

# Communities and engagement

## Engaging in society

One early gerontological theory was disengagement theory, put forward by Cumming and Henry (1961). This suggested that people naturally withdraw from the community as they age.

Disengagement theory was controversial even at the time, and is now seen as outdated within gerontology (Fennell et al., 1988). However, some of the concepts of disengagement theory are still implicit within ideas that older people are not productive members of society (e.g. within calculations of the Old Age Dependency Ratio). Also conceptually associated with disengagement theory is the social stereotype that older people are isolated. However, today this is usually presented as a problem requiring intervention, rather than as a normal part of the lifecourse.

Victor et al. (2005) point out that it is important to distinguish between subjective feeling of loneliness, and practical factors such as living alone or spending time alone. Some older people who spend time alone do not feel lonely, while other older people feel lonely even while participating in a social network. They found that in a nationally representative sample of people over the age of 65, 61% described themselves as never lonely, 31% as sometimes lonely, 5% as often

lonely and 2% as always lonely. A wide range of factors were associated with loneliness, but surprisingly, contact with family or friends was not a factor.

The older population is diverse. Loneliness and unwanted isolation are certainly problems for some older people, and can have very real impact on health and wellbeing (Hawton et al., 2011; Windle et al., 2011; Holt-Lunstad et al., 2015). However, this does not represent all older people, and other populations are also at risk of loneliness.

While a number of schemes have attempted to address loneliness and isolation, such schemes use a range of evaluation techniques and there have been mixed findings as to which initiatives are effective (Cattan et al., 2005; Windle et al., 2011; Hagan et al., 2014). The transferability of schemes that have been effective elsewhere may be dependent on practical contextual factors such as availability of transport and the quality of interpersonal relationships (Windle et al., 2011). Katz (1996) suggests that Ekerdt's (1986) 'busy' ethic of retirement – that it is morally desirable to be active in retirement – can lead to an assumption that all activity is beneficial and that older people require activities to be

### KEY POINTS

There is a longstanding assumption that older people are isolated, although opinions have changed as to whether this is a natural part of the lifecourse, or a problem requiring action.

Loneliness and isolation are complex phenomena, involving multiple factors. Social contact does not necessarily prevent or solve loneliness.

There are many initiatives aimed at addressing loneliness and isolation, but at present mixed findings on effectiveness. It is important to involve older people in designing schemes that best meet their needs, and to clearly define the desired outcomes

arranged for them. However, simply arranging activities does not necessarily address Victor et al's (2012) observation that loneliness is often associated with personal circumstances such as bereavement, and can occur even if an individual has regular contact with others. Windle et al. (2011) suggest that there is a need for much stronger involvement of individuals to ensure interventions meet their needs, and to clearly define what aspects of isolation/loneliness are being addressed.

# Changing patterns of work and retirement

It has become something of a cliché to point out that the workforce is changing. More women have entered the workforce, while self-employment and working from home are increasing (Office for National Statistics, 2013; 2014; 2016b). The UK statutory retirement age has been abolished and older people may take on 'bridge employment' – post-retirement paid work, often flexible, part-time and/or self-employed (Parry and Wilson, 2014; Beehr and Bennett, 2015).

Parry and Wilson (2014) highlight different concepts of bridge employment. Some people seek to 'slow down' later in their career, others to maintain existing skills or career, while some seek to pursue a previously unfulfilled opportunity, such as a creative or socially beneficial activity. This last aligns with Laslett's (1987) idea of the third age as a potential time for self fulfilment and links with often-given motivations for volunteering in later life (Nazroo and Matthews, 2012). As a result, some roles sometimes taken on in later life may fall somewhere between work and volunteering.

Statistics about ageing often compare over 65s to under 65s on the assumption that the older group will not be working. This becomes less relevant if what is increasingly occurring is a gradual process of people moving out of full-time employment to take up part time, self-employed and/or voluntary opportunities. Indeed, it may be difficult to even clearly categorise someone as being either employed or retired.

However, it is also important not to over-exaggerate workplace changes. Many older people still follow a traditional pattern of full-time work and then retirement. Not everyone has the opportunity to pursue part-time or creative opportunities after retiring. For some, continuing in employment is an economic necessity. Flexible working may make it easier for some people to work while also managing ill health or caring responsibilities, but for others poor health or other responsibilities may mean that staying in work is not possible. Parry and Wilson (2014) highlight that IT skills are often cited by older workers as a barrier to pursuing new job opportunities. Bridge employment could potentially exacerbate social

inequalities later in life if skilled workers in good health have greater opportunity to supplement their pensions with flexible working, compared to those groups who are already economically disadvantaged.

## FAST FACTS

# 10.4%

of people over 65 are in work.

That's

# 1.2 million

people in the UK working past the state pension age

# 49.1%

of workers over 70 are self-employed.

# 60%

of workers over 65 are employed in one of the following sectors:

- Wholesale and retail trade
- Health and social work
- Manufacturing
- Education
- Professional, scientific and technical
- Construction

The proportions of older workers in each sector is very similar to the proportion of younger workers. (Office for National Statistics, 2016a)

## OLDERPRENEURS

On the Isle of Wight, the local Chamber of Commerce have a scheme to help people over 50 start their own business. The scheme includes targeted seminars on finance, planning and networking, alongside business mentoring (Age Friendly Island, n.d)



## Active Ageing

In 2002, the World Health Organization (2002:12) issued a policy framework for 'active ageing'. They defined it as: "the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age". However, the term has been used in many different ways, and tends to overlap with other concepts (Bowling, 2008; Boudiny, 2013). Paúl et al. (2012) additionally suggest that the WHO model of active ageing does not correctly identify the determinants associated with wellbeing in later life.

It has also been queried whether 'active ageing' aligns with older

people's understanding and preferences. Research with older people found that they tended to understand the term as referring to medical health, physical activity and independence (Bowling, 2008). As a result, the concept potentially excluded frailer older people. Also, for some older people, activities such as reading or doing a crossword puzzle may be important elements of their ability to actively engage in life (Boudiny, 2013). However, this type of solitary, non-physical hobby may not be seen as 'active' by others.

Stenner et al. (2011) note the potential that the concept of active ageing could become coercive, but also note that there is strong

evidence that being active is important to older people. They suggest that active ageing may be valued by older people in implicit contrast to passive ageing. Someone who is actively ageing is therefore someone who is able to exercise agency and respond to challenges. They therefore suggest that subjective elements are an important component of active ageing, and researchers and policy-makers should not seek to apply a blanket definition of active ageing.

The World Health Organisation now has a 'healthy ageing' strategy, rather than an active ageing strategy. Again, their definition of health is a broad one, taking in many aspects of functionality and wellbeing. However, it is possible that the phrase "healthy ageing" may also be subject to a narrower, more biomedical interpretation by some.

## Physical Activity

The 'Start Active, Stay Active' guidelines produced by the Department of Health (2011) offer guidelines for active participation throughout the lifecourse. This includes recognising that age alone is not a good marker of functionality or level of physical activity. They distinguish between three broad groups:

- older adults who are currently physically active, but who may benefit from further increasing activity, e.g. by adding an additional form of exercise to their existing routine
- older adults who are currently in reasonable health, but who are not sufficiently active, and

are at risk of experiencing physical decline associated with a sedentary lifestyle and weight gain

- older adults who experience substantial barriers to exercise due to other health conditions or frailty, who may require therapeutic support in order to become more physically active

The report suggests that the second group is most numerous, and could substantially benefit from gradually increasing levels of physical activity. The report also emphasises the importance of personal, social and environmental factors. For example, safe pedestrian crossings and good

local facilities may encourage walking in the local area, while specific activity programmes may be more appealing if they offer the opportunity to socialise with others. (see also: Franco et al., 2015). However, environmental factors and older people's preferences are not always well addressed in the literature on physical activity in later life (Goodwin et al., 2017)

Bauman et al. (2016) review the literature on physical activity in later life. They note that there is clear evidence on what is effective for frail older adults: structured, progressive approaches incorporating resistance and balance training, with the aim of progressing to walking exercise once the individual can safely do so. However, many community programmes do not at present meet this standard.



## Volunteering in later life

### FAST FACTS

25.3%

of people over the state pension age volunteer, of whom

81%

do so at least once a month. (Nazroo and Matthews, 2012).

5 hours

is the average monthly time older people contribute to local leadership roles (WRVS, 2011)

### Who volunteers?

The English Longitudinal Study of Ageing found that people over 65 were more likely to volunteer if they were also working, but non-workers volunteered more frequently. This may reflect different levels of health and free time in the working and non working populations. Levels of volunteering tended to decline from around the age of 75 (Nazroo and Matthews, 2012).

Mohan and Bulloch (2012) report that around 30% of the population contribute 90% of volunteer hours, and these 'core' volunteers are typically middle-aged, well-educated and with a long-term connection to the community. However, surveys focused on formal volunteering may not capture all forms of community participation (Mohan and Bulloch, 2012; Nazroo and Matthews, 2012). It is possible that the ways some older people help their community are underrepresented in research [See: Beyond Volunteering

### BEYOND VOLUNTEERING

Many aspects of unpaid community participation may not be recognised by studies or surveys that seek to record formal volunteering. These include:

- Informal volunteering – where someone does not belong to a traditional charity or voluntary sector organisation, but may (for example) help out neighbours informally.

Informal volunteering tends to be more common than formal volunteering in deprived communities. However, it may be more vulnerable to external pressures such as economic downturns (Williams, 2008; Lim and Laurence, 2015).

- One-off activities – e.g. fundraising for a person in need within a local community.
- Community activities organised among members of a group - e.g. a book group where members take it in turns to host
- Activities within a family. E.g. providing free childcare for a relative

Focusing purely on formal volunteering within research or strategies can overlook less formal structures based around mutual or informal support. It can also fail to address patterns of helping behaviour that are more common in deprived or marginalised communities (Williams, 2008).



# Facilitating volunteering in later life

## Shaping Our Age

This was a partnership project between the Royal Voluntary Service and Brunel and De Montfort universities, aiming to tackle negative perceptions of ageing. It highlighted that social connectedness was the most important factor cited by older people as affecting their wellbeing.

The project also highlighted that traditional notions of 'helping' older people by providing services to older people, did not always promote wellbeing. Older people preferred arrangements where services were designed and delivered with them. This goes beyond simply consulting older people on options and instead required much more fundamental commitment to co-design and co-development. (Hoban et al., 2013:5)

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*"Young man, I've spent too much time with people telling me what I need rather than listening to what I want".*

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Participant in 'Shaping our Age' (Hoban et al., 2013:5)

This suggests a need to move away from traditional notions of older people as a population requiring voluntary help from others, and instead co-designing community and voluntary sector programmes with older people.

## Retired and Senior Volunteering Programme

Volunteering Matters (2016) runs a national programme that aims to help people over 50 take a lead role in both setting up and participating in local volunteering activities that

improve the health and wellbeing of others in their community. These include:

- The 'Grandmentors' project in London and Kent, which pairs volunteer mentors over 50 with young care leavers,
- Cars 4 Carers in Pembrokeshire, which allows unpaid carers to get a lift from a volunteer driver to enable them to attend, shopping trips, hospital appointments or social activities
- Learn Together Scotland, which places older adults in schools to support children with reading
- Learning for Life Together, an oral history project in Bristol, which links older people with schools to develop knowledge about the local area.

## Barriers to volunteering in later life

Smith and Gay (2005) identified a number of possible barriers to volunteering in later life including:

- Insurance policies that set an age threshold on volunteers
- Lack of access for disabled volunteers
- Lack of resources to create suitable volunteer opportunities
- Lack of understanding of volunteering or negative stereotypes
- Particular barriers to recruiting older volunteers from marginalized communities, requiring active engagement with those groups.

## FAST FACTS

97%

of regular volunteers can cope with the activities they are asked to do when volunteering

95%

of regular volunteers feel appreciated

91%

have a chance to do activities they enjoy through volunteering (Low et al., 2007)

## Benefits of volunteering

Anderson et al. (2014) reviewed the evidence on later-life volunteering and found that papers mostly consistently report that volunteering was associated with reduced depression, better self-reported health, fewer functional limitations, and reduced mortality.

Nazroo and Matthews (2012), looking at English data, report that volunteering after state retirement age is associated with reduced depression, enhanced quality of life and life satisfaction. Some of this difference is explained by the fact that volunteers tend to be wealthier and in better health, but positive effects remain even once this is controlled for.

# Voting

In sharp contrast to the idea of older people as disengaged population, research has consistently indicated that older people tend to participate more in traditional forms of civic activity such as voting (Goerres, 2007; Melo and Stockemer, 2014). The fact that older people are more likely to vote has sometimes been highlighted as a possible area of intergenerational conflict. One particularly prominent recent example was the 'Brexit' vote to leave the EU, where media coverage has highlighted a distinction between older and younger voters. At times, this has crossed over into making moral claims about whose views should be given more weight.

There are a number of reasons why older people more likely to vote. Goerres (2007) suggest that over time individuals are more likely to build up a sense that they should vote, and are likely to become more familiar with voting processes. Melo and Stockemer (2014) suggest that there is a distinction in the type of civic engagement between generations. Older people are more likely to engage in traditional and less direct political participation, such as voting, while younger people are more likely to participate in petitions or attend demonstrations. Younger people may also be more likely to politically engage online, potentially in a more individualised way (Loader et al., 2014).

Accounts of voting behaviour which focus on age often conflate age with other issues. For Brexit, educational background was a stronger predictor than age alone (Goodwin and Heath, 2016a; b). An

even stronger predictor was knowing an individual's views on social issues such as the death penalty (Kaufmann, 2016). Talking about age and voting therefore potentially conflates age with other issues that may tend to correlate with age, such as educational background, social class, work status and the beliefs someone has grown up with.

Discussions about age and voting also sometimes imply that younger people have more right to a say on future than older people, on the basis that they will be most affected by the outcomes. Sometimes this is tied to the notion that 'baby-boomers' are a particularly selfish generation. Again, this has been a noticeable component of some post-Brexit coverage (See Elledge, 2017 for a particularly striking example). However most votes have an immediate impact, typically electing a government for the next 5 years. Even with Brexit, the decision is anticipated to be implemented within 3 years of the vote.

More fundamentally, voting is collective behaviour, based on the expectation that voters will consider needs other than their own. Political rhetoric often emphasises concern for future generations, apparently on an expectation that voters should and do want to improve the opportunities for future generations (Buchanan, 2008).



Post-Brexit analysis suggests that both 'Remainers' and 'Leavers' have strong views about the future, but have substantially different priorities, with Leavers potentially seeing short term disadvantages as a price worth paying in order to achieve longer term benefits (Latter, 2016; Ashcroft, 2017). A generational shift in values, or generational disagreement over what is the best outcome for the future is not the same as saying one generation does not care about the future. Nor does it demonstrate that one generation's preferences are inherently more legitimate than another's. Moreover, differences within generations – such as educational background or social class – are often more significant than differences between generations

## Changing family structures

Family structures have changed in recent decades. Since reform of the Divorce Act in 1971, divorce rates have increased, marriage rates decreased, and cohabitation rates increased (Office for National Statistics, 2017b). However, the rate of marriage is increasing for people over 65, and these are predominantly re-marriages (Office for National Statistics, 2011; 2017c). Families today tend to have fewer children than they did prior to the early 1970s (Office for National Statistics, 2017a). From 2004, same-sex couples have been able to have legally recognized partnerships (and now marriage). There are also relationship patterns that are not well captured in official statistics, such as 'living apart together' – where someone is in a significant relationship but does not cohabit with their partner (Haskey, 2005). For older couples, living

apart together appears to be relatively common, and is more likely to be an ongoing arrangement, rather than a temporary stage prior to moving in together (Connidis et al., 2017).

The changing structure of families may have an impact on experiences of ageing. If older people have fewer children, living further afield, there may be less support available. There is limited data on the impact of remarriage and 'blended' families on families in later life, but there are likely to be impacts on issues such as pension eligibility, relationships within the family, and questions over who provides support (Hoff, 2015). Couples who live apart may face different dilemmas and challenges if one of them experiences declining health.

Family relationships are often brought into discussions of ageing

in the context of providing social care. But for most people over 65, family relationships are not primarily rooted in issues of instrumental care. Even where relationships do involve an aspect of caregiving, individuals often emphasise the family aspect over the caring aspect (Martin-Matthews, 2000).

There can also be a tendency to assume family relationships are universally positive for older people. But of course, like everyone, people over 65 can have both positive and negative relationships with family. Changing abilities and needs can increase strain. Some older people feel obliged to offer care for a relative with whom they have a poor prior relationship (Carers UK and Age UK, 2015). Victor et al. (2005) report that contact with family and proximity of family do not correlate with reduced loneliness, suggesting there may be qualitatively and subjectively important factors beyond simply making contact.

## Friends and neighbours

Discussion about older people's relationships often focus on families. But other relationships such as friends and neighbours are important too. Neighbours can provide substantial support, especially where people live alone (Nocon and Pearson, 2000; van Dijk et al., 2013). Local contacts can also provide reassurance, e.g. knowing there is somebody who will 'keep an eye out' for problems such as falls (Roe et al., 2009; van Dijk et al., 2013)

Some people have 'families of choice', where they consider friends to be their family (Weeks et al., 2001; Roseneil and Budgeon, 2004). This has been particularly highlighted within LGBT communities, but also occurs elsewhere, e.g. where a close friend since childhood is considered to be a sister. However, formal structures in later life, such as healthcare and inheritance, may prioritise biological or marital relationships, making advance planning in such cases particularly important.

Local communities are also important for wellbeing. This can include both geographic communities, but also communities based on other factors, such as faith. Van Dijk et al. (2014) report that older people in their research did not see formal volunteering or civic partnership opportunities aimed at older people as particularly important for ageing. Rather, they more strongly valued informal and often low-level day-to-day interaction – seeing people they knew when shopping or going into town. Participants who were not currently frail typically also preferred to rely on their own existing social networks, rather than have social opportunities provided for them.

# Building relationships

Strong social networks are important to many older people. Isolation has repeatedly been found to correlate with worse health outcomes (Steptoe et al., 2013; Holt-Lunstad et al., 2015). However, facilitating social relationships is a very personal issue and may not be seen as within the remit or capability of formal services. In addition, approaching the issue can be problematic - terms such as 'befriending' can be seen as patronizing, and reinforce the idea that the older person is receiving a service, rather than that a genuine friendship is being developed (Cattan et al., 2008).

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*"A nice cup of tea and a chat for a little old lady"*

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Stereotypical view of befriending highlighted by Tower Hamlets Friends & Neighbours (2012:19)

## Volunteer Visiting Programme

Lawlor et al. (2015) report that a randomised control trial of a volunteer visiting programme found it was effective in reducing loneliness. However, the scheme was most effective at developing social relationships between the volunteer and the individual. The scheme had aimed to facilitate participants in making broader social connections but this aspect was less successful. Barriers such as caring responsibilities, poor health and lack of transport often imposed practical limitations.

## Tower Hamlets Friends and Neighbours

Tower Hamlets Friends & Neighbours (2012) acknowledge the danger that befriending can be seen in stereotypical or patronising terms, but emphasise the benefits

of their scheme, which combines regular befriending visits with advocacy, signposting to other services, and facilitated trips out. They make use of paid befrienders, and see this as necessary to sustain the service.

## Circle

The Circle model is a local membership organisation for people aged over 50. It built on research that showed people wanted to remain independent and participate in social activities based on interests and sharing skills, not on age. Members pay an annual £30 fee. The service offers a helpline, social activities and practical support (partly included in the membership fee, but with additional charges for some elements). The London Circle had a relatively successful pilot, but struggled to develop that into a long-term sustainable scheme. It has reported in-depth on structural challenges. However, some regional Circle groups have continued (Cottam and Dillon, 2014; Heywood Middleton and Rochdale Circle, 2018)

## Thinking broadly about isolation

The lifecourse approach suggests that social isolation in later life should not be seen as a stand-alone phenomenon. Loneliness and isolation can affect people of any age, and are associated both with significant changes in social networks, such as bereavement or divorce; but also with ongoing satisfaction with social networks (Child and Lawton, 2017). Victor et al. (2005) point out that there are multiple potential trajectories of later life loneliness: some older people may have always been lonely, while others may become

lonely as the result of a life event. As a consequence, it may be beneficial to address the resilience of social networks throughout the lifecourse, rather than focusing on older people as a distinct group perceived as being "at risk".

## TYPES OF INTERVENTION

Masi et al. (2011) suggest there are four types of intervention to address loneliness:

- improving social skills;
- enhancing social support;
- increasing opportunities for social interaction;
- addressing behaviour or beliefs that prevent people from interacting

Their meta-analysis suggests that all of these initiatives can be effective in reducing loneliness, but the fourth category is the most effective. Despite this, Davidson and Rossall (2014) point out that almost all UK schemes to tackle loneliness among older adults are focused on increasing opportunities for social interaction. They also point out an inherent difficulty in identifying the socially isolated.

Dickens et al. (2011) reviewed studies aiming to tackle social isolation, and reported that positive outcomes occurred more frequently when initiatives were group-based, participatory, and focused on activities or support (rather than home visiting or IT skills). Cattan et al. (2005) reported very similar findings. Windle et al. (2011) note that overall evidence on interventions remains limited, and also highlights the impact of contingent factors such as transport

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