



Healthy ageing in the 21st century: the best is yet to come

In 2011 the University of Birmingham launched a policy commission on healthy ageing to explore how good health and different expectations for flourishing in later life can be promoted.

Our key messages

The Commission's view is that **healthy ageing can and should be a realistic goal for the younger, the older and the oldest amongst us**. Much more must be done so that we can fully benefit from the enormous potential that exists within the UK's ageing – and often still active and healthy – population. This is a long term, but essential project. **It involves filling major gaps in understanding**, for example, about the extensive contribution that older people make, the ways in which the different and diverse communities in the UK think about and approach ageing, how older people can live safely and flourish, and how new technological possibilities can be appropriately used to support independence amongst older people. **The voice of the growing cohort of older people must be at the heart of decisions across the range of public services**. This will be strengthened by a stronger institutional framework. Accordingly, **we support the establishment of a Commissioner for Older People in England** drawing upon the lessons from Wales and Northern Ireland, **alongside clearer legal rights and responsibilities and a major debate on the introduction of a Convention on the Rights of the Older Person**.

Why healthy ageing?

We chose healthy ageing as our focus because it is an important prerequisite for flourishing in later life. Ageing well is affected by many factors: financial security, good quality care and advice, appropriate housing, being socially connected and having meaningful relationships, having independence and control over one's life, and having a sense of being able to contribute to society and being valued. We need to be mindful of the gulf between objective, medicalised measures of well-being, and the subjective psychosocial measures that individuals use to assess the quality of their lives.

The Commission explored questions associated with ageing in a super-diverse context such as Birmingham. Super-diversity refers to the large number of nationalities, ethnicities, languages, faiths and cultures now found across UK society. It results from the new patterns of migration that the UK has experienced over the past 20 years. The new migrants are a diaspora of peoples from many different countries. As a result, the UK's super-diverse society contains smaller groups of migrants who are more transient, less organised as definable communities, and more economically

stratified. The experiences of established Black and Minority Ethnic (BME) communities and new migrants are likely to be different, and this has major implications for planning and delivering our goal of healthy ageing.

There is more to be done to ensure that as far as possible older people's lives are unaffected by disease or impairment, to ensure that older people find pleasure and satisfaction in exercising the capabilities they continue to have, and also to support those who need care – be this 'social' or healthcare – in a manner that is compatible with living well. In short, there is much that can still be done to facilitate a good older age for those who are currently in the later stages of their lives.

A more detailed report of the Commission's findings and recommendations is available electronically at www.birmingham.ac.uk/research/impact/policy-commissions/healthy-ageing/report.aspx

The website also contains hyperlinks to papers that discuss each topic in greater depth, to the written evidence presented to the Commission, and to slides and summaries of discussions accumulated over the life-time of the Commission.

Commission key findings



The experience of ageing is a complex one that is only loosely associated with how old someone is.

Ageing is much more than the accumulation of years: as important as chronological age are people's social and physical environment, and biological and psychological factors. Healthy ageing relates to the activities you undertake, the environment in which you live, the services you have access to, how valued and valuable you feel and, importantly, your social networks. Professional, media and other views about ageing and what

healthy ageing looks like will need to adapt to embrace these more complex definitions.

Different cultures think about ageing in different ways – yet these differences are not fully understood in our society.

Ageing healthily is often understood in different ways by different groups in our diverse community. Ethnicity impacts on the profile and needs of the ageing population; the relationships individuals have with their community, with the state, and with their family, are not uniform, and policy and research need to understand these dynamics in order to utilise existing support networks or step in where care is failing. Improving understanding is even more significant in areas that are experiencing super-diversity such as Birmingham. Our lack of knowledge about different cultural understandings of ageing may mean we fail to plan appropriately for healthy ageing.

Health inequalities associated with socio-economic disadvantage are also found in the older population.

Patterns of inequality established even before we are born can affect our health as we age; the issue of health inequality remains a challenge for policy makers in relation to healthy ageing. Men and women from more deprived areas and lower socio-economic groups are

disproportionately represented amongst those who die younger and experience more years of ill health before they die. From evidence we reviewed, we draw two conclusions: i) it is possible for the oldest of the old to achieve healthy ageing; and ii) more needs to be done to ensure that the poor, as well as the wealthy, are as able to flourish in later life. This may only be achieved by evening out inequalities in younger life.

Enabling people to experience healthy ageing is a long term project for which society, communities, and we as individuals need to plan carefully.

If patterns of health outcomes are established even before we are born and then continue through our childhood and into our adult lives, healthy ageing can be promoted by ensuring that parents and then their children flourish in ways that set them up to age well. As these children reach adulthood, they need to engage in financial and other forms of planning for their older life; their circumstances will in turn affect the health of any children they choose to have. Cultural and other values and beliefs will affect people's attitudes to future planning. Any interventions therefore need to be sensitive to super-diversity. The Commission consulted ethnically diverse groups around the Birmingham area. Their views about the

Birmingham Voices

"I know when my sister was in hospital the nurses were totally naïve and ignorant about her needs, so the medical and care staff should be trained about other cultural needs."

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 a lot older!"

UK Caribbean Seniors

Commission key findings

balance between individual responsibility to plan for a financially secure future and the State's role varied.

Older people want control and independence, but this can be in tension with their need for security, care and support.

The ability of individuals to have control over, and independence in, their lives is a key contributor to healthy ageing. Independence helps people age well and with dignity – one of the motivations for the personalisation agenda. We must, however, do more to give people real choice. What enables one person to feel independent and in control in his or her own home may be preventing another from achieving his or her potential to age well. We need a greater understanding of older people's views on how to reconcile their needs and desires in relation to control, independence and security.

Investment in technological support for older people can contribute to healthy ageing, if sensitively developed and applied.

Tele-technology and advances in smart home technology can improve people's quality of life and encourage independence. Robotic technology is being harnessed for therapeutic and care purposes.

The stereotype of older people's unwillingness to engage with technology can be readily contradicted. Assumptions about high levels of family support, particularly for Asian older people, may be dampening enthusiasm for these initiatives.

Devices need to take into account the varying needs for, and expectations of, the technology and not stigmatize users. Older people should have an input into their design and also the ethical norms that govern their use. Greater consideration may also need to be given to the way in which security may be both enhanced and eroded by tele-technologies, which may increase confidence in safety on the one hand and leave users vulnerable to fraud and other kinds of internet-facilitated wrong-doing on the other.

Older people make a huge contribution to society. Some communities and faith groups draw on this contribution in responding to the needs of all their members. Sharing this good practice presents a real opportunity for communities of all kinds.

Discussions about ageing often focus on the potential burden on society of the ageing population and deflect attention away from the positive contribution that older people are making within their families,

their local communities and society more broadly. Yet older people make a significant contribution, in a variety of often unnoticed ways. This brings benefits to others, but is also an essential aspect of healthy ageing, enabling older people to sustain social networks, a sense of being valued, and good mental and physical health. A real challenge for policy makers looking at healthy ageing in the 21st century is marrying the agendas of healthy ageing, the importance of community, and resilience and contributions from older people. Promoting what can only be mutually beneficial initiatives has to be a proactive goal of both national and local governments.

“Older people... still have the capacity to do things for themselves and for others... we don't want things done for us all the time, we also want to be doing things to help and contribute.”

AgeWell 2013

“So long as I could be with others, and can take care of myself, then being old in Birmingham is not a problem.”

Ladies Gujarati Shia Muslim Group

Commission recommendations

When planning services for an ageing population in the UK there is a need to recognise and accommodate super-diversity. Cultural sensitivity should be a vital component in all future services for the elderly.

The impact of cultural nuances on experiences of healthy ageing has received little research and policy attention. The understanding of ethnicity, for example, is important to consider in a super-diverse UK context, and especially important to individuals' lived experience of ageing. Early experiences of migration, and in particular of racism, can have a profound effect on older people and their expectations. Service providers are often preoccupied with planning for bed shortages and the burden of disease in the short term, but should give more attention to planning for the super-diverse future in a way that optimises opportunities

for healthy ageing. Effective planning needs to recognise the reality, challenges and opportunities of super-diversity, and the particular rights and interests of members of a super-diverse population.

The human rights of older people should be at the heart of health and social care policy.

Recent cases of abuse and poor caring highlight the dangers of not taking the rights of older people seriously. Such recognition of rights is critically important to facilitate ageing healthily. This is a matter not simply for health and social care providers but also requires action at national and international level. We support the developments within the United Nations and at European level to give special recognition and protection to the rights and interests of older people.

Adoption and implementation of international conventions both at UN and Council of Europe level concerning the rights of older people should be a watershed moment in the way in which we view older people in society. The need to afford special recognition and protection to the rights and interests of older people should be an integrally important moment in evolving policy and law in this area in the future. There is now an opportunity to consider the adoption of a new approach to rights through pro-active engagement with fundamental values, rather than through mandates brought about by controversy and scandal. Awareness of the rights of older people in relation to the development of law and of policy is where the mainstreaming of rights becomes critical.

Commission recommendations continued

A new statutory post of Commissioner for Older People should be created in England.

There is a strong case for a statutory post of Commissioner for Older People to ensure older people's interests are effectively represented and their rights promoted and protected. The devolved governments are leading the way here and England could learn from their approach. Any introduction of such a Commissioner in England should be accompanied by a strengthening of powers and state accountability in the area. The Commissioner should work alongside the Equality and Human Rights Commission, Health Service Commissioner and the Care Quality Commission. Equally, it is important that such a Commissioner should not be subsumed by bodies that already undertake critically important functions as this could lead to a notable dilution in the efficacy of review. We envisage that a Commissioner for Older People would facilitate the development of strategy for ensuring that all older people, vulnerable and healthy alike, have a voice at all levels of planning and service provision.

Reciprocal relationships that bolster healthy ageing should be central to future care and support arrangements.

Many older people want to exercise their capacities to help others, even when they are themselves in need of help. As such, reciprocal relationships should be central to care and support for healthy ageing. There is considerable scope for mutual benefit in the case of healthy older people given the contributions they are already making. Relationships within which only one party is regarded as having something to give can erode dignity and independence and lead to feelings of an ever-growing debt that can never be repaid, even where help is willingly provided with no expectation of anything in return. On the other hand, reciprocal relationships willingly entered into may promote autonomy, independence and dignity.



Policy makers need to design policies that harness people's instinctive behaviours to work towards, rather than against, healthy ageing.

Policies designed to bring about behaviour change need to engage with individuals' emotional associations as those offering incentives or information are likely to have limited success in overcoming social isolation and the low uptake of healthcare services. This may mean, for example, ensuring that socialising and volunteering opportunities are available in safe environments that bring to mind positive associations. There is clearly an important role for traditional policy initiatives to encourage behaviours associated with ageing well, whether this is subsidising transport or providing better information to tackle the 'information poverty' of old age. Nonetheless, policy-makers need to design policies that harness people's instinctive behaviours to work towards, rather than against, healthy ageing.

More effort needs to be made to give older people a louder voice in respect to their environment and local community.

Ways need to be found to support and strengthen the many different voices of older people if they are to be clearly heard through, for example, having a strong advocate for the interests of older people such as the Commissioner mentioned above, and strengthening the channels through which the voices of (individual) older people can be heard directly. Local authorities should, for instance, be encouraged to be proactive in supporting and facilitating community hubs.

Ageing in a super-diverse society is a major challenge that society does not yet fully understand. Gaining a better understanding of this is something that

Research Councils and other research commissioning bodies need to prioritise.

The predominant multicultural model of service provision is unlikely to be adequate to meet the needs of super-diverse communities. The more fragmented nature of a super-diverse society means that it is more difficult to locate the multitude of different groups to examine their needs and determine how to deliver effective provision. Lack of inclusion of diverse groups in clinical and health research affects resource allocation for services, and compromises the validity and generalisability of research findings. To promote healthy ageing in a super-diverse society, methodological approaches and tools employed within research, practice and policy settings need to be developed and validated for use within super-diverse populations across the lifespan.

"In an ideal world we should all start to prepare our retirement much earlier, but it should be a shared responsibility where you, the family and the government also play a major role in supporting elders."

Halesowen Asian Elderly Association

"There was a lady I met on the bus one day, she said she went on the bus because 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

"Our views as older people are not listened to."

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**UNIVERSITY OF
BIRMINGHAM**

Edgbaston, Birmingham,
B15 2TT, United Kingdom
www.birmingham.ac.uk