
MENTAL WELLBEING AND LIFELONG LEARNING FOR OLDER PEOPLE

NOTES FROM SEMINAR 10TH NOV 2009

The seminar was organised by NIACE (National Institute of Adult Continuing Education), Foresight in Government Office for Science and the Royal College of Psychiatrists to discuss the issues concerning older people in relation to mental wellbeing and lifelong learning. Key stakeholders were invited to participate. These are the notes from the discussions during the day.

WHAT ARE THE KEY ISSUES AND CHALLENGES FACING OLDER PEOPLE ON OUR SOCIETY?

This was a question that participants had little difficulty in addressing. The key points are summarized:

- **Attitudes.** Most people felt that older people faced stigma and discrimination. That older people are excluded from society at some level and not encouraged to contribute, that they are undervalued and written off. Some participants felt there was pressure to resist ageing, leading to a denial of a natural process or patronizing congratulations at being 'marvelous for your age!'.

Other participants talked as if a 'them and us' system prevailed – a perverse system giving rise to 'adult' services and 'older peoples' services based on an assumption of working age. This suggests that if people aren't economically active they don't have

the same access to services – Improved Access to Psychological Services was cited as an example.

- **Defining ‘older people’.** There was strong feeling that ‘older people’ are not a homogenous group. That any definition that used an age criteria (eg 65+ years) was more driven by service and resource demarcation and lacked the sophistication to reflect the diversity of older people, didn’t reflect the changes in society, didn’t empower or support people and may even hinder people. There was a feeling among participants that the term ‘older people’ doesn’t always reflect the diversity of experience and challenges for individuals based on gender, race and ethnicity and migration.

Given the negativity of the term ‘old’, many older people do not want to be associated with it which is problematic when we try to engage in dialogue with the older person about what services should look like. This brings into question whose views are revealed when we do reflect the voice of the older person.

It was also felt that just as ‘older people’ as a group are changing so is what they expect and want from life and services. So consulting with the ‘older people’ of today may not necessarily enable us to develop the services of tomorrow for older people. The young of today will be tomorrows older people and they will even have expectations and needs.

- **Work and retirement.** This was a very strong theme in the discussions. Low status was thought to be given to older people because they no longer worked in paid employment. Recognizing the need for people to work for longer, alternative ways of keeping people in the workforce were not always on offer eg part-time working, job-sharing, use of digital technologies so that people could work differently. The current emphasis on skills and qualifications needed in the workforce were thought to

disadvantage older people if they had been less able to acquire qualifications through the education system in their youth and because they were thought to be too old to 'train' in later life. There was also thought to be a need to re-define the term 'career', which is more thought of as being linear and of having a sense of future. Perhaps of re-definition to include more lateral development, a consolidation or sharing of skills and experience. Many people may want to retire but still do something to use their skills and to contribute to their communities. This may involve time to broaden out interests or fulfill lifetime ambitions, but opportunities to do this, coupled with low expectations placed on older people make this very difficult.

It was also acknowledged that there are inequalities and very different experiences for different older people when it came to working in later life and retirement. People in lower skilled jobs often don't have such good pensions as professional people, so have to try and remain in the labour market longer, have less choice about when to retire and also not so financially well off when they do retire.

Volunteering by older people was thought to be devalued. It constitutes a very real contribution by older people to communities.

- **Resources.** There was much discussion about the contribution of older people either through their work, voluntary work, or caring responsibilities. As people live longer so they may have 30-40 years of retirement. As a society are we guilty of wanton neglect and wastefulness not to try and make the most of that resource? If we continue to side-line people we erode self-belief and people are more likely to give up. We need to value the positive contribution people make to their communities and support people to maintain a 'can-do' attitude. Using the skills and resource within communities also releases reciprocity. This all contributes to well-being in individuals and communities.

- **Health and Social Care.** Standards in care homes are generally appalling and there is fear among older people about being ‘put into’ care. The standard, provision and philosophy of care homes need to be improved dramatically. People are looked after – their physical needs are met but people’s intellectual and social needs should be met. Lack of mental stimulation, lack of engagement with the community and lack of intergenerational contact means that being in a care home drastically reduces your mental and social capital. Where is the personalization agenda for people living in care homes? Primary care services are key as it is the first place people go when they have a problem. GP’s don’t have the time to see or deal with the problem within a broader context. GP’s aren’t trained to do that. Primary care is the catalyst by which we can drive change and it should be the start of more joined up approaches, but a seismic shift in primary care will be needed. Services such as healthcare, social care, housing, adult learning and others were thought to work in silos. Professionals are often unaware of what other services can offer and don’t know how to navigate the system to help clients get the help they need. If professionals don’t understand it, then it can be even worse for the public.
- **Inequalities.** Fuel poverty is a big issue and only likely to get worse. This needs to be addressed.
There is a refocusing of funding for adult learning which has had an unintentional effect of cutting the type of adult learning that is more usually accessed by older people, so less older people access learning now.
The digital divide greatly affects older people.
- **Demographic change.** There are serious issues to be addressed in the demographic changes facing society – with people living longer in retirement. The Inquiry for Lifelong Learning looks at these issues in relation to older people. Currently it takes four working people to support one older person through taxation

etc; in forty years time there will only be two working people to support each older person.

WHAT WILL THE WORLD LOOK LIKE FOR OLDER ADULTS IN 2025 (AND BEYOND)?

There was general agreement that it was difficult to predict what the world will look like for older adults in 2025.

- There was some debate about the physical health of older people in the future. Raising rates of obesity will impact on the morbidity and mortality of older people in the future, but medical advances particularly in medicines could have a beneficial impact on the physical health of others.
- The impact of world events was discussed; Global Warming, war and migration will impact on communities, and will be important issues to address in future strategies.
- There was also speculation about the raised expectations of future generations and the consequences of that. There will be a new generation of older people. They are likely to have to work longer and retire later in life. Pension funds will be less stable and less generous; economic recession and unpredictable global markets will also impact on retirement age and quality of life in retirement.
- Services, facilities and infrastructure will have to be reconfigured. There was debate about whether we can afford 'silo' services and perhaps there is a case for more creative thinking about services. We will need to be more creative about how we make the most of the resources within communities, how we keep people engaged and participating and how we support human interaction.
- Greater attention must be paid to intergenerational contact. It was felt that children of today were losing touch with older people in the community.
- Technological change and development presents challenges but has the potential to offer so many solutions. Technology can be used for assisted living and to support self-management. The introduction or expansion of virtual worlds where you can

'live' as an avatar could be an advantage. Age is irrelevant and you can portray yourself as any age – useful in combating age discrimination, especially in a virtual working environment. There are major challenges in addressing skills needed and access issues. If we don't address this we will widen inequalities.

- We will have to approach research differently, broaden out and away from age differentiation if we want to use research to shape future services. We will have to bridge the evidence gap and collaborate on evidence gathering.

CASE STUDIES

In the afternoon delegates were given a case study each to look at in their groups and asked to use the case studies to discuss the key messages for policy makers, providers of services and wider society.

Case Study 1

Sarah is 89 years old. During her life Sarah worked as a Professor of Mathematics and was a lifelong feminist and political activist. Following a stroke and increasing forgetfulness Sarah has gone to live in a residential home for the elderly. She spends her days alone in her room and only comes out of her room to eat.

Delegates discussed:

- The need to be sensitive to what the individual wants. Do we assume she wants to engage, need to work on a one-to-one basis?
- Residential care is seen as a service for the 'decrepit', making it a challenging and hostile environment for those who 'are still able'. But we also need to challenge our thinking about what we think about people's ability to engage and of the value and purpose of meaningful activity and engagement. Is it ever too late for lifelong learning? Is it ever too late for mental stimulation?
- There are good things about hospices that we could learn from.

- Need for training for care home staff to ensure they see residents as individuals, and how to engage with residents with respect and dignity.
- Should we be encouraging carers to get involved in the learning of those being cared for?

Case study 2

Eddie is 57 years old. Until recently he worked in a warehouse but with the merger of two depots he was made redundant. In truth, in the past few years he had increasingly struggled at work. He had never been good at reading and writing but had coped by relying on his memory.

As the warehouse increased in size and became more computerized he found it more difficult and made more mistakes with orders. Now he is unemployed. He has been to see his GP because he can't sleep, he is worried about money and his pension and he is becoming very bad tempered at home. Eddie and his wife have always been very happy together but things have become very strained.

Delegates discussed:

- It was thought that Eddie was in a particularly vulnerable situation as he had very low literacy skills, was unemployed and may not be in a strong financial position. Given that he was sleeping badly, it is thought that he may also have depression. Given Eddie's position, it is thought likely that he would fall through the gaps on almost every indicator as he was not quite ill enough, or not quite isolated enough, or not quite poor enough etc etc. The group discussed that if Eddie's case was not attended to, that unfortunately things may progress to the point where the severity of one of these factors may finally result in him being identified as vulnerable.
- The group discussed that this presented a particular problem from a health inequalities and well-being perspective as Eddie's case is not uncommon, and it is

unfortunate that often the systems in place only identify people when they are seriously unwell.

Suggested Action

- There was some discussion around who would be the most appropriate person to deal with Eddie's problems. Some group members thought that the Job Centre would provide immediate financial relief – this was a considerable concern, given that Eddie had just lost his job. It was also the most likely first point of contact after Eddie had been made redundant. Some group members thought that Job Centre personnel should be trained to identify mental health and well-being needs of prospective clients. However other group members thought that the GP would be better placed to provide appropriate referral advice.
- It was argued that the Job Centre personnel have little training in identifying needs other than job or training based ones – there was likely to be consideration about benefits and solving Eddie's more immediate financial problems, however placing the onus upon Job Centre personnel to identify longer term needs was too great.
- While it was acknowledged that Eddie may not attend a GP until much later in the piece, that the GP was actually in the best position to be able to provide more holistic advice to Eddie that would consider both physical and mental well-being needs. It was argued that most GPs have many years of medical training, and are far better equipped to consider appropriate referrals etc. It was suggested that a well-informed GP would refer Eddie to see someone else about adult learning, perhaps IAPT and link Eddie with other practitioners who are skilled in this area. A well-informed GP may also make a longer appointment at another stage in order to spend more time with Eddie exploring the underlying issues and causes of his sleeplessness.
- It was suggested that it might be ideal to have an adult learning person on staff at GP surgeries to encourage adults and older people to seek out learning

opportunities. Referring Eddie to undertake some form of exercise was also suggested as an alternative means to address some of his issues.

- At a policy level, the group thought that there were issues around integrated working between various departments such as social services, work and pensions and health. Without any obvious single point of reference, it can sometimes be difficult, particularly for older people, to even know where to begin looking for assistance.
- The group thought there needed to much more explicit recognition by employers and employees of the relationship between unemployment and depression. It was suggested that for people facing redundancy that organisations have a responsibility to link those employees with the right systems and people prior to being made redundant. There was a corporate responsibility to ensure that the pending vulnerability of unemployed people be mitigated as far as possible by intervening early to support them.

Case study 3

Kumar is 66 years old. He recently retired from his job with the Local Authority in the town planning department. He is a keen gardener, but would like to know more. He is also interested in environmental issues. He speaks two languages. Kumar feels strongly that life has been good to him and he is keen to 'give something back', but doesn't know what. He is fit and healthy and also determined to remain active.

Delegates discussed:

- Access to lifelong learning opportunities could benefit Kumar. Examples of what he could do include, volunteer, train as tutor, gardening course, find employment as an interpreter.
- But adult classes might be out of his financial range.
- There should be no artificial cap on learning/training when in post. There is less of an emphasis for employers to train older people compared to young however even if employers invest in the young it doesn't mean they will be staying in post.

- Need a pre-retirement course for the public to explain what options are. It would be important to know what you can access once retired, where retirees might be needed and also need some help in deciphering what they want to do.
- Need some well trained careers guidance professional and need to have a decent appointment time with them for it to be effective.
- Essex Council ran a scheme targeting those at risk of redundancy to help them see their options.
- There is also a need for localised knowledge about schemes in local areas etc – something careers advisers would need to be involved in. There needs to be a one-stop shop for people to go to and access all these services. It would also need to cover all the peripheral issues such as transport – how to deal with the challenge of people living in remote locations with little/no public transport?
- It appears overall that Kumar needs to be looking for something on a voluntary basis.
- Joined up primary care services – lack of intervention with Kumar might lead to him becoming depressed for example.
- But, if no careers advice service, then where is Kumar going to get his information from? Public media broadcast possibly. Compare to the gremlins campaign which had great success for its target audience. But this campaign would need to direct people to more information rather than give a message.
- Can't have a social marketing campaign with a message because that message depends on what the individual wants – is it a health message or a learning message?
- The internet could help Kumar identify courses and other opportunities etc. However, not sure how computer literate he is. There should be internet courses not just on generic use of the internet, but actually on, for example, 'using the internet to access learning'. Also, need to provide more help on how to interpret what you access on the internet as this can be confusing.

- Providers should also ensure that they have a decent web presence so they can be found easily.

Case study 4

Raxa is 64 years old. She has lived in this country for 20 years. She has friends within her local community, but as her English is poor doesn't like to engage with people who do not speak her language. She always relied on her family to interpret for her. Her five children have grown up and moved away and her husband recently, and unexpectedly, died. Raxa depended on her husband to sort out the family finances and pay the bills etc. She feels totally bereft and unable to cope.

Delegates discussed:

- The case study highlighted that professionals find it hard to know what services in their locality could also support that person. Pressure of work makes it hard to find time to find out about other community resources, to network with professionals in other sectors and to keep up to date, especially if services are short-term funded.
- At an individual level it was felt that someone like Raxa needed the support to be able to transform her life, she needed to be empowered to make changes. Support needs to be provided to help her do that particularly at a time of transition or crisis such as the situation she is in.
- Raxa's community was felt to be an important resource for her. Her skills and the skills of others could help the release of reciprocity from which she could draw support.
- At a provider level it was felt to be very important to recognize the wider benefits that could be accrued by supporting Raxa to address her learning needs and not just to react to them.
- It was felt to be important that there was someone whose role it was to help Raxa navigate the system, which is complex for someone with multiple barriers and

exclusions. The group discussed the role of advocate or key worker with ‘navigational skills’. These were thought to be generic skills rather than skills in one particular field of work. Such a role in navigating systems nevertheless requires skills in working with individuals and communities and in brokering opportunities for individuals, but also to use those navigational skills in such a way that the ‘client’ learns them as you work with them, therefore enabling them to become an independent user of the system.

- At a policy level the challenge is to break down funding silos and find ways to evidence the beneficial outcomes across many indicator sets. We also need to recognize that an individual’s journeys at times of crisis and transitions are often unpredictable. Services need to embrace that and cope with that rather than restrict support for people because it doesn’t fit in with the constraints of services and funding or meet pre-determined targets.