



Communicating with the over 75s

Desk research commissioned by the Department for Culture, Media and Sport to support the digital switchover targeted help scheme

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Background & Methodology

Background

The switchover from analogue to digital television will take place between 2008 and 2012. The Government will provide support to facilitate the switchover for people who most need help - including those aged 75 and over, those with significant disabilities (defined as those receiving Attendance Allowance, Disability Living Allowance, or equivalent benefits under the Industrial Injuries or War Pensions schemes), and those who are registered blind or partially sighted. People who are receiving Income Support, Job Seeker's Allowance or Pension Credit will be offered the support package free of charge; for others there will be a modest fee. The BBC will help establish and fund the scheme.

The Department for Culture, Media and Sport (DCMS) is developing a strategy to communicate with those who are entitled to receive targeted help. In order to support the development of this communications strategy, the COI on behalf of DCMS commissioned Andrew Darnton to undertake an independent desk research study. Andrew Darnton is an independent researcher, specialising in desk research studies. The majority of Andrew's work is undertaken for central Government, including Defra, the Home Office and the DfES. In 2005 Andrew produced a substantial desk research report on 'Communicating with Older People', which formed the first phase of the COI's Common Good research project 2005-06.

This document represents the final report on the desk research study into communicating with the 75 and overs around the digital switchover. This report was produced by Andrew Darnton alone; it does not reflect the views of DCMS.

Objectives

The overall objective of the desk research was to support the development of the communications strategy for the digital switchover targeted help scheme. This task comprised two aspects: understanding how best to communicate in general with the audience of 75 and overs, and understanding how best to communicate about the digital switchover and support package to that audience.

The specific topics to be covered by the desk research included:

i) Basic Demographics for the 75 and overs

Population sizes; households and living arrangements; eligibility for and claiming of allowances and entitlements (all the above to include data by subgroups including by region, ethnicity and socio-economic grade)

ii) Leisure and Media Habits

TV, radio, press and other media consumption; leisure habits and out-of-home activities

iii) Routes to the 75 and overs

above the line advertising; below the line communications (including direct mail, leaflets and other printed material, telephone and internet); formal intermediaries; informal face to face sources (including family, friends and neighbours)

iv) Principles of Effective Communication to the 75 and overs

For above/below the line channels (including tone, style, look and feel, celebrities and role models, branding)

v) Attitudes to Digital TV among the 75 and overs

(and under 75s in the absence of specific evidence)

vi) Communicating the digital switchover and targeted help scheme to the 75 and overs

(and under 75s in the absence of specific evidence)

Methodology

A tight timescale was set for the desk research study, in keeping with the development of the communications strategy for the digital switchover targeted help scheme. Accordingly the study was undertaken over a five week period, from late March to early May 2006.

The desk research study adopted a three-stage methodology, as follows:

i) Data Gathering

The first phase of the desk research involved the gathering of relevant research sources. This was done via three routes:

- Sources supplied directly by COI, DCMS, and partner organisations in the digital switchover programme (including Digital UK, Ofcom, and the Consumer Expert Group);
- A selection of sources included in Andrew Darnton's desk research report on 'Communicating with Older People', undertaken as part of the COI's Common Good research programme 2004-05;
- Sources gathered from key contacts: 27 such contacts were approached by Andrew Darnton and asked to provide relevant research sources, or to identify likely further avenues to pursue. The key contacts were drawn from digital switchover partner organisations, government departments and agencies, NGOs in the age sector, market research agencies, and academic centres. A full list of the key contacts and their organisations is given in the Appendix to this report.

ii) Scoping

As a result of the data gathering, 44 relevant sources were identified, of which 27 had been produced since the beginning of 2005. Relevant sources were defined as those which offered sufficient coverage of the objectives set for the study, and which specifically included meaningful evidence gathered from the audience of people aged 75 and over.

The scoping phase involved reading each of the selected sources, and identifying the relevant content in each source. That relevant content was presented source by source in outline on a grid, against the six topic areas set out above. In this way, the scoping report allowed DCMS and COI to see the extent of the known evidence against each of the objectives for the study.

The scoping report served as the basis for an interim debrief, which was presented to DCMS and COI on the 26th April.

iii) Reporting

The final phase of the desk research study involved reporting; this final report is the output from that phase. It provides a commentary on the evidence in each of the 44 selected sources; those sources are listed in chronological order in the Appendix to this report. The report opens with a page of key findings from the study.

Key Findings

- In 2006, there are 4.66 million people aged 75 and over in the UK (comprising 8% of the total population). Among the 75 and overs, there are nearly twice as many women as men. Moreover, women in this age range are twice as likely as men to live alone (60% of women aged 75 and over do so). In turn, living alone is a key determinant of support needs among older people - including support around the digital switchover.
- According to the Social Exclusion Unit, roughly a fifth of people aged 75 and over suffer 'exclusion from social relations'. Defining social isolation is problematic, but it is notable that the General Household Survey in 2001 found that 23% of those aged 75 and over did not see friends or relatives at least once weekly. Older people in 'low contact' with friends and relatives were identified as a priority group during the Bolton digital switchover trial.
- A number of key groups of older people are 'missing' from research data. These include older people who live in care homes, and the most isolated older people. For targeting purposes, it should be noted that nearly half of low income pensioners are 'missing' from lists of Pension Credit claimants, as they have declined to take up that benefit.
- People aged 75 and over vary widely in the level of age-related limitations which they present. Broadly, older people aged 75 and over can be divided into two fairly evenly-sized groups: the 'Out and About' and the 'Restricted'.
- People aged 75 and over rely on informal networks of friends, family members and other carers to provide them with social contact, support, and information. The communications strategy for the digital switchover support package should engage these networks, and actively target friends and family in order to reach the maximum number of older people.
- Television is very important to older people: on average, those aged 75 and over watch more TV per day than any other age group in the population (4+ hours or more). TV is also important to older people as a form of companionship, especially where they lack informal networks.
- People aged 75 and over represent a challenge for the digital switchover strategy: they currently have the lowest rates of uptake of digital TV of any age group (roughly 40%), and they also report low levels of intentions to switch. The most common reason given by unswitched 75 and overs is that they have no need to do so (40% give this reason).
- The primary barriers to undertaking the digital switchover among people aged 75 and over are lack of awareness and lack of understanding. The communications strategy should address these barriers, in particular by emphasising the benefits of digital TV to older people.
- Where awareness and understanding are in place, and costs are zero (or low), successful switching results. The Bolton trial showed that the support package could be effective for those aged 75 and over: 69% of participants rated the installation process 'very easy'.
- The key element of switchover support identified by the Bolton participants was help from family and friends; the provision of clear written instructions, and the provision of telephone helplines, were also highly rated. The trial was strengthened by the large number of local (and national) partner agencies who were involved in it.

Commentary

1. Understanding the Over 75s

1.1 Introduction

Previous desk research into the audience of 'older people' has found that the research evidence becomes more scarce as one moves up the age range. The traditional view is that there is relatively little research conducted among the over 75s; one reason for this may be the lack of commercial interest in this audience, based on assumptions that they are low spending, and limited in their sphere of activity due to the debilitating effects of ageing. As such, what research there is among the over 75s has usually been undertaken by academic centres or central government (for instance, the Department for Work and Pensions (DWP), for whom older people are a substantial 'customer' group). Older people also tend only to be present in quantitative surveys of the whole population in small numbers, in proportion to their size among the whole population. Even where quantitative research has included older people, it can often be difficult to access the data on older segments, as most reports lump all older respondents together in a 65+ bracket (and only occasionally a 75+, or older, bracket). In order to open up some of these data sources, this desk research study has made sure to request special runs of data tables which split out the data for different age ranges of older people over 65. Finally, it should be noted that research evidence on subgroups within the older people's population is so scarce that certain of these groups were identified as "missing" in a 2004 paper in the Office for National Statistics' (ONS) 'Population Trends' periodical. Such groups include older people from black and minority ethnic groups (BMEs), those in care homes, and the 'oldest old' aged 85 and over.

However, this desk research study has identified a greater amount of research evidence on the over 75s than had previously been gathered. Much of this evidence is new, and generated specifically in connection with the digital switchover. It has already been noted that nearly two thirds of the sources in this study have been produced since the beginning of 2005, and at time of writing, new evidence on the over 75s in the context of the digital switchover has been appearing at the rate of one report a week. From the perspective of older people's research, it is a happy accident that the digital switchover support package is targeting those aged 75 and over, in recognition of this being the current criterion for receipt of a free TV licence.

More importantly, a brief look at the key data on older people [see 1.2 below] shows that the evidence can justify setting a cut-off point around the age of 75 when dividing up the population of older people. This issue was explored in detail by Andrew Darnton in his previous desk research study on older people as part of the COI's Common Good project. That study found that, while numerical age and ageing effects did not correlate smoothly for the majority of the population, the age of 75 could statistically be seen as a turning point. For instance, significant numbers of older people report decreases in their quality of life at around 75, and similar patterns can be seen in terms of their ability to undertake various tasks requiring mobility skills (whether 'gross' such as climbing ladders, or 'fine' such as opening tin cans).

However, one of the key messages from that study was that segmenting older people by age (or other attitudinal or lifestage attributes) is an imperfect method for understanding that audience. The key reasons given for this conclusion is that older people are too diverse, and that they experience rapid changes during that older phase of life. This dynamic was notably investigated in a 2004 study by the Policy Studies Institute (PSI) for the DWP on 'Independent Living in Later Life', which stated that key events continuously move older people "from one segment to another and back again". The picture that emerges from the Common Good desk research is of old age as a dynamic process, in which ageing effects (such as the onset of poor health) correspond with rising age, but not neatly. It is important to bear these considerations in mind when looking at statistics relating to older people; while the data as a whole may show clear patterns, individual older people will vary widely in how they reflect those patterns.

Furthermore, ageing is shown to be an active process in which the older person themselves shapes their own life, adapting to the circumstances they face each day. The concept of 'successful ageing' is prominent in the work of Mary Godfrey, who describes ageing as a constant negotiation between "gains and losses". Thus, an older person's sense of purpose and potential is not solely dictated by their physical characteristics (eg. their level of mobility or sensory impairments) but by their attitude: some older people may appear frail and limited but in fact be vigorous and optimistic – a fact that statistics can easily mask. This mismatch between what older people prize and what research tends to measure is exposed in the PSI study for the DWP. The older people in the study were each asked to score their independence on a scale of one to ten (one being not at all independent). Most of the fit and well pensioners gave themselves high scores, but those who were in ill health or more disabled also did likewise. The report gives the example of Miriam, who was in her 90s and suffered from severe arthritis, deafness and age related deterioration; she rated her independence a 'ten'.

1.2 The Over 75s in Key Data

Population

The authoritative source on population size is the Census, conducted every ten years (eg. in 1991, 2001, and next in 2011). Data for intervening years are based on mid-year projections from the Government Actuary's Department. According to those projections, in mid-2006 there will be 12.95 million people in the UK aged 60 or over (comprising 21% of the UK population of 60.53 million), of which 4.66 million people will be aged 75 and over (8% of the total UK population). Among the 75+ population, women outnumber men: 61% are female (2.86 million in mid-2006), and 39% are male (1.80 million in mid-2006).

The Government Actuary's projections are not available at regional level for the UK. In order to explore the geographic distribution of the population of older people it is necessary to use Census data. Accordingly, in 2001 there were 8.31 million people aged 65 and over in England and Wales, of which 3.95 million were aged 75 and over. The breakdown by country and Government Office Region was as follows:

	65 and overs	75 and overs	75 and overs (%)
ENGLAND	7.81m	3.71m	94%
North East	416,000	187,000	5%
North West	1,076,000	497,000	13%
Yorkshire & Humberside	799,000	375,000	9%
East Midlands	671,000	315,000	8%
West Midlands	840,000	391,000	10%
East of England	886,000	421,000	11%
London	891,000	424,000	11%
South East	1,309,000	640,000	16%
South West	919,000	455,000	12%
WALES	505,000	241,000	6%
TOTAL England & Wales	8.31m	3.95m	[100%]

At a further level of detail, data from the ONS show that older people (post-State Pension Age (SPA) – currently 60 for women and 65 for men) tend to be concentrated in rural and coastal areas of England and Wales. Urban populations tend to be biased towards younger age ranges.

Ethnicity

According to the ONS report 'Focus on Older People 2005', "a very small proportion of older people in Great Britain are from ethnic minority groups". In the 2001 Census, people from BME groups accounted for 8% of the whole GB population; however, the age profile of BME groups is young, such that while 12% of those aged under 16 were BMEs, only 2.5% of the 65 and overs – and 1.1% of the 85 and overs – were from BME groups.

Partnership Arrangements

Many more older men live in married couples than do older women (partly due to bereaved older men remarrying at a much higher rate than bereaved older women). The 2001 Census found that, among people aged 65 to 84, 71% of men were living in a married couple, as opposed to 45% of women. Among the 85 and overs, the gap had widened such that 45% of men were married, as opposed to 9% of women. Moreover, of all women aged 65 to 84, nearly half were widows who lived alone (47%).

Living Arrangements

According to the General Household Survey (GHS) in 2002, 60% of women aged 75 and over lived alone, as opposed to 29% of men aged 75 and over.

Considering the implications of living alone, a study conducted by Christina Victor as part of the Economic and Social Research Council (ESRC) Growing Older (GO) programme found that older people who lived alone were more likely to report feeling lonely than those who did not; they were also more likely to be socially isolated, in terms of not being in regular contact with friends or family. This finding is important from an individual's perspective, as isolation (and thus living alone) was shown to impact on rates of depression. From the perspective of this desk research into the digital switchover, this finding is also important as lacking regular contact with friends or family is seen to be one of the key indicators of needing external support during the switchover process [see Section 5.2 below].

It is important to stress that GHS data are based on adults in private households: older people living in communal establishments (ie. residential and nursing care homes) were not surveyed. This sampling practice is common to most of the available quantitative surveys, for instance the English Longitudinal Study on Ageing (ELSA). Indeed this common research method is the principle reason why the ONS have included older people in care homes as one of the 'missing' subgroups of older people. Using other government sources such as the Census, it can be shown that older people in care homes are more likely to be unmarried than other older people, and are also more likely to be in poor health. Thus data from surveys sampled only among private households tend to overplay the fitness and independence of older people, as many more restricted older people are missing from their samples. The bias becomes more acute with the rising age of respondents, as the proportion of older people in communal establishments increases with rising age. This sampling practice is of central importance to the current study on the digital switchover, not simply because it may be misleading regarding the characteristics of all older people, but because all older people aged 75 and over are likely to be eligible for the support package, regardless of their living arrangements.

The 2001 Census showed that 4% of the over 65s in Great Britain lived in communal establishments; among the 85+ the proportion was 20%. The Health Survey for England 2000 found that among those aged 90 and over, 30% lived in care homes. Finally, the ONS 'Focus on Older People 2005' report cites data from the Office of the Deputy Prime Minister's (ODPM) Survey of English Housing 2003/04, which stated that 534,000 people aged 65 and over lived in sheltered accommodation. However, the ONS authors suggest this is an underestimate, as the question was only asked of households where all members were aged 65 or over. It is also the case that these older people tend not to be missing from surveys conducted in private households.

General Health

It has already been noted in the Introduction to this commentary that averages can be misleading in the context of ill health, as the timing of its onset varies so widely between individuals. It appears from the wider evidence that age should only be regarded as an approximate (or 'proxy') measure for deteriorating health as a whole. The 2004 study by the PSI for the DWP summed up a consistent view in the literature by stating that "deteriorations in health rarely correspond neatly with pensionable age".

However, some notable patterns emerge when considering health data for the older population. The Census presents data on older people's self-reported health status and, while this may be subject to underclaiming by respondents, the findings showed a large dip in self-reported health status among people in their seventies. In Census 2001 19% of men aged 65 to 74 said their health was 'not

good', while among 75 to 84s 25% said so, as did 32% of men aged 85 and over. From aged 75, women were slightly more likely to say their health was 'not good': among 75 to 84s 28% said so, as did 36% of women aged 85 and over. From these data it appears that there is a marked increase in the proportions of older people experiencing poor health from around the age of 75, particularly in the case of women, whose health appears to decline more sharply than men's across the 75+ age range. ELSA also asked a question on self-reported health status in its 2002 survey: its results show a similar increase in the numbers of men reporting 'fair' or 'poor' (ie. 'not good') health between the 70 to 74 age group (29% 'fair' or 'poor') and the 75 to 79 age group (34% 'fair' or 'poor'). However, the pattern is less clear among the women in the ELSA sample, who self-report lower rates of 'fair' or 'poor' health than men from the age 75 upwards.

A further measure of restricted general health is based on the proportion of people who have been diagnosed with a limiting longstanding illness. ELSA asked such a question in 2002 and found that, among men aged 75 and over, 47% of those from professional and managerial backgrounds and 48% of those from manual backgrounds reported a limiting longstanding illness. At younger age ranges, a "social class gradient" was apparent, with those in lower social classes experiencing onset of such illness in much higher numbers than their more upmarket peers, but by 75 and beyond this gradient has flattened out (earlier mortality for those in lower social classes accounts for some of this levelling off).

Sensory Impairment

Data show that both men's and women's eyesight declines sharply beyond the age of 65, but that women reported failing eyesight in greater numbers. According to ELSA in 2002, 12% of men and 13% of women aged 65 to 69 reported 'fair' or 'poor' eyesight even 'when using glasses or lenses as usual'. Among the 75 to 79s, this rate had risen to 19% of men and 25% of women, while among the 80 and overs the rates were 29% and 35% respectively. The General Household Survey 2001, undertaken among a slightly smaller sample of older people than the ELSA study (3,356 65 and overs, versus ELSA's 5,359 65 and overs), showed a similar pattern but at slightly higher levels, with 20% of 65 to 69 year old women reporting 'difficulty' with their sight, rising to 36% of the 80 to 84s (and 54% of women aged 85 and over).

Both surveys also ask about problems with hearing, and reveal a comparable increase in reported difficulties with rising age, although it is notable that it is men rather than women who are more likely to experience hearing problems – and at all ages. Thus in ELSA in 2002, 26% of men and 15% of women aged 65 to 69 reported 'fair' or 'poor' hearing even 'when using a hearing aid as usual'. Among the 75 to 79s, this rate had risen to 38% of men and 24% of women, while among the 80 and overs the rates were 44% and 36% respectively. Again, the GHS produces a similar pattern, although using a different question: among 65 to 69 year olds, 31% of men and 17% of women either use a hearing aid or do not wear an aid and have difficulty hearing, and this proportion rises smoothly up to 59% of men and 52% of women aged 85 and over either wearing a hearing aid or not wearing one but having difficulty hearing.

It is interesting to compare these large-scale survey data to those collected in a recent survey undertaken specifically in relation to the digital switchover. The Ipsos research into the Bolton trial is based on an interesting sample, which contained approximately half of all the over 75 year olds living in the Hulton ward in Bolton, although it also included 70 to 75 year olds. In the pre-trial

wave, 33% of those surveyed reported hearing impairments, and 14% sight problems. The hearing data seem comparable to those from the GHS 2001, although the sight data seem low in comparison to either ELSA or the GHS.

Finally, a still smaller sample of older people features in Ofcom's Residential Tracker, in which the interest can be as much in the questions asked as the data they produce. In the fourth quarter wave from 2005, 7% of 65 to 74s and 16% of 75 and overs reported difficulty 'hearing the quiet parts of TV programmes'. Similarly, 1% of 65 to 74s and 8% of 75 and overs reported difficulty 'seeing small details on a TV screen'.

Mobility

Considering the prevalence of limited mobility, large-scale surveys show a sharp decline in mobility with rising age, especially beyond 75. For instance, older people in the GHS in 2001 were asked whether they were able to go out of doors and walk down the road on their own. At age 75 to 79, 8% of men and 18% of women were unable to do so, but among the 85 and overs, 30% of men and 47% of women were unable to do so. Men tend to report being more able at mobility tasks in older age than women; as a further example, in ELSA 2002, among those aged 75 and over, 23% of men and 33% of women reported difficulty 'climbing one flight of stairs without resting'.

Both ELSA and GHS assess older people's ability to undertake small tasks essential to daily living. In ELSA, of 13 activities examined those most commonly found difficult were bathing and showering (among 25% of respondents aged 75 and over, with women more likely to find this difficult than men) and dressing including putting on shoes and socks (among 21% of the 75+, equally across men and women). Difficulty with these daily activities was shown by both surveys to increase with rising age. For example, in GHS 2001, of six 'self-care' activities, cutting toenails posed difficulties to the most older people: among the 75 to 79s, 28% of men and 38% of women could not do this alone, and among the 85 and overs the rates were 31% and 51% respectively. Finally, GHS 2001 also asked a single question grouping 'practical activities' together; these included gardening, decorating, and household repairs. At all ages, female older people found these tasks more difficult than did males: among the 75 to 79s, 26% of men and 40% of women could not do such activities alone, while 48% of men and 69% of women in the 85 and over age range responded likewise. [For data from GHS on who these 'unable' older people receive help from see 'Contact and Support' below.]

Memory

In 2002, ELSA included some interesting questions designed to explore the effect of ageing on people's memory. The straightforward measure involved self-reported memory status: slightly more older men than women reported 'poor' or 'fair' (ie. less than good) memory, with rates rising slowly from 34% of men and 27% of women aged 65 to 69, to 40% of men and 37% of women aged 80 and over.

The survey interview for the 2002 wave of ELSA also included two 'tests' of prospective memory (ie. the ability to remember to remember), based on instructions given before the interview had commenced. One test involved respondents writing their initials on a clipboard when it was handed to them, the other involved them reminding the interviewer of the time at a pre-agreed point in the

interview. Beyond the age of 70, more than half of interviewees failed to remember either of the actions required (whereas among the under 60s around a third failed either of the tests). The Study suggests that most pensioners may have problems 'remembering to remember' important everyday tasks like locking doors or taking medication.

Money

Access to money varies widely across the older population. This is very much tied into disparities in affluence across people's whole life courses, but those disparities are seen to widen in later life.

Various measures of affluence are available in the research evidence. Income is commonly cited, and data from the DWP 'Households Below Average Income' report show that in 2003/04, 21% of pensioner households were classified as 'low income' (defined as receiving an income of less than 60% of the median pensioner household income – before housing costs). As a point of comparison, 14% of all working-age households were 'low income'; it should also be noted that this is an imperfect comparison, as the households are measured against their own comparable median (and pensioners' median income is substantially lower than that for the working-age population). Levels of 'low income' pensioner households are also seen to vary according to gender (with 21% of single women pensioner households 'low income', against 14% of the single male equivalents) and by age (such that older pensioner households are more likely to be 'low income', with 23% of single pensioner households aged 75 and over being 'low income' against 19% of those under 70). It is also the case that pensioners on low incomes are more likely than those in other age ranges to remain so (ie. be in long term poverty), because pensioner incomes tend to be fixed in real terms.

In connection with low incomes, evidence included in this desk research study explores rates of claiming of state benefits and entitlements. One of the benefits in question, Pension Credit, features in several studies, as it is one of the criteria used to establish eligibility for people aged 75 and over who will be offered the targeted help scheme for the digital switchover. While eligibility for Pension Credit reflects whether a pensioner household is on a low income, rates of claiming Pension Credit are seen to be very low. In a recent paper on the switchover support package for vulnerable consumers by the Consumer Expert Group, the DWP's 'Income Related Benefits Estimates of Take-Up' report from January 2006 is cited. That report estimates that in 2003/04, 47% of eligible pensioners failed to claim Pension Credit, and that this equates to over 2 million individuals. It should be noted that this low rate of take-up relates predominantly to the Savings Credit component of the entitlement; rates of take-up for the income Guarantee Credit component (covering the poorest older people) are higher, estimated at between 71% and 80% by case load (or 74% to 85% by expenditure) in 2004/05. However, using an alternative measure, a qualitative research study (undertaken in 2005 by Cragg Ross Dawson for the DWP and COI) which investigated executional issues relating to the Pension Credit communications campaign stated that 1.1 million pensioner households were eligible for Pension Credit, but not claiming. Whichever measure is used, the immediate concern for those co-ordinating the switchover support package is that, should they only target free support at older people receiving Pension Credit, a substantial minority of older people on low incomes would be overlooked. For the Consumer Expert Group, this rationale is a key part of the argument against providing means-tested support for older people [see Section 5 below for more on means testing].

As has been suggested, income is a measure of limited value when assessing levels of affluence among the older population, as the major determinant of income post-SPA is work, both across the earlier life course and in later life. Private pension income makes up the majority of average weekly incomes for older people who have such pensions, and earnings represent the biggest single source of income for those who are in paid employment beyond State Pension Age. However, as only a very small minority of older people are in paid employment (especially beyond the age of 75: ELSA found that 5% of men and 2% of women aged 75 to 79 reported undertaking any paid work), data on wealth held by older people can be considered a more meaningful measure of their affluence. ELSA investigates such questions, across three dimensions: housing wealth, pensions, and financial assets. In the 2002 study, ELSA showed that median financial wealth for 75 to 79 year olds was £73,000, but that individuals' levels of wealth varied widely: 25% of that age range held less than £10,000, and 25% more than £156,000. Chiefly because savings are spent during retirement, financial wealth decreases with rising age, such that among those aged 80 and over, the median figure was £57,000, with 25% holding less than £5,000, and 25% more than £151,000. It is important to note that at all ages, older women on average hold fewer financial assets than older men (the median financial assets of women aged 75 to 79 were £68,000, against £79,000 for men).

Contact and Support

As discussed above in relation to older people living alone, the extent and frequency of older people's social contact is instrumental in determining their chances of 'successful ageing'. From the perspective of the digital switchover it is also vital, both in terms of reaching older people with information about the switchover and the support package, and because of evidence from the Bolton pilot showing that those who had frequent contact with friends and family were likely to draw on those human resources in undertaking the switchover successfully. Both issues will be discussed below [under Section 3 on communications routes to older people, and Section 5 on the switchover], but it is useful to establish the statistical basis for these activities at this point.

A 2003 study for the ESRC GO programme by Christina Victor explored the correlations between social isolation, loneliness and other quality of life issues (including the incidence of depression). The study included a quantitative survey, which established that the proportion of people aged 65 and over who say they are lonely is a "relatively low" 7%. In contrast to that subjective measure, isolation was measured by the study in two ways: at least weekly contact with friends, family or neighbours (by this measure 17% of respondents were isolated), and at least monthly contact with friends, family or neighbours (by which measure 11% of respondents were found to be isolated). The study helpfully explains how its measures of isolation vary from those used in previous research, some of which count the number of contacts, and nearly all of which only count face to face contact. By contrast, the GO study included contact with friends and family by telephone, with the result that rates of isolation among older people were found to be substantially lower than in previous studies. ELSA sheds further light on this variation, by asking about the frequency of contact older people had with their children and their friends by different means (face to face; written; by telephone). In the 2002 survey, 91% of women aged 60 to 74 spoke to their children on the telephone at least once a week, while among those aged 75 and over, the rate was still 90% (the rates among men were 84% and 83% respectively).

Considering only face to face contact, ELSA data show that 45% of men and 36% of women aged 75 and over meet their children less than once a week. However, only 9% of men and 6% of women aged 75 and over meet their children less than once every few months. The General Household Survey asks a slightly different question to measure contact; in 2001, the GHS reported that 79% of the 65 and overs see friends or relatives at least once a week, and that the rate remains static with rising age, such that 78% of those aged 85 and over see friends or relatives at least once a week.

It is interesting to compare these data with those on contact gathered during the Bolton digital switchover trial. In that study, the 457 participating people aged 75 and over were asked to record certain details on their registration form. In so doing, 55% reported 'often' receiving visits from friends and family or carers. The 45% of the participants who did not receive visits so often were defined as 'low contact'; this is clearly a much more inclusive measure than the academic definition of isolation used in the GO study described above.

Looking across the evidence collected in this desk research study it is evident that levels of social isolation play a vital role in determining older people's quality of life. It can also be noted that the Government's Social Exclusion Unit (SEU) identified 'Exclusion from Social Relations' as one of the seven indicators for measuring levels of social exclusion. A 2006 report from the SEU on providing more inclusive services to older people (modelled on a 'Sure Start' approach) found that rates of older people suffering 'exclusion from social relations' [note – not to be confused with social exclusion overall] increased with rising age, such that 11% of those aged 60 to 69 were excluded in this way, increasing to 14% of 70 to 79 year olds and 25% of the 80 and overs. While the SEU calculated these rates of exclusion using data drawn from the ELSA survey of 2002, it is not clear precisely what measures were used to define 'exclusion from social relationships'; another measure used by the SEU is of older people who self-reported 'feelings of loneliness and isolation' (based on the work of Christina Victor and Thomas Scharf). Settling on one measure of isolation – or indeed defining what level of social contact is low – is a key barrier to quantifying the numbers of older people who do not have regular access to these informal networks of support [see Section 5.2 for further discussion of this point].

Turning to the question of contact with carers and home helps, the data show that older people are more likely to buy in private support than they are to access state-provided support services. The GHS in 2001 showed that, in the month preceding their being interviewed, a greater proportion of older people had used a private home help (10%) than had used a local authority home help (4%). In terms of variations across these data, women were found to use both types of help more than did men, and for both types of home help use increased with rising age. Thus among all those aged 75 to 79, 3% used a local authority home help, and 10% used a private home help, rising to 18% and 28% respectively among all those aged 85 and over.

GHS 2001 also provides detailed data to show which individuals older people turn to when confronted with a task they are unable to do alone. As discussed above, 31% of all over 65s were found to be unable to cut their toenails on their own; if such an older person lived with a partner, in 32% of cases that partner or spouse would provide help, while 60% would get help from a chiropodist. Among older people who lived alone and were unable to cut their toenails, 86% got help from a chiropodist. Considering the 7% of over 65s who were unable to bath and shower alone, 87% of those who lived with a spouse or partner would get help from them; of those who lived alone, 38% got help from a non-household relative, and 32% got help from a state-funded carer or

home help (be that social services, or an NHS nurse). Finally, of the 28% of over 65s who could not undertake 'practical activities' (including gardening, decorating, or household repairs) alone, 47% of those who lived with a spouse or partner would get help from them, while 25% would get help from a non-household relative, and 18% would get paid help. Among those who were unable to undertake 'practical activities' and lived alone, 40% would get help from a non-household relative, and 35% would get paid help. These rich data from the GHS reveal the complex networks of formal and informal support which older people draw on – and increasingly so with rising age. [These themes are discussed further in Section 3 below.]

1.3 Segmenting the Over 75s

A further approach to understanding the audience of older people is provided through segmentation, in which the older population is clustered into discreet subgroups based upon their defining characteristics. While this is a mainstream technique in communications and marketing strategies targeting younger audiences, it is not so common among the over 65s. Furthermore, and as already discussed in the Introduction above, segmentation is not so appropriate an exercise in relation to older people, chiefly because they are shown to move so frequently between segments (and in a variety of directions or "trajectories", in the terms of the PSI study for the DWP on Independence).

However, despite the limitations which apply to segmenting the older people's audience, it is notable that the sources included in this desk research study include three segmentations of the older people's audience, all incorporating those aged 75 and over. It is notable that one of the segmentations is provided by the PSI in their study for the DWP, despite their frequently stated reservations about the appropriateness of segmenting older people. Clearly, clustering older people into identifiable subgroups provides some insights in terms of revealing the disparities within the broad audience. However, reservations still apply to such segmentations; it is notable (and entirely proper) that none of the three segmentations given here quantifies the numbers of older people falling into each segment (as if they were static).

Brief outlines of the three segmentations follow here:

i) DWP Customer Segmentation Model (CSM) 2001

The DWP CSM is the segmentation upon which the PSI review of 2004 was based. The segmentation was originally designed to help the Department understand pensioners; it covered all those aged 60 and over.

The segmentation was based on three main variables: self-reported health status; level of informal support; income level (after housing costs). From these three broad types of pensioner were identified, in seven segments, as follows:

- S1: Independent, High Income [aged 60 to 80]
- S2: Independent, Moderate Income [aged 60 to 80]
- S3: Independent, Low Income [aged 60 to 80]
- S4: Assisted, High Income, No Support [aged 70 to 90]

- S5: Assisted, All Incomes, with Support [aged 70 to 90]
- S6: Assisted, Moderate/Low Income, No Support [aged 70 to 90]
- S7: Special Needs – in Care Homes [aged 70 to 90+]

In their review, the PSI agreed that "Overall, the model identified credible groups and sub-groups of pensioners", although this endorsement came heavily qualified. In order to improve the segmentation, they applied the income variables consistently across all three types, and added a 'limiting longstanding illness' dimension to those pensioners who were in care homes (formerly 'Special Needs'). These refinements resulted in a total of 10 segments, which they then grouped into three types under the new names of 'Lower Needs', 'Higher Needs', and 'In Supported Accommodation'. Among the implications of the PSI's revision are that not all older people in care homes have the same level of dependency, and that all older people have a sense of independence regardless of the extent to which they are dependent on others.

ii) Mary Godfrey's Typology of Older People (2004)

In her 2004 study for the Joseph Rowntree Foundation (JRF) on 'The Experience of Ageing in Time and Place', Mary Godfrey provides a simple classification of the older people aged 60 to 95 who participated in that qualitative research:

- The Out and About
- The Restricted ('to the Neighbourhood'/'to Home')

These two categories are based upon whether older people physically get out in their local area, which in turn partly reflects their physical limitations, and partly their levels of support (eg. contacts with friends and family who help them to get out). In terms of the attributes of these two groups, the 'Out and About' tended to be younger, although a quarter of the respondents of this type were in their eighties. The 'Restricted' were defined as needing help in order to get out of the house, but included in this broad group were those who were absolutely 'housebound'. The majority of people who were restricted to the neighbourhood were under 85, while of those who were restricted to their own homes, the majority were aged 85 and over. One of the implications of this typology is that many older people are closer to the 'benefit' than the 'burden' stereotype of old age; Mary Godfrey shows how the older participants are actively engaged in local social networks to the point where many are "central pillars" of the community.

Having identified these two groups, the study underlines a third group, identified by the older people themselves:

- Others

The 'Other' older people identified were those who had cut themselves off from their social networks (including the older people under research), and who had often become 'invisible' to the social services. The implication of this grouping was that there were some older people who needed to be proactively 'looked in on', but who at that point (and perhaps terminally) did not want to return to daily society. Recalling the Social Exclusion Unit's key indicator of 'exclusion from social relations', it could be suggested that Mary Godfrey's 'Others' exemplify the sort of excluded older

people that the SEU is determined to support. However, if the suggestions from the older participants in Godfrey's research are accurate, it could also be the case that these 'Others' are in fact suffering from social self-exclusion.

iii) Forum Qualitative's Common Good Segmentation (2006)

The second phase of qualitative research under the COI's Common Good project 2005-2006 involved older people aged 76 and over, and was undertaken by Forum Qualitative. As a result of that study, a segmentation of the over 75s audience was produced; in turn it built upon an earlier segmentation devised for the 55 to 74 age group. The Forum segmentation is based upon differing 'mindsets' among older people; it comprises four segments accommodating all over 75s:

– Optimisers (including 'Blocked Optimisers')

Take the lead and bring others with them; readjust to the losses they experience; involved in large informal networks; keen consumers and disseminators of information.

Some may have their optimising mindset 'blocked' temporarily by key events.

– Copers

Managing to cope with losses, but in decline; dwindling networks (frequently bereaved); still in own home (just).

– Abdicaters

Totally dependent on others, have given away control; very small networks; not living in own home.

– The Hidden

Inaccessible to research; only visible to social services at times of crisis; probably in own homes(?); *"probably a minority...but could be many"*.

To sum up, looking across the three different 'segmentations' it is clear that older people have different levels of dependency, and different levels of access to the formal and informal networks which can provide support. The relevance of attitudinal factors to understanding older people is clearly not agreed upon across the three segmentations. Finally, it is especially relevant to the digital switchover and support package that there is a group of older people who seem to be beyond networks, both formal and informal. The studies differ as to whether these people are deliberately putting themselves beyond the reach of society or whether they are simply hard to find. However, in attempting to ensure all older people convert to digital TV, the evidence suggests that older people of these types will be among the last groups in the population to make the switch. While it is clear that such individuals are hard for outside agencies to reach (and in the Common Good segmentation, that is their defining feature), Mary Godfrey's typology suggests that older people themselves know precisely who at least some of these 'Others' are.

2. Media & Leisure Habits of the Over 75s

2.1 Media Habits

Television

Attitudes to TV among older people appear both complex and shifting. Several sources in this study provide qualitative evidence on how older people watch TV, and of their views about it. These issues are discussed (in relation to TV in general and digital TV specifically) in Section 4 below; however, statistical data are provided here in order to establish the context for that later discussion.

The large-scale quantitative surveys of older people included in this desk research show that all older people in private households own a TV set. In the General Household Survey (GHS) 2003/04, 99% of 65 to 84 year olds did so, as did 100% of the 85 and overs. In terms of numbers of TV sets per household, data provided by Ofcom's Residential Tracker covering the fourth quarter of 2005 (and provided in a special analysis for this desk research study) showed that 43% of those aged 75 and over owned one TV set, while another 43% owned two TV sets. The rate of multiple ownership was slightly lower than that among those in the 65 to 74 age bracket, only 30% of whom owned just one TV set (45% owned two, and 15% three). The rates of ownership reported by Ofcom among the 75 and overs are very similar to those recorded more recently in the tns report on the Targeted Support programme for the digital switchover; in that survey (undertaken in March and April 2006) 47% of those aged 75 and over reported owning one TV set, while 40% owned two.

In terms of household access to TV by different platforms, Ofcom's Digital Progress reports are taken as the authoritative source; the reports bring together research data gathered through a range of repeat surveys commissioned by Ofcom (including the Residential Tracker), although they provide only limited data specific to older people. In the Quarter 4 2005 report (the most recent available), Ofcom found that at the end of December 2005, 69% of all UK households had access to digital TV. Interestingly, at that point in time the most widely-used TV platform was satellite (via Sky), to which 31% of all UK homes had access; this was followed by analogue (terrestrial) TV, used by 28% of homes, then digital terrestrial TV (via Freeview) in 26% of homes, and cable TV in 13%. As a point of comparison, the report provides one piece of data on older people, stating that of all UK homes containing at least one person aged 65 and over, 62% could receive digital TV at the end of December 2005.

That last statistic clearly shows that fewer older people in the UK receive digital TV than do people in younger age groups. However, the measure used is somewhat different to the more common method of measuring older people's access, which is based on individuals asked about their own access, rather than that of the households in which they live. That approach produces higher rates of access than if older people are asked individually; it is also notable that Ofcom is measuring access in homes where older people are found, rather than in what the ONS would call 'elderly households' (ie. where the head of household is an older person), and that Ofcom's approach again will produce higher rates of access (as homes with younger people in, as well as older people, are more likely to have digital TV).

However, four quantitative surveys included in this study have questioned individual older people about their access to digital TV (regardless of their household structure). Two of these surveys are

conducted on a repeat basis, such that they can be used to track rates of access among older people: these are Ofcom's Residential Tracker, and the Department of Culture Media and Sport's (DCMS) Taking Part Survey (data from which were also provided as a special analysis for this desk research study). The first wave of a further tracking study is being undertaken at the time of writing this report: the Digital UK / Ofcom tracker (through GfK NOP). It is expected that this will provide a further regular source of data on older people's digital access; it will also contain sufficient numbers of older respondents to make the findings meaningful (Digital UK has run ad hoc questions in a BMRB omnibus at regular intervals, but unfortunately these surveys have not contained sufficient numbers of over 65s, let alone over 75s, to make them usable for purposes of comparison). The four comparable current data sources on older people's access to digital TV are summarised in the table below:

Survey / fieldwork dates	sample	% of 65-74s with digital access	% of 75 and overs with digital access
Ofcom Media Literacy (June – August 2005)	480 65+ (inc. 199 75+)	51%	36%
Ofcom Residential Tracker Quarter 4, 2005 (October – December 2005)	394 65+ (inc. 166 75+)	59%	43%
DCMS Taking Part Quarters 1 and 2 (July 2005 – January 2006)	2,676 65+ (inc. 1,199 75+)	58%	39%
tns Targeted Help (March – April 2006)	399 75+	–	50%

If one source is to be chosen as the most meaningful of the above it is recommended that the DCMS Taking Part survey is used, chiefly because of its substantial sample size. The downside of using that survey is the long period across which the data are collected (including two separate surveying waves, and spanning six months), which makes it less useful for attempting to track rates of access in the fast-growing digital TV market. Nonetheless it is notable that all these surveys provide unprecedented quantitative coverage of older people, especially at the ages of 75 and over; the new Digital UK tracker is eagerly anticipated.

It should be noted that ELSA also includes a question on access to multichannel TV, with the wording 'I own online digital / satellite / cable television'. As the only published wave of the ELSA study is based on 2002 fieldwork (wave 2 data from 2004 is due in mid-2006), the recorded rates of access may be of less interest than the patterns they show. As with the four sources featured above, ELSA found rates of access to decrease steadily with rising age (from age 50 through to age 80 and over; for instance 35% of men aged 65 to 69 had access, while 14% of men aged 80 and over did so). However, by providing the data obtained from men and women separately, ELSA also showed rates of access to be higher among older men than older women (compared to the above rates for men of 35% and 14%, the rates for women were 28% and 8% respectively). These two patterns (based on age and gender) can be seen consistently across ELSA data concerning ownership of

consumer durables; other survey data support these observations, and taken together allow for the hypothesis that older women are less likely to use technology themselves than older men; they also may be less likely to adopt new technologies than older men. These differences are key to strategies for the digital switchover and support package, and gender differences in particular are prominent in the evaluation of the Bolton trial (discussed in Section 5 below).

Having explored the evidence on older people's access to TV, it is important to establish the levels of TV viewing among older people, not least in order to build a picture of older lifestyles. Several sources provide data on the amount of TV viewed by older people; in the Ofcom report on Media Literacy among older people, those aged 75 and over were found to watch more TV per week than any other age group (indeed, only people with disabilities watched more TV). That report found that on average 65 to 74 year olds watched 28.8 hours per week, while the 75 and overs watched 29.9 hours per week (256 minutes, or 4² hours per day). Previous surveys have found that the amount of TV viewed peaks among 70 to 74 year olds, and decreases slightly from that point. However, the Ofcom Media Literacy report suggests that the peak point of TV viewing falls slightly after 75 –such that it becomes concealed in the top (75+) age bracket.

This pattern of apparently ever-increasing viewing is supported by data from the ONS Time Use Survey, which was last conducted in 2000. It reported that 65 to 74 year olds on average watched 190 minutes per day, but that again viewing peaked among the 75 and overs, at 203 minutes per day (interestingly nearly one hour shorter than the average level recorded in the Ofcom report). Data from the (large-scale) DCMS Taking Part survey confirm the pattern of both the Ofcom and Time Use data, but suggest even higher levels of viewing. While they do not give a mean viewing figure in hours, the DCMS data showed that the biggest group of 75 and overs (28%) reported watching '5+ hours of TV per day'; 75 and overs were also the most likely of any age groups to say they watched 5 hours or more TV daily. It should be noted that that high level of reported TV viewing is supported by other data; for instance, BARB figures from 2004 showed that TV viewing peaks among those aged 70 to 74, at around 315 minutes (5¹ hours) per day.

Video

Ownership of video cassette recorders (VCRs) is of particular interest to the digital switchover partners as videos will need to be converted in order to undertake certain recording tasks in conjunction with a digital TV. Older people own VCRs at a lesser rate than the whole population, and that rate declines with rising age. The Ofcom Media Literacy survey in 2005 found that 74% of the 65 and overs owned a VCR, against 85% of the whole population. Data from the GHS in 2003/2004 show similar levels, but decreasing from 82% of 65 to 84 year olds to 54% of the 85 and overs. ELSA recorded VCR ownership in its first wave in 2002; again the data may be somewhat dated, but they reveal the same patterns as seen in multichannel TV ownership. Thus older men are much more likely than older women to own a VCR (among 75 to 79 year olds, 86% of men own a VCR compared to 75% of women). Furthermore, rates of VCR ownership show a very sharp decrease up the age range, particularly from 75 onwards, and especially among women. It can be suggested that both 'ageing effects' (whereby an individual's behaviour corresponds to the number of years old they are) and 'cohort effects' (whereby an individual's behaviour corresponds to the era in which they were born and grew up) are visible in these data. Thus, as women become older and more tend to live alone so they increasingly live without VCRs (which are preferred by men, along with other

technologies), but also all older people of a certain age were introduced to new technologies at a particular point in their lives, and for those aged around 75 in 2002 (thus born around 1927) the VCR may have come too late for them to adopt it in large numbers. Looking ahead to the digital switchover, it is likely that many older people (especially aged 75 and above) may feel similarly – especially those who are older women.

DVD

Little evidence is available on DVD ownership by older people; however, the Ofcom Media Literacy report shows that 45% of those aged 65 and over owned a DVD player in 2005.

Computer and Internet

ELSA included the measure 'I own a computer' in its Wave One survey in 2002. Again, the data may be dated, but they show a clear pattern of higher ownership among older men, and of ownership decreasing with rising age. It is particularly notable that rates of ownership were twice as high among 65 to 69 year olds (at 44% of men and 33% of women) as they were among 75 to 79 year olds (at 20% of men and 15% of women). As with the data on VCRs, both ageing effects and cohort effects are likely to be at play here.

In terms of internet access, the Ofcom Media Literacy report found that in 2005, 31% of those aged 65 to 74, and 10% of those aged 75 and over, had home internet access. Again, the difference between the two rates of access across only a ten year age gap is striking. Cohort effects are very likely to be at play here, possibly suggesting that those now in the 75+ bracket (and who were mostly in the 65 to 74 bracket when home internet provision became commonplace) were beyond the age at which they wished to engage with, and master, this new technology.

The suggestion that older people (especially the over 75s) are simply not engaged with the internet (deliberately or otherwise) is supported by other evidence in this desk research. Qualitative research conducted with pensioners in 2003 for the COI and DWP concluded that "the internet was simply not a feature of their lives". This view is also presented by the expert committee assembled by the Government in 2004 under the title of the Cabinet Office Digital Inclusion Panel. Writing about those (in low income and older demographic groups) who were shown by survey data not to have taken up the internet, the Panel concluded: "...the majority of people who are not engaged have never even considered using the internet". Citing this evidence, Jeremy Klein of Scientific Generics draws comparison with non-uptake of digital TV; these views will be discussed further in Section 4 below. Suffice to say that for those on the digital switchover Consumer Expert Group, digital TV is seen to represent perhaps the best chance of bringing internet access to older people in their own homes; the evidence certainly suggests that today's 75 and overs are unlikely to purchase home computers in great numbers.

Mobile phones

According to the Ofcom Media Literacy report, in mid-2005 60% of 65 to 74 year olds owned a mobile phone, nearly twice the rate of ownership as that reported by the 75 and overs (36%). While cohort effects are likely to be impacting on these data, ageing effects may be involved too, as it becomes more difficult for people to use a mobile phone as they grow older. The Ofcom report asked

older people which functions of a mobile phone they could perform with confidence: only 58% of the over 65s could lock the phone key pad to avoid pressing keys by mistake, and only 29% could confidently send a text message. Manual dexterity (or 'fine mobility skills', see Section 1) could be an issue here, as well as learning a new technology.

Newspapers

There is little specific evidence in the sources gathered for this desk research study relating to older people's use of the press. In terms of regular readership, ELSA shows that reading a daily newspaper is a majority pursuit and one which peaks in the 70 to 74 age group for men (among 79% in 2002), and in the 65 to 69 age group for women (73%). However, among the 80 and overs, 74% of men and 69% of women still read a daily newspaper.

There is little new evidence included in this study on which newspapers are preferred by older people. National Readership Survey data from 2003/04 has shown that the Daily Mail is the most widely-read title among over 65s, but that the proportion reporting reading the Daily Telegraph increases steadily with rising age across this age range. However, the qualitative work with over 75s undertaken for the Common Good project suggests that local newspapers are as important to older people as national ones; free local papers delivered to older people's doorsteps were found to be widely read. This finding is in keeping with the strategy adopted for the switchover trial in Bolton, where the publicity campaign for the support package included successfully using the local authority's free magazine ('Bolton Scene') to reach older people.

The emphasis on local media is present across many of the sources here, and ties in to a broader point that as people grow older, their spheres of activity become physically smaller. In the words of a qualitative report on information for pensioners produced for COI and the DSS in 2000: "the focus of most older people's lives is local".

Radio

There is little evidence on older people's radio preferences in the sources gathered for this study. However, the GHS 2002/03 explored frequency of listening, and reported that 82% of those aged 60 to 69, and 76% of those aged 70 and over had listened to the radio in the last four weeks. It is notable that these data show a decrease in the numbers of older people listening to the radio from their 60s to their 70s; cohort effects are perhaps unlikely here (as the radio is a longstanding technology) but ageing effects may account for the downturn, as listening to music in particular becomes more uncomfortable as people grow older (see 2.2 below).

In keeping with the point above that older people's lives increasingly focus on their localities, the little evidence on radio listening that is available in this study finds that many older people favour local radio (especially that from the BBC). Other stations mentioned in qualitative research are also BBC-owned, but national: Radios 2 and 4.

2.2 Leisure Habits

There is a variety of evidence available in the sources on the activities undertaken by older people outside the home, which together could be considered to constitute the 'leisure habits' of older people. It should be recalled that Mary Godfrey divided the older people aged 60 to 90 (and

beyond) who participated in her research study into two types: the 'Out and About' and the 'Restricted' [see Section 1.3 above]. Using this model, 'leisure' could be understood as predominantly applying to the 'Out and About', although Godfrey importantly notes that some of the 'Restricted' also get out of their homes and neighbourhoods with help from their networks of friends and family.

A quantification of those two types of older people is not given, but the Ofcom Media Literacy survey in 2005 included a key question offering indicative evidence of the sizes of the two groups. Asked how much of their leisure time they spend at home, 45% of those aged 75 and over said they spent 'all' or 'almost all' of their leisure time at home. This proportion was significantly higher than that reported among 65 to 74 year olds (30% of whom spent 'all' or 'almost all' of their leisure time at home). Indeed, it may be that the whole concept of 'leisure time' is not so relevant to older people in general (once they have finished work) and increasingly so among the oldest age groups. Meanwhile the roughly even split at age 75 and over between those who spend most of their leisure time in the home and those who do not may suggest that among the over 75s, roughly half fall into each of the 'Out and About' and 'Restricted' categories (although the distribution will lean towards the 'Restricted' type with rising age).

A further question providing evidence of a roughly even split between older people who get out and those who do not is provided in the ELSA survey. In the 2002 wave, among those aged 75 to 79, 54% of men and 61% of women reported having been on at least one day trip or outing in the past 12 months. The rates of participation in such outings only decline slightly with rising age, such that among those aged 80 and over 46% of men and 54% of women reported having gone on an outing in the last year. These data may provide evidence to suggest that the even division between 'out and about' and 'restricted' older people persists into the eighties.

For those whose leisure time is spent in the home, media pursuits dominate. The higher importance placed on TV by those who are restricted will be discussed in Section 4 below, but data from the GHS 2002 should be noted, which show that among those aged 70 and over TV is the most popular in-home pursuit, undertaken by 99% of the age range in the last four weeks before they were surveyed. Radio appears to be slightly less popular, listened to by 76% of the 70 and overs in the previous four weeks; reading books in the same period was reported by 64% of the 70 and overs, while listening to records and tapes was reported by 57%. The proportions of older people reading books and watching TV appeared to remain constant across the 65+ age range, but the proportion listening to the radio was somewhat lower among the 70 and overs (down from 82% of 60 to 69 year olds to 76% of the 70 and overs), while listening to records and tapes showed an even sharper decrease (from 71% of 60 to 69s to 57% of the 70+). In the absence of other evidence it is possible to suggest that listening to music becomes less comfortable for older people as they grow older, just as TV viewing peaks somewhere around 75 and then declines. Radio, which includes much speech-based broadcasting (especially on the popular BBC local radio stations and Radio 4), may offer more comfortable listening options for the oldest people.

The GHS in 2002 included a special module of questions on sports and leisure pursuits. The survey found that participation in sports, games and physical activities involved only a minority of older people, and that such participation declined with rising age. Among those aged 70 and over, 19% of men and 10% of women reported participating in at least one sporting activity in the four weeks preceding the survey interview. The most popular activities among men aged 70 and over were bowls, snooker/pool/billiards, and golf (each reported by 4%), while among women aged 70 and over, keep

fit/yoga was the most popular activity (undertaken by 4%), ahead of swimming (3%) and bowls (2%). Walking was asked as a separate option in this question, with the result that 27% of men and 18% of women reported having been walking as a form of physical activity in the last month.

The Survey went on to ask those who had undertaken any sporting activity in the last month whether they had done so as part of a club. Again, rates varied with rising age, but in this case they increased up the age range of participants. Thus, among those who had participated in sporting activity in the past month, 47% of 60 to 69 year olds, and 52% of those aged 70 and over, said they had undertaken the activity as a member of a club. The finding that club membership appears proportionally to increase with rising age suggests that clubs could be of great importance in a digital switchover and support communications strategy. [Clubs are further discussed under Communications Channels at 3.3 below.]

Several sources contain data measuring levels of participation among older people in cultural and arts events. The DCMS Taking Part survey is perhaps the most prominent of these sources; indeed the primary purpose of that survey is to track DCMS' progress in delivering against its departmental PSAs, most of which relate to cultural participation. The 2005/2006 combined waves of that survey show that arts participation declines sharply in the 65+ age range. Thus, where 39% of 65 to 74 year olds had attended a museum or gallery in the past 12 months, only 26% of those aged 75 and over had done so. Similarly, 62% of the 65 to 74s had attended an arts event in the past year, but among the 75 and overs the rate was lower at 52%. The Taking Part survey does not include questions specifically on going to the cinema, but those data have been gathered by ELSA; it shows a similar pattern of decreasing participation with rising age. In 2002, ELSA found that 43% of men aged 65 to 74 said they went to the cinema, while the rate among men aged 75 to 79 was 26%, and among the 80 and overs, 14%. The same sharp decline was reported among women, and at similar levels (ranging from 45% of 65 to 74s to 16% of 80 and overs).

Finally, the large-scale Home Office Citizenship Survey includes a battery of questions on volunteering. While not strictly a leisure pursuit, volunteering tends to require people to get out of the house and gain new experiences. Volunteering is divided into the formal, and the informal; the latter type could certainly be considered close to a leisure pursuit in some circumstances (eg. if it involved accompanying an older person on a day trip, or doing gardening jobs for them). In the 2003 Survey, among those aged 75 and over, 32% had undertaken informal volunteering regularly in the past year (ie. at least once a month for the last 12 months), while 19% had been formal volunteers.

3. Communications Routes to the Over 75s

A meaningful distinction can be drawn between the media channels used (and the activities undertaken) by older people, and the routes by which they can effectively be communicated with.

A literature review undertaken in 2005 by the Beth Johnson Foundation as part of the Joseph Rowntree Foundation's (JRF) Older People's Research Programme noted that most older people prefer to receive information face to face. That paper draws a distinction between 'personal' and 'impersonal' sources of information and advice; however, it notes that 'impersonal' formats, such as print materials or videos, can be made more 'personal' to a degree by their being delivered to older people by an intermediary (whether a formal worker, or informal care giver).

This section follows the distinction between 'personal' and 'impersonal' sources, by presenting the evidence on effective formal communications for older people, before moving on to the research on face to face routes to older people (and venues where information and advice can be exchanged).

3.1 Media & Communications Channels

TV Advertising

Older people's perceptions of TV advertising are not generally explored in the literature at large. The 2005 desk research study by Andrew Darnton for the COI's Common Good research project drew on evidence from diverse advertising development and tracking studies commissioned to explore the impact of government advertising campaigns. That analysis noted that levels of advertising recall declined as the ages of the research participants increased. This declining trend in recall is in direct contrast to the increasing amounts of television viewed as people move up the age range (to the point where the 75 and overs watch more hours of TV than any other age group – see Section 2 above). In short, older people tend to be exposed to more TV advertising than any other age group, yet they appear to recall less of that advertising than any other group.

Several hypotheses could be put forward to explain the apparent lower levels of advertising recall among older people:

- older people may engage less with advertising than do younger people (there is also fragmentary evidence to suggest that some older people actively dislike advertising);
- older people's rates of advertising recall may be subject to their lower rates of recall of events and experiences generally, relating to their failing powers of memory [see Section 1.2 above];
- older people may not tend to recall adverts as most advertising is not relevant to them (this may be a consequence of the widespread marketing practice of prioritising working-age target audiences, which also explains why there is relatively little non-academic research among older people, especially regarding their perceptions of advertising).

Some of these hypotheses were taken up in the recent phase of Common Good qualitative research conducted among the over 75s. That study did not find evidence to suggest that older people view advertising any differently from the ways in which younger audiences do so (although the methodology employed meant that direct comparisons with younger audiences were not sought). The study's authors suggested that if older people do recall advertising less than younger people, it may be because they tend to present themselves as discerning viewers of TV, who 'destination view' programmes of interest to them, and also ignore the adverts. Clearly, a discussion of the impact of TV advertising on older people is bound up in a consideration of the ways in which they experience television; that discussion will be pursued in Section 4 below. At this point, it must be noted that the research evidence presents an imperfect, but somewhat contradictory, account of older people's perceptions of advertising. While the latest Common Good study suggests that they are no different from other viewers of advertising, a 2002 qualitative study on fire safety communications for the ODPM concluded that "*many older people were not very tuned in to advertising in general*".

Few other sources included in the current study offer further insights into this question. However, one qualitative study in 2005 for the DWP and COI explored the development of a new advertising

campaign to promote Pension Credit to eligible non-applicant pensioners. It is notable that many of the older people under research showed strong recall of the previous Pension Credit strapline 'Pick It Up, It's Yours'. These respondents also appeared fond of that strapline, and the campaign materials in general. For example, one female participant (notably in the 60 to 65 age bracket) recognised the phrase 'Pick It Up' which was used on one of the campaign information leaflets being tested in the research, and said "*Those words hit me from the television*". Such a positive response might support the contention that older people would be seen to respond to advertising as other viewers do, if the advertising in question was clearly relevant to them.

As a side issue, the researchers conducting that Pension Credit study noted that the older people under research responded well to the use of humour in the advertising executions which were being tested. However, they stressed that this positive reaction was dependent on the humour not being seen as either silly or too clever. Finally, the researchers noted that it was the role of the TV advertising to capture the interest of viewers; while pensioners wanted more detailed information, they were happy for that to be provided through the campaign leaflets and helpline. While print advertising was seen as having the potential to carry more information, even that was predominantly regarded as an attention-grabbing tool. It should be noted that friends and family members of the pensioner respondents were also included in the research sample for this study, as the campaign strategy involved targeting them, and encouraging them to pursue the issue with the older person they supported. Such an approach is in keeping with the communications strategy for the digital switchover support package [see Section 5 below].

Telephone Helplines

A few of the qualitative research sources which concern specific government information campaigns present findings relating to telephone helpline services. Broadly, older people in research report favourable experiences of telephone helplines. It is noted that those with sensory impairments or learning difficulties may be exceptional groups in this regard; in addition, older people who have limited English language skills may also be excluded from information given over the phone. However, most older people in research seem to be able to negotiate information exchanged by phone. The main learnings from research involve the ways in which a helpline is run.

Older people in particular are seen to struggle with automated phone systems which require them to choose from a range of options. This point appears specifically in connection with the digital switchover in the final report on the Bolton trial; it is notable that older people appreciated finding a real person at the other end of the helpline, and one who spoke with a Bolton accent at that. Similar findings emerge from research into the Pension Credit communications campaign; older people responded very warmly to receiving assistance with filling in their application form for the benefit over the phone, with the caveat that they should not have to pass through a set of automated options first. In the research preceding the launch of the helpline, one woman said she would use it "*so long as you don't have to press 1, 2, 3*".

However, some negative views of helplines do appear from older people in the research sources. In some cases they have had bad experiences of being given the wrong advice or not being rung back. For others however it is more a question of feeling more able to handle complex information face to face; such comments recall the preference for 'personal' information formats identified in the literature review for the JRF by the Beth Johnson Foundation. An example is found in the qualitative

study on information for pensioners undertaken in 2000 for the COI and DSS; one woman in the 75+ age bracket commented:

"I would go and see them because you can get it in writing and sort it out. When you get to our age you come off the phone and you can't remember what you said."

Direct Mail

While the sources in this research study contain relatively little evidence on older people's views of direct mail, it is clear that many older people like printed materials and will read them thoroughly. Information leaflets from government are shown to perform well in research, and especially so in cases where they go through a number of revisions in the light of research findings. The 2000 study on information for pensioners contains many verbatims from older people who made it clear that if the information given was relevant and supplied in a durable format, it would be kept for the long term. General principles for designing effective printed materials for older people are discussed immediately below [in Section 3.2].

Regarding direct mail specifically, the 2000 study for the DSS and COI found that most pensioner respondents considered direct mail "the ideal" means of distributing a printed information guide, as this would signal that the material was for them personally, and would ensure that they would receive it. Furthermore, the post was seen as the sole effective distribution channel for those who were restricted to their homes; one female respondent in the 60 to 74 age range commented:

"You take my mum, she wouldn't get one unless it came through her door because she can't get out."

The issue of distribution by mail was also explored in the recent Common Good research with the over 75s; that study found that many of those under research would approach their daily postal delivery in a systematic way. Incoming items would be sorted according to relevance: those which were junk would be thrown away, and those which were important would be read carefully and kept. One of the rules of thumb used to discriminate between the two was whether an item was personally addressed to the older person. It is also clear that post which looks potentially sales-related could be disposed of almost automatically. This point is made in an early qualitative study exploring public reactions to digital switchover communications materials (undertaken in 2003). The recommendation is for the DM materials to look governmental rather than commercial, in order to minimise the chance of them getting thrown out. This point is especially pertinent in the context of the switchover and the support package, in which many non-governmental partners are involved, and where a communication could easily be mistaken as a sales offer to subscribe to a digital TV package.

3.2 Style Guide Principles

The following guidelines for designing effective printed materials for older people aged 75 and over are derived from five qualitative studies which researched government communications materials:

Tone

Printed information should be serious and informative, not jokey. The tone should be direct, simple, honest and unpatronising.

Labelling

Materials aimed at older people should be labelled as such; this is easier said than done, as most people under 75 reject the title of 'older people' when applied to them, and some still reject it beyond 75 years of age. Using an age-specific label (eg. 'for those aged 75 and over') is an alternative option, but not ideal [see the Common Good desk research report, May 2005].

Formats

Large format materials will be kept somewhere safe, but smaller formats may be more portable (eg. handbag sized); standard weight paper should be used (eg. not card) to help older people hold and turn the pages.

Fonts

Text should be big enough to be read comfortably by older people, ideally without them having to find their spectacles (especially the text on envelopes or front covers). 12 point fonts are regarded as the absolute minimum.

Layouts

Text should be broken up into small chunks; bullet points and illustrations should be used; clear headings should be used (but note these are often skipped over); colour can help to identify different sections of information (but beware unsuitable colour combinations, eg. light yellow backgrounds for visually impaired readers).

Features

FAQs (Frequently Asked Questions) can be well appreciated if relevant; examples of 'typical older people' can provide useful points of comparison for older readers (any money quoted should be in per month figures, in line with common budgeting arrangements).

Photographs

Use of photographs of older people should be kept to a minimum, as these can distract older readers into making comparisons with themselves, and potentially diminish the perceived relevance of the information to them.

Celebrities

Celebrities should be selected carefully (if used at all in printed materials) as they tend not to appeal to all older people equally.

Branding

It appears that older people are most positive about materials which are joint branded. In such cases, the Government (or departmental) brand provides authoritativeness (although it can also spark cynicism, or simply be misunderstood), while the brand of a respected age sector organisation (usually Age Concern) provides integrity and (ideally) local relevance.

3.3 Face to Face Routes

It has already been noted that older people report preferring receiving information and advice through 'personal' rather than 'impersonal' channels. This section discusses in detail the networks through which older people receive the majority of their face to face information. These networks comprise various combinations of people who provide support informally (most commonly friends, family members and neighbours) as well as those who provide support as part of their professional role (as care workers, or district nurses, or as more accidental points of contact for older people).

3.3.1 Informal Support

Statistical evidence on the frequency of older people's social contact with friends and family has been discussed in Section 1 of this report. While there appears to be no agreed measure of social contact, evidence from the ESRC GO project on isolation and loneliness showed that in 2003, 83% of people aged 65 and over reported having contact with friends and family at least once a week (if telephone contact was included). Considering only face to face contact, the GHS 2001 reported that 79% of those aged 65 and over saw friends or relatives at least once a week. Across several surveys, frequency of contact with friends and family does not appear to decrease as older people reach 75 years of age, and beyond.

The quantitative evidence thus presents a picture of frequent contact for the vast majority of older people. (However, it should be recalled at this point that the quantitative surveys are probably not reaching the most socially isolated older people, as well as not reaching those in care homes.) In terms of the extent of older people's networks, ELSA provides an interesting measure in asking respondents to say how many 'close ties' (ie. the key people they felt close to) they have. The 2002 data show that the number of 'close ties' peaks among older people aged 60 to 74: women in this age range reported having 5.8 'close ties', and men 5.4. It is notable therefore that older people in this age range report having more 'close ties' than do people in their fifties. It is also the case that the number of close ties reported among those aged 75 and over was only slightly lower than among those in the 60 to 74 age group: women aged 75 and over reported 5.5 'close ties', and men 5.2. The data suggest that older people tend to accumulate more close contacts as they move into retirement, and that the size of their key networks remains fairly constant.

The data on 'close ties' do not go on to identify who the five key contacts are. However, qualitative studies repeatedly cite informal networks as comprising a combination of family members (including children and grandchildren), and friends and neighbours (notably often other older people). It is important also to recall the prominent role played by spouses and partners in providing care (for those who remain in couples in later life). What emerges from the existing research is a picture of older people's networks as complex webs of support, varying according to need and opportunity. The quantitative data from the GHS 2001 relating to sources of help for those older people who are unable to perform everyday tasks and activities on their own go some way to illustrate the complexity of these support networks [see Section 1.2]. The overarching conclusion from those data is that sources of support vary according to the characteristics and resources of the older person in question (including their age, partnership and living arrangements, and financial resources), the availability of key individuals to provide support, and the nature of the task with which they need help. However, the predominant sense is of flexible, almost organic, support arrangements evolved by each older person to provide the best fit for their needs – such arrangements as are hard to quantify through research.

Returning to the question of communication routes, the qualitative evidence included in this study shows that most older people receive the bulk of their information through face to face contact with their networks. This point is made prominently across many of the qualitative studies; the researchers conducting the recent Common Good study with over 75s found that personal networks dominated the information sources for these older people to such an extent that they recommended government campaigns adopt 'viral marketing' strategies. While the name they give to such an approach is perhaps inappropriate (considering it is borrowed from the new media sphere, with which so many older people do not engage), the principles of trickling messages down through networks, and of targeting other points in a network (in this case friends and family) in order to reach the older person at the centre, are strongly supported by the available evidence. One further advantage of such a technique would be that it would help government communicators to reach those older people with whom they had no direct channels of communication. This point recalls the observation made of Mary Godfrey's 'Other' type of older people; although they are socially isolated, many are known to local older people, and may be reached by working with them.

The prominence of informal networks in the existing evidence on older people can also be observed in research studies focusing on specific government services. Thus in the study for the COI and DSS on information for pensioners, the older respondents reported receiving most of their information on topics such as housing, health, benefits and transport not direct from government, but by word of mouth, from family members and friends they met in local clubs and centres. Similarly, a qualitative study on anti-burglary measures in the home gave several examples of family members taking the lead role in encouraging better security habits among their older relations. One woman in the 75 to 80 age group said that her grandson had told her off "just this morning" because he had found the door unlocked, while a slightly younger man (in the 65 to 70 age group) performed the supporting role himself, as follows:

"I tell my mother-in-law to lock her back door because she is 85 and always falling asleep. I have trained her to lock the back door for that simple reason."

However, it is also important to note that while word of mouth from friends and families appears more influential in shaping older people's views and behaviour than formal information from government, it is not always the case that the informal advice works in the same direction as that which government might intend. The most prominent example in the sources relates to Pension Credit; in two studies, older people report that they get most of their information about claiming Pension Credit from friends and family. However, the pensioners under research are those who are eligible for the benefit but not claiming; they commonly report their older people friends telling them how they tried to apply for Pension Credit but were ruled ineligible, or that they were awarded the benefit, but the amount of money received was not worth the indignity (or inconvenience) of claiming. In this way, word of mouth can often run counter to formal messages from government.

One of the many advantages of information received face to face through older people's networks of contacts is that it does not come in the form of information alone. The study on home security cited above illustrates how it is as much the ways in which the information is delivered to an older person as the content of the information itself which leads to a change in behaviour (note that the older person son-in-law "*trained*" his even older relative, probably through a series of repeated visits and messages). The literature review by the Beth Johnson Foundation for the JRF not only found that 'personal' information routes are preferred by older people, but that what older people were actually

accessing was not information alone, but a package of support comprising "*information, advice and advocacy*". Older people who were involved in the preparation of the Beth Johnson report are quoted as saying that each element of the package is essential in order for them to keep running smoothly; thus one respondent likens information, advice, and advocacy services to "*spokes on a wheel*". Andrew Dunning, the report's author, describes the three services as "*circles of support*", which older people can tap into at any point; information is not a standalone service and nor does it precede the other two forms of support. In any case, he notes, older people will not tend to notice the difference between the three elements: what they require is support, not information alone.

The advocacy strand of the combined support which most older people receive through their informal contacts also points to another key strength of friends and family networks. Rather than directing a one-way flow of information towards an older person, advocacy suggests that the key contact will identify the older person's interests and represent their needs in dealing with third parties (such as government agencies). Thus personal contact is shown to follow a two-way dynamic, which gives older people a stake in how they are provided for, and possibly a voice in how services are delivered to them. The result should be an offer to older people which is more relevant to them, in reflection of their expressed needs.

This two-way relationship is also in keeping with the principles of 'successful ageing' identified by Mary Godfrey and others [and discussed in the Introduction to this commentary; see Section 1.1]. In the work of Godfrey, and in the PSI report for the DWP on independence, the principle of reciprocity is key to a sense of well-being in later life. Put simply, older people wish to maintain their independence for as long as possible (for example, by staying in their own homes). As such, they want to maintain a sense of choice over what they do, and they do not wish to become dependent on others. At a deep level these behaviour patterns may be about preserving a sense of self (by successfully negotiating the gains and losses of old age); on a practical level independence means being reluctant to ask friends and family for help. Numerous examples of older people not wanting to be a "burden" on their families appear throughout the existing evidence; other examples also occur in which older people admit they will happily accept help when offered, but that they would not want to ask. Finally, studies such as Mary Godfrey's and that from the PSI stress that older people are in pursuit of interdependence, as much as independence. Being useful to others appears to be both a strategy by which help can be accepted without appearing dependent (by a process of swapping one favour for another), and a means of asserting that ageing effects are being held at bay. One of many examples of reciprocity which are found in Godfrey's study features Mrs Kennedy, an 83 year old lady who explained how she helped her family, and they helped her:

"I help them. I used to do the babysitting. Now I have to go and cut their lawn. I've just painted their garden gate – the son doesn't have time. He does work for me if I need him."

Flows of reciprocal support are also clearly present in the 'Optimiser' segment of older people identified in the recent Common Good qualitative research study with the over 75s. These older people were found to have large networks of contacts, and to be leaders and helpers of other older people; notably, they were also avid "*consumers and disseminators*" of information. However, Mary Godfrey's study shows that more restricted older people also observe principles of interdependence, giving the example of older people in care homes who take on specific tasks which they can achieve that benefit other residents, while they receive support from other residents likewise.

3.3.2 Formal Support

The qualitative sources included in this study tend to agree on the range of key individuals who provide face to face information and support to older people. The more widely cited personnel are briefly identified below. It should be noted that providing support to older people might not be considered a central element of some of their job descriptions (for example, Post Office staff). In such cases, it may be that these 'professionals' take on the status of key contacts because of the trust in which they are held by older people, which in turn may arise from their meeting one another regularly over a long period of time.

Care Workers and Home Helps

As cited above [Section 1.2], GHS 2001 found that 10% of older people aged 75 to 79 had used a private home help in the last month, while 3% of the same age range had used a local authority home help. Rates of using home helps increased with rising age, such that among the 85 and overs, 28% had used a private home help, and 18% a local authority home help. Home helps and carers are frequently cited in research as key sources of information for older people. However, they are not universally liked by older people, and the level of trust attached to them is variable. While not all older people can afford to buy in home help, they tend to prefer to for a variety of reasons, including that they can be in control of the relationship (rather than be dependent on the council to provide the help), and that they can then ask the home help to undertake the tasks they actually need help with (several studies note older people's complaints that state-funded helpers are not permitted to do housework or potentially risky tasks, nor are they allowed to administer medicines).

GPs

According to the Common Good qualitative research study with over 75s, GPs tended to be trusted by older people, and to be common sources of information for them. Mary Godfrey also identifies older people who hold deep trust for their GP; the same does not tend to be the case for other NHS staff, especially those in hospitals. Many older people stand to benefit from this relationship; according to the GHS 2002/03, 23% of men and 28% of women aged 75 and over had seen their GP in the 2 weeks preceding their survey interview.

District Nurses

Qualitative sources suggest that district nurses are not as universally trusted as GPs, but that they provide an important source of support for many older people. Data from GHS also show that district nurses do not reach as many older people as do GPs; in 2001, 5% of 75 to 79 year olds used a district nurse or health visitor, as did 19% of those aged 85 and over.

Vicars

Some older people in Mary Godfrey's study point to vicars as providing instant and unconditional support in times of crisis. In the recent Common Good research, they are reported to be a "local, relevant and trusted" source of information.

Wardens

Wardens can be a considerable source of support to those older people who live in sheltered housing. In Mary Godfrey's study wardens are seen as valuable (especially if they live on-site) because they can provide help with the numerous 'daily hassles' facing older people (such as changing lightbulbs).

Post Office staff

Post Office staff feature as key contacts in several sources, on account of the frequency with which older people see them. Their influence as information providers is particularly clear in a research study concerning the transfer of older people's pensions payments from paper form over to electronic 'direct payment'. In that example, numerous pensioners reported receiving informal advice from their Post Office staff to switch to a Post Office Cash Account (POCA), and in the end, despite a government information campaign showing other options, that is what most of the pensioners did.

Meals on Wheels staff

Only mentioned in the research sources on account of their now being under threat, Meals on Wheels visits have been prized by older people on account of the regular contact they brought with a known person (often an older person) who would arrive daily on their doorstep. Current changes to the service have resulted in the visits becoming weekly not daily: meals are supplied a week at a time, frozen for older people to reheat. This new method has the supposed benefit to older people of providing enhanced choice. In quantitative terms, GHS found that in 2001, 7% of people aged 85 and over received visits from Meals on Wheels.

3.3.3 Key Venues

Key venues through which older people access information overlap considerably with the formal contacts identified above. However, it should be stressed that these venues are seen to support the flow of information in two ways: first, as impersonal distribution points, from which printed materials may be collected, and second, as network hubs around which key contacts gather alongside the older person in question. Thus groups, clubs and churches feature prominently in the lists of key venues identified in the research sources; these and other venues are briefly identified below.

Looked at from the perspective of older people themselves, these venues are much more than effective places through which to gather information. The main strength of these venues lies in the fact that they are local, and they are where local friends and peers gather. Again, this observation underlines the importance of reciprocal relationships to older people, especially those in which support flows back and forth between older people themselves. The local nature of these venues also echoes the point made earlier [see Section 2.1 above] that as people get older their lives become increasingly focused on their localities.

GPs' surgeries

GPs are so much identified by older people as a source of support that the researchers on the Common Good qualitative study suggest that GPs' surgeries could offer a built-in information

centre for older people. According to GHS 2001, more than half of older people in the 75 to 84 age group had visited a doctor's surgery in the 3 months preceding the survey interview.

Church

Several qualitative studies identify churches as a key venue for older people, both in terms of information exchange, and as hubs of support networks, on account of the congregations they house. A surprising example of churches as a source of support features in a research study undertaken in preparation for the Bolton trial of the digital switchover; when asked where they might turn to for installation help, older people identified the members of their local church (along with friends and family, electrical retailers and the Yellow Pages). It is notable that the proportion of older people reporting being church members increases with rising age, while women are more likely to report such membership than men. In ELSA 2002, among 75 to 79 year olds, 34% of women and 22% of men were members, while among the 80 and overs, the rates were 36% and 23% respectively. Qualitative evidence gathered for the previous Common Good project (on communicating with BMEs) suggests that rates of churchgoing may be even higher among older people in specific minority ethnic groups. For example, black Caribbean older women are described as very attached to their local church.

Post Offices

Beyond the finding that Post Office staff are influential in providing informal information to older people, the only point in the sources gathered here underlining their importance is a comment made in the recent Common Good qualitative study, noting how older respondents bemoan the current waves of closures of local Post Office branches. Post Offices have come to assume totemic status as network hubs for older people, due to the fact that local older people would tend to gather there on pension day. As the study on migration to direct payment noted, for some older people the weekly trip to the Post Office to collect their pension was their only regular chance to get out of the house.

Libraries

Many of the qualitative sources in this desk research include libraries in lists of venues where older people would expect to find information, especially concerning government services. The DCMS Taking Part survey includes attending a library among its key indicators of involvement in cultural life; across the 2005/06 combined waves of that survey, 45% of people aged 65 to 74, and 42% of those aged 75 and over, reported having been to a library in the last 12 months. Among those who had been to a library, frequency of visiting was found to increase with rising age, such that while 57% of attending 65 to 74 year olds reported having been to the library at least once a month, among the 75 and overs who attended, 71% reported having done so at least monthly.

Clubs

It has already been noted that, of those older people who undertake sporting activities, more than half do so as members of sports clubs [see Section 2.2 above]. The existing qualitative evidence also underlines the importance of clubs to older people; for older women this tends to mean day centres and lunch clubs, while for older men this more commonly means social clubs (although the recent

Common Good study stresses that the future of many social clubs, such as the Royal British Legion, is seen to be under threat). According to GHS 2001, attendance at lunch clubs and day centres increases with rising age, although it remains a minority pursuit; for instance, while 2% of 75 to 79 year olds attended a day centre, 9% of those aged 85 and over did so. Attendance of social clubs by men appears to be more commonplace; according to ELSA, in 2002 25% of men aged 75 to 79, and 23% of those aged 80 and over, were members of a social club.

4. TV and the Over 75s

4.1 Attitudes to TV among the Over 75s

Television is shown by the research evidence to be very important to older people. As has already been discussed [see Section 2.1], older people watch more TV than any other age group in the population. Recent surveys suggest that TV viewing peaks among those aged 75 and over: according to the Ofcom report on Media Literacy, the 75 and overs watch on average 4? hours of TV per day (although some estimates for the over 65s go as high as 5? hours per day).

Qualitative measures also underline the importance of TV to older people. In the words of one older person interviewed in a 2003 study on the digital switchover:

"There are thousands and thousands of old age pensioners whose whole life is their TV..."

The central role of TV in older people's lives is demonstrated by a large body of evidence. However, research sources take divergent views over whether this focus on TV is a good thing or not. A recent piece of quantitative research commissioned by Help the Aged to support their Helping Unite Generations (HUG) campaign found that 57% of people aged 75 and over agreed with the statement 'The TV is my main form of company nowadays'. It should be noted that the question is somewhat leading, in keeping with a survey which was undertaken to support calls for greater levels of interaction between older people and their family members or friends. Indeed, launching the HUG campaign, Help the Aged's director of policy referred to this statistic, saying: *"Are we going to stand by as lonely and isolated older people are left with the television as their main form of company?"*.

The HUG survey highlights a paradox of television viewing which is particularly pertinent to the digital switchover and targeted help scheme partners. The most isolated older people are the most reliant on TV for company, and yet they are the group who are hardest to engage in communications, and who most need help at the point of installation. Ultimately, socially isolated older people are those most 'at risk' of losing services at switchover and of missing out on the targeted help scheme, a point stressed in Emyr Hughes' report on the Bolton trial. Seen from the perspective of inclusion, access to TV becomes a key quality of life issue for the most dependent older people.

However, dependence on TV can also be configured as a positive choice in certain research sources, rather than a poor substitute for human company. In a 2005 qualitative study commissioned by the DCMS and COI in preparation for the Bolton trial, a housebound couple aged 75 or over made clear that converting to digital would be an active choice, and one which improved rather than diminished their quality of life:

"It is very tempting...Unless our son or daughter come for us we are stuck here, so we would be prepared to pay for extra channels...it is a little luxury we can have."

Other research sources also contain examples of older people for whom engaging with TV involves making active choices. Underlining the dynamic in which even very dependent older people maintain a sense of their independence, the example is given in the PSI study for the DWP of an older lady who includes being able to make her own "choice of telly" as one of the good things about living as she does in a residential home. Depending on the perspective of the researcher, TV can either increase or decrease older people's sense of independence.

The evidence on how active older people are when viewing TV is both limited and somewhat contradictory. The debate about whether older people are active or passive viewers has already been touched on in this commentary in the section about TV advertising [see 3.1 above]. The recent research with over 75s for the Common Good programme was cited there, in which the researchers suggest that the over 75s view adverts as do people of other ages. That study also found that many older people claimed to watch TV using a 'destination viewing' approach, in which they turned on (or mentally tuned in) for their favourite programmes. However, the low levels of advertising recall recorded among older people raise suspicions that for much of the 4+ hours in which they are watching TV, they are not actively watching TV at all, but rather allowing it to wash over them. The Common Good study itself reports that older women in particular said they often did something else (like knitting, or playing puzzles) while watching TV, and the researchers suggest that this was because they did not want to be seen as passive (perhaps also to themselves). Mary Godfrey's JRF study shows older people making a strong link between passive (even dependent) TV viewing and terminal decline. Describing the isolated 'Other' older people identified in that study, one older person commented:

"They have no hobbies, no nothing. They just sit and watch television. They can't be bothered to do anything."

The distinction between active and passive modes of TV viewing is further complicated by the recognition that a given older person will switch between modes at different times in their lives. The key conclusion from the PSI study for the DWP is resonant here: that older people are frequently moved from one segment to another and back again, by force of the key events they experience.

An anecdote provided during a debrief on the recent Common Good qualitative research may help to connect up the PSI's thesis with evidence relating to the role of TV in older people's lives. One of the Forum Qualitative research team related how, during the first of two visits to interview a lady aged 77 who lived in sheltered accommodation, when he walked into the room the lady asked him whether he would like to turn the TV off. He did so, and on asking her what she had been watching, she replied that she wasn't sure, it had been sport or something. When he returned for the follow-up interview two weeks later, he was told the lady had been experiencing poor health. On entering the room, he asked the lady whether she would like him to turn the TV off; she replied that she did not know it was on.

4.2 Attitudes to Digital TV among the Over 75s

Statistical evidence shows older people to be the most problematic age group of all for those involved in implementing the digital switchover. As has been described above [see Section 2.1], older

people have the lowest rates of access to digital TV of any age group. According to the first two waves of the DCMS Taking Part survey (covering the six months up to January 2006), the rate of digital TV access among the whole UK population stood at 70%; rates of access among older people were lower, at 58% among 65 to 74 year olds, and even lower - at 39% - for the 75 and overs. Among the large proportion of older people who have not yet switched to digital TV, the problems are compounded by their apparent lack of intentions to do so. In the most recent quantitative survey (the tns survey on the Targeted Help package, completed in April 2006) 89% of those aged 75 and over said they had no plans to switch in the next 12 months. A similarly tiny proportion of older people intending to switch is reported in the DCMS Taking Part survey, which also shows that the proportion of older people intending to switch in the next 12 months decreases with rising age (thus 12% of 65 to 74s and 8% of 75 and overs intended to switch in the next year). Finally, the Ofcom Residential Tracker also found that only 6% of those aged 75 and over intended to switch during 2006; a further 11% intended to switch in 2012 or later. Most significantly, 40% of the 75 and overs had no plans to undertake the switchover; they either 'never' intended to switch (12%) or did not know when they would do so (28%).

The digital switchover support package is particularly designed to encourage (and enable) non-intending older people to make the switch to digital TV. A paper by Jeremy Klein of Scientific Generics, and member of the digital switchover Consumer Expert Group, provides two different models to explain why certain types of people have not yet made the switch. One reading follows the 'Diffusion of Innovation' model (by Rogers, 2003) which is popularly cited in explaining rates of uptake of new technologies. In that model, Rogers envisaged technological adoption as diffusing through five segments of individuals. The names of the first types may be familiar, as it is at this end of the spectrum that technology industries focus their attention: these are the 'innovators' and 'early adopters'. The middle ground is occupied by the 'early mainstream' and the 'late mainstream', while 'laggards' bring up the rear. In terms redolent of elements of this commentary on older people, Rogers describes 'laggards' as "near isolates...suspicious of innovation and change agents". However, as has been seen in this commentary, being socially isolated is seldom an active choice for older people, and the sense of blame clinging to Roger's segmentation seems inappropriate to older people – as shall be discussed below, most of the non-adopter older people are not deliberately choosing not to switch over. In his paper, Klein makes a similar point by turning to look at Scientific Generics' own analysis of the market. In the Generics segmentation, which is based upon survey data collected from adults of all ages, the two late-adopting segments are the 'If Pushed' and the 'Nevers'. 'Nevers' certainly share a number of characteristics with older people; they have the lowest average income of any segment, and more importantly, 60% of the 'Nevers' are retired. Concluding his analysis, Klein finds that the two main barriers to making the digital switchover which were reported by 'Never' respondents were cost and usability. Both these factors are unrelated to Roger's picture of 'laggards' who deliberately refuse to adopt new technologies. More importantly both these factors are being addressed by the Consumer Expert Group in their work on the switchover support package, and the usability of digital TV equipment.

The sources gathered in this desk research study provide little direct evidence on the question of whether older people are deliberately refusing to adopt digital TV, or are not making an active choice. Indeed the type of qualitative evidence needed to explore such a question is rather scarce (limited to the two qualitative studies commissioned by DCMS in 2003 and 2005, and some

comments in the recent tns report on the Targeted Support programme). Barriers to undertaking the digital switchover are discussed in Section 5 below, but key reasons to explain why most older people have not yet switched include the following:

Not interested

Qualitative evidence shows that most older people who have not yet switched to digital TV appear uninterested in doing so. This observation echoes that made by the Cabinet Office's Digital Inclusion Panel, in the context of internet uptake: "...the majority of people who are not engaged have never even considered using the internet". Survey data suggest that this view can equally be applied in relation to older people and digital TV. The tns Targeted Help study asked people aged 75 and over what their reasons were for not having switched to digital TV yet: 17% of respondents said they were not interested. Similar conclusions can be drawn from a question in the Ofcom Media Literacy survey; asked about their preferred ways to learn about digital services and products, 44% of people aged 75 and over chose 'friends and family' while 37% chose 'none'.

No need

Most older people who have yet to switch to digital TV say they are happy with the TV that they currently receive. This was the most popular response among 75 and overs to the question in the tns Targeted Help report about why they had not switched to digital TV yet: 44% of those aged 75 and over said 'I don't need it'. One of the over 75 respondents in that study is quoted saying "Why the need to change?". The quantitative evaluation of the Bolton trial by Ipsos produced an almost identical response: 40% of those aged 70 and over who had not switched over before the trial gave the reason 'my previous set up was fine, I had no need to change'.

Fear of change

Older people in qualitative research sources commonly show resistance to change. This response seems particularly relevant in the context of the digital switchover; older people in the 2003 study for the DCMS and COI described the forthcoming switchover as a 'bad news change'. Comparison can easily be drawn with the research findings relating to the compulsory migration of pensioners from paper pension books to direct payment. While both changes are unpopular, the pension payment change was arguably regarded more negatively, given the loss of regular social visits to the Post Office which it entailed. It is also notable that the recent Common Good study among the over 75s listed the closure of Post Offices as one of the recent changes which for older people did not constitute progress (the move of Meals on Wheels to providing frozen meals being another, along with health and safety regulations constraining the roles performed by home helps). The switch to digital TV could be added to the list of unwanted changes; it also brings with it the mystery of adopting a new technology, again recalling the move to direct payment. As one over 75 respondent in the tns Targeted Help survey commented:

"I'm not really up on new things. I don't understand them."

5. The Digital Switchover and the Over 75s

The aim of this final section of the commentary is to identify evidence which can directly support the detailed development of the digital switchover targeted help scheme. In so doing, this section aims to ensure maximum effectiveness for the support package in engaging, and ultimately switching to digital TV, the audience of people aged 75 and over.

5.1 Barriers to Switchover for the Over 75s

The tns study on Targeted Support (completed in April 2006) drew the following conclusion:

"Assuming full awareness and understanding of the Targeted Help scheme, take-up is likely to be high, particularly among those not expected to pay for it."

The two primary barriers to take-up of the support package among the 75 and overs are awareness and understanding. Along with these two 'internal' barriers, there are also two 'external' barriers of cost and usability (identified by Scientific Generics, as discussed above in Section 4.2). The evidence relating to each barrier will be outlined in turn.

Awareness

Quantitative data included in this desk research study suggest that levels of awareness of the digital switchover among people aged 75 and over are far from "full". According the tns study itself, only 65% of the 75 and overs were aware of the government's plan for the digital switchover. (Note that this result was achieved in response to a lengthy question describing what the digital switchover was.) In the Ofcom Residential Tracker for the fourth quarter of 2005, 26% of the 75 and overs said they were unaware of the 'analogue switchoff / digital switchover'; it is notable that this level of unawareness is slightly lower than that recorded among all adults in the sample (28% were unaware).

Further indicative evidence is provided in response to attitude statements asked of older people in the same Ofcom Tracker. Asked to indicate their agreement to the statement 'the digital switchover is good for the UK', 26% of the 75 and overs indicated they had 'no opinion'; this was the most popular answer given by this age range of respondents.

Understanding

There is widespread agreement among the sources that understanding of digital TV is very low among older people, especially at ages 75 and over. The qualitative study undertaken for DCMS and COI in 2005 reported that most of the 75 and overs did not know what 'terrestrial' meant, while they assumed 'digital TV' to mean 'a new television set that was digital'. Importantly, this misunderstanding left them unaware of the possibility of converting existing TV sets to receive digital signals; when they were told about this by the researchers, they reacted positively, and considered this information 'new news'.

That 2005 DCMS/COI qualitative study provides precious evidence of how low levels of understanding of issues around the digital switchover are among the 75 and overs. When discussions moved on to the different digital platforms that were available, confusion became widespread; in a common misunderstanding, the older people who received satellite TV (via Sky) did not realise that they were therefore receiving digital TV. The general picture of uncertainty can be summed up in a verbatim from one of the 75 and over participants in the tns Targeted Help study, who said:

"I don't know anything about digital."

Several sources in this desk research stress that the digital switchover partners should be communicating better the rationale behind the switchover, and the benefits for those who make the switch. Evidence has previously been cited [see Section 4.2] of older people who cannot understand the need for undertaking the switchover; not only do older people not understand it, but it is a question that is pondered at some length in the March 2006 report of the House of Commons Select Committee on Culture Media and Sport. That report also calls for a clearer articulation of the benefits of switching; the appeal is shared by Leen Petre of the RNIB who wrote as follows in a paper on the support needs of blind and partially-sighted people:

"In public information campaigns, the benefits of digital TV are not identified enough."

While the evidence relating to the 75 and overs would support the call for wider communication of the benefits of switching, it also suggests that the benefits to older people are very uncertain (as well as being unknown to them). The Select Committee report brackets the benefits of digital TV in the phrase *"an exciting range of additional services"*; included in this are better quality pictures, interactive services, and more channels. However, as has been discussed, in the Ipsos evaluation of the Bolton trial 40% of 75 and overs who had not yet switched said they were happy with their current (analogue) set-up. Additionally, there is little evidence that the current interactive services provided with digital TV represent an "exciting" offer for older people; indicative evidence from the latest Continental Research syndicated survey on digital TV could be cited, which found that only 17% of people of all ages with digital TV reported using the 'red button'. It is recognised that digital TV offers the prospect of audio description for those with visual impairments, but the Consumer Expert Group makes clear that this is currently an imperfect offer (for instance, there is only one suitable set-top box on the market, and that is priced at £99).

Having access to a greater number of channels is indeed the benefit of digital TV most commonly identified by older people who already have digital TV. In Ofcom's Media Literacy report, 81% of the 65 and overs with digital TV identified 'more channels / a particular channel' as the main benefit from digital TV. However, the view among those older people who have yet to convert appears entirely contrary. For example, when respondents in the 2005 qualitative study for the DCMS and Ofcom were given the news that Sky could provide them with 200 channels, one person aged 75 or over commented:

*"200 channels!! 200!! You are never going to look at that lot are you....
Too much to cope with."*

That study concluded that most of the 75 and over respondents would be happy with a few more channels, so long as they could continue to access the five main channels they currently received. Most older people felt that they could manage the 30 TV channels (plus 20 radio stations) available with a digital terrestrial television (DTT) service via Freeview. It can be suggested that the apparent offer of increased choice provided by digital TV is in fact a choice not open to older people, many of whom say in research that they would be happy with one possible digital platform (DTT) received through one kind of set-top box. This perspective on digital TV recalls that made by Jeremy Klein in his paper on models of adoption of digital TV among adults of all ages:

"...the extra channels that were seen by adopters as benefits of digital TV were seen as disbenefits by the laggards."

Cost

Pursuing the conclusion from the tns Targeted Help study, once the internal barriers of low awareness and understanding have been addressed through communications, then take-up rates among the 75 and overs should be high. However, the report concludes (perhaps unsurprisingly) that take-up will be higher if the switchover support package is offered to all older people free of charge.

Cost will clearly impact on rates of take-up. The tns study found that 74% of people aged 75 and over who are eligible for free support are likely to take up the offer. However, among all 75 and overs, if the support package were offered at a price of £50, only 51% of the 75 and overs are likely to take it up; if offered at £40, still only 59% of the 75 and overs would be likely to take it up.

However, there is also indicative evidence that not only is cost an absolute barrier for many older people, but that the very application of a means testing mechanism to the support package could be a deterrent to take-up among eligible older people. It will be recalled [from Section 3.3 above] that many eligible pensioners are deterred from applying for Pension Credit by the expectation that they will be ruled ineligible. It will also be recalled that word of mouth information received through their informal networks tends to underline this impression. A similar dynamic could emerge if the targeted help scheme is charged for. The tns Targeted Help report gives some evidence that this could be the case; one respondent who would most likely be eligible for free support commented:

"They wouldn't give you any help...they say they would but we wouldn't get nothing."

Usability

The second external barrier to take-up of digital TV among the 'Nevers' segment of the whole adult population is usability. While this aspect of the switchover is not central to the objectives set for this desk research study, it should be noted that several of the research sources gathered here are solely concerned with questions of usability. Ofcom and the Consumer Expert Group have both focused on the equipment needs of vulnerable consumers, while the latest report from the Generics Group explores the usability and appeal of potential models of set top boxes and remote controls.

It is important to stress that for adoption of digital TV to be maximised among the audience of older people, the offer to them needs to be physically right, and that centres on providing digital TV equipment which they find easy to use. It is interesting to recall Jeremy Klein's paper on models of adoption of new technology at this point. Having called Rogers' 'diffusion' model into doubt (so far as it concerns non-adopters), Klein puts forward a different model based on the work of Latour (1987). Latour represents non-adoption not as resistance to the spread of technology, but as a positive choice made by non-adopters. The implication of this alternative model is that it is not the 'laggards' who need to change, but the technology on offer which should be changed. Returning to the audience of older people, it may be helpful to join this theory up with that put forward by Andrew Dunning in his paper by the Beth Johnson Foundation for the JRF. In that paper, he argues that older people not only see information as part of a wider "*circle of support*", but that they judge 'good information' as that which is relevant to them. Good technology then is that which meets the needs of older people. It is for this conceptual reason that usability is likely to impact on uptake of

digital TV among older people – and may be contributing to the current situation in which the majority of 75 and overs are yet to convert.

Less conceptual evidence of the impact of ease of use on take-up of digital TV is provided in the Ipsos evaluation of the Bolton trial. One of the most interesting findings from that trial is that, offered a free (or, at worst, heavily subsidised) choice of various platforms through which to receive digital TV, 99% of participants chose DTT via Freeview. This finding underlines the earlier point that choice of channels may not be perceived as a benefit by most older people (especially later adopters who are happy with their current set-up). In the context of usability, it is notable that the reason most commonly given for choosing Freeview among the 99% of respondents who did so was that it was 'the easiest to use' (32% chose this reason). Supporting the thesis that cost is another significant barrier to switching, it can be noted that the second most popular reason for choosing Freeview was that it was 'cheap' (cited by 28%).

5.2 Priority Subgroups of the Over 75 Audience

The current target audience for the digital switchover support package is vulnerable people, defined as those aged 75 and over, and those with disabilities and visual or hearing impairments. Within that 'vulnerable' group, those on low incomes (defined as those receiving state benefits including Pension Credit) will be offered the support package free of charge.

Clearly one priority audience among the 75 and overs on which the targeted support offer should be focused is those who have not yet switched and have no plans to do so. This segment can be estimated at 40% of the 75 and overs, according to data from the Ofcom Residential Tracker, gathered in the fourth quarter of 2006. It is also notable that a similar proportion of non-switched people aged 75 and over express the view that they have no need to switch: 44% in the tns Targeted Support survey, and 40% of those surveyed by Ipsos in connection with the Bolton trial.

The findings from the Bolton trial can also be used to highlight other priority subgroups within the audience of 75 and overs, as follows:

The 'Low Contact'

Older people who do not have regular contact with friends and family, or other care providers, are identified in Emyr Hughes' report on the Bolton trial as a priority group. The principal reasons for this are that they have limited access to information about the switchover, and limited access to support at the point of installation. Support from friends and family was found to be vital to making a successful switchover: in the Ipsos evaluation of the Bolton trial, 52% of participants rated the support from friends and family as the most helpful form of support which they received (thus making it the most commonly-cited source of support).

However, as has been seen, defining levels 'low contact' is an unstable task. The Bolton trial used the self-reported measure of older people who were not 'often' in contact with friends, family or carers. By this measure 45% of participants were in 'low contact'. Other measures used in the research sources gathered here include 'less than weekly contact with friends or relatives'; according to GHS 2001, 23% of 75 and overs fall into this category, and thus could be deemed in social isolation.

While identifying 'low contact' older people is vital to maximise the effectiveness of the support package, calculating the size of this priority subgroup is likely to be impossible. Not only are definitions of social isolation contested, but as several studies have pointed out, older people tend to move frequently between segments, making any quantification very unstable. As one example, Mary Godfrey's study for the JRF reported that many of her older people respondents could recall having been through periods of social isolation following major losses, from which they had subsequently emerged.

Finally, it should be stressed that many socially isolated older people are missing from research studies, and that this in turn thwarts efforts to quantify this segment meaningfully. Mary Godfrey's older participants spoke of 'Other' older people who represent a hardcore of the socially isolated. Similarly the recent Common Good qualitative study on the over 75s identified an unquantifiable segment of older people who were labelled 'Hidden', in that they were not accessible to researchers. It should also be recalled that the quantitative survey data which are available on the 75 and overs tend to exclude those who live in communal establishments – many of whom will fit the definition of 'vulnerable' groups; as has been discussed (in Section 1.2) a paper from the ONS published in Population Trends in 2004 has labelled such older people 'the missing'.

The unquantifiable hardcore of isolated older people thus represent both the key priority subgroup for the digital switchover support package, but they also represent a substantial challenge to those switchover partners who will need to identify and engage them. It is recommended that the switchover partners work with older people themselves, and through the friends and family networks of older people, in order to reach and convert older people in this subgroup.

The Living Alone

In the Ipsos evaluation of the Bolton trial, older people who live alone were found to require help with switching to digital TV at a higher rate than did those who lived with one or more other people. In the pre-trial wave of surveying, 76% of the participants who lived alone said they would 'definitely' need help with switching over (against 69% of all respondents) This expectation was fulfilled during the trial, with 92% of those who lived alone reporting having received some external help, as opposed to 80% of those who lived with at least one other person. Away from the trial, it can be recalled that evidence from GHS 2001 showed that older people who lived alone required more external help with tasks they could not manage alone, and that they received that help from a different range of individuals than did those who lived in couples.

Women

Data from the post-trial wave of Ipsos evaluation show that older women were much more likely than older men to have had the installation performed for them by somebody else. 65% of the women surveyed reported that 'someone else did it all', as opposed to 34% of the men surveyed. However, it should also be noted that there is a large overlap between this priority subgroup of women, and that of older people who live alone. Data from GHS 2002 (cited in Section 1.2 above) show that among those aged 75 and over, 60% of women lived alone as opposed to 29% of men. Thus being a woman and living alone are both key indicators for prioritising the support package, but it should be noted that these two measures correlate strongly.

5.3 Effective Delivery of the Support Package for Over 75s

5.3.1 Key Elements

The review of the digital switchover support package trial in Bolton written by its co-ordinator Emyr Hughes, and the Ipsos survey of the participants (aged 70 and over) in the trial, together provide ample evidence to suggest what works in delivering the support package to older people. It should be remembered that the trial differed from the planned national roll-out of the support package in several aspects, most importantly that the offer of support was enhanced by its being made at no (or very low) cost to all those eligible to participate.

Overall, the pilot can be judged a great success. 457 of the 461 eligible people aged 75 and over in the Hulton ward of Bolton took part. In the post-trial wave of evaluation by Ipsos, 69% of the 294 participants who were surveyed rated the installation process 'very easy', while overall 85% rated it 'easy' or 'very easy'.

Some key elements driving the success of the trial are identified below; these are combined with points from the wider research evidence to act as a set of guidelines for the national roll-out of the targeted help scheme for those aged 75 and over.

The Communications Campaign

The pre-installation campaign should concentrate on tackling the barriers of low awareness and understanding among older people. Key messages for the campaign are suggested in the section below [at 5.3.2], but in terms of strategy, emphasis should be placed on local media channels (including local radio and the free press). National advertising (especially on TV) should be used to raise headline awareness of the switchover, among older people and particularly among their networks of friends, family and carers.

Eligible people aged 75 and over should be engaged in the detail of the switchover through the use of direct mail; lists of benefits recipients should be used (if possible) and the number of response steps required for older people to reach the point of installation should be kept to a minimum.

Friends and Family

As has been noted, friends, neighbours and family members of older people play a pivotal role in both engaging older people in the switchover support package, and helping them negotiate the installation itself. It is notable that in the Ipsos evaluation of the Bolton trial, friends and family were most commonly cited as participants' most helpful source of support (among 52% of all the participants surveyed), and that overall, 69% of participant respondents reported achieving the installation of their set-top box without any assistance, beyond that received from friends and family.

Helpsheets

After friends and family, the installation Helpsheets were most commonly cited as the most helpful form of support by participants (21% identified 'having clear instructions' as the most helpful element). It is notable that many more men than women used them, and that across all those who used them 92% of those surveyed found them helpful. Emyr Hughes' report says that while the

Helpsheets were highly rated, they could still be improved. It is notable that the Helpsheets included a section of FAQs, and explained in detail what a SCART lead looks like. [In these aspects, the Helpsheets appear to have been consistent with the 'style guide' principles for effective printed materials outlined in Section 3.2 of this desk research report.]

Helplines

Helplines were rated as the most helpful element in the Bolton trial by 18% of participants. In fact, Emyr Hughes' report on the trial makes clear that two helplines were offered (one to guide older people through the trial, and the other to help with technical support issues). The combination of the two helplines was found to be invaluable; the report notes how little face to face help was in fact needed by participants in the trial. One of the key strengths of the trial helpline was that it was staffed by real Bolton people (in fact, it was a service bought in from Bolton council's own telephone help staff); the absence of any automated response would appear to be a strength, bearing in mind the views of older people in the wider research evidence [see Section 2.1 above]. Finally, it should be noted that Emyr Hughes' report calls for helplines to continue to offer support to eligible older people up to 6 months after the time of installation; in their latest report, the Consumer Expert Group call for a continuation of the service up to 18 months after the installation.

Engineers

25% of the participants surveyed in the Ipsos evaluation who installed a Freeview box reported getting a visit from an engineer. In 72% of these cases, the participants were 'very satisfied' with the help they received. It is notable that Emyr Hughes calls for engineer visits to be offered up to three months after installation.

Other Partners

A key element to the success of the Bolton trial was the multiple partnerships struck up between the switchover team and local agencies. As well as the central partnerships of the national digital switchover team (led by DCMS and the BBC), the trial partners included the local council (who provided not only a helpline, but also promotional support through their free magazine, and the opportunity to joint-brand communications materials). Voluntary organisations were also key partners; these included the RNIB, and Age Concern, who again lent their brands to the trial materials. A further voluntary organisation, CSV (Community Service Volunteers) helped to recruit local volunteers (including older people and those from BME groups) who took on the role of 'trusted assistants'. It appears that such volunteers could be instrumental in reaching out to the priority subgroup of older people who lack their own networks and are socially isolated. In the trial, the volunteers functioned as stand-ins for friends and family, by giving general support to the older participants, and calling for technical support when it became clear that an installation problem required an expert. The Consumer Expert Group recommends that 'trusted assistants' continue to be available to eligible older people up to a year after installation. It is important to note however that the Group also stresses that the time given by these (and other voluntary) organisations may need to be paid for, to ensure continuity of provision.

5.3.2 Key Messages

The following key messages are suggested as having potential to engage eligible older people in the pre-installation phase of the digital switchover support package communications campaign.

- i) Communicate clearly what 'switching from digital to analogue' means, and why the switchover is happening.
- ii) Emphasise the universal coverage of the targeted help scheme, not the threat of the analogue switchoff.
- iii) Explain that switchover for most older people means a choice between converting their existing TV set or buying a new integrated digital TV set.
- iv) Present the statistics from the Bolton trial showing that 99% of older people chose to switch to digital terrestrial television (DTT) via Freeview, and explain their reasons for doing so (that it is an easy option for older people, and that it comes at low (or no) cost).
- v) Show the evidence from the Bolton trial that switching to digital TV is straightforward for most older people to achieve; stress that the support package has been developed in collaboration with older people (including the disabled and those with impairments) and experts in the voluntary sector.
- vi) Explain that no older person need undertake switchover on their own: there are an array of local people and professionals available to help, and that even friends and family members may be ready to help.

5.3.3 Further Research

This desk research report has consistently highlighted areas of weakness in the existing evidence base. These gaps relate both to older people aged 75 and over, and to the specific issues around the digital switchover. As has been seen, the two reports analysing the outcomes of the Bolton pilot provide many of the required learnings to refine the design and delivery of the targeted help scheme, however there are gaps in research on the communications side which could helpfully be addressed through further research, as follows:

- **Quantitative tracking research**

It will have been noted that there are a variety of sources of tracking data relating to the digital switchover, but that most are not principally designed to measure the response among the over 75 audience. The DCMS' Taking Part survey provides the largest sample of 75 and overs of the available surveys, but to do this requires continuous research over more than one quarter. The new tracker by GfK NOP for Digital UK and Ofcom has reportedly been designed to include significant numbers of 75 and over respondents (at time of writing, the total sample was estimated to be 7,500 adults of all ages, including around 450 75 and overs). Such a survey should be a valuable source of regular tracking data concerning older people's take-up of digital TV, their intentions to switch, and their awareness of the switchover and targeted help scheme.

- **Qualitative communications research**

This report has stressed that there are only three existing qualitative studies focusing on the digital switchover and older people (by Stimulating World (2003), Haslam Associates (2005), and the qualitative elements in the tns Targeted Help study (2006)). There is clearly an opportunity to understand better the attitudes and reactions of older people in general to the switchover and the targeted help scheme; in particular, campaign messages and communications channels could be explored with the target audience. Within this broad audience of older people, research should focus on specific priority subgroups, of two kinds: the 'hard to reach' and the 'hard to switch'.

Among the 'hard to reach' are the most socially isolated older people (also known as the 'low contact', the 'hidden' and 'others'), and those who are 'missing' from quantitative research – particularly those who live in care homes (around 15% of 75 and overs). As the Common Good qualitative study found in 2006, conducting research among the 'hidden' older people represents a considerable challenge, but the learnings from this subgroup (and indeed from the process of researching them) will be invaluable in further developing the targeted help scheme. Qualitative research in this area could also interview key contacts (both formal and informal sources of support, including older people friends and neighbours conforming to the 'out and about' or 'optimiser' types). Older people's own recommendations for how to identify and engage the 'hidden' and the 'others' should be actively sought.

The other category of older people to be included in future qualitative research is the 'hard to switch', most obviously those 75 and overs who have not yet switched and have no plans to do so in future (approximately 40% of all 75 and overs, according to the Ofcom Residential Tracker). Further work should be undertaken with older people of this type to establish what messages and communications channels (including word of mouth) may be effective in changing their attitudes to the switchover.

- **Multi-method local-level research**

Recognising the importance of an area-specific approach to communicating the targeted help scheme, it is recommended that both secondary (desk) research and primary (qualitative) methods are used to work up local strategies for delivering the targeted help scheme, region by region. Although not concerned solely with communications techniques, the research should address the observation that the offer to older people must be right, and presented appropriately, in order for take-up of the targeted help scheme to be maximised. Emyr Jones' Bolton trial report made especially clear the importance of a partnered approach to delivering the scheme in a specific area; following exploratory desk research, deliberative research and workshop events should be held with older people and local stakeholders (including leaders of key local networks) to establish the best approaches for each location as the switchover is rolled out nationally.

Appendix (i) Individuals and Organisations Contacted

During the initial data gathering phase, 27 individuals were contacted, drawn from 17 different organisations. Andrew Darnton would like to express his thanks to all these individuals who contributed their time and expertise to the study.

Organisation	Key Individuals
BBC	Chris Glen (Research project manager)
BGOP – Better Government for Older People	Dave Martin (Associate director)
Bolton Trial	Emyr Hughes (project manager) Sarah Jane Gray (communications manager)
COI	Mike Wheeler (intelligence manager)
DCMS	Jos Cleare (Digital Switchover publicity team) Moira Goatley (Digital Switchover policy team) Rebecca Aust (Research team) Lisa Vine (Research team) Anne Locke (Strategy – Think Tank)
Digital UK	Alex Pumfrey (Director of strategy and policy) Greta Baisch (Research manager)
Forum Qualitative	Wendy Hayward (Director)
Help the Aged	David Sinclair (Policy manager / Consumer Expert Group) Tom Owen (Research manager) Phil Rossall (Librarian)
Joseph Rowntree Foundation	Alex O’Neil (Older People’s Programme co-ordinator)
MORI	Gareth Deere
Nuffield Institute of Health, University of Leeds	Mary Godfrey
Ofcom	Andrew Dumbreck (technical) David Edwards (policy) Leila Agyeman (research manager)
The Pension Service / Cabinet Office ‘Transforming Government’	Matt Briggs (Strategy Manager)
RNIB	Leen Petre (aka Chair of Consumer Expert Group)
Scientific Generics	Dr Jeremy Klein (head of public sector research)
Department of Epidemiology and Public Health, University College London	Elizabeth Breeze
Which?	Toby Hiles (corporate relations)

Appendix (ii) List of Selected Sources

- 'Guide to Opportunities' for Pensioners, TQC for DSS/COI, September 2000 [RS 4678]
- Establishing Fire Safety Issues among Older People, Andrew Irving for ODPM, October 2002
- Population census data by LA, region and age, ONS, 2003
- Loneliness, Social Isolation and Living Alone in Later Life, Christina Victor, GO Findings 17, April 2003
- Living in Britain 2001, People 65+, ONS, June 2003
- Payment Modernisation Account Choices, Wardle McLean for DWP/COI, July 2003 [257048]
- Digital Switchover Qualitative Research, Reference Report, Stimulating World for DCMS/DTI/COI, July 2003
- Research in EM Communities, Qualitative Report, Common Good programme 2003, Turnstone for COI, August 2003
- Distraction Burglary Logo Evaluation, Wardle McLean for Home Office/COI, November 2003 [259300]
- ELSA 2002: Health Wealth and Lifestyles of the Older Population in England, December 2003
- Attitudes to Digital Switchover, Generics Group and Ipsos RSL for DTI, March 2004
- All age population projections - UK, Government Actuary's Department, March 2004
- General Household Survey 2002 – Supplement: Sport & Leisure, ONS, June 2004
- Independent living in later life, Jane Parry et al at the Policy Studies Institute for DWP, August 2004 [RRep216]
- The Experience of Ageing in Time and Place, Mary Godfrey et al for Joseph Rowntree Foundation, October 2004
- Pension Credit and Direct Payment Leaflet, Cragg Ross Dawson for DWP/COI, November 2004 [264468]
- Demographic Data Needs for an Ageing Population, Cecilia Tomassini in Population Trends 118, ONS, Winter 2004
- Information Advice and Advocacy: Developing the Thinking, Andrew Dunning at Beth Johnson Foundation for JRF, 2005
- 'Post Retirement' presentation, Mediavest for COI, January 2005
- Pension Credit Creative Development, Cragg Ross Dawson for DWP/COI, April 2005 [266906]
- Communicating with Older People – Report 1: Commentary, Andrew Darnton for the COI's Common Good Research Programme, May 2005 [263244]
- Focus on Older People 2005, ONS, May 2005
- Technology Laggards: Deviants or Victims?, Paper presented by Jeremy Klein at Scientific Generics to the 2005 Critical Management Studies conference in Cambridge, May 2005

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Over 75s Digital Switchover Qualitative Research, Debrief Charts, Haslam Associates for DCMS, August 2005

Digital UK Omnibus Survey – November Wave, Data Tables, BMRB for Digital UK, November 2005

Inclusion through Innovation: tackling social exclusion through new technologies, ODPM SEU, November 2005

A Sure Start to Later Life: ending inequalities for older people, ODPM SEU, January 2006

Vulnerable Consumers' Digital Specifications, Consumer Expert Group for DCMS/DTI/Digital UK, January 2006

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Final Report of the Bolton Digital Television Project - Confidential Draft, Emyr Hughes for DCMS et al, March 2006

Bolton Trial Evaluation, Final Report and Data Tables, Ipsos RSL for DCMS et al, March 2006

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Ease of Use of Digital TV, Ofcom, March 2006

Digital Progress Report Q4 2005, Ofcom, March 2006

HUG Survey, Regional Report and Data Tables, GfK/NOP for Help the Aged, March 2006

Analogue Switch-Off: A Signal Change in TV, Report from the House of Commons Select Committee on Culture, Media and Sport, March 2006

Media Literacy Audit – Report on Older People, Ofcom, April 2006

Supporting Vulnerable Consumers, Draft Report, Consumer Expert Group for DCMS/BBC, April 2006

DCMS Taking Part Survey, Q1 and Q2, Headline findings and data tables, DCMS for Andrew Darnton, April 2006

The Equipment Needs of Consumers Facing the Most Difficulty Switching to Digital TV, Generics Group for DTI, April 2006

Targeted Help – Debrief Charts, tns for BBC/DCMS et al, April 2006

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