Ageing and Well-Being in an International Context

By Jonathan Clifton

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ippr, 30-32 Southampton Street, London WC2E 7RA. Tel: +44 (0)20 7470 6100  E: info@ippr.org  
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About the author

Jonathan Clifton is a researcher in the Citizens, Society and Economy programme at ippr. He completed an MA as a Commonwealth Scholar at the University of British Columbia in Vancouver and holds a BA in Geography from Durham University.

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1. Introduction

Ageing of the population is now a reality in the United Kingdom. There are more pensioners than there are children under the age of 16. One in four babies born today will live to be one hundred (HM Government 2009).

The UK is not alone in facing the challenges of an ageing population. What used to be an issue for Europe has now become a challenge for nearly every continent on the planet. By 2050 one fifth of the world’s population will be aged over 60. The fastest increases will be seen in Asia and Latin America, where the proportion of the population aged over 60 will double in less than 20 years.

These changes are a cause for celebration – the result of gains in healthcare and economic development. But they bring with them challenges, too. Most obvious are the increasing pressures on healthcare and pensions, with some warning of ‘an unprecedented drain on public finances’ (Nesta 2009: 3).

Less obvious is the challenge of older people’s well-being. While the UK population is living longer, it is not getting any happier. Up to a quarter of older people in the UK are affected by low levels of depression and many more are affected by loneliness and isolation (Allen 2008, Lee 2006). A key challenge for the coming years will be to build a response to population ageing that takes the well-being of older people seriously. This will require changes to the way we design our institutions, services and actions in all walks of life – moving the debate far beyond the usual focus on pensions, health and social care.

Learning from overseas

The experience of ageing is shaped by the context in which it happens. In Japan, for example, life satisfaction is highest among the over-65s, whereas in Hungary it lowest for this age group (Donovan and Halpern 2002). Across Europe, rates of depression among older people vary – in Amsterdam they are half what they are in Munich (Copeland et al 2004). A fifth of Americans in their seventies are still working compared with just 1 per cent in France (Harper 2009).

These international variations demonstrate that decline and disengagement from society are not inevitable consequences of older age. Variations in culture, policy, services, environment and attitudes mean the experience of ageing is different depending on where you live. It is open to change.

About this paper

This report opens up the policy debates surrounding population ageing beyond the traditional realm of healthcare and pensions. It explores how the well-being of older people can be incorporated into four other areas: relationships, work, learning and the built environment. These were all identified in the first phase of ippr’s Politics of Ageing project as important drivers of well-being (Allen 2008).

This paper provides examples of policies and programmes that have been successful in other countries. The aim is that these case studies will inspire new responses to ageing in the UK.

This is the third working paper in ippr’s Politics of Ageing series. It follows reports by Allen (2008), which mapped the well-being of older people in the UK, and by McCormick et al (2009), which explored how policy across the four nations of the UK has responded to the challenge of ageing.

In the final report we will hear directly from older people across the UK about the things that drive and hinder their well-being, and the direction they would like to see policy and practice take in this area. But first, in this paper, we turn our attention to the lessons the UK can learn from overseas and how the well-being of older people can be incorporated into a wider range of policy areas.
2. Relationships

Research has shown the importance of social relations for influencing physical and mental health (for example, Cohen 2004, Allen 2008). Well-being in later life is inextricably linked to social support and participation. A number of factors contribute to the narrowing of social ties in older age, including the death of friends and loved ones, children and grandchildren moving away and reduced mobility making it harder to travel.

The erosion of social ties poses a particular challenge to older people. The UK Inquiry into Mental Health and Wellbeing in Later Life estimated that 1 million older people in the UK are socially isolated and projected this to rise to 2.2 million over the next 15 years if it is not addressed (Lee 2006). Perhaps more important than actual levels of contact with other people is the feeling of loneliness. On this score, the evidence is even more worrying. One third of older people in the UK say they are lonely and a fifth feel isolated (Leadbeater 2009, Actor et al 2002).

Social networks and well-being

Many studies have demonstrated that loneliness and isolation can be detrimental to health and well-being. Hawkley et al (2008) provide a review of the literature which links loneliness and isolation to depressive syndromes, poor mental health and cognition, nursing home admission and mortality. Loneliness is also a risk factor for suicidal ideation, alcoholism, high blood pressure, cardiovascular disease, and poor sleep. Loneliness is therefore ‘a unique and underappreciated psychosocial risk factor of clear relevance for those concerned about age-related health problems’ (ibid: 375).

The benefits of social ties include:

- Fewer depressive symptoms (Sugisawa et al 2002)
- Decreased risk of dementia (Wang et al 2002)
- Reduced impact of stressful life events on depression (Kawachi and Berkman 2001)
- Improved physical and mental health (Cohen 2004).

Social ties are important because they provide:

- Instrumental support, for example information and tangible help from friends (Hutchinson et al 2008)
- Emotional support and advice
- Positive affirmation and a sense of respect (ibid)
- A meaningful social role (Alves and Sugiyama 2006)
- Stability, social norms and routines (Su and Ferraro 1997)
- Support that enables older people to live independently
- Connections and support that enable people to participate in activities
- A relationship to which older people can contribute, which is of greater benefit than a relationship where the person is simply a passive consumer (Leadbeater 2009).

While social activity has long been seen as an important factor for well-being in later life (leading to a philosophy of ‘active ageing’), recent research has suggested social ties may be the more important ingredient. One study showed that the quality of relationships that people build through activities is more important than the act of participating itself (Litwin and Shiovitz-Ezra 2006).
Building social relations can be important for well-being even in the presence of other barriers to it. For example, those with serious health conditions can improve their quality of life through social ties. Janz et al (2001) showed women with heart disease were 4.5 times more likely to improve their quality of life if they increased their satisfaction with social activities. In a similar vein Oliver James argues that quality of life for those suffering from dementia can be enhanced or eroded by social ties (James 2008).

While there are many benefits to social relationships, the risks should also be taken into account. Some relationships can be stressful and abusive, while others may provide bad advice or information. Quality is therefore as important as quantity and frequency when it comes to building relationships.

**Relationships and social exclusion**

Tackling isolation and social exclusion should be the bedrock of any attempts to improve older people’s well-being. Social exclusion can be defined as being denied the resources to realise one’s life-chances – the opportunities each individual has to improve his or her quality of life. Life-chances tend to be seen as the preserve of younger people, but it is important to remember that older people also have life-chances that need to be fulfilled.

Policy designed to tackle social exclusion has historically focused on integrating young people and the unemployed into the labour market. Tackling the exclusion of older people will require a wider focus – one that incorporates building relationships and social ties into efforts to tackle exclusion (Burchardt et al 1999, Gordon et al 2000, Scharf et al 2000). While access to work is important for the ‘younger old’, enabling older people to realise their life-chances will primarily require improving contact with society, not the labour market.

Older people are prone to three types of exclusion (Scharf et al 2000):

- **Participatory.** Exclusion from involvement in community life, participating in activities beyond the labour market and building social capital.

- **Spatial.** Exclusion from spaces and places such as areas of the city or neighbourhood.

- **Institutional.** Exclusion as a result of withdrawal of services and agencies, for example closure/withdrawal of local post offices, cinemas, pubs, churches, newspaper delivery, shops, milk rounds, libraries, parks and community hospitals. The result is reduced access to services, greater dependency on others and the need to travel further for basic services.

**New approaches for policy**

A focus on the importance of relationships will require new approaches for policy:

**Place relationships first**

Public services have tended to focus on meeting an individual’s immediate need. The result has been a largely top-down model of services provided by the central state. The assumption is that meeting basic care needs comes first, and that strong relationships are a secondary effect of being well provided for in other areas. In fact it is often the other way around. Relationships ‘provide people with access to the basic care they need’ (Leadbeater 2009: 55). If people have strong relationships and connections, access to many of the resources and services they need will follow.

**Acknowledge the new challenge**

In the last 10 years the Government has faced the challenges of organising healthcare services and reducing pensioner poverty. These required centralised responses such as pension reform, tax credits and public service reform (with considerable success in many areas). The challenges of the next 10 years will include an additional element – the need to promote participation and relationships (Leadbeater 2009).
Oancea (2008: 1) maps out the new agenda:

Government should help older people to maintain and further develop social networks, to engage in fulfilling social interaction outside and beyond the workplace, and to contribute to society outside their immediate family setting.

Create a new toolkit

Government responses to the challenge of ageing populations have tended to focus on what the central state can achieve and have relied on increased public spending to do it. Services have been targeted at an individual’s need in isolation, dealing with one person and one problem at a time (be it a specific health problem, income, housing or mobility).

Building and strengthening relationships will require a different approach. A new toolkit for service providers is required. There is a need for ‘everyday activities’ which people can engage with over a longer period of time. Leadbeater (2009: 56) calls for a new social economy, arguing that this ‘is a challenge of social and economic development rather than just of redesigning services’. We need to develop new forms of leisure, working, socialising, learning and contributing that do not exclude older people. Examples include:

• Ireland’s ‘Flexibus’ programme, which provides door-to-door transport to link isolated people, cinemas and restaurants
• Time-bank schemes where people get credits for helping others in the community
• New phone and internet technologies to help link people together
• Schemes such as ‘The Good Gym’ where people incorporate brief visits to isolated older people into their jogging and cycling routes.

Developing a new toolkit will be a big challenge for councils and health authorities. Focusing on relationships will require a different infrastructure, skill set, scale, and approach than they are generally used to (Leadbeater 2009).

Target both weak and strong ties

Policy should target both weak and strong social ties. Weak ties, such as contact with neighbours and service providers, are important because they bind diverse groups together – they act as a ‘bridge’ between different groups in a community. They can improve a sense of community, attachment and safety and mean people are more likely to step in and help others in small ways.

Strong ties keep a close group of friends or family together. These are crucial for older people’s sense of well-being as they are more effective at preventing feelings of loneliness than weak ties.

Ensure relationships are two-way processes

Research has shown that elderly people who contribute more than others to their social networks will assess their health more positively (Su and Ferraro 1997). Contributing to the social order is as important as receiving help. In fact, for many older people receiving support can create a feeling of dependence and make them feel uncomfortable. For those who are more dependent, a sense of contributing to a relationship is still important.

Two conclusions can be drawn from this. First, providing a service to meet a need is not enough. It is important to create a space in which older people can build and contribute to a relationship as well. Giving help to an older person is only one part of the equation. Help given by the older person is important too.

Second, the way in which support is given to older people is as important as the actual support being given. The support should enable older people to contribute and participate,
not create a feeling of dependency. Services can do a lot to mask necessity as choice. For example the Flexibus service in rural Ireland is an essential service for older people, without which many of them could not live independently, but it markets itself as a regular bus service which older people can choose to use (Roberts 2009). Ideally, services will help strengthen relationships in a preventative manner, before failing health leads to acute or crisis-based intervention.

Below we present two case studies, from Japan and Ireland.

**Case study: Hureai Kippu, Japan**

Relationships and work

Japan’s population structure is often talked about in crisis terms given that the country has one of the world’s most rapidly ageing populations. The fact that its social care system is almost entirely publicly funded means ageing could put a particular strain on public finances (OECD 2005). This problem is made more acute by Japanese reticence towards immigration – something other countries have relied on to both mitigate their ageing populations and to provide a source of cheap labour for care jobs.

In response to this challenge Japan introduced a ‘health care currency’, or hureai kippu in 1991. This is effectively a timebank scheme which is dedicated to caring for the elderly. People who volunteer gain credits, the number of which depends on the time given and the type of task, with more onerous tasks earning more credits. The credits are stored in the same way as savings – the currency is simply in hours instead of yen (Kent 2001).

The scheme operates in the same way as a bank. This means that credits can be banked for the future as a form of social care insurance, so when a person needs support she can draw on the credits she has earned. Credits can also be transferred to others. Many people provide help to an elderly person near to them, and then transfer the credits they earn to an elderly relative living in a different part of the country. In this way they can ensure their relatives receive support without actually moving to live near them (Aldridge et al 2002).

The scheme has been proved to provide a high standard of care. What’s more, the majority of elderly actually prefer receiving support under the hureai kippu scheme than paying by yen, because they build better relationships with their carers. They also prefer it to services provided by charities, which make them feel dependent (Lietaer 2001).

Japan has thus responded to the challenge of caring for the elderly by focusing on ‘everyday relationships’. Rather than innovating services provided by the state, it innovated methods of exchange and payment. These have strengthened social ties and encouraged families and communities to play more of a role. Evidence suggests it has helped foster a wider culture of volunteering, too.
Case study: Summerhill Active Retirement Group, Ireland

Relationships
Started in a rural Irish village in 1988 by Mary Nally, a nurse unhappy with the lack of social services available for older people locally, the Summerhill Active Retirement Group now has an international reach (Intel 2009).

Nally gathered retired people in the area together to form their own group to respond to the challenges of being older and living in a remote setting. Their Active Retirement Group (ARG) was granted some land and a Portakabin by the Irish Health Service, and set about organising their own activities and fundraising to enable them to grow and employ staff (Intel 2009).

There are currently 90 regular members of the group, aged 55 to 95. The Portakabin has meeting rooms, a laundry, library, internet cafe and offices and aims to provide a welcoming environment for all. The group organises a number of services and activities including exercise classes, clothes cleaning, a choir, regular day trips and holidays, outreach to residents of a nursing home, monthly visits by a chiropodist, visiting speakers, first aid courses, IT classes, educational classes, concerts, drama and art. They are also politically active – on issues relating to older people as well as trying to break down barriers with groups such as travellers, asylum seekers and nursing home residents. Their ‘Millennium Bus’ provides door-to-door transport for those who need it, ensuring people can be brought into the community (see www.thirdage-ireland.com).

With the help of a social entrepreneur, the Summerhill ARG has developed two national organisations, including a telephone hotline for older people that is soon to expand internationally. The phone line is staffed by older volunteers to provide a listening ear for the isolated and lonely.

As well experiencing benefits from the services listed above, members of the group gain from a sense of belonging and affiliation, sharing information, a chance to contribute, having a political voice, discounts at venues and shops and a chance to meet others.

Further features that have made Summerhill successful include the facts that:

• It grew organically in response to a local need
• Older people initiated the project and help run it, thus contributing to – not just consuming – services
• The focus is on building relationships and activities, rather than distributing resources and services
• It uses the wider community to enable ‘ageing in place’
• It sees later life as a time of activity and engagement, not disengagement from society
• It is a social enterprise – creating additional resources by collaborating with the state, not-for-profits and communities.
Summary
Targeting relationships and social ties will be central to improving older people’s well-being, even in the presence of other barriers to their quality of life. This will require the state to embrace a different philosophy – moving away from centralised programmes that deliver a service in isolation, towards enabling and harnessing ‘everyday relationships’.

This can be done through innovating methods of exchange to encourage families and communities to play more of a role (as in the case of hureai kippu). It can involve the state providing initial resources to help social enterprises develop in response to local needs (as in the case of Summerhill). It can involve the re-design of services to enable older people to contribute and participate, as well as receive help (as in the case of the Flexibus). It can use technology to link people in their local communities and in wider networks (such as through door-to-door bus services and phone lines). Building and supporting relationships in this way will help connect older people to the resources and services they need.
3. Work

Ageing of the population most often hits the headlines in relation to its impact on the public finances and pension funds. *The Economist* magazine recently urged readers to ‘stop thinking for a moment about deep recession’ and instead to ‘contemplate the prospect of slow growth and low productivity, rising public spending and labour shortages’ that could result from our ageing population (The Economist 2009).

A common response to this challenge is to try to retain older workers in the labour force (Oancea 2008, OECD 2006). European countries in particular are now making big efforts to ensure people work later in life. In the UK, the Government announced it is bringing forward a review of the default retirement age to 2010, and the Conservative Party has promised it would raise the state pension age to 66 in 2016. The problem is seen to be that while life expectancy is increasing, people are retiring earlier – on average, a third of our adult lives is now spent in retirement. In the countries of the Organisation for Economic Cooperation and Development (OECD) less than 60 per cent of those aged 50–64 are in employment (OECD 2009).

While the main argument for people working later in life has been that it is a solution to a looming pensions gap and declining productivity, changing the way we work and retire can also improve health and well-being. The broad challenge ahead is to innovate new approaches to three things: working, the transition from work to retirement and retirement itself. The impact of the recession on retirement is uncertain – with some people working longer to offset their losses and others being encouraged to leave the labour force to save companies costs and create jobs for the young unemployed.

**Work and well-being**

While for many retirement is a happy time of relaxation, for others ‘it is a challenging event that leads to long periods spent alone or inactive, feeling worthless and having no purpose’ (Allen 2008: 30).

Some features of retirement that can negatively impact well-being include: the loss of social engagement, loss of a role in society, lack of identity, financial insecurity, inactivity, less sense of purpose, and less stimulation. The impact on well-being is especially bad if a person has not been in control of the decision to retire and how they go about it.

Working later in life (whether full or part time) can help mitigate many of these problems. Taking part in voluntary work when retired can also be important – providing some continuity to negate the loss of work-related roles and engagement (Alpass et al 2000).

The benefits of working in later life for well-being include:

- Maintaining meaning and sense of purpose
- Engaging in productive activities
- Building and maintaining social relationships
- Creating a sense of identity and valued role
- Providing financial security and extra income
- Providing a regular activity and routine
- Challenging society’s negative stereotypes of ageing.

As with many variables it is hard to prove causality between work and well-being, and it may be that those who are happiest decide to work longer. Causality can be proved, however, by using longitudinal studies that control for other variables, and a number of studies have made a convincing case that work can improve well-being.
Working in later life has been shown to:

- Reduce the probability of reporting poor health (Calvo 2006)
- Improve mood indicators (ibid)
- Improve ability to perform activities of daily living (washing, shopping and so on) (ibid)
- Improve cognitive performance scores (Schwingel et al 2009)
- Improve mental well-being and life satisfaction (ibid)
- Reduce depressive symptoms (ibid)
- Build cognitive reserve (the connections between brain cells), which in turn can delay the onset of dementia (Lupton et al 2009).

These factors contribute to Calvo’s conclusion that, ‘there is a causal relationship between work and well-being’ for most jobs and that ‘longer working lives will help most people maintain their overall well-being’ (Calvo 2006: 4). While a tough message in the middle of a recession – when youth unemployment is a priority – it is clear that the need to employ people in their fifties and sixties should be taken seriously.

Why do people not work longer?

Potential reasons for low levels of employment among older people are summarised in Table 3.1.

<table>
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<tr>
<th>Barriers related to employer</th>
<th>Barriers related to the individual worker</th>
<th>Barriers related to government policies</th>
</tr>
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<tbody>
<tr>
<td>- Wage costs of older workers make them unattractive</td>
<td>- Financial security (result of booming housing market and generous pensions of recent decades) enables more people to retire</td>
<td>- Employment services to help older people find work are limited</td>
</tr>
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<td>- Less incentive to train older workers (as less time to realise the benefit of training)</td>
<td>- People want to retire (result of push factors ‘to escape workplace’ and pull factors ‘to enjoy retirement’)</td>
<td>- Employment policies focus on young workers, especially during recession.</td>
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<tr>
<td>- Perception older workers cannot adapt to change in workplace</td>
<td>- Attitude that there is a right to retire/should retire at certain age</td>
<td>- Pensions and welfare policies have encouraged earlier retirement (or at least do not support working longer)</td>
</tr>
<tr>
<td>- Discrimination in hiring and firing practices</td>
<td>- Poor health prevents work</td>
<td>- Default, or ‘forced’ retirement age</td>
</tr>
<tr>
<td>- Few facilities for phased-retirement and flexible working</td>
<td>- Care responsibilities which cannot easily be combined with employment</td>
<td>- Few facilities for phased retirement</td>
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<td>- Not motivated to re-train</td>
<td>- Limited provision (or take-up) of opportunities to defer state pension and increase its value.</td>
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<td></td>
<td>- Nature of work makes it unappealing (stressful, long hours, physical)</td>
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</table>
There are therefore disincentives and barriers facing older employees who could work later in life, as well as a number of incentives and attractions to retire early. Government rhetoric exhorting people to work longer has not been matched with the policies to ensure there are jobs available for older workers. This leads to what Schuller (2009) terms the ‘age trap’, where people are told to work for longer but jobs for older people do not appear. In the UK only half of retired people say they wanted to stop working and a third feel forced to retire or cast aside (Lee 2006). There is therefore a need to increase both the supply of older people able and willing to work, and the demand for such workers. Tackling one side of the equation without the other will simply lead to imbalance.

There are significant differences in the numbers of older people who continue working later in life according to nationality and the sort of work people do. In France for example, only 1 per cent of people in their seventies are employed whereas in the United States it is nearly 20 per cent (Harper 2009). This reflects different policies related to early retirement, different sorts of labour market, different levels of health as well as cultural attitudes towards work and retirement – all factors that are open to change.

Enabling older people to work

The barriers to working later in life, coupled with the attitude that life after 60 or 65 should be one of leisure, will be tough to overcome. Ultimately, hard economics talks, and it may not be until labour shortages hit firms that they take the issue of retaining older workers seriously. Similarly, until pension pots are dented it will be harder to convince people of the benefits of working longer. Early indicators suggest that the financial crisis and collapse of the stock market have already led people to defer their retirement as they draw on pension income while still working (Financial Times 2009a, 2009b) and 60 per cent of older workers say they will have to work longer than originally planned because of the financial crisis (Age Concern and Help the Aged 2009).

While these hard economic factors might force people to work longer, there are a range of actions that could enable older people to do so on more positive terms rather than in reaction to a crisis. Older people are prevented from staying on at work for a range of factors, and therefore ‘pension reform alone will not be sufficient to promote employment opportunities of older workers’ (OECD 2006: 11).

Actions are needed in a number of areas and include:

Adapting the work place

• Appreciate the work that older people are better suited to and adjust work schedules accordingly.

• Provide better training opportunities for older people so they are not at a disadvantage in the workplace to younger employees who receive more training. Put more emphasis on vocational, lifelong training.

• Allow flexible working to enable older people to fit work around other tasks, such as caring for loved-ones and seeing to their own healthcare needs.

• Make the physical environment of the workplace better suited to older people – for example by giving them more control over heating, lighting and using better designed furniture and fittings.

Returning to work in later life

• Provide better employment assistance and help older people look for jobs.

• Target retired people to come back into the workforce – for example by providing ‘silver start-up’ funds for older entrepreneurs to start a business.
Rethinking retirement

- Remove mandatory retirement and base retirement more on ability than an arbitrary age cut-off.
- Provide opportunities to phase out of work into retirement – so rather than retiring far in advance of the state pension age, people can continue working in a reduced capacity.
- Discourage people from leaving work early, either by raising the entitlement age for pensions or providing a financial incentive to retire later.
- Educate people about the benefits, especially to well-being, of working longer and phasing out of work.
- Provide better ‘pre-retirement’ planning and models of alternative ways to retire. Those in their forties and fifties need new models to aspire to, otherwise attitudes towards retirement will not shift.

Voluntary work

- Provide more opportunities for voluntary work for retired people, with proper stipends, conditions and recognition of the work being done.
- Improve information about the volunteering opportunities that are available, for example a central clearing house or ‘one-stop-shop’ for opportunities that are available. Where Volunteer Centres already exist they need to be better promoted.
- Actively ask people to volunteer. The volunteering rate is three times higher for those who are asked to participate than those who are not (Experience Corps 2005).
- People are more likely to volunteer in retirement if they volunteered in mid-life. It is therefore important to encourage volunteering for those in work (for example by giving paid leave to volunteer), as they are likely to continue this in retirement.

As this list of actions suggests, the task is not just one for government. Seizing the opportunity for more rewarding years in work and retirement ‘will require the co-operation of government, employers, trade unions and civil society to adopt and implement a new agenda of age-friendly employment policies and practices’ (OECD 2006: 14). The current challenge is to generate innovative programmes that will enable, rather than force, people to stay in work and to do this in a way that places older people’s well-being at the heart of the retirement agenda. The following case studies demonstrate how other countries have responded to this challenge, in the realms of formal and voluntary work.

Case-study: Experience Corps, United States

Work and relationships

Working in 23 cities, Experience Corps is one of the largest social enterprises for older people in the US. It engages people typically over the age of 55 to volunteer as tutors and classroom assistants in primary schools.

Experience Corps is built on a model of intensive volunteering. Members commit to 10–15 hours of work a week for a whole school year. However, there is flexibility in timetabling. Volunteers are provided with training and support and receive a stipend of around $100–300 a month. Despite the high workload, nearly three quarters who start the programme complete it (see www.experiencecorps.org).

Volunteers are overwhelmingly female, reflecting the wider problem of attracting men both to volunteer and to work in primary schools. Three quarters of the volunteers are
The benefits of the programme
A considerable amount of independent research on the benefits of Experience Corps has been conducted (Fried et al 2004, Center for Social Development 2009, Raley 2003). The benefits reach far beyond improving reading and behaviour in primary school classrooms. For the volunteers it is a meaningful and valued activity, it provides cognitive and physical stimulation, and it enables social interaction (with other volunteers and teaching staff as well as children). This has led some to classify Experience Corps as ‘a public health intervention for older adults’ (Barron et al 2009: 649).

Factors for success
• **Strong infrastructure.** Paid staff and professional systems oversee recruitment, coordination, training and supervision of volunteers.
• **Volunteers receive a stipend.** The stipend enables a greater range of people to volunteer and to do so for more hours each week, ensures people are committed to seeing the programme through, and serves as a public recognition that the work is valued (Center for Social Development 2008c).
• **Effective information campaigns.** Experience Corps has worked hard to overcome information barriers, for example by contacting people directly in areas near schools and asking them to volunteer (Center for Social Development 2008a).
• **Flexible work routine coupled with firm commitment.** The mixture of asking volunteers to commit to a year’s service but allowing flexible work schedules has enabled people to volunteer and ensures they take the scheme seriously.
• **Designed with focus on older adults.** The programme has been designed to cater for the needs of older adults, built on a model of ‘active ageing’.
• **Team environment.** Support is provided from other volunteers and staff in the schools where they are located. Working in a team provides more support and social networks.
• **Targeted message.** The language used when recruiting and managing volunteers has been carefully targeted to older people. Experience Corps has researched which messages work best. For example it shows people prefer to talk about their ‘experience’ and ‘wisdom’ as opposed to their age and that it is better to refer to somebody’s job title, such as ‘tutor’, than to call them ‘volunteer’ (Experience Corps 2005).
• **Works in partnership.** Partners include AARP, a powerful group for older people, which spreads information about Experience Corps to its members, and Elderhostel, a university for older people, which offers free courses to those who volunteer with Experience Corps.
Case study: Phased retirement, Norway

Work
Norway struggles to retain workers in their sixties and expenditure on pensions is forecast to more than double by 2050 (Risku and Vidlund 2008). Some people leave the workforce early, some are forced to leave work at a particular age and many leave work suddenly.

Norway has introduced a series of reforms to the pension system that are designed to promote longer working lives and ‘phased retirement’. The reforms are due to come into effect from 2010, as follows:

• Occupational pensions will be mandatory

• The minimum retirement age will remain at 62 but there will be significant financial incentives to work later. By remaining in the workforce for longer a person’s state pension will increase, and vice versa. The annual pension will increase by about 7.5 per cent for each additional year spent in the labour force without drawing a pension.

• People will be able to draw on their pension while still working, without the pension being reduced.

• There will be no upper limit on pension age.

• Pensions will adjust with life expectancy, creating an ‘actuarial system’. This means if life expectancy increases by one year an individual will have to work an additional eight months in order to receive the same pension entitlement. Someone born in 1983, for example, will have to retire at age 71 if they want to receive the same level of pension as someone who retires aged 67 today.

• Pension entitlements will be accrued for unpaid care work.

• There will be a stronger link between lifetime earnings and pension benefits. (Risku and Vidlund 2008, Holmoy and Stensnes 2008)

Similar changes have also been introduced in Sweden and Finland (see for example Raisanen 2009) and to some extent in the UK – which now allows people to defer their state pension in return for increasing its value and is opening up options for people to draw on their pension while working.

As the system does not come into effect until 2010 its success is yet to be proven. Detailed projections expect it to have a significant impact on the age at which people retire and the state of the government finances, but that this will come at the cost of an increase in income inequality among old-age pensioners (Holmoy and Stensnes 2008).

The use of the pensions system is a ‘hard incentive’ that governments can use to try to encourage people to work longer and as a result can be very effective at changing how people retire. It can work in combination with ‘softer’ options that try to make work more attractive, such as improving the workplace and the tasks people are given.

The aim is to create a system where people have more choice over when and how they retire, but that encourages them to work later in life. It breaks away from the notion that retirement is a single-stage event at a fixed age, reshaping it as something that can be phased in over time.
Summary

Longer working lives can help older people maintain their well-being. Increasing the pension age will not be enough to ensure people work later in life and on its own can be regressive as it reduces the control people have over their lives. The challenge is to innovate new approaches to working, the transition to retirement, and what retirement itself consists of.

The example in Norway demonstrates how the central state can adjust pensions in a more radical way than simply raising the retirement age – by giving people more control over the retirement process with incentives to work later and the ability to phase out of work gradually. This means they can fit work around other commitments and prevents a sudden cut-off from the labour force.

The case of Experience Corps in the US demonstrates how a not-for-profit organisation is reshaping retirement by encouraging older people to volunteer. The evidence suggests if people are actively asked to volunteer, their work is properly managed and flexible, and that they receive a stipend and recognition of their contribution, then their experience can be harnessed and their well-being considerably improved.
4. Learning

This chapter examines the benefits of learning in later life and some of the challenges and barriers to doing so.

While education has traditionally been the preserve of the young, there is a growing movement towards a model of ‘lifelong learning’. Rather than seeing different stages of life dominated by a key activity – with younger years spent in education, middle years in work and older years in retirement and leisure – we need to adapt to a more integrated model with elements of education, work and leisure all taking place throughout the life course.

Learning can considerably improve older people’s well-being. However, stereotypes of ageing as a process of cognitive decline mean older people are overlooked in the learning agenda. Adult education is skewed towards training for the labour market. As a result, a minority of older people in the UK take part in formal learning (Jamieson 2007). Those older people that are involved in learning tend to be middle class with previous experience of further education. There is therefore scope to reduce inequalities in access to adult learning.

The benefits of learning in later life

The independent two-year Inquiry into Lifelong Learning found that ‘the evidence that learning promotes well-being is overwhelming’ (Field 2009: 5). And a recently compiled list of five key things that people should do to promote mental health included ‘keep learning’ (nef 2009).

The benefits of learning can be direct (for example improved confidence) or indirect (for example gaining a skill that improves employability). They include:

- Increased social interaction and the creation of support networks
- Building self-esteem
- Building competencies
- Feelings of achievement
- Being and feeling prepared to meet challenges
- A sense of agency and autonomy
- Improvements in employability and earnings
- Adaption to new technologies, social change and changes in the workplace
- Civic engagement
- Improvements in cognition and mental agility
- An opportunity to stimulate new interests
- Learning new lifestyles and behaviours, such as healthier living.

Direct benefits of learning

The evidence for the direct impact of learning on well-being comes largely from surveys and some qualitative research. One study carried out in the UK compiled data from the National Adult Learning Survey and face-to-face interviews and found that 80 per cent of learners reported a positive impact of learning on at least one of the following areas: their enjoyment of life; their self-confidence; how they felt about themselves; satisfaction with other areas of life; and their ability to cope. Four in ten (42 per cent) reported an improvement in their ability to stand up and be heard and/or their willingness to take responsibility and over a quarter (28 per cent) reported an increased involvement in social, community and/or voluntary activities as a result of learning (Dench and Regan 2000).
A narrower study of older learners at Birkbeck College and the Open University found over two-thirds reporting they felt happier (Jamieson 2007). Other studies have focused on the cognitive benefits of adult learning and its ability to guard against depression (Hatch et al 2007, Schuller et al 2002) and lessen the impact of Alzheimer’s disease (Perneczky et al 2009).

**Indirect benefits of learning**

There is a larger volume of evidence of the *indirect* impact that learning in later life can have on well-being.

Adult learning has been shown to be remarkably good at changing attitudes and behaviour – with learners more likely than non-learners to stop smoking, take up exercise, increase membership of organisations and improve tolerance to other races (Feinstein et al 2003). Education has also been shown to improve people’s ability to manage their lives, for example through taking better care of their finances and increasing their use of public services, factors that are likely to lead to improved well-being (Hammond and Feinstein 2006). This will be increasingly important as labour markets become more flexible and service provision more personalised – meaning that people need to have the skills to manage more complex lives and reap the benefits of these changes.

Learning and training can improve employability and help older workers adapt to changes in the workplace. This in turn can improve resilience and help prevent unemployment in later life – something closely linked to mental ill-health (Jenkins et al 2003, Field 2009).

Study can be important for meeting new people and developing social networks. In a survey conducted on older learners in Birkbeck College, London, meeting new people was not regarded as an important reason for enrolling on a course but afterwards was viewed as one of the biggest benefits, with 89 per cent of women and 67 per cent of men listing meeting new people as a personal benefit (Jamieson 2007). The improvement to social capital that results from learning is one of the most cited benefits, as it helps provide places to exchange information and find support (Mehrotra 2003, Jarvis 2004, Schuller et al 2004).

Education can also be an important opportunity for intergenerational practice. Many schemes have been developed that link adults and children through learning. Increased contact between the generations has been shown to improve well-being for older people, especially in a structured setting (Hatton-Yeo 2006).

**Risks associated with learning in later life**

While the benefits of learning in later life are clear, it is important to remember that there are risks involved as well. There are risks that:

- Assessment adds pressure and stress
- Poor curriculum or support for the learner leads to dissatisfaction
- Family and personal life can be disrupted
- Earlier negative experiences of education may be evoked
- Some people may have their expectations raised and become unsatisfied and unhappy with their current situation in life
- Entering an unfamiliar culture and environment can challenge identity.
  (Field 2009. See also www.learninglives.org)

It is important to minimise these risks when designing programmes for adult learning, for example by designing courses that allow learners to develop their own curriculum, have limited or flexible assessment, are available at convenient locations and that provide sufficient support from teachers and peer groups.
Pressure for lifelong learning

While state education policy has remained resolutely focused on training younger people with skills that will be useful for the workforce, the last 30 years have witnessed growing pressure from other bodies to improve the provision of learning opportunities for older people. The creation of the University of the Third Age in France in 1973 was one of the earliest formal links between universities and retired students and has since grown internationally, including in the UK. The growth of distance learning, through institutions such as the Open University, has also benefited those older people with the resources to participate. The European Union designated 1996 the Year of Lifelong Learning and in May this year UNESCO (the United Nations Educational, Scientific and Cultural Organisation) hosted its sixth World Conference on Adult Education.

What stops people from participating in lifelong learning?

It is essential to understand what barriers exist to prevent people taking part in education. The lack of participation in later-life learning is often assumed to reflect cognitive decline and decreased motivation among older people. Such an approach ignores the lived experiences of people’s lives (Findsen 2005). There are many material barriers that can prevent older people from engaging in educational programmes, from lack of information about courses to prohibitive costs. Table 4.1 summarises some of the key barriers.

Table 4.1. Key barriers to adult education for older people

<table>
<thead>
<tr>
<th>Demand-side barriers</th>
<th>Supply-side barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude that the old should not learn, learning is for younger people</td>
<td>Lack of provision</td>
</tr>
<tr>
<td>Not prepared to invest in learning</td>
<td>Course content is inappropriate or at wrong level</td>
</tr>
<tr>
<td>Low perception of self-worth and ability</td>
<td>Practicalities of cost, timings and so on</td>
</tr>
<tr>
<td>Lack of role models</td>
<td>Policy and funding privilege young people and learning for productive workforce</td>
</tr>
<tr>
<td>Previously had a bad experience of education</td>
<td>Poor transport connections</td>
</tr>
<tr>
<td>Too busy to enrol on a course</td>
<td>Uncomfortable facilities</td>
</tr>
<tr>
<td>Employment/retirement and welfare policies prevent people from enrolling on courses</td>
<td>Lack of information about opportunities available</td>
</tr>
<tr>
<td>Weak political voice to lobby for more provision</td>
<td>Age discrimination on certain courses</td>
</tr>
</tbody>
</table>

The two guiding realities of adult education are that only a minority are involved in it and that those who are involved tend to come from middle class backgrounds and have already benefited from the education system earlier in their lives. There is therefore a strong possibility that education for older people can reinforce existing social divides (Benseman 1996). The structural constraints to learning should be taken seriously.

Three case studies follow.
Case Study: SeniorNet, United States and worldwide

Learning and relationships
The revolution in information and communication technologies (ICT) has huge potential to improve the lives of older people around the globe, through new ways of shopping, working, communicating, learning and sharing information (Timmerman 1998). Yet older people too often miss out as the result of a ‘digital divide’.

In response to this, SeniorNet was established to provide older adults with access to computer technologies. Since its founding in 1976 it has grown enormously and now teaches 20,000 students in learning centres each year, has 100,000 participants using its website each month and relies on the help of 4,000 volunteers (SeniorNet 2006). Funding comes from member fees and sponsorship from organisations such as IBM, Microsoft, Google and the US Department of the Interior. It is increasingly international in scope with learning centres in countries including Malaysia and Sweden.

SeniorNet has established learning centres in a variety of locations (such as libraries, colleges and community centres). They provide over 30 courses delivered by volunteer instructors and mentors, who are themselves older people. Courses range from simple ‘computer fundamentals’ and ‘using internet and email’, to more advanced courses on ‘digital photography’ and ‘buying and selling on eBay’. The emphasis is on creating a low-pressure environment and providing the opportunity to practice.

The SeniorNet website hosts online courses and distance learning for those who are unable to attend learning centres and is a place to share information in chat rooms and find email pen-pals. It provides information on a range of topics including health, money, volunteering opportunities and recreation.

An example of one of its services is the ‘Books and Culture’ area of the website, which hosts an international book club administered by 27 volunteers from around the world. This project also sparked SeniorNet’s Prison Library Project, which is run by volunteers to collect new or used books to donate to prison libraries, creating a ‘spill-over’ of benefits as a result of empowering members with technology and linking them with like-minded individuals (SeniorNet 2006).

Strengths of the programme
The SeniorNet programme has been widely recognised with awards and positive reviews in the media (see for example New York Times 2007). Its key strengths are as follows:

• The focus is on empowering older people through technology, not a paternalistic focus on teaching and imparting knowledge

• The courses seek to bring people together into a community rather than individual learning

• The methodology of ‘seniors teaching seniors’ has proved very effective, as the tutors have a good understanding of older learners’ needs and fears

• Learner participation in designing and requesting courses ensures the classes are relevant, meet learners’ needs and are interactive

• The strong focus on using volunteers enables skills to be harnessed and older people to make a contribution, and keeps costs down

• Classes are dedicated to older people meaning they can be developed with specific needs in mind, for example, creating a less pressured environment and a relaxed pace

• A maximum of 16 participants on a course with three to four instructors ensures personal attention

• Locally-based centres can tap into local networks of volunteers, sponsors, students and so on while getting support from national head office.
Case Study: English Language Partners, New Zealand

Learning, work and relationships
English Language Partners is New Zealand’s largest settlement agency for migrants and refugees. It is a not-for-profit organisation that delivers English language tuition and settlement services. It relies heavily on volunteers, about half of whom are over 55, to be home tutors (ESOL Home Tutors 2008).

The organisation grew organically within individual communities that noticed a need for home tutoring among migrants who could not attend formal classes. The number of tutors had grown from 835 volunteers in 1982 to 3,500 by 2005, and the organisation now receives government funding (ESOL Home Tutors 2006).

The work of English Language Partners is built on a philosophy of lifelong learning. Those receiving tuition are generally adults – some of whom are older migrants who have come to join their children in New Zealand. The benefits for the tutees include acquiring language skills, building social contacts, a sense of purpose and a sense of achievement. A 95-year-old Russian enrolled in the programme explained: ‘this is like my family, I look forward to coming here every day’ (Joshua 2009).

Learning is also central to the tutors. The volunteers receive 20 hours of teacher training and are awarded a qualification recognised by the New Zealand Qualifications Authority. Learning continues as volunteers go into people’s homes and learn about new cultures, dealing with other people and putting their teaching techniques into practice.

The success of English Language Partners can be put down to a number of factors:

- The use of volunteers to deliver language services. An independent report calculated the value of work done by volunteers was three or four times as much as it cost to run the organisation (ESOL Home Tutors 2006).

- The service does not stop at language tuition, but builds communities, social networks and capabilities across different age groups and ethnic groups.

- A philosophy based on learner participation and small one-to-one tuition means the learner’s needs are at the heart of the organisation.

- The lessons are seen as a social and cultural exchange between tutor and tutee rather than one person imparting knowledge to another.

- The organisation has invested heavily in monitoring and evaluating its programmes, recently running 20 pilot schemes trying to improve learner feedback and assessment mechanisms.

- Comprehensive training for the voluntary staff is flexible and based in convenient locations. Follow-up seminars and an annual conference provide constant support and professional development.

English Language Partners has the hallmarks of a successful social enterprise in the way that it:

- Harnesses social capital

- Builds relationships between people

- Builds individuals’ capabilities to live independently

- Uses effective monitoring and improvement mechanisms

- Responds to a local need

- Enables the participation of the people they are serving

- Underpins the work of both the tutors and tutees in lifelong learning.
Case study: University of the Elderly and Community Education, China

Learning
Lifelong learning is not a new concept to the Chinese, who have a long history of education throughout the life-course (Kai-Ming et al. 1999). This cultural and political attitude towards adult education has permeated China’s response to its ageing population.

China has introduced a system of ‘Universities for the Elderly’ and ‘Community Education’ designed specifically for retired people. The 2006 White Paper Development of China’s Undertakings for the Aged boasted that China had 26,000 institutions of higher learning for older people, with a total enrolment of 2.3 million students. It went on to promise that 10,000 more senior citizens’ universities and schools would be established across the country (China Daily 2006). This is part of a wider effort to provide cultural services for older people.

These institutions receive government subsidies as well as community and private sponsorship. The education system for older people views learning opportunities as ‘welfare as well as education – the overall objective is to make lives after retirement meaningful’ (Kai-Ming et al. 1999: 128).

Since 2000 China has also developed a programme of ‘Community Education’. Regulations released in 2004 outline the purpose of this programme:

Community education should safeguard learners’ basic right for learning, satisfy the need of lifelong learning and provide the chance of learning, training and education to all those people who are willing to be educated and trained regardless of the limitation of age and academic schooling record. (Chinese National Commission for UNESCO [CNCU] 2008: 45)

Community education works by opening up community resources such as libraries, museums and sports clubs into an integrated local network – linked to central colleges and schools for support. Branches are run by local communities and by a mixture of paid teachers and voluntary staff. Classes range from art and calligraphy to health and foreign languages.

Underlying China’s developments in education is a rhetoric of learning throughout the life course. There is a strong focus on lifelong learning, equality of provision for all citizens and satisfying cultural – not just labour market – needs. For example, the Constitution of the People’s Republic of China emphasises that all citizens have the right to receive education and the 2004 Action Programme for Vitalising Education talked of ‘building a system of lifelong education’ (CNCU 2008: 9-11).

Conclusions from the Chinese example
China is responding to a set of unique challenges related to rapid economic and social development, not least the challenge of having a large number of elderly people who did not have access to education in their youth. However, its response to the issue of ageing and learning is still instructive to other countries for a number of reasons:

• It demonstrates how a cultural attitude supportive of learning across the life-course can influence policy and the design of the education system.

• It provides an example of an institutional response to the challenge of learning in later life – building an entire education system of schools and colleges for older people.

• The aims of the education system go beyond simply training young people for the labour market. There is also an emphasis on equal access for all citizens to education opportunities and on the benefits of learning to culture, society and wellbeing.
Summary

Learning can be an important driver of well-being in later life, though public attitudes and material barriers mean learning is often the preserve of the young. The case studies presented here demonstrate quite different responses to this problem.

In the case of SeniorNet and English Language Partners, opportunities for learning grew organically in response to local needs. They involved the collaboration of older people themselves, tapping into local needs and interests. The skills gained were practical – language teaching and IT – and helped to empower older people in other walks of life.

The Chinese case shows how education institutions can be built and adjusted to encourage learning in older age, shifting their philosophy to assume that older people are part of their target audience.

Behind all the case studies is a belief that education is about more than preparing for the labour market, an attempt to tie people into wider networks (be they in their local communities or online), and a focus on learning in a less pressured environment for a qualification.
5. Built environment

The design of homes and cities has not kept pace with the reality of how people live their lives. House building and planning agreements have been based on a model of nuclear families, the able-bodied, working residents and people prepared to travel to access services. Yet it is older people who will account for half of the increase in households between now and 2026, meaning there will be 2.4 million more ‘older households’ in the UK than there are today (Communities and Local Government 2008). The way we build homes and communities must reflect the reality that many older residents live on their own, are not working and are not very mobile.

Despite ongoing efforts to improve the housing stock, older people are disproportionately affected by poor housing. In the UK a third of older people living on their own in homes classed as ‘non-decent’ and 13 per cent of older people live in homes that are in serious disrepair (Allen 2008, Office for National Statistics 2008). Improving homes is therefore essential. So too is enabling older people to get out of their homes – more than 1 million older people report feeling trapped in their own home and 20 per cent find accessing their local hospital difficult (Nesta 2009).

The built environment and well-being

There is a growing appreciation in planning and architecture of the relation between humans and their environment. While this has tended to focus on people’s physical needs, much can also be done here to facilitate good mental health.

More effort needs to be put into including older people in the design process (Summer 2002). Design and planning should be grounded in a better understanding of ageing, behaviour and older people’s relationship with their surroundings, focusing on their broader well-being as well as their physical mobility.

The links between the built environment and well-being can be direct (for example views of green space reduce levels of depression and noise can cause anxiety) and indirect (for example stairs and long walking distances can prevent people from leaving their homes to socialise, in turn creating isolation and loneliness).

The built environment can support older people’s well-being in the following ways:

Reducing fear and anxiety

The quality of older people’s housing and the local environment – things such as traffic, litter, crime, noise, and housing quality – can have a direct impact on residents’ well-being. Poorly maintained physical environments can directly undermine well-being and contribute to isolation.

A detailed look at survey data reveals that some factors are more important than others in influencing older people’s stress and anxiety. Perhaps surprisingly, litter and traffic are more important for older people than fear of crime and young people in public spaces. In fact, middle-aged groups are more concerned with crime, drugs, vandalism and teenagers hanging around the street than older age groups (ONS 2008).

Another study found the biggest source of stress and anxiety for older people living in deprived wards in England was deterioration in the physical fabric of public spaces and buildings and environmental problems such as pollution, noise and traffic (Scharf et al 2002 cited in Allen 2008).

Specific factors related to the built environment can therefore be targeted to reduce older people’s feelings of stress and anxiety. Traffic calming measures, litter collection, more time to cross at pelican crossings and urban design to reduce noise might be more significant than preventing teenagers from hanging around or discouraging vandalism.
Increasing physical activity
Physical activity has been shown to be crucial for improving well-being in older people:

• It improves cognitive performance and memory (Yaffe et al 2001, Weuve et al 2004)
• It protects against depression (Strawbridge et al 2002)
• It increases life satisfaction (Silverstein and Parker 2002)
• It creates opportunities for socialising, fun, competition, making new relationships (O’Brien et al 1991)
• It reduces stress through muscle relaxation, mood improvement, and self confidence (ibid)
• It prevents or delays physiological changes
• It prevents or delays chronic diseases such as cardiovascular disease, diabetes, arthritis (Singh 2002)
• It improves functional capability such as muscle strength, balance and flexibility (Keysor and Jette 2001)
• It reduces the chance of falls (Skelton 2001)
• It improves mobility and enables independent lifestyles.

The physical environment can be crucial to enabling and promoting physical activity, for example through the design of towns to encourage walking; the provision of places to exercise – both outdoors and in dedicated centres; enabling participation in activities; and removing barriers to physical activity such as traffic and poorly designed facilities.

Contact with natural environment
Exposure to natural environments can improve well-being and life satisfaction, reduce stress and have a ‘restorative effect’. Research has shown:

• Visual contact with natural elements improves people’s satisfaction and well-being (Kaplan 2001).
• Exposure to natural daylight (and vitamin D) has considerable health benefits, for example, improved immune system, bone strength, mood and quality of sleep (Alves and Sugiyama 2006).
• Exposure to nature reduces risk of developing stress-related illness, increases positive affect and leads to higher attention levels (Hartig et al 2003).
• Living near walkable green spaces is associated with increased life expectancy and improved health (Takano et al 2002, de Vries et al 2003).

Designing towns that enable older people to be outdoors and to access green space is therefore important. This can involve structural changes such as creating more parks and planting trees, designing homes in new ways to ensure windows and gardens overlook green space and allow in natural light, making small ‘facilitating’ changes such as providing benches and covered seating areas in parks and public toilets, and changes to services such as providing door-to-door transport to parks and activities taking place outdoors.

Increasingly, horticultural programmes and gardening have been used as a form of therapy, with participation leading to increased psychological well-being and sense of achievement (Barnicle and Midden 2003, Milligan et al 2004). The benefits of these programmes could be mainstreamed into urban planning and service delivery targeted at older people.
Increase social interaction

A sense of community and contact with other people is one of the most important defences against depression. The built environment has a considerable impact on the quantity and quality of social interaction:

- Public spaces, from shopping malls to public parks, are spaces where people interact. Even shallow contact, such as with a shop assistant or bus driver, can be meaningful. Public spaces must enable use by all ages (Alves and Sugiyama 2006).
- Spaces that encourage pedestrian walking above car use foster interaction and contain people who are more likely to know their neighbours and engage in social activities (Leyden 2003).
- Social engagement with neighbours reduces fear of crime among older people (Kweon et al 1998).
- Locally-based contact is especially important for older people who become less mobile (Alves and Sugiyama 2006). Environments can be designed to enable neighbours to meet each other and share spaces.
- If poorly designed, outdoor spaces can be a barrier to physical exercise and participation in activities with others (Bertera 2003).
- Outdoor spaces provide a context to maintain friendships – for example by allowing friends to meet in a park, go shopping together, go out for a meal.

The built environment can therefore be designed to foster social contact between people and this is crucial for countering the isolation and loneliness that many older people face.

Enable independent living

Maintaining independence is often cited as one of the most important factors for well-being. There is a growing emphasis on ‘ageing in place’ – enabling people to age in their homes and neighbourhoods. This is partly driven by the need to keep care costs low (by reducing the need for people to enter residential or nursing care), but also by the realisation that people want to age in their own homes and that this can be good for their well-being.

Homes are important for older people because:

- They contain memories, objects of significance, a sense of identity
- They provide emotional and physical security
- They allow independence and are a practical demonstration of independence
- They allow continuity with the past and maintenance of existing relationships
- People often have informal networks of support near their home.
  (Intel 2009)

Anthropologists have shown how homes can be designed to improve happiness by enabling independent living. Examples include: sockets being located higher on walls, walk-in showers, larger buttons on remote controls, replacing lawns with patios with raised beds, adding interior plants and more even paving stones. There is considerable scope for new technology and products to enable older people to be independent, including examples such as telecare and community alert systems. However, the same research found that homes can become fossilised around the past and serve to remind people of their ageing and declining mobility. It made the case for adapting homes to be more focused on the future and a sense of ability (Intel 2009).

While adapting people’s homes is important, people can only live independently if they are also mobile outside of the home (Intel 2009). Being mobile links people to places, resources and services. It can provide access to healthcare services, shops, information, social contact, the outdoors and physical activities.
A focus on mobility outside of the home forces us to rethink how we design towns and provide services. Examples of positive measures include providing door-to-door transport so that people do not have to walk a mile to get a bus, making sure transport goes to the right places at the right times — not just taking people to work, changing car technology to enable people to drive until later in life, making towns more navigable for the elderly and developing devices to assist people outside of the home.

Paradoxically, living independently can require support, especially for frailer older people. Without these supports, individuals are left unable to operate independently and are more likely to go into care homes.

Case study: University-Linked Retirement Communities (ULRCs), United States
Built environment, learning and relationships
On a 10-acre site near to the University of California in Davis, a not-for-profit organisation has built a ‘University Retirement Community’. It contains a range of living options including independent cottages and apartments, assisted living units and a 51-bed skilled nursing centre with a 14-bed Alzheimer’s wing. The units range in size and residents are able to customise and decorate them how they wish.

There are many amenities specifically for the retirement community, including meeting and dining rooms, cafes, a library, fitness centre and parking. But being so close to the university campus, residents have access to much more. They can use the university hospital, watch university sporting matches and attend cultural events. Lecturers come to give talks, and there are opportunities to participate in classes and mentor students.

The residents are assured of frequent intergenerational contact because many younger students from the campus have part-time jobs in the retirement community, servicing the shops and cafes (Harrison and Tsao 2006).

This example is part of a growing trend for retirement communities to be built on university campuses in the US. About 60 such University-Linked Retirement Communities (ULRCs) exist. Retirement communities have been set up by private developers, not-for-profit organisations and universities themselves (Halligan 2004).

ULRCs are built on four principles that are designed to counter low expectations of retirement. They envision retirement where:

- Learning never stops
- One is never totally disengaged from work or meaningful work substitutes
- Cross-generational interactions take place routinely
- Personal growth is a way of life.
  (Pastalan et al, no date)

It constructs many of the foundations to well-being in later life through an innovative approach to the built environment and service delivery, which uses an established infrastructure and community.

There are also considerable benefits to the university, including jobs for students, financial benefits from rent or sale of the land, older people contributing to campus life (for example, through guest lecturing and volunteering), and increasing the one area of diversity that universities struggle most to address: age.

While currently the preserve of relatively wealthy and educated older people, there is considerable scope to develop more open models of housing for older people with links to universities in order to share opportunities for learning, work and leisure.
**Case study: ‘Woonerf’, Netherlands**

**Built environment**

*Woonerf* is the Dutch concept of designing streets so that walking, cycling, social activities, children’s play, parking and local car traffic can all share the same space. It ensures that streets are not solely defined by the needs of traffic, instead prioritising social activities and pedestrians (Hamilton-Baillie 2000).

*Woonerf* is designed to be visually appealing, to reduce traffic speed and to promote other activities in street space. Designs can consist of:

- Traffic speeds of 15mph
- Car parking broken up with trees rather than regimented lines
- Play areas and seating demarcated by bollards
- Public gardens which residents can personalise
- Lighting designed to help pedestrians, not cars
- Positioning traffic calming measures such as raised junctions and speed humps to fit into the overall design of the neighbourhood.

A strong feature of *woonerf* is community involvement in designing their own street space, meaning there is no uniform ‘look’.

The most controversial element is the removal of lines to demarcate roads and junctions, in an attempt to force traffic to genuinely share the streets. But this has actually improved safety as it forces cars to slow down and be more vigilant.

The benefits of this approach to street design are striking – simple changes to the built environment have made traffic speeds of 15mph in residential areas the norm, have encouraged greater use of cycling and walking, increased social interaction and reduced noise. It also gives residents a sense of ownership over the local environment. These benefits are usually associated with providing a good environment for children, but it is clear that they tackle many of the problems that older people experience as well.

**From the Netherlands to the UK**

*Wooners* originated in Delft and Rijswijk in the 1970s and have since become so common they are taken for granted. There are now over 7,000 in Holland, and the principle has influenced planners across much of Northern Europe (Hamilton-Baillie 2000). The principle was introduced in the UK as ‘Home Zones’, with 59 projects receiving funding under a dedicated challenge fund in 2001. Despite positive impact assessments and support from local residents, the scheme has not been rolled out widely and there are fewer than 100 Home Zone schemes in the UK (Gill 2006). The schemes that have been built are less radical than European equivalents, with no legal or statutory guidelines for what they should include and no requirement for shared surface use. This leads Gill to describe policy reception as ‘more passive acceptance than active promotion’ (2006: 11).

Perhaps the most striking element of Home Zones is that they are entirely seen as the domain of campaigns for child-friendly neighbourhoods. They were lobbied for by the Children’s Play Council and promoted as ‘cost effective ways to make walking safer for children and adolescents’ (Preston 1995). Given the importance of the built environment to older people, and the potential benefit of Home Zones to them, they surely stand to gain just as much from the programme. Hamilton-Baillie concludes that:

*There are no inherent cultural or social differences between Britain and other countries in continental Europe which should inhibit a change in the balance between people, places and transport represented by the development of Home Zones.* (Hamilton-Baillie 2000: 22).
**Summary**

The way we build our homes and communities will have to adjust to the growing numbers of less mobile people living on their own. Changes to the built environment can dramatically improve the well-being of older people and offset the mounting pressure of care and support costs. While this is acknowledged in government policies such as *Lifetime homes, lifetime neighbourhoods*, it is not yet a reality in the physical fabric of many UK towns and cities. The case studies referenced here demonstrate how the built environment can be designed to connect people to services, activities, other people and enable them to ‘age in place’.

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**Case study: Preventative Home Visits, Finland**

**Built environment and relationships**

Finland has pioneered a system of preventative home visits for older people, in an attempt to shift the focus from treatment to prevention. They are part of Finland’s *National Framework for High Quality Services for Older People* which places a premium on prevention and making healthy ageing central to all policy areas.

The purpose of the visits is to:

…assess and support independence, to provide information about services, to identify risk factors endangering the person’s health and welfare, and to check the safety of the home and surroundings. The likely future need for individual services can also be established.

(Ministry of Social Affairs and Health 2008: 23-24)

Trained professionals enter the homes of older people to assess the physical surroundings but also to advise on health and provide information about available resources and services. These visits are targeted at older people who do not yet need health and welfare services but are deemed ‘at-risk’, such as those who live alone, are on low incomes, are susceptible to falls, have chronic diseases and those recently widowed.

The visits are seen as a way to prevent poor health, keep costs low, enable people to age in their own homes and ensure they have a more active retirement. A particular problem was seen to be that while advice and health promotion goes on in early stages of life, through school health programmes, child centres, maternity clinics and occupational health in the workplace, it tends to peeter out after retirement. Finland is therefore trying to put a new infrastructure in place to continue educational work around promoting healthy living and identifying problems early (Voutillainen 2009).

The visits have been successful because they:

- focus on prevention – ensuring healthier lives and cost effective for the state
- support ‘ageing in place’, helping people to stay in their own homes
- are a personalised approach to service delivery
- focus on providing information to people, giving them advice on the options available for their care and support, navigating them through the complex system of services
- are delivered by local municipalities.
6. Conclusions

Few countries have been untouched by the effects of ageing populations. The way societies respond has lagged behind the reality of people’s lives. While the state pension age in the UK is currently 60 for women and 65 for men, many are able and willing to work longer. Education is designed primarily for children and young people, but adults need and want to learn as well. We can expect 20 years of retirement but only half of us save adequate amounts to fund this. And our cities and homes have been designed largely for the able bodied.

The underlying problem is that we have designed our institutions and communities according to an image of life after 65 that is out of date. Later life is frequently seen as a time of decline, dependence and disengagement from society. The challenge is to build a society that assumes older people should participate and be active for as long as possible and to the best of their ability, not one that assumes they are dependent and disengaged. We need to adjust institutions, services and communities to support older people to realise this vision.

Responding to this challenge will require widening the agenda beyond traditional issues such as health, social care and pensions to other areas that drive older people’s well-being, including relationships, work, learning and the built environment.

We have seen in this paper how countries with different political systems and cultures are responding to a common challenge. While the UK cannot simply import good models from overseas, we can identify the underlying principles and approaches that make for successful and innovative interventions to improve the well-being of our ageing population.

The case studies presented in this paper highlight the new approaches that will be needed:

- A premium will have to be placed on building relationships between people
- Local providers and social enterprises will take centre stage
- Services should be personalised to allow individual needs in this diverse and growing population to be taken into account
- Responses will have to tap into people’s experiences and daily routines to ensure their buy-in
- Older people should be enabled to contribute, not be seen as passive consumers
- Older people will need information and advice from trusted sources to help them make the most of these opportunities
- The transition to later life should be phased, with elements of working, learning and retirement being integrated.

A recent flurry of activity by the British government shows that ageing is rising up the policy agenda. The Equalities Bill, the Green Paper on social care, pension reform, review of the default retirement age and the Ageing Strategy, Building A Society For All Ages, are all to be welcomed. However there remains a dominant focus on centralised state actions and services, rather than wholesale institutional reform. For example, the announcement of a £20 million fund for informal learning opportunities is no match for shifting entry criteria, funding options, and the design of courses and buildings in existing higher education to enable older adults to take part. The case studies in this paper should provide some food for thought as the ageing agenda develops.
References


Age Concern and Help the Aged (2009) Coping with the crunch: the consequences for older people London: Age Concern and Help the Aged


Financial Times (2009a) ‘Economic gloom spurs rise in phased pensions’, 23 May

Financial Times (2009b) ‘Enter retirement one step at a time’, 22 May


Keysor J and Jette A (2001) ‘Have we oversold the benefit of late-life exercise?’, *Journals of Gerontology: Biological Sciences and Medical Sciences* 56 (7): 412-423


Ministry of Social Affairs and Health (MSAH) (2008) National Framework for High Quality Services for Older People Helsinki, Finland: MSAH


Schwingel A, Niti M, Tang C and Ng T 2009 (forthcoming) ‘Continued work employment and volunteerism and mental well-being of older adults: Singapore longitudinal ageing studies’, *Age and Ageing*


Timmermann S (1998) ‘The Role of Information Technology in Older Adult Learning’, *New Directions for Adult and Continuing Education* 77: 61–71


