

The experience of ageing is a complex one that is only loosely associated with number of years lived.

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Perhaps by definition, healthy ageing is intrinsically linked to notions of health and illness and concepts of frailty and strength. Whilst most research accepts that “healthy ageing is more than just [maintaining] physical or functional health” as one gets older (Cyarto et al., 2013: 15), traditionally, ageing itself is still associated with the number of years lived and population health measured by mortality rate statistics where longer is equated with better health. Ageing well is, however, a much more complicated concept with a multitude of understandings related to culture, preferences, values, and identity. Ageing is often portrayed as a process of deterioration, which in its turn is associated with increasing public expenditure. For instance, the BBC reported a recent debate in the House of Lords with the comment that: “the ‘gift of longer life’ could lead to ‘a series of crises’ in public service provision” in an article titled “UK woefully underprepared for ageing society, say peers” (BBC News, 2013b). Yet, as Healy (2004) puts it in the Australian context, “an ageing population does not necessarily mean a sicker population burdening the country with large medical and social care costs” (Healy, 2004: vii).

Whilst there is gradual media recognition that old age has positive attributes and that healthy ageing is possible, ideas about what healthy means in the context of ageing still draw heavily retaining the semblance of youth and youthful adventure. For instance, in an article titled “why old age need not be a burden”, the BBC featured “Daphne Bernard: She is in her 90s, but remains fit and active, playing badminton and going to her local gym in Eastbourne every week. Last year she did a 12,000ft tandem skydive for charity” (BBC News, 2013a). The implication of such portrayals seems to be that the absence of activity or youthful appearance somehow means one is not ageing well but measured against Bernard’s reported activities, many 30 year olds could be forgiven for thinking that their own lives were falling short of good health. We heard much that is positive about the experience of ageing, but also that older people deplore the use of images of remarkable individuals such as Barnard being to portray what is positive about ageing well. We noted with interest the images presented by [Lauren Warren](#) in our first evidence gathering session, which resulted from her ‘Representing the Self’ project.

There remains a limited understanding of what ageing well actually means to the majority of people. There is no clarity about what the process of healthy ageing would look like, and little research exists outside the biomedical sphere to suggest who ages well and why. Thus the attitude adopted often in relation to healthy ageing, first seeks to address the more negative associations, as we see with the 2012 Life UK study which described older age at times as the difference between being seen as “up the hill, but not over it” (Bartley, 2012: 14). A growing awareness of the importance of older age and how it is understood, has led to academic questioning of how people can age well. The focus of the

Commission was to look at what it meant to age well and to flourish in later life. **The findings in relation to this show that, it's not the age that you are that dictates how aged you feel; nor is it solely your health status (although that is undeniably important), healthy ageing relates to the activities you do, the environment in which you live, the services you have access to and importantly the nexus to social networks.**

Academic understandings of the different facets of healthy ageing

Healthy ageing is a concept that has emerged over time, with debate about what constitutes successful ageing and how it can be measured. Ageing well and in particular 'successful' ageing, is often reported as both a socially constructed and multi-dimensional concept (Fernández-Ballesteros *et al.*, 2009; Bowling, 1993, 2007). Bowling describes the resurgence of interest in the concept as being due to "substantial increases in life expectancy at birth achieved over the previous century, combined with medical advances, escalating health and social care costs, and higher expectations for older age, have led to international interest in how to promote a healthier old age and how to age 'successfully'" (Bowling, 2005: 1548).

Early discussion about successful ageing and models of successful ageing were used as an approach to interrogate cohort studies of epidemiological data in the context of health outcomes (Satariano, 2013). The famous Rowe & Khan model of the 80's was described by Bowling and Iliffe (2006) as being one which defined ageing "not simply as longevity, but as absence, or avoidance, of disease and risk factors, maintenance of physical and cognitive functioning and active engagement with life" (Bowling and Iliffe, 2006: 608). This concept evolved with authors Rowe and Kahn adding ideas such as "wisdom" and "resilience" in addition to their earlier models of successful ageing which included "avoidance of illness, high cognitive function, and social engagement" (Satariano, 2013: 16). They developed "a distinction between usual and successful aging as nonpathologic states" (Rowe and Kahn, 1997: 433). Extended debate around the concept centered on the notion of 'success' and the ranking that might take place in relation to this. Subsequent researchers have focused on the concept of 'healthy ageing' as being "more expansive and this more suitable than the original term" (Satariano, 2013: 16). Satariano describes the ecological model of health ageing used in the U.S. in which the environmental context, including social and cultural factors, are taken into account (Satariano, 2013). Satariano argues that any work on healthy aging should explore "housing and population density, geographic information should include land-use mix (that is, the relative percentage of residential and non-residential/retail areas), street design, and traffic patterns" as well as "health and functional status, psychosocial factors, living arrangements, social networks, and social support, as well as health practices and access to health and social services" (Satariano, 2013: 18). This wider definition on what should be included in research into this area represents a shift in thinking about the factors that impinge on health and notions of the contributors to what 'good old age' might look like.

Concepts often cited when talking about ageing well include resilience, independence, health, finances and role and purpose (Clifton, 2009; Age Concern, 2010), but as we note (in the [recommendation on care, reciprocity and being valued](#)) these appear to be principles that apply to living well generally. There have been attempts both academically and practically to develop active

ageing strategies or policies. Walker (2002) generated a strategy for active ageing and applied it to five key policy domains, contending that “getting the best from human capital, extending community participation and solidarity, avoiding intergenerational conflicts and creating a fairer, more inclusive society” (Walker, 2002: 137). Age Concern (now AgeUK) in their report on healthy ageing in London suggested that there were five steps to healthy ageing, including “promoting volunteering for the over 50’s; maintain independent living through healthy services; supporting local communities; involving older people in the development of targets and services; celebrate ageing in London” (Age Concern, 2010: contents page).

There is also increasing interest in comparative research looking at ageing populations and ageing well in an international context (Tesch-Römer and Kondratowitz, 2006; Fernández-Ballesteros *et al.*, 2009; Fernandez and Forder, 2010). Comparative international survey data from the healthcare provider BUPA, demonstrated that people’s perceptions of ageing are not aligned with academic debate necessarily and that the conceptualization of what constitutes someone who is elderly may need to shift as people who are “aged over 65 not considering themselves ‘old’” (Fernandez and Forder, 2010: 3). These larger comparative studies explore not just data on ageing populations, but also the theoretical underpinnings for such research. Godfrey *et al.*’s (2004) work on the duality of the ageing model with the negative and positive characterizations, explores how “the first – or ‘deficit’ model – views old age as an unremitting period of loss, decline and social withdrawal. The second – or ‘heroic’ model – considers ‘active’ or ‘successful’ ageing in terms of being fit, healthy and happy” (Godfrey *et al.*, 2004: 2). These academic models or frameworks of understanding are crucial to policy makers, and therefore further work into refining what healthy ageing looks like in different contexts to build upon the existing body of knowledge in order to shape the direction of policy is useful. It was in 2005, that Bowling and Dieppe first stated that “a forward looking policy for older age would be a programme to promote successful ageing from middle age onwards, rather than simply aiming to support elderly people with chronic conditions” (Bowling and Dieppe, 2005: 1548) and encouraged governments to take a preventative approach to population ageing (Cyarto *et al.*, 2013).

Ageing is an individual lived experience affected by the wider community and society

Studies in the UK and internationally have shown that people’s experiences of ageing and the age that they feel are inextricably linked to identity (Chong *et al.*, 2006; Hsu, 2006; Hung *et al.*, 2010; Clifton, 2009). Sometimes attitudes to ageing are influenced by religious or cultural identity (as the Commission explores in its work on [cultural difference](#)) and sometimes ageing well is linked to the identity of a person in relation to their community.

In the focus groups we organized around the Birmingham area, we explored people’s views on ageing and when they felt old, and what this meant in relation to their identity and culture. We learned that ageing is a complex experience that is not steady or continuous over time. It is not experienced chronologically nor can it be represented by a straight diagonal line on a time/ageing axis. Rather it is in fact experienced by people differently in varied ways:

“Everything is about individual; it all depends on how you as a person feel about getting

old. So long as you are able to do everything and can manage that is fine so why fight it"
(Arabic Women's Awareness Group)

"If you've got your health you can do anything, if you haven't then all the problems...if your body's working well, and you need things to help your body work well, I think you can cope with most other things. Because if your brain's gone it's somebody else's problem...we're lucky that we're of a generation where there are things in place to help the elderly more ... and we expect more because we are aging at 80 years old now is quite, you know, or 77 which I think is quite young" (Halesowen and Dudley Elders Group)

As noted in our report (in the [finding on cultural differences in ageing in the UK](#)), there are nuances in relation to how ageing is understood, which varies between groups and is dependent on cultural understandings of when and how a person ages.

One of the understandings of ageing that has particular relevance to the Commission that became evident from the focus groups is the way that interaction with the community and the participant's social nexus, affected the way in which they felt about healthy ageing and the positive way they described the process of ageing. Intertwined with this concept of social nexus, was the importance of respect and intergenerational respect:

"I believe that in my case my community, my family and friends pay me so much respect and I truly feel so blessed. I am really proud of my grandchildren and love them so much"
(Arabic Women's Awareness Group)

"I am so glad that I am old now. I get lot of help from my family. My children and my grandchildren are really good. Oh I wish I was lot older! I try and keep busy. I go shopping on Tuesday, I come here to this club on Wednesday and I go shopping again on Friday. I just walk and that is all and oh I also do my exercise here at this Centre" (UK Caribbean Seniors)

"If you have nothing to look forward to or if you don't plan things ahead then you automatically go back or stand still. That's for me anyway. I need to have plans, I need to say next week I'm going to do that, in three months' time I'm going to do that, and so on"
(Halesowen and Dudley Elders Group)

"More time to do what I want to do and being a volunteer here in this centre keeps me really motivated" (Halesowen Asian Elderly Association)

Conversely, loneliness, isolation and loss of respect were associated with comments in relation to negative views of ageing:

"Good thing about getting old is that you have time for yourself and devout your time to pray; but the negative aspect of ageing is pain, sleep deprivation and loneliness" (Arabic Women's Awareness Group)

"I really felt very lonely after my husband's death, but after a while you recover and you smile back at the world and carry on living until your time comes" (Arabic Women's Awareness Group)

“The young ones don’t have any respect for elders to start off anyway. Before you start family life you had a smaller house. First the family unit broke down. My community don’t know if I am dead or alive. It is very difficult to better yourself and move out from your community” (UK Caribbean Seniors)

This supports research findings in a report by Age UK (2013) on “Improving later life. Understanding the oldest old”, in which they identified several key points for all decision makers and professionals in relation to the oldest old. Point seven relates closely to these themes identified by the Commission, that: “loneliness and isolation tends to increase the older we get, as we lose social networks, friends, and mobility. Even those surrounded by others, such as in a care home, can feel lonely; people may need to be supported and encouraged to participate and engage” (Age UK, 2013: 5).

Despite identifying and understanding that ageing is an individual process that is affected by the community a person lives in, the **literature review conducted for the Commission confirmed that existing research into cultural understandings of ageing and how it is negotiated in different groups in the UK is very limited**. An example of work in this area is Gardener’s study of older people (referred to as elders) from the Bengali population in London (Gardner, 2002). There is also a small body of literature on specific groups’ experiences of ageing outside the UK. These studies are not, however, generalizable to whole or specific populations within the UK. Similarly, we know something of migrants’ experiences of ageing in Sweden (Torres, 2013) but there is little comparable data available on the UK.

From the dichotomy represented above between academic work on healthy ageing and the Commission’s findings on individual experiences it can be seen that **academic perspectives on ageing and what healthy ageing look like need to adapt to embrace the more subtly nuanced definitions of what it means to age well. A criteria list is not meaningful as it does not explore the inter-relationship between people and time and the possibility of feeling ‘old’ at times and not at others; academic debate therefore needs to embrace both the temporal nature of, as well as the space, that healthy ageing occupies for individuals**.

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