

Ensuring that people experience healthy ageing is a long term project.

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Planning for a healthy ageing population has received intense attention. Demographic change and population pressures as well as poor economies have focused much attention on hypothecated budget deficit and in particular, the burden of ageing. This Policy Commission was sentient of these debates and the very real pressures being exposed through cracks in the system both in the UK and internationally, however the unique challenge of the Commission was to explore opportunities for healthy ageing. A reconceptualization of the ageing process that would allow for opportunity and growth, without denying the risks is needed. To that end, planning for healthy ageing as well as an ageing population (and these are discreet and distinct concepts) is essential. Whilst there is much focus on individual planning, the commission also looked at what issues were presented in relation to more centralized planning and identified that **at all levels, longer term planning that could take place potentially over multiple people's lifetimes rather than on an individual lifetime basis.**

Individual responses to the need to plan for old age

The Commission heard evidence from [Professor Phillip Tew and Dr Nick Hubble](#) of Brunel University, who described how older people required ongoing control over and involvement in building their own narratives, and that older people are feeling increasingly alienated by a policy rhetoric that presents them as a social or financial burden and that they often associate the term 'elderly' with pejorative descriptions of ageing and frailty. From their research they found that ageing cannot be treated as a single, solvable social problem. People's approaches to planning for old age were largely effected by life experience, and whilst there were multiple examples ranging from people with substantive pension income to those without, there seemed little coherence about how the state had mitigated for adverse life effects, such as becoming a full time carer during working life, and the impact this had on economic circumstances. There was also no coherent voice from older people about what should be the fiscal support in place and what was down to individual responsibility. However there was clarity in the evidence obtained from individuals by the Policy Commission, that there were central services that most people felt were part of both Birmingham and the UK citizenship and that it was the responsibility of the state to provide. These related primarily to health care; transport and public safety. It is important to identify these as societally important values, as how well you feel integrated into, accepted by or supported by a society or a community we have seen in other areas of the Policy Commission, has important repercussions in relation to feelings of wellbeing and value that are strongly associated with healthy and successful ageing.

These themes, link to research in an international context where different state systems of support exist. Hoshino, (2013) looks at health aging and the implications of ageing policy for older immigrants in Japan and describes the sense of cultural belonging people have to two places. He further discusses the integration through assimilation or marginalization that different groups feel and how "comprehensive, culturally sensitive immigration policies can promote basic human rights for immigrants" (Hoshino, 2013a). He goes on to state that this policy should be extended in each of the countries included in discussion within the book, namely the US, Sweden and Japan and that this "comprehensive, culturally sensitive model of healthy aging among older immigrants, reflecting their specific historical, cultural and social backgrounds" could be operationalized with a model he devised with four dimensions: The physical dimension, the social dimension, the psychological dimension and the spiritual dimension. In addition he

adds the “objective” and “subjective” dimensions to the model, where the objective dimension describes the “evaluation of older immigrants’ healthy aging and environmental aging” whilst the subjective direction “includes evaluation of the person’s satisfaction with healthy aging of self and environment” (Hoshino, 2013b: 94). This model “emphasizes the subjective direction more than the objective one, and the priority is actualization of subjective healthy aging in the older immigrants’ life” (Hoshino, 2013b: 94).

This model has relevance in two ways for Birmingham, as it is a model for healthy ageing; but also a model in which there is a reflection of cultural and other diversity. In a superdiverse city like Birmingham, one of the chief challenges is to ensure the planning for healthy ageing reflects the populous as a whole and not a microcosm of society.

People’s responses to ageing were often those of surprise, and so there is potential for education around healthy ageing that is not at present being explored:

“I did not know that I was ageing until I was old” (UK Caribbean Seniors)

“When you’re younger you tend to bounce back quick, you do. When you’re older, this up here thinks, “Well is this it? Is this the start?” (Halesowen and Dudley Elders Group)

“All my plans about old age has gone kaput, because my health has deteriorated so much” (UK Caribbean Seniors)

This last quote reflects one of the many examples whereby people had cited planning carefully for old age, but an adverse life event had subverted those plans. There is the potential therefore, for an interesting piece of work around healthy ageing and managing expectations. Being told that if you plan for old age, save and then manage your life in a certain way in order to obtain a certain outcome is unrealistic. It may happen for a few people, but what about the many others for whom they are not negotiating ageing with a sense of failure? Surely they are doubly disadvantaged by having been sold a message that was sustainable? This Commission has sought to realign ideas of healthy ageing and in doing so has investigated what healthy ageing looks like and how we can work towards it. This is not to be envisaged as check list, rather it is to identify planning priorities for future generations that would enable to them to flourish as older individuals within a community. This requires rethinking what is collective and what is individual responsibility. The concept of planning for older age and the debate between individual and collective responsibility for this is widespread with strong feelings on both sides, with a great deal of further research needed in this area.

Central planning and the unique needs of the ageing community

It may be slightly misleading to describe the older persons population as one community. As we have seen in other work done by this Commission, there are significant cultural and other variations and older people have diverse and different needs; ‘the elderly’ or ‘older persons’ are not a homogenous group. However, for the purposes of central, national, or local authority level planning, there are important themes that run across the population from whom evidence was gathered for this commission. These themes include notions of place and the importance of space; transport and mobility; and personal safety.

Whilst individual planning is important, the commission also heard from [Adrian Phillips](#), (Director for Health from Birmingham City Council) about the food poverty created by closure of or expensive food in locally accessible shops. The Commission gathered evidence that suggested that at all levels, which suggested that longer term planning over multiple lifetimes, rather than on an individual lifetime basis, is required.

Place and the importance of space

It became evident from the literature review conducted for the Commission, that both the physical and the social environment are seen as integral to healthy ageing. Locating ageing in 'place' as well as 'time' is part of developing a richer understanding of what healthy looks like; what contributes to it; and also what impedes people ageing healthily. Research commissioned by the Economic and Social Research Council (hereafter ESRC) for Help the Aged into quality of life in older age, found that place in relation to location, social deprivation, transport, access to services and safety, were all important considerations for older people (Owen and Bell, 2004). These things were found to relate both to understandings of their own identity and of their well-being. The participants in the study identified that "having household objects with particular personal significance; having enough space for self-actualisation (that is, to be able to do things that help you realise your own potential); living in a place that has links to their own personal history; living in a secure accessible neighbourhood; having some contact with the community every day; and maintaining appropriate boundaries between public and private spaces", were all part of successful ageing and keeping "connection with the material and social fabric of everyday life" (Owen and Bell, 2004: 9). The idea that place and the space in which older people exist as being an ingredient of health ageing was a finding that was very evident in the focus groups run around the city as part of the evidence gathering process of the Policy Commission:

"Places get bigger. Halesowen, my wife knew everybody who live in Halesowen at one time. She literally, we would walk down the town and we would not walk two paces before she'd be talking to somebody who she knew. She can't do that now because it's got too big" (Halesowen and Dudley Elders Group)

"I think that's also to do with mobility. If you live in a community from if you grow up and stay in the same community, I think you know automatically a lot more people!" (Halesowen and Dudley Elders Group)

There was a sense that the resources within a community were also intrinsically linked to place, that the knowing of place and the familiarity of it was connected to and conducive to good and healthy ageing:

"we had Dudley foisted on us and obviously every time anything happens in Halesowen now you feel as if you're losing a part of the community. We've lost our fire station, we've lost our ambulance station, we've lost our police station. We've lost our courts. And you're saying, what's next?" (Halesowen and Dudley Elders Group)

"It was a very good thing you know, bingo hall. I know people might look down their nose at it but it was a social event and people got to know, and if Mrs so and so didn't turn up, "What's the matter with her? Is anything wrong?"... And these types of places, be it bingo hall, be it theatre, whatever, providing you see these people there and they're safe, that's the feeling more often, the feeling of community I think anyway" (Halesowen and Dudley Elders Group)

Overall however, what remained a central theme for healthy ageing from the focus groups conducted around the city was the need to feel connected, to feel a part of something and included. Whom is included in a space and whom is excluded, this notion of inclusion, is not usually a concept discussed when exploring planning of services or spaces, however it is something that was identified as being important from the evidence gathering sessions. These spaces linked to a more joined up notion of community and belonging and these spaces were further identified as being almost community spaces nested within a larger community:

"But with Birmingham though it's all different towns, you name it, all within the city, and they're all little communities within the city" (Halesowen and Dudley Elders Group)

Transport and its importance

The “impact of the physical environment” (Scharlach, 2013: 6) on healthy ageing is integral to the process. International research has shown that healthy or successful ageing is strongly linked to the environment in which ageing is taking place. Macintyre *et al.*, (2002) through their analysis of place effects on health, proposed five environmental characteristics that impinge on the lives of old people including: those such as affect everybody; the location specific characteristics of where older people spend the largest proportion of their time; services including transport, street maintenance, policing, health and social care; sociocultural characteristics including community cohesion and cultural integration; and perceptions of neighbourhood. These themes chime closely with the work of the Policy Commission in this area and need to be considered when planning for an ageing population, but need to be reconsidered when planning for a healthy ageing population. It is transport however, that many older people identified as being both good in Birmingham and an essential ingredient of their healthy ageing, but also as an area where there could be improvement:

“Public transport needs to be improved, as my balance is not that good and if the bus is packed, I worry that I will lose my balance and fall. Because young people now a days will not give up their seat to you, so you are standing for a long time and at times so difficult to stand because you are in so much pain” (Arabic Women’s Awareness Group)

“Not only that but if you have a disability there is a nonsense – they give drivers just 3 minutes for him to get you on the bus, so if you have a disability and you had difficulty in getting out of your house and getting on the bus I have had on occasions where they have come to collect me and I could not get on the bus on time and they left me! The reality is that this is a government led service and you have nobody to complain to? I have personally written 4 complaints!” (UK Caribbean Seniors)

“Transport for the elderly is a major issue” (Halesowen Asian Elderly Association)

Good transport was also seen to have an important social function and link to notions of place and space and feelings of connectedness. There were cases cited where some older people used the transport network for interaction. Despite the distressing idea that people were isolated and very lonely, it shows the multiple functions a public transport system has that is not limited from getting between places. For a healthy ageing population, the nature of community was integrated into all being able to access transport:

“They must maintain the bus routes” (Halesowen and Dudley Elders Group)

“They (bus passes) are really important and I find it absolutely fantastic to be able to jump onto a bus, even though I’ve got a car” (Halesowen and Dudley Elders Group)

“Even people who are not very mobile, at least they have the facility now, if they can get to a bus stop, they can get on a bus or they can get onto a train, so they are able to get about. They’re not confined to sticking in their four walls” (Halesowen and Dudley Elders Group)

“When they were first introduced I was talking to a bus driver one day and he said, “I’ve got people to get on the number 8, because it’s a big circle, isn’t it, and just go all the way round.” They have circle 11. All the way round. Takes about two and a half hours. Then sit all the way round and go all the way round on the bus, a) because it was warm upstairs and they didn’t have to have the heating on at home then and then felt they’ve saved some money that way, but they go all the way round and they just do nothing else, they’ll have a bus ride” (Halesowen and Dudley Elders Group)

“There was a lady I met on the bus one day, she said she went on the bus it was the only time she ever spoke to anybody. She was alone and she used to go on the bus and speak to people”
(Halesowen and Dudley Elders Group)

From these quotes we see that the significance of public transport goes beyond enabling mobility between significant places that provide social connectedness. The transport is itself a form of social connection. Planning transport services for the healthy ageing population of the future is something that needs to be considered in relation to what the needs, preferences and opportunities of optimizing healthy ageing within Birmingham. The onus on central planning of these sorts of services is supported by international research into this area, and there is scope for comparative international policy and practice learning. Research such as that of Scharlach (2013) on aging in a United States (hereafter US) context suggests that the “physical environments within which older persons live have both direct and indirect effects on opportunities for healthy aging” and that there is a need for “an ‘aging friendly community...in which physical infrastructure and social systems support health aging, or at a minimum do not create unnecessary barriers to doing so” (Scharlach, 2013:7). These communities are envisaged as upholding the “five developmental tasks for healthy aging: continuity, compensation, connection, contribution, and challenge” (Scharlach, 2013:7).

The issue of personal safety

Closely linked to issues with the transport system, and supported by this international research into planning of the physical environments for healthy ageing were concepts of personal safety:

“Getting around is difficult. In winter as soon as it starts getting dark that’s it, this is your cut off point. Everybody is rushing to get home for safety reasons. Fear is nobody’s business. I have a mobility scooter so I like to be home before it gets dark. There is also the transport problem which is not a good one. It is very difficult in Birmingham, we have ring and ride service in Birmingham. That ring & ride we were told that provided for the elderly and people with disability. Now they have actually made it in such a way that when you ring them up to book, they say more times NO than YES! Sometimes people tell you that they go to church on the ring and ride than they will not bring you back! This is supposed to be government funded service” (UK Caribbean Seniors)

“We often do not feel safe here. I do feel uncomfortable on the streets or on the public transport. Living in UK is hard at times because of discrimination. I do not feel safe when there are group of young people near me, because sometimes they do call bad names. They stare at you and snigger sometimes because of our traditional dress. I do not like to be out for too long especially in winter when it is so dark out there; you just do not feel safe” (Arabic Women’s Awareness Group)

There is a subtle but important distinction between issues about transport and issues of personal safety, which links to discrimination. Whilst transport and personal safety are often brought up in the same context, they bear thinking about as individual planning concerns.

In Birmingham the Commission identified through focus groups, particular concern about the longer winter months and darkness. This seemed to prey on people’s minds in relation to personal safety, and is an area where active work and research could take place to identify improvement. In one of the focus groups (UK Caribbean Seniors), the issue of safety came up and all participants agreed that they do not feel safe on the streets when it gets dark. This notion of vulnerability relates to concepts of ageing and frailty, however these participants may not all have been physically frail. There is therefore an important element of social construction in relation to frailty and ageing that would benefit from closer attention

being paid in the planning process in order to alleviate some of the burden of individual responsibility in a generative way for encouraging successful ageing.

Improvements in people's transport systems and feelings of safety are linked strongly to healthy and successful ageing. There is much written on the importance of activity and active ageing, such as encouraging older people to remain active through walking and sporting pursuits, however this has not been explicitly linked to notions of personal safety and transport and for planning purposes, particularly in Birmingham, this is important. Santariano (2013) in relation to his work on walking in older populations describes three "potential types of environmental interventions" to enhance walking which include: "environmental modification" described as where "direct modifications of the environment can range from minor sidewalk repair, changes in brightness of street lamps, and inclusion of pedestrian crossing islands, to more extensive modifications such as construction of 'age friendly' communities"; "environmental adaptation" described as "locating or linking residents to the best areas of their neighborhood or community, rather than by constructing new facilities or making major modifications to existing facilities"; and "individual-environmental intervention" described as "a multilevel intervention to foster change a both individual and environmental levels" (Satariano, 2013: 19).

The Commission recognises the unprecedented opportunity presented by the Health and Social Care Act 2012 to local government to promote the public's health and well-being through the full range of its activities. However, there is an overall UK wide picture still to be addressed in relation to planning for an ageing population. The Commission foresees that **modifications to services and infrastructure are essential in relation to planning for a healthy ageing population in the 21st century.**

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