no means definitive and their boundaries overlap. Nonetheless, an understanding of the different perspectives of literature on planning helps explain the methodologies of empirical studies and interpret findings, so this section is included as a way of contextualising the following chapters. The categories are briefly described below.

### **Focus on the planner as a decision maker**

From this perspective, planning tends to be conceived as a stage in a linear decision-making process. The emphasis is often on understanding how to motivate people to plan more and, insofar as decision-making is conceived as a rational process, answers tend to focus on better or clearer provision of information. A lot of literature on financial planning has traditionally taken this stance but the influence of behavioural economics is increasingly evident, with the effect that more attention is given to factors such as social influence. Research in this field is often based on large-scale surveys and collecting data about

the demographic characteristics of people who plan. There is a body of literature from psychology which also conceives retirement as decision-making and has typically relied on the informed decision-making approach in conducting research. This assumes that older workers search for, and weigh up, relevant information and evaluate the overall utility of retirement before they reach a decision about it (for a review, see Wang and Shi, 2014).

### **Focus on the planner in context**

A key tenet of this perspective is the understanding that the capacity to plan is affected by the social, economic and political context of people's lives. Examples are that planning to downsize depends on being able to find a suitable house, and planning to retire depends on it being affordable. The idea that planning is circumscribed by the context of people's lives reflects the sociological influence in much of this work (Street and Desai, 2011). Research in this category uses qualitative methods such as interviews, as well as quantitative methods such as surveys.

An alternative strand of research that considers planning within a broader social and environmental context is the behaviour change literature (Michie et al, 2011). This literature describes attempts to change behaviour: both to reduce easier, more liked or more common behaviours that result in future harm to the individual or their environment; and to promote more effortful, less liked, less familiar behaviours that results in reduced harm or increased benefit for the individual or their environment. Central to the current research in behaviour change is that individuals operate in a social, economic and political environment which both guides their current behaviour and can be altered to steer alternatives (Michie et al, 2011). Research in this field usually uses experimental methods.

### **Focus on the context of planners' lives over time**

This perspective adds a life course element to the point that planning is bounded by context: not only does present context matter, but past context is also emphasised and considered key to planning. Life course theorists characterise later lives as the sum of prior statuses, earlier choices and past experiences (Street and Desai, 2011). Progress through life is often portrayed as a series of transitions, and the way an individual navigates any given transition will depend, in part, on how they navigated previous transitions in their life. Later life can be broken down into a series of transitions, such as retiring, becoming a grandparent and becoming a carer (Robertson, 2016). Primary research in this area often uses qualitative interview methods.

### **Focus on later life, looking back**

Literature in this field tends to see planning as one of a number of variables which contribute to wellbeing in later life. Studies are often concerned with adjustment to retirement and they tend to use cross-sectional and/or retrospective data to investigate the impact of various factors on retirement outcomes (for a review, see Barbosa et al, 2016). Planning is therefore often conceived as retirement planning, rather than planning for later life, although studies in this field also critique the narrowness of this approach. This research often takes a

life course approach (see above) but is a sub-category distinguished by its retrospective perspective.

## Organisation of the report

The three research questions are each addressed in separate chapters of the report. Each chapter also contains a section explaining the evidence base for each of the research questions.

**Chapter 2** looks at who plans and what they plan for. 'Who' in this context is about socio-demographic characteristics such as age, gender and/or ethnicity. The chapter divides 'what people plan for' into various domains, for example financial, health, care, housing and retirement. Evidence about who is planning can be found either from population level data recording concrete planning actions (eg, how many people have a will) or by surveys which ask people what planning they have done or are undertaking. Due to the lack of direct evidence about who plans in various domains, this chapter also presents indirect evidence of planning regarding moving house and leaving paid work.

**Chapter 3** presents evidence about the enablers and barriers to planning. These are broadly grouped into: awareness/salience; choice and control; knowledge and skills; external instrumental and informational support; social influence. The evidence suggests that similar enablers and barriers act across different domains of planning but that some sections of literature emphasise certain enablers and barriers over others. For example, the sociological literature tends to focus more on structural or life course factors affecting people's ability to plan, whereas the financial literature tends to focus more on lack of planning being associated with inadequate knowledge or understanding.

**Chapter 4** addresses the question of what might work to encourage planning. It is divided into two sections. The first considers the evidence about formal planning programmes of various kinds. These tend to be conceived as retirement planning rather than later life planning, which is one of many examples of gendered treatment of the subject of planning in later life. Evidence on the efficacy of these programmes is scant and where it is more rigorous – for example in the case of financial education – the demonstrated effect is small. The section on programmes also addresses the issue of what these programmes typically leave out. The second section of Chapter 4 summarises the evidence to present a set of useful strategies and messages for those who want to encourage larger numbers of people to plan more widely for later life.

# Chapter 2: The demographic characteristics of planners, non-planners and reactive planners

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## Introduction

This chapter describes the demographic characteristics of people who plan proactively, people who do not plan and those who plan reactively (eg, in response to a crisis) rather than proactively. In sum, it shows that planning is hindered by a cluster of characteristics that create cumulative disadvantage and immediate pressures. Chief among these characteristics is low income or assets. But, as the chapter shows, although general patterns and trends are evident, the information is complex and who plans varies according to the planning activity.

One thing to bear in mind is that the data is subject to a cohort effect. For example, it is likely, given the history of women's representation in the paid workforce, that pension planning is more dominated by men in older cohorts but that this feature declines in younger cohorts. Another factor to consider is that individuals can be described by a number of demographic variables and it is often difficult to specify which of these, or combination of them, is responsible for individuals' tendency to plan or not. As becomes clear in this chapter, however, age and income are often strong determinants. Finally, this chapter concerns demographic variables whereas other factors such as attitudes and beliefs, which are also strongly implicated in planning, are discussed in Chapter 3.

## Evidence base

The financial literature dominates this field, providing a number of large-scale, detailed quantitative studies about financial planning. This is partly because literature about 'who plans' tends to rely on data recording concrete planning activities as this is most readily accessed and understood. As a result, other significant forms of planning get relatively little attention, particularly those which result in actions or behaviours that are hard to measure.

Three types of data that indicate who plans (including both proactively and reactively):

1. Data on who has carried out concrete planning activities, for example, saving into a pension, organising a will, arranging power of attorney.
2. Data on who has engaged in planning that does not result in a change in activity, for example, planning to stay living in the same house or working in the same job. The problem with this form of evidence is that it may be difficult to differentiate people who have actively chosen to maintain their situation from those who have not decided either way.
3. Data on who has engaged in activities that may or may not have involved choice, for example, choosing when to leave work (versus being forced to), and choosing to move house (versus moving because you have to). Again, sorting voluntary from involuntary actions may be difficult and rely on inferences.

These forms of data might be collected at a population level (eg, from pension schemes reporting their client numbers) or by surveying individuals and asking them about their planning activities. This latter method relies on self-reporting so is often less robust than the former. However, planning that does not result in a concrete action may need to be captured in this way.

## Planning in different domains

The chapter is divided into two sections. The first section presents evidence about who engages in various concrete planning activities and who does not. These are:

- Later life planning in a mix of domains
- Pensions and saving for later life
- Will making
- Living wills, power of attorney and discussions about end of life care
- Activities to promote health in later life

The second section presents less direct evidence of planning. It covers two domains of decision-making and identifies the demographic characteristics of people who have varying levels of choice in these respects. As the sub-sections show, having choice serves as a partial proxy for planning, and not having choice serves as a partial proxy for non-planning or reactive planning. The two domains are:

- Choosing when to leave work
- Choosing whether to move house/location or stay put

Each sub-section begins with a summary of findings and this tends to describe the non-planners and reactive planners since these groups are probably of more interest to policymakers.

## Demographic characteristics of planners and non-planners by planning activity

### Later life planning in a mix of domains

#### Summary

Non-planners and reactive planners are more likely to be women, younger, have lower income, lower educational attainment, be in a routine or manual occupation, and be widowed, divorced or separated. The literature also shows that different age groups plan for different things.

#### Detail

Rather than focus on particular actions, some studies ask people about whether they are planning or have planned in particular domains. Three studies that take this approach ask about later life planning or retirement planning in general and so include various forms of planning.

Using data from the National Centre for Social Research Omnibus Survey, one study asked adults over 16 in Great Britain whether they had aspirations for their later life and, if so, what these might be (Humphrey et al, 2011). In addition, it sought to provide an insight into what the enablers and barriers are to achieving these aspirations. It finds that those aged between 50 and 64 are most likely to have thought about what they might do, as are respondents with higher incomes, managerial and professional occupations and with higher educational qualifications. Among those aged 50-59 – that is, those in the decade leading up to when they are 60 or more – only around half (53%) say they have hopes or ambitions for their later life, 22% said they have some ideas but have not thought about it that much, and 25% have not really thought about it at all. The corresponding figures in the 35-49 age group are all lower, at 46%, 26% and 29%.

Among those who have thought about what they might want to do, by far the most frequently mentioned aspiration is leisure activities and hobbies (82% of 50-59 year olds, 84% of 35-49 year olds). Smaller proportions are interested in volunteering (48% of 50-59 year olds, 45% of 35-49 year olds), paid employment (54% of 50-59 year olds, 43% of 35-49 year olds), attending social clubs/community activities (27% of 50-59 year olds, 34% of 35-49 year olds) and undertaking further learning or training (33% of 50-59 year olds, 30% of 35-49 year olds).

The second quantitative study of this type is a cross sectional survey of 951 people aged 30-70, based in Germany (Kornadt and Rothermund, 2014). It asked people how actively they were planning in a number of domains – finances, emergencies and exceptional circumstances, mental and physical fitness, housing, looks and appearance, social relationships, health, leisure activities and lifestyle. One of its key findings is that people prepare for different things at different ages. Third age preparations focus on activities, leisure, work, fitness and appearance. Fourth age preparations focus on emergencies, dependence/independence, housing and financial arrangements. For younger age groups, third age preparations dominate and for older age groups, fourth age preparations dominate.

A study in the US drew its data from a survey of couples where at least one of whom worked for one of 10 organisations either in manufacturing or services industries (Moen et al, 2005). The sampling reflected the study's interest in the social context of planning. Respondents had a mean age of 43. It finds evidence of an early start to planning: on average its participants began to plan for retirement at just under age 32. It also finds that men are more likely than women (92% versus 86%) to have engaged in any retirement planning and to report higher levels of both financial and lifestyle planning. Among respondents who have planned, men tend to begin their planning efforts nearly three years later than women.

There is some evidence in two qualitative studies about the demographic characteristics of people who are not planning for later life, or who plan reactively rather than proactively. One drew on qualitative life history data of 51 mid-life Canadians age 55 and older to understand how and within what contexts individuals plan for later life (Denton et al, 2004). Of its 51 study participants, 31 had made preparations for later life: 21 had made plans to reduce financial risks, 17 had made plans to reduce health risks, and 16 had made plans to reduce the risk of social isolation. The sample was not intended to be representative, so these figures are most useful in indicating the diversity in types of planning. The study also identified a group of non-planners. For this group of participants, planning was something to be done day by day, with an eye to getting by or coping with the conditions of the present. Planning did occur, but generally in the form of responses or reactions to events rather than of proactive responses to predictions about and possibilities of what the future was likely to hold. This group was predominantly composed of widowed or divorced or separated women, and the majority also reported low yearly household incomes. This finding is echoed in another qualitative study about retirement transition, based on interviews with 52 people with a mean age of 60 (range 53-82 years old), from rural and urban areas of North East England (Moffat and Heaven, 2017). Among these participants, the notion of financial planning for retirement was embedded as a norm but the possibilities of doing so were structured by occupational social class and gender. Marital status and gender had a combined effect on ability to plan. Female participants, in particular, mentioned the inadequacy of their retirement finances, reflecting gendered work experiences of lower pay and interrupted careers due to caring responsibilities. (These points are reiterated in the section below about pensions and saving.) Many partnered women had poor pensions

but were financially adequate when their partner's pension was taken into account. The report contrasts this with the situation of single people in its focus group, concluding that partnership status is a significant factor in the social structuring of retirement resources.

## Pensions and saving for later life

### Summary

- Low income is the main factor that makes people less likely to save for retirement. Those less likely to save also tend to be younger, female, non-White, less educated, part-time workers, work in the private sector, have one or more children, live in rented accommodation or have a mortgage.
- People who do not plan financially for retirement are likely to be younger, with the exception of 65 year olds, who are less likely to plan for retirement than 50 year olds. People who engage less in financial planning in general (rather than just for retirement) are more likely to be male, younger, unemployed, on a low income and not live in a single adult household.
- People who are female, minority ethnic, have educational qualifications lower than a degree, rent from the social or private sector, report fair or poor general health, or who have never worked, are less likely to be contributing to a workplace or private pension. Many of these associations are driven primarily by income.
- Eligible non-savers – as in, those employees eligible for a workplace pension with employer contributions but who do not participate – are disproportionately male, younger, single, have fewer children, are less educationally qualified than savers, earn less, and are more likely to be tenants, compared to people who do save. They are also more likely to be tenants and work part-time.

### Reviews of literature

To put this section in context, the Financial Conduct Authority recently reported that one in five 45-54 year olds in the UK have no form of private pension (FCA, 2017) and research from the Department for Work and Pensions analysis (DWP, 2013) shows that, at that time, 12.2 million people of working age were heading towards inadequate retirement incomes. Various studies help understand the demographic features of people who are doing less financial planning for their later life than others. The introduction of auto-enrolment is changing this picture. Cribb and Emmerson (2016) details the positive effect of this policy on pension membership, showing that the largest effects were seen for those with the lowest membership rates prior to auto-enrolment: those in their 20s, lower paid employees and those who have joined their employer more recently. However, many of the studies described below include data from both before and after the introduction of auto-enrolment and are not designed to draw out the difference this policy has made and is still making.

One report finds that the low level of engagement in retirement planning is explained mainly by the resources that people have, and whether they feel they can afford to save for retirement, given their other priorities (PFRC, 2016). The Personal Finance Research Centre reviewed approximately 60 mainly UK-based studies on retirement planning and saving decisions. These included qualitative research studies, analysis of large-scale datasets, consumer surveys and research undertaken to test interventions and prototypes.

Another study concludes that it is the challenges of living on a low income that prevents people from saving more for retirement (Hall and Keohane, 2016). This study brought together data on saving for retirement from a multi-stage UK programme of work, comprising: a comprehensive literature review, secondary analysis of key datasets including the British Social Attitudes survey, mini-groups and depth interviews with participants covering a range of occupations, and a representative survey of the general public.

Wages play the most significant role in whether people save money, according to Gough and Niza (2011), which reviewed the international literature between 1988 and 2009 on financial saving habits. It finds that wages are associated with the other socio-demographic variables that are shown to influence decisions to save. Younger, non-White and less educated people tend to earn less, and lower job tenure is associated with lower wages and saving. With respect to gender, women are less likely to save through employer-based retirement plans, but many work part-time. When considering only full-time workers, men are less likely to participate in employer-based retirement plans. The study also looked at contributions to saving (the amount of savings) (Gough and Niza, 2011). Older workers and high earners tend to contribute to the maximum plan or legal limit whereas younger and lower income employees tend to contribute at the employer-matched level. This reflects the fact that older workers and high earners have more resources than younger and lower income workers. With respect to the socio-demographic characteristics that influence the choice to have voluntary individual savings accounts, participants in these plans tend to be male, high earners, older, full-time workers and people from either White or non-Black minorities.

### **Retirement saving and pension saving**

A study on retirement planning demonstrates the impact of factors including age, employment status and gender (Heraty and McCarthy, 2015). It used data from employees aged between 50 and 65 years from the Irish Longitudinal Study on Ageing. The study finds that those closer to 65 years of age are less likely to financially plan for retirement than those closer to 50 years. This is because those closer to 65 have already planned and are therefore less active planning than those closer to 50. In addition, those who are employed on temporary contracts tend to have lower incomes and are therefore less likely to financially plan for retirement than those who are employed on a permanent basis. The study suggests that older workers who are employed in the public sector are more likely to have a private pension plan than those employed in the private sector (Heraty and McCarthy, 2015). Men are also more likely to have a private pension plan than women.

One study categorised people into three groups: defined contribution pre-retirees, defined contribution retirees and low-income defined contribution retirees (Lloyd and Lord, 2015). Lloyd and Lord (2015) finds that low income defined contribution retirees display reduced ability to save. In addition, the study suggests that as people get older, they are significantly more likely to report that they always have money saved for a rainy day. Around half of retirees engage in planned saving, despite being in the 'decumulation phase' of their life. Most people have money left over in their account at the end of the month. The propensity to have money left over is highest among defined contribution retirees and increases overall with age. The study used data from the UK Wealth and Assets Survey.

Clark et al (2009) is based on a telephone survey of a random UK sample for working men and women aged 18-59 years. It finds that the younger the individual, the lower their income, and the lower the degree to which they recognise that pensions are designed to supplement retirement income, the less likely they are to believe planning to be important, to be prepared for planning, and to be knowledgeable about annuities. Moreover, women are less likely than men to believe pension planning to be important.

Two studies focus on sub-sections of the population. A study on the 'sandwich generation' (people caring both for younger and older dependents) finds that 44% report not being able to save for 'the long term future', with 63% saying they are saving less money than they were able to before they started dual caring (Ipsos Mori, 2013). The study also finds that 25% of dual carers say that they have had to reduce their pension contributions and retirement plans since starting to care.

Meanwhile, a study for Stonewall finds that lesbian, gay and bisexual (LGB) people are more likely than their heterosexual peers to have plans in place for their future financial needs. The report finds that 90% of LGB people over 55 in social category ABC1 have planned for their financial futures, compared to 80% of heterosexual people in the same category. By contrast, 66% of LGB people over 55 in social category C2DE have planned for their financial futures, compared to 58% of heterosexual people in the same category (Guasp, 2011).

### **Financial planning in general (not just for later life)**

Finney and Hayes (2015) evaluated financial capability among adults living in Great Britain through an ONS study using data from the Wealth and Assets Survey. Financial capability was captured against six dimensions relating to: making ends meet, planning ahead, organised money management, controlled spending, staying informed and choosing products. Planning ahead is defined as the extent to which someone made provision for future expenditure from current income. Someone who is highly capable on this dimension saves up for major planned expenditure and makes sure they had money saved for a "rainy day". The study suggests that unemployed people are relatively poor at planning ahead, most likely reflecting their low incomes relative to employed people. The study offers strong evidence that people living in lower income households are relatively unlikely to plan ahead compared to high earners. It also observes that 16-24 year olds perform poorly but 25-

34 year olds fare better and, in general, the study concludes that there is a relatively small improvement in planning ahead with each increasing age group.

In addition, the study finds that women are better than men at planning ahead (Finney and Hayes, 2015) but the effect regarding gender is generally small. Moreover, living in a single adult household is associated with better planning ahead than all other types of living arrangement, independent of other factors.

### **Eligible non-savers**

'Eligible non-savers': meaning those employees eligible for a workplace pension with employer contributions but who do not participate are studied in Bryan and Lloyd (2014). The report suggests that eligible non-savers are disproportionately male, younger, single, and have fewer children than people who do save to occupational pensions. In addition, they are less educationally qualified than savers, earn less, and are more likely to be tenants than homeowners. Eligible non-savers are also less likely to save into non-pension products, have lower levels of liquid savings, have more liquid debt and are more likely to be in arrears with household bills than occupational pension savers. The study was based on data from the UK Wealth and Assets Survey. Bryan et al (2011) also used the UK Wealth and Assets Survey to evaluate saving patterns. It finds that mortgage holders or tenants are less likely than outright home owners to save to a pension. It also finds that the great majority of eligible non-savers compared to occupational pension savers are in the private sector, work in smaller establishments are disproportionately working more in retail and catering, and are more likely to be part-time employees (Bryan et al, 2011). However, while exit rates from a pension to people becoming an eligible non-saver are higher in the private sector, they do not appear to be higher in smaller establishments or in the retail sector.

### **Ethnicity and financial planning**

Two studies investigate how financial planning varies according to people's ethnicity. Vlachantoni et al (2017) used the UK Understanding Society dataset to examine how receipt of a pension varied according to ethnicity. The study finds that ethnicity has a significant effect on older individuals' chances of being in receipt of the State Pension. The main pattern suggests that people identifying as non-White British are less likely to be in receipt of the State Pension. People identifying as Indian, Pakistani, Bangladeshi or African are less likely to be receiving the State Pension or an occupational/private pension. The study shows that when considering the impact of ethnicity, individuals who have spent less than 10 years in the UK are significantly less likely than those born in the UK to be in receipt of a State Pension, indicating a 'migration pension penalty'. For both men and women, the study indicates that individuals who identify as Pakistani, African or 'other ethnic groups' are significantly less likely to receive a State Pension than those who identify as White British. This is mainly because they had spent fewer years in the UK as compared to the other ethnic groups in the sample, thus, they had fewer years of National Insurance contributions.

The study also indicates that ethnicity has a significant effect on older people's chances of being in receipt of an occupational or private pension (Vlachantoni et al, 2017). Most people who identify in non-White British groups are less likely to receive an occupational or private pension. People who identify as Pakistani or Bangladeshi are the least likely to receive an occupational or private pension compared to those who identify as White British. Being female, with educational qualifications lower than a degree, renting from the social or private sector, reporting fair or poor general health, having never worked, having spent up to 39 years in the UK and having difficulty speaking day-to-day English are also all factors associated with lower chances of receiving an occupational or private pension.

Gough and Adami (2013) used the UK Family Resources Survey to examine income and saving patterns for people identifying as Indian, Pakistani, Bangladeshi, Chinese, Black Caribbean, Black African, Any Other Asian and White British. The study finds that saving levels for all minority ethnic people remain below those identifying as White British. However they tend to increase with income over time, suggesting that it is income, rather than ethnicity, that is the primary driver. In addition, the study suggests that the disadvantages of minority ethnic people persist throughout their working life, especially for women, and continue to affect private savings and prospective retirement income. High levels of part-time work among ethnic minority women are observed, which meant that women are less likely than men to have constant and uninterrupted access to saving for retirement and occupational, personal pension schemes. Added to this, saving levels are highly correlated to the propensity to save, which is often influenced by cultural factors. People identifying as Indian or Pakistani save into what are perceived to be safer products, such as National Savings, rather than in financial markets.

## Will making

### Summary

People who have not made wills tend to be younger, single or co-habiting (as opposed to widowed or married) and have relatively low assets.

### Detail

A mixed methods study from NatCen provides good evidence in this area. It finds that just over a third (37%) of survey respondents say that they have a will (Humphrey et al, 2010). This accords with prior research quoted in the study. The NatCen study finds that marital status, financial worth and age are all independently related to making a will. The proportion of people who have a will increases steadily with age: 41% of 45-54 year olds, 60% of 55-64 year olds, 73% of 65-74 year olds and 82% of those aged 75 have a will. Larger proportions of widowed and married respondents have made wills (78% and 48% respectively), while lower proportions of cohabiting and single respondents have done so (20% and 13% respectively). Prevalence of will making varies by wealth: 9% of those with assets worth up to £10,000 had made a will, compared to 80% of those with assets valued at more than £500,000. Those who have themselves received something on another's death are much more likely to have made a will (55%) than those who had not (26%), according to the study.

## Living wills, power of attorney and discussions about end of life care

### Summary

People who have not made living wills and power of attorney arrangements are more likely to be younger, women and have a lower education. Those who have not had discussions are more likely to be younger, men, have good, very good or excellent self-reported health and to be formerly married or unmarried, rather than married.

### Detail

End-of-life (EoL) care planning undertaken by older people in hospital settings was excluded from this review. However, the review include two studies on EoL planning by middle-aged and young-old people and within these, there is information about living wills and power of attorney. These studies were both based in the US so the legal and policy context is not the same as the UK, but the evidence about the characteristics of people who undertake these forms of planning is indicative. One US study used quantitative data from a cross-sectional internet survey with 2,150 participants (comprising 1,075 heterosexual couples) aged 18-64 (Moorman and Inoue, 2012). It distinguished three types of EoL planning: living wills, durable power of attorney for health care (both of which are forms of advance directives); and informal discussions with family and physicians. Prior research from the US cited in the study has shown that although discussions with physicians are not legally binding, they do result in care more consistent with patients' wishes. It finds that few respondents have planned for EoL. Only 28% have an advance directive (ie, living will and/or power of attorney). Slightly over half (55%) report having informal discussions with family and medical practitioners.

Age is a key factor. A one-year increase in age is significantly associated with a 4% increase in the odds of having an advance directive and a 3% increase in the odds of having a discussion. Self-reported health status is not significantly associated with advance directive completion but is with discussions. Persons in fair or poor health have 85% greater odds of having had a discussion than persons in good, very good, or excellent health.

An earlier US study provides good evidence regarding other variables, including education and marital status. It used data from the Wisconsin Longitudinal Study (WLS), a long-term study of men and women who were in their mid-60s at the time of the research (Carr and Khodyakov, 2007). It shows that 75% of respondents had held discussions about their preferences and slightly more than half had obtained either of the two components of the advance directive: 56% had a living will and 53% had appointed a power of attorney. Consistent with past studies cited in Carr and Khodyakov, having an advanced education is positively associated with each of the three types of planning (odds ratios 1.3-1.4). The study also shows women are more likely than men to have held informal discussions and are less likely to have a living will. Formerly married and unmarried persons are less likely than married persons to have held discussions (Carr and Khodyakov, 2007).

## Activities to promote health in later life

### Summary

People aged 35-49 tend to be less engaged in activities specifically to maintain long-term health than those aged 50-59. Also, they tend to be men, of lower socio-economic status, have lower incomes and be less educated.

### Activities to maintain long-term health

There was a notable lack of evidence about who takes which steps in mid-life with a view specifically to having a healthy life in future, rather than in the present. However, the report from Humphrey and colleagues (2011), mentioned above, does address this issue. Its survey asked respondents which, if any, from a list of possible things that they could do, were they actually doing to maintain their long-term health. This was within the context of a survey about aspirations for life after age 60. Respondents could give more than one answer. For all activities, apart from regular exercise, the proportion of respondents undertaking them is higher in the 50-59 year old age group than in the 35-49 year old group. This indicates that age is a factor and that undertaking activities to maintain long-term health becomes more of a priority as people approach later life.

The report by Humphrey and colleagues (2011) acknowledges that the question did not specify how often respondents took part in the activities, so it is unknown how regularly some participants may be engaging in these activities. The most common activity was to 'get out of the house or walk about as often as possible': 68% of 50-59 year olds and 64% of 35-49 year olds said they were doing this to maintain their long-term health. There was a more notable gap between the age groups regarding attending health check-ups, scans and screenings: 59% of 50-59 year olds and 46% of 35-49 year olds said they were doing this with the future in mind. By comparison, only 51% of 50-59 year olds and 48% of 35-49 year olds said they were maintaining a healthy weight.

Among all age groups (16 years and over), respondents who say they do nothing to maintain their health are very slightly more likely to be male – 2.8% of men, compared with 1.5% of women. They also tend to be of lower socio-economic status (they are more likely to have few or no qualifications, be in the lowest or second-lowest income quintile, and have a semi-routine or routine occupation). The relationship between men and socio-economic status (SES) is developed further in a study about the attitudes of older 'macho men' to preventive health care (Springer and Mouzon, 2011). This study used data on a sample of 65-year-old men taken from the Wisconsin Longitudinal Study (WLS). It finds that men with strong masculinity beliefs are half as likely as men with more moderate masculinity beliefs to receive preventive care. Furthermore, men with strong masculinity beliefs tend not to have higher education and, in contrast to the well-established SES gradient in health, their probability of obtaining preventive health care decreases as their occupational status, wealth, and/or income increases. The study used the eight-item WLS scale to measure 'hegemonic masculinity', capturing four themes of masculinity: success, toughness, independence and concealing emotions.

## **NHS health checks**

This scoping review sought further empirical evidence about who does and does not attend health-checks in the UK. Attending health checks is an indirect source of evidence about planning for later life, not least because there are numerous potential motivations for attendance at health checks, and planning to avoid future problems is just one of these. In addition, the evidence in this area is complex and inconclusive. However the next paragraphs summarise a recent systematic review on the subject (Martin et al, 2018).

When describing who is involved with the NHS Check Programme, the systematic review highlights the importance of distinguishing between coverage and uptake. Coverage is the proportion of the eligible population who have attended an NHS Health Check. Uptake is the proportion of those invited who have attended an NHS Health Check. The demography of each concept varies and differences in coverage and uptake can present rather a confusing picture.

Regarding coverage, one study in the review shows higher coverage among older people, whereas another shows no difference by age. One shows higher coverage in those with a family history of coronary heart disease and non-smokers, whereas another shows higher coverage in people without cardio-vascular disease co-morbidities. There is a mixed picture around those whose ethnicity was described as Black and South Asian: one study shows higher coverage, one no difference and one lower coverage. Two studies show a higher coverage in the most deprived populations and one shows no difference.

Regarding uptake, the odds of taking up an invitation increase significantly with age and lower deprivation. Four out of five studies show women are more likely to take up invitations and the other show that men are more likely to take up invitations. One study finds invitees of South Asian or mixed ethnicity are more likely to attend than White British, while there is no difference for Black or Other groups, and those with missing data are less likely to attend. The other study finds no difference in uptake between participants whose ethnicity is described as White and Non-White.

There was no evidence that differences in attending a health check led to actual differences in health (such as cardiovascular disease incidence). Mainly because there would need to be an exceptionally large sample size and a very long follow up to demonstrate this.

## **Demographic characteristics of people who have varying levels of choice, by domain**

### **Choosing when to retire**

#### **Summary**

People who have less choice about when they retire are more likely not to be able to afford to retire, be female, have lower income, be in poor health, be low-skilled workers with primary or no education and work in low-paid sectors such as hospitality.

## Detail

The current UK policy to extend working lives, for example by raising the state pension age (SPA), has led to increased labour market participation rates of older people. The literature indicates that various factors affect choice regarding when to retire. Choice is not the same as planning but, to some extent, can act as a proxy. For example involuntarily retirement does not imply an absence of planning but it does indicate that plans have been overtaken by circumstance. In a similar way, one recent panel study distinguished between people in paid work beyond SPA for financial reasons (ie, because they 'could not afford to retire earlier' or wanted to 'improve their pension/financial position') or voluntarily (ie, because they 'enjoy working' or to 'keep active and fit') (Di Gessa et al, 2018). Furthermore, the study by Di Gessa and colleagues found that those who declared being in paid work beyond SPA because they enjoyed their work or wanted to remain active, reported significantly higher quality of life. It is useful therefore to understand more about who exercises choice about retirement and who does not.

A review of literature on retirement transitions concludes that affordability is a major factor in determining when workers think they will be able to retire in the UK (ILC-UK and the Uncertain Futures research consortium, 201). The point is also supported by a cohort study comparing retirement transitions in Japan, England and Germany (Hofäcker et al, 2016) and by analysis of different waves of data from the English Longitudinal Study of Ageing (ELSA) (Matthews and Nazroo, 2016). The ELSA analysis finds that at the wave of data collection prior to retirement, around half of respondents who went on to retire involuntarily were in the poorest two wealth quintiles, and over half who retired voluntarily were in the richest two quintiles. This is echoed by data from the British Social Attitudes Survey that finds 49% of those in the highest income quartile retired because they wanted to compared with 29% of those in the lowest income quartile (DWP, 2016).

According to the ILC-UK review, affordability varies by employment sector (ILC-UK and the Uncertain Futures research consortium, 2017). For example, in one included study, many of the participants in transport, mineral extraction and manufacturing had worked with their present company for many years and had a good work-based pension to retire with. Therefore, retirement in advance of state pension age was an attractive option for many of them. In contrast, in hospitality, due to the low-paid nature of the sector and subsequently lower expected pensions, many older workers wanted to retire early but could not afford to do so. The sector that people work in therefore impacts affordability both via the different pension arrangements and rates of pay. However, because sectoral differences reflect historical features of pension policy, it cannot be assumed that they will persist in the same form in future cohorts.

The ILC-UK review also identifies health as an important factor shaping early retirement. It finds that lower-income groups, especially those without significant occupational pensions are more anxious about their ability to stay in work longer (often because of health and work strains), although financially they also need to continue working. It highlights the

relationship between health and deprivation, with figures from the ONS showing that those born in areas of England with the highest levels of deprivation can only expect 51.9 years of good health compared to an average of 64.2 years. Other studies also acknowledge the important role of health in retirement decisions and suggest its influence is mediated by factors such as job satisfaction, financial resources and the socialised context of people's lives (Brown and Vickerstaff, 2011, Hofäcker et al, 2016, Matthews and Nazroo, 2016, Nilsson, 2016).

Finally, the review by ILC-UK also demonstrates that choice in retirement is gendered. It finds that for many women, the need and ability to work longer is shaped by their gendered working histories and gendered family circumstances. For example, some married women choose to retire when their husbands retired and some divorced women are financially disadvantaged by the effect of tax policy on their National Insurance contributions and therefore forced to continue working longer than they wish. The effect of disrupted work histories and divorce on women's capacity to plan is also discussed below (see Chapter 3).

Education and skill level affect involuntary retirement, according to Hofäcker et al (2016). It finds that in England involuntary retirement (including for health reasons) as a percentage of all retirement transitions is 43.8%; and (excluding for health reasons) is 29.5% in England. However the figures for low-skilled workers – those with primary or no education - are 47.9% and 31.2% respectively and for those with tertiary education are 38.0% and 26.5% respectively.

Hofäcker and colleagues also find little difference in the incidence of involuntary retirement by gender, but some difference in the reasons. The study finds men are more likely to exit via employer provided pre-retirement schemes, while women frequently retire for personal reasons. This, the study argues, suggests the reasoning women apply to retirement is less market driven than that of men (Hofäcker et al, 2016). A similar point is made in a study that finds women are more likely to take a domestically-driven pathway into retirement, mainly in response to issues of caring (Loretto and Vickerstaff, 2013). King and Pickard (2013) investigates the effect of caring on decisions about employment using successive waves of data from ELSA. It finds that employed men and women who were providing more than 10 hours of care a week were significantly less likely to be employed two years later than those who were not providing care.

## Choosing to move house or stay put

### Summary

People who are unable to plan ahead regarding housing choices are more likely to be social or private tenants, or home owners in lower value properties/areas and have low income, poor general and/or mental health and be divorced, separated or single.

## **Moving house and staying put**

A recent UK House of Commons report on housing for older people indicates that between one quarter and one third of older people are interested in moving house (Communities and Local Government Committee CLGC, 2017). One mixed methods research study considers downsizing in particular (Beach, 2016). The study includes a survey of a weighted sample of 1,561 adults aged 55 and over across Great Britain, of which 1,252 were homeowners. It finds that 6.1% of homeowners are 'currently considering downsizing' and 34.6% 'expect to consider downsizing in future' (see Chapter 2). Another weighted survey of older adults indicates that around one quarter of people are planning to adapt their homes to enable them to stay in their own home, rather than move home (BMG Research and Care and Repair England, 2017). Around 31% of 55-64 year olds indicate that they want to move to a home that suits them better as they get older. About 43% of 55-64 year olds indicate that they want to stay in their current home and do not expect to have to do anything to alter it; and around 26% of 55-64 year olds indicate that they want to stay in their current home and expect to have to adapt it.

Age is a key factor in determining who moves house. Regarding downsizing, the study by Beach and colleagues shows that larger proportions of people aged 65-74 have downsized compared to those aged 55-64 (around 20%, compared to 9.1%). A study based on a dataset of people aged 50 plus from the 2004 Living in Wales Survey concludes that those in their 50s are most likely to want to move and that this declines until people are in their 80s (Hillcoat-Nalletamby and Ogg, 2014). Secondary data analysis of ONS internal migration statistics confirms that age is a key determinant in relocation, and it quotes previous literature based on the British Household Panel survey showing that, for both men and women, those in late middle age or who have just retired (aged 54-64) and those in the highest age bracket (aged 80 and over) are most likely to move (Evandrou et al, 2010 in Pennington, 2013). Not only does age affect when people move, it also affects why. A mixed methods study for Shelter and the Joseph Rowntree Foundation grouped older movers (aged 55 plus) into three categories, which were broadly associated with different age brackets (Pannell et al, 2012). The first group is 'lifestyle movers' who are seeking a better quality of life by moving to a vibrant city centre, the coast or the countryside or overseas. These people are typically at the younger end of the 55 plus age range. The second group is 'planners' who are typically in the middle of the older age range. They move before they need to because, for example, the onset of ill-health prompts the realisation that their existing housing will become less suitable. Remaining in control is important to their quality of life. Finally there are the 'crisis movers', who tend to be at the older end of the age spectrum and move reactively rather than proactively, often because of accident or ill health.

A mixed methods study from IPPR confirms this picture, adding that early post-retirement 'lifestyle migration' is concentrated in more well-off households and is not available across the socio-economic spectrum (Pennington, 2013). The study goes on to suggest that policy should support choice in this area by tackling the barriers that prevent less well-off

older people from being able to move. The barriers include delayed movement among low-income groups because people have to continue to work, lack of affordable or suitable housing in areas people want to move to, and lack of support for non-specialist housing costs.

Housing tenure is another factor which affects who moves in later life. Two studies show that older people living in rental accommodation are more likely to move than those who own their own home (Pennington, 2013; Hillcoat-Nalletamby and Ogg, 2014). This is particularly the case for those living in the private-rented sector: Pennington and colleagues cite other literature showing that in 2010 only 5% of over 65s rented from a private landlord, while private renters made up 41% of all older migrants (Pennington, 2013). This is likely to be associated with the related finding that high and low incomes are associated with moving in later life (age 65 plus), while middle incomes are associated with staying in the same home (Pennington, 2012).

Relationship change also prompts relocation. Again, Pennington and colleagues cite prior research showing that older people who are divorced or separated are nearly five times more likely to move than those who are not, and older people who are newly widowed are almost twice as likely to move as people who were widowed five years ago or more (Pennington, 2012). Another study finds that older people (age 50 plus) sharing their home with a partner or someone else are about 40% less likely to be contemplating relocation compared to those living by themselves (Hillcoat-Nalletamby and Ogg, 2014).

There is a consensus that health is a key factor affecting moving house and deterioration in health is associated with reactive rather than proactive moves (Pannell et al, 2012; Pennington, 2013; Hillcoat-Nalletamby and Ogg, 2014). One study investigating the general and mental health of movers used secondary analysis of data from the British Household Panel Survey (Tunstall et al, 2014). It finds that, at all ages, movers have similar or higher odds of poor general and mental health relative to non-movers. The incidence of mental health problems are particularly elevated among movers, and remain significant after adjustment for socio-demographic variables in various age groups including those aged 50-59. The study cites prior research indicating that, compared to non-movers, mobile young adults have good health, but adult movers in mid-life and old age are likely to have poor health. Its findings provide further support for this observation: they demonstrate the most elevated rates of poor health are in the 70 and over age group for general health, and in the 40 and over age group for poor mental health.

### **Moving to a new area and staying put**

Finally, a clearer distinction should be made between people who move because they are dissatisfied with their home versus those who move because they dislike the area. The Hillcoat-Nalletamby and Ogg study provides evidence that older people are more often motivated to move because of dissatisfaction with their home, rather than its location (Hillcoat-Nalletamby and Ogg, 2014). In terms of planning, this is an important

distinction because planning to stay in a particular location may be about maintaining social connections and a sense of community. This is a neglected area of research so there is little evidence about the demographic characteristics of people motivated in this way. However, there is some indication from research about minority ethnic people that a desire to stay in the same location for the sake of community is a factor in later life planning. A study from Runnymede (Khan, 2012) finds evidence from its focus groups with ethnic minority older people around the country that many people recognise and value aspects of their urban locations, such as local shops and services catering to their needs, and that this means that they plan to stay in their locality as they age (see also Chapter 3). The study by Humphrey and colleagues mentioned above also demonstrates that a large majority of people feel that the area where they currently live is a good place to grow old in (Humphrey et al, 2011), but it does not link this with people actively planning not to move.

### **Summary**

People who are less likely to plan, for various aspects of later life are defined by a cluster of demographic characteristics (see Table 3). Chief among these is having lower income or assets. This makes it less likely that people will contribute to a workplace or private pension, less likely that they will make a will and also less likely that they will undertake activities to maintain long-term health. Having a low income is also associated with having less choice about when to leave work and move house. Living in rented accommodation, which itself is often a marker of low income, is similarly associated with less saving for retirement, less likelihood of contributing to workplace or private pensions and with higher likelihood of moving involuntarily in later life. Lower education is another factor related to low income, which is associated with lack of planning in the areas already mentioned and also with not planning for end of life care. Part-time work and working in the private sector are also associated with not saving for retirement. In sum, a cluster of demographic variables associated with low income are also associated with lack of planning, even when other factors are controlled for. It is the precariousness of people's lives in this situation that seems to make planning less likely.

Income also partly accounts for the lower chance of women saving for retirement or contributing to a workplace or private pension, compared to men. This reflects the greater likelihood that women in older cohorts had more disrupted work histories than men and tended to be paid less. In addition, women are more likely than men to be carers and carers are less likely to save for retirement. It is notable that in terms of financial planning generally, rather than just for later life, women are found to be better planners than men. There are also interesting gender differences regarding end of life planning: women are more likely to have had discussions about end of life and men to have taken action to make a living will and arrange power of attorney. Conversely, it seems that men, especially those with strong masculinity beliefs, are less likely to engage in preventive health care.

Poor health seems associated with more of some kinds of planning and less of others. For example, those in poor or fair health are less likely to contribute to workplace or private pensions but those in good health are less likely to engage in discussions about end of life

(for obvious reasons). Poor health is also associated with less voluntarism about when to leave work and whether to move house.

Similarly, age affects planning in various ways. Although being younger is associated with a lower likelihood of planning in most regards – wills, living wills, maintaining health, pension savings – people closer to 65 years of age are less likely to plan financially for retirement than those closer to 50. Planning to move house, rather than moving in response to events, is also more common among younger-old people than in older-old groups.

A final point is that the evidence about who plans is skewed by the availability and accessibility of data. Less is known about the demographic characteristics of people who engage in planning that is hard to quantify. For example, planning not to do things such as moving house and other aspirations which leave relatively little empirical trace, such as informal leisure. Data on planning for more diffuse things such as happiness, a sense of purpose and companionship are also scarce but these are known to be aspects of later life that people value ([www.ageing-better.org.uk/our-work/wellbeing-later-life](http://www.ageing-better.org.uk/our-work/wellbeing-later-life)).

# Chapter 3: Enablers and barriers to planning

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## Introduction

This chapter describes the key enablers and barriers to planning, identified by reviewing the evidence. These can be grouped into five broad categories (see Table 1, below) and range from attitudes to structural constraints. Before describing these, it is useful to recall that this review characterises planning for later life as the range of activities people deliberately pursue with the aim of achieving desired outcomes in later life.

The five broad categories are:

- Awareness/salience – planning depends on having something to plan for: a desired future objective. Awareness of an issue is not, however, static and may vary with time and experience, hence the use of the alternative term ‘salience’.
- Choice and control – planning also depends on a person feeling that they can achieve what it is they desire or, at least, that there is some chance of this. The reverse is that planning is deterred by people feeling the future is outside their control so they cannot plan or there is no point in trying to.
- Knowledge and skills – planning often requires particular knowledge or skills. In their absence, people may not identify something as a problem or objective or, if they do, they may not know how to plan accordingly.
- Instrumental and informational support – this category refers to the external support which planners often need. This might be from employers and regulators or it may refer to infrastructure, such as housing.
- Social influence – this term can have a very broad meaning but, in this context, it refers to the effects that a person’s peers, family or wider social network have on their propensity to plan.

**Table 1: Enablers and barriers to planning and preparing for later life**

	<b>Enablers</b>	<b>Barriers</b>
<b>Awareness/salience</b>	Wanting to attain something in future	Issue seems a long way off
	Wanting to avoid a perceived risk	Personal exposure to the issue or risk seems low
	Wanting to escape a current aspect of life	
	Wanting to preserve an aspect of life	
<b>Choice and control</b>	Feel that they can exercise choice and control over future	Experience of life as unpredictable
	Positive life-course experience of planning	Fatalistic attitude about survival into old age
	Sufficient financial resources to plan	Socio-economic constraints
<b>Knowledge and skills</b>	Sufficient knowledge and skills	Inadequate understanding of and familiarity with planning products and services
		Difficulty in predicting probable future timeline and understanding risk
<b>Instrumental and informational support</b>	Sufficient support from employers	Inadequate support from employers, industry, regulators and landlords
		Inadequate infrastructure
<b>Social influence</b>	Social networks promote planning	Peers' views undermine planning behaviour
		Gendered role beliefs undermine planning
	Positive age stereotypes	Negative perceptions and terminology of ageing

These categories derived from a 'bottom up' synthesis of the literature, rather than being theory led. This means that the resultant enablers and barriers reflect the literature, rather than being a complete theoretically-based typology of likely enablers and barriers. The categorisation of the enablers and barriers is nonetheless consistent with the COM-B model of behaviour change and its division of factors impacting behaviour into Capability,

Opportunity and Motivation (Michie et al, 2011). Some of the enablers and barriers operate more at a micro or individual level (eg, those in awareness and salience) others at a meso level (eg social networks and peers), and others at a macro level (eg, socio economic constraints, infrastructure, age stereotypes). These levels are themselves interlinked.

It is also important to note that individual barriers and enablers are not on their own sufficient to ensure planning happens (or fails), or that when it does happen, it achieves its intended benefits (see Chapter 2). In addition, particular combinations of barriers and enablers have particular impacts – a notable example of which is the fatalism that can result from people being aware of an issue but feeling there is little they can do to address it.

## Evidence base

There is evidence about the barriers and enablers to planning relating to various domains. Although financial literature dominates the field of planning in general, the quantitative information it often provides is better at answering the question of 'Who plans' than it is at answering the question of 'Why?'. On this issue, there is good evidence from qualitative studies in other domains such as paid work and housing. When it comes to weighing up the evidence, it is also important to note that different studies frame research in this area differently because of their underlying understandings of why people behave the way they do. As the section in the introductory chapter showed (see Chapter 2), some perspectives look more to the context of people's lives to explain behaviour, while more rationalist perspectives, which see decisions as a result of individuals weighing up available information, often focus on knowledge and understanding. The result is that the evidence for particular barriers and enablers is often dominated by literature from a particular domain. For example inadequate knowledge is seen as a key barrier in the financial literature, whereas literature from other domains focuses more on the absence of choice and control. Another notable feature of the evidence on barriers and enablers is a paucity of studies aimed at collecting data on subconscious motivations.

## Enablers

### Awareness/salience

#### Wanting to attain something in future

Given that this study characterises planning as the range of activities people deliberately pursue with the aim of achieving desired outcomes in later life, having such an objective is an important enabler. One of the most obvious objectives in this context is financial security, and as other reviews have observed, literature about saving for retirement dominates the field (Denton et al, 2004; Adams and Rau, 2011; Street and Desai, 2011; Kornadt and Rothermund, 2014). The idea that people are rational decision makers and will plan financially if they understand the benefits of doing so is evident in the prioritising of information as a means of persuasion (eg, Gough and Niza, 2011; PFRC, 2016). The

influence of behavioural economics is, however, also evident in much of the literature's attention to the attitudinal and behavioural determinants of financial planning. For example, it is recognised that people have different levels of future orientation and attitudes towards delayed gratification and that these factors affect how they weigh up whether or not to contribute to a pension or engage in saving (Bryan et al, 2011; Gough and Niza, 2011).

Financial security is not the only objective that the literature suggests drives planning. Wanting a healthy old age is also understood to be a widespread aspiration and one which motivates physical activity in mid-life. A rapid systematic review of barriers and facilitators to the uptake and maintenance of healthy behaviours by people at mid-life (Kelly et al, 2016) identifies various facilitators of physical activity, among which is a desire to maintain health and wellbeing. In seven qualitative studies it reviewed, this desire was related to promoting a healthy old age so that people were able to do the things they wanted, for example, travel, hobbies and caring for families in later life. The study also identifies a more negative driver of activity in mid-life, namely a fear of illness or ageing, although as discussed later, such views can also inhibit planning (see Chapter 3).

In housing too, the goal of a better quality of life is seen to motivate 'lifestyle movers' to move to a vibrant city centre, the coast or the countryside or even abroad (Pannell et al, 2012). The report (described above, Chapter 2) adds that these lifestyle movers are often at the younger end of the 55 plus age group that its analysis covers, and it contrasts their reasons for moving with that of so-called 'crisis movers' who tend to be at the other end of the age spectrum and move reactively rather than proactively.

While these examples from different domains illustrate the motivating potential of having an identified objective, the ability to achieve a desired goal is socially and economically structured (see Chapter 3). Nonetheless, it seems that having an identified purpose characterises the archetypal planner, even according to literature which understands this structuring (Denton et al, 2004). "People who plan tend to envision a lifestyle of their choice and actively seek, through planning and preparation, to achieve their goals." (Denton et al, 2004: 79). This study also makes the point that planning for later life is most prevalent among those who believe that they can be 'agents of change'. This, according to the study, is one of three features that define planners, along with taking a future-time perspective and having a positive outlook on life.

### **Wanting to avoid a perceived risk**

This section covers evidence that perception of risk promotes planning, however there is also evidence that where this induces anxiety, it may have the opposite effect (Girling and Morgan, 2014; PFRC, 2016 and see Chapter 3). Some of the evidence for the motivating potential of risk perception concerns health and physical activity. For example, in one qualitative study on the attitude of women in mid-life to physical activity, some women reported that they did physical activity because they heard about potential health problems that they could get as they aged, or that they had specific characteristics that are linked to health problems (Im et al, 2008).

A qualitative study into patients' willingness to attend the NHS cardiovascular health checks reports similar motivations among its male participants:

"The fact that health inevitably deteriorates with age was another motivating factor. '...I'd go for years without seeing a doctor. And unfortunately when you reach the magic 50, um, things start going wrong, and er, sometimes they go pretty quickly as well...' (Attendee 13, male, employed, 62 years)" (Jenkinson et al, 2015).

Some studies also describe perception of health risk at the level of the family (Riley et al, 2015, Yarwood et al, 2005). In one study about cardiovascular health checks, some patients' motivation to attend was associated with a familial experience of CVD and other diseases: "We have got heart problems in our family so this is why I go for regular check-ups" (Mrs Henderson, 55–59 years, Socio-economic status 1, medium risk)" (Yarwood et al, 2005).

There is also evidence that planning in other domains is motivated by wanting to avoid certain risks. For example a desire not to be a burden on family members is identified as a reason for planning in regards to future care (Pinquart and Sörensen, 2002) and fear about redundancy is found to motivate people in mid-life to take up education (Davey, 2002).

### **Wanting to escape a current aspect of life**

The objective of planning may not be to achieve something new, but rather to escape a current aspect of life. Strong evidence for this point comes from a meta-analysis of the antecedents and consequences of retirement planning, which finds that being dissatisfied with your job makes retirement planning more likely (Topa et al, 2009). It is worth noting, however, that this finding is tempered by another of the study's conclusions: that job satisfaction is not a strong predictor of the actual decision to retire, which is considered separately from retirement planning. This was explained at the time by the compulsory nature of retirement age in many western societies. Although this situation is changing, the example still stands as a useful corrective against any assumption that planning for something equates to achieving it (see Chapter 5).

Another study identifies 'freedom' as a dominant discourse associated with retirement (Loretto and Vickerstaff, 2015). This concept is expressed differently according to gender. For women the discourse of freedom is about escaping a low quality and unsatisfying job. For men, it manifests more as a feeling they have done their bit and are now off the treadmill.

A motivation of escaping something is also found in relation to housing. The study by Beach (mentioned above, Chapter 3) finds that the top two reasons for downsizing or considering downsizing in the 55-64 age group are lower maintenance (eg, cleaning) and reducing the cost of bills (Beach, 2016). Another housing study also mentioned above reports that the group of movers age 55 and over which it describes as "planners" are motivated by a growing awareness that this would be a good time to move, given that bereavement, care needs or disability become more prevalent as people age (Pannell et al, 2012). Pannell and

colleagues, however, also caution against ageist assumptions and note that very old people can still live independently in mainstream housing.

### **Wanting to preserve an aspect of life**

People may also plan to maintain their present situation rather than aspire to a new one. As mentioned above (see Chapter 2), this kind of planning is more difficult to identify empirically because its consequence may be to do nothing and purposeful inaction can easily be mistaken for other forms of inaction. Evidence for this kind of planning is present, however, in the literature on housing, community and paid work.

One study about retirement finds that some women choose to stay in full-time jobs in later life (rather than work flexibly) so that they can build a career that they had to put on hold to raise their family (Loretto and Vickerstaff, 2015). Studies which address downsizing also highlight the fact that many people choose to stay put as they grow older (Pannell et al, 2012; Park and Ziegler, 2016). One reason for this is evident in a qualitative study about attitudes among ethnic minority people to where they live in later life (Khan, 2012). Its focus group participants described various aspects of their present urban locations which meant they wanted to stay there. These included access to the shops selling the kind of foodstuffs they like, to hairdressers offering suitable services, to places of worship and public transport. One man expressed these feelings in the following way: "I think we've built up this sense of belonging. I been here for, well, 38 years...I built all the links, relationships, I go to the local church, support the local football team, so we never dream of leaving this place unless something happens or the children move away".

A similar awareness of the benefits but also fragility of supportive social networks was also expressed by participants in a study about LGB people in later life (Guasp, 2011). This raises the question of whether people in minority groups are particularly aware of the advantages supportive communities or social networks bring because of their experience of the discrimination. If so, this would be an example of experiential saliency.

## **Choice and control**

### **Feel that they can exercise choice over future**

Wanting to attain something, preserve something or avoid something is not in itself, sufficient to plan. Planning also depends on understanding or believing that you can exercise choice. Several studies in this review find that planning depends on what is variously described as a sense of control (Moen et al, 2005), mastery (Muratore and Earl, 2015) and "believing you can be an agent for change" (Denton et al 2004). One study also describes "a discourse of choice and control", which, it says, is mainly articulated by men (Loretto and Vickerstaff, 2015).

The Moen and colleagues (2005) research is based on a survey of just over 1,000 people in dual earner non-retired households with a mean age of 43. It finds that people who perceive more constraints (and hence, perceive less control) tend to both delay retirement

planning and anticipate retiring later (Moen et al, 2005). Another study, which proposed and tested a model of the antecedents and consequences of the retirement process using data from 550 Australian retirees, finds that mastery is a particularly strong determinant of retirement outcomes (Muratore and Earl, 2015). Following Pearlin and Schooler (1978), the study says that mastery indicates the degree to which an individual feels in control of his or her life. The Loretto and Vickerstaff study (2015) focuses on understanding attitudes to flexible working in later life and identifies a theme of choice and control. It describes this as being a mainly male discourse, which is exemplified by being able to adjust working patterns to accommodate health problems. The study observes, however, that only a minority of respondents had been able to tailor their work in this way, and that these were all men and tended to come from more affluent areas.

Locus of control is considered one among a number of psychological factors which, along with financial attitude and financial literacy, comprise financial capability, in some literature (Shephard et al, 2016). However Shephard and colleagues note that there is no one agreed understanding of the concept of financial capability and many studies conceive it more in terms of knowledge. They are covered below (see Chapter 3).

### **Positive life course experience of planning**

The study by Denton and colleagues mentioned above draws on Giddens (1991) concept of reflexive life planning (Denton et al 2004). It finds not only that planners believe they can be agents of change but that this 'reflexive planning for later life' is often an extension of people's general life planning and can be considered a lifestyle reflex; something that comes naturally or has always been done as general part of daily life. This is exemplified in the following quote:

**"Well, certainly we [spouse] did start planning early enough, um, when we ... we've always been the kind that don't owe money to others so it would be kind of a priority to pay off our mortgage as quickly as possible and then we purchased the cottage and made the mortgage payments even larger. Then, we started working on paying that off as quickly as possible, too."**

(Denton p579)

A life course perspective is also evident in the qualitative study cited above (Loretto and Vickerstaff, 2015) which linked the discourse of choice and control it identified among mainly male participants to their social and economic contexts of their lives over time.

### **Sufficient financial resources to plan**

Being able to plan depends in part on having the financial resources to do so. This factor is one of the barriers/enablers which most obviously overlaps with demographic characteristics, set out in Chapter 2, such as income and socio-economic status. Literature in this category emphasises the facilitating effect money brings. A study by ILC-UK and the Uncertain Futures research consortium (2017) identifies affordability as one of the major

factors affecting decisions about when to retire. Drawing on Sen's capabilities approach (Sen, 1985), Heaven et al (2016) characterise affordability as "the capability to meet particular objectives through having enough money to purchase services and goods". Heaven et al (2016) explore wellbeing in later life, drawing on the same qualitative study featured in Moffat and Heaven (2017). Participants consisted of 48 workers/retirees, aged 53-77 years of diverse socio-economic status, who were recruited from urban and rural areas in North East England. Heaven et al (2016) suggest that wellbeing through retirement transitions is produced by having the capability to mobilise resources to achieve particular goals and respond to changing circumstances. Interventions to support planning, it suggests, should involve helping people to develop strategies to mobilise available resources in this way. But as Sen emphasises, and Heaven and colleagues acknowledge in their careful definition of affordability, financial means are an essential component of capability, but insufficient on their own to ensure it.

## Knowledge and skills

### Sufficient knowledge and skills

People who manage money well day to day are better placed to plan for retirement, according to a review of literature on financial capability and retirement (PFRC, 2016). Indeed, managing money well day to day is part the definition of financially capable behaviours, along with managing and preparing for life events; and dealing with financial difficulty (ie, problem debt) (PFRC 2016: iii). Ability is categorised as one of a number of financial inhibitors and enablers and, in this context, is more about having the knowledge and skills to guide decision-making than it is about being in a position to exercise choice. A behaviour-based understanding of financial capability is evident in a study into financial capability and decision-making among retirees (Lloyd and Lord, 2015). Meanwhile, Shephard et al (2016) conceive financial capability as depending on financial literacy, which is defined as knowledge about financial concepts. From a financial perspective, therefore, planning is a constituent of financial management and depends on financial knowledge and skills.

## Instrumental and informational support

### Support from employers

The literature tends to describe the negative effects brought by the absence of support (see Chapter 3) rather than the beneficial effects of its presence. However one study from the financial literature notes that among employees eligible for workplace pensions, the offer of employer contributions is a key factor in raising take-up (Bryan et al, 2011). The other incidence when support from employers is described and approved is regarding retirement planning programmes and courses, including financial literacy training. Literature evaluating such provision is discussed in Chapters 3 and 4. Literature also often recommends better provision of informational and instrumental support as one way of enhancing planning (see Chapter 4) but there are few studies that track the effects on planning of general support of this kind, as opposed to within the structure of formal courses or programmes.

## Social influence

### Social networks support planning

A review of literature on retirement savings choices finds that peers' saving choices positively increase individuals' saving choices and that the impact of financial information is also facilitated by social influence (Gough and Niza, 2011). It also reports that individuals who receive financial information in a context of a social network are slightly more likely to enrol in a saving plan than individuals who do not receive information in the same social context.

A quantitative study on retirement planning provides further evidence of positive peer influence (Moen et al 2005). This study finds that respondents working in organisations with higher average ages of employees begin retirement planning at earlier ages regardless of respondents' own ages. The suggested explanation is that the presence of older workers within an organisation may spur their younger colleagues to begin planning earlier.

A study on end-of-life planning from the US finds that if an individual has a parent or spouse who has died in last 10 years, this makes it more likely that they will engage in end of life planning (Carr and Khodyakov, 2007).

### Positive age stereotypes and attitudes to ageing

Positive attitudes towards retirement are found to have a small effect on retirement planning in a meta-analysis of its antecedents (Topa et al, 2009). A systematic review of the uptake and maintenance of healthy behaviours by people at mid-life cited one cohort study that found an association between a positive view of ageing and increased sporting activity in those who were healthy enough to take part (Kelly et al, 2016). Meanwhile, a study about planning in various domains suggests that domain-specific age stereotypes and views on one's own ageing may affect ageing-related hopes and fears and corresponding preparation (Kornadt and Rothermund, 2014).

## Barriers

### Awareness/salience

#### Issue is or seems a long way off

The argument that actual and perceived temporal distance (how close the future feels) acts as a barrier to planning is often put in terms of whether people are more or less future-oriented or have longer or shorter time horizons. Strong evidence of this relationship comes from two reviews of literature on financial planning for retirement (Gough and Niza, 2011). The PFRC report identifies short-time horizons for planning as one the main behavioural economics challenges when it comes to people's mindsets about retirement planning. Gough and Niza (2011) meanwhile conclude that many retirement choices are poorly informed and short-sighted. Literature outside the financial domain also suggests that temporal distance is a determinant of planning (Denton et al, 2004; Kornadt and Rothermund, 2014). Denton and colleagues conclude that planning for later life is most

prevalent among those who take a future-time perspective while “day-by-dayers” are more likely to have a present-time perspective (Denton et al, 2004). Kornadt and Rothermund find that preparation for age-related changes is “on people’s minds” throughout the adult life span, but they show that younger age groups demonstrate considerably lower levels of preparation than older participants do. This may go some way towards explaining the relationship between increasing age and propensity to plan set out in Chapter 2. Two intervention studies, meanwhile, support the conclusion that perceived temporal distance impacts on planning behaviour (see Chapter 4).

A related issue is delayed gratification. One robust quantitative study finds that after controlling for objective factors (such as income and employment status), preferring a good standard of living today reduces the chances of people joining an occupational pension and being willing to delay the receipt of money raises the chances (Bryan et al, 2011).

The idea that lack of planning is associated with a tendency for delayed gratification is however called into question by an Australian study investigating the relationship between time perspective and retirement planning (Earl and Muratore, 2015). This study uses the concept of time perspective (TP), as developed by Zimbardo and Boyd (1999). This delineates five different TPs: past positive, past negative, present fatalistic, present hedonistic and future oriented. These perspectives are associated with particular attitudes (Zimbardo and Boyd, 2008). For example, future orientated TP is associated with a concern to work towards future oriented goals, often at the expense of present enjoyment, whereas present hedonistic TP is associated with a focus on the ‘here and now’ and instant gratification, and past negative TP with a tendency to focus on past experiences that were aversive and unpleasant. The 367 respondents who completed the Australian study’s three-wave survey over 18 months had a mean age for males of 65.5 (SD = 5.9) and for females of 64.3 (SD = 5.9). The study finds that present hedonistic, past negative and future oriented TPs predict retirement planning. While the finding that a future oriented TP predicts planning is unsurprising, it is more remarkable that a present hedonistic TP and past negative TP also predict planning. The authors note that another study focused on current employees found that present hedonistic perspective predicted leisure planning. The study’s authors say that a possible explanation for this is that preservation of lifestyle may be the motive underlying relationships between planning and present hedonistic and past negative TPs. Its findings also suggest time-perspective is predominantly a stable trait over time and lacks malleability, having potentially important ramifications for the design of interventions (see Chapter 4 ‘Work on time perspectives’).

Another study reinforces the implication of Zimbardo and Boyd’s typology that time perspective and attitudes to life are closely related (Heaven et al, 2016). It finds that some participants rejected a fourth age identity and therefore ownership of fourth age concerns. This, in turn, echoes the finding that a positive view of ageing can act as an enabler in planning, although it suggests that it might not be a positive attitude to ageing, so much as a positive attitude to life, that is important.

## **Belief that personal exposure to issue is low**

Various studies feature people citing their low exposure to an issue as a way of accounting for their lack of future-oriented action regarding it. For example a qualitative study looking at patient responses to vascular risk quotes one participant offering the following rationale for inaction:

**“I don’t come from a family that suffers from heart problems, so it’s not in my genes, so you know, the risk seems to be relatively low and therefore there’s no reason why I should do a lot about it (Male, 65 yrs)”**

(Honey et al, 2015)

Similar arguments are also apparent in a study on planning for lasting power of attorney (LPA) (Beckett et al, 2014). This study had a mixed method design, in which qualitative research informed a survey of 1,634 potential customers for LPA services aged over 45 in England and Wales. The survey finds that 61% of respondents said they were not interested in setting up an LPA at some point in the future. ‘Relevance barriers’ were cited by 29% of respondents as a reason for this lack of interest. The study identifies two types of relevance barriers: the first based on misconceptions about the legal rights of the family of those who have lost capacity; and the second based on assumptions about who LPA was for. Misconceptions led people to think that LPA was not necessary in circumstances where it actually was, and therefore decide it was not relevant. The second set of relevancy barriers consisted of the assumption that people with a close family didn’t need LPA because their relatives would be able to manage without one. Some also assumed that LPA was only for those who owned property or high value assets. The report also identifies a particularly widespread category of barriers, which it terms ‘Attitudinal or Emotional’ barriers. These include the attitude that it is by no means inevitable to lose capacity and therefore sensible to wait until you are sure you needed LPA before setting it up.

Perceived low vulnerability is also identified as a barrier to planning in a qualitative study on planning for future care based on 185 interviews with European American and African American women aged 64 years and older (Girling and Morgan, 2014). Other studies back up the finding that low perceived vulnerability acts as a barrier to planning in long-term care (Pinquart and Sörensen, 2002) and will making (Humphrey et al, 2010). Finally, greater reliance on inter-generational support is cited as an explanation for differences in saving patterns among some ethnic minorities (Gough and Adami, 2013). However, expecting your family to support you in your old age, whether financially or through care, is in itself a form of planning.

## **Choice and control**

### **Experience of life as unpredictable**

This barrier is evident in another UK study, based on interviews with 52 people with a mean age of 60 (range 53-82 years old), from rural and urban areas of North East England (Moffat

and Heaven, 2017). The interviewees were diverse in terms of social class, income level, health status and type of work exit. Some of these individuals had been forced out of work earlier than anticipated due to physical or mental ill-health. Others had been affected by the ill-health of family or close friends, which often obliged them to take on a caring role. In either case, the effect was that existing plans were thrown into confusion and, in some cases, the response was to give up any attempt to plan. The report says that its findings show that although unplanned events could happen to anyone, those more disadvantaged in terms of health and wealth had fewer resources with which to respond. A US study which interviewed mid-life female caregivers about their plans for their own later lives gave further evidence of people feeling aspects of life were beyond their control (Pope, 2012). The women participants often put this down to lack of resources, particularly income, but also to the unpredictable nature of health and illness.

Reviews from the financial literature add further weight to this evidence by highlighting the way in which uncertainty erodes people's capacity to plan. A review of literature on retirement saving (Gough and Niza, 2011) argues that evidence of significant under-saving for retirement suggests that individuals may not be able to deal with the greater responsibility and risk placed in their hands by recurring retirement reforms. Qualitative evidence that people find it hard to engage when there are many 'unknowns', such as what care costs they might face and how long they might live, is cited in another review in the field (PFRC, 2016). Meanwhile, the finding that risk-averse people are less likely to believe that pension planning is important (Clark et al, 2009) exacerbates the potential ill-effects of uncertainty about the future.

A qualitative study undertaken in Canada and mentioned above highlights the issue of fatalism borne of experience (Denton et al, 2004). It describes a category of non-planners it terms day-by-dayers. These people, the report says, are more likely to have a present-time perspective, a fatalistic outlook on life, and a lack of personal agency. The report illustrates this with a quote from a 65-year-old, divorced, low-income woman:

**"[B]asically I take my life, I won't say day to day, but certainly week to week. I just don't think about the future too much 'cause I found it doesn't pay."**

### **Fatalistic attitude about survival into old age**

The link between fatalism and lack of planning is made strongly in a study looking at health and retirement (Brown and Vickerstaff, 2011). This study features data from interviews with 96 people approaching or in the midst of retirement in the UK. Various participants expressed the feeling that there was little point planning for later life because they did not know how long they would live anyway. The report describes this kind of pessimism about morbidity and mortality as rational under the circumstances (bounded rationality) because it enables anxieties linked to the uncertainty and complexity of the future to be "assumed away" or disregarded by the possibility of early death. This feeling is exemplified in the following quote:

"I know it sounds wicked, but what's the point worrying about after 65, if I'm not even sure if I'll get there with all my health problems." (Thanet, male, on incapacity benefit, age over 50).

The study also quotes participants with this approach giving particular weight to stories of neighbours or other people they had heard of who died unexpectedly after retirement.

### **Socio-economic constraints**

Various reports refer to the socio-economic constraints on planning. The report by Denton and colleagues mentioned in the previous section suggests that gender, work history, and marital status combine to influence people's ability to plan (Denton et al 2004). It suggests that socio-economic constraints make financial preparation for later life an "unaffordable luxury" for disadvantaged groups (Denton et al, 2004: 80). Similarly Moffat and Heaven (2017) say that among the participants in their study, the notion of financial planning for retirement was embedded as a norm but that the possibilities of doing so were structured by occupational social class and gender. A review of literature on savings choices finds that individuals tend to have positive attitudes toward retirement saving but face difficulties in implementing the costs of saving in the long-run (Gough and Niza, 2011). A study on internal migration in later life, meanwhile, echoes these observations with analysis showing that the option to proactively improve lifestyles by moving house is not available across the socio-economic spectrum (Pennington, 2013).

## **Knowledge and skills**

### **Inadequate understanding and familiarity**

The financial literature tends to attribute low levels of saving for later life partly to a lack of understanding about fundamentals such as tax, and lack of knowledge about pensions, investments and retirement products (Collard, 2009; Gough and Niza, 2011). This leads one review to conclude that "there is a good body of research insight that strongly indicates retirement planning requires quite different abilities from those needed to manage money well day to day; and that it stretches many people's ability to the limits" (PFRC 2016:ii). This study also says that part of the problem is the limited exposure people have to the relevant financial products during their working lives. This tendency in financial literature to focus on understanding may reflect the fact that the complexity of financial products makes understanding more important in this area but it may also reflect a more rational model of decision-making (as discussed in Chapter 1).

### **Difficulty in predicting future time-line and understanding risk**

Studies from the financial literature also see lack of understanding about probability and risk as among the barriers to planning. One review concludes that people have insufficient knowledge about their pension plans and use rules of thumb when deciding about contribution rates and asset allocation. Such "uninformed or biased retirement decisions" can result in insufficient savings and individuals finding that they have not accumulated the amount of retirement resources they expected (Gough and Niza, 2011). A recent report from the Institute of Fiscal studies lends further weight to the idea that people systematically

misjudge their longevity either by over-estimating or under-estimating the chances of their survival and that this risks them having a lower standard of living in retirement than they might otherwise enjoy (O’Dea and Sturrock, 2018).

The idea that people do not think “coherently” about retirement is addressed in one experimental study which tests the psychological influences on retirement decisions and finds a relationship between cognitive ability and “coherent expectations of retirement” (Parker et al, 2013). Elder (2007) also explored subjective survival probabilities in a large longitudinal survey on retirement. It finds that individuals nearing retirement age discount the near future “too much” relative to the present and discount the distant future “too little” relative to the near future (Elder, 2007). Similarly O’Dea and Sturrock (2018) finds that individuals in their 50s and 60s underestimate their chances of survival to ages 75 to 85, while individuals in their late 70s and 80s overestimate their chances of survival to the ages of 90 and over. While these data point to difficulties in understanding the future, they may also be symptomatic of socio-economically linked fatalism, as discussed previously. Regardless of the cause of these difficulties, it is likely that bias and inaccuracy in the perceived future time-line, are a barrier to successful planning. This also links back to the section on issues seeming a long way off acting as a barrier (Chapter 3).

Risk aversion is identified as a particular problem and leads people to focus more on minimising financial losses than maximising financial gains. UK consumers, and women in particular, are generally found to be risk averse according to one review (Collard, 2009). But the evidence about risk aversion in pensions and investing suggests that, even if people had a better grasp of concepts such as probability and inflation risks, it may not make any difference to their behaviour (PFRC, 2016).

## **Instrumental and informational support**

### **Inadequate support from employers, industry, regulators, landlords**

Studies across the various domains evidence inadequate external support acting as a barrier to planning. One report on retirement transitions says that although policy changes at national level placed the onus on employers to recruit and retain older workers, its research finds evidence this is problematic (ILC-UK and the Uncertain Futures research consortium, 2017). It says that some of the policy changes, such as age discrimination legislation, seem to be having unintended consequences, for example line managers appearing to be worried of being accused of ageism if they talk to people about their retirement plans. A qualitative study for the Department of Work and Pensions echoes this finding, suggesting that employers are wary of conducting analyses of the age structure of their workforce for fear of contravening equal opportunities legislation and being considered discriminatory (DWP 2017a). It also finds that the confidence of older workers in raising age-related issues, including requests for flexible working, depended on the people management skills of line managers. The 50 organisations included in its study were selected to ensure a spread of sectors and size of organisation. The study finds they typically did not have processes in place for discussing retirement plans with older workers. Plans for retirement were discussed

informally, if at all, with discussions usually being initiated by the older worker. This point relates back to the issue of people feeling that they can be agents for change in their lives, suggesting that employer support in planning is most available to those who already predisposed to plan.

In financial literature, the struggle people face to understand pensions, investments and retirement income products is found to be due in part to the perceived opacity of product information (PFRC, 2016). The report sees support from industry and regulators as key to remedying this situation. Another study in the field highlights the role that ease of access to financial services has in determining saving behaviour (Gough and Adami, 2013).

In regards to housing, studies report that the growing number of older people living in private rented accommodation face various barriers to planning, in particular getting support from landlords to adapt their accommodation to suit them as they age (CLGC, 2017).

### **Inadequate infrastructure**

Several studies in housing argue that people are discouraged from moving with a view to improving their later life because of a lack of suitable housing (Pannell et al, 2012; Pennington 2013; CLGC, 2017). Various remedies to this situation are presented in the next Chapter. At the other end of the housing spectrum, the growing numbers of people living in private rented accommodation also face various barriers to planning, particularly in getting support from landlords to adapt their accommodation to suit them as they age (Pannell et al, 2012; CLGC, 2017).

In care too, a lack of suitable choice hinders forward planning, particularly for some sections of the population. A study for Stonewall finds that a large proportion of lesbian, gay and bisexual people lack confidence in health and social care services. Its research shows that 61% of LGB people are not confident that social care and support services, like paid carers, would be able to understand and meet their needs; whereas 51% of heterosexual people feel the same (Guasp, 2011). Similar concern about the nature of care homes is evident in a study concerning ethnic minority populations (Khan, 2012). The anxiety and worry this situation can induce, coupled with a perceived inability to remedy the situation, can lead to the kind of fatalism that other research has shown is a barrier to planning (see Chapter 3).

## **Social influence**

### **Peers' views undermine planning**

A systematic review of literature about why people do not attend health checks finds that although some people appear to be aware of the NHS Health Check programme and understand its preventive purpose, negative views from friends influence their decision to attend or not (Harte et al, 2108). In literature which takes a psychological perspective on financial planning, the influence of peer norms is also well recognised (eg, Heraty and McCarthy, 2015), although this review finds little specific evidence of this having a

negative effect. In the domain of housing too, there is reference to the negative impact that stories of friends' or neighbours' problems in moving house can have on others who are contemplating a move (Pannell et al, 2012).

### **Gendered role beliefs undermine planning**

There is evidence that in the cohort covered by this literature, gendered role beliefs mean that men are more predisposed to the idea of planning than women. The study by Loretto and Vickerstaff (2015) about flexible working in later life identifies a discourse of 'fitting in', which was almost exclusively expressed by women. Fitting in is a reactive discourse about shaping expectations of retirement around others' needs, including for care. Some women retired completely from paid work, either to fit in with their husband's plans for retirement, or with what they thought their employer expected of them. The study finds that the desire to please employers manifests in women being less aware of opportunities to work flexibly or retire gradually. They are also less likely to want to ask about flexible working in case it upsets their employer and are more likely to retire in order not to be a nuisance.

### **Negative perceptions and terminology of ageing**

Regarding housing, some evidence suggests that negative terminology may affect planning. One report identified a group of movers, typically in their late 50s and early 60s who are interested in moving to enhance their lifestyle. The report suggested that this group might be put off by the negative connotations of the term 'downsizing', which they might associate with a loss of status (Pannell et al, 2012). The study suggests that describing housing as sheltered, extra-care or care-ready may, for similar reasons, be unattractive to younger-old people looking to relocate.

A study about financial planning gives a nuanced view of the impact of attitudes to ageing on planning (Heraty and McCarthy, 2015). It finds that older workers with less positive beliefs about their ability to control aspects of ageing, are less likely to financially plan for retirement. But, those with more negative perceptions about the consequences of ageing, who nonetheless have a more continuous awareness of ageing, are more likely to have a private pension saving plan. This suggests that attitude to ageing acts in combination with other factors to encourage or discourage planning.

## **Conclusion**

This chapter has presented evidence of a number of barriers and enablers to planning (see Table 1). These affect people's propensity to plan in various domains, including financial, health, care, social and housing. It is also clear that the barriers and enablers act in combination. For example, people not only need an objective in mind to plan but they also need to feel able to plan. The cumulative effect that various enablers can have is illustrated in a description of a participant in a study of retirement transitions (Moffat and Heaven, 2017: 885): "Alice had a high degree of self-awareness concerning the potential impact of stopping work, partly due to her work with older adults which had given her considerable exposure

to retirement transition experiences prior to her own retirement. She had clearly thought about it and, with the support of her employer, was enabled to plan a gradual transition into retirement, exercising a high degree of choice and control, in a way that suited her need to 'get used' to being retired. Her partner, influenced by Alice's proactive and agentic transition, also adopted this gradual approach to exiting work." This example demonstrates that a combination of enablers acting in tandem facilitated Alice's planning.

By contrast, the corrosive effect of other combinations of enablers and barriers was also evidenced in this chapter. In particular, as the section on lack of ability to plan showed the combination of awareness of a future risk coupled with a sense of powerlessness to do anything about it can lead to a fatalistic attitude which obstructs planning. Research also suggested that attitudes such as fatalism are not inherent but rather the result of experiences over the life-course and the socio-economic contexts of people's lives. Another study describes this kind of fatalism as 'bounded rationality' because it enables anxieties stemming from the uncertainty and complexity of the future to be set aside (Brown and Vickerstaff, 2011). The study goes on to say that, under these circumstances, those wishing to encourage planning should realise that simply giving people more information about the risk may be ineffective.

This conclusion contrasts with the emphasis that other bodies of literature place on the role of knowledge and information in enabling planning (see Chapter 3). This is perhaps partly explained by the disproportionate focus on financial planning in planning literature as a whole. Financial planning has two features which do not apply to all planning. First, the choices are often complex and do require specialist knowledge and, secondly, saving requires forgoing current benefit in favour of future reward in a way that does not apply to all planning. Assuming that what applies in financial planning applies elsewhere is therefore problematic. This is not to say that lack of knowledge and information do not affect planning but rather to suggest that they may not be the most significant barrier.

This chapter also found that time perspective is a key determinant of planning (Chapter 3). This reinforced evidence in Chapter 2, that age is important, leading to the general impression that the nearer people are age-wise to an issue, the more likely they are to plan for it. This chapter contributed the idea that it is not only actual temporal distance that matters but also perceived temporal distance. Demographics therefore combine with attitudes to encourage or discourage planning. But the sum of evidence in this chapter suggests that time perspective acts in unison with attitude to life to impact planning, with one study finding that those with present hedonist time perspectives as well as those with future-oriented time perspectives are prone to planning. This observation returns the discussion to how attitudes such as fatalism and optimism arise and evidence in this chapter suggests that life-course and socio-demographic factors are central in understanding why some people are fatalistic and others more optimistic about later life.

# Chapter 4: What works or might work to encourage planning

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## Introduction

This chapter presents evidence on what works or might work to encourage planning. It is divided into two overarching sections.

The first section presents evidence from literature that evaluates formal later life and retirement planning programmes and courses. It is divided into sub-sections on:

- Retirement planning in general
- Financial planning
- Mid-life career reviews and MOTs
- Relationship planning
- Suggestions for expanding programmes' scope

The second section describes more general strategies to promote planning:

1. Encourage people to preserve the good things in life
2. Tackle time perspectives
3. Avoid external sense of obligation on people to plan
4. Better inform people
5. Do not conceive of planners as isolated individuals
6. Facilitate planning through policy change and structural support
7. Acknowledge the limits of planning

These different strategies to encourage planning act at various levels, from the individual to more overarching structural changes (see Table 2). Although the individual-level strategies are presented first, this does not imply they are more effective. On the contrary, without structural change, there are limits to what can be achieved from encouraging individuals

to plan. As the review demonstrates, there is a strong link between socio-economic-based precariousness and lack of planning. To tackle this, not only might the strategies discussed in this chapter be useful but it would also be beneficial to enact wider forms of structural change, such as addressing income inequality. Planning to improve the lives of older people is a joint endeavour, needing input from employers, local and national government and the third sector, as well as from individuals. Finally, this chapter also discusses the limits of planning, highlighting the fact that some of the benefits expected from planning might be better achieved in other ways.

**Table 2: Strategies to encourage planning and where they are targetted**

Strategy	Strategy target
Later life courses	Individuals, couples, families
Encourage people to preserve the good things in life Tackle time perspectives Avoid external sense of obligation on people to plan Better inform people	Individuals, couples, families
Do not conceive of planners as isolated individuals	Individuals, communities, local and national government, employers, sectors such as housing and transport
Policy change and support at sector level	Housing sector (including rental sector), finance sector, care sector

## Evidence base

The organisation of this chapter reflects the fact that evidence for ‘what works or might work’ comes from two main sources. The first is evaluations of later life and retirement planning programmes and courses. The second consists of more indirect evidence and suggestions, which are derived from:

- conclusions about what might work from studies about planning in various domains (points 1-6)
- studies not directly focused on planning which nonetheless offer insights on what might work to encourage it (points 2 and 3)
- observations from behaviour change literature about how to achieve the benefits of planning without necessarily promoting planning (point 7)

The evidence on the evaluations and interventions often suffers from methodological shortcomings and where it is more robust, it does not demonstrate a strong benefit.

However, the scope and application of interventions has been quite limited until now, so there is room for development in this area. The evidence on what might work is, by definition, tentative but some is founded in strong bodies of evidence in other fields that has not yet been systematically applied to planning. Evidence from other fields also suggests that the benefits expected from encouraging individuals to plan might be achieved in other ways.

## Later life and retirement planning programmes

This section looks at the efficacy of formal later life and retirement programmes. Before getting into the detail of particular programmes, it should be noted that many of the programmes (and hence evidence about them) focus on retirement rather than later life. This is an acknowledged drawback of the literature on planning, not just on planning programme. The focus on retirement rather than later life in the programmes also contributes to their neglect of various areas. Some of these are identified in the final part of this section (see Chapter 4).

### Retirement planning in general

This section covers literature on interventions designed to facilitate retirement planning, this may include but is not restricted to financial planning. Evidence of the efficacy of retirement planning programmes is, however, quite weak due to methodological shortcomings. These are discussed in a recent systematic review of studies on retirement planning interventions, which included 11 papers in its final analysis (Leandro-França et al, 2016). Most of the interventions adopted a hybrid approach, combining educational activities (eg, lectures, seminars, brochures, books) with experiential exercises (eg, group discussions). Only two used either educational activities or experiential exercises.

The review consists of a qualitative analysis of the methodologies used to evaluate the interventions and the reported efficacy of the interventions. Regarding methodologies, it finds shortcomings in the papers reviewed, with concerns about the lack of experimental or quasi-experimental approaches, a failure to use previously validated measurement instruments and longitudinal assessments, and insufficiently robust data analysis procedures. A critical shortcoming was that the majority of investigations did not appear to use a control group (or appropriate contrast group). The point that there needs to be better evaluation of pre-retirement planning programmes is also made in other studies (Robertson, 2014; Moffat and Heaven, 2017).

Regarding efficacy, the Leandro-França et al (2016) divides interventions into three types: long interventions programmes (based on eight-20 weekly meetings mostly using a group format); intensive interventions (an immersion approach with multiple meetings that occur on consecutive days); and brief interventions (a short duration approach of one to four group meetings). Interventions in each group reportedly had various beneficial effects. The

review highlights the methodological shortcomings, but concludes there appears to be “sufficient evidence” to suggest that carefully designed and implemented programmes can deliver outcomes such as improved retirement-linked knowledge, expectations, attitudes, and planning behaviours (Leandro-França et al, 2016:510).

Another review of retirement planning (Adams and Rau, 2011) also cites evidence of the benefits of retirement programmes, although three of the four studies it includes in its assessment are also in the review by Leandro and colleagues. The study in Adams and Rau (2011) which is not in Leandro et al (2016) is a working paper for the National Bureau of Economic Research in the US, which uses data from a survey of employers in the 1990s. It finds that organisations that provide financial preparation seminars have higher participation and contributions to self-directed retirement funding plans (Bayer et al, 2009 in Adams and Rau, 2011). This point is more robustly and comprehensively addressed by the reviews of financial education, discussed below.

Some evidence of positive impacts of a retirement programmes are found in another study not included in the above reviews (Cohen-Manfield and Regev, 2016). It evidences the need for follow-up programmes to maintain short-term gains but like many evaluations of interventions, it did not appear to have a control or comparator group. The study looked at a suite of retirement preparation programs involving six to seven weekly sessions of eight hours each. The sessions focused on the psychological processes accompanying retirement, as well as on providing helpful practical knowledge.

Another study based in the UK (and not included in the reviews above) finds that providing pre-retirement courses in conjunction with health checks motivated people at mid-life to take action to address both their health and financial wellbeing (Secker et al, 2004).

Finally, a review of literature about later life transitions contributes to this discussion in two ways (Robertson, 2014). Firstly, it is helpful in describing a number of UK interventions (some of which entail planning) to support people through retirement and other later life transitions but many of these appear not to have been independently evaluated. Secondly, it suggests that little attention was being paid to the emotional and psychological aspects of ageing. It recommended that this aspect of preparing for later life needed to be addressed by, for example, incorporating new support methods into ‘pre-retirement’ courses. This is one of the points summed up in the section on expanding the programmes’ scope (see Chapter 4).

## **Financial planning**

This section covers financial education which may or may not be focused on retirement. Financial education is found to have small and contingent beneficial effects on financial behaviour in a recent meta-analysis of 126 impact evaluation studies (Kaiser and Menkhoff, 2017). The type of education covered by papers in this review is largely classroom based (83% of all estimates). They also include online education (8% of estimates), individualised

counselling (2% of estimates) and informational and behavioural nudges (7% of estimates). This study does not focus on later life but its evidence is robust and it makes a number of relevant points. First, financial education has a positive, measurable, but small impact on financial behaviour. Second, the effects of financial education depend on the target group: teaching low-income participants (relative to the country mean) has less impact; and it appears harder to impact financial behaviour in countries with relatively high incomes and mean years of schooling, probably because high baseline levels of general education and financial literacy cause diminishing marginal returns to additional financial education. Third, the success of financial education depends on the type of financial behaviour targeted. The review provides evidence that conventional financial education has more effect on saving and retirement behaviour than borrowing behaviour. Fourth, increasing intensity supports the effect of financial education. Fifth, the characteristics of financial education can make a difference. Making financial education mandatory is associated with deflated effect sizes. By contrast, a positive effect is associated with providing financial education at a “teachable moment,” i.e. when teaching is directly linked to decisions of immediate relevance to the target group. Sixth, financial education has a strong positive impact on financial literacy.

An earlier narrative review of literature on retirement savings choices includes 130 papers, some of which are in the Kaiser and Menkhoff (2017) meta-analysis, but it makes some additional points (Gough and Niza, 2011). It finds that employer-based financial education appears to improve retirement saving by increasing cognitive and numerical ability, enhancing retirement goals clarity and increasing financial planning competencies. The goal setting point is one which the review ways is often overlooked despite evidence for its efficacy.

## **Mid-life career reviews and mid-life MOTs**

In line with the Government agenda of encouraging people to work longer and flexibly in later life, the then Department for Business Innovation and Skills piloted mid-life career reviews (MCRs) between 2013 and 2015 across England. A report on the pilots was published by the National Institute of Adult Continuing Education in 2015 (Watts et al, 2015). The aim of the evaluation was to explore the demand for a career review among employed and unemployed adults aged 45-65, and investigate the costs and benefits of such a service. The MCR pilots used different models to work with different groups of people. They delivered reviews to around 3,000 people and the reviews ranged from face-to-face (individually and in groups), over the phone, and online. They were delivered by National Careers Service Contractors, Unionlearn and other partners in the voluntary and community and adult learning sectors. The evaluation used an interactive formative approach to improve the project as it progressed. It employed mixed methods: qualitative data was gathered from partner briefings and workshops, from case study visits, interviews with managers at partner organisations and monthly and final reports; quantitative data was gathered from monthly reports and monitoring forms, an adviser survey and from interviews with managers at partner organisations. It also included a follow up survey, approximately one year after the start of the project, although it had quite low response rates (about 10%).

There is no mention in the methodology of the use of control groups but some findings are compared to National Careers service indicators and are found to be broadly similar. The evaluation reports that clients “warmly welcomed” the opportunity for a review (Watts et al, 2015:6). It also reports that evidence from clients and advisers indicate that the review helped clients to: return to work after unemployment; better understand their opportunities to change job, move to self-employment, or negotiate more appropriate working conditions; find appropriate training to improve their employability; make realistic decisions about extending working life; improve their health and wellbeing. The evaluation also found that the average cost per participant was relatively low at around £100. Unionlearn continued providing mid-life career reviews after the pilot. In 2016, it commissioned a short survey of over 2,500 individuals, organisations and unions to ascertain impact. The results form a key part of a report which is generally positive about MCRs but is not an independent evaluation (Unionlearn, 2017). MCR schemes in Flanders and France (as well as the UK pilots) are also described and compared in a Eurofound report (Eurofound 2016). None of these schemes has been rigorously evaluated but the report draws some overarching conclusions, such as the importance of considering who holds the review, and the difficulties that can occur if it is an employees’ line manager.

Age UK also published an approving discussion paper on what is termed ‘career MOTs’ at age 50 (Age UK, 2017). As part of this, it commissioned YouGov to conduct polling exploring the idea. The potential service was described as being: “an opportunity to receive professional advice about your future working options at or around the age of 50. This can help you to plan how to work until retirement and can include advice on re-training and pension saving. This service would be free of charge.” The poll found that over half of all 40-64 year olds surveyed (51%) said they were very or fairly interested in taking part. This rose to 60% among those aged 40-44.

The idea of extending MCRs into more holistic mid-life MOTs, which review aspects of life beyond paid work, is presented in the Cridland review of the state pension age (Cridland, 2017). It says that mid-life MOTs would be a “useful trigger point to encourage people to take stock, and make realistic choices about work, health and retirement” (Cridland, 2017:17). It also recommends that access a mid-life MOT should be facilitated by employers and by the Government using online support and through the National Careers Service (Cridland, 2017:17). The ILC-UK and Uncertain Futures report also approves mid-life MOTs but recommends more regular support of this kind, including perhaps a “pre-retirement checkup” closer to state pension age (ILC-UK and the Uncertain Futures Research Consortium, 2017).

## **Relationship planning**

One point which the Adams and Rau review (2011) makes is that there are very few programmes aimed at relationship planning or counselling. It found one study on a counselling intervention focusing on communication, problem solving, and sexual/nonsexual intimacy. The results showed a positive effect of the intervention on self-

perceived functioning, marital satisfaction, and beliefs about marital life. Participants also demonstrated improvements in general sexual functioning, satisfaction, and desire, as well as increased knowledge and improved attitudes about sexuality in the elderly. The dearth of interventions in this area also points to the lack of attention in the literature to planning or preparing in regards to personal and wider relationships. This is despite survey evidence that people who say they have thought about their later lives pick having a circle of friends they see frequently as one of the factors that they think will be most important to them after the age of 60 (Green et al, 2011).

## **Suggestions for expanding programmes' scope**

There are various aspects of later life which formal planning programmes neglect. The focus of retirement courses tends to be on financial planning (including pensions and investment strategies), health, and leisure activities and volunteering and there is little if any evidence of the inclusion of the psychological or emotional dimensions of the retirement process, according to Robertson (2014). Robertson (2014) refers to an EU project which proposed a set of features for an ideal pre-retirement course (LLP Grundtvig, 2012) and also suggests that there is a place for resilience training in formal programmes. A similar point is made in Street and Desai (2011). Their review identifies a relative lack of attention to habituation skills which identify and enact processes that foster adaptation and tend social relationships. A study by Kleiber and Linde (2014) recommends that more attention is given to leisure in retirement planning programmes, arguing that issues such as enjoyment, relaxation and peace of mind should be more prominent. Social roles and identity in retirement also deserve more attention in courses, according to Moffat and Heaven (2017). Their study found that a core aspect of narratives about retirement was the creation of meaning, purpose and identity (Moffat and Heaven 2017). They built on this by developing an intervention designed to change current behaviour at the same time as encouraging planning. This led to the Living, Eating, Activity and Planning through retirement (LEAP) project which was subject to a randomised controlled trial that reports positive results (Lara et al, 2016).

## **Strategies to promote planning**

The literature suggests a number of other strategies that might promote planning. As discussed, these operate at different levels (see Table 2).

### **1. Encourage people to preserve 'the good things in life'**

One issue evident from this review is that mid-life planning for later can involve people recognising and therefore deliberately maintaining aspects of their present life that will benefit them in future. This is particularly so in regards to some of the issues that research shows are most important to people as they age, such as health and having a circle of friends (Humphrey et al, 2011).

This 'maintenance' form of planning is relatively neglected in the literature, perhaps because of the difficulty of collecting empirical evidence for it. But there is indirect evidence, firstly, supporting the idea that some people already recognise and preserve the good things in life and, secondly, that others could relatively easily be persuaded to do so.

On the first point, there are some indications that people want to preserve aspects of their life relating to housing and community. There is consensus in the literature on housing that that most people approaching later life want to stay living where they are as they age (see Chapter 2). There is also evidence that a large majority of people think that theirs is a good neighbourhood to grow old in (Humphrey et al, 2011). Another study indicates that many older people from minority ethnic groups value the community and facilities of the environment where they are living (Khan, 2012). The present and future value of existing social networks is recognised by LGB people, according to Guasp (2011). On the issue of health, one study also shows that as people approach later life, they are more likely than slightly younger age groups to say that they are undertaking a number of activities to maintain their health in later life (Humphrey et al, 2011).

The second point is really about the levers for change. This review identifies a set of barriers to planning which can be summed up as being about capability: these are the categories this report refers to as "choice and control" and "knowledge and understanding" (see Table 1). These barriers are hard to fully overcome without fundamental structural change to reduce inequalities (see Chapter 3). But one change that people can be supported to make at an individual level and in the shorter term is to identify and maintain aspects of their current life that may benefit them in later life. This point is made in two related studies which look at later life in terms of resources (Heaven et al, 2016; Moffat and Heaven, 2017). They suggest that individuals (and couples) might benefit from assistance to reflect on "core resources" within their control (eg, maintaining family relationships) rather than planning specific details of retirement that might be highly dependent on factors outside their control. A similar point is made in Street and Desai (2011). Referencing the cumulative inequality framework, it states that individuals may be structurally disadvantaged in earlier life or one particular life domain of their life, but may be able to partially compensate by planning in another. The example it gives of this is an older person on low income who may be able to experience wellbeing and happiness through planning and behaviours that capitalise on advantages in their psychosocial domain, perhaps by nurturing family relationships or developing a large network of friends for social support (Street and Desai, 2011). Such arguments do not make structural changes to tackle inequality any less urgent or necessary but they do identify some ways, at a micro or individual level, that people may be able to improve their later lives through planning.

## **2. Work on time perspectives**

One way which interventions might help encourage planning is to work on time perspective. Two interventions support this idea. In one study, perceived, rather than actual, temporal distance was manipulated with a simple framing manipulation (proximity on a

time line) and resulted in an increase in self-reported, future-oriented, pro-environmental behaviour, such as carrying a re-usable bottle in the week following the intervention (Bashir et al, 2014). In a second study, when people viewed morphed versions of their older selves, this led them to lower future discounting and make higher contributions to a savings account (Herschfield et al, 2011). Both these studies use an intervention design and therefore support the claim that perceived temporal distance has a causal influence on planning behaviour.

### **3. Avoid imposing an external sense of obligation on people to plan**

The literature suggests that doing things because we ought to (introjected regulation) is less effective than doing things because we like them (intrinsic satisfaction) or because we are good at them (competence). Systematic reviews of the types of regulation associated with successful behaviour change in exercise (Teixeira et al, 2012) and obesity-related lifestyle change (Teixeira et al, 2015) shows split results for introjected regulation between positive and null relations with exercise, with a clear predominance of the latter in multivariate analyses. Instead, the review shows consistent support for a positive relationship between more self-determined forms of motivation and exercise. The review concludes that the literature consistently shows that competence satisfaction and more intrinsic motives positively predict exercise participation across a range of samples and settings.

Empirical evidence supports this claim in a study exploring the influence of physical activity goals on physical activity participants for mid-life women (Segar et al, 2008). These data suggest having physical activity goals of aiming to decrease weight or benefit health does not sustain physically active lives for healthy mid-life women. Instead, long-term participation among healthy women is sustained if physical activity is a means to enhance their quality of life (Segar et al, 2008; Segar and Richardson, 2014).

In a further piece of research, there is evidence of a disconnection between individual awareness of the need to engage in behaviour, and actual behaviour. In a systematic review of the literature on people who do not attend NHS Health Checks, it was found that participants are aware of national health promotion campaigns such as the NHS Health Check programme but are unwilling to attend (Harte et al, 2018). Some participants cited reasons, such as they “did not want to know” or were afraid of receiving negative news about their health, while others appeared to avoid attending as they did not wish to be “told off” or given lifestyle advice. This evidence further supports the proposal that external sources of pressure to change behaviour are not effective in their goal.

### **4. Better inform people**

Many studies recommend various ways to improve informational support for planning. The role that external informational support plays in promoting or discouraging planning is covered in Chapter 3. This section focuses on recommendations to improve it. A report for the Citizen’s Advice Bureau, Sen (2015), argues that a “dynamic whole-person approach” is

needed to help people find a way through “the maze of decisions they face” (Sen, 2015:4). The report uses the term ‘dynamic’ to refer to the need for advice that responds to changing personal and financial circumstances and priorities. It says that the Government should ensure that advice or guidance is available across the range of personal and financial decisions people face, including the possibility of needing long-term care and interactions between pension income and decisions about benefits or debt. It recommends providing clear and complete information about financial advice options, making sure that people understand the importance of seeking financial advice that is regulated, providing them with a comprehensive list of the types of services provided and possible fees and charges and making sure advice and guidance is accessible in all formats that people need. It calls for face-to-face delivery of generalist and expert advice so that people can better understand and co-ordinate their decisions. It also suggests that increased media coverage of pensions can serve as a hook to encourage active engagement in the issue. On the issue of which organisations might serve as partners in encouraging consumer engagement with later life planning, Sen (2015) recommends mortgage lenders, employers and welfare agencies.

From its review of evidence, PFRC (2016) suggests a number of ways to improve information, including simplification, visualisation animation and personalisation. While these were often appreciated by participants and perceived as useful, there was less evidence that they increased planning intentions. Lloyd 2015 offered a number of recommendations to policymakers, including educating savers before retirement about the role of guaranteed income for a good retirement.

Calls for better information are also made in respect to housing (CLGC, 2017) and care (Pinquart and Sörensen, 2002; Pope, 2013). Pope (2013) suggests that social workers can help inform people about care. Meanwhile Girling and Morgan (2014) recommend a person-centered approach as a way of overcoming barriers to end of life care planning, an approach echoed in Carr and Khodyakov’s (2007) advice to avoid a one-size-fits-all approach. A more personalised approach is also recommended for financial planning (Clark et al, 2009) and changes in health behaviours (Ismail and Atkin, 2015). Other studies regarding wills (Tilse et al, 2016) and financial planning (Thompson et al, 2011) recommend targeting campaigns and information to life stage events or ‘moments of change’.

## **5. Do not conceive of planners as isolated individuals**

Many aspects of life are fundamentally social, with individuals living together and making decisions as couples, and with the opinions and circumstances of extended families and social groups affecting capability, opportunity and motivation. The social nature of behaviour change is clear when looking at the behaviour change literature (Michie et al, 2011) as it includes social influences on behaviour at a number of levels: social opportunity as a source of behaviour, modelling as an intervention option and social planning as a policy category. While Chapter 3 covered the way that social influence can both promote and undermine planning, here, the emphasis is on the more general point that planning occurs in relational environments, both at home and at work.

Numerous examples of studies demonstrating that spouses and partners serve as important frames of reference in planning decisions are cited in a review of literature about factors that affect people's ability to extend their working life (Nilsson, 2016). Moen et al (2005) provides statistical support for this claim from a cross sectional study of participants with a mean age of 43. It finds that partners in dual-earner couples often perceive their two retirements as "tied" transitions. Its findings indicate that many couples plan on retiring in tandem: nearly half of the men (49.4%) and women (46.3%) in its sample intended to retire about the same time as their spouses. By comparison, over one in four men (28.3%) and women (28.7%) expected to retire later than their spouses, with slightly fewer men (22.3%) and women (25.0%) expecting to retire earlier than their spouse. Meanwhile, Loretto and Vickerstaff (2015) finds that women often retired from work to complement their husband's plans for retirement. Moen et al (2005) also demonstrates that peer behaviour in the work environment affects planning (see Chapter 3). The role of family in retirement planning is evident in other studies, (for example (Khan, 2012) and the literature on age-friendly cities and co-housing demonstrates that planning can be carried out community level (eg, Emlet and Mocerri, 2012; Brenton, 2013; Steels, 2015).

A study into retirees' financial decision-making recognises the tied nature of couples' decision-making in this domain (Lloyd and Lord, 2015), a point reinforced by Heraty and McCarthy (2015). A review of literature on retirement saving by Gough and Niza (2011) makes the more general point that social influences are overlooked in many studies in that field. Street and Desai (2011) also say that a strength of sociological perspectives is their understanding that planning does not occur in a social vacuum. A qualitative study by Brown and Vickerstaff (2011) suggests that policy makers need to recognise how people construct narratives of their own health/morbidity and likely longevity from their previous life experiences and those around them. And it adds that government attempts to persuade people to change their retirement timing will not succeed if they rely on convincing people only of the hard fact that we are on average living longer.

Conceiving of planning as an individual pursuit or responsibility can downplay the capacity for individuals to plan together, at a community level. It also overlooks the fact that planning to improve the lives of older people is an endeavour that requires coordinated action by national and local government, the private sector and civil society.

## **6. Facilitate planning through policy change and structural support**

The case for structural support to facilitate planning is put strongly in Denton et al (2004). This study finds that a minority of participants in its research "take life as it comes", living as best as they can, day to day. This group was comprised largely of low-income women who were divorced or separated. The study finds that the social conditions of their lives made it difficult to plan actively for their futures. It pointed out that the risks for this group were heightened and would persist if welfare states were dismantled and an ethos of individual responsibility replaced collective responsibility and it called for politicians and policy makers to actively recognise these groups in policy and practice. The review demonstrates a strong

link between socio-economic-based precariousness and lack of planning. Addressing this barrier requires wider structural support.

Other studies argue for specific forms of support, related to particular domains of planning – these strategies are not about encouraging planning directly but rather providing an environment which is more conducive to planning. In housing, several studies call for the development of affordable, suitable and attractive housing for older people in both private and social sectors (Pannell et al, 2012; Pennington, 2013; CLGC, 2017). One recommendation is that all new homes should be built to the Category 2 Building Regulations standard so that they are ‘age proofed’ and can meet the current and future needs of older people (CLGC, 2017). Another addresses the difficulties people in private rental accommodation can face getting landlords to facilitate home adaptations. In this case, the recommendation is to consider allocating government funding to local authorities to make discretionary payments to landlords for the costs of reinstatement or removal of the adaptation once the tenancy has ended (CLGC, 2017). Another idea to enable home adaptations more generally is for schemes which check and endorse tradespeople, such as the Government endorsed scheme, ‘TrustMark’, to develop a specific accreditation for traders based on reviews by older people or their relatives. (CLGC, 2017). The need for more choice around tenure and shared ownership options is also recommended, as is practical support to help people move (Pannell et al, 2012; Pennington, 2013).

In relation to finance, the PRFC report (2016) suggests that individuals and households cannot reasonably be expected to overcome shortfalls in knowledge and understanding without changes to advice, guidance and financial services and that this is something for the industry and regulators to tackle, not individuals. However Gough and Niza (2011) alludes to larger structural barriers with the observation that that providing more information about retirement investment does not necessarily lead to better decisions because in many cases individuals are sufficiently knowledgeable and can handle financial information but have difficulties sustaining the costs of saving in the long run.

In regards to planning for retirement, there is an increasing body of literature on facilitating flexible working in later life (eg, Eurofound, 2007; CIPD, 2016; DWP, 2017a; DWP, 2017b). This has largely been prompted by government efforts to promote flexible working as a means of extending working lives and thereby addressing the challenges of an ageing population. There is some evidence that employees welcome more opportunities for part-time work and phased retirement life (eg CIPD, 2016; DWP, 2016; Eurofound, 2016; DWP, 2017b) but research also shows that the flexibility of work is just one of a complex number of factors affecting when people retire and the planning that occurs around this decision (eg, Loretto and Vickerstaff , 2012). Research which compares approaches in different European countries to extending working lives recommends various structural changes to facilitate this choice, for example, the provision of mid-life career reviews (Eurofound, 2016), career advice and retraining for the unemployed (DWP, 2017c), and interventions that enable people to balance caring responsibilities with work (Eurofound, 2016; Wilson et al, 2016).

Studies in the review also identify a need to facilitate planning for particular sections of the population. In particular, studies describe a feeling that the care system does not adequately represent and respect the needs of LGB people (Guasp, 2011; Westwood et al, 2015) and ethnic minority people (Khan, 2012). Again, this is an issue outside the control of individual people at mid-life and requires external action.

A tendency to think of the end of working life and retirement as gender-neutral or following a typical male trajectory is similarly seen as detrimental to supporting women through the retirement transition (Loretto and Vickerstaff, 2015). This means that the need for a range of flexible working options for people, particularly carers, can be overlooked. It also echoes the message that there is a need to better recognise low income, divorced or separated and single women in both policy and practice.

## **7. Acknowledge the limits of planning**

Although planning is widely considered a useful antecedent of behaviour, some literatures are clear on the limits of its role particular given the wide range of planning behaviours being considered here. In other words, if the goal is to increase a given behaviour, promoting planning of that behaviour is not necessarily the right target.

For instance, within the behaviour change literature, planning is not considered an essential driver of behaviour. A systematic review of behaviour change interventions methods has resulted in a framework for thinking about these interventions (Michie et al, 2011; Cane et al, 2015). Planning is included in the framework (as 'reflective motivation') but is not central to it. Rather, it is one of a number of factors that offer Capability, Opportunity or Motivation to engage in Behaviour (the COM-B model). The framework makes two things apparent about the importance of planning as a precursor to behaviour. Firstly, promoting planning is not sufficient to change behaviour, as other factors may be impeding behaviour whether or not planning takes place (eg, a lack of opportunity or capability). Secondly, promoting planning is not necessary to change behaviour and initiating change in other domains may be just as effective as promoting planning in initiating behaviour change (eg, automatic motivation). Specific interventions techniques that could be used to change behaviour without promoting planning include skills (habit formation), reinforcement (incentives for behaviour) and social influence (peer support) (Cane et al, 2015).

Two examples of strategies that don't rely on planning behaviour but achieve the same ends as planning (in this case saving money for the future) are auto-enrolment in pensions and Save More Tomorrow. Both these strategies arise from the substantive literature on decision-making and behavioural economics, which was beyond the scope of this review, but are included as examples of alternatives to promoting planning.

Auto-enrolment is a change in the defaults associated with workplace pensions, whereby employers automatically enroll new employees on their workplace pension scheme, rather than employees opting-in. Cribb and Emmerson (2016) finds that auto-enrolment has

led to large increases in the pension participation rates and in the total contributions to workplace pensions. The study identifies four potential factors in the positive relationship between auto-enrolment and pension participation and the proportion of employees saving the default minimum amount (Cribb and Emmerson, 2016). First, auto-enrolment reduces the complexity of the decision about whether to save in a pension. This is because the decision about whether to cease participation is simpler than the full investment allocation decision, and auto-enrolment 'decouples' the participation decision from the contribution rate or investment allocation decision. Second, employees may be less likely to opt out of a pension when automatically enrolled because they know they can do it later. In actuality, employees continue to stay in, and at the default rates. Third, employees may see the default as an endorsement, either from the employer or from the government. The default option is seen as implicit advice, particularly for those who are not financially literate, and hence the fact that pension contributions are the default reduces the chance of opting out because the default is seen as recommending people to become members of the pension scheme. Fourth, there are some employees who are auto-enrolled in a pension who were not previously offered an employer contribution to their pension.

Save More Tomorrow (Thaler and Benartzi 2004) is a prescriptive approach to increasing regular contribution to savings based on a recognition of known biases in human behaviour. The scheme promotes saving by asking employees to commit now to an increase in their savings rate each time they receive a pay rise. Since the savings are deducted as part of an employer scheme, the employee never has to decide how much to save, or to decide on a change that impacts them now, and they avoid the fall in available cash otherwise associated with paying in to savings. It is successful because it recognises that people don't save because of limits to their capability to decide what to save (they don't know how much to save), because they lack self-control (they lack the will power to save), they procrastinate (they defer making a decision to save) and they suffer loss aversion (they weigh the loss of income as a result of saving more than the gains of using the savings when they are needed). All these facets of human behaviour represent biases that limit the impact of planning and interventions may need to bypass planning entirely to be effective.

The unpredictability of life also puts limits on planning. Particularly in the late stages of life, uncertainty is inherent and has a dampening effect on planning (Hardcastle, 2012; Moffat and Heaven, 2017). As previous sections of this report have illustrated, the capacity to respond to uncertainty is not evenly spread throughout society. For certain groups of people, life is more precarious and these are the groups who plan less. One proposal for dealing with uncertainty is to encourage an experiential process of 'thinking through' various scenarios, to enable preparation for those scenarios, while still taking in to account the 'often messy and disrupted process' that constitutes retirement (Loretto and Vickerstaff 2013: 65). Another is the idea of building resilience through formal training, mentioned earlier (see Chapter 4). These are individual-level strategies. At a structural level, one strategy would be to identify and tackle policies which exacerbate uncertainty but since it can never be eradicated, another goal should be to address the unevenness in people's capacity to respond to uncertainty.

## Conclusion

The first section of this chapter considered evaluations of programmes and courses designed to promote retirement and later life planning. Although many of the evaluations report positive results, it is clear that many also suffer from methodological shortcomings and where assessment of their efficacy is more robust (for example in the case of financial education), effect sizes are small and contingent. Another criticism is that existing programmes have tended to be overly structured around retirement, as opposed to other aspects of later life planning. More positively, this leaves room for the development of new kinds of courses and there are various promising ideas for developing courses, including combining changes to existing behaviours with planning ahead and focusing on aspects of later life beyond retirement, financial security and health.

Finally, there is the issue of who can access such programmes. As the progress of mid-life career reviews showed, even if these programmes seem beneficial, making them widely available in practice requires political will to do so.

Apart from formal later life planning programmes, the review of evidence suggests a number of strategies for those wishing to encourage larger numbers of people to plan more widely:

- **Encourage people to preserve 'the good things in life'.** This is about identifying aspects of life at middle age which will serve people well as they age and taking steps to maintain or preserve these. This tackles the damaging combination of being aware of an issue but feeling powerless to do anything about it. Instead, it encourages the setting of achievable goals.
- **Work on time perspectives.** There is some evidence that interventions can encourage people to become more future oriented. Other evidence suggests this strategy would have to be combined with others if it were to lead to more planning activity.
- **Avoid imposing an external sense of obligation on people to plan.** Evidence shows that this form of external pressure tends to have a negative effect, such as leading to feelings of guilt.
- **Better inform people.** This includes tailoring advice and support. Lots of literature recommends better informing people about issues that they may plan for and resources to help them. This emphasis is partly explained by the bias in the literature towards financial planning, where there is arguably more need for information and where traditional models of decision-making have supported this strategy. In contrast, the influence of behavioural change literature on pensions' policy demonstrates the limited benefits of simply giving people more information.
- **Do not conceive planners as isolated individuals.** Various studies suggest that planning might be better understood if there was more recognition that people plan as couples

and in families. The impact on behaviour of social influence is also recognised both in sociological literature and behaviour change literature but less so in planning literature. Meanwhile, the literature on age-friendly cities and co-housing demonstrates that planning can be carried out by groups of people rather than individuals. Conceiving of planning as an individual pursuit or responsibility can overlook the fact that it is an endeavour that requires coordinated action by national and local government, the private sector and civil society.

- **Facilitate planning through policy change and structural support.** The evidence shows that planning is hampered by structural barriers such as a lack of suitable housing and care homes, and inadequate regulations. More fundamentally, this review demonstrates a strong link between socio-economic based precariousness and lack of planning. Addressing this barrier requires wider structural support and a greater recognition in policy and practice of this group of people.
- **Acknowledge the limits of planning.** Encouraging mid-life planning for later life is just one route to changing behaviours towards those known to benefit later life – for example staying fit. However, evidence from behaviour change literature suggests promoting planning may not be the only option, and evidence from behavioural economics suggests that interventions designed to avoid any need for planning can be more impactful than those that involve planning.

# Chapter 5: Conclusions

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Among the various conclusions in each chapter of this scoping review, a number of overarching conclusions stand out:

- The people who tend not to plan or who plan reactively are defined by a cluster of demographic features and experience of life. Their cumulative disadvantage, the immediate pressures in their lives and uncertainty about the future all hinder planning. Low income and wealth are defining demographic characteristics of this group and are combined with other features such as living in rented accommodation, having caring responsibilities and working part-time. While the domination of finance literature may account in part for the conclusion that income matters to planning, evidence from other domains also points to income playing a role in planning as part of a mix of socio-economic factors which result in people feeling that they have little control over the trajectory of their lives. Disadvantage both accumulates over the life-course and is worsened by being intersectional, as other research for Centre for Ageing Better shows (Scharf et al, 2017). As a result, people can end up feeling that they are unable to control what happens to them and unable to plan for their future. Uncertainty in life is inherent but the capacity to cope with it is not evenly spread throughout society. Where a sense of powerlessness is coupled with an awareness of the risks later life can bring, the result can be a fatalistic attitude, which further discourages planning.
- There are a number of planning-based strategies which might help this situation and a combination of them is more likely to be effective than relying on any one alone. These strategies act at different levels, some on the individual and others at a more structural level. At the individual level, a pragmatic strategy suggested by the synthesis of literature in this review would be to encourage people at mid-life to identify existing aspects of their life which will serve them well as they age, rather than focus on potentially unachievable new objectives. There may be aspects of life where people disadvantaged in terms of income, nonetheless, have important strengths, for example in relation to where they live, or their social networks. This strategy should, by no means, substitute measures to tackle disadvantage more directly, but it could form one part of a wider strategy to encourage planning.
- It is not clear whether formal mid-life planning programmes would be a good vehicle for this kind of individual level strategy. The evidence on the efficacy of these courses is relatively poor and what evidence there is suffers from the fact that the remit of the courses is rather limited. There are various promising ideas for developing courses, including combining changes to existing behaviours with planning ahead and focusing on aspects of later life beyond retirement, financial security and health.
- At a structural level, the literature recommends strategies that are not about encouraging

planning directly but, rather, providing an environment which is more conducive to planning. Recommendations include improving the supply of appropriate housing, providing care homes that cater to the needs of minority groups and ensuring that working environments support flexible working, so that this is an option for a wider range of people. A small body of literature takes a broader approach to structural support in planning, pointing out that the dismantling the welfare state and the replacement of an ethos of collective responsibility with one of individual responsibility has disadvantaged groups such as low income, divorced women. It recommends that politicians and policy-makers more actively recognise these groups in policy and practice.

- The tendency to individualise responsibility for later life is echoed by a corresponding individualising of planning in much of the literature. There is some recognition that couples plan together and that the family unit features in planning. But planning by groups of people or at the community level is generally not covered in planning literature, although there is ample evidence that planning both occurs at this level and can be effective (see, for example, the literature on age-friendly cities and co-housing). This omission means that the benefits of group-level planning for those who otherwise feel disempowered to improve their later lives is overlooked.
- The review also identifies alternative strategies which achieve the same ends as planning but do so by other means. Behavioural economics literature discusses the biases inherent in human planning behaviour, and the benefits of designing interventions that avoid any need for planning. A key example of the application of these ideas is auto-enrolment in pensions, which has resulted in more people saving for later life. The question of whether other areas of planning could benefit from a similar approach is outside the scope of this review and answering it would require reference to a separate, large body of literature. But there is widespread recognition that nudge-type approaches are not a panacea for all policy problems (eg, Bogliacino et al, 2016) so interest in the role of more deliberate planning is unlikely to be replaced by recourse to nudging.
- Finally, the review identifies the importance of the limits to individual planning strategies. Older people's wellbeing is a collective responsibility, needing input from employers, local and national government and the third sector, as well as from individuals.

## Gaps in the literature

As discussed above, much existing literature is narrowly focused and skewed by the difficulties in capturing planning empirically. This review identifies the following gaps:

- Literature evidencing the effects of planning in various domains on a wider array of outcomes in later life (ie, beyond income and health)
- Robust evaluation of retirement and later life programmes and of programmes addressing later life issues beyond leaving paid work and financial planning.

- Linked to this, there is a lack of literature on how different groups of people plan, for example, women, LGBTQ people, minority ethnic people. This information is not only interesting in its own right but also, by providing a different perspective on planning, it has the capacity to identify unrecognised assumptions in literature based on other sections of the population.
- One aspect concerning women at mid-life which appears not to be addressed in the literature at all is the effect of the menopause. It would be interesting to know how this affects women's psychological and emotional preparedness to later life.
- There is a relative lack of literature that takes full account of the fact that individuals do not plan in isolation from one another. This leads to a lack of literature addressing the impact on planning of partners and family. It also means there is an under-recognition of the capacity for individuals to plan in groups together, and at community level.
- Linked to this, there is a relative paucity of literature investigating the social influences on planning.
- It is clear from this review that there is a complex interaction between demographic and attitudinal factors in encouraging or discouraging planning. Literature investigating this interaction is uncommon but highly relevant.
- It is recognised that data about planning is subject to a cohort effect. Studies using data from different cohorts, particularly those who are now currently at the lower end of mid-life, is therefore important to a full understanding of the issue.
- Because planning in social and leisure domains is under-researched, there is also a lack of understanding about how to encourage it. For example it may be that structural support – eg, the provision of community hubs and libraries – facilitates planning in these domains.
- Another question is whether a cascade effect operates with regard to planning. If you plan in one area, does this provoke planning in other areas? Or is the reverse true that one 'good' behaviour cancels out the sense of a need to engage in others?
- It may be useful in understanding how to motivate planning to distinguish between big one-off decisions such as moving house and more habitual behaviours such as taking exercise with a view to the future. This kind of comparison across domains of planning is relatively rare in the literature.
- Poor planning is addressed via the issue of the difficulty people have in predicting the future but there are many more questions that could be asked – such as whether poor planning is worse than no planning at all.
- This review found, as others have, that the literature on planning is very focused on financial planning and retirement. Other more diffuse aspects of life such as companionship and sense of purpose, which are known to be important to older people, are relatively ignored. Yet as one review states: happiness and figuring out ways to enhance it, might be the quintessential planning goal for old age (Street and Desai, 2011)

## Limitations

This is a review of empirical evidence on planning. It identifies, but does not comprehensively examine, some of the assumptions behind the research questions. It also does not examine comprehensively alternative ways of achieving the expected benefits of planning. These limitations are detailed in Appendix 1, along with the inclusion and exclusion criteria applied to the literature search.

# Appendix 1: Methodology

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This report is based on a scoping review on the recent evidence around planning and preparing for later life. A protocol was developed for the methods to be used and was agreed with Ageing Better. A scoping review represents a rigorous and transparent way of summarising current research that is most relevant to the UK context, and identifies gaps in research, but differs from a full systematic review in that it is broader in scope, more exploratory and more comprehensive by considering a wide variety of different types of study appropriate to the areas investigated. These areas are represented by the review questions listed below.

## Review questions

1. Who does or does not plan and prepare for later life?
2. What are the barriers and enablers to planning and preparing for later life?
3. What does or might work to enable people to overcome barriers, or to better facilitate enablers?

The broad inclusion criteria specify the domain being studied, the relevant population, the context and relevant study designs.

## Domain being studied

The domain is planning and preparing for later life. In this review, planning and preparing are treated as near synonyms. The Oxford dictionary definition of planning is “an intention or decision about what one is going to do” and the dictionary definition of preparing is “to make someone ready or able to deal with something”.

This review draws on Street and Desai (2011) to characterise planning for later life as the range of activities people deliberately pursue with the aim of achieving desired outcomes in later life. This entails a future, as opposed to immediate or short-term, goal orientation. Preparing is also deliberate and future oriented but is understood as less goal oriented than planning and evoking a lower sense of agency.

Later life is defined as age 60 plus, in line with the United Nations agreed threshold.

## Population

Inclusion criteria: Adults of any age but particularly mid-life (commonly defined as 40-60 years old). Study participants or populations could be based in any high-income countries (as defined by the World Bank) that are applicable to the UK ageing and policy environment.

Exclusion criteria: Studies concerning children or where the mean age is under 18 or where the mid-point of the range is under 18 years old. Also excluded were studies which focused exclusively on people with terminal illness, specific mental illness, specific health conditions or cognitive decline.

## Context

Inclusion criteria: studies were about populations in a home and/or work context. The inclusion of work is in recognition of later retirement ages and the trend to continue working in later life.

Exclusion criteria: studies where the setting was a health-related or social care-related establishment, such as a hospital, nursing home, care home or cottage hospital.

## Study designs

Any empirical study was included, reporting qualitative or quantitative findings. They could be scientific papers published in peer-reviewed journals, books that report on conceptual and empirical work, or academic research reports that present conceptual and empirical work. They could be fully published as a book or journal article or as a grey literature report. Literature had to be published or made available (for grey literature) between 1 January 2000 and 31 April 2018. Literature could be reported in any language but had to have the abstract also published in English. We excluded dissertations, theses, conference papers, notes, letters, editorials and opinion pieces. A best evidence hierarchy was then applied to abstracts of all studies meeting the review criteria, in order to use the best evidence available. The hierarchy was based on whether there was a good, recent systematic review or narrative review, then whether there was recent, good quality, published primary research from the UK that addressed the issue directly or indirectly.

## Search strategy

Our search strategy was planned to be undertaken in two phases. The first phase – initial searching- was a very specific search of the relevant databases using appropriate search terms. The second was the ‘snowball phase’ where we actively sought out research that complemented research that we had already found in phase 1 and filled any of the gaps. This two-stage strategy was important because we were looking for complex interventions in a variety of domains and contexts, where database indexing was likely to be not well suited to finding the type of research we were looking for. This two phase strategy is explained more fully below:

- We conducted an initial single systematic search of databases to identify the best evidence in each domain. These citations were assigned to each of the relevant areas associated with planning and preparing for later life.
- If the initial search identified very recent and comprehensive systematic reviews or

narrative reviews which provided good evidence on one of the areas associated with planning and preparing for later life, we used these to summarise the evidence, rather than repeating the review in that area.

- If the initial search showed no recent and comprehensive systematic reviews or narrative reviews in a specified area, we looked at recent good-quality primary studies of qualitative or quantitative research found in the initial search.
- If the initial search found little or no evidence in one of the relevant areas, we conducted a wave of highly focused snowball searching, using the most appropriate databases and suitable synonyms, to find the best evidence. This snowball searching also looked at specific journals rather than databases, or reference lists of reviews or primary studies, or included searches using a general internet search engine (Google Scholar) or experts in these fields.
- In parallel with this, we searched academic reports using suitable synonyms to find relevant studies based on the inclusion criteria.
- At the end of the each wave of searching, papers were examined and inclusion criteria applied. At this stage, a decision about whether saturation in each planning domain has been reached was also made. If saturation had not been reached, the next wave of iterative searching proceeded until we came to the conclusion that no further relevant evidence was available.

On the basis of our preliminary searching, we generated a literature map listing all relevant domains in which planning and preparing for later life might occur, such as financial, paid work, social, leisure, housing, care and health. It also included areas of literature which crossed these domains.

## Searches

Searches were conducted using the following databases (and platforms): Applied Social Sciences Index and Abstracts (ASSIA) (in Proquest); Science and Social Science Citation Indices (in Web of Science); PsycINFO, PsycARTICLES; Psychology and Behavioural Sciences Collection, Education Resources Information Centre (ERIC), Business Source Premier, Medline (in EBSCO), Embase (in Ovid), Cochrane Database of Systematic Reviews, CENTRAL, Database of Reviews of Effects, Health Technology Assessment (in Cochrane Library), IDEAS; and Scopus. Searches were conducted between January and February 2018. A sample of the search terms for the initial searches included (mid-life OR midlife OR peri-retirement OR pre-retirement) AND (plan\* OR prepar\*) AND (older OR elder\* OR senior OR aging OR ageing) in Science and Social Science Citation Indices, (mid-life OR midlife OR peri-retirement OR pre-retirement) AND (plan\* OR prepar\*) AND (older OR elder\* OR senior OR aging OR ageing) in Scopus, (mid-life OR midlife OR peri-retirement OR pre-retirement) AND (plan\* OR prepar\*) AND (older OR elder\* OR senior OR aging OR ageing) in PsycInfo, (mid-life OR midlife OR peri-retirement OR pre-retirement) AND (plan\* OR prepar\*) AND (older OR elder\* OR senior OR aging OR ageing) in Business source premier and ERIC, (mid-

life OR midlife OR peri-retirement OR pre-retirement) AND (plan\* OR prepar\*) AND (older OR elder\* OR senior OR aging OR ageing) AND (barrier\* OR obstacle\* OR challeng\*) in ASSIA, and (midlife | retirement) + (planning | prepare) + (older | elder | senior | aging | ageing) in IDEAS.

Initial searches were conducted by two members of the team (SH, CP) and checked by CP. Snowball searches were by other team members for the different domains being studied – financial (ND), paid work (ND), psychological (SF), social (CP), housing (CP), care (SH), physical activity (CM), leisure (SF), health (CM). Snowball searches were then conducted by the various team members for the domains they were investigating. Search terms for the snowball searches included 'Planning + motivation + health + (older adults or elderly or seniors or geriatrics)' (Medline), "'Psychology of planning behaviour", "intention-behaviour", "Theory of planned behaviour", "Planning for retirement"' (Google Scholar), and "Steps to avoid loneliness', 'avoid loneliness', later life, older, elder, senior, ageing, aging ,mid-life, midlife' (Google Scholar).

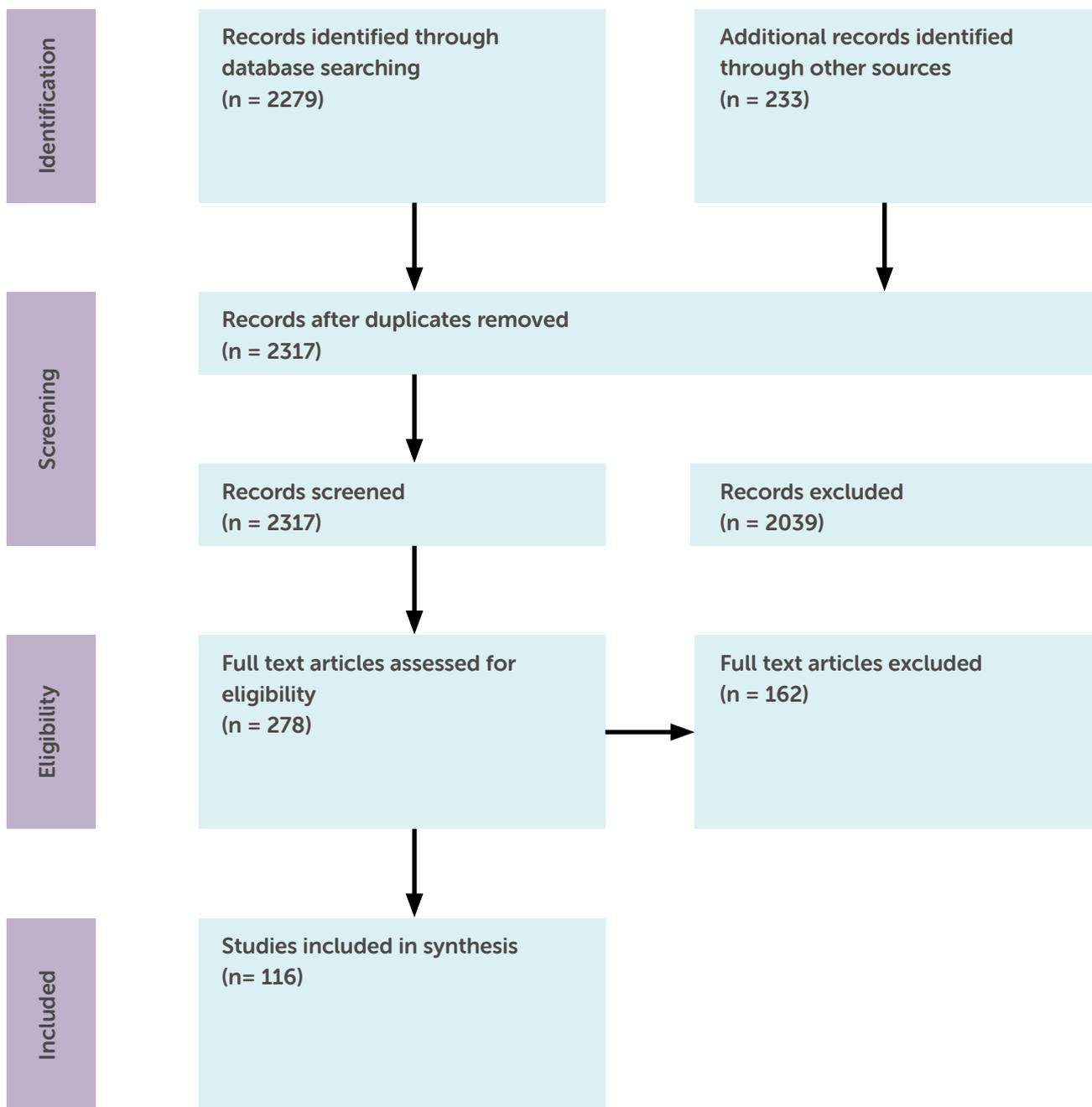
## **Data extraction, quality assessment and data synthesis**

Data was first extracted onto Word documents by each member of the team for the domain they were investigating (financial, paid work, psychological, social, housing, care, physical activity, leisure, health). Each team member then selected the relevant parts of the extraction to be inserted into a large data extraction spreadsheet in Excel. Provision in the protocol was made for contacting study authors to request missing information or for clarification, but this was not needed. Quality of included studies was assessed using Critical Appraisal Skills Programme (CASP) checklists appropriate to the type of study concerned (see [www.casp-uk.net/checklists](http://www.casp-uk.net/checklists)). These were then summarised into strong, medium and weak evidence categories, according to each research question in turn and these assessments inserted into the large data extraction spreadsheet in Excel. Team members then combed through this data to ensure consistency of entries. One member of the team synthesised all of the information as narrative synthesis, and tabular synthesis where appropriate, according to the three scoping review questions. These syntheses were assessed by the other members of the team for sense and meaning before the final draft was agreed with Ageing Better. In the writing up process, priority was given to describing studies which were of strong and medium quality regarding the research question addressed.

## Searches

The results of the searches are shown in **Figure 1**:

**Figure 1: PRISMA flow diagram**



## Additional limitations

Various exclusion criteria listed above mark the limitations of this review. In addition, the following underlying issues and associated bodies of literature are identified in the review but not comprehensively discussed:

**Does planning improve wellbeing** This itself, raises the additional issue of defining wellbeing. The review touches on this issue on (see Chapter 1) and suggests that addressing it fully would require considering various types of planning in different domains and a wide range of markers of wellbeing.

**Why promote planning** The question of whether planning 'works' begs questions such as 'for whom' and 'under what circumstances' (Pawson and Tilly, 1997). The review did not examine the political and economic contexts in which planning is promoted. The assumption is that promoting planning is about improving wellbeing but planning can also be promoted from an ethos of individual, as opposed to collective, responsibility.

**The extent to which plans are carried through** This applies more to some forms of planning than others, depending on whether the act of planning takes immediate effect. For example, contributing to a pension and planning to moving house differ in this regard. Common sense suggests that acts of planning that take longer or are more arduous are less likely to be carried through. This hypothesis is supported by literature demonstrating the weak association between planning to move house and actually moving (Coulter et al, 2011).

**Changing the defaults so that 'planning' takes place automatically** A prime example is auto-enrolment in pensions. This review defines planning as consisting of activities 'deliberately pursued'. So, making planning automatic means it is strictly no longer planning. Two bodies of literature are relevant: firstly, literature on decision-making in both psychology and behavioural economics; and secondly, literature debating what is termed the 'behavioural turn' in public policy, of which auto-enrolment is an example. (One place to start a review of this literature is Bogliacino et al, 2016.)

# Appendix 2

**Table 3: Summary of demographic characteristics of non-planners and reactive planners by planning activity and decision-making domain**

Planning activity	Demographic characteristics of people less likely to engage in planning activity								
	Age	Gender	Ethnicity	Level of Education	Marital status	Number of children	Work type	Housing tenure	Income/
wealth/SES	Health								
Save for retirement	Younger	Female	Non-White	Lower		One or more	Private sector, part-time. Have informal dual caring responsibilities	Rented accommodation	
Plan ahead financially in general (not just for retirement)	Younger	Men			Not single		Unemployed		Low income
Contribute to workplace or private pension	Over 75	Female	Minority ethnic	Lower than degree			Have never worked	Rented social or private	Fair or poor
Eligible non-saver	Younger	Men		Lower	Single	Fewer	Part-time in private sector, small establishments, often retail and catering sector	Rented accommodation	Lower income
Will making	Younger				Co-habiting or single		Unemployed		Low assets
Living will, power of attorney	Younger	Female		Lower					
Discussions about end of life	Younger	Men		Lower	Formerly married or unmarried				Good, very good or excellent self-reported health
Actions to maintain long-term health	More likely to be 35-49 than 50-59	Men		Lower					Lower SES and income

Demographic characteristics of people with less choice in decision										
Decision-making domain	Age	Gender	Ethnicity	Education	Marital status	Number of children	Work type	Housing tenure	Income/	
General planning	Younger	Women		Lower	Widowed, divorced, separated		Not managerial or professional occupations		Lower income	
wealth/SES	Health									
Leaving work		Female		Primary or no education			Low-skilled. Work in particular sectors eg hospitality. Have			
disrupted work history		Lower income.								
Not able to afford to retire	Poor									
Moving house	Older	Female			Divorced, separated or single			Rented accommodation	Lower income and SES	Poor general and or mental health

# List of included studies

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