



## Prevention and promoting well-being: new wine in the service bottle

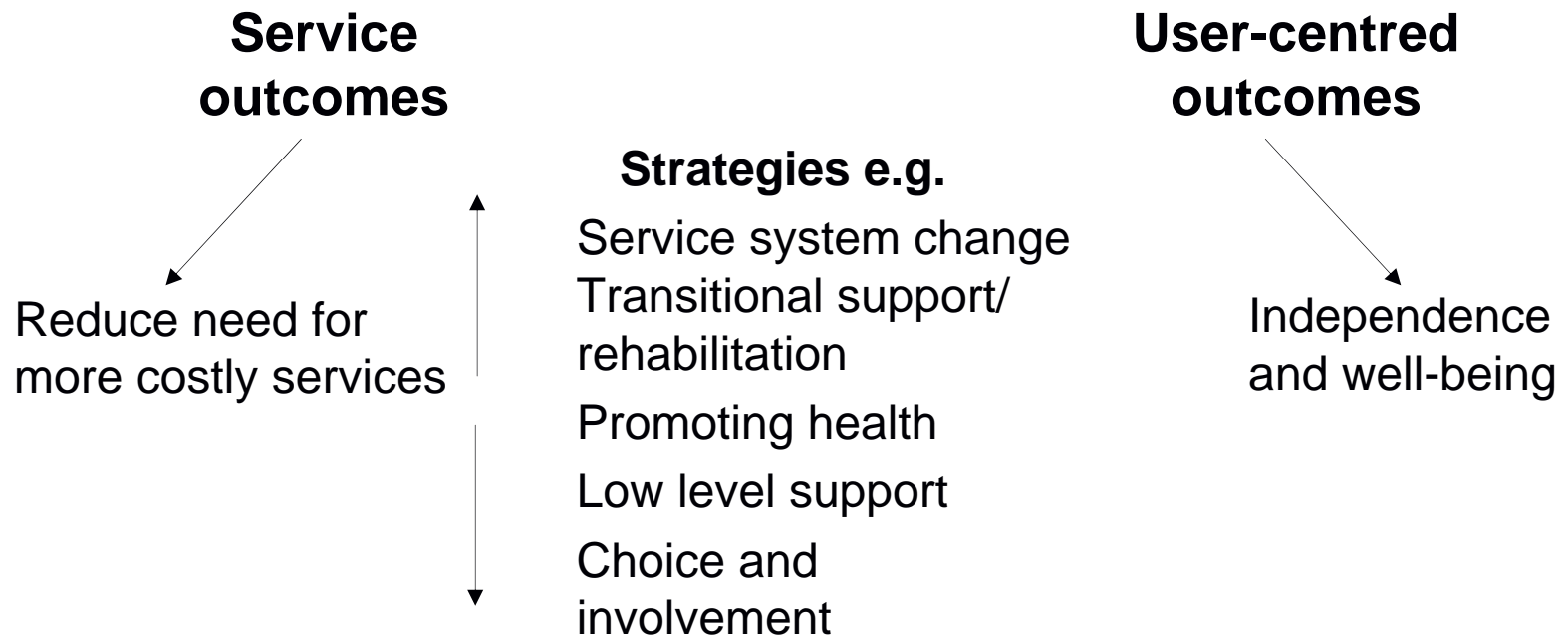
Mary Godfrey

University of Leeds

In this presentation, I propose to:

- Explore the diverse meanings of prevention and linked concepts of ‘independence’ and ‘active ageing’ – in policy and research
- Describe a socio-cultural model of “successful ageing” that we’ve found helpful in understanding prevention and well being in later life
- Examine some components of the model, the research evidence underpinning them and what these tell us about what makes for a good life in older age
- Consider some directions for an inclusive multi-level and multi-dimensional approach to prevention and well being in later life – with a particular focus on social care

## Different Meanings of 'Prevention' in Policy



## Expanding the Prevention Agenda: Conflicts and Challenges

- Different value assigned to these varied conceptions of outcome
  - Demonstrable reductions in costs in the immediate term are the main criteria for success
  - Timescales for securing change depends on who's targeted – but requirement for evidence of cost saving to invest for future gain
- Notions of 'independence' are not inclusive of the diversity of older people

## • Independence as a Policy Goal

- Primary emphasis on functional abilities and ‘productive’ or ‘active’ ageing
- But research with older people suggests
  - Independence is fluid and multi-faceted and the relative weight attached to different components reflects personal circumstances, values and preferences – and changes over the ageing process
  - Independence and dependence are not polar opposites but can be experienced simultaneously
  - Significance of social context and relationships: interdependence and reciprocity as central underlying values
  - Culturally specific: not the same meaning across cultures (e.g. Keith et al, 1994)

- How do we find a way through these multiple understandings of prevention ?
- And if we are to broaden out prevention to promoting ‘a good life’ in older age, what can we draw from current thinking and research on the process of ageing and the lived experience of older people - specifically
  - What are the changes that occur in mid/later life and are those age-related or not?
  - What accounts for those changes and can we do something about them?
  - How does the meaning of such changes at an individual and collective level affect how we think about and respond to ageing selves and bodies?

## Current Understanding of Ageing:

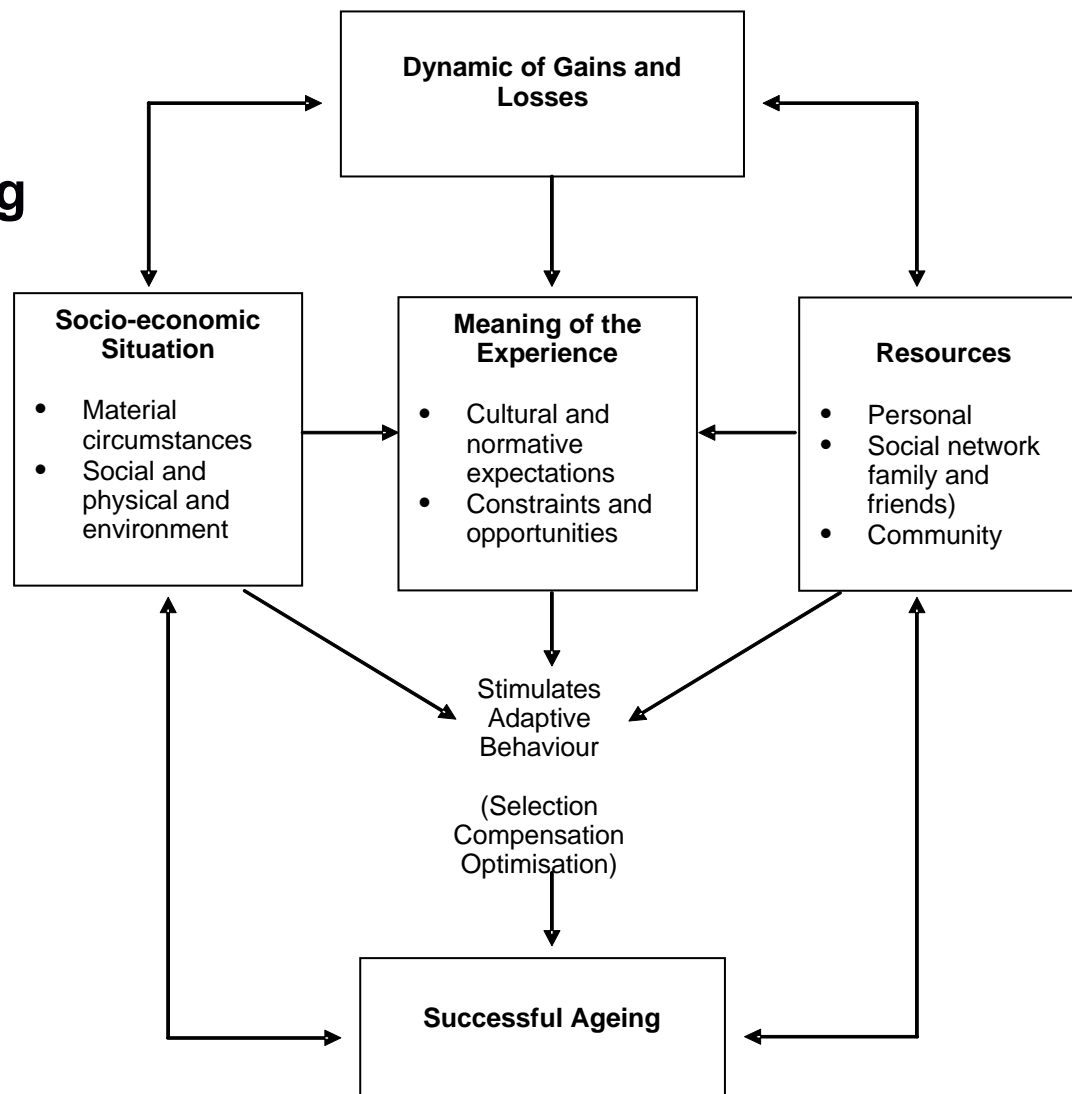
- Duality of the ageing process: older age as being both about loss and adjustment and opportunities for personal development and growth
- Non-linear – neither for individuals nor for age cohorts: plasticity
- Diversity of the process and the experience – psycho-social and cultural dimensions - access to individual and social resources
- Continuity and discontinuity – a life course perspective (historical, biographical and social)
- Agency: people as active agents in managing their own ageing



## Diversity and Duality

- Age related changes in bodies, capacities, relationships and activities and active adaptation to sustain/secure a 'good life'
- General process of adaptation: selective optimisation with compensation (Baltes and Baltes)
- Shift in the balance of loss and opportunities over time
- Locating micro-level processes within a structural and socio-cultural context

## Socio-cultural model of successful ageing



## Lived Experience of Ageing

### Losses, transitions and life events

- The 'big' events and the daily hassles
- Cumulative impact in advanced older age

### Active management of transition and change: continuity and discontinuity

- Keeping well in mind and body
- Seizing opportunities
- Making choices and prioritising
- Negotiating the physical and social environment

## Connecting Lives: Micro and Macro Level Processes

Inequalities in life chances shaping dynamic: dimensions of social class, gender and ethnicity, reflected for example in variation in

- Mortality, illness/disability and loneliness
- Vulnerability to psychological and physical effects of daily stressors

### Resources (and variation in access)

- Individual (self-esteem, identity, connectedness, coping)
- Social networks: relationships and social support
- Social context: locality/neighbourhood (physical and social environment, social capital)

## What is a 'Good Old Age'? Subjective and Objective Dimensions

- Health:
  - Not the absence of disease or disability but *meaningful activity and a social and intimate life with family and friends* (Bryant, Corbett and Kutner 2001)
- Inter-dependence and reciprocity
  - 'Other centredness' and belonging
  - Not being a burden
- Having a role/purpose
- Sociability, companionship, intimacy and support
- Social activities (stimulating, fun, rewarding, interesting)
- Material resources for a 'comfortable' life (personal and social comparison)

## Broad thrust of preventive/promoting well being strategies:

- Building reserves across the life course and in older age
- Reducing risks/ sustaining or enhancing resources
- Facilitating processes of compensation and optimisation

.....at multiple levels: individual,  
community/locality/societal

## Illustrative Examples:

- Transition from illness to managing daily life routines: content and process of intermediate care;
- Mobilising and sustaining community resources: the neighbourhood network model.

## Transition from Illness to ‘Recovery’

- **Different ‘illness’ contexts and trajectories, for example**
  - “Cure”/ restoration
  - Sudden onset chronic illness/disability
  - Multiple health problems in advanced older age
  - Acute exacerbations in chronic conditions
- **Content and process of intervention**
  - Multi-dimensional related to multi-level need (therapy, assistive devices, enabling support, skills development, psychological, practical)
  - Collaborative active engagement between the older person and the professional – managing the work of adjustment and keeping going;
  - Directing improvements in physical function toward achieving progress in use;
  - Providing support and assistance in re-establishing routines in the persons’ own environment

## Transition from Illness to recovery: distance travelled

- Restoration - back to where one was before
- Disruption and loss of self, adjustment, seeking continuity in the things that matter
- Getting back and keeping going -ongoing work of sustaining 'recovery'

## Some Incomplete/Missing Elements:

- Inclusion across the spectrum of need
- Psychological support to manage loss
- Support in sustaining/ re-building relationships and networks
- Baton passing to sustain 'recovery' – investment in transition but what then?



## Neighbourhood Networks:

- Significance of neighbourhood/locality – particularly in older age:
  - Length of residence
  - Sense of attachment and belonging
- Building on community resources and the capacity of older people acquired over time
- Facilitating engagement across the age spectrum – whatever people's capacity and ability
- Providing opportunities for sociability and friendship, education, healthy living initiatives, social and stimulating activities, mutual support, practical assistance, advice and advocacy
- Emphasis on creative solutions to sustain social relationships in the face of restriction
- Providing a bridge linking people into statutory services

## Tensions and Threats

- Relationship with Social Care: Substitution rather than collaboration
  - The seductiveness of ‘no cost’ solutions
  - Sustaining parallel models of ageing: the ‘functional needs of the “decrepit” or “illederly” and well-being agenda of the “well elderly”
- Are these models transferable and how...  
(but see Young et al, 2004)

## Prevention and Promoting a 'Good' Old Age

- Not only focused on older people or even those in their middle years – but cutting across all age groups
- Action and interventions for a 'good' old age applies equally to those in the latter part of their lives
- Needs to encompass inter-generational solidarity
- Not a 'welfare' perspective- a multi level and collaborative approach expanding the repertoire and changing the process of delivery
- Multi-level strategies to reduce risk and sustain/maximise resources – role of government at individual, community, societal levels
- Engaging older people in developing the solutions – inclusive 'voices'

And the research agenda...for example:

Partnerships between research, policy and practice

- Contributing to developing the interventions – not just outcomes but mechanisms that underpin them and the contexts in which they operate- 'experiments in action'

Developing understanding of the process and experience of ageing across time and space:

- Patterns of variation - for individuals and for communities
- Longitudinal studies – dynamic between individual ageing and the places where people live
- Ageing in a global world

Contact



**UNIVERSITY OF LEEDS**

**[m.godfrey@leeds.ac.uk](mailto:m.godfrey@leeds.ac.uk)**

**Website: [www.leeds.ac.uk/lihs/hsc/](http://www.leeds.ac.uk/lihs/hsc/)**