A Life Course Approach to Promoting Positive Ageing

Lynne Wealleans

BethJohnson Foundation
challenging how we think about ageing

An evidence based model of a life course approach to promoting positive ageing. Funded by The Headley Trust one of the Sainsbury Family Charitable Trusts
Foreword

There is an extensive academic literature on the concept of the life course and its application to social aspects of ageing. This report carves out a different territory by explicitly connecting the idea of the life course to the practical activities of a third sector organisation, geared towards ‘Challenging how we think about ageing’. The report has two important features: firstly outlining the journey taken by the Beth Johnson Foundation towards its particular focus on promoting positive ageing and secondly, using the evidence gained from a range of projects undertaken during the course of that journey, to propose a life course model to promote positive ageing.

The Foundation sets aside chronological age as the determining factor for how we might think about our futures. Transitions, especially those connected to life events, we all make at different times, in different ways and in different places as we go through life, are identified as a key to understanding our own ageing. The Foundation’s work has indicated that it is at times of transition when individuals are receptive to information and incorporating that into changing their actions.

Much is made in this report of the linkage of transitions to positive ageing. Indeed, this is reflected in the history and development of Beth Johnson Foundation’s work in this area. We see how the learning from, and iterative processes underpinning, a range of projects opened up new issues relevant to mid-life. For instance, the Foundation’s Mid-life Health and Wellbeing projects lead into engaging with employers to promote age diverse workplaces and health and wellbeing at work.

The life course model to promote positive ageing offered here is not some abstraction plucked from thin air. On the contrary, it is co-produced with, and grounded in listening to, mid-life individuals. The model recognises that we have many identities and seeks to enable us to handle and personally cope with that change over which we have some control. This report offers a timely antidote to that depiction of an ageing population as presenting only a burden to society, at the expense of acknowledging older individuals’ assets.

Professor Eileen Fairhurst
Professor in Public Health, University of Salford
Trustee
Beth Johnson Foundation
Acknowledgements

The Beth Johnson Foundation is grateful to everybody who has supported the development of firstly, our Mid-life Programme and subsequently our Positive Ageing Programme. In particular we thank our funders especially The Headley Trust for their grant to conduct the research and to produce and disseminate the report and to Nesta whose funding through their Age Unlimited programme allowed us to start exploring our work around preparing and planning for later life.

Thank you to the people of North Staffordshire who have helped us with the design and delivery of our work.
Introduction

The Beth Johnson Foundation (the Foundation) is a UK organisation that seeks to make a positive impact on the lives of older people, to gain recognition for the valuable role older people play and to challenge age discrimination through pioneering initiatives that bring together research, policy and best practice.¹

A core theme of our work is the promotion of positive ageing which, for the Beth Johnson Foundation, is about encouraging and supporting older people to take more control over their lives and to access opportunities to achieve an improved quality of life.

A person’s mid-life can be viewed as a time of challenges and opportunities and is, therefore, a pivotal time in life that can significantly impact on our experience of ageing into later life. Mid-life is a time of transitions; for example, a time when parenting responsibilities may cease but may be replaced by caring roles for grandchildren and/or parents. It is a time when working opportunities might change and many of us begin to consider future retirement; one of the major transition points in life.

In the development of its mid-life programme of work, the Foundation sought to explore the key challenges and opportunities around this period in life and to identify appropriate interventions that support the transition into older age. The history of the mid-life programme is covered in more detail in the main body of this report.

One of the key findings for the Foundation was that to achieve a programme of work that was reflective of people’s experiences it was necessary to join up our mid-life and aspects of our later life work (particularly those promoting health and well-being) and the Foundation launched its Positive Ageing Programme in 2010 which has the following objectives:

- To recognise ageing as an integral part of the life course
- To promote the roles and value of older people to their communities and wider society
- To maximise health and well-being across the life course
- To promote independence
- To reduce loneliness and isolation and their negative impacts on health and well-being
- To increase participation in activities that improve quality of life

As the Foundation’s work around positive ageing progressed and we sought to identify interventions that might support the objectives, we found that viewing the life course in relation to chronological age stages was not particularly helpful in determining the quality of an individual’s experience of ageing nor in designing appropriate services.

¹www.bjf.org.uk
Although we have, to some extent, used a timeline approach in action planning with individuals in which there is an obvious starting point and end point, viewing life as a straight line from one to the other does nothing to show the richness and depth of people’s life experiences.

Life is more fluid; it consists of ups and downs which happen at different times for different people and, for most, there are long periods of what can be termed as relative stability or just ‘getting on with it’. The evidence from our project work suggests that a more beneficial approach is to see a life course in relation to key events and particularly in relation to times of transition. These times of transition are often seen negatively as the end of something but should also be viewed as the beginning of another life stage with new opportunities and choices.

Transitional stages are often also linked to a change in personal identity and, given the importance of identity in how we define ourselves, it is important to re-define one’s identity in preparation for moving from one stage to another. This is particularly important in relation to retirement since many of us define our identity in terms of our job so there is a need to re-appraise what our identity will be in retirement, perhaps by re-visiting something from the past or something that we always wanted to do.

The dictionary definition of life course describes ‘an individual's passage through life, analysed as a sequence of significant life events, including birth, marriage, parenthood, divorce and retirement’. Some are predictable but others are not and this is where being able to cope with change is important. If you have little or no control over an event or transition your personal level of resilience will determine how affected you are. One of the topics that the Foundation has explored in more detail is whether an individual can be ‘taught’ to enable them to build their own resilience and their capacity to cope with change.

We are indebted to the work of ARUK (Arthritis Research UK)\(^2\) at Keele University for their work around resilience which shows that individuals can age positively even with a diagnosis of a painful condition and that their level of resilience will determine how successful they are in achieving this. Levels of resilience are built by the networks and support that we have around us. If these are not strong how can we build them up and so build personal resilience?

Our consultation showed us that there was a feeling amongst some people that there was no point in making plans for life since life would throw unexpected things at you. For some people this approach may work but for others it can lead to feelings of anxiety and helplessness. There is a case for facing up to the fact that life can be difficult and challenging at times but that building resilience allows us to take more control and enables us to cope more effectively. Accepting that we all, regardless of age, have a future which we can plan and prepare for supports the development of a life course model to promoting positive ageing.

The Beth Johnson Foundation is grateful to The Headley Trust\(^3\), one of the Sainsbury Family Charitable Trusts, for the grant it awarded us to undertake a review of the available research and to combine this with the evidence from the Foundation’s project work to design a life course approach to promoting positive ageing.

\(^{2}\)www.keele.ac.uk or www.arthritisresearchuk.org
\(^{3}\)www.sfct.org.uk/the-headley-trust
Analysis of the key findings from the project work has been combined with consultation with individuals and groups of older people to identify five core elements of the proposed life course model.

These key elements are underpinned by the resources developed through the delivery of the Foundation’s Age Readiness project⁴. The combination supports a pro-active approach to promoting positive ageing which enables people to take more control over their lives and to access opportunities that will improve their quality of life through a process of reflection, planning and preparing for ageing.

⁴http://www.bjf.org.uk/positive-ageing/projects/age-readiness
Background

The Beth Johnson Foundation’s interest in developing a positive age programme began when it was successful in securing funding in 2001 as one of the Department of Health’s Pre-retirement pilots managed by the Health Development Agency. The aim of the two year initiative was to identify pilot sites in England to provide pre-retirement health advice and services which would inform a national programme. It was targeted at people approaching or preparing for retirement i.e. aged 50 – 65 and specifically those people who might not readily have access to or seek this type of information and support.

Retirement is a key transition in an individual’s life course, even where people have been long term unemployed, and a time at which they might be receptive to messages and interventions around the promotion of positive ageing. The projects within the eight pilot sites were different in nature and included workplace interventions, health check schemes, the development of pre-retirement training courses and of a pre-retirement resource pack.

The Foundation’s pilot project used a community development approach to engage with people in mid-life (50 – 65) who were living in both urban and rural neighbourhoods in North Staffordshire. The pilot project involved the design and development of an audit tool, for use by trained peer lay advisers, to assess the health needs of this group of older people.

By the end of the project in 2003, the Foundation had co-designed and tested a training course for the peer advisers, a resource for organisations and for advisers as well as the audit tool. A number of pre-retirement advice sessions had taken place in a range of community settings.

The project was monitored throughout and was evaluated as part of the National Evaluation. The specific findings from the Foundation’s pilot showed that local people were in favour of a service around preparing for retirement and that it should centre on a holistic approach to health and well-being since their main areas of concern were around the wider determinants of health e.g. finances, housing, family & relationships and employment.

Whilst people in mid-life would not argue against services directed at children & young people and at older people there was a feeling that they were an ‘invisible’ generation with specific needs in relation to periods of transition that weren’t being addressed by generic services. A quote from the Health Development Agency’s publication Taking action: Improving the health and well-being of people in mid-life and beyond (HDA 2004) is used as an illustration:

‘I think at my age (55 years) you’re in a group of the forgotten really, you know they do an awful lot for younger people and children and once you get over a certain age as a pensioner, then you get a lot more support. But I think for my age group there’s not a lot going on you know, we’re sort of forgotten really.’

5 http://www.nice.org.uk/niceMedia/documents/gap_years.pdf
The key messages from the National Evaluation (Bowers et al) supported the findings of the Foundation’s project in that:

- People in mid-life are a distinct generation who are not generally recognised in the provision of services and do not identify themselves with services targeted at ‘older people’
- Mid-life is a pivotal time in a person’s experience of ageing when they might be more receptive to messages supporting healthy, active ageing
- Services should be available in a range of settings (community, work, primary care) to reflect the variety of experiences along the life course
- People in mid-life wanted the opportunity to prepare and plan for future life and wanted to be enabled to put their plans into action rather than be passive receivers of services
- This is a key generation to target in reducing health inequalities

Unfortunately, the recommended programme of work following the pilot phase did not go forward but a steering group, of which the Beth Johnson Foundation was a member, used the evidence and learning to subsequently produce and publish two reference guides which are still relevant today.

Making the case: Improving the health and well-being of people in mid-life and beyond (HDA 2003). This resource contains three separate briefing sheets for the NHS, local authorities and the voluntary and community sector. It is an ‘advocacy tool’ designed to support practitioners to make the case at a local level, so they can develop services and activities to improve the health and well-being of people in mid-life and beyond.

Taking Action: Improving the health and well-being of people in mid-life and beyond (HDA 2004) This publication aims to support policymakers and practitioners at local and national level in using evidence from the evaluation of the pre-retirement pilots to take forward work focusing on people in mid-life and beyond as part of a strategic and project planning framework. It is intended to be used in conjunction with Making the case.

Building on the learning from this programme and other initiatives the Beth Johnson Foundation decided to invest some of its own income in researching the potential development of a programme of work targeted at people in mid-life.

In undertaking this research the external drivers that needed to be considered included the changing demographics around the ageing population, increasing inequalities in health & well-being and the effects of the changing employment landscape on older workers or job-seekers.

---

In deciding which area of work to prioritise, the Foundation reviewed the consultation findings from speaking with older people living in North Staffordshire taken during the implementation of the Pre-retirement pilot project. A significant number reported that the possibility of living on a low income and of not being involved in meaningful activity was of major concern to them. Taken together with the high levels of unemployment and of benefit take up in North Staffordshire it was decided to concentrate initially on the role of local older people in economic development in that geographical area.

Through consultation with older adults (50+), community groups and a number of employers, the Foundation heard from individuals that there were a number of barriers preventing them from being engaged in work. From employers the Beth Johnson Foundation heard of the benefits of employing an age diverse workforce which included:

- Succession planning – older workers can pass on their skills and experiences to younger or more inexperienced workers
- Younger employees can teach older workers about up to date processes and encourage them to engage with new technologies
- Encouraging cross-generational relationships
- Shift work can be covered to the mutual convenience of younger and older workers. This was seen to be especially relevant when some of the supermarkets went to 24 hour opening – older workers were seen as more ‘reliable’ in covering the shifts during anti-social times like Friday and Saturday nights

The barriers to employment fell into one of two groups: structural e.g. loss of traditional industries or personal e.g. lack of relevant qualifications, skills or experience. The personal also included individual stories about how the loss of a job or feeling incompetent at work had reduced self-confidence to such an extent that it had resulted in stress, anxiety and, in some cases, depression.

The Beth Johnson Foundation designed, with individuals and small groups of older people, a model of working which was targeted at building confidence and skills through the provision of training and support and secured funding through a local regeneration programme to develop this area of work.

The training was based on exploring the ‘rights and responsibilities’ of individuals in relation to their employability; on acknowledging the past but concentrating on things that are within the individual’s power to change. For example, in North Staffordshire many of those people aged fifty and over were employed in the pottery industry, and left school with few or no qualifications because they didn’t need them to get a job. When the potteries began to disappear and large numbers of this generation were losing their jobs they didn’t have the qualifications or skills needed for the world of work as it had become.

The Foundation facilitated access to adult learning and supported individuals to identify courses that would help to improve their employability. Many got the learning
‘bug’, moving from one course to another once their confidence was raised and they found they could achieve results in a way that they had not previously considered.

One of the pilot ‘employment’ projects was externally evaluated (Evaluation of the Pathways to Employment Project: WM Enterprises 2006\textsuperscript{10}) and the outcomes together with the key messages from the evaluation and the research project were taken forward to inform the future programme of work.

These outcomes and key findings included:

- Self-reported improvement in health and well-being, confidence and sense of control over own life
- Raised aspirations and knowledge of options available
- One-to-one relationship building was crucial in achieving mutual trust to discuss personal barriers to moving forward
- The mid-life age group worked well in small groups but did not benefit well from training delivered in large groups so a more personal approach was preferable
- People did not want to be seen as a burden and many were keen to be seen to be making a contribution and to ‘give something back’
- Volunteering was not seen positively without broadening individuals’ knowledge and experience of the mutual benefits of volunteering and the breadth of opportunities available to them (i.e. to move beyond a more traditional view of volunteering and to explore more creative opportunities)
- Individuals experience multiple barriers to achieving their goals which may include issues around physical and/or mental health, low confidence, and lack of appropriate skills, experience and knowledge. A one size fits all approach will, therefore, achieve limited success

At this stage, the Beth Johnson Foundation sought to further test out two main areas;

1) Approaches around developing a holistic approach to people experiencing disadvantage (Mid-life Health and Well-being projects) in recognition of, amongst other things, what people had reported to us during the consultation for the pre-retirement pilot project about all aspects of their lives being interconnected and

2) Volunteering as both a route to increasing confidence, improving mental health and as a route to employment (Volunteering for Health project).

Evidence from the Foundation’s own project work supports the view that being involved in ‘giving’ (which includes donating time) is beneficial to health and well-being (5 Ways to Well-being; new economics foundation: 2008\textsuperscript{11}) and contributes significantly to quality of life (Professor James Nazroo and Katey Matthews May 2012)\textsuperscript{12}.

\textsuperscript{10}http://www.bjf.org.uk/web/documents/resources/Pathways%20Project%20Final%20Evaluation%20Report.pdf
\textsuperscript{11}http://www.neweconomics.org/projects/five-ways-well-being
\textsuperscript{12}http://www.wrvs.org.uk/our-impact/reports-and-reviews/the-impact-of-volunteering-on-well-being-in-later-life
The Mid-life Health and Well-being projects aimed to address the following issues; poor levels of health in disadvantaged areas experiencing health inequalities; low levels of volunteering (in this regard it linked with the Volunteering for Health project – see below) and low levels of employability for the current job market.

It aimed to do this by engaging with people in mid-life through delivering health and lifestyle checks, providing information in an accessible form that would enable people to take more control over their lives and make appropriate choices, and facilitating access to training and volunteering which would support a move towards employment. Individuals were encouraged and supported to complete an action plan which would include measures to improve physical health and mental well-being. These projects were also the start of the Foundation’s work around engaging with employers to promote age diverse workplaces and health and well-being at work.

The mid-life health work was externally evaluated by Staffordshire University. The key findings of the report include:

- The community development and workplace approach to engagement proved successful in reaching the target group i.e. people in mid-life. This was particularly because the project was viewed as an alternative to the traditional medical model and was delivered in non-clinical settings.

- The project was successful in reaching people with a genuine health need and linking them into primary care services where appropriate.

- The project was health promoting in nature, taking a preventative approach to reducing future health risks. For example, some basic checks on blood pressure and waist measurements enabled the team to discuss with individuals the potential risks around obesity, diabetes, heart disease and strokes. It was found that a substantial proportion of this population were experiencing raised or high blood pressure but reported they would be reluctant to visit the GP simply to get it checked. This was often matched by a lack of understanding on the health risks associated with raised BP levels.

- The projects provided an opportunistic intervention, a catalyst to change, catching people at a time when they were receptive to making changes. This is an important point in thinking about measures to encourage ‘behaviour change’.

- Individual action plans were monitored and improvements to health and well-being were measured. Participants reported a positive experience of being involved with the projects, improvements to health & well-being and involvement in training and volunteering which increased their opportunities for the future.

- The project benefited from taking a holistic approach: connecting health and well-being interventions with approaches to addressing other social determinants of health such as levels of poverty and being involved in health promoting activities such as volunteering.

---

As alluded to earlier the Foundation concurrently developed a specific project to promote the benefits of volunteering. The Volunteering for Health project funded through the Opportunities for Volunteering Fund aimed to build the confidence and well-being of people in mid-life who were experiencing low level mental health issues. Often these mental health issues were associated with a severe loss of confidence due to long term unemployment or difficulties experienced at work e.g. bullying and harassment which had resulted in unemployment.

Using the Foundation’s experience around involving volunteers and drawing on existing training programmes, the project recruited people from the target group and involved them in pre-volunteering training. This was aimed at raising awareness of the mutual value of volunteering and of the variety of volunteering placements. The project provided ‘tailor made’ volunteering placements sourced to meet the volunteers’ areas of interest or potential for future employment.

One of the main features of the project was to set up opportunities for volunteers to meet together. As well as one-to-one support provided by the project co-ordinator, regular peer support meetings were arranged and people began to set up social contact outside of the project, much of this happening through social media such as Facebook. The project had originally intended to recruit and train peer mentors to support other volunteers but it proved to be the case that the volunteers preferred informal mentoring relationships which, after time, had more of a social feature.

Outcomes and key messages from this project included:

- Individuals were recruited and trained and went into volunteering placements
- Some people required a higher level of support than was originally anticipated at the start of the project. This was provided by the project co-ordinator and by each other
- Self-reported improvements to health and well-being captured by Impact Assessment Questionnaires distributed as part of Volunteering England’s evaluation
- Self-reported increase in confidence
- Knowledge and skills were increased by the provision of training and by the involvement in volunteering
- A small number of the project participants went into work. Although this was not one of the project targets it had been identified as a potential outcome of participating in the project

The development of the Positive Ageing Programme has taken an iterative approach and has been influenced by external factors including Government drivers at local and national levels. One of these is the debate around ‘behaviour change’ and ‘nudging’. Evidence suggests that ‘usually the most effective means of changing behaviour at a population level is to use a range of policy tools, both regulatory and non-regulatory’ and that the method depends on the behaviour we are trying to
change (House of Lords Behaviour Change report 2011)\(^4\). A more traditional ‘rules and regulation’ approach, whilst successful in some areas such as drink driving and smoking cessation, is not thought to be the appropriate approach to reducing levels of obesity for example. A personal rights and responsibilities approach is more likely to be maintained over the long term.

The Foundation designed a Theory of Change model using the learning from the project work and based on a cycle that people move through to achieve change. Raising awareness is a crucial first stage in initiating change in thoughts and behaviour. This awareness raising stage will usually also identify a motivation or purpose for change (or not) and an intervention at this point provides the catalyst for a change in thinking and behaving.

The Foundation wanted to explore a model that would initiate this process particularly in relation to ageing; that would motivate people to prepare and plan for later life. This was explored at a co-design group of volunteers, potential service users and staff and the resultant model was one of age readiness; of people taking more control over their lives as they are ageing.

NESTA (National Endowment for Science, Technology and the Arts) put out a call for ideas to its Age Unlimited programme aimed at exploring ways of generating innovative new services that help extend work and social participation for people in their fifties and sixties in order to help them age better. The Beth Johnson Foundation was one of ten projects nationally to secure funding to develop our ideas around a peer coaching model, to be delivered in communities and workplaces, to promote positive ageing through training/workshops around preparing and planning in mid-life for later life.

A core element of the project was the establishment at the beginning of a co-design group of older people. Members of this group concluded that we should plan (although most of us don’t), that those plans might need to change because of life events and that people needed to learn how to cope with these events. In earlier work we had seen that people could become ‘frozen’ by key life events and transitions disabling them from moving forward in life. A key area of interest for the Foundation was in testing how people could be encouraged to build personal resilience.

In designing our theory of change, the starting point for the Foundation’s Age Readiness project was awareness raising since people cannot make changes if they are unaware of the options.

The first part of the community workshops that the project developed challenge perceptions and expectations of later life and encourage people to re-imagine older age; one that they would be happy to consider for themselves.

The second part of the workshop is a practical planning activity; to map out key life events and transitions along a life span including into later life. In re-imagining what later life might look like participants are encouraged to design an action plan, including steps that they need to take to achieve their vision. This process also

includes future-proofing against areas of concern such as loneliness and isolation in later life.

Recognising that life does not always go according to plan, a follow up training session on Coping Positively with Change has been developed. One of the key elements of this training is about the difference between predictable and non-predictable events which reflect some of the Foundation’s work around recognising factors that are within our power to change and those that are not. The concentration, therefore, is on planning around these predictable events and learning how to cope with those that are not.

Another important discussion is of our view of transition times in life. These are often seen as the end of something but can equally be re-framed as the beginning of another phase that may contain benefits and opportunities that are not yet identified. For example, children leaving home can leave parents with such negative feelings that it is labelled ‘Empty nest syndrome’ but it is also the start of another phase in life or a return to things that were done or that were of interest before parenthood.

The Coping Positively with Change training together with the workshop around age awareness and age readiness are delivered with the aims of people taking more control over the lives and of encouraging individuals to build personal resilience.

As the project was coming to its’ end a Peer Coaching training model was developed, influenced by the Foundation’s own work and by that of other people and organisations.

It has been tested locally and further roll out forms part of the future work plan for the Positive Ageing Programme.

The development of the Age Readiness project has been around testing, reviewing and re-testing our ideas and has been underpinned by consultation with individuals and groups of older people already aged 65 and over and their feedback has informed not only development of the project but potential work areas for the future. People told us that they wished that they had had training around planning for later life which was outside of the usual financial planning arrangements. They also wished that their own children and grandchildren would take time for reflection and planning.

They also told us of the difficulties of caring for a partner as they both grew older and especially where the partner had dementia or a limiting condition. They also wished that they could discuss their end of life care with people close to them and to make plans for it but found that most people close to them didn’t want to discuss this as if it wasn’t going to happen.
Methodology

Analysing project information
A researcher was employed to complete desk top research and to design a project framework which would identify the key learning points from our practical work and, therefore, provide the evidence base for promoting this model of working. The researcher and Positive Ageing Manager worked together to identify the core elements of a life course approach and of interventions to support key life transition times.

The results from the desk top research illustrated that there are many definitions of ‘active ageing’, ‘ageing well’ and ‘successful ageing' but we could find no other examples in the UK of a positive ageing model which took a life course approach such as the one the Foundation is proposing.

The concept of successful ageing has been traditionally viewed in terms of a celebration of increased longevity but older people were seen as a burden on society and its’ resources and research focussed on the negative aspects of ageing. This mirrors today’s ‘concerns’ about increasing life expectancy and, therefore, increasing numbers of older people, in relation to how traditional health and social care services will cope and how we will pay for it all. There is an increasing emphasis in research on the numbers of older people who are leading healthy, happy, active and fulfilled lives.

Active ageing tends to concentrate on the role of physical activity in promoting what the Foundation terms positive ageing i.e. that exercise not only improves physical health but mental health also. The role of physical activity is also becoming increasingly recognised for the positive impact it has on people diagnosed with dementia (delaying the time of onset and of reducing some of the symptoms).

All these concepts promote healthy living and good quality of life. The Beth Johnson Foundation decided on positive ageing as the terms ‘successful’ and ‘well’ involve an end point or a measure of quality which did not suit our programme. Ageing positively can be self-defined, be different for different people and includes the notion that we can age positively even when in poor health or having negative experiences.

The work of the mid-life programme from 2001 to 2010 is unique in taking an approach to ageing encompassing prevention and early intervention measures. Consulting with older people showed us that they wished they had had the opportunity to plan much more for later life than they had and they felt that they had knowledge and experiences around ageing which could benefit younger generations.

The project framework aimed to measure the outcomes, learning points and recommendations from each piece of work and to identify common or distinctive themes.

For example, much of our work is of a catalytic nature, raising awareness and prompting a process of self-assessment. This enables people to identify opportunities and make choices which give them greater control over their own lives.
External evaluations of aspects of the project work showed that such community development approaches are successful in engaging with older people – going out to them rather than making them come to you and, in this way, providing an ‘opportunistic intervention’; a catalyst to change.

Working on this research project has overlapped with delivering our Age Readiness project funded by NESTA; a piece of work that has contributed significantly to the design of our life course model. Using co-production techniques the project has tested the potential of a peer to peer coaching model in promoting preparing and planning for later life and tested a number of training/workshop activities which have become the underpinning interventions and resources to promote the life course model.

**Consultation**

Involving the voices of older people is at the core of developing the Foundation’s work and we consulted with a wide range of groups and individuals to obtain a variety of responses in relation to perspectives about ageing both in mid-life looking forward and for those people already post retirement. The aim was to achieve a depth of understanding about people’s thoughts and actions on ageing and of perceptions for now and the future and we asked for feedback under the headings of:

- What have been the key life events and times of transition in your life so far?
- What future life events and times of transition do you anticipate?
- What might help at those times?
- How is life in older age or how do you think it will be?
- What do we need to age well?

The consultation results were grouped as follows:

- **Key life events/transitions** – the majority of these focus around loss in its many forms (bereavement, redundancy, retirement, separation and divorce, family members moving away, loss of identity)
- **What might help** – access to information, access to social networks, being able to learn about things to do with ageing, learning how to cope, re-training and developing new skills
- **How is/will life be in older age** – having no control over the ageing process and health issues, financial concerns, freedom from responsibility, wanting to teach other people what we have learnt (particularly wanting to influence younger generations)
- **What we need to age well** – other people, health, staying active in mind and body, making a contribution, have a positive outlook and be happy, embrace ageing (it’s better to have got here than not!), stay as independent as

---

possible, financial security. For the majority of people who contributed, financial security was not the first issue that they thought of; it was much more around health, happiness, independence and being with other people.

- For most people there are positive and negative aspects to ageing.

Our work concentrates on encouraging people to identify the areas of life where they have control and those where they do not. Having identified the difference, individuals are encouraged to acknowledge the things they can’t change and leave them behind to concentrate on the things they can change when planning for the future. Since lack of control leads to feelings of helplessness and negative thoughts, individuals are encouraged to participate in training around coping positively with change to address these issues and to build personal resilience.
Results: a life course model to promoting positive ageing

In beginning to build a model of a life course approach by taking account of existing research, policy and practice it is useful to look at definitions of ‘life course’ and ‘positive ageing’.

The dictionary definition of life course is of ‘an individual's passage through life analysed as a sequence of significant life events including birth, marriage, parenthood, divorce, and retirement’. These events and experiences have a cumulative effect on how we live our lives now and in the future.

“Positive ageing focuses on the challenges and opportunities available as people grow older, taking a whole of community approach and whole of life approach to ageing. Positive ageing seeks the continuing inclusion of people in the broad spectrum of mainstream community life as they age, seeing older people as positive contributors and assets, rather than from a negative and problem focussed perspective.”

For the Foundation positive ageing is multi-dimensional and can be viewed either as an individual experience per se or an individual’s experiences within a range of settings e.g. home, community or wider society. The cumulative effects of life events and transitions will negatively or positively impact on experiences of ageing.

There are factors which influence the progression of an individual's life, particularly around early life experiences, and these may affect patterns of thought and behaviour throughout the life course. Positive ageing is concerned with looking forward; taking the perspective that everyone, regardless of age, has a future and a contribution to make.

In promoting this perspective there are significant challenges around culture and attitudes to ageing. It can be argued that we still live in a society where ageism is so institutionalised that there is a mountain still to climb before we become truly age unconscious.

In our positive ageing work, the Foundation has taken the approach that achieving societal change is not going to happen overnight. We start by encouraging individuals and groups to challenge their own perceptions around ageing; not just other people’s ageing but also their own.

In analysing the evidence from our positive ageing work over the last eleven years and supported by our research in this area the Foundation has identified five core elements to its life course model – Place; Transitions; Catalysts; Resilience and Choice.

---

16 City of Ballarat’s (Australia) Positive Ageing Strategy 2008 –2013
1. Place

From birth to death an individual’s life experiences are shaped by the places closest to them. The link between poverty, poor health and reduced aspirations/opportunities have been well documented and the circumstances of the family and home you are born into (something over which none of us has any control) is of supreme significance. Other settings are substantially influential in our lives; the community we grow up in, the school we attend; the places we go and where we work.

Evaluation of the Foundation’s mid-life health work demonstrated that one of the key reasons for its success was that it was delivered in places where people lived or worked, going about their day-to-day business.

The Foundation’s life course approach identifies workplaces as key settings in which to develop interventions to promote positive ageing. Workplaces are communities. We might work in the same area as we live. If we work, we spend much of our time there and, as the life spans increase, so do our working lives. Our friends at work might form our main social circle outside of work. Our identity is often described in terms of the job we do and when we meet new people one of our first questions is ‘what do you do?’

Workplaces also offer people the opportunity to collaborate together as part of a trusting group able to help and support each other to consider and make change either separately or collectively. Change is more likely to be sustained when it is supported by your social network involving reciprocal transactions.

There is a valid business case for employers to introduce activities to support positive ageing at work which will help people to stay in work longer and promote a healthy and happy workforce which is also more productive. It makes sense to utilise skills, knowledge and experience developed by individuals over their working lives to contribute to the success of a business and to contribute to the development of the future workforce by encouraging cross-generational relationships at work. This is a model which utilises the strengths of all generations; older workers can be mentored to up skill around modern technologies etc. whilst younger workers can benefit from the experiences of older generations.

2. Transitions

Based on our experience of 40 years of action based learning the Beth Johnson Foundation’s work has evolved to embrace a multi-generational and life course approach to reflect our belief that people have multiple identities defined by their life experiences and that it is not necessarily effective to target interventions at particular generations rather than a whole family or whole community approach. As this ethos behind our work has developed we have found it less helpful to think about targeting work to specific age groups and more advantageous to move to an approach linking interventions at specific key life events and particularly at times of transitions.
The Foundation has worked with groups of people to map out what these life events and transition times are and to take into account what people have told us about the effects of these events/transitions, their coping mechanisms and what services or interventions they might find helpful at these particular times.

The key points from the consultation are that:

- Life events and transition times are either predictable or non-predictable. As is to be expected, individuals felt they had more control in relation to predictable events but few people had considered the need to plan for these predictable events or to build their coping skills in preparation for dealing with them. Most people had never considered the potential for building their own coping skills (resilience) and part of the positive ageing model is about challenging this static model of self and showing people how they can develop new skills, insights and aptitude.

- Transition times are often described in negative terms; the end of something rather than the beginning of something else. People indicated that they would have benefited from some sort of help during these times. They are, therefore, key times in an individual’s life when they may be more open to reflection and appropriate interventions.

- Positive experiences were also reported and these were mostly around regaining freedom particularly in relation to caring responsibilities. Older generations, however, expressed fear for future generations feeling that they would like them to learn from their own experiences whilst recognising that often younger generations don’t feel they have anything to learn from older generations.

- Life changes don’t diminish in significance as people get older. For example, one lady reported that, for her, the most significant changes had happened after the age of 75 but the expectation was that she would cope with them because they were ‘natural’. She expressed that now, rather than at any other time in her life, she needed external help but had no idea where to go to get it. This supports the Foundation’s view that planning for the future is significant throughout life and should not be age focussed.

- People were able to define ‘ageing well’ in relation to its component parts e.g. keeping active, keeping learning, financial security but the main focus of attention was on being with people. There was significant fear expressed about being lonely and this was more associated with later life rather than with other life stages. The general view was that it is more difficult to resolve loneliness in later life than at earlier times of life. Recent reports, however, indicate increasing levels of loneliness amongst younger people who are leading more solitary lives than in previous generations and in those in mid-life who might be losing jobs and experiencing relationship breakdowns.

17 http://www.mentalhealth.org.uk/content/assets/PDF/publications/the_lonely_society_report.pdf
3. Catalyst for change

With its expertise and experience in community development work, the Foundation understands that the most successful way to engage with people is on their patch, whilst they are going about their day-to-day business. The community based health checks were evaluated as an opportunistic intervention, catching people at a time when they are open to receiving messages and to taking action.\(^{18}\)

The life course approach around events and transitions provides an opportunity for a more pro-active approach in the identification of key times and stages in life when people might be more receptive to life reviewing, planning, taking action and accessing appropriate services.

This process can be illustrated by looking at the journey of a participant in the Foundation’s Age Readiness project.

- A member of staff attends an information event at a community centre and engages with members of the public who themselves are attending for a range of reasons but who probably are not thinking about preparing and planning for later life because there is not the awareness that this is a possibility.

- During discussions with them, which always includes the fact that older people themselves have worked on designing the project, they now have information about a planning option which they may not have considered before. Because it has been a general conversation they probably have also identified a reason for wanting to take more control and be more prepared. That reason may be, for example, that they want to be an active grandparent or feel that they can continue to contribute after retirement.

- As they are comfortable going into the community centre we discuss with them that we are running a workshop there and that other training is available. The workshop is attended and now the individual has raised awareness around ageing and a personal action plan to achieve the older age that they envision for themselves including the steps they need to take to move them towards that goal.

- The project will support them to begin to implement the plan. As things are achieved and ‘ticked off’ so the incentive to keep going increases. The process has to be meaningful to the participant to ensure that it is maintained beyond the life of the intervention.

If the individual attends the training session around coping positively with change they will learn some basic Cognitive Behaviour Therapy (CBT) techniques to enable them to think about things in a different, more positive way and to translate those thoughts into positive behaviour.

4. Personal resilience and control

Taking control over things in your life is empowering and results in greater feelings of well-being. Recently there has been increasing reference to personal resilience which is likened to the ability to ‘keep going’: getting on with life even during difficult times. Undoubtedly there are people who have this ability within their natural disposition and those that don’t and might have to work at achieving it.

It has been observed in the Foundation’s work that adults may have similar life experiences which, for some, are challenging but can be ‘got through’ but for others are of such personal consequence that individuals are stopped in their tracks and cannot get on with life. The question the Foundation had to consider was whether there is an approach to working with people that will enable them to build their levels of resilience.

The Foundation has identified individuals, groups and communities that display high levels of resilience even in the face of adversity and sought to explore the factors involved. In some of the communities in North Staffordshire, classed as being at most disadvantage, the level of community resilience is high and residents report high levels of contentment. These communities are quite traditional in nature; family members live close to each other and networks of friends are built up around neighbours. Levels of contact with people and support networks are high.

In earlier client work it was noticeable that some individuals with similar life experiences to others were more capable of coping and moving on than others were.

The work with ARUK showed that individuals could cope with a painful condition and continue to lead fulfilling lives despite their diagnosis. The difference again seems to be around the health of relationships that people have and the levels of support offered by those relationships.

These findings echo the work of The Campaign to End Loneliness which seeks to raise awareness of the detrimental effects of loneliness and initiate interventions to prevent it. Their report Safeguarding the Convoy discusses the concept of a personal convoy ‘the assembling of family, friends, social

---


20 http://www.campaigntoendloneliness.org.uk

contacts, work, passions and pastimes, resources and assets which you take forward through life, and which secures your confidence and enables you to lead the life you choose to the full’.

The personal convoy is linked to levels of resilience and the ability to cope with life events. Key transition times can impact on your ‘convoy’ e.g. retirement will reduce levels of personal contact and may reduce social contact with colleagues. These transition times can, therefore, be a risk in terms of reducing social networks and relationships and negatively impact on levels of personal resilience. Some people who retire also report a loss of confidence which can spiral into depression. But might these transition times also be viewed as times of opportunity for reviewing the ‘convoy’ and replacing or adding to it?

5. Enhancing future life choices

The first four elements are the building blocks to the Foundation’s life course approach providing the where (place), the when (key life events and transition times), the what (catalyst for change) and the how (taking control through building resilience). The fifth element is about implementation and sustainability.

The evidence from our work shows that taking a holistic approach enhances future life choices and that this is strengthened by encouraging a process of reflection and self-assessment. For example, our mid-life health and well-being work involved a lifestyle self-assessment process but also included a skills self-assessment. This enabled individuals to not only plan for improving health but to take measures such as training and volunteering to improve their employability.

A holistic approach enables individuals to enter a circle of opportunities at a point which is of most relevance to them. For example an individual might be attracted to participate because of an interest in returning to work and this might lead them into volunteering and/or training. This involvement will raise awareness of the importance of other issues and opportunities such as maintaining health and well-being which may result in the individual then attending a physical activity class or training around nutrition.

What happens is a cycle of opportunity where, as the person becomes more engaged, they not only develop their knowledge but start to build new contacts, social networks and relationships that strengthen their sense of personhood and well-being. The initial engagement builds into a circle of interrelated activities and support.

The longer term benefits also provide the motivation for the individual to sustain these changes to lifestyle and activities. The elements that encourage behaviour change, therefore, are around identifying a personal reason or
motivation, that the activity will achieve something positive and is promoted in a positive way and that the change will be embedded so as to be sustainable. Sustainability comes from the change in thinking leading to a change in behaviour.
Conclusions and Implications

‘Society needs to break stereotypes and develop new models of ageing for the 21st century. Everyone benefits from communities, workplaces and societies that encourage active and visible participation of older people’.  
(WHO Ageing & Life course 2012)

The conclusion of this review of the research and of the evaluation and impact of the Foundation’s project work is that there is a need for a life course model to promoting positive ageing which will encourage individuals to prepare and plan for their future regardless of their age. This enables people to take more control over their lives which reduces the feelings of helplessness often associated with ageing particularly in relation to entering later life.

For the Beth Johnson Foundation, although the model obviously has fixed points at the beginning and end (birth and death), a life course is not linear but is more fluid in nature to reflect an individual’s actual experiences of living and ageing. There are points along the life course where we might predict an event happening but very few are exclusively fixed around attaining a certain age. School years are fixed but retirement no longer is and is dependent on a number of factors including financial necessity to carry on working or poor health which makes us stop.

The concept of retirement is undergoing a re-definition as life expectancy increases and there are expectations around people taking responsibility for their health & well-being to enable them to work for longer. Retirement itself is increasingly seen as an active stage of life where individuals continue to contribute through caring or volunteering and to make the most of the opportunities presented to them.

Increasing levels of life expectancy, improvements to health and well-being and the expectation of an active and engaged later life supports the Foundation’s ethos that everyone has a future regardless of their chronological age. If an individual is to live twenty or thirty years after retirement it makes sense to plan and prepare for those years as much as for any other time of life.

But for those for whom an extended life span means a longer life lived in poor health, the argument is around reducing health inequalities, addressing the wider determinants of health and of targeting interventions at earlier stages of life. One of the drivers for the Foundation’s mid-life programme of work is in engaging with people in mid-life as they begin to become more aware of their own ageing and to introduce interventions which will positively benefit them as they grow older and into later life.

It will enable people to re-visualise their future, to plan how to move towards this new picture of their future and to build the resilience to cope in difficult times or times of change. It enables people to future proof against some of the risks associated with getting older and which have a negative impact on physical health and mental well-being such as experiencing falls or loneliness.
The life course model defined by the Beth Johnson Foundation comprises five core elements: place, transitions, catalyst for change, personal resilience and control and enhancing future life choices. This reflects the importance of interventions to support positive ageing taking place in a range of settings. They need to concentrate on life events and transition times rather than chronological age and provide a catalyst and support for change, that will encourage the strengthening of coping skills and have a positive impact into the future.

The life course model takes a proactive approach to promoting positive ageing by identifying life events and transition times when people will be most receptive to receiving information and taking action. By targeting interventions at those particular stages it promotes a process of change that will encourage individuals to take more control as they are ageing and includes: awareness raising, engaging, motivating, providing a catalyst (or an incentive) to change, providing support and ensuring sustainability.

The interventions that the Foundation has tested with individuals and groups of people to support this process include providing information and designing training to raise awareness around ageing (preparing for ageing), developing a workshop to enable people to practically plan for their futures and designing training around coping positively with change.

To formulate a sustainable model and in recognition of the fact that people can learn from and be supported by each other, the Foundation has also tested a peer to peer coaching model which is based around well-established models of peer mentoring and support.

To shift the emphasis from seeing an ageing population as an ‘issue’ to be dealt with and a drain on our resources, to seeing it as an asset we have to make the case for prevention; interventions that support positive ageing and, ultimately, save us money as the onus on health and social care is reduced.

‘We must get better at preventing harm – to people, planet and the economy. This calls for long-term planning, upstream investment and early action. It will improve people’s quality of life, make better use of public money, reduce the need for costly state services and help to safeguard the future.’

The Beth Johnson Foundation has designed and developed a model, training package and resources that can be replicated in any community, town, city or workplace and can be targeted at individuals, groups, communities and populations. It is effective as a stand-alone intervention but is more powerful when combined with a range of services to promote and support our ageing populations.
