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Who are the baby boomers of the 1960s?

Journal:	<i>Working with Older People</i>
Manuscript ID	WWOP-06-2017-0015
Manuscript Type:	Research Paper
Keywords:	demographic change, older people, baby boomer, health, work, retirement

Abstract

Purpose – The 8.3 million babies who were born during the 1960s in the UK are 48–57 years old. With growing concern about population ageing, and the oldest of this large cohort on the brink of later life, it is timely to provide an overview of selected characteristics in order to help predict likely needs and choices for services and products in later life.

Methodology – A synthesis (non-systematic) of academic and grey literature relevant to people born in the 1960s in the UK plus data from sources including the Office for National Statistics.

Findings – characteristics with the potential to signify lifestyle changes among this, compared with previous, cohorts of older people include: a higher probability of living alone in old age due to high rates of childlessness and divorce; a possibly larger proportion of their lives spent with one or more chronic conditions, although the prevalence of disability affecting activities of daily living is lower than for previous cohorts; high levels of home ownership; increased rates of employment at older ages; but reduced wealth compared with previous cohorts.

Originality/value – The term baby boomer is generally used to denote people born in the undifferentiated surge of births that occurred in the US between 1946 and 1964. In the UK, a post-World War II spike in births was followed by a separate, broad surge in births across the 1960s but there has been very little analysis specifically of the 1960s cohort in this country. This paper addresses that gap by bringing together the available evidence and data on this particular cohort.

Keywords baby boomer; 1960s; demographics; health

Paper type: *General review*

Introduction

The baby boomers are commonly defined as the generation born after the second World War, generally from about 1946 to 1964. However, this definition of baby boomers is based on American demographic trends which saw a surge in births post-World War II that was sustained into the mid-1960s. In the UK, the pattern of births was somewhat different to that seen in the United States; here, the post-World War II surge in births was confined to a sharp spike in 1946, after which the number of births dropped again until the end of the 1950s (**Figure 1**). Then the post-World War II babies started having their own babies—and in large numbers—giving rise to the broad bulge in births that can be seen across the 1960s. Research on the baby boomer generation, even in the UK, is almost always in the American context of the term. Due to the somewhat different demographic profile seen in the UK, in this paper, we examine the characteristics of the 1960s UK baby boomers, which we define as those born between 1960 and 1969 (inclusive). Our interest is in how the characteristics of this cohort—the result of their experiences across the life course—will determine their expectations and needs for goods and services in later life. Amid increasing levels of austerity, population ageing—characterised by increasing longevity and a relatively larger share of older people—is seen as a significant challenge for governments and policy makers and has led to alarmist headlines regarding the sustainability of our welfare state. With the oldest of the 1960s baby boomers approaching their sixties, this large cohort is on the brink of “later life” and so a close examination is in order.

Between 1960 and 1969 (inclusive), there were over 8.3 million births in the UK. The apex of this 1960s surge occurred in 1964 (**Figure 1**), when the number of live births (875,972) came close to that seen at the end of World War II. In 2034, the 1960s baby boomers will be aged 65–74 years old and will number 8.25 million, out of a total UK population of almost 73 million. As people aged 65+ will number 16.9 million in 2034—and thus make up 23% of the total population—almost half (8.25 million) of everyone aged 65+ will have been born in the 1960s.¹ Since 8.3 million baby boomers were born, this means that almost all will make it into their 60s. Indeed, the life expectancy of this group is high: according to the Office for

¹Calculated from

<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc219/pyramids/index.html>

National Statistics (ONS), male and female baby boomers born in 1964 (and thus aged approximately 50 years old in 2013–2015) can expect to live another 31.2 years and 34.2 years, respectively.^{2,3} In 2039, by which time the total population will be 74.3 million, the 1960s baby boomers will be aged 70–79 years and will comprise more than 10% (7.7 million) of the *total* population.

The 1960s baby boomers, therefore, stand to become a very large and long-lived cohort of old people in this country. Hence, this paper reviews their family, kinship and living arrangements, working life, patterns of retirement, wealth, health and technological proficiency as these attributes are important determinants of how this cohort may be living in later life. In the accompanying paper, we use this background to predict the baby boomers’ preferences and expectations for services in later life.

Methodology

The research was desk based and did not involve interviews or focus groups. The work involved searching the academic (acknowledged data bases such as Ageinfo, Google Scholar, Web of Knowledge) and grey literature for studies that shed light on the 1960s cohort, rather than the broader interpretation of baby boomer. Reports and data from the website of the Office for National Statistics were also used. Ethical scrutiny was not required.

Characteristics of the 1960s baby boomers

Family, kinship and living arrangements

²<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/adhocs/005114pastandprojectedcohortexpectationsoflifeexfromthe2014basedlifetablesfortheuk1981to20740to105yrs>

³Based on period life expectancy calculations.

Trends in marriage and divorce, fertility patterns and childbearing, family size and composition determine whether older people will have family carers or will have to rely on the state or on paid care. They determine whether older people are transferring their wealth to the next generation or spending it. These patterns have important implications for the well-being of older people and for the provision of goods and services.

The evidence suggests that the 1960s baby boomer is more likely to be alone in old age than the current cohort of older people. Of men and women born in the UK in 1945, 89% and 95%, respectively were married by age 40; the corresponding proportions for men and women born in 1965 was 65% and 78%, respectively (Chief Medical Officer, 2015). Moreover, divorce is becoming more common in later life with increasing numbers of people in their 40s, 50s and 60s newly single after the end of a long-term relationship (Age UK, 2017). Indeed, the rate of divorce among the over 60s increased by 73% between 1981 and 2011 (Centre for Policy on Ageing, 2014) and this trend shows no sign of abating among the 1960s baby boomers. At the same time, re-marriage rates for older divorced and widowed people have fallen: of men born in 1945, 8.2% had remarried by the age of 35 compared with 5.7% of men born in 1965 (Chief Medical Officer, 2015).

The large baby boom during the 1960s was the result of women born in the 1940s having more children and having them earlier. For women born in 1945 in England and Wales, the standardised mean age at childbirth was approximately 25.5 years and average family size, 2.19. For women born in 1965, the standardised mean age at childbirth was almost 28 and average family size had fallen to 1.91. Particularly important is the fact that the proportion of women remaining childless increased: while only one in eleven women born in 1946 was still childless at 45, the corresponding figure for women born in 1966 was one in five (Office for National Statistics, 2016a). The rise in childlessness may be explained by a decline in women getting married, greater social acceptability of a childfree lifestyle, delaying having children until it is biologically too late, or the perceived costs and benefits of childbearing versus work and leisure activities (Office for National Statistics, 2016a).

Turning to living arrangements, the data reveal that the number of people aged 45–64 years living alone increased by 50% from 1.6 million in 1996 to 2.4 million in 2016. Over the same

period, there was a slight increase in the number of people aged 65–74 years living alone while the number aged 75+ over living alone has remained much the same (Macrory, 2012). In 2015, 969,000 people aged 45–54 years were described as not living in a couple and had never married or partnered up from 600,000 in 2006 (Office for National Statistics, 2016b). Further increases are predicted: by 2033, the number of people aged 65+ living alone is expected to increase to 4.8 million from the value of 3 million seen in 2008 and the 1960s baby boomers will be part of their ranks (Department of Communities and Local Government, 2010).

Another notable household change in recent years has been the increase in co-residence with a non-dependent child, whether married or unmarried. The consequence of the baby boomers’ adult children moving back home in their 20’s and 30’s due to rising student debt and the challenges of getting on the housing ladder, this is a clear reversal of the trend towards leaving home at a young age that became common in the 1960s. In 2011, around one in five individuals aged 50–54 and 55–59 years were living as a couple with a non-dependent child (a child aged 16–17 years who is not in full-time education, or a child aged 18+) (Department of Communities and Local Government, 2010). Even when adult children have left home, there is evidence of continued dependence on parental support: approximately two-thirds of parents aged 50–64 years (within which age group the 1960s baby boomer is largely situated) provided regular help to a child aged 16+ who was not living with them (Siegler *et al.*, 2015).

In conclusion, it seems that, unlike the current cohort of older people (many of whom are being cared for by their children of the 1960s), the 1960s baby boomers will not have the usual sources of informal care—partners and children (usually daughters)—to fall back on in later life. Indeed, the pool of informal care givers is likely to be smaller for this, than for any previous generation: it has been projected that by 2032, there will be ‘a shortfall of 160,000 care-givers in England. In fact, demand for unpaid care will begin to exceed supply by 2017 and the unpaid ‘care gap’ will grow rapidly from then onwards’ (Pickard, 2015). As a consequence, unless there are significant reductions in their need for care in later life, the 1960s baby boomer is likely to be more dependent on formal services than are current cohorts of older people.

Health

The later life health of the 1960s baby boomers will be the predominant determinant of their requirements for care and for the provision of services. In 2015, the Health Survey for England (NHS Digital, 2016) published health data for people aged 45–54 years old, almost exactly coincident with the 1960s baby boomers who were aged 46–55 years old in 2015. In 2015, no fewer than 39% of all adults in this age group had at least one long-standing illness: 31.7% of men and 20.5% of women had hypertension and 6.6% of men and 4.4% of women had doctor-diagnosed diabetes. Moreover, 18.0% of men and 18.7% of women in the 45–54-year age group reported that their general health was only fair and 8.1% of men and 7.7% of women that their health was very bad.

Importantly, there appears to be little change in disease prevalence over time: since 2003, the overall prevalence of hypertension has ranged from 25.3% (in 2005) to 31.2% (in 2010); and the proportion of all adults aged 45–54 years with at least one long-standing illness has varied between 38% and 45% since 1993. Similarly, the prevalence of ischaemic heart disease or stroke among 45–54-year olds–3.6% in 2011– has varied only slightly since 1994. Given that the prevalence of these important long-term, chronic conditions has not significantly changed among the 45–54-year age group over a period of around 20 years, it seems that the overall health profile of the 1960s baby boomer is not substantively different, at least for those conditions mentioned, from that of previous cohorts of older people. Diabetes may be the exception—and not in a good way—morbidity associated with diabetes rose by 75% among 50–69-year olds between 1990 and 2013 (Chief Medical Officer, 2015), likely the consequence of increasing body mass index (obese people having a seven-fold higher risk of developing diabetes than those of healthy weight (Abdullah *et al.*, 2010).

Of course, health patterns are highly subject to socioeconomic control. Analysis of data from people aged 50+ enrolled in Wave 7 of the English Longitudinal Study on Ageing (ELSA) in 2014–2015, showed that among the highest wealth group 20% of men and 19% of women rated their health as excellent, while this was the case for only 6.5% of men and 4% of women in the lowest health group. Similarly, the prevalence of limiting long-standing illness in this population was 49.8% and 18.8% for men and 55.7% and 25.0% for women in the

lowest and highest wealth quintiles, respectively (Banks *et al.*, 2016). Similarly, the prevalence of diabetes is 40% higher among people in the most deprived compared with the least deprived quintiles (Public Health England, 2014).

Overall then, the data suggests that the baby boomers will live a considerable portion of their lives with one or more chronic conditions, but that this will be much more acute for those of lower socioeconomic status. The data suggest little change in the age at which people develop typical long-term, chronic conditions, and so, with longer life expectancy than previous generations, many baby boomers can expect to live with long-term conditions for a larger portion of their lives. At a population level, it has been estimated that the consequence of the ageing population combined with the expansion of morbidity from diabetes is that the proportion of people aged 50+ with long-term health problems or disability will increase from 43% to 58% by 2020 (Pillai, 2007).

There is, however, some good news, with evidence that the prevalence of disability affecting activities of daily living is decreasing (Donald *et al.*, 2010), so that in spite of an increased proportion of their lives spent with one or more chronic conditions and poor self-rated health, today's older people can maintain more independent lives than those of earlier cohorts. In a study using data from the Dutch National Survey of General Practice, Puts and colleagues found that the disability associated with cardiac disease, asthma/chronic obstructive pulmonary disease and depression decreased between 1987 and 2001, while that associated with low back pain and osteoarthritis increased (Puts *et al.*, 2008), regardless of variation in disease prevalence. They concluded that the disabling effect of fatal diseases had increased but that of non-fatal diseases had decreased. Similarly, data from the Cognitive Function and Ageing Studies in populations aged 65+ in England demonstrated an increase in less severe but not more severe disability between 1991 and 2011 (Jagger *et al.*, 2016). It is unclear what underpins these trends although better diagnosis and management likely play a role. Certainly, as we contemplate huge growth in our older population, and an increase in the numbers with few options for informal care, it is reassuring that in spite of high levels of chronic disease, older people may be able to continue to live independent lives.

Working life and retirement

During the 1960s, there was considerable growth in higher education in Britain and between 1962 and the 1990s, higher education was effectively free. The result was a marked increase in participation: of males and females born between 1940 and 1949, 9.7% and 5.4%, respectively, were educated to degree level. For those born between 1960 and 1969, the proportions had increased to 11.2% and 8.2%, respectively. In 2011, 27.7% of people aged 50–64 years were educated to degree level, more than the 25.1% who had no qualifications and the 65+ group were the only age group in which there were more people with no qualifications than with at least one qualification (Office for National Statistics, 2011).

Nevertheless, the 1960s baby boomers entered the labour market during a period of severe economic recession that lasted from the end of the 1970s and into the 1980s. The sheer numbers of the cohort also conspired to reduce the number of available jobs. In their analysis of data from the General Household Survey, Evandrou and Falkingham found that that men in the 1960s baby boomer cohort entered the work force later than for previous cohorts and that the proportion of these men who had *ever* experienced unemployment by age 35 was higher than for any previous cohort; indeed, in 1983, 19% of males born during the 1960s were unemployed (Evandrou and Falkingham, 2006). The situation was somewhat different for the female baby boomers who demonstrated higher levels of participation, both full and part-time, at any given age than earlier cohorts. At age 30, 42% of these women were employed full-time compared with 30% of women from the 1940s cohort.

There are now more people aged 50+ in employment than at any time in the past. Employment rates among people aged 50–54 years have increased from 73.7% in 1984 to 81.9% in 2015. Particularly striking is that employment rates among people aged 65–69 years, which stood at 8.1% in 1988 were 21.1% in 2015 (Department for Work and Pensions, 2015). By 2020, by which time all the 1960s baby boomers will be in their 60s (the youngest, born in 1969, will be 61), it is estimated that one-third of British workers will be aged 50+ (Chief Medical Officer, 2015). Hence, by 2020, it is reasonable to assume that most of those aged 50+ who are working will be 1960s baby boomers.

The increase in the number of older workers is occurring across all parts of society: analysis of data from Wave 7 of ELSA has shown increases in participation at older ages for all educational levels as well as for people who have long-standing illnesses that do not limit activity (Banks *et al.*, 2016). Even among those with moderate levels of disability, there is substantial participation in the labour market. Of note, the significant increases seen among people aged 60+ are driven largely by self-employment and participation in part-time work, particularly for work post-state pension age (SPA). Wave 7 of ELSA revealed that 12.1% of men aged 50–54 years old (i.e. born approximately 1960–1964) were working part-time in 2014–15 compared with 8.1% in Wave 1 of ELSA, 12 years earlier (Banks *et al.*, 2016). Interestingly, the proportion of women in this age group working part-time had dropped over this time period, from 52.8% to 50.4%. About 2 million people currently work for themselves (20–47% of men and 10–28% of women aged 50–70 years) while 26% of people aged 50–64 years old work part-time and 22%, flexibly (Chief Medical Officer, 2015). It is even the case that many older workers are moving between jobs, and although the number of people doing so declines with age, it is indicative of more complex labour markets trajectories than ever before (Banks *et al.*, 2016).

SPA for men and women born between 6 March 1961 and 5 April 1977 is currently 67 but many people retire before SPA if they are satisfied with their retirement income prospects. Indeed, it is estimated that 20.4% of men and 8.5% of women retire in the five years before SPA (Chief Medical Officer, 2015). Married, partnered and independent women have, like men, increasingly withdrawn from the labour force around SPA or before. While ill health was men’s main reason for retiring during the period between 1980 and 1995, the main reason since 1995 was simply that they had reached SPA. Women too are increasingly retiring for positive, voluntary reasons and not because of ill health. With further increases in SPA possible and the government making a strong case for fuller working lives, it is likely that a greater proportion of the baby boomers will stay in work until they reach SPA or indeed beyond, in order to ensure an adequate retirement income to maintain living standards in retirement.

There are, of course, social disparities in the circumstances of retirement, with voluntary retirement (at a time of one’s choosing and often before SPA) associated with the highest

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3 levels of wealth; normal retirement (at SPA) associated with middle levels of wealth; and
4 involuntary retirement (often due to ill health) associated with low levels of wealth (Banks *et*
5 *al.*, 2016). For those in the highest wealth groups, planned early retirement may bring health
6 benefits but for those in the lowest socioeconomic groups, involuntary retirement is likely to
7 exacerbate economic insecurity, thereby causing a further downward spiral of ill health and
8 wellbeing.
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18 *Pensions and equity*

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21 Analysis of data from 30 years of the General Household Survey showed that, at age 40, 71%
22 of employed men, 77% of full-time employed women and 43% of part-time employed
23 women born between 1961 and 1965 were enrolled in occupational or private pension
24 schemes (Evandrou and Falkingham, 2006). For the women (although not for the men), this
25 was higher than for the previous (1946–1950) cohort. Meanwhile analysis of data from Wave
26 7 of ELSA revealed that of workers aged 50–54 years old in 2015, 86% of men and 80% of
27 women were members of a private pension scheme and 76% of men and 67% of women
28 were contributing to a private pension scheme (Banks *et al.*, 2016). In spite of their pension
29 provision, Evandrou and Falkingham suggest that high levels of unemployment during
30 their early working lives have resulted in large variations in wealth within the men of this
31 cohort.
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42 Housing wealth is the baby boomers' most important asset, the result of huge increases in
43 house prices over the last couple of decades. Levels of home ownership among the 1960s
44 baby boomers is high: in 2013–2014, more than 70% of people aged 45–64 years were home
45 owners (Office for National Statistics, 2016) and it is likely that 80% of the 1960s baby
46 boomers will enter retirement owning their own homes (Evandrou and Falkingham, 2006).
47 However, a recent report from the Resolution Foundation (D'Arcy and Gardiner, 2017)
48 reveals that it was those born before 1960 who reaped the greatest benefits of the expansion
49 in home ownership. For all cohorts born after 1960, the 25th percentile of the net property
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wealth distribution sits at zero. Moreover, mean net property wealth at age 48 was 30% lower for people born between 1961 and 1970 than for those born in the 1950s.

The Resolution Foundation report (D’Arcy and Gardiner, 2017) also shows that median family total net wealth per adult increased with each five-year cohort until a tipping point at 1951–1955 after which each successive cohort has had lower financial wealth than predecessors at the same age. Thus, median family total net wealth per adult in the period 2012–2014 for people born between 1961 and 1965 was 10% less than for people of the same age born in the five-year period previously and a further drop of 22% was seen for people born between 1966 and 1970 compared to those born between 1961 and 1965.

Overall, high levels of owner occupation and membership of occupational pension schemes mean that the 1960s baby boomer may be better off in later life than subsequent generations, but they are not necessarily better off than their parents’ generation. Although owner occupation may help some baby boomers release equity for care or to downsize, it is important to note that there is significant heterogeneity among this cohort with higher income inequality at age 40 than seen among earlier cohorts. Of note, however, while 43% of the 1960s cohort has a private pension, is a home owner and has children, 3% have none of these assets and 7% have neither housing wealth nor a private pension (Evandrou and Falkingham, 2006).

Technological proficiency

An inability to use the internet is widely perceived as disadvantageous and isolating for older people and there are numerous initiatives to improve digital inclusion among this group (Age Concern and Help the Aged, 2009). Although there is a tendency to see older adults as technology-averse, the evidence points to a somewhat different picture. Although internet use may indeed be lowest among people aged 65+, for younger old age groups, it is appreciable and shows a pronounced increase over time. Indeed, the proportion of 45–54-year olds who ‘go online anywhere’ was 93% in 2014, the same as the proportion of 16–24-year olds (Ofcom, 2015). Although only 17% of people aged 65+ and 49% of those aged 55–64

years owned a smart phone in 2014, the corresponding proportion for the 45–54-year age group was 74%, up from 27% in 2010. In 2014, 48% of the 45–54-year old age group used tablets to go online and 96% used a mobile phone to send email and texts. Among 45–54-year olds, 38% used the internet for news (compared with 47% for the 25–34-year age group) and 43% for banking and paying bills (compared with 52% for the 35–44-year age group) (Ofcom, 2015). Moreover, 68% of 35–54-year olds and 70% of 55–64-year olds have booked a holiday abroad online (Barclays Corporate Banking, 2015). In short, there is substantial and increasing engagement with the internet and social media among baby boomers. In fact, two-thirds say that technology is an essential part of their lives and over 50% that it makes their lives easier (Costello and Acland, 2016).

Conclusions

Today (2017) the 1960s baby boomers range in age from 48–57 years. In 2034, by which time they will be aged from 65–74 years, they will comprise over half of everyone aged 65+ in this country. The better off have experienced free school and university education. Though they did not, at the start of their careers, encounter a booming jobs market, they were eventually employed in large numbers and have had good pension rights. Though they have high levels of home ownership, their wealth overall appears reduced compared with that of previous generations. One of the most striking characteristics of this cohort is their relatively high rates of childlessness and solitary living which means that they may need to buy in the kind of personal and domestic care that offspring might have provided. Moreover, the prevalence of chronic conditions among this cohort appears unchanged to that of earlier cohorts, raising questions about public spending in years to come.

Of note, there are dangers associated with over-generalising and failing to recognise the considerable variation that exists *within* this group. Indeed, a recent report from the Resolution Foundation reports that the gap between the most and least wealthy members of any cohort is wider for the 1960s than for previous cohorts and is widening (D’Arcy and Gardiner, 2017) with potentially far-reaching financial and social implications.

The accompanying paper will discuss this cohort’s likely needs for goods and services in later life, in view of the characteristics that have been outlined here. These do not, of course,

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represent a sea-change from those of previous generations of older people. There are two important contextual factors, however, in which these shifts in the cohort’s characteristics must be viewed: first, there is the sheer size of the cohort and the potential for power that accompanies that size; and secondly, as discussed in the accompanying paper, there is the historical context of being the first cohort of older people to have been born into, and grown up in, an era defined by youth and consumption. Hence, it is interesting to consider whether and how this cohort might redefine ageing and later life.

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Figures

Figure 1. Annual numbers of births and deaths, England and Wales, 1915 to 2014.

Working with Older People

Data from Office for National Statistics, National Population Projections: 2014-based Statistical Bulletin.

<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc267/figure1/births%20and%20deaths.csv>